

Budget Amendment Request

FY 17-18

Department: Sheriff

Account: 054110

POSTED

17004470

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	101-054110-500355-0	Travel	5,500.00
TOTAL			5,500.00

	Account Number	Description	Amount
FROM	101-054110-500356-0	Tuition	4,000.00
	101-054110-500414-0	Duplicating Supplies	1,500.00
TOTAL			5,500.00

Explanation: To place funds in account to cover travel expenses



James Benong by Monica E. Smith 3-29-18

Signature of Official/Department Head/Date 3-28-18 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
7004469

Department: General Sessions Judges

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	101-053310-500161	Secretaries	15,000.00
TOTAL			15,000.00

	Account Number	Description	Amount
FROM	101-053310-500204	State Retirement	15,000.00
TOTAL			15,000.00

Explanation: **Monies to cover pay out for retiring employee.**

Signature of Official/Department Head/Date

2/28/18

Signature of County Mayor/Date

 City 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: 054110

POSTED

17004289

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	101-054110-500302-0	Advertising	350.00
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-054110-500331-0	Legal Services	350.00
TOTAL			0.00

Explanation: To place funds in proper account

James K. Benning by P. Benner
 Signature of Official/Department Head/Date 3-22-18

E. J. [Signature] 3-29-18
 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
17004413

FY 17-18

Department: Human Resources

Account: 101-051310

Type of Amendment: (check one)

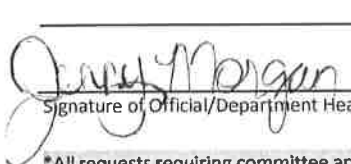
- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award"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


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

	Account Number	Description	Amount
TO	101-51310-500422	Food Supplies	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	101-51310-500356	Tuition	200.00
TOTAL			200.00

Explanation: • to purchase lunch for onsite Kronos training

 3/26/18
 Signature of Official/Department Head/Date

 3-29-18
 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

7004420

Department: Hwy

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	131-062000-500399	Other Contracts	16,413.00
TOTAL			16,413.00

	Account Number	Description	Amount
FROM	131-062000-500440	Pipe	16,413.00
TOTAL			16,413.00

Explanation: Project on Blockhouse completed with South Blount Utility

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
17004421

Department: JAIL

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	101-054210-500207-0	EMPLOYEE INSURANCE - HEALTH	50,000.00
TOTAL			50,000.00

	Account Number	Description	Amount
FROM	101-054210-500164-0	ATTENDANTS	50,000.00
TOTAL			50,000.00

Explanation:

TO COVER SHORTFALL IN ACCOUNT

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

17004422

Blount County Government
Budget Amendment Request

FY 17-18

Department: SHERIFF

Account: 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")

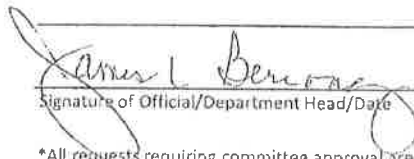
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-054110-500207-0	EMPLOYEE INSURANCE - HEALTH	120,000.00
TOTAL			120,000.00

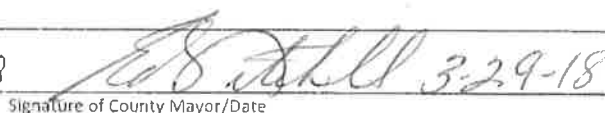
	Account Number	Description	Amount
FROM	101-054110-500109-0	CAPTAINS	120,000.00
TOTAL			120,000.00

Explanation: TO COVER SHORTFALL IN ACCOUNT




Signature of Official/Department Head/Date

3/27/18


Signature of County Mayor/Date

3-29-18

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

POSTED

17004423

Department: Hwy

Account: 62000

☒ **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
FROM	131-062000-500444	Sall	40,000.00
TOTAL			40,000.00

Explanation: To account for large amount of cold patch for potholes this 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
17004424

Department: GPSF

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			
	141-72610-410	Custodial Supplies	15,000.00
		TOTAL	15,000.00

	Account Number	Description	Amount
FROM			
	141-72610-166	Custodial Personnel	15,000.00
		TOTAL	15,000.00

Explanation:

Transfer funds for higher than expected custodial supplies due to manufacturing change in paper products available and materials costs for gym floor sealer/finish.

