

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	20-732
JE #	
BAR#	
APH Date	

681 Court Administration  
 Fund No. Fund Description (type on line above)

Date Prepared: 6/29/2020 (Attach Executive Summary)  
 Approved by BCC on: 7/14/20 Item No. 16 F4 12831

Expense Budget Detail 9/10/20

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		481001	Transfer from 001 Gen Fund	(15,000.00)	2,031,000.00	2,046,000.00

BA 20-731 15,000  
 Net Change to Budget \$ (15,000.00) 2,046,000  
 15,000

Expense 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		911710	Transfer to Teen Court (171)	5,000.00	41,500.00	46,500.00
929010		916400	Transfer to Law Library (640)	5,000.00	137,900.00	142,900.00
929010		911920	Transfer to Court Innovations (192)	5,000.00	51,500.00	56,500.00

Net Change to Budget \$ 15,000.00

BA-20-733  
 BA-20-734  
 BA 20-735

EXPLANATION

Why are funds needed? (type below)

To cover the above Court agencies for the balance of FY 2020 due to Article V revenue shortfalls.

Where are funds available? (type below)

Funds are available in reserve for contingencies of the General Fund 001.

REVIEW PROCESS

Cost Center Director\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Division Administrator\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Budget Department: Laura Welch Date 7/14/20  
 Agency Manager: \_\_\_\_\_ Date \_\_\_\_\_  
 Finance Department: \_\_\_\_\_ Date \_\_\_\_\_  
 Clerk to the Board Admin: \_\_\_\_\_ Date \_\_\_\_\_  
 Inputted by: \_\_\_\_\_ Date \_\_\_\_\_  
 BA number (SAP): \_\_\_\_\_ Date \_\_\_\_\_

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	20-733
JE #	
BAR#	
APH Date	

171 Teen Court  
Fund No. Fund Description (type on line above)

Date Prepared: 6/29/2020 (Attach Executive Summary)  
Approved by BCC on: 7/14/20 Item No. 16F 12831

Revenue Budget Detail

Fund Center Title: Teen Court Fund Center No.: 432530  
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
432530		359221	Teen Court Fee	(5,000.00)	40,000.00	35,000.00

Net Change to Budget \$ (5,000.00)

Revenue Budget Detail

Fund Center Title: Interfund Transfers-BCC 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		481681	Transfer from Courts 681	5,000.00	41,500.00	46,500.00

Net Change to Budget \$ 5,000.00

EXPLANATION

Why are funds needed? (type below)

To cover operating expenses for the balance of the year in Teen Court Fund 171. Revenues are not reaching budget.

Where are funds available? (type below)

Funds are available in the General Fund 001 Reserves.

REVIEW PROCESS

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

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only	
BA#	20-734
JE #	
BAR#	
APH Date	

640      Law Library  
Fund No.      Fund Description (type on line above)

Date Prepared: 6/29/2020 (Attach Executive Summary)  
Approved by BCC on: 7/14/20      Item No. 16 F      12831

**Revenue Budget Detail**

Fund Center Title: Law Library      Fund Center No.: 421810  
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
421810		341702	Law Library Fees	(5,000.00)	40,000.00	35,000.00

**Net Change to Budget**      \$ (5,000.00)

**Revenue Budget Detail**

Fund Center Title: Interfund Transfers-BCC      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		481681	Transfer from Courts 681	5,000.00	51,500.00	56,500.00

**Net Change to Budget**      \$ 5,000.00

**EXPLANATION**

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

To cover operating expenses for the balance of the year in the Law Library Fund 640. Revenues are not reaching budget.

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

Funds are available in the General Fund 001 Reserves.

**REVIEW PROCESS**

**Cost Center Director\*:** \_\_\_\_\_      Date \_\_\_\_\_

**Division Administrator\*:** \_\_\_\_\_      Date \_\_\_\_\_

**Budget Department:** \_\_\_\_\_      Date \_\_\_\_\_

**Agency Manager** \_\_\_\_\_      Date \_\_\_\_\_

**Finance Department:** \_\_\_\_\_      Date \_\_\_\_\_

**Clerk to the Board Admin:** \_\_\_\_\_      Date \_\_\_\_\_

**Inputted by:** \_\_\_\_\_      Date \_\_\_\_\_

**BA number (SAP)** \_\_\_\_\_

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only	
BA#	20-735
JE #	
BAR#	
APH Date	

