

## BOARD BUDGET AMENDMENT REQUEST FORM

*Please type in the green boxes.*

Name of the Person submitting the request: Audrey Ables

Telephone Extension: 43485

### APPROPRIATION FROM: Accounts & Amount to be reduced

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>REDUCTION</u> (Rounded Up to \$10)
Account 1	0001	114100	5995010	1008	0000000	107,065,350	196,800
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						107,065,350	196,800

### APPROPRIATION TO: Accounts & Amount to be increased

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	201010	5110001	1221	0000000	2,161,860	120,000
Account 2	0001	201010	5210001	1221	0000000	129,980	9,200
Account 3	0001	201010	5220001	1221	0000000	560,300	46,600
Account 4	0001	201010	5230001	1221	0000000	312,470	21,000
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						3,164,610	196,800

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. Why is this budget amendment required? Provide an explanation indicating why additional appropriation is required for each of the line items listed in the "APPROPRIATION TO" section.**

The addition of a dedicated position to oversee the CDBG Disaster Recovery Grant is essential to ensure compliance with federal regulations. This role would improve program efficiency, mitigate risks, and provide financial oversight, ensuring the grant is effectively utilized to benefit the community.

**2. Why are funds available for realignment? Provide an explanation indicating why funds are available for each of the line items listed in the "APPROPRIATION FROM" section.**

Funds are available from the General Fund Reserves, as intended. Additionally, they will be reimbursed upon receipt of grant funding.

3. Is this amendment related to a previous Board action? (i.e. change order, contract approval, etc.) If so, please indicate the type of action and date approved.

No

4. For requests submitted after the new year budget development process, is this amendment consistent with the current year 9/30 projections provided in the budget?

Yes

5. If the amendment is related to the Capital Improvement Program, is this consistent with the multi-year plan and how will it affect current or future year plans?

N/A

6. If this request is submitted by anyone other than the Department Director, please confirm this amendment has  
(Type name of Director and date approved)

Audrey Ables, 01/21/2025

# BOARD BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Charlie Jenkins

Telephone Extension: 48966

## APPROPRIATION FROM: Accounts & Amount to be reduced

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>REDUCTION</u> (Rounded Up to \$10)
Account 1	0001	114100	5995010	1008	0000000	107,065,350	82,210
Account 2	0001	201012	5110001	1223	0000000	353,930	353,930
Account 3	0001	201012	5120001	1223	0000000	408,810	408,810
Account 4	0001	201012	5210001	1223	0000000	58,340	58,340
Account 5	0001	201012	5220001	1223	0000000	105,720	105,720
Account 6	0001	201012	5230001	1223	0000000	166,800	166,800
Account 7	0001	201012	5310001	1223	0000000	120,940	120,940
Account 8	0001	201012	5400001	1223	0000000	3,500	3,500
Account 9	0001	201012	5410001	1223	0000000	5,760	5,760
Account 10	0001	201012	5460001	1223	0000000	3,000	3,000
Account 11	0001	201012	5490070	1223	0000000	240	240
Account 12	0001	201012	5510001	1223	0000000	2,000	2,000
Account 13	0001	201012	5520001	1223	0000000	2,000	2,000
Account 14	0001	201012	5520009	1223	0000000	3,500	3,500
Account 15	0001	201012	5520098	1223	0000000	7,200	7,200
Account 16	0001	201012	5540001	1223	0000000	3,500	3,500
Account 17	0001	201012	5550001	1223	0000000	5,000	5,000
Account 18							
Account 19							
Account 20							

Total 1,250,240 1,332,450

## APPROPRIATION TO: Accounts & Amount to be increased

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	361310	5110001	1223	0000000	0	353,930
Account 2	0001	361310	5120001	1223	0000000	0	408,810
Account 3	0001	361310	5210001	1223	0000000	0	58,340
Account 4	0001	361310	5220001	1223	0000000	0	105,720
Account 5	0001	361310	5230001	1223	0000000	0	166,800
Account 6	0001	361310	5310001	1223	0000000	0	120,940
Account 7	0001	361310	5340001	1901	0000000	16,840	34,470
Account 8	0001	361310	5400001	1223	0000000	0	3,500
Account 9	0001	361310	5410001	1223	0000000	0	5,760
Account 10	0001	361310	5460001	1223	0000000	0	3,000
Account 11	0001	361310	5490070	1223	0000000	0	240
Account 12	0001	361310	5510001	1223	0000000	0	2,000
Account 13	0001	361310	5520001	1223	0000000	0	2,000
Account 14	0001	361310	5520009	1223	0000000	0	3,500
Account 15	0001	361310	5520098	1901	0000000	18,970	24,010
Account 16	0001	361310	5520098	1223	0000000	0	7,200
Account 17	0001	361310	5540001	1223	0000000	0	3,500
Account 18	0001	361310	5550001	1223	0000000	0	5,000
Account 19	0001	361501	5520098	1903	0000000	2,740	2,740
Account 20	0001	361525	5520098	1903	0000000	7,380	7,380

