## LEVY BOCC BUDGET AMENDMENT FORM

Email to: LEVYFINANCE@LEVYCLERK.COM

		One-Time or Recurring?		
Requesting Department / Office:	0240 EMERGENCY MEDICAL SERV	Oı	ne-time	
Explanation / Description:	ACCEPT GRANT FUNDS FOR USE			
		Gran	it Match?	
SOURCE of Funds and Required APPROVAL level:	Additional Revenue (Grants, Donations, Reimbursements) - Approved by BOCC Resolution		NO	
NOTE: ALL COMMITMENTS RECU	RRING MULTIPLE FISCAL YEARS REQUIRE BOCC APPROVAL	Ap	proved?	
BOCC Meeting Date (if Necessary)	TUESDAY, SEPTEMBER 5, 2023			
	BUDGET AMENDMENT DETAIL			
Account Number	Description	Increase	e (Decrease)	
			X-1-1-1-1	
116-G359-526-56401 116-G359-526-52300 116-G359-526-52040 116-G359-526-52250	EQUIPMENT SIK-5K EQUIPMENT UNDER \$IK MISC SUPPLIES MEDICAL SUPPLIES	\$ \$ \$	41,841 5,812 2,208 139	
	Net Increase (Decrease) in USES:	S	50,000	
ATN	DITIONAL REVENUES/SOURCES ONLY IN THIS SEC	HON:		
Account Number	Description		(Decrease)	
116-334-G35 <b>7</b>	EMS MATCHING GRANT - PORTABLE ULTRASOUND		50,000	
	Net Increase (Decrease) in SOURCES: DOES BUDGET AMENDMENT BALANCE?	\$	50,000	
DEPARTMENT HEAD: COUNTY COORDINATOR:	Jans 3 Holawa	·/		
CLERK OR FINANCE	4120-51			