



# Blount County Budget Committee Memo

TO:

FROM:

RE:

DATE:

1. Background \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. History (tell if the item has been brought to the budget committee previously) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Current Operations (how are operations without the requested item/service) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Proposal (what is the new item/service being requested) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Impact if not funded (provide a summary on impact to the mission if the item/service is not approved) \_\_\_\_\_  
\_\_\_\_\_

<b>Budget Impact</b>	
Original Budget	
Amendment Impact	
Proposed Revised Budget	

\_\_\_\_\_  
Signature from Department Head/Elected (or designee)