

Blount County Government  
Budget Amendment Request

**POSTED**  
17 000409

FY 17-18

Department: Library  
Account: 115-056500

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	115-056500-500599-0	Other Charges	50.00
TOTAL			50.00

	Account Number	Description	Amount
FROM	115-056500-500399-0	Other Contracted Services	50.00
TOTAL			50.00

Explanation: Transfer to per Purchasing Dept.

7/25/17

Signature of Official/Department Head/Date

Signature of County Mayor/Date

7-27-17

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

**PUSHED**  
17000391

Department: EMA

54410

<input checked="" type="checkbox"/> <b>Transfer</b>	(no overall change to adopted budget)
<input type="checkbox"/> <b>Decrease</b>	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> <b>Increase</b>	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> <b>Adjustment</b>	(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
FROM	101-054410-500499-00000	Other Supplies & Materials	300.00
TOTAL			300.00

Explanation: Reflective vests/shirts for the damage assessment team members.

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.

POSTED  
17000385

Department: GPSF

Account: 141-72220

<input checked="" type="checkbox"/>	<b>Transfer</b>	(no overall change to adopted budget)
<input type="checkbox"/>	<b>Decrease</b>	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/>	<b>Increase</b>	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/>	<b>Adjustment</b>	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO			
	141-72220-399	Other Contracted Services	300,110.25
		TOTAL	300,110.25

	Account Number	Description	Amount
FROM			
	141-72220-340	Medical & Dental Services	300,110.25
TOTAL			300,110.25

Reverse previous transfer done in error.

Signature of County Mayor/Date

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**Blount County Government  
Budget Amendment Request**

**POSTED**  
1706429

**FY 17-18**

Department: Risk Management

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	263-58900-500506	Liability Insurance	15,211.00
TOTAL			15,211.00

	Account Number	Description	Amount
FROM	263-58900-500599	Other	15,211.00
TOTAL			15,211.00

Explanation: Need funds to pay for Insurance invoices from Cate Russell

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Official/Department Head/Date 7/27/17      Signature of County Mayor/Date 7-27-17

\*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**

**POSTED**  
17000428

**FY 17-18**

Department: Risk Management

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
<b>TO</b>	263-58900-500502	Building and Contents Insurance	7,716.00
<b>TOTAL</b>			7,716.00

	Account Number	Description	Amount
<b>FROM</b>	263-58900-500599	other	7,716.00
<b>TOTAL</b>			7,716.00

Explanation: need funds to pay for Insurance invoices from Cate Russell

\_\_\_\_\_  
 \_\_\_\_\_

 7/24/17
  7-27-17

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

**POSTED**

17000420

FY 17-18

Department: Highway  
Account: 62000

**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	131-62000-500135	Assessment Personnel	41,267.20
TOTAL			41,267.20

	Account Number	Description	Amount
FROM	131-62000-500149	<del>Assessment Personnel</del>	37,315.20
	131-62000-500143	Equipment Operators	3,952.00
TOTAL			41,267.20

Explanation: Payroll position changes requiring Budget Amendment

EE001650 to EE4772

EE001639 reclass position

  
Signature of Official/Department Head/Date

7/27/17

 7-27-17  
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

**POSTED**  
17000347

FY 17-18

Department: Drug Task Force

Account: 363-054150

**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	363-054150-500410-0	Custodial Supplies	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	363-054150-500499-0	Other Supplies and Materials	500.00
TOTAL			500.00

Explanation: To move money into proper line item



 07/18/2017  
Signature of Official/Department Head/Date

 7-21-17  
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.

POSTED  
17000348

Department: GPSF

Type of Amendment: (check one)

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

Explanation: Transfer to correct object codes.

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.

Executive Committee  
Debra S. England  
For Brit



**Blount County Government  
Budget Amendment Request**

**POSTED**  
17000367

**FY 17-18**

Department: Elections  
Account: 51500

**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	101-051500-500334-0	maintenance agreements	10,200.00
TOTAL			10,200.00

	Account Number	Description	Amount
FROM	101-051500-500333-0	licenses	10,200.00
TOTAL			10,200.00

Explanation: Harp maintenance

Susan Hughes 7/21/17      [Signature] 7-21-17  
 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.

**POSTED**  
7000368

Department: 101-54110/54117

Type of Amendment: (check one)

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

	Account Number	Description	Amount
FROM	101-54110-500207	Health Insurance	23,008.00
TOTAL			23,008.00

Explanation: to cover 20% match of Victim Coordinator grant

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.

