

Office of Financial Management

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Memo	orandum				
Date:					
То:	Board of County Commissioners				
From:	Ramona Farineau - Chief Financial Officer				
Subject:	Budget Amendment [Fiscal Yr]				
Request:		Amendme	nt Request		
	[Fund Name or other brief description]				
Expenditure	Amount:				
Department/	Office:				
Description:	In 2021, the County received a grant award from home services to individuals with substance used and are homeless. The grant proposed purchated and the City of Boulder and the County jointly Recovery Homes, Inc. (Tribe) was written into the Community Services Department is request payment on a building that would house there project. The County would join the City of Bourpayment on the building and the balance would (Tribe). [Internal: Please describe the circumstances necessitating the request includes included with request.]	se or co-or sing up to agreed to the grant sting \$300 apeutic our lder in product the grant street agreement of the purchase agreement what we agreed the street agreement agree	ccurring disorders who are in three homes that would be assist with the purchase of as the recovery service proving a service proving as the recovery service proving a total of \$600,000 (service) as the through a mortgage service proving at costs, current to the course of the cours	nvolved in the criminal justice used for residential recovery one or more of these homes. vider. to support one-half of a down ervices as a key component of \$300,000 from each) for a down secured by Tribe Recovery Ho	e system y services, . Tribe n of this wn
FUND BALAN	CE OR UNANTICIPATED REVENUE				
Source:		Fund			
	[Appropriation - Fund Name]		[Fund Number]		
TRANSFER					
Source:		Fund			
	[Appropriation - Fund Name]		[Fund Number]		
	Transfer to	Fund			
	[Appropriation - Fund Name]		[Fund Number]		
Claire Love Co	ounty Commissioner Marta Loachamin Cou	inty Commis	signer Ashlov Cto	Izmann County Commissioner	

BOULDER COUNTY REQUEST FOR BUDGET AMENDMENT

Amendment Type ONE TIME (CURRENT YEAR ONLY) ON-GOING BASE CHANGE REQUIRED **Amendment Category** *Please select all that apply:* **FUND BALANCE TRANSFER** UNANTICIPATED REVENUE REQUESTED EXPENDITURE INCREASE AMOUNT: (Please use expenditure worksheet on page 3 below to detail this amount across appropriate Org-Fund-Appropriation-Service segments] **REQUESTED REVENUE INCREASE AMOUNT:** (Please use revenue worksheet on page 4 below to detail this amount across appropriate Org-Fund-Appropriation-Service segments] DATE: SUBMITTED BY: Robin Bohannan SUBMITTED BY: DATE: (Department Director/Elected Official Signature) DATE: **REVIEWED BY BUDGET:** (Budget Officer Signature) APPROVED BY THE BOARD OF COMMISSIONERS WITH DIRECTION TO BUDGET TO PREPARE THE RESOLUTION: DATE:

(Chair of Board of County Commissioners Signature)

AMENDMENT EXPENDITURE WORKSHEET

Organization	Fund/Appropriation	Service	Account	Amount
	TOTAL EXPENDITURE			

AMENDMENT REVENUE WORKSHEET

Organization	Fund/Appropriation	Service	Account	Amount
	TOTAL REVENUE A	MENDMENT		