SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No:	880099YE01	**For Fiscal Year:**	***2019***
Requesting Organization:	88000000 RECORDER	**Date of Request:**	2-Oct-19
Budget Adjust Type(s):	New Capital Project	**Ongoing (Y or N):**	N
		If Yes, next year's CF impact:	$0
		Net FTE Change:	0.00

Description and Justification:

Recorder System Software Replacement: Creating new Capital Project Department and Capital Project ID to appropriate the initial funding of the $200,000 in our 2019 budget for the Recording System Software Replacement.

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
8800000100 RECORDER OPERATIONS	0	(200,000)	0	(200,000)
8800990000 RECORDER CAP PROJ	0	200,000	0	200,000
TOTALS	0	0	0	0

Approvals

Division Director: _____ **Date:** _____

Dept. or Elected Fiscal Mgr: _____ **Date:** _____

Dept. Dir. or Elected Official: _____ **Date:** _____

Facilities Division Director: _____ **Date:** _____
(Capital Projects Only)

Chief Financial Officer: _____ **Date:** _____
Approve

Mayor or Designee: _____ **Date:** _____
Approve

Council Action: _____ **Date:** _____
Approve

Budget Adjustment Detail

Budget Year: 2019

* **Requesting Department:** 88000000 RECORDER

Budget Period: Fall/Next Year

* **Req Item No:** 880099YE01

* **Adjustment Title:** Recorder System Software Replacement

Adjustment Type(s): New Capital Project

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	8800000100		679005 OFFICE FURN EQU	EV001		(200,000)
110	8800990000		679005 OFFICE FURN EQUIP SOFTWR>5000		Recorder_System	200,000

TOTAL EXPENDITURES Page 1: $0

TOTAL EXPENDITURES ALL PAGES: $0

Revenue Budget String(s):

FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT

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

* **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.)*

Creating new Capital Project Department and Capital Project ID to appropriate the initial funding of the $200,000 in our 2019 budget for the Recording System Software Replacement.

(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.