

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	23680
JE #	
BAR#	
APH Date	

1107 Fund No. Museum Fund Description (type on line above)

Date Prepared: 8/18/2023 (Attach Executive Summary)
 Approved by BCC on: 9/27/22 Item No. 16E1 23457

Revenue Budget Detail

Fund Center Title: Interfund Transfers Fund Center No.: 929010
 Funded Program (Project) Title: 5-digit Fd Prog #:
 (only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010		410001	Transfer from 001 General Fund	25,000.00	470,400.00	495,400.00
						-
						-
						-
Net Change to Budget				\$ 25,000.00		

Expense Budget Detail

Fund Center Title: Reserves - Board Fund Center No.: 919010
 Funded Program (Project) Title: 5-digit Fd Prog #:
 (only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010		991000	Reserves for Contingencies	25,000.00	5,500.00	30,500.00
						-
						-
						-
Net Change to Budget				\$ 25,000.00		

EXPLANATION

Why are funds needed? (type below)

BA-23-516 moved budget from reserves to the appropriate cost center to cover salaries increases approved on 10.8.2022. This budget amendment is to replenish reserves with a transfer from the General Fund.

Where are funds available? (type below)

General funds reserves

REVIEW PROCESS

Cost Center Director*: _____ Date _____

Division Administrator*:	_____	Date	_____
Budget Department:	<u>Bureau App</u>	Date	<u>8/18/23</u>
Agency Manager	_____	Date	_____
Finance Department:	_____	Date	_____
Clerk to the Board Admin:	_____	Date	_____
Inputted by:	_____	Date	_____
BA number (SAP)	_____		

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Grant Budget Request

Budget

For Budget/Finance Use	
BA# :	23-655

Agenda Item :	20200	16D2	Date :	9/12/23	Type :	RESO
Agenda Item :			Date :		Type :	
Prepared By :	Kim Frazier		Date :	08/22/2023		

PIT

Fund :	1837000000	HUMAN SERVICES GRANT
Grant :	33835-01	OAA 3B 203.23
Start :	01/01/2023	
End :	12/31/2023	
Sponsor :	6500331	Area Agency on Aging
Sponsored Program :	615 OAA 3B-UPDATED	
Funded Program :	33835	OAA 3B 203.23
Grant Percent :	90.00	
Match Percent :	10.00	

Revenue Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/> 331666	FEDERAL GRANT-AGING	AAA OAA REV	155970	50,000.00
<input type="checkbox"/> 489200	CARRY FORWARD GEN	CARRYFORWARD	919010	166.66
TOTAL REVENUE				50,166.66

Expense Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/> 512100	REGULAR SALARIES	AAA OAA EXP	155970	(5,980.40)
<input type="checkbox"/> 512600	ER 457	AAA OAA EXP	155970	300.00
<input checked="" type="checkbox"/> 518100	TERMINATION PAY	AAA OAA EXP	155970	4,297.06
<input checked="" type="checkbox"/> 634104	PERS/RESPITE/HOMEMAK	AAA OAA EXP	155970	50,500.00
<input checked="" type="checkbox"/> 639967	TEMPORARY LABOR	AAA OAA EXP	155970	1,000.00
<input checked="" type="checkbox"/> 640410	MOTOR POOL RENTAL	AAA OAA EXP	155970	50.00
TOTAL EXPENSE				50,166.66

Total Sponsor Budget :	50,166.66
Total Cost Sharing :	0.00
Total Project :	50,166.66

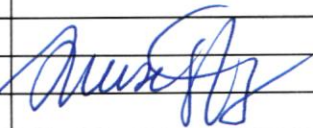
Why are funds needed?
 Funds are needed to provide services to qualified Collier County Citizens in compliance with grant responsibilities and regulations. Funds are also needed to ensure compliance with the 10% matching requirements.

What is the source of funding?
 Funds will be available from the Area Agency on Aging of Southwest Florida, Older Americans Act Grant contract OAA203.23. Match funds are available in Human Services Grant Fund 707 reserves via carry forward.

