

## Resolution Adopting FY 10 Budget Amendment (Funding) Number 10 - XX

Approval Type <input checked="" type="radio"/> Legislative <input type="radio"/> Administrative		Amendment Type <input type="radio"/> Transfer <input checked="" type="radio"/> Changes Size of Co. Budget	
Authorized Positions Amendment Prepared <input type="radio"/> Yes <input checked="" type="radio"/> No		CIP Change <input type="radio"/> Yes <input checked="" type="radio"/> No	
Date: _____		Requesting Dept: _____	
Purpose of Amendment:		ID No. of Authorized Positions Amendment: _____	
		Contact: _____	

Changes in Sources								
Fund		Function		Department		Object Account		Amount
No.	Name	No.	Name	No.	Name	No.	Name	
								Total: \$ -
Impact: _____								

Changes in Uses								
Fund		Function		Department		Object Account		Amount
No.	Name	No.	Name	No.	Name	No.	Name	
								Total: \$ -
Impact: _____								

**Approvals (Initials/Date)**

BOS (date only): \_\_\_\_\_
OMB: \_\_\_\_\_
Trans. Out Dept: \_\_\_\_\_

CAO: \_\_\_\_\_
FIN: \_\_\_\_\_
Trans In Dept: \_\_\_\_\_

### LEGISLATIVE BUDGET AMENDMENT - FUNDING

**Header:** Obtain the budget amendment number from the Office of Management & Budget (OMB). Include "Resolution Adopting" at the beginning of the header

**Approval Type:** Choose "Legislative"

**Amendment Type:** Choose the appropriate type. (Transfer=moving current funds around, Changes Size of County Budget=getting additional or losing current funds (e.g.

**Authorized Positions Amendment Prepared:** Indicate whether a corresponding position budget amendment has been prepared

**ID No. of Authorized Positions Amendment:** Indicate the number of the corresponding position budget amendment, if there is none put N/A.

**CIP Change:** Indicate whether this amendment changes any Capital Improvement projects (CIP). If it does, please contact OMB to see if a Project Revision form is needed.

**Date:** Indicate the date the Board of Supervisors meeting will be held.

**Contact:** Please list the person to contact with questions

**Purpose of Amendment:** Explain the purpose of the amendment (see sample for wording)

**Changes in Sources:** Complete all information (including object account). Increases are (NEGATIVE) and decreases are POSITIVE.

In the Impact section, explain the impact (see sample for wording)

**Changes in Uses:** Complete all sections (including object account). Increases are POSITIVE and decreases are (NEGATIVE) In the Impact

section, explain the impact (see sample for wording). If there are changes to the salaries & wages object account, please use the

Impact section to indicate whether FTEs are affected. If a CIP project is affected, please list the project number.

**General:** This form should be prepared using Microsoft Excel.

Please use the Excel sum formula for the Totals.

Changes in Sources and Changes in Uses should combine to equal zero -or- if only either Sources or Uses is changing - it should individually add up to zero.

To transfer EXISTING budget authority between Personnel, Supplies & Services, and/or Capital Outlay object accounts

in the same fund, only the Changes in Uses section is used.

If more than 1 page is needed, please put Page 1 of x & Page 2 of x, etc. at the bottom of the applicable pages.

Initials and dates are not needed.

Attach the budget amendment to the applicable agenda item in Agenda Quick.

Refer to BOS Resolution No. 06-35 for the policy on Legislative vs. Administrative approval:

[http://www.co.yuma.az.us/admin/PDF/POL-BudAdmin\\_PostnCntrl\\_061206.pdf](http://www.co.yuma.az.us/admin/PDF/POL-BudAdmin_PostnCntrl_061206.pdf)

Grant Management Policy Link:

<http://www.co.yuma.az.us/admin/PDF/POL-GrantMgmt.pdf>

Administrative Procedures Link:

<http://www.co.yuma.az.us/admin/PDF/AdminProc-BudAuthorityChanges.pdf>