

Fiscal Year 2017 Budget Amendment Request

Date 10/16/2017

Request Submitted by: Fire Chief Ebsen

Fund 1001 General Fund

Amendment Type:

☒ New

Department 42510 FIRE - Operations

☐ Carry over from previous fiscal year

Program 101 Base Program

Account 510503 Overtime

Current Budget Amount \$ 475,000.00

Page # in 2017 Budget Document:

Net Change Requested \$ 135,000.00

105

Revised Budget Amount \$ 610,000.00

Please describe the need for the requested amendment:

As of the 21st pay period of 2017, the FD has exceeded the overtime budget by \$60,000.00 + or - 3%. The FD requested to reallocate \$25,000.00 from the 7g program to overtime which will increase the fund to \$475,000.00. The Fire Department is also requesting an additional \$135,000.00 to the overtime budget to maintain minimum staffing levels.

In 2017, the FD staffing levels have fluctuated due to vacant positions, retirements, extended sick leave and members filing for duty disability pensions. This fluctuation in staff levels throughout 2017 is a major contributing factor for requesting additional overtime funds for the Fire Department.

What is the proposed funding source (if necessary)?

☐ Reallocation from another account ☐ Local Revenue Offset

☒ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 530667 External Support

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 41,129.00

Net Change Requested \$ 5,419.00

Revised Budget Amount \$ 46,548.00

Page # in 2017 Budget Document:

116

Please describe the need for the requested amendment:

This is a new money request from General Fund. Request made for payments to PH Nurse contract position. PH Nurse was kept on staff longer than expected, until a full-time PH Nurse was hired. The "Net Change Requested" of \$5,419.00 from the General Fund. (Public Health Nurse Nurse contract position costs to Village totaled \$16,548.)

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Vic Sabaliauskas

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

At the October 16th, 2017 Village Board meeting, the Board approved an increase to an existing agreement with Oak Brook Mechanical Services, Inc. for additional unforeseen emergency HVAC repairs in the amount of \$10,000.00. The additional funds are proposed to be transferred to the General Fund, Building Maintenance Operating Budget, Property Repair account #1001-43790-711-540674 from the General Fund, Fund Balance.

What is the proposed funding source (if necessary)?

☐ Reallocation from another account ☐ Local Revenue Offset

☒ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Vic Sabaliauskas

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

A transfer of \$15,000.00 to the General Fund, Building Maintenance Operating Budget, Building Materials account #1001-43790-711-560627 is requested for anticipated expenditures for various supplies and materials (janitorial paper, air filters, light bulbs). These funds are proposed to be transferred from the General Fund, Fund Balance.

What is the proposed funding source (if necessary)?

☐ Reallocation from another account ☐ Local Revenue Offset

☒ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Vic Sabaliauskas

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

A transfer of \$15,000.00 to the General Fund, Building Maintenance Operating Budget, General Contractuals account #1001-43790-711-530660 is requested due to unforeseen overtime hours required due to various Village Hall maintenance projects and hours anticipated for snow removal for the remainder of the fiscal year. These additional funds are being used to increase the existing Purchase Order (PO) with the Village's Building Maintenance contractor. These funds are proposed to be transferred from General Fund, Fund Balance.

What is the proposed funding source (if necessary)?

☐ Reallocation from another account ☐ Local Revenue Offset

☒ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/16/2017

Request Submitted by: Fire Chief Ebsen

Fund 1001 General Fund

Department 42510 FIRE - Operations

Program 101 Base Program

Account 510516 FD 7G Pay

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 200,000.00

Net Change Requested (\$ 25,000.00)

Revised Budget Amount \$ 175,000.00

Page # in 2017 Budget Document:

105

Please describe the need for the requested amendment:

The FD 7g pay fund is being reduced by \$25,000.00 and reallocated to the overtime fund.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/16/2017

Request Submitted by: Fire Chief Ebsen

Fund 1001 General Fund

Department 42510 FIRE - Operations

Program 101 Base Program

Account 510503 Overtime

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 450,000.00

Net Change Requested \$ 25,000.00

Revised Budget Amount \$ 475,000.00

Page # in 2017 Budget Document:

105

Please describe the need for the requested amendment:

As of the 21st pay period of 2017, the FD has exceeded the overtime budget by \$60,000.00 + or - 3%. The FD is requesting to reallocate \$25,000.00 from the 7g program (1001-42520-101-510516) to the overtime budget (1001-42520-101-510503). This amount will help offset the cost needed from the fund balance to pay the overtime.

