

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 355000YE01 Requesting Organization: 35500000 SALT PALACE CONV Budget Adjust Type(s): New Revenue or Expense	For Fiscal Year: 2019 Date of Request: 7-Aug-19 Ongoing (Y or N): N If Yes, next year's CF impact: \$0 Net FTE Change: 0.00
Description and Justification: Technical Adj Additional Rev and Expenses: Adjustment request for additional labor expenses for additional event activity during the first five months of 2019. We have received corresponding additional revenues during this period that are sufficient to cover these expenses.	

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	180 RAMPTON SALT PALACE CONV CTR 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
3550000000 SPCC OPERATIONS	700,000	700,000	0	0
TOTALS	700,000	700,000	0	0

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: (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: 35500000 SALT PALACE CONV CTR OPS (SPCC)
 Budget Period: Post June Year-End * Req Item No: 355000YE01 * Adjustment Title: Technical Adj Additional Rev and Expenses
 Adjustment Type(s): New Revenue or Expense

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180	3550000000	639035			700,000.00

TOTAL EXPENDITURES Page 1: \$700,000
 TOTAL EXPENDITURES ALL PAGES: \$700,000

Revenue Budget String(s):

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180	3550000000	427025			700,000.00

TOTAL REVENUES Page 1: \$700,000
 TOTAL REVENUES ALL PAGES: \$700,000

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>N</u> If Yes, next year's CF impact: <u>\$0</u>	No. of New FTEs: <u>0.00</u> (2) No. of New Time Limited FTEs: <u>0.00</u> (2) No. of Transferred FTEs: <u>0.00</u> (2) No. of Abolished FTEs: <u>0.00</u> (2)
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Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Adjustment request for additional labor expenses for additional event activity during the first five months of 2019. We have received corresponding additional revenues during this period that are sufficient to cover these expenses.

(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.