

FY 2019 Budget Amendment Request Form

Date: January 9, 2019

Department: Sheriff's Office

Contact person: Sgt Lockard

Phone #:

Explanation of need for budget amendment: As the administrative agency for the U.S. Department of Transportation Federal Highway Safety Funds, the Virginia Department of Motor Vehicles (DMV) issued a grant award totaling \$52,200 for the Spotsylvania County Sheriff's Office, which was appropriated to meet strategic highway safety goals related to selective enforcement for speed for the federal fiscal year 2018 (October 1, 2017 through September 30, 2018). These funds were utilized to provide overtime hours of selective enforcement for speed on primary or secondary roadways.

As part of the County's annual carry forward process, the remaining grant balance of \$9,575 was carried over into FY 2019. In the last quarter of this grant award period, \$4,605 was utilized. Selective enforcement activities for the grant were partially restricted to days and times coinciding with those periods when these incidents most frequently occurred in the past. The Sheriff's Office is requesting to de-appropriate the remaining \$4,970 in grant funds as the grant award has expired and no additional grant funds can be obligated or expended.

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

Revenue Accounts Adjusted		Amount	
Acct #	110-0000-333-01-14	\$	(4,970)
	Total Revenue Adjustment	\$	(4,970)

Expenditure Accounts Adjusted		Amount	
Acct #	110-3160-421-12-01 Compensation/Overtime	\$	(3,370)
Acct #	110-3160-421-55-30 SH18SP Travel/Subsistence and Lodging	\$	(1,600)
Acct #		\$	
Acct #		\$	
	Total Expenditure Adjustment	\$	(4,970)

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:
