

MARION COUNTY BOARD OF COUNTY COMMISSIONERS BUDGET AMENDMENT REQUEST FORM

10/29/2024

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:

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	334232	SHERIFF EMERGENCY MGMT TR HAZARD ANALYSIS GRANT PROGRAM	\$ 1,929
TOTAL			\$ 1,929

USES OF FUNDS:

Cost Center	Account Number	Cost Center Name Account Name	AMOUNT
117	530101	SHERIFF EMERGENCY MGMT TR OPERATING EXPENSES - MCSD	\$ 1,929
TOTAL			\$ 1,929

PURPOSE OF REQUEST:

The purpose of this request is to add funds from the 24/25 Hazard Analysis Grant program to the EM Budget. 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 :	EM #4
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