In 2017, the FD staffing levels have fluctuated due to vacant positions, retirements, extended sick leave and members filing for duty disability pensions. This fluctuation in staff levels throughout 2017 is a major contributing factor for requesting additional overtime funds for the Fire Department.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/13/2017

Request Submitted by: Angela Schell

Fund 2083 Community Dev Block Grant

Department 46201 DCS - Neighborhood Services - CDBG

Program 101 Base Program

Account 583652 Capital Improvement Program

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 493,759.00

Net Change Requested (\$ 113,759.00)

Revised Budget Amount \$ 380,000.00

Page # in 2017 Budget Document:

160

Please describe the need for the requested amendment:

In the previous 2017 budget, several items were lumped together under the Capital Improvement Program thereby grouping a number of distinct CDBG activities into one. There is a need to separate these CDBG activities out so that they are specifically listed and can be billed fully and properly to close them out. This would be put into 2083-46201-101-583651 (VOP Streets & Sidewalks)

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/13/2017

Request Submitted by: Angela Schell

Fund 2083 Community Dev Block Grant

Department 46201 DCS - Neighborhood Services - CDBG

Program 101 Base Program

Account 583651 VOP Street & Sidewalks

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 113,759.00

Revised Budget Amount \$ 113,759.00

Page # in 2017 Budget Document:

160

Please describe the need for the requested amendment:

Please reallocate from 2083-46201-101-583652, balance of \$493,759, to this account.

This form adds the specific Streets-Sidewalks Replacement CDBG activity run by Public Works.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Angela Schell

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

In the previous 2017 budget, several items were lumped together under the Capital Improvement Program thereby grouping a number of distinct CDBG activities into one. There is a need to separate these CDBG activities out so that they are specifically listed and can be billed fully and properly to close them out.

This would be put into 2083-46201-101-583656 (VOP PW- Sidewalks)

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Angela Schell

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Please reallocate from 2083.46201.101.583656.0000. Fund balance of \$380,000.

There is a need to separate these out so that they are specifically listed and can be billed fully and properly to close them out. This form adds the specific ADA Sidewalks Improvement CDBG activity run by Public Works.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/13/2017

Request Submitted by: Angela Schell

Fund 2083 Community Dev Block Grant

Department 46201 DCS - Neighborhood Services - CDBG

Program 101 Base Program

Account 583652 Capital Improvement Program

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 230,000.00

Net Change Requested (\$ 70,000.00)

Revised Budget Amount \$ 160,000.00

Page # in 2017 Budget Document:

160

Please describe the need for the requested amendment:

In the previous 2017 budget, several items were lumped together under the Capital Improvement Program thereby grouping a number of distinct CDBG activities into one. There is a need to separate these CDBG activities out so that they are specifically listed and can be billed fully and properly to close them out.

This would be put into 2083-46201-101-583697 (Section 108 Underwriting)

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/13/2017

Request Submitted by: Angela Schell

Fund 2083 Community Dev Block Grant

Department 46201 DCS - Neighborhood Services - CDBG

Program 101 Base Program

Account 583697 - SECTION 108 UNDERWRITING

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 70,000.00

Revised Budget Amount \$ 70,000.00

Page # in 2017 Budget Document:

160

Please describe the need for the requested amendment:

The entire Chart String is 2083-46201-101-583697 (Section 108 Underwriting)

Please reallocate from 2083.46201.101.583652, Fund balance of \$230,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/05/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund
Department 43770 Parking and Mobility Services
Program 788 Holley Ct Parking Garage
Account 560634 Sign Replacement

Amendment Type:

- ☒ New
☐ Carry over from previous fiscal year

Current Budget Amount \$ 6,000.00
Net Change Requested (\$ 1,500.00)
Revised Budget Amount \$ 4,500.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen natural gas payments.
The money will be transferred to 5060-43770-788-540693. The current budget amount is \$3,000.
The reallocation will amend to \$1,500.

What is the proposed funding source (if necessary)?

- ☒ Reallocation from another account ☐ Local Revenue Offset
☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: John Youkhana

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen natural gas payments.
The money will be transferred from 5060-43770-786-560634.
The current budget amount is \$6,000.
The reallocation will take \$1,500 and the remainder amount will be \$4,500.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund
Department 43770 Parking and Mobility Services
Program 101 Base Program
Account 540661 Cook County Parking Tax Exp

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 75,000.00

Net Change Requested (\$ 35,000.00)

Revised Budget Amount \$ 40,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to the expansion of consultants scope as approved by the board on June 19, 2017.

The money will be transferred to 5060-43770-101-530667. The current budget amount is \$50,000.
The reallocation will amend to \$35,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 785 Lake St & Forest Garage

Account 530660 General Contractuals

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 50,000.00

Net Change Requested (\$ 15,000.00)

Revised Budget Amount \$ 35,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to expansion of consultants scope as approved by the board on June 19, 2017.

The money will be transferred to 5060-43770-101-530667. The current budget amount is \$50,000. The reallocation will amend to \$15,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 101 Base Program

Account 530667 External Support

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 50,000.00

Net Change Requested \$ 50,000.00

Revised Budget Amount \$ 100,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to the expansion of consultants scope as approved by the board on June 19, 2017.

A. The money will be transferred from 5060-43770-101-540661.

The current budget amount is \$75,000.

The reallocation will take \$35,000 and the remainder amount will be \$40,000.

B. The money will be transferred from 5060-43770-785-530660.

The current budget amount is \$50,000.

