MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/20/2025	
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TO:	MARION COU	NTY BOARD OF COUNTY COMMISSIONERS	ı	Date
FROM:	K	atrina Neumann, Budget / Finance Commander		
	(Name and Title	of Department / Agency Head or Authorized Representative)	•	
Requesting th	ne following transfe	r of funds within the		
	0010	GENERAL FUND	Ī	
	Fund Number	Fund Name	1	
SOURCES O	F FUNDS:			
Cost Center	Account Number	Cost Center Name Account Name	AM	OUNT
117	334232	SHERIFF EMERGENCY MGMT TR HAZARD ANALYSIS GRANT PROGRAM	\$	2,254
		TOTAL	\$	2,254
USES OF FU	NDS:	Cost Center Name		
Cost Center	Account Number	Account Name	AMOUNT	
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$	2,254
		TOTAL	\$	2,254
PURPOSE O	F REQUEST:			
		s to add funds from the FY 25/26 Hazard Analysis Grant Program to funds will be reimbursed to the BOCC as they are received.	o the E	mergency
		ceived in the Budget Office before 10:00 A.M. on the Monday preceding regularly schedule adlines may be shortened due to the holidays or other scheduling conflicts.	d Tuesda	y meetings of
Sheriff	Office Reference N	Jumher : FM #5		