Reviewed By :

Grant Budget Request

Budget

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :		Date :	9/12/23
Agency Manager :		Date :	



Grant Budget Request

Budget

For Budget/Finance Use	
BA# :	23-656

Agenda Item :	26200	1602	Date :	9/12/23	Type :	RESO PH
Agenda Item :			Date :		Type :	
Prepared By :	Kim Frazier		Date :	08/23/2023		

Fund :	1837000000	HUMAN SERVICES GRANT
Grant :	33838-01	OAA 3E 203.23
Start :	01/01/2023	
End :	12/31/2023	
Sponsor :	6500328	Area Agency on Aging for SW FL, Inc.
Sponsored Program :	612 OAA 3E-UPDATED	
Funded Program :	33838	OAA 3E 203.23
Grant Percent :	90.00	
Match Percent :	10.00	

Revenue Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/> 331666	FEDERAL GRANT-AGING	AAA OAA REV	155970	148,000.00
<input type="checkbox"/> 489200	CARRY FORWARD GEN	CARRYFORWARD	919010	666.67
TOTAL REVENUE				148,666.67

Expense Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/> 512100	REGULAR SALARIES	AAA OAA EXP	155970	25,000.00
<input type="checkbox"/> 512600	ER 457	AAA OAA EXP	155970	1,002.00
<input checked="" type="checkbox"/> 518100	TERMINATION PAY	AAA OAA EXP	155970	442.43
<input type="checkbox"/> 521100	SOCIAL SECURITY MATC	AAA OAA EXP	155970	3,222.24
<input type="checkbox"/> 522100	RETIREMENT REGULAR	AAA OAA EXP	155970	2,800.00
<input checked="" type="checkbox"/> 634104	PERS/RESPITE/HOMEMAK	AAA OAA EXP	155970	110,000.00
<input checked="" type="checkbox"/> 639967	TEMPORARY LABOR	AAA OAA EXP	155970	6,000.00
<input type="checkbox"/> 651110	OFFICE SUPPLIES GEN	AAA OAA EXP	155970	200.00
TOTAL EXPENSE				148,666.67

Total Sponsor Budget :	148,666.67
Total Cost Sharing :	0.00
Total Project :	148,666.67

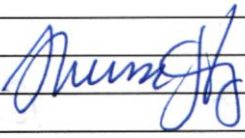
Why are funds needed?
 Funds are needed to provide services to qualified Collier County Citizens in compliance with grant responsibilities and regulations. Funds are also needed to ensure compliance with the 10% matching requirements.

What is the source of funding?
 Funds will be available from the Area Agency on Aging of Southwest Florida, Older Americans Act Grant contract OAA203.23. Match funds are available in Human Services Grant Fund 707 reserves via carry forward.

Grant Budget Request

Budget

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :		Date :	9/12/23
Agency Manager :		Date :	

Grant Budget Request

Budget

For Budget/Finance Use

BA# : 23-657

Agenda Item :	<u>20208</u>	<u>1602</u>	Date :	<u>9/12/23</u>	Type :	<u>RESO</u>
Agenda Item :			Date :		Type :	
Prepared By :	Kim Frazier		Date :	08/22/2023		

P14

Fund :	1837000000	HUMAN SERVICES GRANT
Grant :	33836-01	OAA C1 203.23
Start :	01/01/2023	
End :	12/31/2023	
Sponsor :	6500329	Area Agency on Aging
Sponsored Program :	613 OAA C1-UPDATED	
Funded Program :	33836	OAA C1 203.23
Grant Percent :	90.00	
Match Percent :	10.00	

Revenue Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/>	331666 FEDERAL GRANT-AGING	AAA OAA REV	155970	500,000.00
<input type="checkbox"/>	489200 CARRY FORWARD GEN	CARRYFORWARD	919010	32,777.78
TOTAL REVENUE				532,777.78

