| BUD | GET AM | For Budget/Finance Use Only 2 | | | | |
|-----------------------|------------------|-------------------------------|---|--------------------------|----------------------|------------------------|
| | | BA# 24-00 | | | | |
| | | | | | BAR# APH Date | |
| | | | | | 71 T Date | |
| | Fund No. | | CO Water Capital Project Fund Description (type on line above | *) | | |
| | | | | | | |
| Λο. | Date Pre | | 6/21/2024 | _ (Attach Executive | ~ ~ 7 10 | 110 |
| App | proved by B | CC on. | 1934 9m | Item No. | 2750 | |
| | | | Revenue Budget Detail | | | |
| Fund Center | Title: | | Interfund Transfer | | Fund Center No.: | 929010 |
| Funded Prog | | | Fund 412 Reserve/Transfers ould be entered into this section. If amend | tmost is for Funded Dree | 5-digit Fd Prog #: | 94012 |
| Fund | Funded | Commit | Commitment Item | Increase | Current | Revised |
| Center | Program | Item | Description | (Decrease) | Budget | Budget |
| 929010 | 94012 | 421813 | Adv/Repay frm 1813 B4 24- 521 | 429,100.00 | - | 429,100.00 |
| | | | D4 47- 54 1 | | | - |
| | | | Net Change to Budget | \$ 429,100.00 | | |
| | | | | | | |
| | | | Expense Budget Detail | | | |
| Fund Center | Title | | Water Capital | | Fund Center No.: | 273512 |
| Funded Prog | | ct) Title: | Distribution System TSP | | 5-digit Fd Prog #: | 71010 |
| | - | | ould be entered into this section. If amend | | | |
| Fund | Funded | Commit | Commitment Item | Increase | Current | Revised |
| 273512 | Program 71010 | Item 631400 | Description Engineering Fees | (Decrease) 429,100.00 | Budget 709,705.37 | Budget 1,138,805.37 |
| 2/33/2 | 71010 | 031400 | Lingingering rees | 429,100.00 | 709,703.37 | 1,136,603.37 |
| | | | | | | - |
| | | | Net Change to Budget | \$ 429,100.00 | | |
| | | | | | | |
| Why are fun | de peeded | 3 (h hl) | EXPLANATION | | | |
| Why are fun | ias needed | r (type below) |) | | | |
| Funds are | needed for t | the distribut | ion system (Project #71010). | | | |
| | | | | | | |
| Where are f | unds availa | ble? (type be | elow) | | | |
| | | | onizing the Wastewater insurance | refunds (revenue) o | f \$12,709,900, rece | ived in the |
| Wastewate | er Emergeno | cy Fund (18 | 13), Project #50280. | | | |
| | | | | | | |
| Cost Center | Director* | | REVIEW PROCESS | | | |
| | | | | | Date | |
| Department | Administra | | Date | | | |
| Budget Office: M. GWZ | | | | | Date / | 123/24 |
| Agency Mar | nager | | 10 | | Date | 100,01 |
| Finance Department: | | | | | Date | |
| Clerk to the | Board Adn | | Date | | | |
| Inputted by: | | | . Date . | | | |
| BA number | (SAP) | . Date . | | | | |

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BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only BAR#

| | | | | | APH Date | |
|----------------|----------------------|-------------|---|------------------------------------|------------------------|--------------|
| | 4014 | | CO Sewer Capital Project | | | |
| | Fund No. | | Fund Description (type on line abov | e) | | |
| Арр | Date Preporoved by B | | Revenue Budget Detail | _ (Attach Executive Item No. ** | Summary) | IID |
| Fund Center | Title: | | Interfund Transfer | | Fund Center No.: | 929010 |
| Funded Prog | gram (Projec | ct) Title: | Fund 414 Reserve/Transfers | | 5-digit Fd Prog #: | 94014 |
| (only one Fund | Center/Funded | Program sho | ould be entered into this section. If amend | dment is for Funded Progra | am, must enter Fund Ce | nter info) |
| Fund | Funded | Commit | Commitment Item | Increase | Current | Revised |
| Center | Program | Item | Description | (Decrease) | Budget | Budget |
| 929010 | 94014 | 421813 | Advance/Repay frm 1813 | 9,280,800.00 | - | 9,280,800.00 |
| | | | BA 24-527 | | | - |
| | | | | | | = 5 |
| | | | Net Change to Budget | \$ 9,280,800.00 | • | |

