

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 790100YE01	For Fiscal Year: 2019
Requesting Organization: 79010000 ELECTION CLERK	Date of Request: 31-Jul-19
Budget Adjust Type(s): Technical	Ongoing (Y or N): N
	If Yes, next year's CF impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Display Monitors for EOC: The Election Division has relocated its warehouse, ballot center, and tabulation room into the lower level of the north building of the Government Center. Our new location provides the opportunity to display tabulation, adjudication, and Election Night results to the public, candidates, and the media. The current method to display these processes to the bystander is to actually look over the shoulder of the staff member performing the work. Utilizing monitors would allow the separation of employee and bystander and remove the ability for interruption to the election process.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL 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: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: (Capital Projects Only) _____	Date: _____
Chief Financial Officer: _____	Date: _____
Approve	
Mayor or Designee: _____	Date: _____
Approve	

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 79010000 ELECTION CLERK
 Budget Period: Post June Year-End * Req Item No: 790100YE01 * Adjustment Title: Display Monitors for EOC
 Adjustment Type(s): Technical

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	7901000000	615040 POSTAGE			(18,000)
110	7901000000	679005 OFFICE FURN EQUIP SOFTWR>5000			18,000

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): <u>N</u> If Yes, next year's CF impact: <u>\$0</u>	No. of New FTEs: <u>0.00</u> (2) No. of New Time Limited FTEs: <u>0.00</u> (2) No. of Transferred FTEs: <u>0.00</u> (2) No. of Abolished FTEs: <u>0.00</u> (2)
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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.