Tracy Logan 3-7-18
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.

*All requests requiring committee approval are due to Sr

Approved By The
Board of Education

3-27-18

POSTED
17004425


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			
	141-72620-338	Maintenance - Vehicles	5,000.00
TOTAL			5,000.00

	Account Number	Description	Amount
FROM			
	141-72620-499	Other Supplies & Materials	5,000.00
TOTAL			5,000.00

Transfer funds due to higher than expected vehicle maintenance and repair expenses.

 3-29-18
Signature of County Mayor/Date

Approved By The
Board of Education 3-27-18

POSTED
| 70044 26

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")

Approved By The
Board of Education 3-27-18

**Blount County Government
Budget Amendment Request**

POSTED
17004427

FY 17-18

Department: GPSF

Account: 141-71200

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			
	141-71200-429	Instructional Supplies	13,000.00
TOTAL			13,000.00

	Account Number	Description	Amount
FROM			
	141-71200-312	Contracts with Private Agencies	13,000.00
TOTAL			13,000.00

Explanation:

Transfer funds to purchase reading and math instructional supplies for SE students.

 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.

Approved By The
Board of Education 3-27-18

**Blount County Government
Budget Amendment Request**

POSTED
17004428

FY 17-18

Department: GPSF

Account: 141-72710

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*****

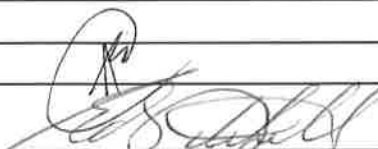
	Account Number	Description	Amount
TO			
	141-72710-313	Contracts with parents	1,600.00
TOTAL			1,600.00

	Account Number	Description	Amount
FROM			
	141-72710-338	Maintenance Repair Vehicles	1,600.00
TOTAL			1,600.00

Explanation:

Transfer funds for higher than expected mileage reimbursement for parents.

 3-8-18
 Signature of Official/Department Head/Date

 3-29-18
 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.

Approved By The
Board of Education 3-27-18

POSTED
17004429

Account: 141-72210

<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			
	141-72210-355	Travel	7,000.00
TOTAL			7,000.00

	Account Number	Description	Amount
FROM			
	141-72210-207	Employee Insurance Health	7,000.00
TOTAL			7,000.00

Signature of County Mayor/Date 3-29-18

Approved By The
Board of Education 3-27-18

**Blount County Government
Budget Amendment Request**

POSTED
17004430

FY 17-18

Department: GPSF
Account: 141-72250

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			
	141-72250-351	Rentals	340,000.00
TOTAL			340,000.00

	Account Number	Description	Amount
FROM			
	141-72250-330	Lease Payments	266,750.00
	141-72250-411	Data Processing Supplies	73,250.00
TOTAL			340,000.00

Explanation:

Transfer for year 1 of 3 rental of 4,200 chromebooks with 3 year advanced exchange warranty, 3 year Tennessee rental support help desk, web portal for repairs, and free shipping. Also, includes full license of LanSchool and 1 year support and maintenance. Each chromebook is \$80.64 per year rental.

Tracy Logan 3-20-18
Signature of Official/Department Head/Date

[Signature] 3-29-18
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.

Approved By The
Board of Education 3-27-18

POSTED
17004431


Account: 143-73100

<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			
	143-73100-334	Maintenance Agreements	700.00
TOTAL			700.00

	Account Number	Description	Amount
FROM			
	143-73100-399	Other Contracted Services	700.00
TOTAL			700.00

partment.

 3-29-18

Signature of County Mayor/Date

Approved By The
Board of Education 3-27-18

POSTED
17004285

Department: Purchasing

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	101-052200-500307	Communication	136.00
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-052200-500332	Legal Notices	136.00
TOTAL			0.00

Explanation: For monthly services for MiFi device through ~~6/30/18~~.

Theresa Johnson 3/19/18
Signature of Official/Department Head/Date

Signature of County Mayor/Date 3-21-18

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

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17004284

Department: GPSF

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			
	141-72210-207	Employee Insurance Health	7,000.00
TOTAL			7,000.00

Transfer funds for higher than expected local travel mileage reimbursement.

