

# EXHIBIT A



## Budget Adjustment Form

*Finance Department Use Only*

Set/Batch/BE ID#: BE2004503

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

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

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

Request Date: 4/21/2020

Fiscal Year: 2020

Requesting Department: CDD - Housing

Adjustment Description: Accept 2018 HOME Grant

Requestor: Stephanie Gaul

Department Head Approval: \_\_\_\_\_

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

Finance Analyst Review: \_\_\_\_\_

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

City Manager Approval (if required)\*: \_\_\_\_\_

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

GL or JL Key	GL/JL Rev Object	Description of Adjustment	Increase / (Decrease)
23301	33111	2018 HOME Grant	1,000,000
Total Revenue Adjustments:			1,000,000

GL or JL Key	GL/JL Exp Object	Description of Adjustment	Increase / (Decrease)
23301	58605	2018 HOME Grant	1,000,000
Total Expenditure Adjustments:			1,000,000

Net Adjustment:

-

1,000,000

TOTAL DR

1,000,000

TOTAL CR

Justification:

Accept 2018 HOME Investment Partnership Grant.

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.

\*\* City Clerk Signature indicates that the requested Budget Adjustment was approved by Council.