



Blount County Budget Committee Memo

TO:

FROM:

DATE:

RE:

1. Proposal (what is the new item/service being requested) _____

2. Current Operations (how are operations without the request and impact if not funded)

3. Impact if funded (provide summary if the request is approved) _____

Budget Impact	
Original Budget	
Amendment Impact	
Proposed Revised Budget	

Signature from Department Head/Elected (or designee)