

SEMINOLE COUNTY BUDGET CHANGE REQUEST

Date 12/2/02 OMB# 03-18

FROM: Department L&LS Division Parks & Recreation 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.

The Parks & Recreation Division has \$47,500 budgeted for trails maintenance. This amount was based on pricing from the current grounds maintenance contractor. The actual contract amount is \$86,768. An additional \$39,268 is requested from Contingency to fund the contract. Approval of this item is contingent upon approval of Item G of the Purchasing Agenda.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund # 00100 Fund Name General

	<u>FUND/ACCOUNT#</u>	<u>AS400 CIP#</u>	<u>PENT CIP#</u>	<u>ACCOUNT TITLE</u>	<u>TOTAL</u>
TRANSFER FROM	<u>999901-59099998</u>	_____	_____	<u>Reserve for Contingency</u>	<u>39,268</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	TOTAL	39,268
TRANSFER TO	<u>043800-53034000</u>	_____	_____	<u>Contractual Services</u>	<u>39,268</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	TOTAL	39,268

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 B. Steuber Director _____

APPROVING AUTHORITY: _____ OMB Director _____ County Manager BCC (Meeting Date) 12-10-02

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____