

## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

### Executive Summary

<b>Request Item No:</b> 635000YE01	<b>For Fiscal Year:</b> 2019
<b>Requesting Organization:</b> 63500000 TELECOMMUNICATION	<b>Date of Request:</b> 14-Aug-19
<b>Budget Adjust Type(s):</b> New Revenue or Expense	<b>Ongoing (Y or N):</b> Y
	<b>If Yes, next year's CF impact:</b> \$7,000
	<b>Net FTE Change:</b> 0.00

**Description and Justification:**

InformaCast Expansion: Recent events have shown the need for increased capabilities and advanced communications to county employees for both informational and emergency situations. By upgrading to the InformaCast Fusion subscription product we will increase our capabilities to send messages to all county users. This adds more licenses and capabilities to our existing systems and enables a single interface to trigger and send messages to all user devices. We are requesting that this increase be appropriated from the Telecommunications Fund Balance.

### Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	650 FACILITIES SERVICES FUND
Fund Impact (Budgetary)	(\$42,000)
Fund Impact (Transfers)	\$0
<b>TOTAL FUND IMPACT</b>	<b>(\$42,000)</b>

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
6350000100 TELECOMM ADMIN	0	42,000	0	42,000
<b>TOTALS</b>	<b>0</b>	<b>42,000</b>	<b>0</b>	<b>42,000</b>

### 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	
Council Action: _____	Date: _____
Approve	

