WEBB COUNTY REQUEST FOR BUDGET APPROPRIATION TRANSFER OR SUPPLEMENTAL BUDGET

| NSTRUCTIONS: ILL budget appropriation transfer and supplemental bu pproval for court agenda. Please submit the signed form f award, proof of receipt of additional revenue and/or ot | n to the Auditor's Office for review along with copy of ther backup to support this request for our review. Sl | grant award, terms hould pre-approval | |
|---|---|--|--|
| e granted, the Department will be notified and Auditor's | Office will upload the signed form as part of the prop | oosed agenda item. | |
| genda items will be between Auditor's Office sponsored | | | |
| tequesting Department : Community Action Agency | Date of Request: 10/11/2018 | | |
| Request Type (check one): Departmental Line Item Transfer | Supplemental Budget (Check if new unbudgeted revenue / exp | oenditure) | |
| (Check if transfer within existing budget) | L (order | , | |
| ransfer From / Supplemental Revenue: Account Number | Account Name | Amount | |
| 2362-5360-521-463802 | Household Crisis | \$400,000.00 | |
| | | | |
| | | | |
| | TOTAL | \$400,000.00 | |
| Transfer To / Supplemental Expenditure Accounts: | Account Name | Amount | |
| Account Number 2362-5360-521-463804 | Utility Assistance | \$400,000.00 | |
| | | | |
| | TOTAL | \$400,000.00 | |
| Justification for Request: Increase budget to cover current and future grant expe | nditures. | | |
| Approved by Department Signing Authority: Javier Ramirez/Executive Director Print Name/Title | January Signature | > | |
| Recommended by County | AUDITOR'S USE ONLY | | |
| Auditor's Office: | Date: | | |
| FOR BU | UDGET OFFICE USE ONLY Agenda | | |
| | UDGET OFFICE USE ONLY | | |

Form BA 01 - April 2018

Commissioners Court Meeting

Meeting Date: 10/22/2018

Submitted for: Maricela Benavides

Department: Community Action Agency

Prepared by: Maricela Benavides

Subject:

Discussion and possible action to approve the following grants budget amendment (s) (line item transfer) and any other matters incident thereto.

| | Acct. Number | Acct. Name | Adopted | Request | Current | End Bal. |
|-------|----------------------|-----------------------|--------------|--------------|--------------|--------------|
| From: | 2362-5360-521-463802 | Household Crisis | \$681,465.00 | \$400,000.00 | \$660,324.27 | \$260,324.27 |
| То: | 2362-5360-521-463804 | Utility Assistance | \$681,465.00 | \$400,000.00 | \$106,177.77 | \$506,177.77 |

Issue: Increase budget to cover current and future grant expenditures.

Solution: Appropriate expenditures to be used for the purpose of program expenditures.

Result: There will be sufficent funds in all budget line items.

Fiscal Impact

Budget Account Number: N/A

Funding Source:

N/A

Balance:

N/A

Financial Impact:

There will be no impact to the General Fund.