

**DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM**

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
FY22	Yes	5/18/2022	<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
137		2612020		426000	730,909	22,678	753,587
213		3311003		457990	6,947,077	(22,678)	6,924,399
Insert rows above this line and copy New Revised Budget formula down							
Net Source Adjustment						-	

Uses (Expenditures, Transfers Out, etc....)							
Fund		Cost Center	Sub Ledger	Object Code	Current Budget	Adjustment Add/ (Subtract)	New Revised Budget
137		2612020		511010	494,779	(62,949)	431,830
137		2612020		512060	68,211	20,727	88,938
137		2612020		521990	100	(100)	-
137		2612020		524010		35,000	35,000
137		2612020		524020	-	10,000	10,000
137		2612020		524040		10,000	10,000
137		2612020		524050		10,000	10,000
213		3311003		599500	6,947,077	(22,678)	6,924,399
Insert rows above this line and copy New Revised Budget formula down							
Net Use Adjustment						-	

Net Change						-	
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Prepared by:	Kelly Sue Bohl	Date:	5/3/22
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Description:	This action accept and approve of the receipt of the FY22 JPSF Treatment Program to provide the Pinal County Juvenile Court Services for personnel services and supplies. This addendum requires a fiscal amendment to transfer reserve appropriation only from fund 213 (Grants/Project Contingency) to increase/decrease revenues and expenditures. <u>There is no impact on the General Fund.</u>
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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: _____