The reallocation will take \$15,000 and the remainder amount will be \$35,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 101 Base Program

Account 570720 Computer Equipment

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 707,725.00

Net Change Requested (\$ 65,250.00)

Revised Budget Amount \$ 642,475.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen issues and incorrectly estimated maintenance and security costs. The money will be transferred to 5060-43770-783-530660. The current budget amount is \$89,750. The reallocation will amend to \$65,250.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 783 OPRF Garage

Account 530660 General Contractuals

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount \$ 89,750.00

Net Change Requested \$ 65,250.00

Revised Budget Amount \$ 155,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen issues and incorrectly estimated maintenance and security costs.
The money will be transferred from 5060-43770-101-570720.
The current budget amount is \$707,725.
The reallocation will take \$65,250 and the remainder amount will be \$642,475.

What is the proposed funding source (if necessary)?

☒ Reallocation from another account ☐ Local Revenue Offset

☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: John Youkhana

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to a recommendation by the consultant to immediately address the OPRF garage repairs.

The money will be transferred to 5060-43770-783-570705. The current budget amount is \$105,000.
The reallocation will amend to \$100,000.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☐

Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 788 Holley Ct Parking Garage

Account 570705 Building Improvements

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 219,360.00

Net Change Requested (\$ 100,000.00)

Revised Budget Amount \$ 119,360.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to a recommendation by the consultant to immediately address the OPRF garage repairs.

The money will be transferred to 5060-43770-783-570705. The current budget amount is \$105,000. The reallocation will amend to \$100,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 101 Base Program

Account 570720 Computer Equipment

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 642,475.00

Net Change Requested (\$ 110,000.00)

Revised Budget Amount \$ 532,475.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to a recommendation by the consultant to immediately address the OPRF garage repairs.

The money will be transferred to 5060-43770-783-570705. The current budget amount is \$105,000. The reallocation will amend to \$110,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Amendment Type:



New

Department 43770 Parking and Mobility Services



Carry over from previous
fiscal year

Program 783 OPRF Garage

Account 570705 Building Improvements

Current Budget Amount \$ 105,000.00

Page # in 2017 Budget Document:

Net Change Requested \$ 310,000.00

Revised Budget Amount \$ 415,000.00

Please describe the need for the requested amendment:

Due to a recommendation by the consultant to immediately address the OPRF garage repairs.

A. The money will be transferred from 5060-43770-784-570705. The current budget amount is \$223,360. The reallocation will take \$100,000 and the remainder amount will be \$123,360.

B. The money will be transferred from 5060-43770-788-570705. The current budget amount is \$219,360. The reallocation will take \$100,000 and the remainder amount will be \$119,360.

C. The money will be transferred from 5060-43770-101-570720. The current budget amount is \$642,475. The reallocation will take \$110,000 and the remainder amount will be \$532,475.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund

5060 Parking Fund

Department

43770 Parking and Mobility Services

Program

786 On Street Parking

Account

540674 Property Repair

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

\$ 20,000.00

Net Change Requested

(\$ 10,000.00)

Revised Budget Amount

\$ 10,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen garage repairs.

The money will be transferred to 5060-43770-784-540674. The current budget amount is \$10,000.

The reallocation will amend to \$10,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund
Department 43770 Parking and Mobility Services
Program 784 The Avenue Garage
Account 540674 Property Repair

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 10,000.00

Net Change Requested \$ 10,000.00

Revised Budget Amount \$ 20,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen garage repairs.
The money will be transferred from 5060-43770-786-540674.
The current budget amount is \$20,000.
The reallocation will take \$10,000 and the remainder amount will be \$10,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 101 Base Program

Account 570720 Computer Equipment

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 532,475.00

Net Change Requested (\$ 10,000.00)

Revised Budget Amount \$ 522,475.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen electricity bills.

The money will be transferred to 5060-43770-784-540692. The current budget amount is \$10,000. The reallocation will amend to \$10,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 784 The Avenue Garage

Account 540692 Electricity

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 10,000.00

Net Change Requested \$ 10,000.00

Revised Budget Amount \$ 20,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen electricity charges.
The money will be transferred from 5060-43770-101-570720.
The current budget amount is \$532,475.
The reallocation will take \$10,000 and the remainder amount will be \$522,475.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund

5060 Parking Fund

Department

43770 Parking and Mobility Services

Program

101 Base Program

Account

540661 Cook County Parking Tax Exp

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 40,000.00

Net Change Requested

(\$ 40,000.00)

Revised Budget Amount

\$ 0.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen property taxes.

The money will be transferred to 5060-43770-787-540657. The current budget amount is \$35,000.
The reallocation will amend to \$40,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund
Department 43770 Parking and Mobility Services
Program 787 Lots_Off Street Parking
Account 540657 Property Taxes on Leased Lots

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 35,000.00

Net Change Requested \$ 40,000.00

Revised Budget Amount \$ 75,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen property taxes.

The money will be transferred from 5060-43770-101-540661.

The current budget amount is \$40,000.

The reallocation will take \$40,000 and the remainder amount will be zero dollars.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 787 Lots Off Street Parking

Account 540674 Property Repair

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 25,000.00

Net Change Requested (\$ 20,000.00)

Revised Budget Amount \$ 5,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen property repairs.

The money will be transferred to 5060-43770-788-540674. The current budget amount is \$10,000 dollars. The reallocation will amend to \$20,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund

5060 Parking Fund

Department

43770 Parking and Mobility Services

Program

788 Holley Ct Parking Garage

Account

540674 Property Repair

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 10,000.00

Net Change Requested

\$ 20,000.00

Revised Budget Amount

\$ 30,000.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen property repairs.

