

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

### Executive Summary

Reference No: 215000YE02	For Fiscal Year: <b>2018</b>
Requesting Organization: 21500000 HEALTH	Date of Request: 20-Nov-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: Due to contractual issues at the end of 2017 and time to get a new vendor in place, Health's expenses for indigent burial have been higher than expected for 2018. Health is also seeing an increase in indigent deaths and is expecting more as the cold weather sets in. Health expects this adjustment to cover expenses for the rest of the year, however, the amount of possible deaths is difficult to predict.

### 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:	Dorothy Adams <small>Digitally signed by Dorothy Adams Date: 2018.11.20 12:56:01 -0700</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2018.11.20 12:58:30 -0700</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2018.11.20 16:17:00 -0700</small>	Date: _____
Facilities Division Director: (Capital Projects Only)	_____	Date: _____
Chief Financial Officer:	 _____ Approve	Date: 11/27/2018
Mayor or Designee:	 _____ Approve	Date: 11/29/18
Council Action:	_____ Approve	Date: _____

## Budget Adjustment Detail

Budget Year: 2018      \* Requesting Department: 21500000 HEALTH  
 Budget Period: Post June Year-End      \* Req Item No: 215000YE02      \* Adjustment Title: Indigent Burial  
 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	639025			(30,000)
370	2150001011	653005			30,000

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

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Due to contractual issues at the end of 2017 and time to get a new vendor in place, Health's expenses for indigent burial have been higher than expected for 2018. Health is also seeing an increase in indigent deaths and is expecting more as the cold weather sets in. Health expects this adjustment to cover expenses for the rest of the year, however, the amount of possible deaths is difficult to predict.

(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.