

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 2/10/03

OMB#

03-34

FROM: Department Environmental Svcs Division Solid Waste Section

Signatures: Department Director *Robert G. Adolphe* Division Manager *[Signature]*
 Robert G. Adolphe, PE

WHAT IS NEEDED:

- Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
- More funds for Budgeted Item: Item is budgeted, but additional funds are required.
- New item: Item is not in this fiscal year's budget.
- Capital Substitution: Substitution or change of a currently budgeted capital item.
- Fund & Acct # _____ Budget Item # _____ Budget Amount \$ _____
- Capital replacement retention: Capital item was slated to be replaced but needs to be retained. BCC# _____

- Describe item and show calculation of all associated costs of item.
- Explain why item is needed. (If equipment is to be replaced, include description, model, year, BCC#)
- Identify source of funds and why these funds are no longer needed for their original intent.
- For savings on capital items give account #, budget item #, amount budgeted, purchase order #, and actual purchase cost.

Additional funds are needed to pay for contract construction. Project exceeds budget due to emergency generator costs, slip resistant floor costs, permitting and review costs, firetank retrofit costs, two hour fire rated wall costs, county and non-county staff occupancy requirement costs, and higher wind load related costs. This project is the SW Osceola Road Landfill.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 40201 Fund Name Solid Waste

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>40201-999942-59099994</u>			<u>Reserve for Capital Imps</u>	<u>96,500</u>
				TOTAL	96,500
TRANSFER TO	<u>40201-087900-56065000</u>	<u>0880-01</u>	<u>DH9506 1X</u>	<u>Construction in Progress</u>	<u>96,500</u>
				TOTAL	96,500

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: Comp Svcs/hard & software; Fleet/vehicles; Purchasing/capital; Sppt. Svcs; etc)

Signature _____

Div or Dept _____

OMB RECOMMENDATION: Approval Disapproval Analyst *Amanda Keys* Director *[Signature]*

APPROVING AUTHORITY: ___ OMB Director ___ County Manager BCC (Meeting Date) 2-25-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____