POSTED  
1700037

Department: Human Resources

Account: 101-051310

1700037

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

	Account Number	Description	Amount
FROM	101-051310-500499	other supplies & materials	12,500.00
TOTAL			12,500.00

Explanation: change to another line which would be more appropriate per purchasing

Signature of Official/Department Head/Date *Jodie King 7/21/17* Signature of County Mayor/Date *E. Stitt 7-21-17*

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Blount County Government  
Budget Amendment Request

**POSTED**  
17000332

FY 17-18

Department: Rabies / Animal Control

Account: 101-55120

**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	101-55120-500410	Custodial Supplies	4,700.00
	101-55120-500330	Lease Payments	700.00
TOTAL			5,400.00

	Account Number	Description	Amount
FROM	101-55120-500499	Other Supplies and Materials	4,700.00
	101-55120-500399	Other Contracted Services	700.00
TOTAL			5,400.00

Explanation: Move Money into new line item 500410 custodial supplies. Req # 177456 and 177466 need to be  
transferred to this new line item and 500499 needs to be credited.  
Money transferred into line item 500330 to pay appalachian business for animal control copier. Line item 399 needs to be credited.

Charlie Rappold 7/19/17 [Signature] 7-21-17  
 Signature of Official/Department Head/Date Signature of County Mayor/Date

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**Blount County Government  
Budget Amendment Request**

**POSTED**  
17000376

**FY 17-18**

Department: IT  
Account: 52600

**Type of Amendment: (check one)**


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

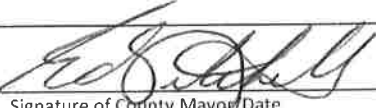
**\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\***

	Account Number	Description	Amount
TO	101-52600-500307	Communications	25,000.00
TOTAL			25,000.00

	Account Number	Description	Amount
FROM	101-52600-500317	Data Processing Services	25,000.00
TOTAL			25,000.00

Explanation: transfer to correct line for Windstream/AT&T charges to the county



Joseph Cain      7/21/17            7-21-17  
 Signature of Official/Department Head/Date      Signature of County Mayor/Date

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**Blount County Government  
Budget Amendment Request**

**POSTED**  
17000323

FY 17-18

Department: Circuit Court Clerk

Account: 53120

**Type of Amendment: (check one)**

- ☒ **Transfer** (no overall change to adopted budget)  
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☐ **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	101-053120-500410	Custodial Supplies	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-053120-500499	Other Supplies and Materials	500.00
TOTAL			500.00

Explanation: To set up line for custodial supplies

James Walker 7/18/17      [Signature] 7-18-17  
 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**

**POSTED**  
17000322

FY ~~16-17~~  
17/18

Department: Circuit Court  
Account: 053120

**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	101-053120-500169	Part Time Personnel	3,444.00
TOTAL			3,444.00

	Account Number	Description	Amount
FROM	101-053120-500187	Overtime/Vacation Relief	3,444.00
TOTAL			3,444.00

Explanation: Transfer to Part Time Personnel due to the fact that our part time people cover all vacation relief.

Jamara Walker 7/11/17  
Signature of Official/Department Head/Date

[Signature] 7-18-17  
Signature of County Mayor/Date

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Blount County Government  
Budget Amendment Request

FY 17-18

Department: ~~Circuit Court~~ *Law Library*

Account: ~~053420~~ *114-58400*

FILED

17000321

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	<i>114-058400-500333</i>	<i>Licenses</i>	8,856.00
TOTAL			8,856.00

	Account Number	Description	Amount
FROM	<i>114-058400-500399-0000</i>	<i>Other Contracted Services</i>	8,856.00
TOTAL			8,856.00

Explanation: Transfer to specific line for law library.

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 \_\_\_\_\_  
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*Samra Walker* 7/18/17  
 Signature of Official/Department Head/Date

*[Signature]* 7-18-17  
 Signature of County Mayor/Date

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**Blount County Government  
Budget Amendment Request**

**POSTED**

FY 17-18

Department: Human Resources  
Account: 101-51310

**Type of Amendment: (check one)**

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

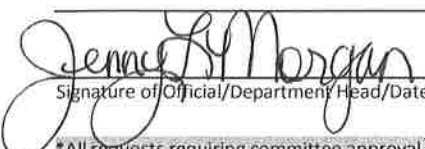
17000182

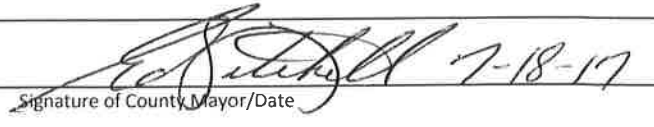
**\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\***

	Account Number	Description	Amount
TO	101-051310-500320	Dues & Memberships	10.00
TOTAL			10.00

	Account Number	Description	Amount
FROM	101-051310-500599	Other Charges	10.00
TOTAL			10.00