Account 21	0001	361530	5520098	1903	0000000	8,440	8,440
Account 22	0001	361540	5520098	1903	0000000	5,170	5,170
Account 23							
Account 24							
Account 25							

<b>Total</b>						59,540	1,332,450
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**Budget Amendment Questions:**

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. Why is this budget amendment required? Provide an explanation indicating why additional appropriation is required for each of the line items listed in the “APPROPRIATION TO” section.**

This amendment is required to realign \$1.3M from County Administrator to Construction and Property Management (CPM) to fund the personnel and operations realignment of the Construction Services Division. The Department is also requesting \$34,470 be realigned from reserves for the unanticipated expenses of closing costs for the South County Service Center (SCSC) and \$47,740 to be realigned from reserves for unanticipated equipment expenses.

**2. Why are funds available for realignment? Provide an explanation indicating why funds are available for each of the line items listed in the “APPROPRIATION FROM” section.**

Funding is available in the County Administrator budget due to the approved FY25 budget. Funding is available in reserves due to funding set at State Statute required levels.

3. Is this amendment related to a previous Board action? (i.e. change order, contract approval, etc.) If so, please indicate the type of action and date approved.

No.

4. For requests submitted after the new year budget development process, is this amendment consistent with the current year 9/30 projections provided in the budget?

Yes.

5. If the amendment is related to the Capital Improvement Program, is this consistent with the multi-year plan and how will it affect current or future year plans?

No.

6. If this request is submitted by anyone other than the Department Director, please confirm this amendment has  
(Type name of Director and date approved)

Bill Greer - December 27, 2024

## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Sarimar Garcia Colon

Telephone Extension: 44212

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3313901	1398	006588A	0	128,500
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

Total 0 128,500

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	258300	5349000	1398	006588A	0	4,000
Account 2	0001	258300	5400001	1398	006588A	0	8,400
Account 3	0001	258300	5550001	1398	006588A	0	4,000
Account 4	0001	258300	5620001	1398	006588A	0	85,000
Account 5	0001	258300	5640400	1398	006588A	0	27,100
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

Total 0 128,500

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

US EPA grant received after completion of FY25 budget, Grant #03D14924, Legistar item #24-0865D. The grant period is 7/1/24 to 6/30/29, with anticipated funding in FY25 of \$128,500. FY25 funding will cover one air monitoring shelter, three pieces of equipment, travel and training for four staff members, and fence and electrical work for shelter.

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

No

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

No

**4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?**

Yes

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

**5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.**

United States Environmental Protection Agency

**6. Is the grant a reimbursement grant?**

Yes

**7. What is the total time period of the grant? Include start and end dates.**

07/01/24 through 06/30/29

**8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.**

\$515,000

**9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.**

No

**10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.**

No

**11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).**

OMB reviewed Agreement and grant documentation on 9/12/24, attached to Legistar item #24-0865D.

**12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been reviewed and approved by your Director.**

**(Type name of Director and date approved)**

Kelli Hammer Levy - September 16, 2024

## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Cindy Margiotta

Telephone Extension: 47398

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3669300	1485	0000000	0	7,500
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	7,500

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	261130	5340001	1485	006663A	0	7,500
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	7,500

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

Duke Energy Foundation Grant award. The grant funds will be used to contract with a photographer and videographer to produce new high quality industry and community photos and videos of real estate locations, businesses and people across the County.

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

No

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

No



**4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?**

No, this is why we are doing this amendment to add the expense to our budget.

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

**5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.**

Duke Energy Foundation

**6. Is the grant a reimbursement grant?**

No, the grant funds were received in October 2024.

**7. What is the total time period of the grant? Include start and end dates.**

10/1/2024 to 9/30/2025

**8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.**

The grant is \$7,500. The funds have been received and will be used in the current fiscal year.

