SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

 Request Item No:
 107099IA03
 For

 Requesting Organization:
 10709900
 PARKS AND REC
 CAP
 Date

 Budget Adjust Type(s):
 Existing Capital Project
 Ongo
 Ongo

 Unforeseen / Exigency
 If Yes, next year's

For Fiscal Year:2020CAPDate of Request:22-Apr-20Ongoing (Y or N):NIf Yes, next year's CF impact:\$0Net FTE Change:0.00

Description and Justification:

Rebudget Harmony Park Upgrade Project: Due to a clerical error, the purchase order for the Harmony Park upgrade project was closed, and needs to be re-issued in the current fiscal year. When the purchase order was closed, the remaining encumbrance was cleared. Parks & Recreation now requests that budget be moved from the Mount Olympus Trailhead project, so that the Harmony Park project may be completed.

Fund Impact

SUMMARY OF FUND IMPACT BY	FUND
FUND:	181 TRCC TOURISM REC
	CULTRL CONVEN 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

	Approval	S	
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		

Year:	2020		Requesting De	partment: 107099	00 PARKS AND REC CAPITAL	IMPROVEMENT
Period:	Pre-June Interim	* Req Item No:	107099IA03 -	* Adjustment Title:	Rebudget Harmony Park Upgra	ade Project
nent Type(s):	Existing Capital Projec	t 🚽	Unforeseen / Ex	igency -		
	lget String(s):					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
181	1070990000		607010		PART18HAPK01	2
181	1070990000		673020		PAR15_BSTOY01	(2
			ΤΟΤΑΙ	EXPENDITURES Page 1:		
				NDITURES ALL PAGES		
Revenue Bur	lget String(s):		IUIAL EXPE	INDITURES ALL PAGES	-	
Nevenue But	iger on hig(s).					
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
				TAL REVENUES Page 1:	=	
Balance She	et/Fund Unrestriction S		TOTAL F	TAL REVENUES Page 1: REVENUES ALL PAGES: roprietary Fund adjustments o		
			TOTAL F eet strings only required for P if applicable.	REVENUES ALL PAGES: roprietary Fund adjustments o		INT
Balance She	et/Fund Unrestriction S		TOTAL F eet strings only required for P if applicable. BAL. SHEE	REVENUES ALL PAGES	r fund unrestrictions;	INT
			TOTAL F eet strings only required for P if applicable. BAL. SHEE BAL_SHT or 499999	REVENUES ALL PAGES: roprietary Fund adjustments o	r fund unrestrictions;	INT
			TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999	REVENUES ALL PAGES: roprietary Fund adjustments o	r fund unrestrictions;	INT
			TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	REVENUES ALL PAGES: roprietary Fund adjustments o	er fund unrestrictions;	INT
			TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	REVENUES ALL PAGES: roprietary Fund adjustments o	er fund unrestrictions;	INT
			TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999	REVENUES ALL PAGES: roprietary Fund adjustments o	AMOU	INT (2)
FUND	SUB-DEPT ID	check	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT	AMOU	(2)
FUND	SUB-DEPT ID	N N	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTEs:	fund unrestrictions; AMOU 0.00 0.00	(2) (2)
FUND	SUB-DEPT ID	N N	TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTES: lew Time Limited FTES:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND	Ongoing (Y or N): ext year's CF impact:	N N	TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o T ACCOUNT ANCE SHEET CHANGE: No. of New FTES: lew Time Limited FTES: o. of Transferred FTES:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2)
FUND * If Yes, n	SUB-DEPT ID Ongoing (Y or N): ext year's CF impact: e Transfers:	N N	TOTAL F eet strings only required for Pr if applicable. BAL. SHEE BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o T ACCOUNT ANCE SHEET CHANGE: No. of New FTES: lew Time Limited FTES: o. of Transferred FTES:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc	Ongoing (Y or N): ext year's CF impact:	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc	Ongoing (Y or N): ext year's CF impact:	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc	Ongoing (Y or N): ext year's CF impact:	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc	Ongoing (Y or N): ext year's CF impact:	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc	Ongoing (Y or N): ext year's CF impact:	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc From Fund	SUB-DEPT ID Ongoing (Y or N): ext year's CF impact: e Transfers: d From Dept ID	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N No To Dept ID	REVENUES ALL PAGES: roprietary Fund adjustments o T ACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND * If Yes, n Fund Balanc From Fund	Ongoing (Y or N): ext year's CF impact:	N \$0	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N No To Dept ID	REVENUES ALL PAGES: roprietary Fund adjustments o T ACCOUNT ANCE SHEET CHANGE: No. of New FTEs: No. of New FTEs: o. of Transferred FTEs: No. of Abolished FTEs:	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2)
FUND	SUB-DEPT ID Ongoing (Y or N): ext year's CF impact: e Transfers: d From Dept ID tification: (Attach addit	N Story check N \$0 To Fund ional pages as needed	TOTAL F eet strings only required for Pr if applicable. BAL_SHT or 499999 BAL_SHT or 499999 BAL_SHT or 499999 TOTAL BAL No. of N No. To Dept ID	REVENUES ALL PAGES: roprietary Fund adjustments o TACCOUNT ANCE SHEET CHANGE: No. of New FTES: No. of New FTES: No. of Transferred FTES: No. of Abolished FTES: Amount	r fund unrestrictions; AMOU 0.00 0.00 0.00	(2) (2) (2) (2)

(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.