



SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 355299YE01
 Requesting Organization: 35529900 MT AMERICA EXPO C
 Budget Adjust Type(s): New Capital Project

For Fiscal Year: 2019
 Date of Request: 11-Jun-19
 Ongoing (Y or N): N
 If Yes, next year's CF impact: \$0
 Net FTE Change: 0.00

Description and Justification:

UPS System: Transfer funds to Capital project UPS System from ST_LG_EQUIP funds. This is a new project that was not included in the original 2019 capital projects budget. One of the transformers in the current UPS system has burnt out and is no longer functional. This unit is over 20 years old and parts are not available. Division Director Dave Rohbuch advised to obtain a replacement system.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	182 MT AMERICA EXPO CENTER 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:

Robert Trujillo

Digitally signed by Robert Trujillo
Date: 2019.06.27 10:34:17 -06'00'

Date: 6/11/2019

Dept. or Elected Fiscal Mgr:

Trujillo

Digitally signed by Kimberly Barnett

Date:

Dept. Dir. or Elected Official:

Kimberly Barnett

Digitally signed by Kimberly Barnett

Date:

Facilities Division Director:
(Capital Projects Only)

Rory Payne

Digitally signed by Rory Payne

Date:

Chief Financial Officer:

Approve

Date: 6/13/19

Mayor or Designee:

Approve

Date:

Council Action:

Approve

Date:

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 35526900 MT AMERICA EXPO CENTER CAP PROJECTS
 Budget Period: Post June Year-End * Req Item No: 355269YE01 * Adjustment Title: UPS System
 Adjustment Type(s): Now Capital Project

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
182	3552990000	607015 MAINTENANCE - BUILDINGS		ST19_05	25,000
182	3552990000	678020 MACHINERY AND EQUIPMENT		ST_LG_EQUIP	(25,000)

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.