The money will be transferred from 5060-43770-787-540674.

The current budget amount is \$25,000.

The reallocation will take \$20,000 and the remainder amount will be \$5,000.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund

Department 43770 Parking and Mobility Services

Program 101 Base Program

Account 570720 Computer Equipment

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 522,475.00

Net Change Requested (\$ 26,500.00)

Revised Budget Amount \$ 495,975.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen need of temporary staffing services.

The money will be transferred to 5060-43770-101-530658. The current budget amount is zero dollars. The reallocation will amend to \$26,500.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: John Youkhana

Fund 5060 Parking Fund
Department 43770 Parking and Mobility Services
Program 101 Base Program
Account 530658 Temporary Services

Amendment Type:

- ☒ New
☐ Carry over from previous fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 26,500.00

Revised Budget Amount \$ 26,500.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Due to unforeseen need of temporary staffing services.
The money will be transferred from 5060-43770-101-570720.
The current budget amount is \$522,475.00.
The reallocation will take \$26,500.00 and the remainder amount will be \$495,975.00.

What is the proposed funding source (if necessary)?

- ☒ Reallocation from another account ☐ Local Revenue Offset
☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By:

Reviewed By:

Reviewed By:

Board Approval Date By:

Recommended Yes No

Recommended Yes No

System Entry Date:

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 560639 Advertising

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 500.00

Net Change Requested (\$ 500.00)

Revised Budget Amount \$ 0.00

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

Farmers' Market "Advertising" expenses will be reallocated to Farmers' Market External Support.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ☐ Yes ☐ No

Recommended ☐ Yes ☐ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com
Department 44550 HEALTH - Health Services
Program 101 Base Program
Account 530851 Crossing Guard Sharing Program

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 12,000.00
Net Change Requested (\$ 1,539.00)
Revised Budget Amount \$ 10,461.00

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

Unused expenses from Farmers' Market "Crossing Guard Sharing Program" expenses will be reallocated to Farmers' Market External Support.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 530675 Bank Charges

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 2,500.00

Net Change Requested (\$ 2,000.00)

Revised Budget Amount \$ 500.00

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

Unused expenses from Farmers' Market "Bank Charges" expenses will be reallocated to Farmers' Market External Support.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 560638 Special Events

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 900.00

Net Change Requested (\$ 100.00)

Revised Budget Amount \$ 800.00

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

Unused expenses from Farmers' Market "Special Events" expenses will be reallocated to Farmers' Market External Support.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Mike Charley, Public Health Director

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Unused expenses from Farmers' Market "Postage" expenses will be reallocated to Farmers' Market External Support.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com
Department 44550 HEALTH - Health Services
Program 101 Base Program
Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 5,000.00

Net Change Requested (\$ 1,600.00)

Revised Budget Amount \$ 3,400.00

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

Unused expenses from Farmers' Market "Operational Supplies" expenses will be reallocated to Farmers' Market External Support.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com
Department 44550 HEALTH - Health Services
Program 101 Base Program
Account 530667 External Support

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 19,000.00

Net Change Requested \$ 5,743.25

Revised Budget Amount \$ 24,743.25

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

External support includes costs for four Farmers' Market contracted staff. Employee turnover, training and the additional time spent for special events increased contracted staff expenses. The net change requested will be allocated from other Farmers' Market unused expenses. No monies will be allocated from the General Fund.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/11/2017

Request Submitted by: Mike Charley, Public Health Director

Fund 2027 Farmers Market Com
Department 44550 HEALTH - Health Services
Program 101 Base Program
Account 540669 Rent Expense

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 4,905.00

Net Change Requested \$ 40.08

Revised Budget Amount \$ 4,945.08

Page # in 2017 Budget Document:

171

Please describe the need for the requested amendment:

Unused expenses from other Farmers' Market expenses will be reallocated to Farmers' Market Rent Expense. No monies will be allocated from the General Fund.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: Angela Schell

Fund

1001 General Fund

Department

46205 DCS - Business Services

Program

101 Base Program

Account

560634 Sign Replacement

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

\$ 82,994.00

Net Change Requested

(\$ 6,400.00)

Revised Budget Amount

\$ 76,594.00

Page # in 2017 Budget Document:

88

Please describe the need for the requested amendment:

Please reallocate \$6400 from the Sign Replacement account into 1001-46205-233-585652, the Operating Subsidies account.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/06/2017

Request Submitted by: Angela Schell

Fund 1001 General Fund

Department 46205 DCS - Business Services

Program 233- OPAAC

Account 585652 Operating Subsidies

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 239,500.00

Net Change Requested \$ 6,400.00

Revised Budget Amount \$ 245,900.00

Page # in 2017 Budget Document:

88

Please describe the need for the requested amendment:

Please reallocate \$6400 from the Sign Replacement account (1001-46205-101-560634) into 1001-46205-233-585652 the Operating Subsidies account.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended Yes No

Recommended Yes No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: Angela Schell

