

**Blount County Government**  
**Budget Amendment Request**  
**FY 25-26**

Department: Health Dept

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	9,065.02
TOTAL			9,065.02

	Account Number	Description	Amount
FROM			
TOTAL			0.00

Explanation: To Increase Budget for FY 25-26 to match Grant Budget for FY 25-26

B. D. B. L. 8/4/25  
 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.