

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 730000YE01	For Fiscal Year: 2018
Requesting Organization: 73000000 ASSESSOR	Date of Request: 30-Nov-18
Budget Adjust Type(s): Appropriation Unit Shift	Ongoing (Y or N): N
Appropriation Unit Shift	If Yes, next year's CF impact: \$0
Appropriation Unit Shift	Net FTE Change: 0.00

Description and Justification:

Oblique Aerial Image Change Detection: This fund is to fulfill the license agreement for Oblique Aerial Image Change Detection in 2018. The change detection helps Appraisers with customer's electronic parcel files

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	340 STATE TAX ADMINISTRATION LEVY 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:		Date: _____
Dept. or Elected Fiscal Mgr:		Date: 11/30/18
Dept. Dir. or Elected Official:		Date: 11/30/18
Facilities Division Director: (Capital Projects Only)		Date: _____
Chief Financial Officer:	 Approve	Date: 11/20/18
Mayor or Designee:	 Approve	Date: 11/30/18
Council Action:	Approve	Date: _____

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

Budget Year: 2018

* Requesting Department: 73000000 ASSESSOR

Budget Period: Post June Year-End

* Req Item No: 730000YE01

* Adjustment Title: Oblique Aerial Image Change Detection

Adjustment Type(s): Appropriation Unit Shift

Appropriation Unit Shift

Appropriation Unit Shift

Expense Budget String(s):

[illegible]

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
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.)*

This fund is to fulfill the license agreement for Oblique Aerial Image Change Detection in 2018. The change detection helps Appraisers with customer's electronic parcel files

(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.