Fund

1001 General Fund

Department

46260 Development Customer Services

Program

232 - OPEDC

Account

585652 Operating Subsidies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 721,500.00

Net Change Requested

(\$ 63,530.00)

Revised Budget Amount

\$ 657,970.00

Page # in 2017 Budget Document:

93

Please describe the need for the requested amendment:

Please reallocate \$63,530 from this account 1001-46260-232-585652 to Permit Processing External Support 1001-46250-101-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: Angela Schell

Fund 1001 General Fund
Department 46250 DCS - Permit Processing
Program 101 Base Program
Account 530667 External Support

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 900,000.00

Page # in 2017 Budget Document:

91

Net Change Requested \$ 63,530.00

Revised Budget Amount \$ 963,530.00

Please describe the need for the requested amendment:

Please reallocate \$63,530 from this account 1001-46260-232-585652 to Permit Processing External Support 1001-46250-101-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended Yes No

Recommended Yes No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: Angela Schell

Fund 1001 General Fund
Department 46202 DCS - Planning Division
Program 101 Base Program
Account 530667 External Support

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 145,100.00

Net Change Requested (\$ 115,000.00)

Revised Budget Amount \$ 30,100.00

Page # in 2017 Budget Document:

87

Please describe the need for the requested amendment:

Please reallocate \$115,000 from this account to Permit Processing External Support
1001-46250-101-530667

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/09/2017

Request Submitted by: Angela Schell

Fund

1001 General Fund

Department

46250 DCS - Permit Processing

Program

101 Base Program

Account

530667 External Support

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 963,530.00

Page # in 2017 Budget Document:

91

Net Change Requested

\$ 115,000.00

Revised Budget Amount

\$ 1,078,530.00

Please describe the need for the requested amendment:

Please reallocate \$115,000 from this account 1001-46202-101-530667 to Permit Processing External Support 1001-46250-101-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ☐ Yes ☐ No

Recommended ☐ Yes ☐ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/10/2017

Request Submitted by: Ken Crowley

Fund

1001 General Fund

Department

43900 DPW - Fleet Operations

Program

733 Pub Wks Vehicle Maint Servc

Account

560636 Fuel

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 95,000.00

Net Change Requested

(\$ 10,000.00)

Revised Budget Amount

\$ 85,000.00

Page # in 2017 Budget Document:

149

Please describe the need for the requested amendment:

Reallocating excess funds to Fire Parts Fund, projected for over draft. Fire Parts
1001.43900.731.560637.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/10/2017

Request Submitted by: Ken Crowley

Fund 1001 General Fund

Department 43900 DPW - Fleet Operations

Program 731 Fire Vehicle Maint Services

Account 560637 Vehicle Equipment Parts

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 20,000.00

Net Change Requested \$ 10,000.00

Revised Budget Amount \$ 30,000.00

Page # in 2017 Budget Document:

149

Please describe the need for the requested amendment:

Funds from Public Works Fuel Fund, projected with excess. PW Fuel 1001.43900.733.560636 .

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Robert Sproule

Fund 5055 Environmental Services Fund
Department 43760 DPW - Environmental Services
Program 101 Base Program
Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 90,194.00

Net Change Requested (\$ 7,500.00)

Revised Budget Amount \$ 82,694.00

Page # in 2017 Budget Document:

214

Please describe the need for the requested amendment:

Transferring funds from Environmental Services salaries to offset external services consultant costs.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Robert Sproule

Fund 5055 Environmental Services Fund
Department 43760 DPW - Environmental Services
Program 101 Base Program
Account 530667 External Support

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 2,000.00
Net Change Requested \$ 7,500.00
Revised Budget Amount \$ 9,500.00

Page # in 2017 Budget Document:

214

Please describe the need for the requested amendment:

Transferring funds from Environmental Services salaries to offset external services consultant costs.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund
Department 44550 HEALTH - Health Services
Program 612 Environmental Health
Account 550601 Printing

Amendment Type:

- ☒ New
☐ Carry over from previous fiscal year

Current Budget Amount \$ 150.00
Net Change Requested (\$ 50.00)
Revised Budget Amount \$ 100.00

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117

Please describe the need for the requested amendment:

Reallocating monies (\$50.00) from 1001-44550-612-550601 (Environmental Health Printing) to 1001-44550-615-560631 (Animal Control Operational Supplies)

What is the proposed funding source (if necessary)?

- ☒ Reallocation from another account ☐ Local Revenue Offset
☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 615 Animal Control

Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 1,500.00

Net Change Requested \$ 50.00

Revised Budget Amount \$ 1,550.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies (\$50.00) from 1001-44550-612-550601 (Environmental Health Printing) to 1001-44550-615-560631 (Animal Control Operational Supplies).

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund
Department 44550 HEALTH - Health Services
Program 612 Environmental Health
Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 2,275.00

Net Change Requested (\$ 1,750.00)

Revised Budget Amount \$ 525.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-612-530631 to 1001-44550-613-530667. Environmental Health will not teach FSSMC course in 2017.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund
Department 44550 HEALTH - Health Services
Program 101 Base Program
Account 560620 Office Supplies

Amendment Type:

- ☒ New
☐ Carry over from previous fiscal year

Current Budget Amount \$ 1,500.00
Net Change Requested (\$ 300.00)
Revised Budget Amount \$ 1,200.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-101-560620 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?