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
17004283

Department: Elections
Account: 101-51500

☒ **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	101-51500-500435	Office Supplies	2,500.00
TOTAL			2,500.00

	Account Number	Description	Amount
FROM	101-51500-500332	Legal Notices, Recording & Court Costs	2,500.00
TOTAL			2500

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

17204281

Department: Drug Task Force

Account: 363-054150

<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")

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

	Account Number	Description	Amount
FROM	363-054150-500336-0	Maint & Repair Services	350.00
		TOTAL	350.00

Explanation: General License Fee for Radioactive Material

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
17004260

Department: Library
Account: 115-056500

☒ **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			
	Account Number	Description	Amount
TO	115-056500-500355-0	Mileage/Travel	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	115-056500-500435	Office Supplies	500.00
TOTAL			500.00

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.

Please
Rush

74

POSTED
17004280

Department: Register of Deeds
Account: 51600

☒ **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	500399	Other Contracted Services	5,000.00
	500451	Office Uniform Attire	1,500.00
TOTAL			6,500.00

	Account Number	Description	Amount
FROM	500204	State Retirement	5,000.00
	500204	State Retirement	1,500.00
TOTAL			6,500.00

Explanation: (500399) Other Contracted Services \$5,000- Scan old Deed Books for Computer System. This will cover scanning approximately 17-18 books.

Warranty Deeds 79-96 Recording Dates 8/1913-9/1924.

(500451) Office Uniform Attire

Signature of Official/Department Head/Date 3/20/18

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

17004265

Department: Highway

$\frac{1}{2}$

☒ **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	131-99100-500590	Transfers to Other Funds	60,000.00
TOTAL			60,000.00

	Account Number	Description	Amount
FROM	131-68000-500714	Highway Equipment	60,000.00
TOTAL			60,000.00

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.

PUSIED

17004264



Department: Rabies/Animal Control/BCAC

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")

	Account Number	Description	Amount
TO	101-55120-500333	Licenses	200.00
TOTAL			0.00

	Account Number	Description	Amount
FROM	101-55120-500335	Maint and repairs-buildings	200.00
		TOTAL	0.00

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
17004-263

FY 17-18

Department: Property Assessor

Account: 101-052310

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	101-052310-500435	Office Supplies	500.00
TOTAL			500.00

	Account Number	Description	Amount
FROM	101-052310-500356	Tuition	500.00
TOTAL			500.00

Explanation: Minimal classes remaining for this fiscal year so moving funds from Tuition to Office Supplies where it
will be more useful

J. Hall 3-14-18
Signature of Official/Department Head/Date

E. B. Hall 3-19-18
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
[7004262]

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")
☐ **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	101-51310-500355	Travel	26.59
TOTAL			26.59

	Account Number	Description	Amount
FROM	101-51310-500333	Licenses	26.59
TOTAL			26.59

Explanation: to get travel out of the negative



Jenny L. Morgan 3/15/18
Signature of Official/Department Head/Date

[Signature] 3-19-18
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
17004261

FY 17-18

Department: Juvenile Court

Account: 101-053500

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")

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

	Account Number	Description	Amount
TO	101-053500-500340	Mental Health Assessments	3,750.00

TOTAL 3750.00

	Account Number	Description	Amount
FROM	101-053500-500499		1,875.00
	101-053500-500599		1,875.00

TOTAL 3750.00

Explanation:

Transfer for more Mental Health Evals.

3/12/18

3/12/18

3-19-18

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.

**Blount County Government
Budget Amendment Request**

17004216

FY 17-18

Department: Drug Task Force

Account: 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")

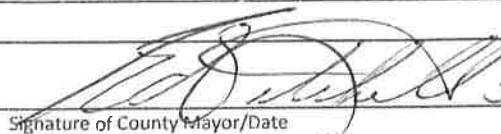
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	363-054150-500356-0	Tuition	370.00
TOTAL			370.00

	Account Number	Description	Amount
FROM	363-054150-500355-0	Travel	370.00
TOTAL			370.00

Explanation: to pay for tuition for NATIA

 03-12-18
 Signature of Official/Department Head/Date

 3-13-18
 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.

