## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

			-	
	<b>Executive Summary</b>	•		
Reference No	o: 355200YE02		For Fiscal Year:	2018
Requesting Organization	n: 35520000 MT AMERI	CA EXPO C	Date of Request:	18-Sep-18
Budget Adjust Type(s): New Revenue or Expense			Ongoing (Y or N):	N
			next year's CF impact:	\$0
			Net FTE Change:	0.00
Description and Just	ification:			
	f \$20,000, Additional appropriat		approximately \$70,000. Other one sufficient spending margins f	
	Fund	Impact		
SUMMARY OF FUND IMPACT E	Y FUND 182 MOUNTAIN AMERICA			
PART AND CONTROL FRANCE I	EXPO CENTER FUND			
Fund Impact (Budgetary)	\$200,000			
Fund Impact (Transfers)	\$0			
TOTAL FUND IMPACT	\$200,000			

SUMMARY OF CNTY FUNDING IMPACT	BY DEPT	THE MENT		OF INTERNATION
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
3552000000 STEC OPERATIONS	400,000	200,000		(200,000)
TOTALS	400,000	200,000	The Substitute of the	(200,000)

Approvals		
Division Director:	Date:	9/18/2018
Dept. or Elected Fiscal Mgr: Robert Trujillo Digitally signed by Robert Trujillo Date: 2018.09/18 10:43:04-06:00	Date:	
Dept. Dir. or Elected Official:	Date: _	9/18/18
Facilities Division Director: (Capital Projects Only)	Date: _	
Chief Financial Officer:	Date: _	9/18/2018
Mayor or Designee:  Approve  Approve	Date: _	9118118
Council Action:  Approve	Date: _	

		Budg	get Adjustme	nt Detail		
Year:	2018	00 MT AMERICA EXPO CENTER OPS				
Period:	Post June Year-End	* Req Item No:	355200YE02 -	k Adjustment Title:	New Revenue or Expense	
nent Type(s):	New Revenue or Exper	rse •		•		
	get String(s):					
	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
FUND 182	3552000000		639035			200,000
102	333200000					
				WARNING DELLA		\$200,0
				XPENDITURES Page 1:		\$200,0
Daniel Der	dget String(s):		TOTAL EXPE	NDITURES ALL PAGES:	-	\$200,0
			REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
FUND	SUB-DEPT ID		427025	TROOMST IS TO THE		400,000
182	3552000000		421020			
-						
			TO	TAL REVENUES Page 1:		\$400,0
				REVENUES ALL PAGES:		\$400,0
		at to take Baleh	eet strions only required for P	roprietary Fund adjustments o	r fund unrestrictions;	
	et/Fund Unrestriction 3	String(s):	Bet surings brilly required for r	(opinous) - min,		
Balance She		check	if applicable.	•		
		check		T ACCOUNT	AMOU	NT
Balance She	SUB-DEPT ID	check		T ACCOUNT	AMOU	NT
		check	BAL. SHEE	T ACCOUNT	AMOU	NT
		check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999			NT
		check	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	ANCE SHEET CHANGE		NT
FUND	SUB-DEPT ID	CHECK	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	ANCE SHEET CHANGE:	_	
FUND	SUB-DEPT ID	CHECK	BAL, SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL	ANCE SHEET CHANGE:	0.00	NT (2) (2)
FUND		CHECK	BAL. SHEE  BAL_SHT or 499999  BAL_SHT or 499999  BAL_SHT or 499999  TOTAL BAL  No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs:	0.00 (	(2)
FUND	SUB-DEPT ID	CHECK	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o, of Transferred FTEs:	0.00 ( 0.00 ( 0.00 (	(2)
* If Yes, I	Ongoing (Y or N):	CHECK	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs:	0.00 ( 0.00 ( 0.00 (	(2) (2) (2)
* If Yes, I	SUB-DEPT ID	N \$0	BAL. SHEE  BAL_SHT or 499999  BAL_SHT or 499999  BAL_SHT or 499999  TOTAL BAL  No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 ( 0.00 ( 0.00 (	(2) (2) (2)
* If Yes, I	Ongoing (Y or N): next year's CF impact:	CHECK	BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o, of Transferred FTEs:	0.00 ( 0.00 ( 0.00 (	(2) (2) (2)
*  If Yes, I	Ongoing (Y or N): next year's CF impact:	N \$0	BAL. SHEE  BAL_SHT or 499999  BAL_SHT or 499999  BAL_SHT or 499999  TOTAL BAL  No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 ( 0.00 ( 0.00 (	(2) (2) (2)
*  If Yes, I	Ongoing (Y or N): next year's CF impact:	N \$0	BAL. SHEE  BAL_SHT or 499999  BAL_SHT or 499999  BAL_SHT or 499999  TOTAL BAL  No. of N	ANCE SHEET CHANGE:  No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 ( 0.00 ( 0.00 (	(2) (2) (2)

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

Adjust 2018 budget for additional revenues from additional event activity realized so far this year. This additional event activity has resulted in additional labor expense needs of approximately \$70,000. Other expense needs include janitorial expenses of \$20,000, Additional appropriations are for ensuring sufficient spending margins for year end contingencies in labor and maintenance costs.

(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.