## SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

## Executive Summary For Fiscal Year: 2020 Request Item No: 4750000 SOLID WASTE MANAG Date of Request: 22-Apr-20 Budget Adjust Type(s): Unforeseen / Exigency Ongoing (Y or N): N If Yes, next year's CF impact: \$0 Description and Justification: 0.00

Compactor Transmission Rebuild: 836K Compactor (0TWZ00410) is inoperable and needs transmission rebuild. This is an essential piece of equipment at the Landfill. With the increased business we are receiving, it is even imperative that we get it fixed as soon as possible. This rebuild will extend the life of the asset. Invoices typically go higher than the estimated amount so a 12% contingency has been added to the estimate. Funding will come from the cash restricted account for equipment replacement.

		Fund Ir	npact				
SUMMARY OF FUND IMPACT B	Y FUND		1				
FUND:	730 SOLID WAS	STE					
	MANAGEMNT						
Fund Impact (Budgetary)		(\$79,500)					
Fund Impact (Transfers)		\$0	-				
TOTAL FUND IMPACT		(\$79,500)					
* Balance sheet or fund unrestriction impacted fund; please see the adjustment form balance sheet/fund			-				
SUMMARY OF CNTY FUNDING I	MPACT BY DEPT	-					
DEPT		REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING		
4750000000 SOLID WASTE MA FACILITY PRGM	NAGEMNT	0	0	79,500	79,500		
TOTALS		0	0	79,500	79,500		
		Appro	vals	· · ·			
Division Director:				Date:			
Dept. or Elected Fiscal Mgr:							
Dept. Dir. or Elected Official:				Date:			
Facilities Division Director:				Date:			
(Capital Projects Only)							
Chief Financial Officer:			Date:				
	A	pprove					
Mayor or Designee:				Date:			
	A	pprove					
Council Action:				Date:			
	A	pprove					

		Bud	get Adjustme	nt Detail			
Year:	2020		* Requesting De	partment: 47500	0000 SOLID WASTE MANA		
dget Period: Pre-June Interim		* Req Item No:	475000IA03 🔻	* Adjustment Title:	Compactor Transmission Rebuild		
nent Type(s):	Unforeseen / Exigency	-		-			
Expense Budge	et String(s):						
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT	
TONE						AMOONT	
				EXPENDITURES Page 1 NDITURES ALL PAGES		<u>\$</u>	
Revenue Budge	et String(s):				• =	ψ	
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT	
					-	¢.	
				TAL REVENUES Page 1 REVENUES ALL PAGES		\$( \$(	
Balance Sheet/	Fund Unrestriction S		eet strings only required for Plift applicable.	roprietary Fund adjustments	or fund unrestrictions;		
FUND	SUB-DEPT ID		BAL. SHEET ACCOUNT		AMOU	AMOUNT	
730	475000000		137005			79,50	
			BAL_SHT or 499999 BAL_SHT or 499999				
			TOTAL BAL	ANCE SHEET CHANGE	-	\$79,50	
*	Ongoing (Y or N):	Ν		No. of New FTEs:	0.00	(2)	
If Yes, next year's CF impact:		\$0		ew Time Limited FTEs:		(2)	
				o. of Transferred FTEs: No. of Abolished FTEs:		(2) (2)	
Fund Balance T	ransfers:				,		
From Fund	From Dept ID	To Fund	To Dept ID	Amount	1		
		To Fund		Anoun			
					4		
	1				-		
	1				J		
iption and justifi	cation: (Attach addit	ional pages as need	ed.)*				
	,		,	ential piece of equipment	at the Landfill. With the incre	eased business we	

(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.