Explanation: SHRM Annual Membership increased

 7/13/17  
 Signature of Official/Department Head/Date

 7-18-17  
 Signature of County Mayor/Date

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**Blount County Government  
Budget Amendment Request**

**POSTED**

**FY 17-18**

Department: Other General Administration  
Account: 051900

**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")

**17000183**

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


	Account Number	Description	Amount
TO	101-051900-500332	Legal Notices	240.00
TOTAL			240.00

	Account Number	Description	Amount
FROM	101-051900-500435	Office Supplies	240.00
TOTAL			240.00

Explanation: EMS Board Meeting Public Notices anticipated for FY 17-18

\_\_\_\_\_

\_\_\_\_\_

 7-13-17  
Signature of Official/Department Head/Date

 7-18-17  
Signature of County Mayor/Date

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**Blount County Government  
Budget Amendment Request**

**POSTED**

FY 17-18

Department: Rabies / Animal Control  
Account: 101-55120

**Type of Amendment: (check one)**

- ☒ **Transfer** (no overall change to adopted budget)  
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")  
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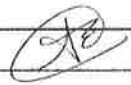
17010212

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


	Account Number	Description	Amount
TO	101-55120-500330	Lease Payments	1,700.00
TOTAL			1,700.00

	Account Number	Description	Amount
FROM	101-55120-500399	Other Contracted Services	1,700.00
TOTAL			1,700.00

Explanation: Following guidelines for lease payments for Canon Copier and Ricoh Copier.



 7/14/17  
Signature of Official/Department Head/Date

 7-18-17  
Signature of County Mayor/Date

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Blount County Government  
Budget Amendment Request

POSTED  
17000213

FY 16-17  
17/18

Department: Circuit Court Judge

Account: 053110

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	101-053110-500336	Maintenance and Repair Services - Equipment	1,000.00
TOTAL			1,000.00

	Account Number	Description	Amount
FROM	101-053110-500399	Other Contracted Services	1,000.00
TOTAL			1,000.00

Explanation: Transfer to specific line for equipment repairs.

Gamra Walker 7/11/17  
Signature of Official/Department Head/Date

[Signature] 7-18-17  
Signature of County Mayor/Date

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Blount County Government  
Budget Amendment Request

**POSTED**  
17000214

FY 16-17  
17/18

Department: Circuit Court

Account: 053120

**Type of Amendment: (check one)**

- ☒ **Transfer** (no overall change to adopted budget)  
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☐ **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	101-053120-500312	Contracts with Private Agencies	2,740.00
TOTAL			2,740.00

	Account Number	Description	Amount
FROM	101-053120-500399	Other Contracted Services	2,740.00
TOTAL			2,740.00

Explanation: Transfer to specific line for private agency contract.

Namra Walker 7/11/17  
Signature of Official/Department Head/Date

[Signature] 7-18-17  
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**

**POSTED**  
**17000240**

FY 17-18

Department: School Nutrition Program  
Account: 143-73100

**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			
	143-73100-471	Software	13,787.00
	143-73100-330	Operating Lease Payments	11,879.04
	143-73100-334	Maintenance Agreements	50,366.60
	143-73100-361	Permits	1,680.00
	143-73100-421	Food Prep Supplies	75,000.00
		<b>TOTAL</b>	152,712.64

	Account Number	Description	Amount
FROM			
	143-73100-399	Other Contracted Services	76,032.64
	143-73100-599	Other Charges	1,680.00
	143-73100-499	Other Supplies & Materials	75,000.00
		<b>TOTAL</b>	152,712.64

Explanation: Transfer to correct object codes.

*(Signature)*

Tracy Lopez 7-1-17  
Signature of Official/Department Head/Date

E. J. Smith 7-18-17  
Signature of County Mayor/Date

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*Executive Committee*

*Debra K. [Signature]*  
*For [Signature]*

Blount County Government  
Budget Amendment Request

**POSTED**  
17600239

FY 17-18

Department: GPSF  
Account: 141-Various

**Type of Amendment: (check one)**

- ☒ **Transfer** (no overall change to adopted budget)  
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")  
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☐ **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	141-72620-334	Maintenance Agreements	19,500.00
	141-72620-336	Maintenance & Repair - Equipment	5,000.00
	141-72620-347	Pest Control	12,272.96
	141-72620-361	Permits	3,000.00
	141-72620-399	Other Contracted Services	27,888.00
	141-72620-707	Building Improvements	8,000.00
	141-73400-310	Contracts with Other Public Agencies	30,000.00
	141-72220-340	Medical & Dental Services	300,110.25
		<b>TOTAL</b>	<b>405,771.21</b>

	Account Number	Description	Amount
FROM	141-72620-399	Other Contracted Services	39,772.96
	141-72620-599	Other Charges	27,888.00
	141-72620-790	Other Equipment	8,000.00
	141-73400-399	Other Contracted Services	30,000.00
	141-72220-399	Other Contracted Services	300,110.25
		<b>TOTAL</b>	<b>405,771.21</b>

Explanation: Transfer to correct object codes.

