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**
274		2620338		426000		$15,000	$5,000	$20,000
213		3311003		457990		$7,286,755	($5,000)	$7,281,755
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**
274		2620338		521990		$12,000	$3,000	$15,000
274		2620338		530550		$2,000	$1,000	$3,000
274		2620338		540025		$500	$500	$1,000
274		2620338		540125		$500	$500	$1,000
213		3311003		599500		$7,286,755	($5,000)	$7,281,755
								$0
								$0
								$0
								$0
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:	4/25/2025

Explanation:	Discussion/approval/disapproval to accept the award amendment for the AOC Adult Drug Court Award Agreement between the Arizona Supreme Court Administrative Office of the Courts and Pinal County through the Pinal County Board of Supervisors, beginning July 1, 2024, ending June 30, 2025, in the amount of $5,000. The amendment increases the award total to $20,000. The Adult Probation Office will use this award to pay vendors that provide these services. Acceptance requires a budget amendment to align the FY 24/25 budget to the award amount and transfers reserve appropriation from Fund 213 (Grants/Project Contingency) to Fund 274 (AP/Adult Drug Courts) to increase revenues and expenditures. 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:_____