

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	19-592
JE #	
BAR#	
APH Date	

PH

111 Fund No. Unincorporated Area General Fund Fund Description (type on line above)

Date Prepared: 6/6/2019 (Attach Executive Summary)
 Approved by BCC on: 6/25/19 Item No. 1608 9349

Expense Budget Detail

Fund Center Title: Reserves Fund Center No.: 919010
 Funded Program (Project) Title: _____ 5-digit Fd Prog #: 0

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	0	991000	Reserve for Contingency	75,000.00	757,807.31	832,807.31
Net Change to Budget				\$ 75,000.00		

Revenue Budget Detail

Fund Center Title: Water Sewer Special Assessments Fund Center No.: 929010
 Funded Program (Project) Title: _____ 5-digit Fd Prog #: _____

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	0	482418	Adv/Repay From Fund (418)	76,000.00	65,400.00	141,400.00
929010		481418	Transfer from Fund (418)	(1,000.00)	1,000.00	-
Net Change to Budget				\$ 75,000.00		

EXPLANATION

Why are funds needed? (type below)
 To provide budget for additional payments on the loan made from Fund (111) to (418).

Where are funds available? (type below)
 Advance/Repayment transfer from Fund (418)

REVIEW PROCESS

Cost Center Director*: _____ Date _____

Department Heads: _____ Date _____

Office of Mgt & Budget: [Signature] _____ Date 6-25-19

Agency Manager: _____ Date _____

Finance Department: _____ Date _____

Clerk to the Board Admin: _____ Date _____

Inputted by: _____ Date _____

BA number (SAP): _____

Grant Budget Request

Cost Sharing

For Budget/Finance Use	
BA# :	19-606

Agenda Item :	16D19	9178	Date :	6/25/19	Type :	R.H.
Agenda Item :			Date :		Type :	
Prepared By :	Josh Thomas		Date :	06/11/2019		

Fund :	429	TRANS DISADV MATCH
Grant :	33635-01	TRIP & EQUIP 2019
Start :	07/01/2019	
End :	06/30/2020	
Sponsor :	96	FL COMMISSION FOR THE TRANS DISADVANT
Sponsored Program :	TRIP AND EQUIPMENT	
Funded Program :	33635	TRIP & EQUIP 2019
Grant Percent :	90.00	
Match Percent :	10.00	

Revenue Cost Sharing

CommIt	CommIt. Description	Sponsored Class	Match F.Ctr	Match Amt
481001	TRANS FRM 001 GEN FD	TRANSFER IN BA 19-634	929010	70,306.86
481427	TRANS FRM 427 DISADV	TRANSFER IN BA 19-607	929010	30,849.14
TOTAL REVENUE				101,156.00

Expense Cost Sharing

CommIt	CommIt. Description	Sponsored Class	Match F.Ctr	Match Amt
634999	OTHER CONTRACTUAL SE	PUB TRANSIT EXPENSE	138429	101,156.00
TOTAL EXPENSE				101,156.00

Total Sponsor Budget :	910,405.00
Total Cost Sharing :	101,156.00
Total Project :	1,011,561.00

Why are funds needed?

Funds are needed to meet the match requirement for the FY19-20 Commission for the Transportation Disadvantaged Trip and Equipment Grant.

What is the source of funding?

Matching funds are available from TD Fund 427 and General Fund 001.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :	<i>Theresa Jones</i>	Date :	6/25/19
Agency Manager :		Date :	



Grant Budget Request

Cost Sharing

For Budget/Finance Use	
BA# :	19-626

Agenda Item :	16.E	9276	Date :	7/9/2019	Type :	P.H.
Agenda Item :			Date :		Type :	
Prepared By :	Erin Page		Date :	06/07/2019		

Fund :	494	EMS MATCH
Grant :	33636-01	FY19 EMS M7006 MTCH
Start :	05/03/2019	
End :	09/30/2020	
Sponsor :	511	FLORIDA DEPARTMENT OF HEALTH
Sponsored Program :	EMS MATCHING GRANT	
Funded Program :	33636	
Grant Percent :	75.00	
Match Percent :	25.00	

Revenue Cost Sharing

Commit	Commit Description	Sponsored Class	Match F/Ctr	Match Amt
<input checked="" type="checkbox"/> 481490	TRANS FRM 490 EMS	TRANSFER IN	929010	42,860.96
TOTAL REVENUE				42,860.96

Expense Cost Sharing

Commit	Commit Description	Sponsored Class	Match F/Ctr	Match Amt
<input type="checkbox"/> 764990	OTHER MACHINERY EQ	EQUIPMENT	144617	42,860.96
TOTAL EXPENSE				42,860.96

Total Sponsor Budget :	78,362.00
Total Cost Sharing :	42,860.96
Total Project :	121,212.96

Why are funds needed?
To fund match to purchase hydraulic assist stretchers.