PAGE 3 OF 3

Tracy Logan 7-1-17  
Signature of Official/Department Head/Date

ECB 7-18-17  
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.

*Executive Committee*  
*Debra K. Safford*  
*For Burt*

Blount County Government  
Budget Amendment Request

**POSTED**  
17000238

FY 17-18

Department: GPSF  
Account: 141-Various

**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	141-72320-330	Operating Lease Payments	11,000.00
	141-72410-320	Dues and Memberships	200.00
	141-72410-330	Operating Lease Payments	815.28
	141-72410-350	Internet Connectivity	131,500.00
	141-72410-351	Rentals	8,000.00
	141-72610-334	Maintenance Agreements	159,861.00
	141-72610-336	Maintenance & Repair - Equipment	5,868.00
	141-72610-361	Permits	2,080.00
		<b>TOTAL</b>	<b>319,324.28</b>

	Account Number	Description	Amount
FROM	141-72320-399	Other Contracted Services	11,000.00
	141-72410-599	Other Charges	8,200.00
	141-72410-399	Other Contracted Services	815.28
	141-72410-307	Communications	131,500.00
	141-72610-399	Other Contracted Services	167,809.00
		<b>TOTAL</b>	<b>319,324.28</b>

Explanation: Transfer to correct object codes.

PAGE 2 OF 3

*Tracy Lynn* 7-1-17  
Signature of Official/Department Head/Date

*Ed Stull* 7-18-17  
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.

*Executive Committee*  
*Debra K. Ruff*  
*For Supt*



Blount County Government  
Budget Amendment Request

**POSTED**  
17000237

FY 17-18

Department: GPSF  
Account: 141-Various

**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	141-71100-369	Contracts for Substitute Teachers - Certified	1,140,000.00 ✓
	141-72120-340	Medical and Dental Services	2,000.00 ✓
	141-72130-471	Software	125,069.76 ✓
	141-72220-330	Operating Lease Payments	2,400.00 ✓
	141-72250-471	Software	145,744.72 ✓
	141-72250-524	Professional Development	2,500.00 ✓
	141-72310-309	Contracts with Government Agencies	6,500.00 ✓
	141-72310-324	Financial Advisory Services	4,000.00 ✓
		<b>TOTAL</b>	<b>1,428,214.48</b>

	Account Number	Description	Amount
FROM	141-71100-399	Other Contracted Services	1,140,000.00
	141-72120-399	Other Contracted Services	2,000.00
	141-72130-399	Other Contracted Services	125,069.76
	141-72220-399	Other Contracted Services	2,400.00
	141-72250-399	Other Contracted Services	148,244.72
	141-72310-399	Other Contracted Services	10,500.00
		<b>TOTAL</b>	<b>1,428,214.48</b>

Explanation: Transfer to correct object codes

*(Signature)*

PAGE 1 OF 3

*Woy Zogan 7-1-17*  
Signature of Official/Department Head/Date

*Ed St. Hill 7-8-17*  
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.

*Executive Committee*

*Debra L. Gaffney*  
*For Sr. Financial Analyst*

POSTED  
17000236

Department: Extended School Program

Type of Amendment: (check one)

- |                                                     |                                                                               |
|-----------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Transfer</b> | (no overall change to adopted budget)                                         |
| <input type="checkbox"/> <b>Decrease</b>            | (reducing adopted budget due to unforeseen effect on "revenue" or "expense")  |
| <input type="checkbox"/> <b>Increase</b>            | (raising adopted budget due to unforeseen effect on "revenue" or "expense")   |
| <input type="checkbox"/> <b>Adjustment</b>          | (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\*\*\*

[illegible]

Explanation: Transfer to correct object codes.

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.

Executive Committee  
 Alpha Kappa Psi  
 For Bursar

# Budget Amendment Request

FY 17-18

Department: 101-51800

Account: Mtce.

