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	2/7/2024	☑

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		$15,311,826	($60,000)	$15,251,826
266		3346019		426000		$127,000	$60,000	$187,000
								$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	($60,000)	$15,693,696
266		3346019		540400		$147,000	$60,000	$207,000
Insert rows above this line and copy New Revised Budget formula down								
						Net Use Adjustment	$0	

	Net Change	$0

Prepared by:	Heather Patel/Bridgette Alwin	Date:	1/11/2024

Explanation:	Discussion/approval/disapproval of Amendment No. 2 to Award Agreement 546-23under the Local Coalition to End Homelessness Capacity Building Grant between the Arizona Department of Housing and Pinal County, through the Pinal County Board of Supervisors, effectively changing the agreement end date to June 30, 2024, and increasing the award amount by $60,000, for a total award of $180,000. This grant will be used by the Office of Budget and Finance to manage the Pinal County Coalition to End Homelessness Capacity Building grant which provides diversion and landlord incentives to prevent persons from becoming or remaining homeless. (Heather Patel/Angeline Woods)

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:_____