## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

	Executive	Summary					
Request Item No:				For Fig	scal Year:	2019	
Requesting Organization			ROVEME	Date of	Request:	18-Mar-	19
Budget Adjust Type(s):				Ongoing	y (Y or N):	N	ſ
			If Yes,	next year's C	F impact:		\$0
				Net FTE	Change:	0.00	Ì
Description and Justif	ication:		_				
Unfied Fire Authority Staten Capital Projects: UFA0 UFA fire stations 110 & 118 do not have an Afrikatio exhaustemissions and other hazardous eliborno pol quartors. The reof an west side of station 110 has had look issue	n system installed in the s lutants, Lack of an AirMati UFA004	pperatus boy. The AirMation on system leaves us with ne - Re-real Project at UFA St	i air fibration system is a hig I way to preventexposuro t ation 110 - Naw Project (D	o vohide and small equipme	ent exhaust both in the	apparatus bay and	in crow
		Fund Ir	npact				
CLIMANA DV.OE ELIND INADA CE DI	/ ELIMID						
SUMMARY OF FUND IMPACT BY FUND:	450 CAPITAL						
FUNU:	IMPROVEMENTS FUND						
Fund Impact (Budgetary)	NO APINEIA	\$0					
Fund Impact (Transfers)		\$0					
TOTAL FUND IMPACT	PARTE NO.	\$0					
SUMMARY OF CNTY FUNDING II	MPACT BY DEP	<del>,</del>	<u> </u>	T			
		REVENUE	EXPENSE	BALSHEET	CNTY FUNDIN	16	
TOTALS		. Staper and . the wassa. O		<u>0</u>	ten to be fell disc on decide and	0	
		Appro	vals				
Division Director:	Rory Payr			Date:			
Dept. or Elected Fiscal Mgr:	Javaid L	-0000	).07 	Date:			
Dept. Dir. or Elected Official:	Megan Hilly	/ard Hillyard Date: 2019.03.19	10:35:22 -06'00'	Date:	<del>,</del>		
Facilities Division Director: (Capital Projects Only)	Rory Payi	Digitally signed by Ron Date: 2019.03,18 09:29: -06'00'		Date:		,	
Chief Financial Officer:	Sul A	ppreve X		Date:	19/19	<del>)</del>	
Mayor or Designee:	<u>Um C</u>	THVW/	1	Date: 3	90/19		
Council Action:	A	pprove	<del></del>	Date:			

