



Budget Adjustment Form

Finance Department Use Only

Set/Batch/BE ID#: BE2205503

Proof Job #: _____

Entered By: _____

Date: _____

Request Date: 5/17/2022

Fiscal Year: 21-22

Requesting Department: Finance

Adjustment Description: Funding Future Studies

Requestor: Seth Anderson

Department Head Approval: _____

Date: _____

Finance Dept Review: _____

Date: 5/3/2022

City Manager Approval (if required)*: _____

Date: _____

GL or JL Key	GL/JL Rev Object	Description of Adjustment	Increase / (Decrease)
49610	61100	Continuity Operations Plan	40,000
49722	61100	Code Enforcement SOP	50,000
49711	61100	General Plan Implementation	500,000
Total Revenue Adjustments:			590,000

GL or JL Key	GL/JL Exp Object	Description of Adjustment	Increase / (Decrease)
41142	51100	Salary Savings	(20,000)
41142	62101	Salary Savings	20,000
41510	55801	Discretionary Savings	(5,000)
41510	55001	Discretionary Savings	(3,000)
41510	55902	Discretionary Savings	(3,000)
41510	53201	Discretionary Savings	(3,000)
41510	62101	Discretionary Savings	14,000
41512	55801	Discretionary Savings	(1,000)
41512	55902	Discretionary Savings	(2,000)
41512	53201	Discretionary Savings	(3,000)
41512	62101	Discretionary Savings	6,000
41722	51100	Salary Savings	(50,000)
41722	62101	Salary Savings	50,000
41711	51100	Salary Savings	(245,000)
41711	62101	Salary Savings	245,000
41721	51100	Salary Savings	(215,000)
41721	62101	Salary Savings	215,000
41810	51100	Salary Savings	(40,000)
41810	62101	Salary Savings	40,000
49610	53201	Continuity Operations Plan	40,000
49722	53201	Code Enforcement SOP	50,000
49711	53201	General Plan Implementation	500,000
Total Expenditure Adjustments:			590,000

Net Adjustment:

-

-	1,180,000
TOTAL DR	TOTAL CR

Justification:

Use of one-time FY 2021-22 Department salary and descretionary savings to fund an Information Technology Continuity of Operations Plan, a Code Enforcement Standard Operating Procedure manual, and post-adoption General Plan Implementation. Funds will be transferred from the General Fund to the Nonrecurring General Fund.

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.*

BUDGET ADJUSTMENT FORM INSTRUCTIONS

Request Date: Enter the current date

Fiscal Year: Enter the fiscal year in which to post the budget adjustment(s)

Requesting Department: Enter your department name

Adjustment Description: Enter a brief (30 character) description of the adjustments

Requestor: Enter your name

Department Head Approval: Department Heads must sign and date ALL Budget Adjustment Forms

City Manager Approval (if required)*: If City Manager approval is required, Finance will obtain signature after reviewing the form for accuracy

City Clerk Signature (if required)*: City Clerk Signature indicates that the requested Budget Adjustment was approved by Council. Per Fiscal Policy 5.b.i, budget adjustments for CIP projects, budget transfers between funds, or net increases to expenditure budgets require City Council approval.

Revenue Adjustments: Enter adjustments to Revenue Budgets in the upper section. Enter GL and JL adjustments on separate lines. Include a brief (30 character) description of the adjustment.

Expenditure Adjustments: Enter adjustments to Expenditure Budgets in the lower section. Enter GL and JL adjustments on separate lines. Include a brief (30 character) description of the adjustment.

Justification: Enter an explanation of why the budget adjustments are needed.

Backup:

- If moving budget between keys/objects: attach the GL8000 showing that there is available budget.
- If increasing revenue and expenditures based on receipt of developer funds or donations, include proof of payment.