UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST Please type in the green boxes. Name of the Person submitting the request: Shane Kunze 44599 **Telephone Extension:** REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be changed) **REQUESTED FUND CENTER ACCOUNT PROGRAM PROJECT CURRENT Change BUDGET** XXXX**XXXXXX XXXXXX XXXX XXXXXX** (Rounded Up to \$10) Account 1 0001 100200 3811045 1009 0000000 0 120,600 Account 2 Account 3 **Account 4 Account 5** Account 6 **Account 7 Account 8** Account 9 Account 10 **Total** 0 120,600 **EXPENDITURE: Appropriation (Accounts & Amount to be changed) REQUESTED FUND CENTER ACCOUNT PROGRAM PROJECT CURRENT Change XXXXXX BUDGET XXXX** XXXXXX XXXX **XXXXXXX** (Rounded Up to \$10) 642110 5310001 7005 006011A 900,000 Account 1 1045 -120,600 1045 114300 5910001 1009 0000000 Account 2 120,600 0 1823 0000000 120,600 **Account 3** 0001 342110 5120001 4,129,510 **Account 4** 0001 342110 5120001 1823 0000000 4,129,510 -120,600 **Account 5** 0001 114100 5996010 1008 0000000 75,290,600 120,600 Account 6 **Account 7 Account 8** Account 9 Account 10 84,449,620 **Total** 120,600 **Budget Amendment Questions:** Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A. 1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided. The revenue of \$120,600 to be received by the General Fund is revenue replacement from an American Rescue Plan Act (ARPA) Fund transfer to support Safety and Emergency Services (SES) Personnel Services. \$120,600 will be realigned from SES General Fund to General Fund Reserves for future needs. 2. Have funds from this source been received before? If yes, indicate when they were last received. Yes, transfers from the APRA Fund to the General Fund have occurred previously in 2023 and 2024. 3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved. No 4. Is the program/activity for which the unanticiped funds or grant award already appropriated within the Adopted **Budget?** Yes

PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS. IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.

5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.
N/A
6. Is the grant a reimbursement grant?
N/A
7. What is the total time period of the grant? Include start and end dates.
N/A
8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.
N/A
9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.
N/A
10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.
N/A
11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).
N/A
12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been (Type name of Director and date approved)
Auria Oliver - 11/25/2024