

25-010

Grant Budget Request

Cost Sharing

For Budget/Finance Use	
BA# :	24-1603

Agenda Item :	29424 16B2	Date :	8.13.24	Type :	P.H.
Agenda Item :		Date :	10/22/24	Type :	
Prepared By :	Caroline Soto	Date :	07/16/2024		

Fund :	4035000000	TRANS DISADV MATCH
Grant :	33913-02	FTA 5307 FY24 24-XXX
Start :	10/01/2024	
End :	09/30/2029	
Sponsor :	6500657	Federal Transit Administration
Sponsored Program :	00657	
Funded Program :	33913	FTA SEC. 5307 FY24
Grant Percent :	100.00	
Match Percent :	0.00	

Revenue Cost Sharing

Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
414033	TRANS FRM 4033 DISAD BA 25-010	TRANSFER IN	929010	725,832.00
410001	TRANS FRM 001 GF BA 25-022	TRANSFER IN	929010	430,100.00
<b>TOTAL REVENUE</b>				<b>1,155,932.00</b>

Expense Cost Sharing

Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
634999	OTHER CONTRACTUAL SE	00657 FTA5307 PT EXP	138429	725,832.00
652490	FUEL AND LUB ISF	00657 FTA5307 PT EXP	138429	430,100.00
<b>TOTAL EXPENSE</b>				<b>1,155,932.00</b>

Total Sponsor Budget :	2,810,390.00
Total Cost Sharing :	1,155,932.00
Total Project :	3,966,322.00

**Why are funds needed?**  
 Funds are needed to support the match required by FY24 FTA Section 5307 Grant for operating costs for the Collier Area Transit Paratransit Service.

**What is the source of funding?**  
 Matching funds are available in Fund 4035.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :		Date :	8/12/24
Agency Manager :		Date :	

PH  
FY 25

25-019

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only
BA# <u>24101</u>
JE # _____
BAR# _____
APH Date _____

113000000 Local Provider Participation Fund  
Fund No. Fund Description (type on line above)

Date Prepared: 8/27/2024 (Attach Executive Summary)  
Approved by BCC on: 9/10/24 Item No. 24800 16D11

**Expense Budget Detail**

Fund Center Title: Local Provider Participation Fund Center No.: 155941  
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
155941	0	881400	Remit to Other Government	13,194,849.00		13,194,849.00
<b>Net Change to Budget</b>				<b>\$ 13,194,849.00</b>		

**Revenue Budget Detail**

Fund Center Title: Local Provider Participation 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	539,949.00	2,564,200.00	3,104,149.00
<b>Net Change to Budget</b>				<b>\$ 539,949.00</b>		

**Revenue Budget Detail**

Fund Center Title: Local Provider Participation Fund Center No.: 155941  
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
155941	0	363100	Special Assessment	12,654,900.00		12,654,900.00
<b>Net Change to Budget</b>				<b>\$ 12,654,900.00</b>		

**EXPLANATION**

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

Funds are needed to fund the Direct Payment Program which is a funding mechanism that takes hospital funds collected through a non-ad valorem assessment and directs those dollars to the Agency for Health Care Administration (AHCA) to fund the non-federal share of the State's Medicaid program ultimately resulting in enhanced funding returned to the hospitals. Recognize carryforward and appropriate in remittances.

**Where are funds available?** (type below)

Funds will be available through a special hospital assessment and unspent funding from FY23. Funds are recognized in Local Provider Participation Fund 1130000000-155941 Local Provider Participation - 881400 Remit to Other Government and unspent funding from FY LPP Fund 1130

**REVIEW PROCESS**

Cost Center Director\*: \_\_\_\_\_ Date \_\_\_\_\_  
Division Administrator\*: \_\_\_\_\_ Date \_\_\_\_\_  
Budget Department: Blaine H Date 9/10/24  
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 Division 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.