FY 2019 Budget Amendment Request Form

Date: January 8, 2019

Department: Sheriff's Office

Name, Department

Contact person: Captain Carey Phone #:

Explanation of need for budget amendment: As a non-licensed EMS agency, the Sheriff's Office submitted a grant application requesting \$5,450 in Rescue Squad Assistance grant funds to purchase five new Lifepak 1000 AED kits. This project will allow the Sheriff's office to purchase additional AEDs for patrol inventory which will allow all patrol deputies, on any given shift, the ability to be equipped with an AED in their vehicle. The requested AEDs are compatible with the life support devices used by the Department of Fire, Rescue, and Emergency Management (FREM). If compatible devices are used by the Sheriff's Office and FREM the agencies should be able to provide better patient care and have a quicker response time on the scene. On January 3, 2019, the Sheriff's Office was notified that its grant application for \$5,450 was approved to purchase five AEDs. The grant requires a 50% local match of the total project costs, or \$5,450, which the Sheriff's Office will meet through the use of their FY19 Adopted Budget. The AEDs will come with an eight year warranty. The AEDs must be ordered from the vendor by February 28, 2019. Reimbursements must be requested by July 31, 2019 or sixty days after the items are received, which ever date occurs first.

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

| Revenue Accounts Adjusted | | Amount | | |
|---------------------------|---------------------------|--------|-------|--|
| Acct # | 110-0000-324-04-13 SH19RS | \$ | 5,450 | |
| | Total Revenue Adjustment | \$ | 5,450 | |

| Expenditure Accounts Adjusted | | Amount | | |
|-------------------------------|---|--------|---------|--|
| Acct # | 110-3160-421-80-01 SH19RS Capital/Equipment/AED Grant | \$ | 5,450 | |
| Acct # | 110-3160-421-80-01 SH19RS Capital/Equipment/AED Local Match | \$ | 5,450 | |
| Acct # | 110-3160-421-80-01 Capital/Equipment/Local Portion | \$ | (5,450) | |
| Acct # | | \$ | | |
| | Total Expenditure Adjustment | \$ | 5,450 | |

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 of |
|--|
| 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. |
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Name, Department

Recommendations

| Budget:Xrecommended not-recommended Explanation if not recommended: |
|---|
| County Admin:Xrecommended not-recommended Explanation if not recommended: |
| Finance Committee: _X recommendednot-recommended Explanation if not recommended: |