

**Blount County Government
Budget Amendment Request**

PCSTED
18003057

FY 18-19

Department: Hwy

Account: 131-062000

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	131-062000-500399	Other contracted services	50,000.00
TOTAL			50,000.00

	Account Number	Description	Amount
FROM	131-062000-500404	Asphalt	50,000.00
TOTAL			50,000.00

Explanation: Striping and guardrail repair due to increased paving.

 Signature of Official/Department Head/Date 12/19/18 12-21-18
 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 18-19

Department: EMA

Account: 54410

POSTED
800 3020

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	101-54410-500 420	Food Supplies	\$1,000.00
TOTAL			\$1,000.00

	Account Number	Description	Amount
FROM	101-54410-500399-0	Other Contracted Services	\$1,000.00
TOTAL			\$1,000.00

Explanation:

upcoming meetings

Janice O'Connell 12-17-18
Signature of Official/Department Head/Date

Ed Sheehan 12-21-18
Signature of County Mayor/Date

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FY 18-19

Department: Recovery CourtAccount: 053200**PCSTED**18003034

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	101-053200-500422-00128	Food Supplies	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	101-053200-500435-00128	Office Supplies	200.00
TOTAL			200.00

Explanation: Transfer of funds to Food Supplies line to purchase salad for dinner being hosted by the Blount Co
library for Blount Co Recovery Court participants December 17, 2018.

 12/17/18
 Signature of Official/Department Head/Date

 12-21-18
 Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

POSTED
18003058

FY 18-19

Department: 115

Account: 056500

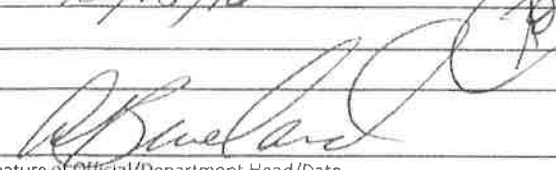
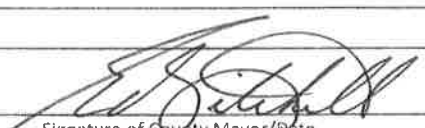
Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
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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	115-056500-500471	Software	1,080.00
TOTAL			1,080.00

	Account Number	Description	Amount
FROM	115-056500-500399	Other Contracted Services	1,080.00
TOTAL			1,080.00

Explanation: Move in line with COA - *Copira Technologies, Inc.*
12/18/18

 Signature of Official/Department Head/Date
 *12-21-18*
 Signature of County Mayor/Date

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POSTED
(8002925

Department: Drug Task Force
Account: 363-054150

☒ **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")

	Account Number	Description	Amount
TO	363-054150-500431-0	Law Enforcement Supplies	500.00
TOTAL			500.00

Explanation: To purchase Law Enforcement supplies

(K)

Don J. Hall 12-12-2018

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
1800 2861

Department: Schools

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	142-072130-500499-71901	Other Supplies/Materials	-10,000.00
	142-072130-500524-71901	InService/Staff Dev	-53,415.46
	142-072210-500429-71901	Instructional Supplies	-1,000.00
TOTAL			-64,415.46

Explanation: To adjust FY18 budget to align with state-approved grant funding




Signature of Official/Department Head/Date
 Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

POSTED
18002867

FY 18-19

Department: GPSF
Account: 141-72620

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			
	141-72620-799	<i>other capital outlay</i>	40,500.00
TOTAL			40,500.00

	Account Number	Description	Amount
FROM			
	141-72620-201	Social Security	1,000.00
	141-72620-204	State Retirement	5,000.00
	141-72620-207	Health Insurance	9,000.00
	141-72620-418	Equipment & Machinery Parts	8,100.00
	141-72620-707	Building Improvements	12,400.00
	141-72620-712	HVAC	5,000.00
TOTAL			40,500.00

Explanation: Transfer funds for repair and/or replace various components on existing playground equipment.

(Signature)

Tracy Logan 11-27-18

Signature of Official/Department Head/Date

E. B. Smith 12-10-18

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**
12-6-18

POSTED
800 2868

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

12-6-18

**Blount County Government
Budget Amendment Request**

FY 18-19

Department: Elections
Account: 51500

POSTED
18002866


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

	Account Number	Description	Amount
TO	101-51500-500348	Postal Charges	3,000.00
TOTAL			3,000.00

	Account Number	Description	Amount
FROM	101-51500-500333	Licenses	3,000.00
TOTAL			3,000.00

Explanation: Funds needed for remainder of fiscal year. 

Susan Knopf 12/10/18 [Signature] 12-10-18
 Signature of Official/Department Head/Date Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

POSTED
8002845

FY 18-19

Department: County Clerks Office
Account: 052500

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	101-052500-500320	DUES & MEMBERSHIPS	83.00
TOTAL			83.00

	Account Number	Description	Amount
FROM	101-052500-500435	OFFICE SUPPLIES	83.00
TOTAL			83.00

Explanation: For 2019 County Clerk Dues

Gaye Hasty 12-5-18 [Signature] 12-6-18
 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.