POSTED  
17000215

## 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	330	Leases	11,892.24
TOTAL			11,892.24

	Account Number	Description	Amount
FROM	300	Leases - incorrectly labeled	11,892.24
TOTAL			11,892.24

Explanation: Accounting error - leases should be 330, not 300

  
Signature of Official/Department Head/Date

7/17/17

 7-18-17  
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

POSTED

FY 17-18

Department: Drug Task Force  
Account: 363-054150

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")

17000181

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

	Account Number	Description	Amount
TO	363-054150-500333-0	Licenses	650.00
TOTAL			650.00

	Account Number	Description	Amount
FROM	363-054150-500334-0	Maintenance Agreement	650.00
TOTAL			650.00

Explanation: Move to correct account a second time per Purchasing

Don Delant 07/12/2017 Ed Stihl 7-18-17  
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

**POSTED**  
17000317

FY 17-18

Department: Hwy  
Account: 131

Type of Amendment: (check one)

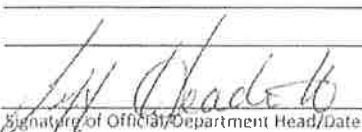
- ☒ **Transfer** (no overall change to adopted budget)  
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")  
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")  
☒ **Adjustment** (correction to adopted budget due to "grant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

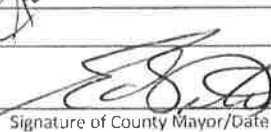
\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\*

	Account Number	Description	Amount
TO	131-062000-500422	Food Supplies	2,500.00
	131-062000-500451	Uniforms	5,000.00
TOTAL			7,500.00

	Account Number	Description	Amount
FROM	131-062000-500404	Asphalt	7,500.00
TOTAL			7,500.00

Explanation: Move money for meeting supplies to correct line item and replacing supervisors uniforms.

 7/13/17  
Signature of Official/Department Head/Date

 7-18-17  
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.

Budget Amendment Request

FY 17-18

Department: Sheriff

Account: 101-064000

**POSTED**  
**17000316**

**Type of Amendment: (check one)**


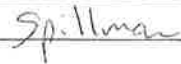
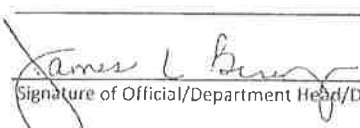
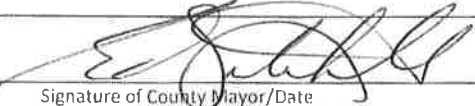
- ☒ **Transfer** (no overall change to adopted budget)  
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")  
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")  
☐ **Adjustment** (correction to adopted budget due to "grant 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	101-064000-500310-0	Contracts w/ Other Public Agencies	20,000.00
TOTAL			20,000.00

	Account Number	Description	Amount
FROM	101-064000-500399-0	Other Contracted Services	20,000.00
TOTAL			20,000.00

Explanation: To place funds in proper account per Purchasing


  

  
 Signature of Official/Department Head/Date      7-12-17      Signature of County Mayor/Date      7-18-17

\*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

POSTED

FY 17-18

Department: Maintenance

Account: 101-051800

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")


17000158

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

	Account Number	Description	Amount
TO	101-051800-500717	Maintenance Equipment	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-051800-500410	Custodial Supplies	500.00
TOTAL			500.00

Explanation: needs funds for enclosed trailer for Custodial Dept

Signature of Official/Department Head/Date:  7/6/17

Signature of County Mayor/Date:  7-11-17

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

POSTED

FY 17-18

Department: Maintenance

Account: 101-051800

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")

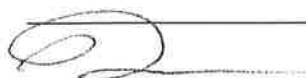
17000157

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

	Account Number	Description	Amount
TO	101-051800-500300	Leases	1,642.24
	(500300)		
TOTAL			1,642.24

	Account Number	Description	Amount
FROM	101-051800-500707	Building Improvements	1,642.24
TOTAL			1,642.24

Explanation: needs funds for enterprise truck leases

  
Signature of Official/Department Head/Date

7/6/17

  
Signature of County Mayor/Date

7-11-17

\*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

**POSTED**  
17000112

FY 17-18

Department: Development Services

Account: 51710

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	101-51710-500330	Lease Payments	3,600.00
TOTAL			3,600.00

	Account Number	Description	Amount
FROM	101-51710-500338	Maint. & Repair Services-Vehicles	3,600.00
TOTAL			3,600.00

Explanation: Canon Solutions Lease is needed in line 500330 instead of 500399

\_\_\_\_\_

\_\_\_\_\_

 7/6/17  
Signature of Official/Department Head/Date

 7-6-17  
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.

