

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Assigned Counsel

DATE: 6/25/2014

- (a) Purpose of Amendment: **To amend budget to include grant funds from the NYS Office of Indigent Legal Services.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.1170 470 Legal Defense-Indigent - Contract \$29,690.**

- (c) Revenue Code (with title), and Amount: **A.1170 3045 Legal Defense - Indigent - Office of Legal Services Distribution - \$29,690**