Expense Budget Detail

| Fund Center Title: | Wastewater Capital | Fund Center No.: | 263614 |
|---|--|--|--------|
| Funded Program (Project) Title: | Eliminate NPDES | 5-digit Fd Prog #: | 70234 |
| (only one Fund Center/Funded Program sh | ould be entered into this section. If amendment is for Fur | nded Program, must enter Fund Center inf | fo) |

| Fund | Funded | Commit | Commitment Item | Increase | Current | Revised |
|--------|---------|--------|------------------|--------------|------------|--------------|
| Center | Program | Item | Description | (Decrease) | Budget | Budget |
| 263614 | 70234 | 631400 | Engineering Fees | 3,500,000.00 | 147,155.22 | 3,647,155.22 |
| | | | | | | - |
| | | | | | | - |

Net Change to Budget \$ 3,500,000.00

Expense Budget Detail

Fund Center Title: Wastewater Capital Fund Center No.: 263614 MPS305 Basin Program 5-digit Fd Prog #: 70141 Funded Program (Project) Title:

| Fund | and Funded Commit | | Commitment Item | Increase | Current | Revised | |
|--------|-------------------|--------|------------------|--------------|------------|--------------|--|
| Center | er Program Item | | Description | (Decrease) | Budget | Budget | |
| 263614 | 70141 | 631400 | Engineering Fees | 2,250,000.00 | 469,259.09 | 2,719,259.09 | |
| | | | | | | - | |

Net Change to Budget 2,250,000.00

Expense Budget Detail

| Fund Center Title: | Wastewater Capital | Fund Center No.: | 263614 |
|---|--------------------------------------|---|--------|
| Funded Program (Project) Title: | Collections TSP | 5-digit Fd Prog #: | 70240 |
| (only one Fund Center/Funded Program sh | ould be entered into this section. I | famendment is for Funded Program, must enter Fund Center info |) |

| Fund | Funded | Commit | Commitment Item | Increase | Current | Revised |
|--------|--------|--------|------------------|--------------|-------------------|--------------|
| Center | | | Description | (Decrease) | (Decrease) Budget | |
| 263614 | | | Engineering Fees | 3,530,800.00 | 1,281,287.26 | 4,812,087.26 |
| | | | | | | - |
| | | | | 100 | | - |

Net Change to Budget

\$ 3,530,800.00

EXPLANATION

Why are funds needed? (type below)

Funds are needed for the FoxFire Wells Project (#70234), MPS 305 Basin Project (#70141) and Collections TSP Project (#70240).

Where are funds available? (type below)

Funds are available through recgonizing the Wastewater insurance refunds (revenue) of \$12,709,900, received in the Wastewater Emergency Fund (1813), Project #50280.

REVIEW PROCESS

| Cost Center Director*: | | |
|--|------|---------|
| | Date | |
| Department Administrator*: | | |
| to the total | Date | |
| Budget Office: M. Supplemental States and St | Date | 7/23/24 |
| Agency Manager | D-4- | , , , |
| Finance Department: | Date | |
| Tillance Department. | Date | |
| Clerk to the Board Admin: | | |
| | Date | |
| Inputted by: | | |
| | Date | |
| BA number (SAP) | | |
| | | |

