



## Legislation Text

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**File #:** 25-2286, **Version:** 1

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**Primary Department:** Auditor

**Primary Department Head/Elected Official:** Michael Post

**Secondary Department:** Choose an item.

**Secondary Department Head/Elected Official:**

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Financial Authorization

**Project ID (if applicable):** N/A

**Vendor/Entity Legal Name (if applicable):**

**MWBE Contracted Goal (if applicable):** N/A

**MWBE Current Participation (if applicable):** N/A

**Justification for 0% MWBE Participation Goal:** N/A - Goal not applicable to request

**Grant Indirect Costs Rate (if applicable):** N/A

**Justification for 0% Grant Indirect Costs Rate (if applicable):** Choose an item.

**Request Summary (Agenda Caption):** N/A

Request for approval of Supplemental Estimates of Revenue for Fiscal Year 2025.

**Background and Discussion:** N/A

**Expected Impact:** N/A

**Alternative Options:** N/A

- County Strategic Plan Goal:** Choose an item.  
**County Strategic Plan Objective:** Choose an item.  
**Justice/Safety Initiative (Goal 1):** Choose an item.  
**Infrastructure Initiative (Goal 2):** Choose an item.  
**Economy Initiative (Goal 3):** Choose an item.  
**Health Initiative (Goal 4):** Choose an item.  
**Climate/Resilience Initiative (Goal 5):** Choose an item.  
**Housing Initiative (Goal 6):** Choose an item.

**Additional notes related to the Strategic Plan:** N/A

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Choose an item.

<b>Fiscal and Personnel Summary</b>				
Service Name	Current Fiscal Year Cost			Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expense
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Existing Budget</b>	\$	\$	\$	\$
<b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> )				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Additional Budget Request</b>	\$	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$	\$
<b>Grants - Proposed Budget</b> ( <i>For Grants Items only</i> )				
	Labor	Non-Labor	Total	No. of Grant Years
<b>Local Match Source - Existing Budget</b>	\$	\$	\$	
<b>Local Match Source - Additional</b>	\$	\$	\$	

<b>Grant Funds Applied for/Awa</b>	\$	\$	\$	
<b>Personnel</b> <i>(Fill out section only if requesting new PCNs)</i>				
Current Position Count for Ser	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Court Date: 4/10/2025**

**Anticipated Implementation Date (if different from Court date):** Click or tap to enter a date.

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Carmella Sanford, Executive Assistant to Mike Post, County Auditor

**Attachments** (if applicable):