

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

### Executive Summary

|   |                                    |
|---|------------------------------------|
| Reference No: 912000YE01                      | For Fiscal Year: 2018              |
| Requesting Organization: 91200000 COUNTY JAIL | Date of Request: 28-Nov-18         |
| Budget Adjust Type(s): New Revenue or Expense | Ongoing (Y or N): N                |
|   | If Yes, next year's CF impact: \$0 |
|   | Net FTE Change: 0.00               |

#### Description and Justification:

Restricted Contribution Pillows for Prisoners: The Sheriff's Office has received a donation for the purpose of providing pillows to prisoners at the Salt Lake County Jail. This adjustment will allow us to recognize the contribution and make the purchase of the pillows.

### Fund Impact

| SUMMARY OF FUND IMPACT BY FUND |                  |
|--------------------------------|------------------|
| FUND:                          | 110 GENERAL 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 |
| 9120001200 JAIL SUPPORT-JAIL           | 4,000   | 4,000   | 0         | 0            |
| TOTALS                                 | 4,000   | 4,000   | 0         | 0            |

### Approvals

Division Director:

Date: \_\_\_\_\_

Dept. or Elected Fiscal Mgr:

Date: 11/28/18

Dept. Dir. or Elected Official:

Date: 11/28/2018

Facilities Division Director:  
(Capital Projects Only)

Date: \_\_\_\_\_

Chief Financial Officer:

Date: 11/28/18

Mayor or Designee:

Date: 11/28/18

Council Action:

Date: \_\_\_\_\_

Approve

| Budget Adjustment Detail |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|
|--------------------------|--|--|--|--|--|--|--|--|--|

Budget Year: 2018      ♦ Requesting Department: 91200000 COUNTY JAIL

Budget Period: Post June Year-End \* Req Item No: 10480000001 \* Adjustment Title: Restricted Contribution Pillows for Prisoners

|                     |                        |  |  |
|---------------------|------------------------|--|--|
| Adjustment Type(s): | New Revenue or Expense |  |  |
|---------------------|------------------------|--|--|

**Expense Budget String(s):**

[illegible]

|                               |         |
|-------------------------------|---------|
| TOTAL EXPENDITURES Page 1:    | \$4,000 |
| TOTAL EXPENDITURES ALL PAGES: | \$4,000 |

**Revenue Budget String(s):**[illegible]

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL REVENUES Page 1:</b>    | <b>\$4,000</b> |
| <b>TOTAL REVENUES ALL PAGES:</b> | <b>\$4,000</b> |

**Balance Sheet/Fund Unrestriction String(s):** ☐ Balance sheet strings only required for Proprietary Fund adjustments or fund unrestricted; check if applicable.

| FUND | SUB-DEPT ID | BAL. SHEET ACCOUNT | AMOUNT |
|------|-------------|--------------------|--------|
|      |             | BAL SH1 of 400000  |        |
|      |             | BAL SH1 of 400000  |        |
|      |             | BAL SH1 of 400000  |        |

|                                    |            |
|------------------------------------|------------|
| <b>TOTAL BALANCE SHEET CHANGE:</b> | <b>\$0</b> |
|------------------------------------|------------|

\* 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:**

[illegible]

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

The Sheriff's Office has received a donation for the purpose of providing pillows to prisoners at the Salt Lake County Jail. This adjustment will allow us to recognize the contribution and make the purchase of the pillows.

***(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.***

DECLARATION OF GIFT  
(OVER \$1,000)

I, Sabrina Suite-Mangum, irrevocably give, and where appropriate transfer, title to the property described below to Salt Lake County to become permanent property of Salt Lake County and to be administered in accordance with its established policies. I assign and transfer all rights, including any copyrights that I possess on these properties to Salt Lake County, without restrictions or conditions except those noted below under "Other provisions or restrictions".

Description of gift: \_\_\_\_\_

\$4,000 for pillows for prisoners  
check

Value (estimated by the donor): \_\_\_\_\_

\$4,000

Date of transfer of title and delivery: \_\_\_\_\_

Nov 27, 2018

Other provisions or restrictions: \_\_\_\_\_

should be allocated to pillows for prisoners

Department/Division Director or Elected Official

Date: \_\_\_\_\_

Rosie Rivera

11-28-2018

Donor

Address: \_\_\_\_\_

(Pillows for Prisoners)  
Sabrina Suite-Mangum

2810 E. Hermosa Way  
SLC UT

Salt Lake County hereby accepts the above gift under the conditions specified within this Declaration of Gift form, but makes no judgment as to the value of the gift.

SALT LAKE COUNTY COUNCIL:

Chair \_\_\_\_\_

Date \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Sherrie Swensen, County Clerk