

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)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	0001	100200	3316901	1569	005087B	0	263,760
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	263,760

EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	0001	301330	5340001	1569	005087B	397,260	263,760
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						397,260	263,760

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 005087B is the Pinellas County First Responder - CARA GF Grant. Grantor is US Department of Health and Human Services - SAMHSA (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, this grant was awarded originally in September 2021.

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

Yes. Grant Award Acceptance: #21-1827A

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

Yes, the FY25 appropriation is \$397,260. The approved carryover of the grant is \$161,028, bringing the total for this year to \$661,019. The FY25 appropriation was underestimated so the increase of \$263,760 requested above includes the carryover plus the correction to the underestimation of the FY25 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.

Grantor is US Department of Health and Human Services - SAMHSA (Substance Abuse and Mental Health Services Administration).CSFA #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.

4 years (9/30/2021 - 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.

Total \$1,999,996 (\$499,999 per year). The amount to be received in current year is \$661,019

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

Yes. Match items are already included in the budget.

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).

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 - March 24, 2025

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)

	FUND <u>XXXX</u>	CENTER <u>XXXXXX</u>	ACCOUNT <u>XXXXXXXX</u>	PROGRAM <u>XXXX</u>	PROJECT <u>XXXXXXXX</u>	CURRENT <u>BUDGET</u>	REQUESTED <u>INCREASE</u> <small>(Rounded Up to \$10)</small>
Account 1	0001	100200	3312001	1712	005105A	272,420	164,430
Account 2	0001	100200	3312001	1712	0000000	196,210	62,070
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						468,630	226,500

EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	FUND <u>XXXX</u>	CENTER <u>XXXXXX</u>	ACCOUNT <u>XXXXXXXX</u>	PROGRAM <u>XXXX</u>	PROJECT <u>XXXXXXXX</u>	CURRENT <u>BUDGET</u>	REQUESTED <u>INCREASE</u> <small>(Rounded Up to \$10)</small>
Account 1	0001	311112	5340001	1712	005105A	272,420	164,430
Account 2	0001	311112	5340001	1712	0000000	196,210	62,070
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						468,630	226,500

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.

Project 005105A is the FY21 Family Treatment Court Enhancement (FY21 Family Drug Court Program). Grantor is US Department of Justice - Office of Justice Programs OJP.

The second line is related to the JAG – Justice Assistance Grants that pass through FDLE from DoJ. The estimate for FY25 was based on the FY24 award amount in total. However, the County was awarded more funds in FY25, an increase of \$62,070 over prior year.

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

Family Treatment Court - yes, this grant was awarded originally in December 2021.

JAG – yes, we receive JAG grants annually.

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

Yes. Family Treatment Court - Grant Award Acceptance: #21-2548A

Yes, current year JAG acceptances: 25-0046D, 24-0953D

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

Family Treatment Court: the FY25 appropriation is \$272,420. The FY25 appropriation was underestimated so an increase of \$164,430 is needed to bring budget in line with expected FY25 expenditures.

JAG: The FY25 appropriation is \$196,210. The FY25 appropriation was underestimated so an increase of \$62,070 is needed.

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.

Family Treatment Court: Grantor is US Department of Justice - Office of Justice Programs OJP. CSFA #16.838.

JAG: US Department of Justice – passed through FDLE, CFDA 16.738

6. Is the grant a reimbursement grant?

Yes.

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

Family Treatment Court: 4 years (10/1/2021 - 9/30/2025)

JAG: 1 year (10/1/2024-9/30/2025)

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.

Family Treatment Court: \$996,944

JAG: \$258,275.44

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

No County match 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).

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.

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)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	0001	100200	3342001	1565	006747A	0	400,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	400,000

EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	0001	301435	5340001	1565	006747A	0	400,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	400,000

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 006747A is the DCF TIEH - Treatment for Individuals Experiencing Homelessness Grant. Grantor is State of Florida Department of Children and Families

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 DCF. The only one active for FY25 is: DCF - Complex Case Reintegration (CCRP) #005532A

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

Yes. Grant Award Acceptance: #24-1566A-DCF -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.

DCF (State of Florida Department of Children and Families) CSFA #60.115.

6. Is the grant a reimbursement grant?

Yes.

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

Three years (2/1/2025-1/31/2028).

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.

\$1,200,000 (Budgeted at \$400,000 each year).

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

Yes. Match items are already included in the budget.

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).

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 - March 24, 2025

ADMINISTRATIVE BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Reta Newman, Director
 Telephone Extension: 26817

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> <small>(Rounded Up to \$10)</small>
Account 1	0001	114100	5995010	1008	0000000	26,694,220	185,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						26,694,220	185,000

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> <small>(Rounded Up to \$10)</small>
Account 1	0001	631120	5640001	6082	0000000	50,000	185,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						50,000	185,000

Budget Amendment Questions:

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

1. 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.

GC-MS is an analytical instrument used in the identification of seized drugs, ignitable liquids, and drug/metabolites in DUI and death investigations.

The seized drug unit of PCFL analyzed 9,869 items of evidence (28,443 total tests) in FY24. All items include GC-MS analysis. There are currently four GC-MS instruments dedicated to this unit. One of those instruments is in a constant state of repair and is (currently) inoperable.

