SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No:	505000YE08	**For Fiscal Year:**	*2019*
Requesting Organization:	50500000 CAPITAL IMPROVEME	**Date of Request:**	26-Sep-19
Budget Adjust Type(s):	Existing Capital Project	**Ongoing (Y or N):**	N
		If Yes, next year's CF impact:	$0
		Net FTE Change:	0.00

Description and Justification:

SOB HVAC repair / upgrade: Existing capital project SHF95 requesting funding from underexpend projects to complete the remaining 2 roof top units. The unit's have been failing for years and have exceeded the service ability.   Phase 1 was requested to complete 2 units and the infracture and has been successfully completed well underbudget. Phase 2 will complete the remaining roof top units at the SOB building. The Projects with underexpend are SHF112 - Metro Jail Radio upgrade; SHF98 - SOB repair and replace roof membrane; SHF97 - SOB Window repairs; SHF102 - SOB Parapet; 02EO - EOC HVAC Remodel.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	**450 CAPITAL IMPROVEMENTS 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:	_____ Approve	**Date:**	_____
Mayor or Designee:	_____ Approve	**Date:**	_____
Council Action:	_____ Approve	**Date:**	_____

Budget Adjustment Detail

Budget Year:	2019			* Requesting Department:		50500000 CAPITAL IMPROVEMENTS	

Budget Year: 2019   *** Requesting Department:** 50500000 CAPITAL IMPROVEMENTS

Budget Period: Post June Year-End   *** Req Item No:** 10500XB48   *** Adjustment Title:** SOB HVAC repair / upgrade

Adjustment Type(s): Existing Capital Project

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
450	5050000000		607015		SHF112	(230,773)
450	5050000000		607015		SHF98	(63,907)
450	5050000000		607015		SHF97	(36,243)
450	5050000000		607015		SHF102	(47,483)
450	5050000000		607010		02EO	(67,930)
450	5050000000		607015		SHF95	446,336
					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 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.)*

Existing capital project SHF95 requesting funding from underexpend projects to complete the remaining 2 roof top units. The unit's have been failing for years and have exceeded the service ability. Phase 1 was requested to complete 2 units and the infracture and has been successfully completed well underbudget. Phase 2 will complete the remaining roof top units at the SOB building. The Projects with underexpend are SHF112 - Metro Jail Radio upgrade; SHF98 - SOB repair and replace roof membrane; SHF97 - SOB Window repairs; SHF102 - SOB Parapet; 02EO - EOC HVAC Remodel.

(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.