SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 355000YE01	**For Fiscal Year:** *2019*
Requesting Organization: 35500000 SALT PALACE CONV	**Date of Request:** 7-Aug-19
Budget Adjust Type(s): New Revenue or Expense	**Ongoing (Y or N):** N
	If Yes, next year's CF impact: $0
	Net FTE Change: 0.00

Description and Justification:

Technical Adj Additional Rev and Expenses: Adjustment request for additional labor expenses for additional event activity during the first five months of 2019. We have received corresponding additional revenues during this period that are sufficient to cover these expenses.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	180 RAMPTON SALT PALACE CONV CTR 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
3550000000 SPCC OPERATIONS	700,000	700,000	0	0
TOTALS	700,000	700,000	0	0

Approvals

Division Director: _____ **Date:** _____

Dept. or Elected Fiscal Mgr: _____ **Date:** _____

Dept. Dir. or Elected Official: _____ **Date:** _____

Facilities Division Director: _____ **Date:** _____
(Capital Projects Only)

Chief Financial Officer: _____ **Date:** _____
Approve

Mayor or Designee: _____ **Date:** _____
Approve

Council Action: _____ **Date:** _____
Approve

Budget Adjustment Detail

Budget Year:	2019		*** Requesting Department:**	35500000 SALT PALACE CONV CTR OPS (SPCC)
Budget Period:	Post June Year-End	*** Req Item No:**	355000YE01	*** Adjustment Title:**	Technical Adj Additional Rev and Expenses
Adjustment Type(s):	New Revenue or Expense			

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180	3550000000		639035			700,000.00

TOTAL EXPENDITURES Page 1:	**$700,000**
TOTAL EXPENDITURES ALL PAGES:	**$700,000**

Revenue Budget String(s):

FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180	3550000000		427025			700,000.00

TOTAL REVENUES Page 1:	**$700,000**
TOTAL REVENUES ALL PAGES:	**$700,000**

Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; 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	**No. of New FTEs:**	0.00	*(2)*
If Yes, next year's CF impact:	$0	**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.)*

Adjustment request for additional labor expenses for additional event activity during the first five months of 2019. We have received corresponding additional revenues during this period that are sufficient to cover these expenses.

(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.