

# Budget Amendment Request

FY 17-18

Department: 101-54113

Account: COPS Grant

## 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	500106	Deputies	69,057.00
	500201	Social Security	6,851.00
	500204	State Retirement	12,576.00
	500206	Life Insur.	66.00
	500207	Health Insur.	32,550.00
	500208	Dental Insur.	1,327.00
	500210	Unemployment	324.00
	500212	Medicare	1,602.00
TOTAL			124,353.00

	Account Number	Description	Amount
FROM	101-0-475900-54113	Federal (75% COPS Grant)	124,353.00
TOTAL			124,353.00

Explanation: Establish budget for COPS grant

Signature of Official/Department Head/Date 12/4/17 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.