**Budget Amendment Request**

**POSTED**  
17000113

**FY 17-18**

Department: Sheriff

Account: 101-054110

**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	101-054110-500351-0	Rental	3,000.00
	101-054110-500422-0	Food Supplies	6,000.00
	101-054110-500413-0	Drugs & Medical Supplies	6,000.00
TOTAL			15,000.00

	Account Number	Description	Amount
FROM	101-054110-500399-0	Other Contracted Services	3,000.00
	101-054110-500355-0	Travel	6,000.00
	101-054110-500499-0	Other Supplies & Materials	6,000.00
TOTAL			15,000.00

Explanation: To place funds in the proper accounts to get POs for rental, food for meetings, & first aid kit supplies & vaccines for Patrol

*(Handwritten mark)*

James L. Bering 7-6-17  
Signature of Official/Department Head/Date

[Signature] 7-6-17  
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

**POSTED**  
17000114

FY 16-17  
17/18

Department: Health  
Account: 101-55110

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	101-55110-500-20	Dues & Membership	\$200.00
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-55110-500-399	Other Contracted Services	\$200.00
TOTAL			\$200.00 0.00

Explanation:

See attached

AS

[Signature] 7-5-17  
Signature of Official/Department Head/Date

[Signature] 7-6-17  
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**

**RECEIVED**  
**17000115**

**FY 17-18**

Department: Information Technology  
Account: 052600

**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	500169	Part Time Personnel	3,000.00
TOTAL			3,000.00

	Account Number	Description	Amount
FROM	500105	Supervisor/Director	3,000.00
TOTAL			3,000.00

Explanation: Transfer to fund Part Time Interns

Joseph Cain 7-6-17  
Signature of Official/Department Head/Date

[Signature] 7-6-17  
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.**

# Budget Amendment Request

FY 17-18

Department: Sheriff

Account: 101-054110

**POSTED**  
17000116

## 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	101-054110-500332-0	Legal Notices	1,000.00
TOTAL			1,000.00

	Account Number	Description	Amount
FROM	101-054110-500349-0	Printing	1,000.00
TOTAL			1,000.00

Explanation: To place funds in proper account for legal notices.

Signature of Official/Department Head/Date

7-5-17

Signature of County Mayor/Date

7-6-17

\*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**

**POSTED**  
17000117

**FY 17-18**

Department: Information Technology  
Account: 052600

**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")

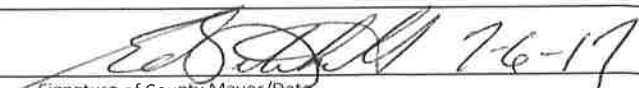
**\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\***

	Account Number	Description	Amount
TO	500121	Data Processing Personnel	2,680.00
TOTAL			2,680.00

	Account Number	Description	Amount
FROM	500105	Supervisor/Director	2,680.00
TOTAL			2,680.00

Explanation: Transfer to fund Jane Jenkin's deserved promotion to Senior System Analysts



Joseph Cain 7-5-17       7-6-17  
 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.**

POSTED  
17000118

Account: 363-054150

☒ **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")

	Account Number	Description	Amount
TO	363-054150-500305-0	Audit Services	447.00
TOTAL			447.00

	Account Number	Description	Amount
FROM	363-054150-500307-0	Communication	447.00
TOTAL			447.00

Signature of Official/Department Head/Date: Don Dallon 07-05-2017

Signature of County Mayor/Date: Ed Bunch 7-6-17

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

Budget Amendment Request

FY 17-18

Department: Sheriff-Jail

Account: 101-054210

POSTED  
17000119

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	101-054210-500413-0	Drugs & Medical Supplies	2,500.00
TOTAL			2,500.00

	Account Number	Description	Amount
FROM	101-054210-500499-0	Other Supplies	2,500.00
TOTAL			2,500.00

Explanation: To place funds in the proper account to purchase drug tests & vaccines.

  
 Signature of Official/Department Head/Date

7-5-17

  
 Signature of County Mayor/Date

7-6-17

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



POSTED  
17000120  
SERVICES

FY-16-17  
17/18

Account: 058300

<input checked="" type="checkbox"/> <b>Transfer</b>	(no overall change to adopted budget)
<input type="checkbox"/> <b>Decrease</b>	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> <b>Increase</b>	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> <b>Adjustment</b>	(correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO	338	VEHICLE MAINT & REPAIR	460.00
TOTAL			460.00

	Account Number	Description	Amount
FROM	355	TRAVEL	460.00
TOTAL			460.00

Signature of Official/Department Head/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

POSTED  
17000094

FY 17-18

Department: Elections  
Account: 101-51500-500

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	101-51500-500707	Building Improvements	900-
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-51500-500332	Legal Notices	900
TOTAL			900.00

Explanation:

Susan Hughes 7-3-17  
Signature of Official/Department Head/Date

[Signature] 7-5-17  
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.

7000093

Department: Maintenance

Type of Amendment: (check one)

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

Explanation: need funds in Uniform line item for Cintas weekly invoices.

