MUST BE COMPLETED IN FULL FOR PLACEMENT CONSIDERATION.

(For Donations, use Section B)

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	_	Fund	Function		Object		Cost Contor		Project	Sub Project	
					Object		Cost Center		Project	Sub Frojeci	
Original Approved Budget	+	Budget Amendments	Expenditures / - Encumbrances To Date	=	Current Available Budget	-	Present Request	=	Remaining Balance Available		
	\$		\$	\$		\$		\$			
Item Currently Not I			ance Allocation - FEFP 202	23-2024 [Funded in CS/SB	7030					
	_	HCSD Mental Health Plan 2023-2024									
A securit Name		HCSD WELLIA HEALL	Plan 2023-2024								
Account Name Account Number	-	1100	Various	•	Various		9440		64900		

Account Number	1100 Fund	Various Function	Various	9440 Cost Center	64900 Project	Sub Projec
Amount <u>\$</u>	1,398,995.00	-	Object	Cost Genter	i ioject	oub i rojec
Funding Source						
Account Name						
Account Number	Fund	Function	Object	Cost Center	Project	Sub Projec
Amount \$						

C. History

Check one:
Prior Year Budget: New for Current Year:

> \$ <u>1,240,537.00</u> Prior Year Approved Budget: \$ <u>1,240,537.00</u> Prior Year Actual Spent:

^{**} WHEN ITEM NOT CURRENTLY BUDGETED IS APPROVED BY THE SCHOOL BOARD, THIS WILL SERVE AS THE BUDGET AMENDMENT**