



**County of Tehama  
FY 2014-15 Mid-Year Budget Review  
Narrative**

**DEPARTMENT NAME:**

**BUDGET UNIT TITLE:**

**BUDGET UNIT NO.:**

**REQUESTED ACTION(S):** Explain the necessity of the adjustment(s).

**FINANCIAL IMPACT:** Please provide specific information regarding any proposed funding or new revenue source to be utilized.

**BACKGROUND, ALTERNATIVES AND IMPLICATIONS:** Describe the effect of approving or not approving the adjustment(s), and provide any other pertinent information.

