

Budget Revision Request

BJE 2007169
Budget Journal Entry #

Gov. Code Sec. 29125 & 29130

JE 2233094
Related Journal Entry #

Subject / Title: Provide a **short description** for this budget revision request. For example: "Designate funds for zoning ordinance amendments" or "Distribute proceeds from sale of 2005 COPS".

Public Works-CSA 3: Release Designations in the amount of \$20,000 for landscaped median improvements within County Service Area #3.

Justification: For all changes: explain what the change is for and why it is needed. Attach additional justification, board Letters or spreadsheet, if appropriate. When moving Appropriation: explain why it's available. When Revenue is adjusted: explain the reason for the increase or decrease. For adjustments to General Fund Contingency: explain why no other alternative funding source is available.

This budget revision request releases \$20,000 from County Service Area #3 designations (Unincorporated Goleta Valley) to further enhance plantings and landscaping in existing landscaped medians along Hollister Ave . Upon approval of this budget revision request, the remaining designation balances in the County Service Area #3 fund will be \$315,000.

Financial Summary

	Department / Fund 054 / 2120	Department / Fund /	Department / Fund /	Department / Fund /
Increase or (Decrease) in Appropriation for / Uses:				
Salaries & Benefits	00	00	00	00
Services & Supplies	20,000 00	00	00	00
Other Charges	00	00	00	00
Fixed Assets	00	00	00	00
Other Financing Uses	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	00	00	00	00
Sources:				
Revenue	00	00	00	00
Other Financing Sources	00	00	00	00
Intrafund Transfers	00	00	00	00
Reserve or Designation	20,000 00	00	00	00
Effect on Contingency / RE	- 00	00	00	00

Departmental Authorization	Auditor-Controller	CEO's Recommendation	Board of Supervisor's Action
_____ Department Head Date	Budget Journal Entry and Related Journal Entry <i>if applicable</i> Approved as to Accounting Form. _____ Auditor-Controller	<input type="checkbox"/> Approve	<input type="checkbox"/> Approved
_____ Department Head Date		<input type="checkbox"/> Disapprove _____ Date	<input type="checkbox"/> Disapproved _____ Date
_____ Department Head Date		Transfer/Revision in Accordance with Board Policy dated 8/3/93.	_____ Agenda Item
_____ Department Head Date		_____ County Executive Officer	_____ Clerk of the Board of Supervisors