

*****SEMINOLE COUNTY BUDGET REQUEST*****

Budget Division Use only:

DATE: 8/19/05
 FROM: Department Community Services
 Division Administration

BAR	<input type="checkbox"/>	
BCR	<input checked="" type="checkbox"/>	<u>05-33</u>
DFS	<input type="checkbox"/>	

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.
- Operational Adjustment (Transfer or Savings to cover overage)
- Project reclass, Must be within same Project Number

Detailed Explanation:

The BCC approved the lease and expansion of the Seminole County Health Department at Goodings Plaza on January 25, 2005. Agreed upon the Health Department (State) would pay for all build out costs associated with the new lease space. To accomplish this and move the money to our Facilities Maintenance Division for contracting and build out the Health Department amended their contract with the county for a one time reduction of 150,000.00 and was approved by the BCC on 6/24/05.

After receiving the bids for the project an additional \$150,000.00 is being transferred from the State Health Department to Facilities Maintenance for a total of \$300,000.00 to have the total funds needed to award the project and complete.

	Fund # <u>00100</u>	Fund Name <u>General Fund</u>	
TRANSFER FROM	FUND/ACCOUNT NUMBER <u>00100-066400-530340</u>	Project # _____	ACCOUNT TITLE <u>Contracted Services</u> AMOUNT <u>150,000</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	TOTAL <u>\$150,000</u>
TRANSFER TO	FUND/ACCOUNT NUMBER <u>00100-010560-560630</u>	Project # <u>00234801</u>	ACCOUNT TITLE <u>Improvements Other Than Buildings</u> AMOUNT <u>150,000</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	TOTAL <u>\$150,000</u>

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: IT (hardware/software); Fleet/Vehicles; Purchasing/Capital; Support Svcs; etc)

Approval Date _____ Department/Division _____

RECOMMENDATION: Approval Date 8/19/05 Analyst B Segal Budget Manager [Signature]

APPROVING AUTHORITY: FS Director County Manager BCC Meeting Date 9/13/05

Approved Disapproved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____