**9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.**

They are not required, but we will be using an additional estimated \$17,500 of already budgeted marketing funds to complete the project.

**10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.**

No

**11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).**

The grant documentation and correspondence was forwarded to Natalie Steiner in OMB on October 16, 2024 from Marianna Kruczek.

**12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been (Type name of Director and date approved)**

*Cynthia Johnson - December 10, 2024*

## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Keri Vizandiou

Telephone Extension: 48202

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3312001	1712	006659A	0	309,400
Account 2	0001	100200	3312001	1712	006660A	0	309,400
Account 3	0001	100200	3312001	6010	006659A	0	90,600
Account 4	0001	100200	3312001	6010	006660A	0	90,600
Account 5	0001	100200	3316901	1565	006655A	0	500,000
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	1,300,000

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	301435	5340001	1565	006655A	0	500,000
Account 2	0001	311112	5340001	1712	006659A	0	309,400
Account 3	0001	311112	5340001	1712	006660A	0	309,400
Account 4	0001	601110	5299991	6010	006659A	0	52,290
Account 5	0001	601110	5299992	6010	006659A	0	38,310
Account 6	0001	601110	5299991	6010	006660A	0	52,290
Account 7	0001	601110	5299992	6010	006660A	0	38,310
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	1,300,000

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

Project 006659A is the Drug Dependency Court Expansion Grant - DNTC. Project 006660A is the Pinellas Adult Drug Court Expansion Grant - ANTC. 006655A is the TIEH Treatment for Individuals Experiencing Homelessness grant. All were received from HHS/SAMHSA (US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration)

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

Yes, we have received several grants over the years from SAMHSA. The only current open one is: FR-CARA 005087A/B.

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

Yes. See the following Granicus items for award acceptance: #24-1632A-The Drug Dependency Court Expansion Grant - DNTC; #24-1636A-The Pinellas Adult Drug Court Expansion Grant - ANTC; #24-1489A-TIEH Treatment for Individuals Experiencing Homelessness

**4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?**

No.

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

**5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.**

HHS/SAMHSA (US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration). They are all CFDA #93.243.

**6. Is the grant a reimbursement grant?**

Yes.

**7. What is the total time period of the grant? Include start and end dates.**

They all run for five years (9/30/24-9/29/29).

**8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.**

The two drug court grants are \$2,000,000 in total grant award (\$400,000 each year). TIEH is \$2,499,995 in total (\$499,999 each year). This budget resolution is requesting the amount for one year.

**9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.**

No.

**10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.**

The grant is funding a court position within the Courts Admin budget (cost center 601110, program 6010)

**11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).**

Included on email.

**12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been (Type name of Director and date approved)**

Karen Yatchum - December 10, 2024

## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Thomas Scofield

Telephone Extension: 43585

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3343901	1780	0000000	0	45,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	45,000

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	331110	5340001	1780	0000000	0	45,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	45,000

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

Title: Philippe Park Interpretive Signs; Purpose: To provide park visitors with information on the historical background and archaeological significance of the Safety Harbor Site--the location of the native village of Tocobaga and Odet Philippe's St. Helena plantation.

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

Yes, a Small Matching Grant from the Florida Division of Historical Resources was received during FY23 for the Historic Resources Survey of Flood Hazard Areas, Phase 3 (Legistar item #23-0827D).

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

Submittal of the grant application for this project was approved under Legistar item #23-0453D.

**4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?**

No

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

**5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.**

Florida Department of State, Division of Historical Resources (a state agency)

**6. Is the grant a reimbursement grant?**

Yes

**7. What is the total time period of the grant? Include start and end dates.**

Deadline for completion of project work is June 2025.

**8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.**

\$45,000; yes, all funds will be received during the current fiscal year.

**9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.**

Pinellas County is recognized as a Certified Local Government by the state and federal governments for the purposes of historic preservation, therefore, no match is required.

**10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.**

No

**11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).**

See attachment.

