SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 355299YE02 Requesting Organization: 35529900 MT AMERICA EXPO C Budget Adjust Type(s): Existing Capital Project

Technical

PO C Date of Request: 9-Oct-19 Ongoing (Y or N): N If Yes, next year's CF impact: \$ Net FTE Change: 0.00

For Fiscal Year:

2019

\$0

Description and Justification:

Transfer funds for Forklift: Transfer \$20,000 from Operations 355200000-639035 to 3552990000-679020 Large Equipment for a Forklift for Mountain America Exposition Center. The balance in Capital Large equipment is 6,967 and an additional \$20,000 is needed to cover the anticipated costs after the Bid process is completed.

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 DEP	т			
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
3552000000 MT AMERICA OPERATIONS	0	(20,000)	0	(20,000)
3552990000 MT AMERICA CAPITAL PROJECTS PRGM	0	20,000	0	20,000
TOTALS	0	0	0	0

Approvals

Division Director:		Date:	
Dept. or Elected Fiscal Mgr:		Date:	
Dept. Dir. or Elected Official:		Date:	
Facilities Division Director:		Dete	
(Capital Projects Only)			
Chief Financial Officer:	Approve	Date:	
Mover er Designes	, pprovo	Data	
Mayor or Designee:	Approve	Date:	
Council Action:		Date:	
	Approve		

Year:	2019		🗱 Requesting De	partment: 35	529900 MT AMERICA EXPO CEN	TER CAP PROJEC
Period:	Post June Year-End	* Req Item No:	355299YE02	* Adjustment Title:	Transfer funds for Forklift	
nent Type(s):	Existing Capital Projec	t 🚽	Technical	-	1	
Expense Bud	get String(s):				ai	
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OI	PT) PROJECT ID (CAP)	AMOUNT
182	3552000000		639035 CONTRACT MANA		· · · · · · · · · · · · · · · · · · ·	(2
182	3552990000		679020 MACHINERY AND	EQUIPMENT	ST_LG_EQUIP	:
				EXPENDITURES Pag		
Revenue Bud	get String(s):		TOTAL EXPE	NDITURES ALL PAG	GES:	
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OI	PT) PROJECT ID (CAP)	AMOUNT
					```	
						-
			TO	TAL REVENUES Page	ge 1:	
			TOTAL F	REVENUES ALL PAG	GES:	
Balance Shee	et/Fund Unrestriction St		et strings only required for P ictions; check if applicable.	roprietary Fund adjustm	nents or fund	
FUND	SUB-DEPT ID	4.1.000		TACCOUNT	AMOU	INT
			BAL_SHT or 499999			
			BAL_SHT or 499999			
			BAL_SHT or 499999			
			IUIAL BAL	ANCE SHEET CHAN	NGE:	
*	Ongoing (Y or N):	Ν		No. of New FT	Es: 0.00	(2)
lf Yes, ne	ext year's CF impact:	\$0	No. of N	ew Time Limited FT		(2)
			o. of Transferred FT	Es: 0.00	(2)	
				No. of Abolished FT	Es: 0.00	(2)
Fund Balance	Transfers:					
From Fund	From Dept ID	To Fund	To Dept ID	Amount		

(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.