

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 215000YE01	For Fiscal Year: 2018
Requesting Organization: 21500000 HEALTH	Date of Request: 12-Sep-18
Budget Adjust Type(s): Appropriation Unit Shift	Ongoing (Y or N): N
	If Yes, next year's CF impact: \$0
	Net FTE Change: 0.00

Description and Justification:




Indigent Burial Services Need: Due to some contractual issues at the end of 2017 and time to get a new vendor in place, Health's expenses for indigent burial services are projected higher than budgeted for 2018. This adjustment will move \$25K from the operational appropriation unit to meet the indigent burial services need for 2018. This is a budget neutral request, no Salt Lake County funding is requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	370 HEALTH 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
TOTALS	0	0	0	0

Approvals

Division Director:	Gary Edwards <small>Digitally signed by Gary Edwards Date: 2018.09.13 08:23:34 -06'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2018.09.13 08:31:05 -06'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2018.09.13 14:25:41 -06'00'</small>	Date: _____
Facilities Division Director: (Capital Projects Only)		Date: _____
Chief Financial Officer:	 Approve	Date: 9/17/2018
Mayor or Designee:	 Approve	Date: 9/18/18
Council Action:	_____ Approve	Date: _____

Budget Adjustment Detail									
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Budget Year: 2018 * Requesting Department: 21500000 HEALTH

Budget Period: Post June Year-End * Req Item No: 215000YE01 * Adjustment Title: Indigent Burial Services Need

Adjustment Type(s): Appropriation Unit Shift

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
370	2150001011		613020			(4,000)
370	2150001011		615005			(4,000)
370	2150001011		611005			(10,000)
370	2150001011		615040			(7,000)
370	2150001011		653005			25,000

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

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

* Ongoing (Y or N):	N	No. of New FTEs:	0.00	(2)
If Yes, next year's CF impact:	\$0	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:

[illegible]

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

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