



# BUDGET ADJUSTMENT REQUEST

Department:	Community Services Department	<b><u>For Finance Use Only</u></b>  BA # _____  Fiscal Year _____
Department Contact:	Robert Rhoades	
City Council Meeting Date: <i>(attach staff report)</i>	3/27/2024	

**EXPLANATION OF REQUEST**

Budget adjustment to receive and expend the grant funds from the County of San Diego Health and Human Services Agency for the **Older Californians' Nutrition Program** (Senior Nutrition Grant) for the remainder of the 23/24 fiscal year.

Budget adjustment to receive and expend the grant funds from the County of San Diego Health and Human Services Agency for the Older Californian's Nutrition Program **Infrastructure Grant** to be spent no later than *September 30, 2024*.

**BUDGET ADJUSTMENT INFORMATION**

Project/Account Description	Account Number	Amount of Increase	Amount of Decrease
Senior Nutrition Grant	<b>4113-001-000</b>	<b>\$73,431.38</b>	
Senior Nutrition – Professional Services	<b>5131-001-107</b>	<b>\$73,431.38</b>	
Miscellaneous Agencies	<b>4121-401-New Project</b>	<b>\$56,180.00</b>	
Nutrition Program Infrastructure Grant – County of San Diego	<b>0000-401-New Project</b>	<b>\$56,180.00</b>	

**APPROVALS**

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<b>DEPARTMENT HEAD</b>	<b>DATE</b>	<b>FINANCE</b>	<b>DATE</b>