

**BUDGET AMENDMENT REQUEST**

*NKRA PH*

For Budget/Finance Use Only	
BA#	<u>22-178</u>
JE #	_____
BAR#	_____
APH Date	_____

711  
Fund No.

Growth Management Grants  
Fund Description (type on line above)

Date Prepared: 12/27/2021 (Attach Executive Summary)  
Approved by BCC on: 1/11/2021

Item No. 20771 16A13

**Expense Budget Detail**

Fund Center Title: Reserves Fund Center No.: 919010  
Funded Program (Project) Title: Reserves/transfers/interest 5-digit Fd Prog #: 99711  
(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	99711	489201	Carryforward	1,746.24	-	1,746.24
						-

**Net Change to Budget** \$ 1,746.24

**Expense Budget Detail**

Fund Center Title: Interfund Transfers Fund Center No.: 929010  
Funded Program (Project) Title: Reserves/transfers/interest 5-digit Fd Prog #: 99711  
(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	99711	911280	MPO Grants - Transfer to 128 MDO Grants	1,746.24	-	1,746.24
						-

*BA 22-179*  
**Net Change to Budget** \$ 1,746.24

**EXPLANATION**

**Why are funds needed?** (type below)  
Moving excess funding to the fund 128 from Grant 33687-01

**Where are funds available?** (type below)  
Grant 33687-01 CTD Planning G1828

**REVIEW PROCESS**

Cost Center Director\*: \_\_\_\_\_ Date \_\_\_\_\_  
Department Head\*: \_\_\_\_\_ Date \_\_\_\_\_  
Budget Office: \_\_\_\_\_ Date \_\_\_\_\_  
Agency Manager \_\_\_\_\_ Date \_\_\_\_\_  
Finance Department: \_\_\_\_\_ Date \_\_\_\_\_  
Clerk to the Board Admin: \_\_\_\_\_ Date \_\_\_\_\_

P.H.

### BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	22-179
JE #	
BAR#	
APH Date	

128 MPO Grants  
Fund No. Fund Description (type on line above)

Date Prepared: 12/6/2021 (Attach Executive Summary)  
Approved by BCC on: 1/11/21 Item No. 20771 16A B

#### Expense Budget Detail

Fund Center Title: MPO Grants Fund Center No.: 138334  
Funded Program (Project) Title: TD Plan Reinvestment 5-digit Fd Prog #: 32128  
(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
138334	32128	512100	Salaries	1,746.24	2,608.27	4,354.51
						-
						-
						-
<b>Net Change to Budget</b>				<b>\$ 1,746.24</b>		

#### Revenue Budget Detail

Fund Center Title: Interfund Transfer BCC Fund Center No.: 929010  
Funded Program (Project) Title: TD Planning Reinvestment 5-digit Fd Prog #: 32128  
(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	33687	481711	Transfer from 711	1,746.24		1,746.24
						-
						-
						-
<b>Net Change to Budget</b>				<b>\$ 1,746.24</b>		

### EXPLANATION

#### Why are funds needed?

To carry forward funding for MPO from FY20/21

#### Where are funds available?

FY20/21 TD Grant 61828

### REVIEW PROCESS

<b>Cost Center Director*:</b> _____	Date	_____
<b>Department Head*:</b> _____	Date	_____
<b>Budget Department:</b> <i>[Signature]</i> _____	Date	<i>1/12/22</i> _____
<b>Agency Manager</b> _____	Date	_____
<b>Finance Department:</b> _____	Date	_____
<b>Clerk to the Board Admin:</b> _____	Date	_____
<b>Inputted by:</b> _____	Date	_____
<b>BA number (SAP)</b> _____		

If this is uploaded into Novus with an Executive Summary, no signatures are required from the Cost Center Director or Division Administrator.

If this is uploaded into Novus, 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 Novus and will process after the BCC meeting.

I:\Forms\County Forms\ Budget\ Budget Amendment Form.xls (excel format)

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only	
BA#	<u>22-203</u>
JE #	_____
BAR#	_____
APH Date	_____

PH

412 Water Capital  
Fund No. Fund Description (type on line above)

Date Prepared: 1/6/2022 (Attach Executive Summary)  
Approved by BCC on: 1/11/2022 Item No. 20836 H.A.

**Revenue Budget Detail**

Fund Center Title: Reserves Fund Center No.: 929010  
Funded Program (Project) Title: Reserves, Transfers, Interest 5-digit Fd Prog #: 99412

(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	99412	482301	Advance from 301	1,081,924.20	-	1,081,924.20
						-

**Net Change to Budget** \$ 1,081,924.20

**Expense Budget Detail**

Fund Center Title: Combined Water Capital Fund Center No.: 273512  
Funded Program (Project) Title: Old Lely Public Utility Renewal 5-digit Fd Prog #: 70197

(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
273512	70197	763100	Improvements	1,081,924.20	250,000.00	1,331,924.20
						-

**Net Change to Budget** \$ 1,081,924.20

**EXPLANATION**

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

PUD does not have funding for the Old Lely project, therefore fd 301 will loan the Water fd 412 the funding.

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

Fund 301

**REVIEW PROCESS**

Cost Center Director\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Department Head\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Budget Office: \_\_\_\_\_ 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#	22-204
JE #	
BAR#	
APH Date	

PH

414 Sewer Capital  
Fund No. Fund Description (type on line above)

Date Prepared: 1/6/2022 (Attach Executive Summary)  
Approved by BCC on: 1/11/2022 Item No. 20836 11.A.

**Revenue Budget Detail**

Fund Center Title: Reserves Fund Center No.: 929010  
Funded Program (Project) Title: Reserves, Transfers, Interest 5-digit Fd Prog #: 99414

(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	99414	482301	Advance from 301	2,215,368.60	-	2,215,368.60
<b>Net Change to Budget</b>				<b>\$ 2,215,368.60</b>		

**Expense Budget Detail**

Fund Center Title: Combined Sewer Capital Fund Center No.: 263614  
Funded Program (Project) Title: Old Lely Public Utility Renewal 5-digit Fd Prog #: 70197

(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
263614	70197	763100	Improvements	2,215,368.60	-	2,215,368.60
<b>Net Change to Budget</b>				<b>\$ 2,215,368.60</b>		

**EXPLANATION**

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

PUD does not have funding for the Old Lely project, therefore fd 301 will loan the Water fd 414 the funding.

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

Fund 301

**REVIEW PROCESS**

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