192 Court Innovation Fund  
Fund No. Fund Description (type on line above)

Date Prepared: 6/29/2020 (Attach Executive Summary)  
Approved by BCC on: 7/14/20 Item No. 16F 12831

**Revenue Budget Detail**

Fund Center Title: Public Guardianship Fund Center No.: 432515  
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
432515		351150	Court Costs	(5,000.00)	40,000.00	35,000.00

**Net Change to Budget** \$ (5,000.00)

**Revenue Budget Detail**

Fund Center Title: Interfund Transfers-BCC 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		481681	Transfer from Courts 681	5,000.00	137,900.00	142,900.00

**Net Change to Budget** \$ 5,000.00

**EXPLANATION**

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

To cover operating expenses for the balance of the year in the Court Innovation Fund 192 for Public Guardianship. Revenues are not reaching budget.

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

Funds are available in the General Fund 001 Reserves.

**REVIEW PROCESS**

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

### BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	20-736
JE #	
BAR#	
APH Date	

681 Court Administration  
Fund No. Fund Description (type on line above)

Date Prepared: 7/23/2019 (Attach Executive Summary) 12831  
Approved by BCC on: 7/14/20 Item No. 16 F

#### Expense Budget Detail

Fund Center Title: Parole & Probation Fund Center No.: 431310  
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
431310		348141	Deferred Prosecution Fees	(89,000.00)	165,000.00	76,000.00
431310		359170	Probation Fee	(175,000.00)	625,000.00	450,000.00
431310		359175	Probationer's Medical Fees	(2,500.00)	6,000.00	3,500.00

**Net Change to Budget** \$ (266,500.00)

#### Expense 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		481001	Transfer Frm 001	266,500.00	2,031,000.00	2,297,500.00

**Net Change to Budget** \$ 266,500.00

### EXPLANATION

Why are funds needed? (type below)

To cover operating expenses for the balance of the year in Parole & Probation Fund 681. Revenues are not reaching budget.

Where are funds available? (type below)

Funds are available in Remit to Other Fund 001.

### REVIEW PROCESS

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

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only	
BA#	<u>20-737</u>
JE #	_____
BAR#	_____
APH Date	_____

652 Fund No. Legal Aid Society Fund Description (type on line above)

Date Prepared: 5/23/2017 (Attach Executive Summary)  
 Approved by BCC on: 7/14/20 Item No. 16F 12831

**Revenue Budget Detail**

Fund Center Title: Legal Aid Society Fund Center No.: 100530  
 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
100530		341751	Legal Fees	(5,000.00)	40,000.00	35,000.00

**Net Change to Budget** \$ (5,000.00)

**Revenue Budget Detail**

Fund Center Title: Interfund Transfers-BCC 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		481001	Transfer to Legal Aid Soc. (652)	5,000.00	151,000.00	156,000.00

**Net Change to Budget** \$ 5,000.00

**EXPLANATION**

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

To cover operating expenses for the balance of the year in the Legal Aid Society Fund 652. Revenues are not reaching budget.

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

Funds are available in the General Fund 001 Reserves.

**REVIEW PROCESS**

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

**BUDGET AMENDMENT REQUEST**

PH

For Budget/Finance Use Only	
BA#	20-797
JE #	
BAR#	
APH Date	

716 Fund No. Immokalee CRA Match  
Fund Description (type on line above)

Date Prepared: 7/22/2020 (Attach Executive Summary)

Approved by BCC on: 7/28/20 Item No. 16 B

12912

**Expense Budget Detail**

Fund Center Title: Reserves Fund Center No.: 919010  
Funded Program (Project) Title: Fund 716 Res/Xfers 5-digit Fd Prog #: 99716

(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	99716	993000	Reserve for Capital	(60,000.00)	60,000.00	-
	0					-

Net Change to Budget \$ (60,000.00)

**Expense Budget Detail**

Fund Center Title: Immokalee CRA Match Fund Center No.: 138316  
Funded Program (Project) Title: CHS CDBG Imm Sidewalks 5-digit Fd Prog #: 33588

(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
138316	33588	763100	Improvements General	214,749.00	100,000.00	314,749.00

Net Change to Budget \$ 214,749.00

**Revenue Budget Detail**

Fund Center Title: Transfers Fund Center No.: 929010  
Funded Program (Project) Title:  5-digit Fd Prog #: 33588

(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	33588	481186	Trans from 186	60,070.00	100,000.00	160,070.00
929010	33588	481162	Trans from 162	94,679.00	-	94,679.00

Net Change to Budget \$ 154,749.00

**EXPLANATION**

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

To provide sufficient budget for the Immokalee Sidewalk project (No. 33588).

