## REQUEST FOR SL COUNTY BUDGET ADJUSTMENT

| Executive S   | Summary  |   |          |  |  |  |  |  |
|---|--|---|----------|--|--|--|--|--|
| Reference No: 635000  |  | For Fiscal Year:  | 2017     |  |  |  |  |  |
| Requesting Organization: 63500000 1   | Date of Request:   | 22-Jan-18   |          |  |  |  |  |  |
| Budget Adjust Type(s): Appropriation  | Ongoing (Y or N):  | N   |          |  |  |  |  |  |
|   | If Yes,  | next year's CF impact:  | \$0      |  |  |  |  |  |
|   |  | Net FTE Change:   | 0.00     |  |  |  |  |  |
| Description and Justification:  |  |   |          |  |  |  |  |  |
| Appropriation Unit Shift: Due to increased than anticipated. We are requesting an appropriate increase. The increase was in various telecusage. The increase will be passed on to 1 | propriation unit shift from Ope<br>com pass-through categories | erations to Pass-through to c<br>but mainly in ethernet and n | over the |  |  |  |  |  |
| Fund Impact   |  |   |          |  |  |  |  |  |
| SUMMARY OF FUND IMPACT BY FUND  | 1  |   |          |  |  |  |  |  |
| FUND: 650 FACILITIES  | 1  |   |          |  |  |  |  |  |
| SERVICES FUND   |  |   |          |  |  |  |  |  |
| Fund Impact (Budgetary) \$0   | -1   |   |          |  |  |  |  |  |
| Fund Impact (Transfers) \$0   |  |   |          |  |  |  |  |  |
| TOTAL FUND IMPACT \$0   | ט  |   |          |  |  |  |  |  |
| SUMMARY OF CNTY FUNDING IMPACT BY DEPT  |  |   |          |  |  |  |  |  |
| DEPT  | REVENUE EXPENSE  | BAL SHEET CNTY FUNDIN   | G        |  |  |  |  |  |
| TOTALS  | 0 0  | 0   | 0        |  |  |  |  |  |
| Approvals   |  |   |          |  |  |  |  |  |
| 1/2   |  |   |          |  |  |  |  |  |
| Division Director:  |  | Date:   | //8      |  |  |  |  |  |
| Dept. or Elected Fiscal Mgr:  | Date: 1-22-  | -18   |          |  |  |  |  |  |
| Dept. Dir. or Elected Official:   | Date: 1-23-/8  |   |          |  |  |  |  |  |
| Facilities Division Director: (Capital Projects Only)   |  | Date:   | . (      |  |  |  |  |  |
| Chief Financial Officer:  |  | Date:   |          |  |  |  |  |  |
| Mayor or Designee:  | OHVACK pprove  | Date: 124/18  |          |  |  |  |  |  |
| Council Action:   | pprove   | Date:   |          |  |  |  |  |  |

| et Period:      | ost June Year-End •       | * Regitem No:  | 635000YE0 -   | * Adjustment Title:                       | Appropriation Unit Shift |   |
|-----------------|---------------------------|----------------|---|---|--------------------------|---|
| jott ontoon     |                           |                | tanina and the same of                                |   | Para and and             |   |
| stment Type(s): | Appropriation Unit Shift  | -              | i   | <b>_</b>                                  | L                        |   |
| Expense Budg    | et String(s):             | ( )            |   |   |                          |   |
|                 |                           |                | Levenier (coornie                                     | DECCMENT ID CORT                          | I apolectio (CAD)        | AMOUNT                                  |
| FUND<br>650     | SUB-DEPT ID<br>6350000100 | 060            | 501060 PASS-THRU TELEF                                | PROG/ACT ID (OPT)                         | PROJECT ID (CAP)         | 75.                                     |
| 850             | 6350000100                | 060            | 615035 SMALL EQUIPMEN                                 |   | ·                        | (75                                     |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   |                          |   |
| -               |                           |                |   |   |                          |   |
|                 | 1                         |                |   |   |                          |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   | USELINIE INC. OLIVIO                      |                          |   |
|                 |                           |                | TOTALE  | XPENDITURE CHANGE                         |                          |   |
| Revenue Budg    | et Stringis):             |                |   |   |                          |   |
| Trovelluo Duag  | or on mg(o).              |                |   |   |                          |   |
| FUND            | SUB-DEPT (D               |                | REVENUE ACCOUNT                                       | PROG/ACT ID (OPT)                         | PROJECT ID (CAP)         | AMOUNT                                  |
|                 |                           |                |   |   |                          |   |
|                 | +                         |                |   |   | <del></del>              |   |
|                 |                           |                | <del></del>   |   |                          |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   | -                        |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                | TOT   | AL REVENUE CHANGE                         | :                        |   |
|                 |                           | 100            |   |   |                          |   |
| Balance Sheet/  | Fund Unrestriction Str    | ing(s): - Buls | heet strings only required for Pr<br>k if applicable. | oprietery Fund adjustments                | or fund unrestrictions;  |   |
| FUND            | SUB-DEPT ID               |                | BAL. SHEET ACCOUNT                                    |   | AMOUNT                   |   |
|                 | T                         |                | BAL_SHT or 499999                                     |   | T. Alabo                 | *************************************** |
|                 |                           |                | BAL_SHT or 499999                                     |   |                          |   |
|                 |                           |                | BAL_SHT or 499999                                     | AND THE STREET STREET, SAN TO SEE         |                          |   |
|                 |                           | 4 = 1 = -7-7 = | TOTAL BAL   | ANCE SHEET CHANGE                         |                          |   |
| ale             | Ongoing (Y or N):         | N.             |   | No. of New FTEs:                          | 0.00                     | (2)                                     |
| If Yes, nex     | t year's CF Impact:       | \$0            | No. of No   | NO. OT NEW F1ES:<br>ew Time Limited FTEs: |                          | <i>2)</i><br>(2)                        |
|                 | _                         |                |   | o. of Transferred FTEs:                   |                          | ~)<br>2)                                |
|                 |                           |                |   | No. of Other FTEs:                        |                          | 2)                                      |
| Fund Balance    | Fransfors:                |                |   |   |                          |   |
| . Jilu Dalailte | 1 1 G 1 G 1 G 1 G 1       |                |   |   |                          |   |
| From Fund       | From Dept ID              | To Fund        | To Dept ID  | Amount                                    | 7                        |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   |                          |   |
|                 |                           |                |   |   | 1                        |   |
|                 |                           |                |   |   |                          |   |

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

Due to increased customer needs, 2017 pass-through expenses have come in higher than anticipated. We are requesting an appropriation unit shift from Operations to Pass-through to cover the increase. The increase was in various telecom pass-through categories but mainly in ethernet and mobile phone usage. The increase will be passed on to Telecom customers as a pass-through expense.

(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.