

## Grant Budget Request

Budget

For Budget/Finance Use	
BA# :	19-519

PH  
RESO

Agenda Item :	1607	8748	Date :	5/28/19	Type :	RESO
Agenda Item :			Date :		Type :	
Prepared By :	Dory Carrillo		Date :	05/09/2019		

Fund :	707	HUMAN SERVICES GRANT
Grant :	33626-01	CCE 2019-20
Start :	07/01/2019	
End :	06/30/2020	
Sponsor :	541	AREA AGENCY ON AGING
Sponsored Program :	CCE UPDATED	
Funded Program :	33626	CCE 2019-20
Grant Percent :	90.00	
Match Percent :	10.00	

**Revenue Budget**

	Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/>	334630	FL DEPT OF ELDERS	AAA STATE GRANT REV	155970	878,515.00
<input checked="" type="checkbox"/>	489200	CARRY FORWARD GEN	TRANSFER IN	155970	45,248.01
<b>TOTAL REVENUE</b>					<b>923,763.01</b>

**Expense Budget**

	Commit	Commit. Description	Sponsored Class	Grant F.Ctr	Grant Amt
<input type="checkbox"/>	512100	REGULAR SALARIES	AAA STATE GRANT EXP	155970	117,224.00
<input type="checkbox"/>	512600	ER 457	AAA STATE GRANT EXP	155970	300.00
<input type="checkbox"/>	521100	SOCIAL SECURITY MATC	AAA STATE GRANT EXP	155970	17,324.00
<input type="checkbox"/>	522100	RETIREMENT REGULAR	AAA STATE GRANT EXP	155970	17,324.00
<input type="checkbox"/>	634104	PERS/RESPITE/HOMEMAK	AAA STATE GRANT EXP	155970	771,591.01
<b>TOTAL EXPENSE</b>					<b>923,763.01</b>

Total Sponsor Budget :	923,763.01
Total Cost Sharing :	0.00
Total Project :	923,763.01

**Why are funds needed?**

Funds are needed to ensure continuous operation in compliance with CCE grant agreement -203-19

**What is the source of funding?**

Funds will be available from the Florida Department of Elder Affairs CCE Grant Contract CCE 203-19 with required local match from Human Services Grant Fund 707 carry forward and vendor provided match. *(available in reserved and CF)*

**Reviewed By :**

Cost Center Director :		Date :	
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# Grant Budget Request

Budget

Division Administrator :	<i>Maria Gray</i>	Date :	
Budget Department :		Date :	6/28/19
Agency Manager :		Date :	

**BUDGET AMENDMENT REQUEST**

For Budget/Finance Use Only	
BA#	19-560
JE #	
BAR#	
APH Date	

PH

325 Stormwater CIP  
Fund No. Fund Description (type on line above)

Date Prepared: 5/30/2019 (Attach Executive Summary)  
Approved by BCC on: 5/28/2019 Item No. 16A.14 8760

**Expense Budget Detail**

Fund Center Title: Stormwater CAP Fund Center No.: 172940  
Funded Program (Project) Title: Vanderbilt Dr. Stormwater 5-digit Fd Prog #: 60122  
(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
172940	60122	631400	Engineering Fees	150,000.00	1,128,252.05	1,278,252.05
						-
						-
						-

Net Change to Budget \$ 150,000.00

**Revenue Budget Detail**

Fund Center Title: Interfund Transfers Fund Center No.: 929010  
Funded Program (Project) Title: Interfund Transfers 5-digit Fd Prog #: 99325  
(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	99325	481001	Transfer from 001	150,000.00	2,500,000.00	2,650,000.00
						-
						-
						-

Net Change to Budget \$ 150,000.00

**EXPLANATION**

Why are funds needed? (type below)

Project design and permitting and direct evaluation of inland tidal waterway shoaling effects on stormwater runoff conveyance.

Where are funds available? (type below)

General Fund

**REVIEW PROCESS**

Cost Center Director\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Department Heads: \_\_\_\_\_ Date \_\_\_\_\_  
 Office of Mgt & Budget: *Juan Zambor* \_\_\_\_\_ Date 5/30/19  
 Agency Manager: *Rosa B* \_\_\_\_\_ Date 5/3/19  
 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 Division (Cost Center) Director or Department Heads

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.

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	19-571
JE #	
BAR#	
APH Date	

172 Conservation Collier Acquisition  
Fund No. Fund Description (type on line above)

Date Prepared: \_\_\_\_\_ (Attach Executive Summary)  
Approved by BCC on: 6/11/19 Item No. 16D3 8837

Expense Budget Detail

Fund Center Title: Conservation Collier Land Acquisition Fund Center No.: 178986  
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
178986		761100	Land Capital Outlay	874,000.00	1,033,400.00	1,907,400.00
Net Change to Budget				\$ 874,000.00		

Revenue 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		481174	Transfer from Fund 174	874,000.00	<del>1,033,400.00</del> 1,861,400	<del>1,907,400.00</del> 1,060,400
Net Change to Budget				\$ 874,000.00		

EXPLANATION

Why are funds needed? (type below)

Acquisition cost required for Green & Green property pursuant to 6-11-19 Board authorization.

Where are funds available? (type below)

Funds are authorized to be sourced from Conservation Collier Maintenance Fund (174) reserves.

REVIEW PROCESS

Cost Center Director\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Division Administrator\*: \_\_\_\_\_ Date \_\_\_\_\_  
 Budget Department: [Signature] Date 6-11-19  
 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#	<u>19-581</u>
JE #	_____
BAR#	_____
APH Date	_____

94

168 Vanderbilt Waterways MSTU  
Fund No. Fund Description (type on line above)

Date Prepared: 6/2/2019 (Attach Executive Summary)  
Approved by BCC on: 6/11/19 Item No. 16A26 8829

**Expense Budget Detail**

Fund Center Title: Vanderbilt Waterways MSTU Fund Center No.: 110410  
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
110410	0	631400	Eng Fees	65,000	50,000	115,000
					-	-

Net Change to Budget 65,000

**Revenue 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	0	482001	Advance/Repay from (001)	65,000	-	65,000
						-

Net Change to Budget 65,000

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

Water Turkey Bay/Vanderbilt Waterways MSTU dredging related engineering services utilizing a \$650,000 advance from Fund (001) reserves.

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

Advance transferred from General 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) \_\_\_\_\_