get Year: 2019			* Requesting Department: 50500			0000 CAPITAL IMPROVEMENTS		
Period:	Pre-June Interim 🔻	* Req Item No:	505000IA02 • * Adjustment Title:			Unified Fire Authority Station Capital Projects		
nent Type(s):	New Capital Project	· ·		AMARIKAN INI INI INI INI INI INI INI INI INI I	<b>-</b>		**************************************	
Expense Bud	get String(s):		•					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID	(OPT)	PROJECT ID (CAP)	AMOUNT	
450	5050000000		607010			UFA001	(136,	
450 450	5050000000	· · · · · · · · · · · · · · · · · · ·	607015	Test to the first to	<del></del>	UFA003	96,	
450	5050000000		607015			UFA004	40,	
			TOTAL	EXPENDITURES	Page 1			
Davience Bud	mat Ctulm m/a).			ENDITURES ALL	-			
Revenue Bud			LDEVENUE AGOUNT	T. DDOGGATID	(ODT)	L BROUSOT IR (CAR)	AMOUNT	
FUND	SUB-DEPT ID	n, Transco, et Kidare ( <b>hadraire) hai</b> l	REVENUE ACCOUNT	PROGIACTID	(OP1)	PROJECT ID (CAP)	AMOUNT	
-		· ·						
1			<u> </u>	741 551/511/55	D 4-	l		
			10	TAL REVENUES	_			
			TOTAL	REVENUES ALL				
Balance Shee	t/Fund Unrestriction St	ring(s): — Bal sh	eet strings only required for P	REVENUES ALL Proprietary Fund adjusted				
		ring(s): — Bal sh check	eet strings only required for P if applicable.	roprietary Fund adju		r fund unrestrictions;	т	
Balance Shee	VFund Unrestriction St	ring(s): F Bal sh check	eet strings only required for P if applicable.  BAL. SHEE				T	
		ring(s): F Bal sh check	eet strings only required for P if applicable.	roprietary Fund adju		r fund unrestrictions;	T	
		ring(s): F Bal sh check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999	roprietary Fund adju		r fund unrestrictions;	Т	
		ring(s): - Bal sh check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	roprietary Fund adju	stments o	r fund unrestrictions; AMOUN	т	
FUND	SUB-DEPT ID	check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	roprietary Fund adju	stments o	r fund unrestrictions; AMOUN		
FUND *	SUB-DEPT ID Ongoing (Y or N):	Check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI	TOPHELARY Fund adju	HANGE:	r fund unrestrictions; AMOUN 0.00 (2	)	
FUND *	SUB-DEPT ID	check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI No. of N	TOPHELARY Fund adju	HANGE:	0.00 (2, 0.00 (2, 0.00)	)	
FUND *	SUB-DEPT ID Ongoing (Y or N):	Check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N	TACCOUNT  LANCE SHEET CI  No. of New New Time Limited Oo. of Transferred	HANGE:	0.00 (2 0.00 (2 0.00 (2		
FUND *	SUB-DEPT ID  Ongoing (Y or N): ext year's CF impact:	Check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N	TACCOUNT  LANCE SHEET CI  No. of New New Time Limited Oo. of Transferred	HANGE:	0.00 (2, 0.00 (2, 0.00)	)	
*  If Yes, no	Ongoing (Y or N): ext year's CF impact: Transfers:	Check	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N	TACCOUNT  LANCE SHEET CI  No. of New New Time Limited Oo. of Transferred	HANGE: FTEs: I FTEs: I FTEs:	0.00 (2 0.00 (2 0.00 (2	)	
*  If Yes, no	Ongoing (Y or N): ext year's CF impact: Transfers:	N \$0	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N	TACCOUNT  LANCE SHEET CI  No. of New Now Time Limited No. of Transferred No. of Abolished	HANGE: FTEs: I FTEs: I FTEs:	0.00 (2 0.00 (2 0.00 (2	)	
*  If Yes, no	Ongoing (Y or N): ext year's CF impact: Transfers:	N \$0	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N	TACCOUNT  LANCE SHEET CI  No. of New Now Time Limited No. of Transferred No. of Abolished	HANGE: FTEs: I FTEs: I FTEs:	0.00 (2 0.00 (2 0.00 (2	)	
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*  If Yes, ne  Fund Balance  From Fund	Ongoing (Y or N): ext year's CF impact: Transfers: From Dept ID	N \$0	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N  To Dept ID	TACCOUNT  LANCE SHEET CI  No. of New Now Time Limited No. of Transferred No. of Abolished	HANGE: FTEs: I FTEs: I FTEs:	0.00 (2 0.00 (2 0.00 (2	)	
*  If Yes, ne  Fund Balance  From Fund	Ongoing (Y or N): ext year's CF impact: Transfers:	N \$0	eet strings only required for P if applicable.  BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI  No. of N  To Dept ID	TACCOUNT  LANCE SHEET CI  No. of New Now Time Limited No. of Transferred No. of Abolished	HANGE: FTEs: I FTEs: I FTEs:	0.00 (2 0.00 (2 0.00 (2	)	
* If Yes, no Fund Balance From Fund ption and just	Ongoing (Y or N): ext year's CF impact:  Transfers:  From Dept ID	N \$0 To Fund onal pages as neede	BAL. SHEE BAL. SHEE BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAI No. of N	TACCOUNT  LANCE SHEET Cl  No. of New New Time Limited O. of Transferred No. of Abolished  Amount	HANGE: FTEs: FTEs: FTEs:	0.00 (2 0.00 (2 0.00 (2 0.00 (2	)	
*  If Yes, no  Fund Balance  From Fund  ption and just 3 - AirMation \$ 25 station \$ 110	Ongoing (Y or N): ext year's CF impact:  Transfers:  From Dept ID  iffication: (Attach additi	N \$0  To Fund  onal pages as neede ations,110 & 116, N	BAL. SHEE BAL. SHEE BAL. SHT or 499999 BAL_SHT or 499999 TOTAL BAI No. of N  To Dept ID	The AirMation air	HANGE: FTES: FTES: FTES: FTES: FTES:	0.00 (2 0.00 (2 0.00 (2 0.00 (2	cleaner utilized	

(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.