## **Budget Amendments**



Patricia Roach, CPA County Auditor

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May 12, 2021

## Background

In June, 2020, Presidio County received an award for a TXDOT Cares Act Airport Grant. The grant award was \$30,000. The purpose of this grant is to provide airports with funding to help offset a decline in revenues arising from diminished airport operations and activities as a result of the COVID-19 pandemic. Requests for reimbursement of costs incurred between 1/20/2020 5/28/2024 can be submitted against this grant. Since this is an un-budgeted item, a budget amendment is required.

I have reviewed the grant information and certify the availability of this unanticipated revenue.

The budget should be increased in accordance with the attached budget amendment form.

## Suggested Motion

"I move that the Presidio County Commissioners Court confirm the County Auditor's certification of unanticipated revenue for TXDOT Cares Act Airport grant in the amount of \$30,000 and increase the Fiscal Year 2021 revenue and expenditure budgets in the same amounts in accordance with the attached budget amendment form."

Patricia Roach, CPA Presidio County Auditor

DEP	ARTMENT:		AIRPORT		
LINE ITEM TRANSFER/BUDGET AMENDMENT					
REQUEST FORM					
ALL PRESIDIO COUNTY BUDGETED FUNDS					
When re	questing a LINE ITI	EM TRANSFER/B	UDGET AMENDMENT, t	his form MUST be co	mpleted and filed
ORDER OF THE PRESIDIO COUNTY COMMISSIONERS COURT					
On this t 20 <u>20</u> -	the <u>12TH</u> day of 20 21 FY Presidi	MAY the to County Budget	following budget amen t is made by the Presidi	dment to the previou o County Commission	sly approved ers Court.
	ACCT. NUN	IBER	LINE ITEM DESC	CRIPTION	AMOUNT
TO:	991-100-1	.70	REVENUE FRO	M STATE	30,000.00
	991-190-4	.53	AV FUEL - M	ARFA	30,000.00
FROM:					
This request is made for the following reasons: TO ESTABLISH CARES AIRPORT GRANT BUDGET					
Prepared By:PATTY ROACH					
Nà c	SOUNTY JUDGE	ne 13th day	y of May	20 <u>2</u> /_ ATTEST: PRESIDIO CO	DUNTY CLERK
TO BE CON	PLETED BY THE CO	INTY AUDITOR'S			

BUDGET ADJUSTMENT NO:\_\_\_\_\_

DATE OF ENTRY: \_\_\_\_\_

ENTRY MADE BY:\_\_\_\_