Expense Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/>	512100 REGULAR SALARIES	AAA OAA EXP	155970	189,127.00
<input type="checkbox"/>	512600 ER 457	AAA OAA EXP	155970	200.00
<input checked="" type="checkbox"/>	514100 OVERTIME	AAA OAA EXP	155970	100.00
<input checked="" type="checkbox"/>	518100 TERMINATION PAY	AAA OAA EXP	155970	553.04
<input type="checkbox"/>	521100 SOCIAL SECURITY MATC	AAA OAA EXP	155970	25,000.00
<input type="checkbox"/>	522100 RETIREMENT REGULAR	AAA OAA EXP	155970	5,000.00
<input checked="" type="checkbox"/>	634104 PERS/RESPITE/HOMEMAK	AAA OAA EXP	155970	1,000.00
<input checked="" type="checkbox"/>	634999 OTHER CONTRACTUAL SE	AAA OAA EXP	155970	3,000.00
<input checked="" type="checkbox"/>	639967 TEMPORARY LABOR	AAA OAA EXP	155970	124,997.74
<input checked="" type="checkbox"/>	639990 OTHER CONTRACTUAL SE	AAA OAA EXP	155970	2,500.00
<input checked="" type="checkbox"/>	640300 TRAVEL PROF DEV	AAA OAA EXP	155970	400.00
<input checked="" type="checkbox"/>	640410 MOTOR POOL RENTAL	AAA OAA EXP	155970	100.00
<input checked="" type="checkbox"/>	640900 TRANSPORTATION CHG	AAA OAA EXP	155970	400.00
<input checked="" type="checkbox"/>	646430 FLEET MAINT ISF	AAA OAA EXP	155970	400.00
<input type="checkbox"/>	652210 FOOD OPERATING SUP	AAA OAA EXP	155970	180,000.00
TOTAL EXPENSE				532,777.78

Total Sponsor Budget :	532,777.78
Total Cost Sharing :	0.00

Grant Budget Request

Budget

Total Project :	532,777.78
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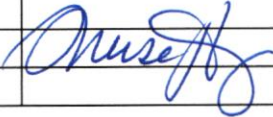
Why are funds needed?

Funds are needed to provide services to qualified Collier County Citizens in compliance with grant responsibilities and regulations. Funds are also needed to ensure compliance with the 10% matching requirements.

What is the source of funding?

Funds will be available from the Area Agency on Aging of Southwest Florida, Older Americans Act Grant contract OAA203.23. Match funds are available in Human Services Grant Fund 707 reserves via carry forward.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :		Date :	9/6/23
Agency Manager :		Date :	



Grant Budget Request

Budget

For Budget/Finance Use	
BA# :	23-658

Agenda Item :	26208	16 D2	Date :	9/12/23	Type :	RESO
Agenda Item :			Date :		Type :	
Prepared By :	Kim Frazier		Date :	08/22/2023		

Fund :	1837000000	HUMAN SERVICES GRANT
Grant :	33837-01	OAA C2 203.23
Start :	01/01/2023	
End :	12/31/2023	
Sponsor :	6500330	Area Agency on Aging
Sponsored Program :	614 OAA C2-UPDATED	
Funded Program :	33837	OAA C2 203.23
Grant Percent :	90.00	
Match Percent :	10.00	

Revenue Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt	
<input type="checkbox"/>	331666	FEDERAL GRANT-AGING	AAA OAA REV	155970	400,000.00
<input type="checkbox"/>	489200	CARRY FORWARD GEN	CARRYFORWARD	919010	16,888.89
TOTAL REVENUE					416,888.89

Expense Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt	
<input type="checkbox"/>	512100	REGULAR SALARIES	AAA OAA EXP	155970	80,000.00
<input type="checkbox"/>	512600	ER 457	AAA OAA EXP	155970	1,000.00
<input checked="" type="checkbox"/>	518100	TERMINATION PAY	AAA OAA EXP	155970	553.04
<input type="checkbox"/>	521100	SOCIAL SECURITY MATC	AAA OAA EXP	155970	9,000.00
<input type="checkbox"/>	522100	RETIREMENT REGULAR	AAA OAA EXP	155970	8,000.00
<input checked="" type="checkbox"/>	634999	OTHER CONTRACTUAL SE	AAA OAA EXP	155970	3,000.00
<input checked="" type="checkbox"/>	639967	TEMPORARY LABOR	AAA OAA EXP	155970	20,000.00
<input checked="" type="checkbox"/>	640300	TRAVEL PROF DEV	AAA OAA EXP	155970	600.00
<input checked="" type="checkbox"/>	640410	MOTOR POOL RENTAL	AAA OAA EXP	155970	100.00
<input type="checkbox"/>	651110	OFFICE SUPPLIES GEN	AAA OAA EXP	155970	500.00
<input type="checkbox"/>	652210	FOOD OPERATING SUP	AAA OAA EXP	155970	294,135.85
TOTAL EXPENSE					416,888.89

Total Sponsor Budget :	416,888.89
Total Cost Sharing :	0.00
Total Project :	416,888.89

Why are funds needed?
 Funds are needed to provide services to qualified Collier County Citizens in compliance with grant responsibilities and regulations. Funds are also

Grant Budget Request


Budget

needed to ensure compliance with the 10% matching requirements.