**12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been (Type name of Director and date approved)**

Glenn Bailey - December 20, 2024

## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Jason Miller on behalf of Jodie Sechler

Telephone Extension: 22526

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3312001	1823	006395A	0	1,750,000
Account 2	1006	100200	3342001	1817	003216A	0	294,850
Account 3	1025	100200	3342001	1823	005674A	0	2,030
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	2,046,880

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	342110	5310001	1823	006395A	0	354,280
Account 2	0001	342110	5340001	1823	006395A	0	277,790
Account 3	0001	342110	5464000	1823	006395A	0	63,550
Account 4	0001	342110	5520001	1823	006395A	0	11,520
Account 5	0001	342110	5520009	1823	006395A	0	185,020
Account 6	0001	342110	5520098	1823	006395A	0	35,430
Account 7	0001	342110	5640001	1823	006395A	0	822,410
Account 8	1006	344210	5640300	1817	003216A	0	269,850
Account 9	1006	344310	5810006	1817	0000000	3,725,000	25,000
Account 10	1025	343110	5520001	1823	005674A	0	2,030
Account 11							
Account 12							
Account 13							
Account 14							
Account 15							
<b>Total</b>						3,725,000	2,046,880

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

#### 1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.

The COPS Grant will be used to improve effectiveness and the flow of information among law enforcement agencies, local government service providers, and communities served through effective equipment, technologies, and interoperable communications.

The State of Florida EMS Trust Grant is being used to provide for a rehab unit to be utilized by First Responders.

The State of Florida 911 Grant is being used to upgrade 911 related software that records incoming and outgoing emergency and non-emergency calls within the 911 system.

#### 2. Have funds from this source been received before? If yes, indicate when they were last received.

Yes, previously received funding from the State of Florida for the EMS Trust and Florida E911 Board grants.

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

No

**4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?**

Yes

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

**5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.**

State of Florida

**6. Is the grant a reimbursement grant?**

Yes, COPS and E911 are reimbursement grants.

**7. What is the total time period of the grant? Include start and end dates.**

COPS - 12/31/2025  
E911 - 09/30/2025  
EMS - 06/30/2025

**8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.**

COPS - \$1,750,000  
E911 - \$190,883  
EMS - \$444,851

**9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.**

No

**10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.**

No

**11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).**

**12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been  
(Type name of Director and date approved)**





## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Sarimar Garcia-Colon

Telephone Extension: 44212

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3345001	2206	005708A	0	500,000
Account 2	0001	100200	3345001	2206	005708B	0	204,410
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	704,410

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	114100	5995010	1008	0000000	107,065,350	228,130
Account 2	0001	436062	5349000	2206	005708A	185,000	327,690
Account 3	0001	436062	5349000	2206	005708B	0	148,590
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	704,410

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

This is an amendment to grant funding agreement with Florida Department of Environmental Protection for the Vulnerability Assessment Phase II. Acct 1 - Additional revenue of \$1,353,000 awarded from FDEP (Legistar Item #24-1973A), agreement end date of 12/30/26; Acct 2 - Revenue of \$500,000 (carry forward) from FY24 budgeted but not billed. Acct 2- FY24 expenditures budgeted but not spent are included above in amount of \$327,690 (carry forward).

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

Yes, received \$700,000 grant agreement #22PLN94 effective 7/1/21.

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

Yes, original grant of \$700,000 on Agenda dated 10/25/22 as Contract/Agreement, Legistar item #22-1648A.

4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?

Yes

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.

Florida Department of Environmental Protection

6. Is the grant a reimbursement grant?

Yes

7. What is the total time period of the grant? Include start and end dates.

7/1/21 through 12/30/26

8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.

\$2,053,000. No, the grant will be expended through 12/30/26. First award of \$700,000 (Legistar #22-1648A) and second award of \$1,353,000 (Legistar #24-1973A) for a total of \$2,053,000.

9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.

No

10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.

No

11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).

Agreement and amendment reviewed by OMB in Legistar on 11/7/24.

12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been reviewed and approved by your Director.

*(Type name of Director and date approved)*

Kelli Hammer Levy - November 13, 2024

## BOARD BUDGET AMENDMENT REQUEST FORM

*Please type in the green boxes.*

Name of the Person submitting the request: Susan Morse

Telephone Extension: 44989

### APPROPRIATION FROM: Accounts & Amount to be reduced

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>REDUCTION</u> (Rounded Up to \$10)
Account 1	0001	114100	5995010	1008	0	107,065,350	44,120
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

Total						107,065,350	44,120
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### APPROPRIATION TO: Accounts & Amount to be increased

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	970001	5919971	9870	0	6,307,970	9,240
Account 2	0001	970001	5919973	9870	0	4,814,700	34,880
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

Total						11,122,670	44,120
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### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. Why is this budget amendment required? Provide an explanation indicating why additional appropriation is required for each of the line items listed in the "APPROPRIATION TO" section.**

Appropriation is requested to cover costs incurred during the machine and manual recounts for the Circuit Court Judge, 6th Circuit, Group 14 contest. This recount, mandated by Florida law, was the largest in Pinellas County history and required significant resources that were neither anticipated nor budgeted.

