

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No: 630000YE01	For Fiscal Year: 2019
Requesting Organization: 63000000 FACILITIES SERVIC	Date of Request: 22-Jan-20
Budget Adjust Type(s): Appropriation Unit Shift Technical	Ongoing (Y or N): N
	If Yes, next year's CF impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Cost of Goods Sold: This is to right size our Cost of Goods Sold (COGS) appropriation. In 2019 the cost of our materials for jobs was much higher than any of the past 5 years. This is a technical adjustment to provide sufficient budget in the COGS appropriation from our under expend in Salaries and Benefits. (We were understaffed throughout 2019.)

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	650 FACILITIES SERVICES 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
6300003000 ELECTRICAL	0	200,000	0	200,000
6300004000 ELECTRONICS	0	(200,000)	0	(200,000)
TOTALS	0	0	0	0

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: _____ <i>(Capital Projects Only)</i>	Date: _____
Chief Financial Officer: _____ Approve	Date: _____
Mayor or Designee: _____ Approve	Date: _____
Council Action: _____ Approve	Date: _____

Budget Adjustment Detail

Budget Year: 2019 * Requesting Department: 63000000 FACILITIES SERVICES
 Budget Period: Post June Year-End * Req Item No: 630000YE01 * Adjustment Title: Cost of Goods Sold
 Adjustment Type(s): Appropriation Unit Shift Technical

Expense Budget String(s):

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
650	6300003000	501040			200,000
650	6300004000	601030			(200,000)

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.