



BOARD ACTION REQUEST FORM

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SECTION 1: PURPOSE

The BOARD ACTION REQUEST FORM is designed to 1) enhance the orderly and efficient conduct of Committee and Board meetings; 2) serve as prior notice to all interested parties; 3) aid the Committee Chairs in meeting preparation; 4) provide the Departments with a mechanism for formal communication with the Board; and 5) aid in the creation of the official record of the meeting.

To request an item be added to a committee agenda, submit the completed FORM and all supporting documentation to the applicable Committee Chair for consideration at least 5 days prior to the meeting date/time.

SECTION 2: OVERVIEW

Subject: Budget Adjustments **Requested by:** Paula Meyer

To Committee(s): Finance **Meeting Date(s)** 11/17/22

Action Requested (Select One): Motion Resolution Ordinance Contract Approval

Executive Session YES NO **5 ILCS 120/2(c) Exception:** _____

Requestor's Recommended Action:

Approve FY22 budget amendments for the County Board's departments

SECTION 3: PROPOSAL

Describe the action requested, including relevant background information, applicable statutory references, potential impact to the County and/or any other departments, and the proposed implementation timeline. Attach additional pages if needed.

Due to unanticipated revenues, the following budget adjustments can be made to cover overspending:

Increase Hotel/ Motel Fees by \$30,000 and PPRT by \$134,100

Increase Tourism Exp by \$50,000, Grant writing by \$2,000, Workers Comp by \$22,000, LEC Bond Payment by \$6,500, Health Coordinator Stipend by \$600, Health Ins Deductible by \$45,000, Health Ins Premium by \$20,000 and County Board Equipment by \$18,000

SECTION 4: FINANCIAL IMPACT

Provide specific financial details including revenue or expenses associated with the request and if this is a one-time or recurring expense. If this is an unanticipated (unbudgeted) expense, explain the catalyst for the request. Attach relevant documents such as revenue/expense projections or vendor bids/quotes.

Budgetary Status (check all that apply): **Cost of Proposed Action:** \$ 0

- This action has no budgetary implications.
- Funds are available in this FY budget. Line-item Description/Number _____
- Funds are not budgeted in this FY. Proposed funding source: _____
- If approved, funds will be requested for this action in next year's budget.
- This action will bring in additional revenue of \$_____ Line-item _____
- This action will reduce expenditures and/or be budget neutral.