DEPARTMENT/FUND
APPROPRIATION ADJUSTMENT FORM

Fiscal Year	Agenda Item needed (yes/no)	Anticipated Meeting Date if applicable	Memo Attached if Board item
FY 16/17		11/16/2016	☐

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**
32		TBD		426000	$0	$60,633	$60,633
213		3311003		457990	$5,540,969	($60,633)	$5,480,336
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**	**Adjustment Add/ (Subtract)**	**New Revised Budget**
32		TBD		511010	$0	$44,153	$44,153
32		TBD		512010	$0	$3,378	$3,378
32		TBD		512020	$0	$5,069	$5,069
32		TBD		512060	$0	$3,854	$3,854
32		TBD		512070	$0	$62	$62
32		TBD		533470	$0	$1,500	$1,500
32		TBD		520011	$0	$1,311	$1,311
32		TBD		540211	$0	$1,306	$1,306
213		3311003		599500	$5,540,969	($60,633)	$5,480,336
Insert rows above this line and copy New Revised Budget formula down							
					Net Use Adjustment	$0	

Net Change	$0	

Prepared by:	Stephanie Jordan, Deputy Court Administrator	Date:	11/1/2016

Description:	Dependency Case Processing Initiative Grant as requested by the Hon. Stephen F. McCarville, Superior Court Presiding Judge. Grant funds in the amount of $177,775.00, as provided through the Governor's Office and the Administrative Office of the Courts. Funds will be used to support the addition of a part-time commissioner as well as assoiated technology and equipment.

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

For Budget Office Use Only

BUDGET OFFICE APPROVAL	COUNTY MANAGER APPROVAL (if needed)	POSTED
BY:_____	BY:_____	BY:_____
DATE: _____	DATE: _____	DATE:_____