## MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

A. It	em Currently Budge	ted -									
	Account Name	-									
	Account Number	-	Fund	Function		Object		Cost Center		Project	Sub Project
	Original Approved Budget	÷ -	Budget Amendments	Expenditures / - Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available	
\$		\$		\$	\$			\$	\$		
	Account Name										
	Account Number	_			_				. <u> </u>		
			Fund	Function		Object		Cost Center		Project	Sub Project
	Original Approved Budget	+	Budget Amendments	Expenditures / - Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available	
\$		\$		\$	\$			\$	\$		
B. It	em Currently Not Bu	ıdgeted	_**								
	Funding Source	-	Mental Health Assistance Allocation - FEFP 2025-2026 Funded in CS/SB 7030								
	Account Name	-	HCSD Mental Health Plan 2025-2026								
	Account Number		1100	Various	•	Various		9440		64900	
		-	Fund	Function	_	Object	_	Cost Center	_	Project	Sub Project

Account Name	HCSD Mental Health Plan 2025-2026								
Account Number	1100 Fund	Various	Various	9440 Cost Center	64900 Project	Sub Project			
Amount \$_1	,525,043.00	-							
Funding Source									
Account Name									
Account Number	Fund	Function	Object	Cost Center	Project	Sub Projec			
Amount \$		-							

C.	Histor	У
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Check one:
Prior Year Budget: New for Current Year:

> Prior Year Approved Budget: \$ <u>1,497,221.00</u> \$ <u>1,497,221.00</u> Prior Year Actual Spent:

<sup>\*\*</sup> WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT\*\*