

FY 2019 Budget Amendment Request Form

Date: November 14, 2018

Department: Commonwealth Attorney's Office – Victim/Witness Program

Contact person: Kathy Settle

Phone #: 507-7675

Explanation of need for budget amendment: Spotsylvania County received \$260,253 in Victim Witness funding versus the \$255,150 that was anticipated with the adoption of the FY 2019 budget. The Commonwealth Attorney's Office requests to appropriate the additional \$5,103 to supplement the Victim Witness program budget as these funds cannot be used to supplant local funds. The Commonwealth Attorney's Office wishes to allocate the additional funding for the Victim/Witness program as follows disability insurance for \$720, language line interpretive services for \$100, mileage for \$858, subsistence and lodging for \$512, education and training for \$1,000, memberships for \$100, and office supplies for \$1,813. There is no local match required and all funds must be expended by June 30, 2019.

Reminder: Agenda item summary must be attached if BOS approval is required.

Revenue Accounts Adjusted		Amount	
Acct #	110-0000-333.01-51 Federal Grant VW Funds	\$	3,827
Acct #	110-0000-324.04-51 State Grant VW Funds	\$	1,276
	Total Revenue Adjustment	\$	5,103

Expenditure Accounts Adjusted		Amount	
Acct #	110-2190-412.24-01 Personnel/Disability	\$	720
Acct #	110-2190-412.31-90 Professional Services	\$	100
Acct #	110-2190-412.55-10 Mileage	\$	858
Acct #	110-2190-412.55-30 Subsistence and Lodging	\$	512
Acct #	110-2190-412.55-40 Education and Training	\$	1,000
Acct #	110-2190-412.58-10 Dues and Associations	\$	100
Acct #	110-2190-412.60-01 Office Supplies	\$	1,813
	Total Expenditure Adjustment	\$	5,103

Note: If amendment is between expenditure accounts only, net impact must be zero.

Position FTE Change		
Position Title	Existing FTE	Adjusted FTE

Transfer requests must be signed by the requestor(s). In the case of transfers between departments or capital projects, the transfer request must be signed by the director of each affected department, or by the project manager of each affected capital project. A typed signature will be accepted.

Name, Department

Name, Department

Recommendations

Budget: ☒ recommended ☐ not-recommended

Explanation if not recommended:

County Admin: ☒ recommended ☐ not-recommended

Explanation if not recommended:

Finance Committee: ☒ recommended ☐ not-recommended

Explanation if not recommended:
