

POSTED
17003895

Department: ELECTIONS

101-51500

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

	Account Number	Description	Amount
TO	101-51500-500411	DATA PROCESSING SUPPLIES	800.00
TOTAL			800.00

	Account Number	Description	Amount
FROM	101-51500-500709	DATA PROCESSING EQUIPMENT	800.00
TOTAL			800.00

UP FRONT.

Susan Hughes 2/21/18
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
17003894

Department: Library
Account: 115

☒ **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*****

[illegible]

2/20/18

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

17003893

FY 17-18

Department: Rabies/Animal Control/BCAC

Account: 101-55120

Type of Amendment: (check one)

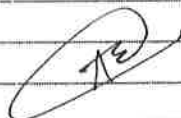
- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

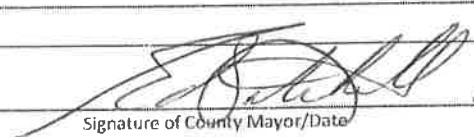
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-55120-500451	uniforms	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-55120-500435	office supplies	500.00
TOTAL			500.00

Explanation: Transfer money to cover the costs of uniforms for a new employee.



 Signature of Official/Department Head/Date 2/21/18

 Signature of County Mayor/Date 2-21-18

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POSTED

17003892

Department: Rabies/Animal Control/BCAC

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	101-55120-500790	Other Equipment	2,000.00
TOTAL			2000.00

Explanation: Transfer money to cover increased expenses due to vetting policy changes.

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
7003838

Department: Emergency Mgmt.

Type of Amendment: (check one)

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on “revenue” or “expense”)
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on “revenue” or “expense”)
<input type="checkbox"/> 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	101-54410-500317	Data Processing Services	12,000.00
TOTAL			12,000.00

	Account Number	Description	Amount
FROM	101-54410-500207	Health Insur.	5,000.00
	101-54410-500499	Other Supplies & Mtls	7,000.00
TOTAL			12,000.00

Explanation: Ready Ops

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
7003837

Department: Emergency Mgmt.

Type of Amendment: (check one)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Transfer | (no overall change to adopted budget) |
| <input type="checkbox"/> Decrease | (reducing adopted budget due to unforeseen effect on "revenue" or "expense") |
| <input type="checkbox"/> Increase | (raising adopted budget due to unforeseen effect on "revenue" or "expense") |
| <input type="checkbox"/> 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
FROM	101-54410-500207	Health Insur.	1,000.00
TOTAL			1,000.00

Explanation: to cover Verizon bill to year end

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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.

~~He~~ spoke w/ Lance

Blount County Government
Budget Amendment Request

POSTED

17003886

FY 17-18

Department: Recycle

Account: 101-55751

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	101-055751-500720	Plant Operation Equip	2,600.00
TOTAL			2,600.00

	Account Number	Description	Amount
FROM	101-055751-500500334	Maint Agreement	2,600.00
TOTAL			2,600.00

Explanation: To install camera system at recycle center.


Signature of Official/Department Head/Date

 2-20-18
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
17003832

Account: 054150

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

	Account Number	Description	Amount
TO	363-054150-500716-0	Law Enforcement Equipment	5,000.00
TOTAL			5,000.00

Explanation: To purchase lights and siren and installation for Undercover Vehicle

Signature of County Mayor/Date 2-15-18

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

POSTED
17003833

Department: Risk Management

Type of Amendment: (check one)


<input checked="" type="checkbox"/>	Transfer	(no overall change to adopted budget)
<input type="checkbox"/>	Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/>	Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/>		(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	516.50
TOTAL			516.50

	Account Number	Description	Amount
FROM	263-58900-500599	other charges	516.50
TOTAL			516.50

Explanation: to pay Acuity invoice

X 
Signature of Official/Department Head/Date

Signature of County Mayor/Date 2-15-18

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

POSTED

17003814

Department: Hwy

Account: 131-063100 Operation & Maint

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

	Account Number	Description	Amount
TO	131-063100-500418	Equip & Parts	5,000
	131-063100-500442	Propane	2,000.00
TOTAL			7,000.00

Explanation:

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
17003813

Account: 131-062000 Highway & Bridge

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

POSTED

17003812

Department: Hwy

Type of Amendment: (check one)

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

	Account Number	Description	Amount
TO	131-061000-500471	Software	100.00
	131-061000-500307	Communication	2,000.00
TOTAL			2,100.00

	Account Number	Description	Amount
FROM	131-61000-500719	Office Equipment	42.89
	131-061000-500707	Building Improvements	112.55
	131-061000-500333	License	1,944.56
TOTAL			2,100.00

Explanation: Software-GPS Programming for Jeff Hatcher, Communications 6-Icom VHF radios for truck crews out of cell range.

