

**Blount County Government
Budget Amendment Request**

FY 22-23

Department: Gen Capital - ADA Improvements
Account: 101-91190

Type of Amendment: (check one)

- Transfer** (no overall change to adopted budget)
 Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
 Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")
 Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment")

*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	189-00000-489900-000	Use of Fund Balance	204,721.70
TOTAL			204,721.70

	Account Number	Description	Amount
FROM	189-91190-579900-000	Other Capital Outlay	204,721.70
TOTAL			204,721.70

Explanation: To re-appropriate funds from FY21-22 for the ADA Improvement project.

Signature of Official/Department Head/Date _____ Signature of County Mayor/Date _____

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

**Blount County Government
Budget Amendment Request**

FY 22-23

Department: Gen Capital - IT Modernization
Account: _____

Type of Amendment: (check one)

- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	189-00000-489900-000	Use of Fund Balance	65,692.59
TOTAL			65,692.59

	Account Number	Description	Amount
FROM	189-91110-570900-0-526	Data Processing Equipment	65,692.59
TOTAL			65,692.59

Explanation: To re-appropriate funds from FY21-22 for the IT Modernization project.

Signature of Official/Department Head/Date _____ Signature of County Mayor/Date _____

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**Blount County Government
Budget Amendment Request**

FY 22-23

Department: Gen Capital - Robert C Jackson ROW
Account: 101-91110-572300-0-588

Type of Amendment: (check one)

- Transfer** (no overall change to adopted budget)
 Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
 Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")
 Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment")

*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	189-00000-489900-0-588	Use of Fund Balance	274,655.96
TOTAL			274,655.96

	Account Number	Description	Amount
FROM	189-91110-572300-0-588	Right-of-Way	274,655.96
TOTAL			274,655.96

Explanation: To re-appropriate funds from FY21-22 for the Robert C Jackson Extension Right-of-Way project.

Signature of Official/Department Head/Date _____ Signature of County Mayor/Date _____

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

**Blount County Government
Budget Amendment Request**

FY 22-23

Department: Gen Capital - ADA Elevator

Account: 101-91190-573400-0-708

Type of Amendment: (check one)

- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	189-00000-489900-0-708	Use of Fund Balance	63,433.75
TOTAL			63,433.75

	Account Number	Description	Amount
FROM	189-91190-573400-0-708	Disabilities Act Improvements	63,433.75
TOTAL			63,433.75

Explanation: To re-appropriate funds from FY21-22 for the Courthouse ADA Elevator project.

Signature of Official/Department Head/Date _____ Signature of County Mayor/Date _____

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.