What is the source of funding?

Funds will be available from the Area Agency on Aging of Southwest Florida, Older Americans Act Grant contract OAA203.23. Match funds are available in Human Services Grant Fund 707 reserves via carry forward.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :		Date :	9/19/23
Agency Manager :		Date :	

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	23-663
JE #	
BAR#	
APH Date	

PH
Reso

1020 Bayshore/Gateway Triangle
Fund No. Fund Description (type on line above)

Date Prepared: 8/30/2023 (Attach Executive Summary)
Approved by BCC on: 9/12/23 Item No. 26532

16L3

Expense Budget Detail

Fund Center Title: Reserves Fund Center No.: 919010
Funded Program (Project) Title: 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	0	991000	Resv for Contingency	(15,500.00)	15,500.00	-
Net Change to Budget				\$ (15,500.00)		

Expense Budget Detail

Fund Center Title: Interfund Transfer Fund Center No.: 929010
Funded Program (Project) Title: 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	0	911021	Trans to 1021	1,465,100.00	2,431,200.00	3,896,300.00
Net Change to Budget				\$ 1,465,100.00		

Revenue Budget Detail

Fund Center Title: Reserves Fund Center No.: 919010
Funded Program (Project) Title: 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	0	489200	Carryforward General	1,449,600.00	-	1,449,600.00
Net Change to Budget				\$ 1,449,600.00		

EXPLANATION

Why are funds needed? (type below)
Funds are needed for Bayshore CRA Capital projects

Where are funds available? (type below)
Funds are available in Bayshore Reserves

REVIEW PROCESS

Cost Center Director*: _____ Date _____
Department Administrator*: _____ Date _____
Budget Office: _____ Date _____
Agency Manager: _____ Date _____
Finance Department: _____ Date _____
Clerk to the Board Admin: _____ Date _____
Inputted by: _____ Date _____
BA number (SAP) _____ Date _____

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BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	23-604
JE #	
BAR#	
APH Date	

Reso PH

1025 Immokalee Redevelopment
Fund No. Fund Description (type on line above)

Date Prepared: 8/30/2023 (Attach Executive Summary)
Approved by BCC on: 9/12/23 Item No. 26532 16L3

Expense Budget Detail

Fund Center Title: Reserves Fund Center No.: 919010
Funded Program (Project) Title: _____ 5-digit Fd Prog #: _____
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	0	991000	Resv for Contingencies	(53,100.00)	53,100.00	-
Net Change to Budget				\$ (53,100.00)		

Expense Budget Detail

Fund Center Title: Interfund Transfer Fund Center No.: 929010
Funded Program (Project) Title: _____ 5-digit Fd Prog #: _____
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Prog

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	0	911026	Trans to 1026	1,285,500.00	434,200.00	1,719,700.00
Net Change to Budget				\$ 1,285,500.00		

Revenue Budget Detail

Fund Center Title: Reserves Fund Center No.: 919010
Funded Program (Project) Title: _____ 5-digit Fd Prog #: _____
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	0	489200	Carryforward General	1,232,400.00	-	1,232,400.00
Net Change to Budget				\$ 1,232,400.00		

EXPLANATION

Why are funds needed? (type below)
Funds are needed for Immokalee CRA Capital projects

Where are funds available? (type below)
Funds are available in Immokalee Reserves

REVIEW PROCESS

Cost Center Director*: _____ Date _____
Department Administrator*: _____ Date _____
Budget Office: _____ Date _____
Agency Manager: _____ Date _____
Finance Department: _____ Date _____
Clerk to the Board Admin: _____ Date _____
Inputted by: _____ Date _____
BA number (SAP) _____ Date _____

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BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	23-666
JE #	
BAR#	
APH Date	

PH

1021 Fund No. Bayshore CRA Project
Fund Description (type on line above)

Date Prepared: 9/1/2023 (Attach Executive Summary)
Approved by BCC on: 9/12/23 Item No. 26532 1663

Revenue Budget Detail

Fund Center Title: Interfund Tran BCC Fund Center No.: 929010
Funded Program (Project) Title: Fund 1021 Res/Xfer 5-digit Fd Prog #: 91021
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	91021	411020	Trans Frm 1020 Bayshore	1,465,100.00	2,431,200.00	3,896,300.00