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

POSTED  
17000001

Department: GPSF  
Account: 141-72250

☒ **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")

	Account Number	Description	Amount
TO			
	141-72250-709	Data Processing Equipment	247,000.00
		TOTAL	247,000.00

	Account Number	Description	Amount
FROM			
	141-72250-330	Operating Lease	247,000.00
		TOTAL	247,000.00

**Transfer funds to cash purchase chromebooks instead of lease purchase finance.**

Signature of County Mayor/Date \_\_\_\_\_

Executive Committee Approval. 7-1-17  
Debra Engelbreff  
For Suvi

**Blount County Government  
Budget Amendment Request**

**POSTED**

**FY 17-18**

Department: 101-52220

Account: 500305 audit services

**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")


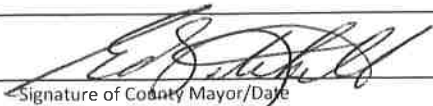
17000166

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

	Account Number	Description	Amount
TO	101-52220-500305	Audit Services	5,013.70
TOTAL			5,013.70

	Account Number	Description	Amount
FROM	101-52220-500331	Legal Services	5,013.70
TOTAL			5,013.70

Explanation: State increasing cost of Audit \$5013.70

 7/6/17
  7-11-17

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.

POSTED

Account: 052600

<input checked="" type="checkbox"/> <b>Transfer</b>	(no overall change to adopted budget)
<input type="checkbox"/> <b>Decrease</b>	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> <b>Increase</b>	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> <b>Adjustment</b>	(correction to adopted budget due to "grant award" or "budgetary adjustment")

17000165

	Account Number	Description	Amount
TO	500307	Communications	1,888.00
TOTAL			1,888.00

	Account Number	Description	Amount
FROM	500317	Data Processing Services	1,888.00
TOTAL			1,888.00

Accounting wants iNet2Phone budgeted in 500307 Communications.

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**

**POSTED**

**FY 17-18**

Department: Probation  
Account: 053910

**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")

**17000150**

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

	Account Number	Description	Amount
<b>TO</b>	500349	printing stationary & forms	4,000.00
<b>TOTAL</b>			4,000.00

	Account Number	Description	Amount
<b>FROM</b>	500499	other supplies and materials	4,000.00
<b>TOTAL</b>			4,000.00

Explanation: to place charges in the correct account. *Suzie Gandy*

*[Signature]* 7/10/17  
Signature of Official/Department Head/Date

*[Signature]*

*[Signature]* 7-11-17  
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**

**POSTED**

**FY 17-18**

Department: Probation  
Account: 053910

**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")

**17600149**

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

	Account Number	Description	Amount
TO	500333	Licenses	3,600.00
<b>TOTAL</b>			<b>3,600.00</b>

	Account Number	Description	Amount
FROM	500399	other supplies and materials	3,600.00
<b>TOTAL</b>			<b>3,600.00</b>

Explanation: to place charges in the correct account.

*Mike Sunny*

*Joni Dend* 7/10/17  
Signature of Official/Department Head/Date

*Ed B. Smith* 7-11-17  
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.

POSTED

Account: 053910

<input checked="" type="checkbox"/>	<b>Transfer</b>	(no overall change to adopted budget)
<input type="checkbox"/>	<b>Decrease</b>	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/>	<b>Increase</b>	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/>	<b>Adjustment</b>	(correction to adopted budget due to "grant award" or "budgetary adjustment")

17000148

	Account Number	Description	Amount
TO	500309	Government Contracts	13,500.00
TOTAL			13,500.00

	Account Number	Description	Amount
FROM	500399	Other Supplies and Materials	13,500.00
TOTAL			13,500.00

Vicki  
Gunn

Signature of Official/Department Head/Date 7/10/17

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.

## Budget Amendment Request

OSTED

FY 16-17

Department: HealthAccount: 101-55110

## 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")

17000143

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

	Account Number	Description	Amount
TO	101-55110-500422	Food & Supplies	\$ 500.00
TOTAL			\$ 500.00

	Account Number	Description	Amount
FROM	101-55110-500399	Other contracted services	\$ 500.00
	345 Water		
TOTAL			\$ 500.00

Explanation:



[Signature] 7-10-17  
Signature of Official/Department Head/Date

[Signature] 7-11-17  
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.

Budget Amendment Request

FY 16-17

Department: Health

Account: 101-55110

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")

1700042

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

	Account Number	Description	Amount
TO	101-55110 500334	Maintenance Agreements	\$ 3500.
TOTAL			\$ 3500.00 0-00

	Account Number	Description	Amount
FROM	101-55110 500399	Other Contracted Services	3500.
	Great American Lawn Care		
TOTAL			\$ 3500.00 0-00

Explanation:

\_\_\_\_\_

[Signature] 7-10-17  
 Signature of Official/Department Head/Date

[Signature] 7-11-17  
 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.

