BOARD OF SUPERVISORS AGENDA ITEM REPORT

*= Mandatory, information must be provided

Click or tap the boxes to enter text. If not applicable, indicate "N/A".

*Title:

Pima County School Superintendent Pima Cycle Breaker

*Introduction/Background:

Pima County School Superintendent's Office was awarded funds from the Potoff Private Philanthropy Foundation. The funds support the Pima Cycle Breaker (PCB) Program, which empowers lifelong success among youth and young adults by offering educational pathways, skills-based training, apprenticeships, jobs placements and needs-driven wraparound services (including housing, transportation, food and tuition) all under the leadership of the Pima County School Superintendent's Office.

*Discussion:

The Pima County School Superintendent's Office has received $200,000 in funding for FY2023/24 from the Potoff Private Philanthropy. This item is to approve the use of budget authority contingency, allowing the School Superintendent's Office to expend these funds to achieve the mission of the Pima Cycle Breaker Program to empower lifelong success among youth and young adults.

*Conclusion:

The Pima County School Superintendent's Office has received $200,000 in funding for FY2023/24 from the Potoff Private Philanthropy. The School Superintendent's Office needs special revenue budget authority contingency to allow them to expend the funds.

*Recommendation:

It is recommended that special revenue budget authority contingency be allocated to the Pima County School Superintendent's Office to expend the funds awarded to them from the Potoff Private Philanthropy for the mission of the Pima Cycle Breaker Program to empower lifelong success among youth and young adults..

*Fiscal Impact:

Zero Net Impact: Funds awarded by the Potoff Private Philanthropy Foundation

*Board of Supervisor District:

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☑ All

Department: Finance and Risk Management   Telephone: 520-724-3138

Contact: Ellen Moulton   Telephone: 520-724-3138

Department Director Signature: **Ellen Moulton** Digitally signed by Ellen Moulton Date: 2023.10.20 12:22:22 -07'00'   Date: _____

Deputy County Administrator Signature: _____   Date: _____

County Administrator Signature: _____   Date: 10/20/23

7/14/2021

PIMA COUNTY

Non-Personnel Services Budget Appropriation Transfer
Planning and Budgeting System

(Note: This form may not be used for changes to personnel services, see Administrative Procedure 22-81)

Fiscal Year: _____ 2024 _____

Date: _____ 10/23/2024 _____   Requested by: _____ Peter Laing _____   Phone Number: 520-724-8918

Provide an explanation of why this item was not included in the Adopted budget, the justification for this increased expenditure request, and the reason the expenditure cannot be absorbed by the Department/Fund. Attach the explanation and/or authorization, if necessary. **Movement from appropriation unit 01 to other units is prohibited.**
Donated funding received for Cycle Breaker Unit to be used for personnel, professional services and operational cost

From

Department:	FNC	Program:	
Fund:	2042	PPC:	
Unit:	3220	Object	5331
Appropriation Unit:	FNC204202	Amount:	$ 200,000.00

To

Department:	SS	Program:	
Fund:	2169	PPC:	
Unit:	3566	Object	5400
Appropriation Unit:	SS216901	Amount:	$ 200,000.00

Does the Department have new funding to pay for this expenditure?   Yes ☑   No ☑

    If so, please identify: _____

Will this adjustment also require cash to be moved?   Yes ☐   No ☑

This document may only be signed by the Elected Official, Department Director, or a Designee. If budget authority is being transferred between Departments, both Appointing Authorities, the Finance Director, and the County Administrator or designees must also sign.

Peter Laing   Digitally signed by Peter Laing Date: 2023.10.23 12:50:04 -07'00'

Signature, Appointing Authority or Designee	Printed Name, Appointing Authority or Designee	Date

Signature, Appointing Authority or Designee	Printed Name, Appointing Authority or Designee	Date

Ellen Moulton   Digitally signed by Ellen Moulton Date: 2023.10.23 13:22:12 -07'00'

Signature, Finance Director or Designee	Printed Name, Appointing Authority or Designee	Date

Signature, County Administrator or Designee	Printed Name, Appointing Authority or Designee	Date

For Finance Use: Reviewed by (as applicable)

Budget   Name: _____   Date: _____

    Does this adjustment require an unbudgeted operating transfer? Yes ☐ No ☐ If yes, send to Cash Management

Cash Management   Name: _____   Date: _____

Entered Into:

Planning and Budgeting Name: _____   Date: _____

Please email the form to FIN_Budget_Adjustments for processing.