SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

	Executive	Summary	real W			
Request Item N	lo: 554700IA01			For Fi	scal Year:	2019
Requesting Organization	n: 55470000	PARKS AND	RECREAT	Date of	Request:	16-Apr-19
Budget Adjust Type(s	s): Existing Cap	oital Project		Ongoing	(Y or N):	N
	New Reven	ue or Expense	If Yes,	next year's C	F impact:	\$0
a T 1		algoria l'agliera			Change:	0.00
Description and Jus	tification:				3	
SLC Sports Complex Am to replace the ammonia e required to fortify the roof expense to recognize Sal new county dollars are re	evaporator for the structure for new It Lake City's con	e ice sheets. Cu w equipment. P	ırrent bids and e arks & Recreati	estimates indic on requests ar	ate that addition adjustment to	onal budget is o revenue and
		Fund In	npact		(g, ns)2 (g, s	I B IN SEAL SE
SUMMARY OF FUND IMPACT	BY FUND					
FUND:	484 PARKS AND RECREATION					
	GO BOND FUND					
Fund Impact (Budgetary)		\$0				
Fund Impact (Transfers)		\$0	-			
TOTAL FUND IMPACT		\$0				_
SUMMARY OF CNTY FUNDING	IMPACT BY DEP					
DEPT		REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING	3
5547000000 PARKS AND REC BOND PRICTS PRGM	REATION GO	186,000	186,000	0		О
TOTALS		186,000	186,000	0		0
	E CHANGE	Appro	vals			
Division Director:	Mitin	Jun		Date: 4	1/16/19	
Dept. or Elected Fiscal Mgr	: Juo	<u> </u>		Date:	1.17.19	
Dept. Dir. or Elected Officia	al: Tell	m. Go	gn	Date: 4	18.19	
Facilities Division Director: (Capital Projects Only)				Date:	(18/19	
Chief Financial Officer:		Approve		Date: <u>4/</u>	18/19	
Mayor or Designee:	Limb	Approve Jan	M	Date: <u></u> <u> </u>	23/19	
Council Action:		Approve		Date:		

		Бии	get Adjustme	III Detail			
Year:	2019		* Requesting Dep	artment: 55470000 F	PARKS AND RECREATION GO BOND PRO	JECTS	
Period:	-June Interim -	* Req Item No:	554700A01	* Adjustment Title:	SLC Sports Complex Ammonia Evaporator		
nent Type(s):	Existing Capital Project	9	New Reverse or Expense	A PROPERTY OF THE PARTY OF THE	S. Marine	7/11/19/19	
Expense Budge	t String(s):						
FUND	SUB-DEPT ID	Revisen ac	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT	
484	5547000000	-/	607015	TROOMSTID (S. 1)	PARB17CRRP	186	
				" esw	grantend birgs Wes	Beitentin	
		Chicago I value les y		MET INSTUUDENT		The state of the s	
al allering	the full enemals	Secondary hor	able Cilinami bids	Manager and Sun reds	veste ennombre	illasta jenaka i	
	The second second second						
		a reterm length	Mark Basic of Michigan	A THE PARTY OF THE	SHE THE ESSURE OF	of salarov	
A A A A A A A A A A A A A A A A A A A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		200000000000000000000000000000000000000		transmission and the		
						4400	
				EXPENDITURES Page 1: NDITURES ALL PAGES:	_	\$186, \$186,	
Revenue Budge	et String(s):		TOTAL EXPE	NUTTURES ALL PAGES:	_	\$100,	
			TERSON DEL				
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP) PARB17CRRP	AMOUNT	
484	5547000000		417005		PARBITCRRP	186	
			PAROSITA	MENT ONE COME	NSPA		
				DIVIDED THE	631		
					Carrier de la	and a consignation to	
			112		1 (16/32)	The second	
					district to 420 at		
150	and the same	THE PARTY LAND	TO	TAL REVENUES Page 1:		\$186,	
		1.32.00		REVENUES ALL PAGES:		\$186,	
Balance Sheet/	Fund Unrestriction Str	ing(s): Bal sh	neet strings only required for Pr if applicable.	oprietary Fund adjustments or	fund unrestrictions;		
FUND SUB-DEPT ID		BAL. SHEET ACCOUNT			AMOUN	IT	
			BAL_SHT or 499999			THE RESIDENCE	
	The Case of Market P						
			BAL_SHT or 499999				
			BAL_SHT or 499999 BAL_SHT or 499999	ANCE SHEET CHANGE:			
			BAL_SHT or 499999 BAL_SHT or 499999	ANCE SHEET CHANGE:	-		
*	Ongoing (Y or N):	N	BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL	No. of New FTEs:		2)	
	Ongoing (Y or N): t year's CF impact:	N \$0	BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs:	0.00	2)	
	t year's CF impact:		BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs:	0.00 (i	2) 2)	
	t year's CF impact:		BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs:	0.00 (i	2)	
If Yes, nex	t year's CF impact:	\$0	BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 (i	2) 2)	
If Yes, nex	t year's CF impact:		BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs:	0.00 (i	2) 2)	
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If Yes, nex	t year's CF impact:	\$0	BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 (i	2) 2)	
If Yes, nex	t year's CF impact:	\$0	BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 (i	2) 2)	
If Yes, nex Fund Balance T From Fund	t year's CF impact:	To Fund	BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of No.	No. of New FTEs: ew Time Limited FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	0.00 (i	2) 2)	

⁽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.