

**DEPARTMENT/FUND  
APPROPRIATION ADJUSTMENT FORM**

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
20/21	Yes	11/18/2020	<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	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
203		2402106		450100	\$0	\$8,500	\$8,500
213		3311003		457990	\$9,426,452	(\$8,500)	\$9,417,952
							\$0
							\$0
							\$0
							\$0
							\$0
Insert rows above this line and copy New Revised Budget formula down							
<b>Net Source Adjustment</b>						\$0	

Uses (Expenditures, Transfers Out, etc....)							
Fund		Cost Center	Sub Ledger	Object Code	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
203		2402106		521082	\$0	\$8,500	\$8,500
213		3311003		599500	\$9,426,452	(\$8,500)	\$9,417,952
							\$0
							\$0
							\$0
							\$0
							\$0
Insert rows above this line and copy New Revised Budget formula down							
<b>Net Use Adjustment</b>						\$0	

<b>Net Change</b>	\$0
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Prepared by: Linda Martinez Ext. 5144	Date: 10/28/2020
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<b>Explanation:</b>	Budget Appropriation for the 100 Club of Arizona Safety Enhancement Stipend between the 100 Club of Arizona and the Pinal County Sheriff's Office through the Pinal County Board of Supervisors in the amount of \$8,500.00 for the purchase of 5 AED's (Automated External Defibrillators). Begin Date: 10/09/20 End Date: 12/31/20 Award Amount: \$8,500.00 CFDA #: N/A Private Funds Reimbursement No impact on the General Fund
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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: _____
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