**2. Why are funds available for realignment? Provide an explanation indicating why funds are available for each of the line items listed in the "APPROPRIATION FROM" section.**

Fund are available in reserves at State Statute required levels.

3. Is this amendment related to a previous Board action? (i.e. change order, contract approval, etc.) If so, please indicate the type of action and date approved.

No.

4. For requests submitted after the new year budget development process, is this amendment consistent with the current year 9/30 projections provided in the budget?

Yes.

5. If the amendment is related to the Capital Improvement Program, is this consistent with the multi-year plan and how will it affect current or future year plans?

N/A

6. If this request is submitted by anyone other than the Department Director, please confirm this amendment has  
(Type name of Director and date approved)

Julie Marcus - December 17, 2024

## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

Please type in the green boxes.

Name of the Person submitting the request: John Ondrovic

Telephone Extension: 44319

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	100200	3421013	9890	0000000	1,687,600	1,852,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						1,687,600	1,852,000

### EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	0001	990001	5919991	9890	0000000	363,086,350	1,852,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						363,086,350	1,852,000

### Budget Amendment Questions:

Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

This amendment is required to meet the increased need of six Airport Security Specialists as part of the Law Enforcement Service Contract with St. Pete Clearwater Airport (PIE). This has resulted in an increase to the FY25 Budget of \$452,000 in revenue from Airport and expenditures for the Pinellas County Sheriff's Office (see attached). An additional \$1,400,000.00 is requested for annual retention incentive payments for all deputies at each five-year increment of employment as a Deputy Sheriff with PCSO up through the twentieth year of employment.

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

Yes, annually.

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

No.

4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?

Yes

PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.

5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.

N/A

6. Is the grant a reimbursement grant?

N/A

7. What is the total time period of the grant? Include start and end dates.

N/A

8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.

N/A

9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.

N/A

10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.

N/A

11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).

N/A

12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been (Type name of Director and date approved)

Chris Rose - December 20, 2024

## ADMINISTRATIVE BUDGET AMENDMENT REQUEST FORM

*Please type in the green boxes.*

Name of the Person submitting the request: James Lewis  
 Telephone Extension: 22306

### APPROPRIATION FROM: Accounts & Amount to be reduced

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>REDUCTION</u> (Rounded Up to \$10)
Account 1	4052	431470	5600001	2421	002938A	700,000	543,000
Account 2	4052	431470	5600001	2421	006479A	125,000	125,000
Account 3	4052	431471	5600001	2421	003204I	1,000,000	900,000
Account 4	4052	431471	5600001	2421	003409A	10,331,000	300,000
Account 5	4052	431471	5600001	2421	003431A	1,050,000	200,000
Account 6	4052	431471	5600001	2421	004911A	620,000	600,000
Account 7	4052	431471	5600001	2421	005225A	5,000,000	500,000
Account 8							
Account 9							
Account 10							

<b>Total</b>	18,001,000	3,168,000
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### APPROPRIATION TO: Accounts & Amount to be increased

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>INCREASE</u> (Rounded Up to \$10)
Account 1	4052	431470	5600001	2323	002941A	150,000	668,000
Account 2	4052	431470	5600001	2421	006668A	0	100,000
Account 3	4052	431471	5600001	2323	003769A	157,000	1,100,000
Account 4	4052	431471	5600001	2421	006668A	0	1,300,000
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

<b>Total</b>	157,000	2,400,000
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### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. Why is this budget amendment required? Provide an explanation indicating why additional appropriation is required for each of the line items listed in the "APPROPRIATION TO" section.**

The Advanced Metering Infrastructure Reclaimed Meters Project 003769A requires additional funding to complete construction in FY25, the project will not receive a carry-forward appropriation. The South Cross Bayou High Service Pump Improvements Project 002941A scope has expanded to include improvements to the reclaimed water tanks, funds for cleaning, inspection, and design are needed in FY25. The 96th Place North Seminole Gravity Sewer Main Replacement Project 006668A is an emergency new project request to prevent an imminent sanitary sewer overflow.

**2. Why are funds available for realignment? Provide an explanation indicating why funds are available for each of the line items listed in the "APPROPRIATION FROM" section.**

Funds are being appropriated from capital projects that have been delayed or placed on hold and will not spend the entire FY25 project allocation.

