

**DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM**

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
FY23/24	Yes	6/19/2024	<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	Subsidiary	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
52		2620218		426000		\$93,200	\$64,500	\$157,700
213		3311003		457990		(\$8,506,634)	(\$64,500)	(\$8,571,134)
								\$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
52		2620218		512010		\$93,200	\$64,500	\$157,700
213		3311003		599500		\$8,506,634	(\$64,500)	\$8,442,134
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: Kelly Sue Bohl	Date: 5/24/2024
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Explanation:	Discussion/approval/disapproval to accept the Intensive Probation Program (IPS) BACKFILL grant. This grant needs to have a new Cost Center created. This grant includes a budget to align the FY 23/24 budget to the grant amount and transfers appropriations from Fund 52 (Adult Probation/Intensive Probation Serv) to Fund 213 (Grants/Project Contingency) to reduce revenues and expenditures. There is no impact on the General Fund. (Saul Schoon)
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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: _____