- ☒ Reallocation from another account ☐ Local Revenue Offset
☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 615 Animal Control

Account 550603 Postage

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 4,100.00

Net Change Requested (\$ 500.00)

Revised Budget Amount \$ 3,600.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-615-550603 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 550603 Postage

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 1,360.00

Net Change Requested (\$ 925.00)

Revised Budget Amount \$ 435.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-101-550603 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund
Department 44550 HEALTH - Health Services
Program 612 Environmental Health
Account 530650 Conferences Training

Amendment Type:

- ☒ New
☐ Carry over from previous fiscal year

Current Budget Amount \$ 1,450.00
Net Change Requested (\$ 540.00)
Revised Budget Amount \$ 910.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-612-530650 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?

- ☒ Reallocation from another account ☐ Local Revenue Offset
☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ☐ Yes ☐ No

Recommended ☐ Yes ☐ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 550602 Membership Dues

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 1,190.00

Net Change Requested (\$ 484.00)

Revised Budget Amount \$ 706.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-101-550602 to 1001-44550-613-530867.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 615 Animal Control

Account 550601 Printing

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 200.00

Net Change Requested (\$ 150.00)

Revised Budget Amount \$ 50.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-615-550601 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 101 Base Program

Account 550605 Travel & Mileage Reimbursement

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount \$ 200.00

Net Change Requested (\$ 175.00)

Revised Budget Amount \$ 25.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-101-550605 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?

☒ Reallocation from another account ☐ Local Revenue Offset

☐ Fund Balance ☐ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ☐ Yes ☐ No

Recommended ☐ Yes ☐ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 612 Environmental Health

Account 550605 Travel & Mileage Reimbursement

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 125.00

Net Change Requested (\$ 85.00)

Revised Budget Amount \$ 40.00

Page # in 2017 Budget Document:

117

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-612-530605 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Department 44550 HEALTH - Health Services

Program 612 Environmental Health

Account 530667 External Support

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 18,500.00

Net Change Requested (\$ 2,380.00)

Revised Budget Amount \$ 16,120.00

Page # in 2017 Budget Document:

116

Please describe the need for the requested amendment:

Reallocating monies from 1001-44550-612-530667 to 1001-44550-613-530667.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/20/2017

Request Submitted by: Mike Charley

Fund 1001 General Fund

Amendment Type:



New

Department 44550 HEALTH - Health Services



Carry over from previous fiscal year

Program 101 Base Program

Account 530667 External Support

Current Budget Amount \$ 33,840.00

Page # in 2017 Budget Document:

Net Change Requested \$ 7,289.00

116

Revised Budget Amount \$ 41,129.00

Please describe the need for the requested amendment:

Request made for payments to PH Nurse contract position. PH Nurse was kept on staff longer than expected, until a full-time PH Nurse was hired. The "Net Change Requested" includes \$7289.00 reallocated from the Public Health Department funds and \$5,419.00 from the General Fund. Public Health Nurse Nurse contract position costs to Village totaled \$16,548.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Bill McKenna

Fund 1001 General Fund

Department 43720 DPW - Street Lighting

Program 751 Street Lights Services

Account 530660 General Contractuals

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 45,000.00

Net Change Requested (\$ 8,300.00)

Revised Budget Amount \$ 36,700.00

Page # in 2017 Budget Document:

142

Please describe the need for the requested amendment:

Transfer funds from 1001-43720-751-530660 to 3095-43780-101-570954 to pay for the installation of a conduit for relocating the Village's street lighting electric service at the Frank Lloyd Wright Home and Studio.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Bill McKenna

Fund 3095 Capital Improvement Fund
Department 43780 DPW - Capital Projects
Program 101 Base Program
Account 570954 Street Lighting Improvements

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 193,553.00
Net Change Requested \$ 8,300.00
Revised Budget Amount \$ 201,853.00

Page # in 2017 Budget Document:

206

Please describe the need for the requested amendment:

Transfer funds from 1001-43720-751-530660 to 3095-43780-101-570954 to pay for the installation of a conduit for relocating the Village's street lighting electric service at the Frank Lloyd Wright Home and Studio. c

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by:_____

Fund Amendment Type:

Department New

Program Carry over from previous
fiscal year

Account

Current Budget Amount Page # in 2017 Budget Document:

Net Change Requested _____

Revised Budget Amount

Please describe the need for the requested amendment:

What is the proposed funding source (if necessary)?

