



Grant Budget Request

Budget

For Budget/Finance Use	
BA# :	21-142

Agenda Item :	16511 14092	Date :	12/8/20	Type :	P.H.
Agenda Item :	17-A 14523	Date :	1-2-21	Type :	
Prepared By :	Leslie Davis	Date :	11/19/2020		

Fund :	791	SHIP GRANT
Grant :	33613-01	SHIP FY19-22
Start :	07/01/2019	
End :	06/30/2022	
Sponsor :	731	FL Housing Finance Corporation
Sponsored Program :	731 SHIP	
Funded Program :	33613	SHIP FY19-22
Grant Percent :	100.00	
Match Percent :	0.00	

Revenue Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input checked="" type="checkbox"/> 489200	CARRY FORWARD GEN	591 INT REV 731 SHIP REV	919010	7,424.89
TOTAL REVENUE				7,424.89

Expense Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/> 651110	OFFICE SUPPLIES GEN	731 SHIP EXP	138791	10.00
<input type="checkbox"/> 882100	REMITT PRIVATE ORG	731 SHIP EXP	138791	7,414.89
TOTAL EXPENSE				7,424.89

Total Sponsor Budget :	7,424.89
Total Cost Sharing :	0.00
Total Project :	7,424.89

Why are funds needed?
To meet the housing needs of the very low, low and moderate income households of Collier County.

What is the source of funding?
Florida Housing Finance and Program Income from SHIP activities.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :	<i>[Signature]</i>	Date :	12/8/20
Agency Manager :	<i>[Signature]</i>	Date :	1/13/2021



Grant Budget Request

Budget

For Budget/Finance Use	
BA# :	2-143

Agenda Item :	16D11 14592	Date :	12/8/20	Type :	P.H.
Agenda Item :	17A 14523	Date :	1-20-21	Type :	
Prepared By :	Leslie Davis	Date :	11/19/2020		

Fund :	791	SHIP GRANT
Grant :	33686-01	SHIP FY20-23
Start :	07/01/2020	
End :	06/30/2023	
Sponsor :	731	FL Housing Finance Corporation
Sponsored Program :	731 SHIP	
Funded Program :	33686	SHIP FY20-23
Grant Percent :	100.00	
Match Percent :	0.00	

Revenue Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input checked="" type="checkbox"/> 489200	CARRY FORWARD GEN	591 INT REV 731 SHIP REV	919010	31,900.90
TOTAL REVENUE				31,900.90

Expense Budget

Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input checked="" type="checkbox"/> 634999	OTHER CONTRACTUAL SE	731 SHIP EXP	138791	2,000.00
<input checked="" type="checkbox"/> 641950	POST FREIGHT UPS	731 SHIP EXP	138791	100.00
<input type="checkbox"/> 882100	REMITT PRIVATE ORG	731 SHIP EXP	138791	29,800.90
TOTAL EXPENSE				31,900.90

Total Sponsor Budget :	31,900.90
Total Cost Sharing :	0.00
Total Project :	31,900.90

Why are funds needed?
To meet the housing needs of the very low, low and moderate income households of Collier County.

What is the source of funding?
Florida Housing Finance and Program Income from SHIP activities.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :	<i>Susan</i>	Date :	12/8/20
Agency Manager :	<i>Susan</i>	Date :	1/13/20 21

Grant Budget Request

Cost Sharing

For Budget/Finance Use	
BA# :	21-166

Agenda Item :	1656 14. A4 14224	Date :	11/17/20	Type :	P.H.
Agenda Item :		Date :		Type :	
Prepared By :	Rookmin Nauth	Date :	11/20/2020		

Fund :	499	AIRPORT MATCH
Grant :	33605-01	IMM RWY 18/36 REHAB
Start :	01/08/2019	
End :	06/30/2022	
Sponsor :	41	Florida Department of Transportation
Sponsored Program :	AVIATION DEVELOPMENT	
Funded Program :	33605	IMMOKALEE RUNWAY 18/36 REHAB
Grant Percent :	100.00	
Match Percent :	0.00	

