

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 8/5/03

OMB# 03-72

FROM: Department Public Works Division Roads & Stormwater Section Stormwater

Signatures: [Signature] Department Director [Signature] Division Manager [Signature] 8/26/03

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.

Based on the Agreement between Seminole County and the SJRWMD, approved by the Board of County Commissioners on May 12, 2001, (Contract # SE329AA) SJRWMD agreed to fund a portion of the Celery Avenue (Midway) Regional Stormwater Facility not to exceed \$25,000. This \$25,000 was received on July 15, 2003 and will offset this transfer from Reserve for Contingency.

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

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>999930 59099998</u>			<u>Reserve for Contingency</u>	<u>\$25,000</u>
				TOTAL	\$ 25,000
TRANSFER TO	<u>077600 56068000</u>	<u>1918-04</u>	<u>DC69039X</u>	<u>Design/Celery Avenue Regional Stormwater Facility</u>	<u>\$25,000</u>
				TOTAL	\$25,000

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 [Signature] Director [Signature]

APPROVING AUTHORITY: ___ OMB Director ___ County Manager BCC (Meeting Date) 8-26-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____