

# 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: Sheriff

DATE: October 21, 2016

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue for services provided to the Great Escape Park (Six Flags).
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
- |            |                                 |             |
|------------|---------------------------------|-------------|
| A.3110 120 | Law Enforcement Other Equipment | \$48,698.65 |
|------------|---------------------------------|-------------|
- (c) **Revenue Code (with title), and Amount:**
- |             |                                |             |
|-------------|--------------------------------|-------------|
| A.3110 2263 | Public Safety Private Entities | \$48,698.65 |
|-------------|--------------------------------|-------------|

\*Please note all amount must be in whole dollars – no cents.

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds**

**TO:** AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**DEPARTMENT NAME:** Sheriff's Office, Nathan York, Sheriff

**SIGNED:**

**DATE:** 10-21-2016

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3110 110	Sheriff's Law Enforcement Salaries Regular	A.3110 120	Sheriff's Law Enforcement Salaries Overtime	\$120,000.00
A.3110 110	Sheriff's Law Enforcement Salaries Regular	A.3110 130	Sheriff Law Enforcement Salaries Part Time	\$82,000.00
A.3020 110	Sheriff's 911 Center Salaries Regular	A.3020 120	Sheriff's 911 Center Salaries Overtime	\$5,500.00
A.3020 110	Sheriff's 911 Center Salaries Regular	A.3020 130	Sheriff's 911 Center Salaries Part Time	\$2,600.00
A.3150 110	Sheriff's Correction Division Salaries Regular	A.3150 120	Sheriff's Correction Division Salaries Overtime	\$149,000.00

**Please state reason for transfers requested:**  
Money needed to cover shortages

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

**Please state reason for transfer request:**

**Please file original request with Clerk of the Board and retain copy for your records.**