Budget Amendment Request

FY 18-19

Department: 54410

Account: Civil Defense

POSTED
18002818

Type of Amendment: (check one)

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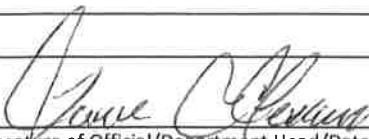
IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form

	Account Number	Description	Amount
TO	101-54410 - 500499		\$2,400.00
	"Other Supplies & Materials" →		
TOTAL			2,400

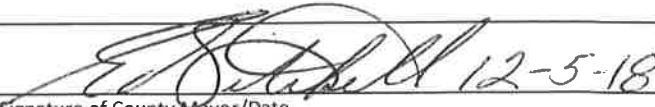
	Account Number	Description	Amount
FROM	101-54410 - 500399		2,400
	"Other Contracted Services" →		
TOTAL			2,400

Explanation:

Moving funds to cover cost of new triped system to be assigned to Townsend Area Volunteer Fire Department


Signature of Official/Department Head/Date

12/5/18


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
1800 2817

Account: 101-058300

<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	711	FURNITURE & FIXTURES	1,000.00
TOTAL			1,000.00

	Account Number	Description	Amount
FROM	508	PREMIUM ON CORPORATE SURETY BONDS	100.00
	356	TUITION	300.00
	414	DUPLICATING SUPPLIES	600.00
		TOTAL	1,000.00

Signature of Official/Department Head/Date Signature of County Mayor/Date

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**Blount County Government
Budget Amendment Request**

POSTED
18002816

FY 18-19

Department: VETERANS

Account: 101-058300

Type of Amendment: (check one)

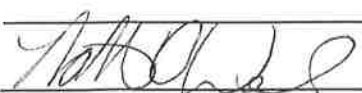
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*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	334	MAINTENANCE AGREEMENTS	200.00
TOTAL			200.00

	Account Number	Description	Amount
FROM	425	GASOLINE	200.00
TOTAL			200.00

Explanation: SHRED IT STANDARD CONTAINER SERVICE DECEMBER THRU JUNE 2018.

 12/3/18
 Signature of Official/Department Head/Date

 12-5-18
 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
18002815

FY 18-19

Department: Mayor
Account: 51300

Type of Amendment: (check one)


- ☒ **Transfer** (no overall change to adopted budget)
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☐ **Correction** (correction to adopted budget due to "grant award" or "budgetary adjustment")

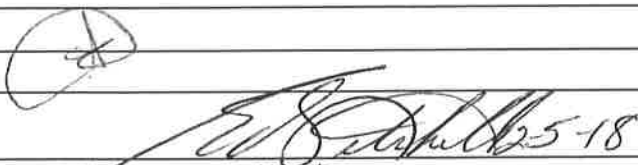
*****IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*****

	Account Number	Description	Amount
TO	101-051300-500599	Other Charges	100.00
TOTAL			100.00

	Account Number	Description	Amount
FROM	101-051300-500425	Gasoline	100.00
TOTAL			100.00

Explanation: For notary insurance bond: Alicia Bailey; renewal: Amy Cowden

 12/3/18
 Signature of Official/Department Head/Date

 12-5-18
 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.**

**County Government
Budget Amendment Request**

FY 18-19

Department: Hwy
Account: 131

POSTED

18002785

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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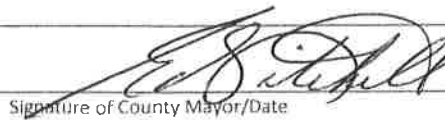
	Account Number	Description	Amount
TO	131-061000-500435	Office Supplies	1,000.00
	-500410	Custodial Supplies	1,000.00
	-500707	Building Improvements	8,426.00
TOTAL			10,426.00

	Account Number	Description	Amount
FROM	131-061000-500307	Communications	8,000.00
	-500719	Office Equipment	2,426.00
TOTAL			10,426.00

Explanation: Move money into correct accounts. Communication upgrade was overestimated and office equipment will not be purchased at this time.



 12/5/18
Signature of Official/Department Head/Date

 12-5-18
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
1800 2618

Account: 142-72210-xxx-61904

<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			
	142-72210-315-61904	Contracts with Vehicle Owners	4,000.00
	142-72210-369-61904	Contracts Substitute Teachers	1,867.00
	142-72210-524-61904	In-service Professional Development	900.00
TOTAL			6,767.00

	Account Number	Description	Amount
FROM			
	142-72210-429-61904	Instructional Supplies	2,267.00
	142-72210-471-61904	Software	4,500.00
TOTAL			6,767.00

Signature of County Mayor /Date

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**Blount County Government
Budget Amendment Request**

FY 18-19

Department: Fund 264

Account: _____

POSTED
18002807

Type of Amendment: (check one)

- ☒ **Transfer** (no overall change to adopted budget)
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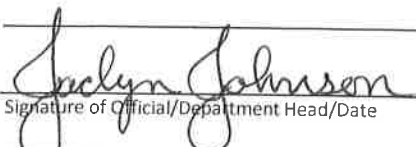
	Account Number	Description	Amount
TO	264-58600-500530	Fines, Assessments, and Penalties	4,040.00
TOTAL			4,040.00


	Account Number	Description	Amount
FROM	264-58600-500507	Medical Claims	4,040.00
TOTAL			4,040.00

Explanation:

Payment for 2016 filing of
form 720.

(12)


Signature of Official/Department Head/Date

 12-5-18
Signature of County Mayor/Date

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