

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

### Executive Summary

|                                                     |                                    |
|-----------------------------------------------------|------------------------------------|
| Request Item No: 290000YE01                         | For Fiscal Year: <b>2019</b>       |
| Requesting Organization: 29000000 INDIGENT LEGAL SE | Date of Request: 13-Aug-19         |
| Budget Adjust Type(s): Revenue Adjustment           | Ongoing (Y or N): Y                |
| Technical                                           | If Yes, next year's CF impact: \$0 |
|                                                     | Net FTE Change: 0.00               |

#### Description and Justification:

Indigent Legal Services-IDC Grants: In June budget process, Req Item #290000\_02 was entered as the estimates for the new grants received from the state agency Indigent Defense Commission. This request is to true up the actual awarded amounts for the grants and also to correct the accounting coding errors occurred in June Budget process.

### Fund Impact

| SUMMARY OF FUND IMPACT BY FUND |                  |
|--------------------------------|------------------|
| FUND:                          | 110 GENERAL FUND |
| Fund Impact (Budgetary)        | \$0              |
| Fund Impact (Transfers)        | \$0              |
| TOTAL FUND IMPACT              | \$0              |

| SUMMARY OF CNTY FUNDING IMPACT BY DEPT |         |         |           |              |
|----------------------------------------|---------|---------|-----------|--------------|
| DEPT                                   | REVENUE | EXPENSE | BAL SHEET | CNTY FUNDING |
| 2900000100 INDIGENT ADULTS/SLLDA       | 6,454   | 6,454   | 0         | 0            |
| TOTALS                                 | 6,454   | 6,454   | 0         | 0            |

### Approvals

|                                                                |             |
|----------------------------------------------------------------|-------------|
| Division Director: _____                                       | Date: _____ |
| Dept. or Elected Fiscal Mgr: _____                             | Date: _____ |
| Dept. Dir. or Elected Official: _____                          | Date: _____ |
| Facilities Division Director:<br>(Capital Projects Only) _____ | Date: _____ |
| Chief Financial Officer: _____                                 | Date: _____ |
| Approve                                                        |             |
| Mayor or Designee: _____                                       | Date: _____ |
| Approve                                                        |             |
| Council Action: _____                                          | Date: _____ |
| Approve                                                        |             |

## Budget Adjustment Detail

Budget Year: 2019      \* Requesting Department: 29000000 INDIGENT LEGAL SERVICES  
 Budget Period: Post June Year-End      \* Req Item No: 290000YE01      \* Adjustment Title: Indigent Legal Services-IDC Grants  
 Adjustment Type(s): Revenue Adjustment      Technical

### Expense Budget String(s):

| FUND | SUB-DEPT ID | EXPENSE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT |
|------|-------------|-----------------|-------------------|------------------|--------|
| 110  | 2900000100  | 653015          |                   |                  | 6,454  |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |
|      |             |                 |                   |                  |        |

TOTAL EXPENDITURES Page 1: \$6,454  
 TOTAL EXPENDITURES ALL PAGES: \$6,454

### Revenue Budget String(s):

| FUND | SUB-DEPT ID | REVENUE ACCOUNT | PROG/ACT ID (OPT) | PROJECT ID (CAP) | AMOUNT    |
|------|-------------|-----------------|-------------------|------------------|-----------|
| 110  | 2900000100  | 423000          |                   |                  | 275,000   |
| 110  | 2900000100  | 423400          |                   |                  | (112,558) |
| 110  | 2900000100  | 423405          |                   |                  | (162,442) |
| 110  | 2900000100  | 411000          |                   |                  | 6,454     |
|      |             |                 |                   |                  |           |
|      |             |                 |                   |                  |           |
|      |             |                 |                   |                  |           |
|      |             |                 |                   |                  |           |
|      |             |                 |                   |                  |           |
|      |             |                 |                   |                  |           |

TOTAL REVENUES Page 1: \$6,454  
 TOTAL REVENUES ALL PAGES: \$6,454

### Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

| FUND | SUB-DEPT ID | BAL. SHEET ACCOUNT | AMOUNT |
|------|-------------|--------------------|--------|
|      |             | BAL_SHT or 499999  |        |
|      |             | BAL_SHT or 499999  |        |
|      |             | BAL_SHT or 499999  |        |

TOTAL BALANCE SHEET CHANGE: \$0

|                                                                           |                                                                                                                                                                         |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * Ongoing (Y or N): <u>Y</u><br>If Yes, next year's CF impact: <u>\$0</u> | No. of New FTEs: <u>0.00</u> (2)<br>No. of New Time Limited FTEs: <u>0.00</u> (2)<br>No. of Transferred FTEs: <u>0.00</u> (2)<br>No. of Abolished FTEs: <u>0.00</u> (2) |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Fund Balance Transfers:

| From Fund | From Dept ID | To Fund | To Dept ID | Amount |
|-----------|--------------|---------|------------|--------|
|           |              |         |            |        |
|           |              |         |            |        |
|           |              |         |            |        |
|           |              |         |            |        |
|           |              |         |            |        |

### Description and justification: (Attach additional pages as needed).\*

In June budget process, Req Item #290000\_02 was entered as the estimates for the new grants received from the state agency Indigent Defense Commission. This request is to true up the actual awarded amounts for the grants and also to correct the accounting coding errors occurred in June Budget process.

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.