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

From Fund (716) reserves, transfer from Immok Beautification funds (162) & transfer from Immok CRA Fund (186).

**REVIEW PROCESS**

Cost Center Director*:	_____	Date	_____
Department Heads:	_____	Date	_____
Office of Mgt & Budget:	<u>[Signature]</u>	Date	<u>8-12-20</u>
Agency Manager:	_____	Date	_____
Finance Department:	_____	Date	_____
Clerk to the Board Admin:	_____	Date	_____
Inputted by:	_____	Date	_____
BA number (SAP)	_____		

# Grant Budget Request

Cost Sharing

PH

For Budget/Finance Use	
BA# :	20 840

Agenda Item :	116 A	13122	Date :	9/8/20	Type :	
Agenda Item :			Date :		Type :	
Prepared By :	Lisa Taylor		Date :	08/19/2020		

Fund :	712	GROWTH MGT MATCH
Grant :	60190-01	CIGP AIRPORT PULLING
Start :	09/08/2020	
End :	06/30/2025	
Sponsor :	442	FL Department of Transportation
Sponsored Program :	JPA/GMD	
Funded Program :	60190	Airport Rd North of Vanderbilt Road
Grant Percent :	100.00	
Match Percent :	0.00	

**Revenue Cost Sharing**

	Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input checked="" type="checkbox"/>	481313	TRANS FRM 313 GAX TX	TRANSFER IN <i>DA 20 841</i>	929010	1,100,000.00
<input checked="" type="checkbox"/>	481333	TRANS FRM 333 RD IM	TRANSFER IN <i>DA 20 842</i>	929010	400,000.00
<b>TOTAL REVENUE</b>					<b>1,500,000.00</b>

**Expense Cost Sharing**

	Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/>	631400	ENG FEES	JPA CAPITAL	163623	1,500,000.00
<b>TOTAL EXPENSE</b>					<b>1,500,000.00</b>

Total Sponsor Budget :	1,500,000.00
Total Cost Sharing :	1,500,000.00
Total Project :	3,000,000.00

**Why are funds needed?**  
 Funds are needed for a match grant requirement to design Airport Pulling Road from Vanderbilt Beach Road to Immokalee Road.

**What is the source of funding?**  
 Funds to provide a match for the State-Funded Grant Agreement with Florida Department of Transportation (FDOT) will be available October 1st, 2020 from Impact Fee District 3 and gas taxes.

**Reviewed By :**

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



PH

# Grant Budget Request

Cost Sharing

For Budget/Finance Use	
BA# :	26 873

Agenda Item :	16F	13364	Date :	9-8-20	Type :	
Agenda Item :			Date :		Type :	
Prepared By :	Valerie Fleming		Date :	08/24/2020		

Fund :	494	EMS MATCH
Grant :	33356-02	MM63 GNFD
Start :	05/23/2017	
End :	06/30/2018	
Sponsor :	672	
Sponsored Program :	672 GNFD STATION 63	
Funded Program :	33356	FDOT MM 63 FIRE STATION
Grant Percent :	100.00	
Match Percent :	0.00	

**Revenue Cost Sharing**

	Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/>	337200	LOCAL PUBLIC SAFETY	672 GNFD REVENUE	144617	(8,000.00)
<input checked="" type="checkbox"/>	481490	TRANS FRM 490 EMS	TRANSFER IN	929010	8,000.00
<i>BA 26-8714</i>				<b>TOTAL REVENUE</b>	<b>0.00</b>

**Expense Cost Sharing**

	Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/>					
<b>TOTAL EXPENSE</b>					<b>0.00</b>

Total Sponsor Budget :	0.00
Total Cost Sharing :	0.00
Total Project :	0.00

**Why are funds needed?**  
 Funds are needed for MM63 local ten percent match balance for billable staff hours.

**What is the source of funding?**  
 EMS Fund 490

**Reviewed By :**

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