SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

E	Executive Summary		
Request Item No:	500300YE01	For Fiscal Year:	2019
Requesting Organization:	50030000 GENERAL FUND-	STAT Date of Request:	12-Dec-19
Budget Adjust Type(s):	Technical	Ongoing (Y or N):	N
	Fund Transfer	If Yes, next year's CF impact:	\$0
		Net FTE Change:	0.00
Description and Justifi	ication:		
recommended employee eq	uity adjustment for Contracts & Pro	funds from Stat & General Fund to co ocurement employees. These funds w zations unable to fund these adjustme	ere specifically

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
5003000000 GENERAL FUND-STATUTORY AND	0	(18,500)	0	(18,500)
GENL PRGM	U	(18,500)	0	(18,500)
6100000100 CONTRACTS AND PROCUREMENT	o	18,500		18,500
ADMIN	U	18,300	0	18,500
TOTALS	0	0	0	0

	Approvals	5
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:	Approve	Date:
Mayor or Designee:	Approve	Date:
Council Action:	Approve	Date:
	Approve	

		Bud	get Adjustme	nt Detail			
Year:	2019		* Requesting Department: 5003000		30000 GENERAL FUND-STATUTO	00 GENERAL FUND-STATUTORY AND GENL	
Period: Po	st June Year-End	* Req Item No:	500300YE01	* Adjustment Title:	Personnel Equity Adjustment T	ransfer	
nent Type(s):	Technical	•	Fund Transfer	*			
Expense Budge	et String(s):	_					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OP	T) PROJECT ID (CAP)	AMOUNT	
110	5003000000		601030 PERMANENT AND	<u> </u>	T) FROJECT ID (CAF)	(18,50	
110	6100000100		601030 PERMANENT AND			18,50	
			TOTAL	EXPENDITURES Pag	le 1·	\$(
				NDITURES ALL PAG		\$(
Revenue Budge	et String(s):				=		
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OP	T) PROJECT ID (CAP)	AMOUNT	
			TO	TAL REVENUES Pag	ie 1:	\$(
				REVENUES ALL PAG	=	\$(
Balance Sheet/	Fund Unrestriction S	tring(s): Bal she	et strings only required for Prictions; check if applicable.	oprietary Fund adjustme	nts or fund		
FUND	SUB-DEPT ID		BAL. SHEE	T ACCOUNT	AMOL	INT	
			BAL_SHT or 499999				
			BAL_SHT or 499999 BAL_SHT or 499999				
			_		105	\$(
<u> </u>			TOTAL BAL	ANCE SHEET CHAN	IGE:		
	•		TOTAL BAL		•	<u> </u>	
*	Ongoing (Y or N):	N	_	No. of New FTI	Es: 0.00	(2)	
* If Yes, nex	Ongoing (Y or N):	N \$0	No. of N	No. of New FTI ew Time Limited FTI	Es: 0.00 Es: 0.00	(2) (2)	
* If Yes, nex			No. of N	No. of New FTI ew Time Limited FTI o. of Transferred FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2) (2)	
* If Yes, nex	t year's CF impact:		No. of N	No. of New FTI ew Time Limited FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2)	
Fund Balance 1	ct year's CF impact:	\$0	No. of N	No. of New FTI ew Time Limited FTI o. of Transferred FTI No. of Abolished FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2) (2)	
,	t year's CF impact:		No. of N	No. of New FTI ew Time Limited FTI o. of Transferred FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2) (2)	
Fund Balance 1	ct year's CF impact:	\$0	No. of N	No. of New FTI ew Time Limited FTI o. of Transferred FTI No. of Abolished FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2) (2)	
Fund Balance 1	ct year's CF impact:	\$0	No. of N	No. of New FTI ew Time Limited FTI o. of Transferred FTI No. of Abolished FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2) (2)	
Fund Balance 1	ct year's CF impact:	\$0	No. of N	No. of New FTI ew Time Limited FTI o. of Transferred FTI No. of Abolished FTI	Es: 0.00 Es: 0.00 Es: 0.00	(2) (2) (2)	

Requesting transfer of funds from Stat & General Fund to cover HR recommended employee equity adjustment for Contracts & Procurement employees. These funds were specifically allocated to address countywide equity adjustments for organizations unable to fund these adjustments.

⁽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.