3. Is this amendment related to a previous Board action? (i.e. change order, contract approval, etc.) If so, please indicate the type of action and date approved.

No

4. For requests submitted after the new year budget development process, is this amendment consistent with the current year 9/30 projections provided in the budget?

N/A

5. If the amendment is related to the Capital Improvement Program, is this consistent with the multi-year plan and how will it affect current or future year plans?

Additional funds will be requested for FY26 and beyond for the South Cross Bayou High Service Pump Improvements Project 002941A and the 96th Place North Seminole Gravity Sewer Main Replacement Project 006668A to continue design and construction. The Advanced Metering Infrastructure Reclaimed Water Meters Project 003769A is expected to complete in FY25, there will be no impact to the multi-year plan.

6. If this request is submitted by anyone other than the Department Director, please confirm this amendment has (Type name of Director and date approved)

Jeremy Waugh - December 20, 2024 



## UNANTICIPATED RECEIPT OF FUNDS (I.E. GRANTS) BGT AMENDMENT REQUEST

*Please type in the green boxes.*

Name of the Person submitting the request: Shane Kunze

Telephone Extension: 44599

### REVENUE: Unanticipated Revenue or Grant Proceeds (Accounts & Amount to be Amended)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>Amendment</u> <small>(Rounded Up to \$10)</small>
Account 1	5002	100200	3810001	1009	0000000	0	440,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						0	440,000

### EXPENDITURE: Appropriation (Accounts & Amount to be Amended)

	<u>FUND</u> <u>XXXX</u>	<u>CENTER</u> <u>XXXXXX</u>	<u>ACCOUNT</u> <u>XXXXXXXX</u>	<u>PROGRAM</u> <u>XXXX</u>	<u>PROJECT</u> <u>XXXXXXXX</u>	<u>CURRENT</u> <u>BUDGET</u>	<u>REQUESTED</u> <u>Amendment</u> <small>(Rounded Up to \$10)</small>
Account 1	0001	114100	5995010	1008	0000000	107,065,350	-440,000
Account 2	0001	114300	5915002	1009	0000000	0	440,000
Account 3	5002	361932	5520017	1545	0000000	2,204,000	440,000
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
<b>Total</b>						109,269,350	440,000

### Budget Amendment Questions:

*Please provide a concise answer to each of the following questions. If any questions are not applicable, enter N/A.*

**1. What is this the title and purpose of the unanticipated funds or grant proceeds? Provide a summary explanation of the unanticipated funds or grant and the scope of work for which funding will be provided.**

This transfer is being conducted for the purchase a fuel replenishment system (FRS) at the Public Safety Complex (PSC). The current one is damaged and malfunctioning. This is a critical piece of infrastructure in need of repair.

**2. Have funds from this source been received before? If yes, indicate when they were last received.**

Yes, unknown, not recently.

**3. Is this amendment related to a previous Board action? If so, please indicate the type of action approved and the date approved.**

Yes, funding in the amount was originally approved at \$440,000 for the FRS in RES-23-111 (23-1841A).

4. Is the program/activity for which the unanticipated funds or grant award already appropriated within the Adopted Budget?

Yes

**PLEASE NOTE: IF AMENDMENT IS GRANT RELATED COMPLETE ALL THE FOLLOWING QUESTIONS.  
IF AMENDMENT IS NOT GRANT RELATED, PROCEED TO ITEM #12.**

5. Who awarded the grant? Indicate if this is a federal, state or local agency. Include CFDA or CSFA number, if appropriate.

N/A

6. Is the grant a reimbursement grant?

N/A

7. What is the total time period of the grant? Include start and end dates.

N/A

8. What is the total amount of the grant? Will all funds be received in the current fiscal year? If the grant period extends beyond the current fiscal year, indicate the amount anticipated to be received within the current fiscal year and in future years by fiscal year.

N/A

9. Are matching funds or in-kind services required? If so, provide details and indicate whether or not matching funds are budgeted.

N/A

10. Does the grant require additional personnel? If so, provide details of the position type, full or part-time and salary amounts; or use of volunteers.

N/A

11. Forward a copy of the approved grant documentation and letter of grant award to OMB. (Indicate date forwarded or faxed to OMB).

N/A

12. If this request is submitted by anyone other than the Department Director, please confirm this amendment has been  
(Type name of Director and date approved)

Chris Rose - January 3, 2025