

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 11/9/2020
 Parent Fund Utilities
 Division Procurement
 Department _____

Request for the following transfer be made for the reason(s) stated:

Amount FROM	Fund	Cost Center	Account	Project	Area	TBD
\$ 1,300	42011	650536000	5112010	0000000	00	0000000

TOTAL \$ 1,300

Amount TO	Fund	Cost Center	Account	Project	Area	TBD
\$ 1,300	42011	390536001	5112010	0000000	00	0000000

TOTAL \$ 1,300

JUSTIFICATION (attach additional back-up as necessary) _____
 Transfer to cover overage in Personnel costs due to hiring new employee above minimum rate budgeted and change in employee health benefit coverage.

Division Director _____
 Department Director _____

Recommended or not recommended by _____
 (Budget & Management Services) (Date)

Reason _____

APPROVED / NOT APPROVED
 Board of County Commissioners/County Management _____
 (Date)

Requesting Department or Division: **FORWARD TO BUDGET & MANAGEMENT SERVICES**

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 11/9/2020
 Parent Fund Transportation
 Division Procurement
 Department _____

Request for the following transfer be made for the reason(s) stated:

Amount FROM	Fund	Cost Center	Account	Project	Area	TBD
\$ 18,000	14971	520541052	5112010	0000000	00	0000000
\$						
\$						
\$						
\$						
\$						

TOTAL \$ 18,000

Amount TO	Fund	Cost Center	Account	Project	Area	TBD
\$ 18,000	14971	390513095	5112010	0000000	00	0000000
\$						
\$						
\$						
\$						
\$						

TOTAL \$ 18,000

JUSTIFICATION (attach additional back-up as necessary) _____

Transfer to cover overage in Personnel costs _____

Division Director _____

Department Director _____

Recommended or not recommended by _____
 (Budget & Management Services) (Date)

Reason _____

APPROVED / NOT APPROVED
 Board of County Commissioners/County Management _____

(Date)

Requesting Department or Division: FORWARD TO BUDGET & MANAGEMENT SERVICES

BUDGET AMENDMENT REQUEST

(for budget transfers and/or unbudgeted expenses)

Date 10/23/2024
 Parent Fund Special Revenue Grant Fd
 Department/Division Board of County Commissioners/Emergency Management/Facilities
 BoCC Date 11/5/2024

Request for the following transfer be made for the reason(s) stated:

	Amount FROM	Fund	Cost Center	Account	Project	Area	TBD
	\$						
TOTAL	\$	-					
	Amount TO	Fund	Cost Center	Account	Project	Area	TBD
	\$ 2,050,000	11194	570308010	3344901	0000000	00	0000000
	\$ 2,050,000	11194	570308010	5666000	5700087	00	0000000
TOTAL	\$	4,100,000					

JUSTIFICATION (attach additional back-up as necessary) _____
 Request Board approve 1) Accept and execute grant agreement with the Florida Department of Law Enforcement from funds in specific appropriation 1297A, in the amount of \$2,050,000 in nonrecurring capital outlay funds provided to the Polk County Board of County Commissioners for the Polk County Sheriff's Office County Jail Improvements 2) CIP amendment, Budget Resolution, and transfer from reserves to establish the project budget

Department/Division Director BoCC 11/05/24

Recommended or not recommended by BoCC 11/05/24
 (Budget & Management Services) (Date)

Reason _____

APPROVED / NOT APPROVED
 Board of County Commissioners/County Management BoCC 11/05/24
 (Date)

Requesting Department or Division: **FORWARD TO BUDGET & MANAGEMENT SERVICES**

