

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 107099IA02	For Fiscal Year: 2019	
Requesting Organization: 10709900 PARKS AND REC CAP	Date of Request: 16-Apr-19	
Budget Adjust Type(s): New Capital Project	Ongoing (Y or N): N	
Unforeseen / Exigency	If Yes, next year's CF impact:	\$0
	Net FTE Change:	0.00

Description and Justification:

Copperview Rec Parking Lot Lights: Parks & Recreation requests a new capital project to replace five light poles at Copperview Recreation Center. One was toppled by a car, and four are rusting and in poor condition. Immediate replacement is recommended for the safety of patrons and staff. Parks & Recreation requests a transfer of funds from a substantially completed project (Holladay Lions Rec Center pool renovation) with available budget; no new County dollars are requested.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	181 TRCC TOURISM REC CULTRL CONVEN 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: 4/16/19

Dept. or Elected Fiscal Mgr: 

Date: 4.17.19

Dept. Dir. or Elected Official: 

Date: 4.18.19

Facilities Division Director:
(Capital Projects Only) 

Date: 4/18/19

Chief Financial Officer: 

Date: 4/18/17

Mayor or Designee: 
Approve

Date: 4/23/19

Council Action: _____
Approve

Date: _____

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 10709900 PARKS AND REC CAPITAL IMPROVEMENT
 Budget Period: Pre-June Interim * Req Item No: 107099A02 * Adjustment Title: Copperview Rec Parking Lot Lights
 Adjustment Type(s): New Capital Project Unforeseen / Exigency

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
181	1070990000	607010		PART19CVRC01	35,000
181	1070990000	629025		PART18HLRC01	(35,000)

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.)*

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(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.