- Reallocation from another account
- Local Revenue Offset
- Fund Balance
- Grant Offset

For Internal Office Use Only:

Finance Dept:	Village Manager's Office:	Processed By:_____
Reviewed By:_____	Reviewed By:_____	Board Approval Date By:_____
Recommended ____ Yes ____ No	Recommended ____ Yes ____ No	System Entry Date:_____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Bill McKenna

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Transfer funds from the CIP account for Local Street Construction account #3095-43780-101-570951 to the General Fund for Public Works Forestry External Support Account #1001-43800-741-530667 to pay for pavement work for curbs, sidewalks, and driveways necessary to remove the stumps and restore the areas by two large elms on Harrison at Elmwood and on the 900 block of South Oak Park Ave.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Mike Fenwick

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Funds from Water Supply Property Repair account to supplement expenses in the General Contractuals Account

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Mike Fenwick

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Reallocating funds to Water Supply General Contractuals from Water Supply Property Repair for required additional expenditures.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Bill McKenna

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Transfer funds from the Harlem/Garfield TIF Fund for Tax Agency Distribution account #2073-41300-101-580680 to the Harlem/Garfield TIF Fund for External Support account #2073-41300-101-530667 to pay for the construction and construction engineering of a street resurfacing project on Garfield Street located between Wenonah Avenue and west of Clinton Avenue in the TIF District boundaries. The street resurfacing project is anticipated to be presented to the Village Board of Trustees for award at the Regular Meeting on November 20th as change orders to the contracts with Crowley Sheppard Asphalt for construction and to Hampton, Lenzini and Renwick, Inc. for construction engineering.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Bill McKenna

Fund

Department

Program

Account

Amendment Type:

☒ New

☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Transfer funds from the Harlem/Garfield TIF Fund for Tax Agency Distribution account #2073-41300-101-580680 to the Harlem/Garfield TIF Fund for External Support account #2073-41300-101-530667 to pay for the construction and construction engineering of a street resurfacing project on Garfield Street located between Wenonah Avenue and west of Clinton Avenue in the TIF District boundaries. The street resurfacing project is anticipated to be presented to the Village Board of Trustees for award at the Regular Meeting on November 20th as change orders to the contracts with Crowley Sheppard Asphalt for construction and to Hampton, Lenzini and Renwick, Inc. for construction engineering.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2108 Cook County West Nile Virus - FY17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 6,598.00

Net Change Requested \$ 1,329.69

Revised Budget Amount \$ 7,927.69

Page # in 2017 Budget Document:

179

Please describe the need for the requested amendment:

Received increased grant revenue funding. Additional revenue to be used for employee salaries.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund

2108 Cook County West Nile Virus - FY17

Department

44560 HEALTH - Health Grants

Program

101 Base Program

Account

560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 0.00

Page # in 2017 Budget Document:

179

Net Change Requested

\$ 1,259.31

Revised Budget Amount

\$ 1,259.31

Please describe the need for the requested amendment:

Received increased grant revenue, used portion for operational supplies.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2112 - Cities Readiness Initiative FY18

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 540690 Telecommunication Charges

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 700.00

Net Change Requested \$ 806.00

Revised Budget Amount \$ 1,506.00

Page # in 2017 Budget Document:

179

Please describe the need for the requested amendment:

Telecommunications charge - Health iPhones.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund

2118 - Shawnash FY 17

Department

44560 HEALTH - Health Grants

Program

101 Base Program

Account

560638 Special Events

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 0.00

Net Change Requested

\$ 6,485.00

Revised Budget Amount

\$ 6,485.00

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Increase in Special Events expenditures.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2137 - PHIMC - FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 11,000.00

Net Change Requested \$ 11,065.58

Revised Budget Amount \$ 22,065.58

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Received more grant revenue than anticipated, used to offset fund salaries.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund

2137 - PHIMC - FY 17

Department

44560 HEALTH - Health Grants

Program

101 Base Program

Account

530656 Grant Contractuals

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

\$ 0.00

Page # in 2017 Budget Document:

180

Net Change Requested

\$ 5,546.64

Revised Budget Amount

\$ 5,546.64

Please describe the need for the requested amendment:

PH Contractor Nurse was on staff in lieu of salaried PH Nurse. Monies used for budget amendment from within existing grant fund.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2137 - PHIMC - FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 660.00

Revised Budget Amount \$ 660.00

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Monies used to purchase safe sex kits. Received more grant revenue than anticipated and originally budgeted for.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2157 - IDPH Vector Surveillance and Control - FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 2,092.00

Net Change Requested \$ 1,622.09

Revised Budget Amount \$ 3,714.09

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Unused grant funds from 2016 Village budget, all funds from State grant budget.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2157 - IDPH Vector Surveillance and Control - FY 17
Department 44560 HEALTH - Health Grants
Program 101 Base Program
Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 0.00
Net Change Requested \$ 84.04
Revised Budget Amount \$ 84.04

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Unused grant funds from 2016 Village budget, all funds from State grant budget.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Michael Charley

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Hired contractor in lieu of salaried intern. Monies within grant fund used for Grant Contractual.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2158 - IDPH Vector Surveillance and Control - FY 18
Department 44560 HEALTH - Health Grants
Program 101 Base Program
Account 550603 Postage

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

\$0.00

Net Change Requested

\$79.00

Revised Budget Amount

\$79.00

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Postage used to send dead birds to State of Illinois lab.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/23/2017

Request Submitted by: Michael Charley

Fund 2158 - IDPH Vector Surveillance and Control - FY 18

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 224.43

Revised Budget Amount \$ 224.43

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Increase to operational supplies budget for the IDPH West Nile Virus Grant.

What is the proposed funding source (if necessary)?



