

# SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

## Executive Summary

<b>Request Item No:</b> 630000YE01	<b>For Fiscal Year:</b> 2019
<b>Requesting Organization:</b> 63000000 FACILITIES SERVIC	<b>Date of Request:</b> 22-Jan-20
<b>Budget Adjust Type(s):</b> Appropriation Unit Shift Technical	<b>Ongoing (Y or N):</b> N
	<b>If Yes, next year's CF impact:</b> \$0
	<b>Net FTE Change:</b> 0.00
<b>Description and Justification:</b>	
Cost of Goods Sold: This is to right size our Cost of Goods Sold (COGS) appropriation. In 2019 the cost of our materials for jobs was much higher than any of the past 5 years. This is a technical adjustment to provide sufficient budget in the COGS appropriation from our under expend in Salaries and Benefits. (We were understaffed throughout 2019.)	

## Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
<b>FUND:</b>	650 FACILITIES SERVICES FUND
<b>Fund Impact (Budgetary)</b>	\$0
<b>Fund Impact (Transfers)</b>	\$0
<b>TOTAL FUND IMPACT</b>	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
6300003000 ELECTRICAL	0	200,000	0	200,000
6300004000 ELECTRONICS	0	(200,000)	0	(200,000)
<b>TOTALS</b>	0	0	0	0

## Approvals

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

# Budget Adjustment Detail

**Budget Year:** 2019      \* **Requesting Department:** 63000000 FACILITIES SERVICES  
**Budget Period:** Post June Year-End      \* **Req Item No:** 630000YE01      \* **Adjustment Title:** Cost of Goods Sold  
**Adjustment Type(s):** Appropriation Unit Shift      Technical

**Expense Budget String(s):**

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
650	6300003000	501040			200,000
650	6300004000	601030			(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

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

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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.