

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	<u>17-266</u>
JE #	_____
BAR#	_____
APH Date	_____

758 TDC Capital Project Fund
Fund No. Fund Description (type on line above)

Date Prepared: 4/5/2017 (Attach Executive Summary)
Approved by BCC on: 3/28/2017 Item No. 11B 2737

Expense Budget Detail

Fund Center Title: TDC Sports Promotion Fund Center No.: 101547
Funded Program (Project) Title: Artificial Turf Conversion 5-digit Fd Prog #: 80359
(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
101547	80359	763100	Improvements General	1,980,000.00	-	1,980,000.00
						-
						-

Net Change to Budget \$ 1,980,000.00

Revenue Budget Detail

Fund Center Title: Transfer Fund Center No.: 929010
Funded Program (Project) Title: Fund 758 Reserves/Transfers 5-digit Fd Prog #: 99758
(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	99758	481184	Transfer from Fund (184)	1,980,000.00	-	1,980,000.00
						-

Net Change to Budget \$ 1,980,000.00

EXPLANATION

Why are funds needed? (type below)

To provide funding to convert two sports fields to artificial turf.

Where are funds available? (type below)

Funds are available as a transfer in from TDC Fund (184).

REVIEW PROCESS

Cost Center Director*: <u>[Signature]</u>	Date	<u>4/5/2017</u>
Division Administrator*: _____	Date	_____
Budget Department: <u>[Signature]</u>	Date	<u>4-6-17</u>
Agency Manager: _____	Date	_____
Finance Department: _____	Date	_____
Clerk to the Board Admin: _____	Date	_____
Inputted by: _____	Date	_____
BA number (SAP) _____		

P14

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	<u>17-317</u>
JE #	_____
BAR#	_____
APH Date	_____

490
Fund No.

EMS
Fund Description (type on line above)

Date Prepared: 3/15/2017 (Attach Executive Summary)
 Approved by BCC on: 3/28/2017 Item No. 16.E 10 2813

Expense Budget Detail

Fund Center Title: EMS Fund Center No.: 144610
 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
144610		489200	Carryforward	460,000.00	3,675,900.00	4,135,900.00
						-
						-
						-

Net Change to Budget \$ 460,000.00

Expense Budget Detail

Fund Center Title: EMS Fund Center No.: 144610
 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
144610	0	914910	Transfer to 491	460,000.00	1,500,000.00	1,960,000.00
						-
						-
						-

Net Change to Budget \$ 460,000.00

Expense Budget Detail

Fund Center Title: _____ Fund Center No.: _____
 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
0	0					-
						-
						-
						-

Net Change to Budget \$ -

EXPLANATION

Why are funds needed? (type below)

For the replacement of field radios to P25 compliance.

Where are funds available? (type below)

Funds are available in Fund 490 Carryforward.

REVIEW PROCESS

Cost Center Director*: _____	Date	_____
Department Administrator*: _____	Date	_____
Budget Office: <u>Laura Will</u>	Date	<u>3/28/17</u>
Agency Manager _____	Date	_____
Finance Department: _____	Date	_____
Clerk to the Board Admin: _____	Date	_____
Inputted by: _____	Date	_____
BA number (SAP) _____		

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

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

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PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	<u>17-346</u>
JE #	_____
BAR#	_____
APH Date	_____

491 EMS Proj/Motor Pool
Fund No. Fund Description (type on line above)

Date Prepared: 3/15/2017 (Attach Executive Summary)
Approved by BCC on: 3/28/2017 Item No. 16.E10 2813

Expense Budget Detail

Fund Center Title: EMS Fund Center No.: 144610
Funded Program (Project) Title: 800 MHz Radio replacements 5-digit Fd Prog #: 50134
(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
144611	50134	481490	Transfer from 490	460,000.00	544,200.00	1,004,200.00
						-
						-
						-
Net Change to Budget				\$ 460,000.00		

Expense Budget Detail

Fund Center Title: EMS Fund Center No.: 144610
Funded Program (Project) Title: 800 MHz Radio replacements 5-digit Fd Prog #: 50134
(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
144611	50134	764220	Radios and Equipment	460,000.00	544,200.00	1,004,200.00
						-
						-
						-
Net Change to Budget				\$ 460,000.00		

Expense Budget Detail

Fund Center Title: _____ Fund Center No.: _____
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
0	0					-
						-
						-
						-
Net Change to Budget				\$ -		

EXPLANATION

Why are funds needed? (type below)

For the replacement of field radios to P25 complinace.

Where are funds available? (type below)

Funds are available in Fund 490 Carryforward.

REVIEW PROCESS

Cost Center Director*: _____	Date	_____
Department Administrator*: _____	Date	_____
Budget Office: <u>Laura Hill</u>	Date	<u>3/28/17</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

Cost Sharing

For Budget/Finance Use	
BA# :	17-360

Agenda Item :	16D7	2940	Date :	4/11/17	Type :	P.H.
Agenda Item :			Date :		Type :	
Prepared By :	Edmond Kushi		Date :	03/27/2017		

Fund :	710	PUBLIC SERVICE MATCH
Grant :	33509-01	FY17 SUMMER FOOD
Start :	06/05/2017	
End :	07/28/2017	
Sponsor :	281	FL DEPARTMENT OF EDUCATION
Sponsored Program :	SUMMER FOOD	
Funded Program :	33509	Summer Food Program
Grant Percent :	100.00	
Match Percent :	0.00	

Revenue Cost Sharing

Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/> 481111	TRANS FRM 111 UNINC	TRANSFER IN	929010	29,150.00
TOTAL REVENUE				29,150.00

Expense Cost Sharing

Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/> 513100	OTHER SALARIES AND W	PERSONAL SERVICES	156319	12,500.00
<input type="checkbox"/> 521100	SOCIAL SECURITY MATC	PERSONAL SERVICES	156319	950.00
<input type="checkbox"/> 644600	RENT EQUIPMENT	TRANSPORTATION	156319	6,500.00
<input type="checkbox"/> 651110	OFFICE SUPPLIES GEN	SF ADMIN SUPPLIES	156319	800.00
<input type="checkbox"/> 652490	FUEL AND LUB ISF	TRANSPORTATION	156319	2,000.00
<input type="checkbox"/> 652990	OTHER OPERATING SUPP	SF OP SUPPLIES	156319	6,400.00
TOTAL EXPENSE				29,150.00

Total Sponsor Budget :	104,878.02
Total Cost Sharing :	29,150.00
Total Project :	134,028.02

Why are funds needed?
Funds are needed to administer the Department of Agriculture Summer Food Program for Summer 2017

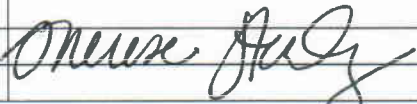
What is the source of funding?
Funds are available from several Parks and Recreation Division Cost Centers in Fund 111

Reviewed By :

Cost Center Director :		Date :	
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Grant Budget Request

Cost Sharing

Division Administrator :		Date :	4/11/17
Budget Department :		Date :	
Agency Manager :		Date :	