Reallocation from another account



Local Revenue Offset



Fund Balance



Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2162 - Childhood Lead Program FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 1,024.50

Revised Budget Amount \$ 1,024.50

Page # in 2017 Budget Document:

180

Please describe the need for the requested amendment:

Additional monies received for grant from IDPH for grant expenditures.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Michael Charley

Fund
Department
Program
Account

Amendment Type:

- ☒ New
☐ Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Salaries - Revenue from Childhood Lead Program. State granted more monies than originally anticipated.

What is the proposed funding source (if necessary)?

- ☐ Reallocation from another account ☐ Local Revenue Offset
☐ Fund Balance ☒ Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Michael Charley

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

State granted more monies than originally anticipated.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2183 - Public Health Emergency Preparedness FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 19,008.00

Net Change Requested \$ 90.45

Revised Budget Amount \$ 19,098.45

Page # in 2017 Budget Document:

181

Please describe the need for the requested amendment:

Grant revenue used to increase Salary expense.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Michael Charley

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Grant revenue used to pay for telecommunication charges.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2183 - Public Health Emergency Preparedness FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 550605 Travel & Mileage Reimbursement

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 388.00

Net Change Requested \$ 1,290.46

Revised Budget Amount \$ 1,678.46

Page # in 2017 Budget Document:

181

Please describe the need for the requested amendment:

Grant revenue used to increase travel expenditure.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2184 - Public Health Emergency Preparedness FY 18

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 200.00

Net Change Requested \$ 5,375.32

Revised Budget Amount \$ 5,575.32

Page # in 2017 Budget Document:

181

Please describe the need for the requested amendment:

Increase in budget to purchase laptop computers and training materials for the Medical Reserve Corp. Older laptops disposed of in spring of 2017, new laptops required for emergency preparedness. All funds for this increase allocated from existing PHEP grant funds.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2188 - Teen Pregnancy Prevention Program FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 530656 Grant Contractuals

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 7,371.00

Net Change Requested \$ 1,347.00

Revised Budget Amount \$ 8,718.00

Page # in 2017 Budget Document:

181

Please describe the need for the requested amendment:

Increase in grant contractual. All funds allocated from existing grant budget/revenues.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2188 - Teen Pregnancy Prevention Program FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 560631 Operational Supplies

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount \$ 0.00

Net Change Requested \$ 347.99

Revised Budget Amount \$ 347.99

Page # in 2017 Budget Document:

181

Please describe the need for the requested amendment:

Increase in operational supplies. All funds allocated from existing grant budget/revenues.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2193 - Illinois Tobacco Free Community FY 17

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 530656 Grant Contractuals

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 6,006.00

Net Change Requested \$ 4,695.16

Revised Budget Amount \$ 10,701.16

Page # in 2017 Budget Document:

181

Please describe the need for the requested amendment:

Increase in grant contractual. All funds allocated from existing grant budget/revenues.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2193 - Illinois Tobacco Free Community FY 17

Amendment Type:



New

Department 44560 HEALTH - Health Grants



Carry over from previous
fiscal year

Program 101 Base Program

Account 550601 Printing

Current Budget Amount \$ 0.00

Page # in 2017 Budget Document:

Net Change Requested \$ 498.41

181

Revised Budget Amount \$ 498.41

Please describe the need for the requested amendment:

Increase in printing to print items for tobacco program. All funds allocated from existing grant budget/revenue.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept: _____

Village Manager's Office: _____

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2194 - Illinois Tobacco Free Community FY 18

Department 44560 HEALTH - Health Grants

Program 101 Base Program

Account 530656 Grant Contractuals

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 6,006.00

Net Change Requested \$ 529.00

Revised Budget Amount \$ 6,535.00

Page # in 2017 Budget Document:

182

Please describe the need for the requested amendment:

Increase in grant contractual. All funds allocated from existing grant budget/revenues.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date

Request Submitted by: Michael Charley

Fund

Department

Program

Account

Amendment Type:



New



Carry over from previous fiscal year

Current Budget Amount

Net Change Requested

Revised Budget Amount

Page # in 2017 Budget Document:

Please describe the need for the requested amendment:

Increase in printing to print items for tobacco program. All funds allocated from existing grant budget/revenue.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____

Fiscal Year 2017 Budget Amendment Request

Date 10/24/2017

Request Submitted by: Michael Charley

Fund 2198 - Body Art Establishment Inspections FY 17
Department 44560 HEALTH - Health Grants
Program 101 Base Program
Account 510501 Regular Salaries

Amendment Type:



New



Carry over from previous
fiscal year

Current Budget Amount \$ 400.00

Net Change Requested \$ 2,638.00

Revised Budget Amount \$ 3,038.00

Page # in 2017 Budget Document:

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Please describe the need for the requested amendment:

Body Art Revenue increased resulting in increased salary expense.

What is the proposed funding source (if necessary)?

☐

Reallocation from another account

☐

Local Revenue Offset

☐

Fund Balance

☒

Grant Offset

For Internal Office Use Only:

Finance Dept:

Village Manager's Office:

Processed By: _____

Reviewed By: _____

Reviewed By: _____

Board Approval Date By: _____

Recommended ____ Yes ____ No

Recommended ____ Yes ____ No

System Entry Date: _____