Signature of Officer/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: Drug Task Force
Account: 054150

1700372

Type of Amendment: (check one)

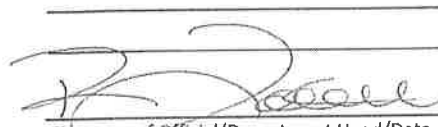
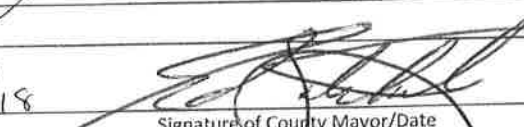
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☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

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

	Account Number	Description	Amount
TO	363-054150-500348-0	Postal Charges	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	363-054150-500336-0	Maint & Repair Serv - Equip	200.00
TOTAL			200.00

Explanation: To move money into needed account

 2/9/18  2-12-18

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

FY 17-18

Department: Sheriff

Account: 101-054210

POSTED

1700 3703

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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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	101-054210-500410-0	Custodial Supplies	30,200.00
TOTAL			30,200.00

	Account Number	Description	Amount
FROM	101-054210-500716-0	Law Enforcement Equipment	22,600.00 ✓
	101-054210-500356-0	Tuition	7,600.00 ✓
TOTAL			30,200.00

Explanation:

To place funds in needed acct.

James L. Berrong by J. Comer
 Signature of Official/Department Head/Date 2-7-18

[Signature] 2-8-18
 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
17003702

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	101-054110-500336-0	Maint & Repair Services - Equipment	4,700.00
	101-054110-500355-0	Travel	10,000.00
TOTAL			14,700.00

	Account Number	Description	Amount
FROM	101-054110-500334-0	Maintenance Agreements	4,700.00 ✓
	101-054110-500356-0	Tuition	10,000.00 ✓
TOTAL			14,700.00

Explanation:

Place money in account to pay for
unexpected equipment repair.
Move money from tuition to travel because
of higher travel costs.

James L. Benning by P. Comer
Signature of Official/Department Head/Date 2-7-18

Signature of County Mayor/Date 2-8-18

*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
1700 3699

FY 17-18

Department: MAINTENANCE

Account: 56800

Type of Amendment: (check one)


- ☒ **Transfer** (no overall change to adopted budget)
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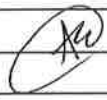
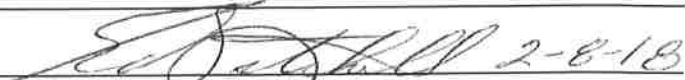
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-051800-500335	MAINT. & REPAIR SERV-BUILDINGS	4,000.00
TOTAL			4,000.00

	Account Number	Description	Amount
FROM	101-051800-500707	BUILDING IMPROVEMENTS	4,000.00
TOTAL			4,000.00

Explanation: TO COVER ANY UNKNOWN EXPENSES

 2/5/18
Signature of Official/Department Head/Date

  2-8-18
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 16-17

Department: Health 17003700
Account: 101-55110

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-55110-500335	Maint Repair Bldg.	\$400.00
	101-55110-500336	Maint Repair Equipment	\$600.00
TOTAL			\$1000.00 -0.00

	Account Number	Description	Amount
FROM	101-55110-500307	Communication	\$1000.00
TOTAL			\$1000.00 -0.00

Explanation:

New Fire monitoring system

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
17003644

Department: GPSF
Account: 141-71100

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

	Account Number	Description	Amount
TO			
	141-71100-356	Tuition	9,000.00
TOTAL			9,000.00

[illegible]

Transfer funds for tuition payment of \$25/student for dual enrollment credit classes through Pellissippi State CC.

Signature of County Mayor/Date

Approved By The
Board of Education
2-1-18

POSTED
17005643

Department: Human Resources

Type of Amendment: (check one)

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> 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	101-051310-500307	Communication	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	101-051310-500355	Travel	100.00
	101-051310-500356	Tuition	100.00
TOTAL			200.00

Explanation: to pay verizon bill for the reminder of the 17-18 fiscal year

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
17003646

Department: GPSF

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

2-1-18

POSTED
17003645

Department: GPSF
Account: 141-72620

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

	Account Number	Description	Amount
TO			
	141-72620-335	Maint & Repair - Bldgs	40,000.00
	141-72620-336	Maint & Rapair - Equip	60,000.00
		TOTAL	100,000.00

	Account Number	Description	Amount
FROM			
	141-72620-399	Other Contracted Services	100,000.00
TOTAL			100,000.00

May Logan 1-23-18
Signature of Official/Department Head/Date

Signature of County Mayor/Date 2-2-18

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

**Approved By The
Board of Education**

2-1-18

POSTED

17003642

Department: Circuit Judge

Type of Amendment: (check one)

<input checked="" type="checkbox"/> Transfer	(no overall change to adopted budget)
<input type="checkbox"/> Decrease	(reducing adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> Increase	(raising adopted budget due to unforeseen effect on "revenue" or "expense")
<input type="checkbox"/> 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	101-053110-500437	Periodicals	60.00
TOTAL			60.00

	Account Number	Description	Amount
FROM	101-053110-500499	Other Supplies & Materials	60.00
TOTAL			60.00

Explanation: Transfer to cover Daily Times electronic subscription to verify Grand Jury notices.

Jim Hatch 1/31/18
Signature of Official/Department Head/Date

Signature of County Mayor/Date 2-2-18

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