



# Budget Adjustment Form

*Finance Department Use Only*

Set/Batch/BE ID#: BE2201501

Proof Job #: \_\_\_\_\_

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

Request Date: 1/18/2022 Fiscal Year: 2021-2022

Requesting Department: City Manager

Adjustment Description: Homeless Services Funds

Requestor: Molly Rattigan

Department Head Approval: [Signature] Date: 1/10/22

Finance Dept Review: [Signature] Date: 1/10/2022

City Manager Approval (if required)\*: [Signature] Date: 1/10/22

GL or JL Key	GL/JL Rev Object	Description of Adjustment	Increase / (Decrease)
49947	33402	HHAP Grant Revenue	96,387
<b>Total Revenue Adjustments:</b>			<b>96,387</b>

GL or JL Key	GL/JL Exp Object	Description of Adjustment	Increase / (Decrease)
49947	53201	HHAP Grant-Contracts	50,000
49947	58605	HHAP Grant-Diversion	46,387
<b>Total Expenditure Adjustments:</b>			<b>96,387</b>

**Net Adjustment:** (0)

96,387	96,387
TOTAL DR	TOTAL CR

**Justification:** Award of funds from Homeless Housing and Assistance Program to develop and implement a Diversion Program.

City Clerk Signature (if required)\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\* City Manager Approval required for transfers between departments within the same fund, any changes to salary/benefit budgets, or matching increases to revenue and expense budgets.*