

Blount County Government
Budget Amendment Request
FY 25-26

Type of Amendment: (check one)

Department: Central Services
 Account: _____

- ☐ **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	101-52220-539900-582	Other Contracted Services	465,375.00
TOTAL			465,375.00

	Account Number	Description	Amount
FROM			
TOTAL			0.00

Explanation: Funding for the Substance Use Residential Treatment Facility in Blount County.

B. 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.