DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
24/25	Y	10/30/2024	☐

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)**
116		TBD		421000		$0	$45,000
213		3311003		457990		$9,793,456	($45,000)
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)**
116		TBD		511110		$0	$34,834
116		TBD		512010		$0	$2,667
116		TBD		512060		$0	$5,419
116		TBD		512070		$0	$2,080
213		3311003		599500		$9,793,456	($45,000)
Insert rows above this line and copy New Revised Budget formula down							
						Net Use Adjustment	$0

Net Change	($0)

Prepared by:	Jen Hansen	Date:

Explanation:	MOU from Governor's Office of Highway Safety to allow Charles Schmidlin to work as a Drug Recognition Expert coordinator to train others the ability to distinguish between drug influence and medical or mental health condi is for $45,000.00 to be used for wages and employer related expenses.

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 proj**
- ☐ **Change in Fund Balance Appropriation**

For Budget Office Use Only

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