Revenue Cost Sharing

Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/>	481496 TRANS FRM 496 AIRPOR	TRANSFER IN	929010 ✓	995,079.00
<i>B+ 21-147</i>			TOTAL REVENUE	995,079.00

Expense Cost Sharing

Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
<input type="checkbox"/>	763100 IMPROVEMENTS GEN	AVIATION DEV CONST	192345 ✓	995,079.00
			TOTAL EXPENSE	995,079.00

Total Sponsor Budget :	3,980,315.00
Total Cost Sharing :	995,079.00
Total Project :	4,975,394.00

Why are funds needed?	Funds are needed for the rehabilitation of Immokalee Runway 18/36.
What is the source of funding?	Source of local match funds is Airport Capital Fund 496.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :	<i>[Signature]</i>	Date :	12/2/20
Agency Manager :		Date :	

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	21-196
JE #	
BAR#	
APH Date	

370 Sports Complex Capital
Fund No. Fund Description (type on line above)

Date Prepared: 12/9/2020 (Attach Executive Summary)
Approved by BCC on: 12/8/2020 Item No. 11-B No. 14324

Expense Budget Detail

Fund Center Title: TDT Capital Fund Center No.: 101557
Funded Program (Project) Title: Amateur Sports Complex 5-digit Fd Prog #: 50156
(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
101557	50156	763100	Improve Gen'l	19,924,385.42	26,959,779.52	46,884,164.94

Net Change to Budget \$ 19,924,385.42

Revenue Budget Detail

Fund Center Title: Transfers Fund Center No.: 929010
Funded Program (Project) Title: Fund 370 Res/Xfers 5-digit Fd Prog #: 99370
(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	99370	482183	Advance from 183	7,300,000.00	-	7,300,000.00
929010	99370	482195	Advance from 195	9,900,000.00	-	9,900,000.00
929010	99370	481758	Trans from 758	2,724,385.42	-	2,724,385.42

Net Change to Budget \$ 19,924,385.42

EXPLANATION

V To support Sixth Amendment to Sports Complex Project, CMAR Agreement 17-7198.

V Advances from Funds 183 and 195 and a transfer from Fund 758.

REVIEW PROCESS

Cost Center Director*:	_____	Date	_____
Division Administrator*:	_____	Date	_____
Budget Department:	<u>[Signature]</u>	Date	<u>12-17-20</u>
Agency Manager	_____	Date	_____
Finance Department:	_____	Date	_____
Clerk to the Board Admin:	_____	Date	_____
Inputted by:	_____	Date	_____
BA number (SAP)	_____		

5 of 6

Revised

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	21-207
JE #	
BAR#	
APH Date	

370 Sports Complex Capital
 Fund No. Fund Description (type on line above)

Date Prepared: 12/9/2020 (Attach Executive Summary)
 Approved by BCC on: 12/8/2020 Item No. 11-B No. 14324

Expense Budget Detail

Fund Center Title: Sports Complex Capital Fund Center No.: 101557 ✓
 Funded Program (Project) Title: Wilson Benfield Extension 5-digit Fd Prog #: 60129 ✓
 (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
101557 ✓	60129 ✓	762500 ✓	Infrastructure	9,000,000.00	- ✓	9,000,000.00

Net Change to Budget \$ 9,000,000.00

Revenue Budget Detail

Fund Center Title: Trans ✓ Fund Center No.: 929010 ✓
 Funded Program (Project) Title: Fund 370 Res/Xfers 5-digit Fd Prog #: 99370
 (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 ✓	99370 ✓	481336 ✓	Trans from 336	9,000,000.00	-	9,000,000.00
			<u>BA 21-194</u>			

Net Change to Budget \$ 9,000,000.00

EXPLANATION

Why are funds needed? (type below)
 To support Sixth Amendment to Sports Complex Project, CMAR Agreement 17-7198.

Where are funds available? (type below)
 Transfer from Funds 336.

