

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

For Fiscal Year: **2019**

Date of Request: 4-Sep-19

Ongoing (Y or N): N

Net FTE Change: 0.00

Description and Justification:

Increase in Revenue and Expenses: This was a request in the original 2019 budget. The request was altered in the process to to a fund transfer from Mountain America Expos Center without a corresponding appropriation. This request to is appropriate this for Capital Maintenance as originally requested and to now draw on the Fund balance to correspond with the Transfer in this is included in the budget account 720005 Operating transfer in.

Fund Impact	
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SUMMARY OF FUND IMPACT BY FUND	
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FUND:	180 RAMPTON SALT PALACE CONV CTR FUND
Fund Impact (Budgetary)	(\$595,209)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$595,209)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT									
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DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
3550000000 SPCC OPERATIONS	0	595,209	0	595,209
TOTALS	0	595,209	0	595,209

Approvals	
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Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Budget Adjustment Detail	
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Budget Year: 2019 *** Requesting Department:** 35500000 SALT PALACE CONV CTR OPS (SPCC)

Budget Period: Post June Year-End *** Req Item No:** 355000_YE02 *** Adjustment Title:** Increase in Revenue and Expenses

Adjustment Type(s): Technical

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURES Page 1:	\$595,209
TOTAL EXPENDITURES ALL PAGES:	\$595,209

Revenue Budget String(s):

[illegible]

TOTAL REVENUES Page 1:	\$0
TOTAL REVENUES ALL PAGES:	\$0

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
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* Ongoing (Y or N):	N
If Yes, next year's CF impact:	\$0

No. of New FTEs:	0.00	(2)
No. of New Time Limited FTEs:	0.00	(2)
No. of Transferred FTEs:	0.00	(2)
No. of Abolished FTEs:	0.00	(2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

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(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.
(2) For FTE related requests, complete and print the "Position" tab. Totals from that tab will be carried over to here.