

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 11/24/03

BCR #

04-04

FROM: Department Public Works Division Engineering Section Minor Projects

Signatures: [Signature] 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.
- The Markham Trailhead construction bid award is scheduled for the BCC meeting of 12/9/03. A corresponding budget adjustment is needed to provide additional funds to cover the \$17,872 difference between the previously adopted project budget of \$500,000 and the lowest construction bid received. Supplemental funding is also required to cover CEI support costs, including materials and construction phase testing for the Markham Trailhead.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 32100 Natural Land Development 2001

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	32100-077533-56067000	1877-05	PI50294X	Const-Flagler Wildemess Trail	40,000
				TOTAL	40,000
TRANSFER TO	32100-077533-56067000	1877-09	PI50304X	Const-Markham Trailhead	40,000
				TOTAL	40,000

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 [Signature] Director [Signature]

APPROVING AUTHORITY: _____ DFS Director _____ County Manager BCC (Meeting Date) _____

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____ Revised 3/01