MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/25/2024

Date

TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS

FROM:

Katrina Neumann, Budget / Finance Commander

(Name and Title of Department / Agency Head or Authorized Representative)

Requesting the following transfer of funds within the

0010	GENERAL FUND
Fund Number	Fund Name

SOURCES OF FUNDS:

SOURCES O	F FUNDS:				
Cost Center	Account Number	Cost Center Name Account Name	A	AMOUNT	
116	331248	SHERIFF JAIL - TRANSFER ST CRIMINAL ALIEN ASSIST	\$	174,737	
		TOTAL	\$	174,737	

USES OF FU	NDS:				
Cost Center	Account Number	Cost Center Name Account Name	A	AMOUNT	
116	530101	SHERIFF JAIL - TRANSFER OPERATING EXPENSES - MCSD	\$	174,737	
		TOTAL	\$	174,737	

PURPOSE OF REQUEST:

Requesting back FY 23/24 SCAAP grant funds. These funds will be reimbursed to the BOCC as they are received.

Budget amendment requests must be received in the Budget Office before 10:00 A.M. on the Monday preceding regularly scheduled Tuesday meetings of the Board of County Commissioners. Deadlines may be shortened due to the holidays or other scheduling conflicts.

Sheriff Office Reference Number :	Jail #2
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