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| BUD | GET AMI | ENDMEN | T REQUEST | For Budget/Financ BA# JE # BAR# APH Date | e Use Only N-538 | |
|--|-------------------------|----------------|---|--|--|-------------------|
| | 055000000 |) | EMS Capital | | | |
| | Fund No. | | Fund Description (type on line above | e) | | |
| Арр | Date Prep roved by B | | 1 230 | (Attach Executive Item No. | | 16F3 |
| | | | Revenue Budget Detail | 109 | | |
| Fund Center | Title: | | Interfund Tran BCC | | Fund Center No.: | 929010 |
| Funded Progr | ram (Projec | t) Title: | | | 5-digit Fd Prog #: | 94055 |
| | | | ould be entered into this section. If amend | | | |
| Fund Center | Funded Program | Commit Item | Commitment Item Description | Increase (Decrease) | Current Budget | Revised Budget |
| | 94055 | 414050 | Trans from 4050 EMS Op | 1,023,689.31 | 500,000.00 | 1,523,689.31 |
| 020010 | . 1000 | 111000 | B+ 24-537 | 1,020,000.0 | | - |
| | | | 1947 17 39 7 | | | |
| - | | | Net Change to Budget | \$ 1,023,689.31 | | |
| Fund Center Funded Prog (only one Fund C | ram (Projec | | Expense Budget Detail EMS Capital ould be entered into this section. If amend | dment is for Funded Progr | Fund Center No.: 5-digit Fd Prog #: | 144620 31455 |
| Fund | Funded | Commit | Commitment Item | Increase | Current | Revised |
| Center | Program | Item | Description | (Decrease) | Budget | Budget |
| 144620 | 31455 | 764990 | Other Machinery and Equip | 1,023,689.31 | - | 1,023,689.31 |
| — | | | | | | - |
| | | | Net Change to Budget | \$ 1,023,689.31 | | - |
| Why are fund Funds are r | | | EXPLANATION) pital equipment | | | |
| Where are full Funds are a | | | | | | |
| Cost Center Department | | ntor*: | REVIEW PROCESS | | Date | |
| | | 100 · A | | | Date | |
| Budget Office | Budget Office: M. Gold | | | | | 7/23/24 |

Date

Agency Manager

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#: | 24 | -6 | 007 | | |

| Agenda Item : | 29532 1659 | Date : | 8.13.24 | Type: | PH. PH |
|---------------|------------------|--------|------------|-------|--------|
| Agenda Item : | , , , | Date : | | Type: | 050 |
| Prepared By : | Charles Kammerer | Date : | 07/25/2024 | | |

| Fund : | 4053000000 EMS GRANT | |
|---------------------|----------------------|------------------------------|
| Grant : | 33655-02 | EMS CGP INTEREST |
| Start : | 10/01/2019 | |
| End: | 12/31/2099 | |
| Sponsor: | 6500041 | Florida Department of Health |
| Sponsored Program : | EMS COUNTY GRANT | |
| Funded Program : | 33655 | EMS COUNTY GRANT PROGRAM |
| Grant Percent : | 100.00 | |
| Match Percent : | 0.00 | |

Revenue Budget

| | Commit | Commit. Description | Sponsored Class | Grant F.Ctr | Grant Amt |
|---|--------|---------------------|------------------|---------------|-----------|
| | 361170 | OVERNIGHT INTEREST | INTEREST REVENUE | 989010 | 5,973.75 |
| | 361180 | INVESTMENT INTEREST | INTEREST REVENUE | 989010 | 1,122.85 |
| X | 489200 | CARRY FORWARD GEN | CARRYFORWARD | 919010 | 207.69 |
| | | • | | TOTAL REVENUE | 7,304.29 |

Expense Budget

| | Commit | Commit. Description | Sponsored Class | Grant F.Ctr | Grant Amt |
|-----------|---------------|---------------------|---------------------|-------------|-----------|
| \exists | 652930 | MINOR MEDICAL EQUIP | MINOR MEDICAL EQUIP | 144616 | 7,304.29 |
| | TOTAL EXPENSE | | TOTAL EXPENSE | 7,304.29 | |

| Total Sponsor Budget : | 7,304.29 |
|------------------------|----------|
| Total Cost Sharing : | 0.00 |
| Total Project : | 7,304.29 |

Why are funds needed?

To recognize and appropriate accrued interest through June 30, 2024 to support the purchase of medical and rescue equipment for EMS.

What is the source of funding?

Funds are available from interest earnings. Grant award originated from the FL Dept of Health (current contract C2411).

Reviewed By:

| Cost Center Director : | Date : |
|--------------------------|--------|
| Division Administrator : | Date : |
| Budget Department : | Date: |
| Agency Manager : | Date: |