REVIEW PROCESS

_____	Date _____
Cost Center Director*:	Date _____
Division Administrator*:	Date _____
Budget Department: <u>[Signature]</u>	Date <u>12-11-20</u>
Agency Manager _____	Date _____
Finance Department: _____	Date _____
Clerk to the Board Admin: _____	Date _____
Inputted by: _____	
BA number (SAP)	

6066

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	21-197
JE #	
BAR#	
APH Date	

001 Fund No. General Fund Fund Description (type on line above)

Date Prepared: 11/17/2020 (Attach Executive Summary)
 Approved by BCC on: 11/10/2020 Item No. 11-A No. 14108

Expense Budget Detail

Fund Center Title: 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	n/a	911230	Trans to Fund 123	31,000,000.00	14,165,502.10	45,165,502.10

Net Change to Budget \$ 31,000,000.00

Revenue Budget Detail

Fund Center Title: Transfers Elected Officials Fund Center No.: 959010
 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
959010	n/a	486650	Transfer from Sheriff's Office	31,000,000.00	-	31,000,000.00


Net Change to Budget \$ 31,000,000.00

EXPLANATION

Why are funds needed? (type below)
 To allocate funding for execution of ongoing approved CARES Act program through recognition of Sheriff's Office turnback of CARES Act reimbursement.

Where are funds available? (type below)
 Turnback of CARES Act Funding.

REVIEW PROCESS

Cost Center Director*: _____ Date _____
 Division Administrator*: _____ Date _____
 Budget Department:  _____ Date 12-11-10
 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#	21-198
JE #	
BAR#	
APH Date	

Alter
PH

123 Grant Program Support
Fund No. Fund Description (type on line above)

Date Prepared: 11/17/2020 (Attach Executive Summary)
Approved by BCC on: 11/10/2020 Item No. 11-A No. 14108

Expense Budget Detail

Fund Center Title: Client Assistance Fund Center No.: 155920
Funded Program (Project) Title: FDEM CARES Act 5-digit Fd Prog #: 33699
(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
155920	33699	652990	Other Operating Exp	31,000,000.00	13,464,802.10	44,464,802.10
						-

Net Change to Budget \$ 31,000,000.00

Fund Center Title: Reserves Fund Center No.: 919010
Funded Program (Project) Title: Fund 123 Res/Xfer 5-digit Fd Prog #: 99123
(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	99123			-	-	-
						-

Net Change to Budget \$ -

Revenue Budget Detail

Fund Center Title: Transfers Fund Center No.: 929010
Funded Program (Project) Title: FDEM CARES Act 5-digit Fd Prog #: 33699
(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	33699	481001	Trans from Gen'l Fund	31,000,000.00	13,464,802.10	44,464,802.10

Net Change to Budget \$ 31,000,000.00

EXPLANATION

Why are funds needed? (type below)
To recognize transfer in and establish expenditure budget for ongoing Board approved CARES Act Program.

Where are funds available? (type below)
Transfer from Fund 001 pursuant to turnback of CARES Act funding.

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) _____

Bg 20/22

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	21-199
JE #	
BAR#	
APH Date	

523 Motor Pool Capital
Fund No. Fund Description (type on line above)

Date Prepared: 12/8/2020 (Attach Executive Summary)
Approved by BCC on: 12/8/2020 Item No. 16.C.14 14290

Expense Budget Detail

Fund Center Title: Gen Govt MP Capital Fund Center No.: 122471
Funded Program (Project) Title: Gen Fund 001 MP Cap 5-digit Fd Prog #: 57001

(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
122471	57001	764110	Autos & Trucks	131,100.00	334,461.47	465,561.47
						-

Net Change to Budget \$ 131,100.00

Revenue Budget Detail

Fund Center Title: Transfers Fund Center No.: 929010
Funded Program (Project) Title: Gen Fund 001 MP Cap 5-digit Fd Prog #: 57001

(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	57001	915230	Trans to 523 MP	131,100.00	85,000.00	216,100.00
						-

Net Change to Budget \$ 131,100.00

EXPLANATION

Why are funds needed? (type below)

To purchase vehicles for the Project Construction Management & Field Observation program.

Where are funds available? (type below)

Funds are available within Facilities Management budget in 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) _____