

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
21/22	Y	3/2/2022	Yes

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	\$17,107	\$17,107
213		3311003		457990	\$12,694,685	(\$17,107)	\$12,677,578
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		524050		\$11,500	\$11,500
268		TBD		524090		\$2,607	\$2,607
268		TBD		540130		\$3,000	\$3,000
213		3311003		599500	\$12,694,685	(\$17,107)	\$12,677,578
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
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:	2/15/2022
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Explanation: The Pinal County Attorney's Office requests approval to accept the FY22 Arizona Attorney General's Office (AGO) Family Advocacy Center Fund award # AG22-0023-016 in the amount of \$17,107 between the Arizona Attorney General's Office and the Pinal County Board of Supervisors, through the Pinal County Attorney's Office. This award will commence on 01/01/2022 and terminate 12/31/2022. Funds will assist with updating items for the Eloy Family Advocacy Center.

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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