**Broward 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")


17004215

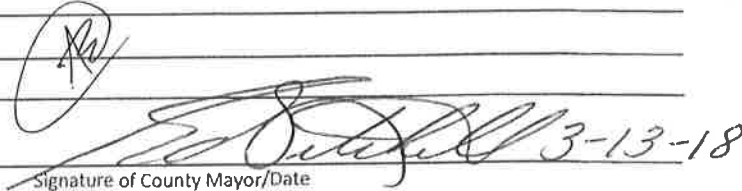
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	363-054150-500334-0	Maintenance Agreements	100.00
TOTAL			100.00

	Account Number	Description	Amount
FROM	363-054150-500336-0	Maint & Repair-Equip	100.00
TOTAL			100.00

Explanation: To pay for recurring video monitoring of 2 Nest cameras

 3-13-18
 Signature of Official/Department Head/Date

 3-13-18
 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

FY 17-18

Department: Library
Account: 115

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")

17004214

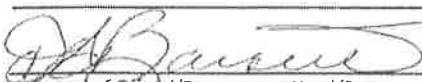
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****


	Account Number	Description	Amount
TO	115-056900-500421	Equipment Supplies - Food Prep	360.00
TOTAL			360.00

	Account Number	Description	Amount
FROM	115-056900-500422-0	Food Supplies	360.00
TOTAL			360.00

Explanation: move in line w/COA

3/13/18


Signature of Official/Department Head/Date

 3-13-18
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

FY 17-18

Department: Maintenance

Account: 10-051800

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

17004113

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

	Account Number	Description	Amount
TO	101-051800-500307	communication	556.40
TOTAL			556.40

A+


	Account Number	Description	Amount
FROM	101-051800-500356	tuition	556.40
TOTAL			556.40

A-

Explanation: to cover invoice for radio fees

 3-8-18

Signature of Official/Department Head/Date

 3-9-18

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

Department: VETERANS

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") |

17004112

	Account Number	Description	Amount
TO	355	TRAVEL	200.00
TOTAL			200.00

A +

	Account Number	Description	Amount
FROM	414	DUPLICATING	200.00
TOTAL			200.00

A-

Signature of Official/Department Head/Date 3/9/18 Signature of County Mayor/Date 3-9-18

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

POSTED

Account: 101

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

17004111

	Account Number	Description	Amount
TO	101-053120-500312	Contracts with Private Agencies	4.00
	101-053120-500399	Other Contracted Services	22.00
TOTAL			26.00

At

	Account Number	Description	Amount
FROM	101-053120-500320	Dues and Memberships	4.00
	101-053120-500599	Other Charges	22.00
TOTAL			26.00

A-

Jamro Walker 3/9/18
Signature of Official/Department Head/Date

Signature of County Mayor/Date

Signature of County Mayor/Date

POSTED

Account: 101-052500

<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")

17004110

	Account Number	Description	Amount
TO	101-052500-500118-0	Secretary to the Commission	8,646.39
TOTAL			0.00

Ax

	Account Number	Description	Amount
FROM	101-052500-500204-0	State Retirement	8,646.39
TOTAL			0.00

A ✓

12

Signature of Official/Department Head/Date

3-8-18

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.

POSTED
17004093

Department: 051300

☒ **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")

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

POSTED

Department: Maintenance

17004067

*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
17004066

FY 17-18

Department: Maintenance
Account: _____

Type of Amendment: (check one)

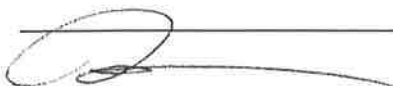

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award"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

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

	Account Number	Description	Amount
TO	101-051800-500330	Lease payments	190.50
TOTAL			190.50

	Account Number	Description	Amount
FROM	101-051800-500334	Maintenance Agreements	190.50
TOTAL			190.50

Explanation: to cover Enterprise lease


3/6/18

3-6-18

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
17004065

Department: GPSF

Type of Amendment: (check one)

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

Approved By The
Board of Education
3-1-18

POSTED
17004064

Department: GPSF
Account: 141-72310

<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			
	141-72310-331	Legal Fees	20,000.00
		TOTAL	20,000.00

	Account Number	Description	Amount
FROM			
	141-72310-189	Other Wages	20,000.00
		TOTAL	20,000.00

Transfer funds due to higher than expected legal fees, primarily related to the mixed drink tax litigation.

