

FY 19-20

Type of Amendment: (check one)

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

Explanation: Our portion for Local Govt. Participation in the Electronic Monitoring Indigency Fund

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.