DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
FY25	Yes	5/28/2025	☑

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**
53		2620213		426000		$3,668,698	($115,139)	$3,553,559
213		3311003		457990		$7,286,755	$115,139	$7,401,894
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**
53		2620213		511010		2,255,272	($115,139)	$2,140,133
213		3311003		599500		7,286,755	115,139	$7,401,894
Insert rows above this line and copy New Revised Budget formula down								
						Net Use Adjustment	$0	

Net Change	$0	

Prepared by:	Kelly Sue Bohl	Date:	4/24/2025

Explanation:	Discussion/approval/disapproval to accept the award amendment for the State Aid Enhancement program between the State of Arizona Office of the Attorney General and Pinal County through the Pinal County Board of Supervisors beginning July 1, 2024, ending June 30, 2025. The amendment decreases the award total to $3,553,559. The Adult Probation Office will use the award to pay the salary and EREs of employees assigned to the State Aid Enhancement program. Acceptance requires a budget amendment to align the FY 24/25 budget to the award and transfers appropriation from Fund 53 (Adult Probation/State Enhancement) to Fund 213 (Grants/Project Contingency). There is no impact on the General fund. (John Fuery)

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:_____