Signature of County Mayor/Date

Approved By The
Board of Education

3-1-18

POSTED
1700403

Department: Drug Task Force

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")

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

	Account Number	Description	Amount
FROM	363-054150-500333-0	Licenses	20.00
		TOTAL	20.00

Explanation: To pay membership fee for NATIA

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: Other Boards & Committees

Account: 051240

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")

17004/028


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

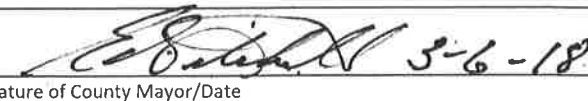
	Account Number	Description	Amount
TO	101-051240-500422	Food Supplies	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	101-051240-500599	Other Charges	200.00
TOTAL			200.00

Explanation:

meals for committee meetings

 3/5/18
Signature of Official/Department Head/Date

 3-6-18
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.

17004029

Department: Mayor

*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: 051800

17004059

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	101-051800-500167	Maintenance Personnel	7,000.00
TOTAL			7000.00

	Account Number	Description	Amount
FROM	101-051800-500169	Part-time Personnel	7,000.00
TOTAL			7000.00

Explanation: to cover time to 40 hours and for pay increase



 3/6/18
Signature of Official/Department Head/Date

 3-6-18
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
17003982

FY 17-18

Department: RECOVERY COURT

Account: 053200-00128

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")

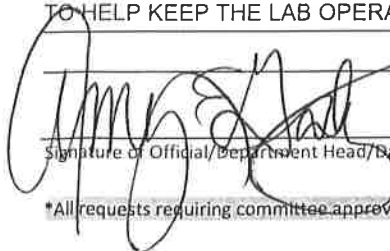
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

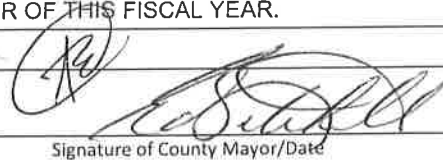
	Account Number	Description	Amount
TO	500413	DRUGS AND MEDICAL SUPPLIES	3,000.00
	500413	DRUGS AND MEDICAL SUPPLIES	3,000.00
TOTAL			6000.00

7 \$6K

	Account Number	Description	Amount
FROM	500355	TRAVEL	3,000.00
	500429	INSTRUCTIONAL SUPPLIES & MATERIALS	3,000.00
TOTAL			6000.00

Explanation: MONEY BUDGETED TO PURCHASE SUPPLIES TO OPERATE DRUG SCREEN LAB IS DEPLETED.
 THIS TRANSFER IS TO MOVE MONEY THAT MAY NOT BE NEEDED FOR TRAVEL AND INSTRUCTIONAL SUPPLIES TO 500413
 TO HELP KEEP THE LAB OPERATING THE REMAINDER OF THIS FISCAL YEAR.

 2/27/18
 Signature of Official/Department Head/Date

 3-2-18
 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
17003981

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	115-056500-500333-0	Licenses	250.00
TOTAL			250.00

	Account Number	Description	Amount
FROM	115-056500-500435-0	Office Supplies	250 -245.00
TOTAL			250 -245.00

Explanation: move in line w/COA

2/27/18

Signature of Official/Department Head/Date

Signature of County Mayor/Date

3-2-18

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

Blount County Government
Budget Amendment Request

POSTED
17004030

FY 17-18

Department: County Trustee

Account: 52400

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	101-052400-500320-0	Dues & Memberships	40.00
	101-052400-500355-0	Travel	460.00
	101-052400-500356-0	Tuition	100.00
	101-052400-500435-0	Office Supplies	200.00
	101-052400-500709-0	Data Processing Equipment	2,000.00
TOTAL			2,800.00

	Account Number	Description	Amount
FROM	101-052400-500168-0	Temporary Personnel	2,800.00
TOTAL			2,800.00

Explanation:

This transfer will eliminate small shortages in some accounts and also replace scanners that are approximately 10 years old.

 2/27/18
Signature of Official/Department Head/Date

 3-2-18
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
7064032

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"/> Reversal | (correction to adopted budget due to "grant award" or "budgetary adjustment") |

	Account Number	Description	Amount
TO	263-58900-500506	liability insurance	511.50
TOTAL			511.50

	Account Number	Description	Amount
FROM	263-58900-500599	other	511.50
TOTAL			511.50

Explanation: to pay Cate Russell invoice

 2-28-18

 3-2-18

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