

Item # 58

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Budget Change Request

DEPARTMENT: Sheriff's Office **DIVISION:** _____

AUTHORIZED BY: Sheriff Eslinger **CONTACT:** Penny Fleming **EXT.** 6617

Agenda Date <u>6/24/03</u> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Work Session <input type="checkbox"/> Briefing <input type="checkbox"/> Public Hearing – 1:30 <input type="checkbox"/> Public Hearing – 7:00 <input type="checkbox"/>

MOTION/RECOMMENDATION:

Request that the County Commission approve the attached Budget Change Request transferring \$35,781 in budgeted expenditures from the Sheriff's BCC insurance account to the Sheriff's operating budget.

BACKGROUND:

As part of the adoption of the Sheriff's FY 2002/03 budget, and in accordance with the normal budget process, insurance costs pertaining to the 45 authorized positions in the Children's Protective Services grant totaling \$224,045 were budgeted for in the BCC account which accounts for Sheriff's insurance expenses. The budgeted figure consists of \$212,850 for Health/Life insurance (45 positions @ \$4,730) and \$11,200 for Workers Compensation insurance (40 positions @ \$113, 5 positions @ \$1,336).

The budgeted totals for insurance were predicated on all 45 positions being in place for the entire budget year. The current grant period and subsequent insurance period should be based upon the State fiscal year ending June 30, 2003, and not the County Fiscal year ending September 30, 2003 as is currently the case. Based upon a June 30, 2003 ending date, the insurance costs for Health/Life insurance should be budgeted at \$178,035 and for Workers Compensation the budgeted total should be \$10,229, a combined total of \$188,264.

It is requested that the extra funds budgeted for Health/Life insurance (\$34,808) and Workers Compensation (\$973) be transferred back to the Sheriff's budget for use as programmed within the Children's Protective Services budget.

Reviewed by:
Co Atty: _____
DFS: <u>BN/OK</u>
Other: _____
DCM: <u>AK</u>
CM: <u>KS</u>
File No. <u>CSH00</u>

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 6/9/03 BCR# 03-64

FROM: Department Sheriff's Office Division _____ Section _____

Signatures: Department Director _____ Division Manager _____

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.

Transfer of \$35,781 in excess insurance funds budgeted on behalf of the Children Protective Services grant to the Sheriff's operating budget for use in the Children Protective Services program.

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

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>021000-51023000</u>	_____	_____	<u>Life/Health Insurance</u>	<u>\$ 34,808</u>
	<u>021000-51024000</u>	_____	_____	<u>Worker's Compensation</u>	<u>\$ 972</u>
				TOTAL	\$ 35,781

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	<u>013001-59096320</u>	_____	_____	<u>Sheriff-Personnel Svcs</u>	<u>\$ 35,781</u>
				TOTAL	\$ 35,781

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 B. Aunto Director [Signature]

APPROVING AUTHORITY: _____ DFS Director _____ County Manager BCC (Meeting Date) 6-24-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____