DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
24/25	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**
							$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**	**Current Budget**	**4728**	**New Revised Budget**
10		3530410		530555	$1,080,000	($1,080,000)	$0
10		3580190		530555	$0	$1,080,000	$1,080,000
Insert rows above this line and copy New Revised Budget formula down							
					Net Use Adjustment	$0	

		Net Change	$0

Prepared by:		Date:	

Explanation:	Discussion/approval/disapproval of a budget amendment to move the hospital services operational budget capacity from the Public Fiduciary Office to the Public Defense Services Department to better align the hospitalization services expenditures. Acceptance approves an amendment to the FY 24/25 budget and transfers budget capacity from the Public Fiduciary's Office general fund to the Public Defense Services Department general fund.

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

For Budget Office Use Only

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