Signature of Official/Department Head/Date: [Signature] 7/10/17

Signature of County Mayor/Date: [Signature] 7-11-17

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

17000140

Department: Rabies / Animal Control

Type of Amendment: (check one)

- |                                                     |                                                                               |
|-----------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Transfer</b> | (no overall change to adopted budget)                                         |
| <input type="checkbox"/> <b>Decrease</b>            | (reducing adopted budget due to unforeseen effect on "revenue" or "expense")  |
| <input type="checkbox"/> <b>Increase</b>            | (raising adopted budget due to unforeseen effect on "revenue" or "expense")   |
| <input type="checkbox"/> <b>Adjustment</b>          | (correction to adopted budget due to "grant award" or "budgetary adjustment") |

POSTED

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

If an increase or decrease, a memo explaining the need or purpose must accompany amendments.			
	Account Number	Description	Amount
TO	101-55120-500330	Operating Lease Payments	7,500.00
TOTAL			7,500.00

 $\mathbb{A}^1$ 

	Account Number	Description	Amount
FROM	101-55120-500399	Other Contracted Services	7,500.00
TOTAL			7,500.00

A-

Explanation: Req already opened in 500399 and money encumbered. Money needs to be unencumbered, returned to 500399  
and transferred to 500330 for lease payments to Enterprise Fleet. Per Theresa Johnson-Purchasing

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**

**POSTED**  
17000121

FY 17-18

Department: Drug Task Force  
Account: 363-054150

**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	363-054150-500347-0	Pest Control	400.00
	363-054150-500334-0	Maintenance Agreements	1,275.00
	363-054150-500330-0	Operating Lease Payments	2,800.00
	363-054150-500328-0	Janitorial Services	3,250.00
	363-054150-500351-0	Rentals	240.00
<b>TOTAL</b>			<b>7,965.00</b>

	Account Number	Description	Amount
FROM	363-054150-500399-0	Other Contracted Services	7,725.00
	363-054150-500599-0	Other Charges	240.00
<b>TOTAL</b>			<b>7,965.00</b>

Explanation: "Other" line items are no longer accepted by Finance when another line exists on the Chart of Accounts.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Don Jallat 07-06-2017      Ed Rutledge 7-11-17  
 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.

**Budget Amendment Request**

**POSTED**

**FY 17-18**

Department: Records & Archives

Account: 101 051910

**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")

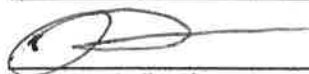
17600187


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

	Account Number	Description	Amount
TO	101 51910 500330	Lease Payments	0.44
TOTAL			0.44

	Account Number	Description	Amount
FROM	101 051910 500399	Other Contracted Service	0.44
TOTAL			0.44

Explanation: To cover account shortage for a year on Canon copier lease. 62.37/mo. X 12 mos= \$748.44

 7/12/17  
Signature of Official/Department Head/Date

 7-12-17  
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 17-18**

Department: Elections

Account: 101-51500

**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")
- ☐ **Correction** (correction to adopted budget due to "grant award" or "budgetary adjustment")

*17000186*

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

	Account Number	Description	Amount
TO	101-51500-500707	Building Improvements	300.00
TOTAL			300.00

	Account Number	Description	Amount
FROM	101-51500-500332	Legal Notices	300.00
TOTAL			300.00

Explanation: Purchase of paint for office.

Susan Hughes 7/10/17  
Signature of Official/Department Head/Date

[Signature] 7-12-17  
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**

**POSTED**

**FY 17-18**

Department: Juvenile Court

Account: 053500

**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")

*17600185*

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

	Account Number	Description	Amount
TO	101-053500-500422	Food Services	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-053500-500399	Other Contracted Services	500.00
TOTAL			500.00

Explanation: Water bill being paid out of wrong line item.

\_\_\_\_\_  
*[Signature]* 7/11/17 *[Signature]* 7-12-17  
 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**

**POSTED**

FY 17-18

Department: Elections

Account: 101-51500

**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")

17000 184

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

	Account Number	Description	Amount
TO	101-51500-50033 <sup>3</sup>	<del>Contracted Services</del>	43,155.00
		Licenses <i>AE</i>	
TOTAL			43,155.00

	Account Number	Description	Amount
FROM	101-51500-50039 <sup>9</sup>	Other Contracted Services	43,155.00
TOTAL			43,155.00

Explanation: Elections does not have "other contracted services". Accounting and Purchasing asked for Elections to pay Harp (voting machine maintenance) & Embry Consulting (Voter Central software yearly maintenance) out of 500334 rather than 500399. We will not need line item 399 moving forward.

Susan Hughes 7/12/17  
Signature of Official/Department Head/Date

*[Signature]* 7-12-17  
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.