Net Change to Budget \$ 1,465,100.00

Expense Budget Detail

Fund Center Title: Bayshore CRA Project Fund Center No.: 138345
Funded Program (Project) Title: BGTCRA - N. Bayshore Enhancement 5-digit Fd Prog #: 50262
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138345	50262	763100	Improvements	1,000,000.00	600,000.00	1,600,000.00

Net Change to Budget \$ 1,000,000.00

Expense Budget Detail

Fund Center Title: Bayshore CRA Project Fund Center No.: 138345
Funded Program (Project) Title: BSCRA - Stormwater Program 5-digit Fd Prog #: 50203
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138345	50203	763100	Improvements	465,100.00	2,225,380.00	2,690,480.00

Net Change to Budget \$ 465,100.00

EXPLANATION

Why are funds needed? (type below)
Funds are needed for various capital projects within the Bayshore CRA

Where are funds available? (type below)
Additional funds are available in Fund 1020

REVIEW PROCESS

Cost Center Director*: _____ Date _____
Department Administrator*: _____

Budget Office:	_____	Date	_____
Agency Manager	_____	Date	_____
Finance Department:	_____	Date	_____
Clerk to the Board Admin:	_____	Date	_____
Inputted by:	_____	Date	_____
BA number (SAP)	_____	Date	_____

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BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	23-666
JE #	
BAR#	
APH Date	

PH

1026 Immokalee CRA Project
Fund No. Fund Description (type on line above)

Date Prepared: 9/1/2023 (Attach Executive Summary)
Approved by BCC on: 9/1/23 Item No. 26532 16L3

Revenue Budget Detail

Fund Center Title: Interfund Tran BCC Fund Center No.: 929010
Funded Program (Project) Title: Fund 1026 Res/Xfer 5-digit Fd Prog #: 91026
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	91026	411025	Trans Frm 1025 Immokalee	1,285,500.00	434,200.00	1,719,700.00
						-

Net Change to Budget \$ 1,285,500.00

Expense Budget Detail

Fund Center Title: Immokalee CRA Project Fund Center No.: 138346
Funded Program (Project) Title: Imm CRA - Commercial Grants 5-digit Fd Prog #: 50252
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138346	50252	884200	Residential Rehab	85,000.00	100,000.00	185,000.00
						-

Net Change to Budget \$ 85,000.00

Expense Budget Detail

Fund Center Title: Immokalee CRA Project Fund Center No.: 138346
Funded Program (Project) Title: Imm CRA - Main Street Corridor 5-digit Fd Prog #: 50248
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138346	50248	763100	Improvements	500,000.00	544,000.00	1,044,000.00
						-

Net Change to Budget \$ 500,000.00

Expense Budget Detail

Fund Center Title: Immokalee CRA Project Fund Center No.: 138346
Funded Program (Project) Title: Imm CRA - Neighborhood Revitalization 5-digit Fd Prog #: 50246
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138346	50246	763100	Improvements	500,000.00	100,000.00	600,000.00
						-

Net Change to Budget \$ 500,000.00

Expense Budget Detail

Fund Center Title: Immokalee CRA Project Fund Center No.: 138346
 Funded Program (Project) Title: Imm CRA - Parks & Rec Partnership 5-digit Fd Prog #: 50245

(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138346	50245	763100	Improvements	200,500.00	120,000.00	320,500.00
						-

Net Change to Budget \$ 200,500.00

EXPLANATION

Why are funds needed? (type below)

Funds are needed for various capital projects within the Immokalee CRA

Where are funds available? (type below)

Funds are available in Fund 1025

REVIEW PROCESS

Cost Center Director*:	_____	Date	_____
Department Administrator*:	_____	Date	_____
Budget Office:	_____	Date	_____
Agency Manager	_____	Date	_____
Finance Department:	_____	Date	_____
Clerk to the Board Admin:	_____	Date	_____
Inputted by:	_____	Date	_____
BA number (SAP)	_____		

If this is uploaded into MinuteTraq with an Executive Summary, no signatures are required from the Cost Center Director or Department Administer.

If this is uploaded into MinuteTraq, please do NOT send a paper copy of the Budget Amendment to the Office of Management and Budget office, OMB will download all budget amendments from MinuteTraq and will process after the BCC meeting.