Blount County Government

Budget Amendment Request

FY 25-26

Department: Health Department

Account: _____

Type of Amendment: (check one)

- ☐ **Transfer**.....Transfer within a fund, but between departments
- ☐ **Decrease**.....Reduction of original appropriation
- ☑ **Increase**.....Increase in original appropriation
- ☐ **Adjustment**.....Reduction or Increase of original appropriation due to grant award or budgetary adjustment
- ☐ **Reappropriation**....Increase in current year appropriation with prior year unobligated appropriations

	Account Number	Description	Amount
TO	101-00000-463100-511	Health and Welfare Grants	4,027.21
		TOTAL	4,027.21

	Account Number	Description	Amount
FROM			
		TOTAL	0.00

Explanation: To increase budget for FY 26-27 to match grant budget.

D. B 7/2/26

Signature of Official/Department Head/Date

Signature of County Mayor/Date

*All requests requiring committee approval are due to the Assistant Finance Director by close of business two Fridays before the Budget Committee Meeting.