



Board of County Commissioners Agenda Request

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Agenda Item #

Requested Meeting Date: January 10, 2017

Title of Item: 2017 Budget Amendment

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing* <small>*provide copy of hearing notice that was published</small>
Submitted by: Kirk Peysar		Department: Auditor
Presenter (Name and Title): Kirk Peysar		Estimated Time Needed: n/a
Summary of Issue: Budget amendment to transfer both levy revenues and costs related to corrections placements from the Health and Human Services Fund (05) to the General Revenue Fund (01). The adjustments are both revenue and cost neutral for both funds.		
Alternatives, Options, Effects on Others/Comments: 		
Recommended Action/Motion: Approve the 2017 budget amendment.		
Financial Impact: <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please Explain:</i> The result of new legislation (2016).		

**CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA
ADOPTED**

1. By Commissioner:

BE IT RESOLVED, that the Aitkin County Board of Commissioners hereby amends the 2017 budget to reflect the adjustments made for corrections placements:

	Original Budget:	Amended Budget:
01-257-255.6204	\$240,000	\$270,000
01-044-100.5001	\$5,694,934	\$5,724,934
05-430-710-3850-6057	\$20,000	\$0
05-430-740-3830-6057	\$100,000	\$90,000
05-430.5001	\$1,529,778	\$1,499,778

Commissioner moved the adoption of the resolution and it was declared adopted upon the following vote

XX MEMBERS PRESENT XX Members Voting

STATE OF MINNESOTA)
County of Aitkin) ss.
Office of County Auditor,)

I, Kirk Peysar, Auditor, of the County of Aitkin, do hereby certify that I have compared the foregoing with the original resolution filed in my office on the _____ day of January A.D., 2017, and that the same is a true and correct copy of the whole thereof.

WITNESS MY HAND AND SEAL OF OFFICE at Aitkin, Minnesota, this _____ day of January A.D. 2017.

KIRK PEYSAR, County Auditor

BY _____, Deputy