DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
23/24	Yes	12/6/2023	☑

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**	**Subsidiary**	**Current Budget**	**Adjustment Add/ (Subtract)**	**New Revised Budget**
213		3311003		457990		$15,753,696	($1,500)	$15,752,196
266		TBD		428100		$0	$1,500	$1,500
								$0
								$0
								$0
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**	**Subsidiary**	**Current Budget**	**Adjustment Add/ (Subtract)**	**New Revised Budget**
213		3311003		599500		$15,753,696	($1,500)	$15,752,196
266		TBD		531990		$0	$1,500	$1,500
Insert rows above this line and copy New Revised Budget formula down								
						Net Use Adjustment	$0	

		Net Change	$0

Prepared by:	Heather Patel	Date:	11/14/2023

Explanation:	Discussion/approval/disapproval for retroactive submission of and award under the Arizona Complete Health Sponsorship program between Arizona Complete Health and Pinal County, through the Pinal County Board of Supervisors, beginning November 13, 2023, ending June 30, 2024, for $1,500. This grant will be used by the Office of Budget and Finance to execute the strategic goals of the Pinal County Coalition to End Homelessness and contract with Arizona Town Hall to facilitate the Coalition's Reentry Roundtable.

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