

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 505000YE010 For Fiscal Year: 2018
 Requesting Organization: 50500000 CAPITAL IMPROVEME Date of Request: 21-Nov-18
 Budget Adjust Type(s): New Capital Project Ongoing (Y or N): N
 If Yes, next year's CF impact: \$0
 Net FTE Change: 0.00

Description and Justification:

Holladay Lyons Rec Center Fire Suppression: New Capital project request for a life safety requirement that has to be corrected. The fire sprinkler pipes in the pool area of the Holladay Lyons Rec Center have begun leaking. Given the inaccessible location of pipes and the pool environment, it was determined by County staff, the local jurisdiction and the Fire Marshal to install new piping at a more accessible location. The funds will be coming from the contingency account due to the importance of this request. Funds need to also be included for re-budget into 2019.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	450 CAPITAL IMPROVEMENTS 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:

Rory Payne Digitally signed by Rory Payne
Date: 2018.11.21 07:35:58 -07'00'

Date: _____

Dept. or Elected Fiscal Mgr:

Digitally signed by Javald Lal
Date: 2018.11.27 14:58:19 -07'00'

Date: _____

Dept. Dir. or Elected Official:

Megan Hillyard Digitally signed by Megan Hillyard
Date: 2018.11.27 16:46:29 -07'00'

Date: _____

Facilities Division Director:
(Capital Projects Only)

Rory Payne Digitally signed by Rory Payne
Date: 2018.11.21 07:36:11 -07'00'

Date: _____

Chief Financial Officer:

Approve

Date: 11/28/18

Mayor or Designee:

Approve

Date: 11/28/18

Council Action:

Approve

Date: _____

Budget Adjustment Detail

Budget Year: 2018 * Requesting Department: 50500000 CAPITAL IMPROVEMENTS
 Budget Period: Post June Year-End * Req Item No: 15180070410 * Adjustment Title: Holladay Lyons Rec Center Fire Suppression
 Adjustment Type(s): New Capital Project

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
450	5050000000	695005		NK010	(100,000)
450	5050000000	607015		PR001	100,000

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 unrestricted; 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
 If Yes, next year's CF impact: \$0

No. of New FTEs: 0.00 (2)
 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:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

New Capital project request for a life safety requirement that has to be corrected. The fire sprinkler pipes in the pool area of the Holladay Lyons Rec Center have begun leaking. Given the inaccessible location of pipes and the pool environment, it was determined by County staff, the local jurisdiction and the Fire Marshal to install new piping at a more accessible location. The funds will be coming from the contingency account due to the importance of this request. Funds need to also be included for re-budget into 2019.

(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.