



Blount County Budget Committee Memo

TO:

FROM:

RE:

DATE:

1. Background _____

2. History (tell if the item has been brought to the budget committee previously) _____

3. Current Operations (how are operations without the requested item/service) _____

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

5. Impact if not funded (provide a summary on impact to the mission if the item/service is not approved) _____

Budget Impact	
Original Budget	
Amendment Impact	
Proposed Revised Budget	

Signature from Department Head/Elected (or designee)