## MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/17/2025
Data

TO:	MARION COUNTY	BOARD OF COUNTY COMMISSIONERS	l	Date
FROM:	Katrir	na Neumann, Budget / Finance Commander		
	(Name and Title of D	repartment / Agency Head or Authorized Representative)	_	
Requesting th	e following transfer of f	unds within the		
	0010	GENERAL FUND	7	
SOURCES O	Fund Number F FUNDS:	Fund Name		
Cost Center	Account Number	Cost Center Name	AN	MOUNT
117	334232	Account Name SHERIFF EMERGENCY MGMT TR HAZARD ANALYSIS GRANT PROGRAM	\$	2,091
		TOTAL	\$	2,091
USES OF FU	NDS:	O and O and an Marria		
Cost Center	Account Number	Cost Center Name Account Name	AM	MOUNT
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$	2,091
		TOTAL	\$	2,091
PURPOSE O	F REQUEST:			
Requesting l received.	back FY 24/25 Hazma	at grant funds. These funds will be reimbursed to the BOCC as	s they a	re
		d in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedules may be shortened due to the holidays or other scheduling conflicts.	ed Tuesda	y meetings of
Sheriff	Office Reference Numl	per: EM#1		