

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 2/18/03 BCR# 03-35

FROM: Department Public Works Division Stormwater Section _____

Signatures: [Signature] Department Director 2/20/03 Division Manager [Signature] 2/18/03

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 for the Northwestern Avenue Project due to the selected construction bid being higher than the budgeted amount. These funds are available from the 434 Sediment Basin Project, due to both of these projects being funded by the SJRWMD.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #13000 Fund Name Stormwater

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	077600 56063000	1745 03	DC60216X	Construction/434 Sediment Basin	\$120,000
FROM	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	\$120,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER	077600 53063000	1745 01	DC60214X	Construction/ Northwestern Ave	\$120,000
TO	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
				TOTAL	\$120,000

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

Signature _____

Div or Dept _____

FISCAL SERVICES

RECOMMENDATION: Approval Disapproval Analyst Crockett Hunter Director [Signature]

APPROVING AUTHORITY: _____ DFS Director _____ County Manager BCC (Meeting Date) 3-11-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____