

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	24-703
JE #	
BAR#	
APH Date	

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

Date Prepared: 8/30/2024 (Attach Executive Summary)  
Approved by BCC on: 9/10/24 Item No. 29828 16 L3

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	(29,600.00)	29,600.00	-
<b>Net Change to Budget</b>				<b>\$ (29,600.00)</b>		

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	441,000.00	2,647,500.00	3,088,500.00
<b>Net Change to Budget</b>				<b>\$ 441,000.00</b>		

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	411,400.00	-	411,400.00
<b>Net Change to Budget</b>				<b>\$ 411,400.00</b>		

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: *M. Sup...* \_\_\_\_\_ Date 9/10/24  
Agency Manager: \_\_\_\_\_ Date \_\_\_\_\_  
Finance Department: \_\_\_\_\_ Date \_\_\_\_\_  
Clerk to the Board Admin: \_\_\_\_\_ Date \_\_\_\_\_  
Inputted by: \_\_\_\_\_ Date \_\_\_\_\_  
BA number (SAP) \_\_\_\_\_ Date \_\_\_\_\_

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DH

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only	
BA#	24-704
JE #	
BAR#	
APH Date	

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

Date Prepared: 8/30/2024 (Attach Executive Summary)  
Approved by BCC on: 9/10/24 Item No. 29828 16L3

**Expense Budget Detail**

Fund Center Title: Bayshore CRA Projects Fund Center No.: 138345  
Funded Program (Project) Title: 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 General	441,000.00	3,139,834.00	3,580,834.00
				<b>Net Change to Budget</b>	<b>\$ 441,000.00</b>	

**Revenue Budget Detail**

Fund Center Title: Interfund Transfer Fund Center No.: 929010  
Funded Program (Project) Title: Fund 1021 Reserves/Transfers 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 from 1020	441,000.00	2,647,500.00	3,088,500.00
				<b>Net Change to Budget</b>	<b>\$ 441,000.00</b>	

**EXPLANATION**

**Why are funds needed?** (type below)

Funds are needed for stormwater 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*:	_____	Date	_____
Budget Office:	<u>M. Lopez</u>	Date	<u>9/10/24</u>
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#	24-305
JE #	
BAR#	
APH Date	

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

Date Prepared: 8/30/2024 (Attach Executive Summary)  
 Approved by BCC on: 9/10/24 Item No. 29 828 1643

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	(53,000.00)	53,000.00	-
<b>Net Change to Budget</b>				<b>\$ (53,000.00)</b>		

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	220,700.00	542,700.00	763,400.00
<b>Net Change to Budget</b>				<b>\$ 220,700.00</b>		

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	167,700.00	-	167,700.00
<b>Net Change to Budget</b>				<b>\$ 167,700.00</b>		

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: M. Dupz Date 9/10/24  
 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#	<u>24-706</u>
JE #	_____
BAR#	_____
APH Date	_____

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

Date Prepared: 8/30/2024 (Attach Executive Summary)  
Approved by BCC on: 9/10/24 Item No. 29828 16L3

**Expense Budget Detail**

Fund Center Title: Immokalee CRA Project Fund Center No.: 138346  
Funded Program (Project) Title: Imm CRA - First Street Corridor 5-digit Fd Prog #: 50250  
(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	50250	763100	Improvements General	220,700.00	250,000.00	470,700.00
						-

Net Change to Budget \$ 220,700.00

**Revenue Budget Detail**

Fund Center Title: Interfund Tran BCC Fund Center No.: 929010  
Funded Program (Project) Title: Fund 1026 Reserves/Transfers 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 From 1025	220,700.00	542,700.00	763,400.00
						-

Net Change to Budget \$ 220,700.00

**EXPLANATION**

**Why are funds needed?** (type below)  
Funds are needed for various capital projects along First St in 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: M. Supay \_\_\_\_\_ Date 9/10/24  
Agency Manager: \_\_\_\_\_ Date \_\_\_\_\_  
Finance Department: \_\_\_\_\_ Date \_\_\_\_\_  
Clerk to the Board Admin: \_\_\_\_\_ Date \_\_\_\_\_  
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BA number (SAP): \_\_\_\_\_ Date \_\_\_\_\_

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