What is the source of funding?
\$26,115 match available in EMS Fund 490 and additional funds of \$16,745.96 available in EMS Fund 490.

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :	<i>Erin Page</i>	Date :	6/25/19
Agency Manager :		Date :	

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	19-644
JE #	
BAR#	
APH Date	

PH

350
Fund No. EMS Impact Fees
Fund Description (type on line above)

Date Prepared: 6/6/2019 (Attach Executive Summary)
Approved by BCC on: 7/9/2019 Item No. 16.C. Agenda #9191

Expense Budget Detail

Fund Center Title: EMS Impact Fee Capital Fund Center No.: 140475
Funded Program (Project) Title: EMS #25 - Hacienda Lakes Station 5-digit Fd Prog #: 55210
(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
140475	55210	763100	Improvements	827,000.00	1,717,041.11	2,544,041.11
						-

Net Change to Budget \$ 827,000.00

Expense Budget Detail

Fund Center Title: Interfund Transfers Fund Center No.: 929010
Funded Program (Project) Title: Reserves, transfers, interest 5-digit Fd Prog #: 99350
(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	99350	482001	Advance from 001	827,000.00	-	827,000.00
						-

Net Change to Budget \$ 827,000.00

EXPLANATION

Why are funds needed? (type below)
additional funding is required to construct and outfit the new ems station at Hacienda Lakes.
Where are funds available? (type below)
transfer from the General Fund

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#	19-647
JE #	
BAR#	
APH Date	

PH

496
Fund No. Airport Authority Capital
Fund Description (type on line above)

Date Prepared: 6/11/2019 (Attach Executive Summary)
Approved by BCC on: 7/9/2019 Item No. 16.G. # 9218
Expense Budget Detail

Fund Center Title: Marco Island Airport Fund Center No.: 192341
Funded Program (Project) Title: MKY Apron/Terminal Upgrade 5-digit Fd Prog #: 33484
(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
192341	33484	631400	Engineering Fees	211,976.00	-	211,976.00
Net Change to Budget				\$ 211,976.00		

Revenue Budget Detail

Fund Center Title: Interfund Transfer Fund Center No.: 929010
Funded Program (Project) Title: Fund 496 Reserves/Transfers 5-digit Fd Prog #: 99496
(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	99496	481495	Transfer From Fund 495	+(211,976.00)	-	(211,976.00)
Net Change to Budget				\$ +(211,976.00)		

EXPLANATION

Why are funds needed? (type below)

Funds are needed to cover the cost of the Construction Mgmt Fees for Marco Airport Terminal Bldg.

Where are funds available? (type below)

Funds are available in Airport Authority Fund 495 Reserves.

REVIEW PROCESS

Cost Center Director*: _____ Date _____
 Department Head*: _____ 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#	19-049
JE #	
BAR#	
APH Date	

PIA

Fund No. 160 Bayshore Beautification Project Fund
Fund Description (type on line above)

Date Prepared: 6/21/2019 (Attach Executive Summary)
Approved by BCC on: 7/9/2019 Item No. 16. B. # 9236

Expense Budget Detail

Fund Center Title: Bayshore Beautification Fund Center No.: 162518
Funded Program (Project) Title: Thomason Beautification 5-digit Fd Prog #: 50172

(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
162518	50172	631400	Engineering Fees	627,000.00	-	627,000.00
			Improvements General	4,493,400.00		4,493,400.00
Net Change to Budget				\$ 5,120,400.00		

Expense Budget Detail

Fund Center Title: Bayshore Beautification Fund Center No.: 162518
Funded Program (Project) Title: Bayshore North Landscape 5-digit Fd Prog #: 50174

(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
162518	50174	631400	Engineering Fees	110,200.00	-	110,200.00
Net Change to Budget				\$ 110,200.00		

Fund Center Title: Bayshore Beautification Fund Center No.: 162518
Funded Program (Project) Title: Bayshore South Landscape 5-digit Fd Prog #: 50173

(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
162518	50173	631400	Engineering Fees	14,630.00	-	14,630.00
Net Change to Budget				\$ 14,630.00		

Revenue Budget Detail

Fund Center Title: Transfers Fund Center No.: 929010
Funded Program (Project) Title: Res/Xfers 5-digit Fd Prog #: 99160

(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		481163	Transfer from Fund (163)	5,245,230.00	-	5,245,230.00
Net Change to Budget				\$ 5,245,230.00		

EXPLANATION

Why are funds needed? (type below)

Funds are needed to fund CEI services for the Thomasson Drive/Hamilton Ave Beautification project as well as design services for the Bayshore Drive North & South beautification projects. At the same time the current capital budget for the Thomasson/Hamilton project is being relocated to Fund (160)

Where are funds available? (type below)

Funds are available within Bayshore Beautification Fund (163) and being transferred to Bayshore Beautification Project Fund (160) to facilitate project and financial administration.

REVIEW PROCESS

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