

**DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM**

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
2020/2021	Yes	1/6/2020	<input checked="" type="checkbox"/>

Please use one form per agenda item.

Sources (Fund Balance, Revenues, Transfers In, etc...)							
Fund	Input "yes" if change in Fund Balance (2511)	Cost Center	Sub Ledger	Object Code	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
268		TBD		421000	\$0	\$9,160	\$9,160
213		3311003		457990	\$7,173,990	(\$9,160)	\$7,164,830
Insert rows above this line and copy New Revised Budget formula down							
Net Source Adjustment						(\$0)	

Uses (Expenditures, Transfers Out, etc....)							
Fund		Cost Center	Sub Ledger	Object Code	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
268		TBD	TBD	540213	\$0	\$3,038	\$3,038
268		TBD	TBD	540215	\$0	\$2,247	\$2,247
268		TBD		530370	\$0	\$325	\$325
268		TBD	TBD	540130	\$0	\$3,475	\$3,475
268		TBD	TBD	540211	\$0	\$75	\$75
213		3311003		599500	\$7,173,990	(\$9,160)	\$7,164,830
Insert rows above this line and copy New Revised Budget formula down							
Net Use Adjustment						(\$0)	

Net Change	\$0	
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Prepared by:	Amanda Stanford	Date:	12/23/2020
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Explanation:	The Pinal County Attorney's Office requests approval to accept the National Children's Alliance (NCA) Expanding Access to Children's Advocacy Centers' Resources and Services for Victims of Child Pornography and Human Trafficking (DTVf) award # FLOR-AZ-TDVF21 in the amount of \$21,533.75 between the National Children's Alliance (NCA) and the Pinal County Board of Supervisors through the Pinal County Attorney's Office commencing January 1, 2020 and terminating December 31, 2021.
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TYPE OF REQUEST:

- ☐ Transfer within same Cost Center
☐ Transfer between Cost Centers within same Fund
☐ Transfer between Funds or Transfer In/Out adjustments
☒ Transfer from/to of Reserve/Contingency (e.g., new grant, change in special revenue projection, new project)
☐ Change in Fund Balance Appropriation

For Budget Office Use Only

BUDGET OFFICE APPROVAL BY: _____ DATE: _____	COUNTY MANAGER APPROVAL BY: _____ DATE: _____	POSTED BY: _____ DATE: _____
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