

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 8/25/03 BCR# 03-82

FROM: Department Planning & Development Division Community Resources Section _____

Signatures: Department Director [Signature] Division Manager [Signature]

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.

A budget change request is necessary to move funds to the correct account line for Kids House of Seminole, Inc. This project was approved by the Board on 9/10/02 and there is a Subrecipient Agreement between Seminole County and Kids House.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 11901 Fund Name CDBG Grant Fund

	FUND/ACCOUNT#	Project #	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	<u>11901-110922-56062000</u>	<u>CD026417</u>		<u>Kids House New Building</u>	<u>\$ 500,000.</u>
				<u>Buildings 95</u>	
				TOTAL	

	FUND/ACCOUNT#	Project #	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	<u>11901-110922-58082000</u>	<u>CD026417</u>		<u>Kids House New Building</u>	<u>\$ 500,000.</u>
				<u>Aid to Private Organizations</u>	
				TOTAL	

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 [Signature] Director [Signature]

APPROVING AUTHORITY: ___ DFS Director ___ County Manager BCC (Meeting Date) 9-23-03

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____