The manufacturer's planned obsolescence for a GC-MS averages 7 years. To keep costs at a minimum, at PCFL plan for a minimum lifespan of 15 years. We can accomplish this through internal maintenance training of staff, third party maintenance contracts, and efficient use in instrument operations. The approximate current age of the four instruments assigned to seized drug analysis are:

- 1) >20 years
- 2) 17 years
- 3) 13 years
- 4) 10 years

Due to the concerns associated with a leaking roof at the Forensic Science Center, the instruments are taken completely offline and covered with tarps in the event of adverse weather events (tropical storms/hurricanes). Instrument 1 has been a constant state of repair since attempting to bring it back online after Hurricane Milton and the efforts to maintain it (personnel, supplies, quality assurance activities) now exceed the value of replacing it.

The current plan is to replace Instrument 1 with a new "Fast GC" MS instrument that will have the capacity to effectively replace both Instrument 1 and 2. The vial (sample capacity) of the newer system is 50% larger than the existing system and has Fast GC technology that will decrease run-times per analysis, thus allowing for more samples to be analyzed on a single system in a given period of time.

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.

There are no funds available for re-alignment.

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)

Jon R Thogmartin, MD, PA - February 15, 2025

ADMINISTRATIVE BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Reta Newman, Director
 Telephone Extension: 26817

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> <small>(Rounded Up to \$10)</small>
Account 1	0001	114100	5995010	1008	0000000	26,694,220	547,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						26,694,220	547,000

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> <small>(Rounded Up to \$10)</small>
Account 1	0001	631120	5640001	6082	0000000	50,000	547,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						50,000	547,000

Budget Amendment Questions:

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

1. 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.

X-Rays are used by the Medical Examiner to assess injuries and disease processes that must be considered in determining the cause and manner of death. The current Xray equipment has limited utility and functionality and one of the units has far

exceeded its lifespan.

The MEO currently maintains 2 Xray systems/processes.

- A digital development system (~10 years old)
- Produces mid-resolution single images
- Requires significant body manipulation
- Time consuming process to locate/isolate projectiles and trauma
- Does not allow most soft tissue imaging
- Will be maintained for redundancy and for infant death evaluations

A plate developer system (> 20 years old)

- Produces low quality single images
- Requires chemical plate processing
- Does not allow for soft tissue imaging
- Maintained only for redundancy, will be retired with this replacement system

The proposed high-resolution fully body imaging system

- Current industry standard for pathological imaging
- Produces high-resolution full body scans
- Produces 3-D imaging of bone/soft tissue/projectiles
- Requires no body manipulation
- Produces full scan results in < 5 minutes
- Decreases need for invasive autopsies in non-traumatic death cases
- Decrease extent of dissections in traumatic death cases
- Allows for more precise evaluations of coronary disease processes without invasive dissection
- Provides more detailed accounting of trauma bone and soft tissue injuries
- Significantly reduces employee exposure to radiation

Cost Offset

- Fees for fully body Xray scanning will be added to the Pasco County fee for service schedule.
- May allow for an FTE reduction in autopsy (forensic technician) staff in FY27 assuming comparable projections in D6 MEO jurisdictional deaths.

The seized drug unit of PCFL analyzed 9,869 items of evidence (28,443 total tests) in FY24. All items include GC-MS analysis. There are currently four GC-MS instruments dedicated to this unit. One of those instruments is in a constant state of repair and is (currently) inoperable.

The manufacturer's planned obsolescence for a GC-MS averages 7 years. To keep costs at a minimum, at PCFL plan for a minimum lifespan of 15 years. We can accomplish this through internal maintenance training of staff, third party maintenance contracts, and efficient use in instrument operations. The approximate current age of the four instruments assigned to seized drug analysis are:

- 1) >20 years
- 2) 17 years
- 3) 13 years
- 4) 10 years

Due to the concerns associated with a leaking roof at the Forensic Science Center, the instruments are taken completely offline and covered with tarps in the event of adverse weather events (tropical storms/hurricanes). Instrument 1 has been in a constant state of repair since attempting to bring it back online after Hurricane Milton and the efforts to maintain it (personnel, supplies, quality assurance activities) now exceed the value of replacing it.

The current plan is to replace Instrument 1 with a new "Fast GC" MS instrument that will have the capacity to effectively replace both Instrument 1 and 2. The vial (sample capacity) of the newer system is 50% larger than the existing system and has Fast GC technology that will decrease run-times per analysis, thus allowing for more samples to be analyzed on a single system in a given period of time.

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.

There are no funds available for re-alignment.

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)

Jon R Thogmartin, MD, PA 02-15-25

BOARD BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Belinda Amundson on behalf of Property Appraiser
 Telephone Extension: 44210

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> <small>(Rounded Up to \$10)</small>
Account 1	0001	114100	5995010	1008	0000000	26,694,220	168,350
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						26,694,220	168,350

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> <small>(Rounded Up to \$10)</small>
Account 1	0001	960001	5919960	9860	0000000	13,854,340	168,350
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						13,854,340	168,350

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.

Expenditures related to Hurricane Helene. This budget amendment was requested in FY24 and was approved as part of Resolution No. 24-88. However, the department did not receive these funds and the FY24 books were closed before the error could be corrected and funds transferred as approved.

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.

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?

No

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 been reviewed and approved by your Director.

(Type name of Director and date approved)

Mike Twitty - March 24, 2025

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

Please type in the green boxes.

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 Telephone Extension: 48202

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

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	1009	100200	3315001	1331	005103A	0	512,340
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	512,340

EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	1009	242242	5496902	1331	0000000	0	38,430
Account 2	1009	242242	5800001	1331	0000000	0	473,910
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	512,340

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.

Rapid Unsheltered Survivor Housing (RUSH) grants, awarded under the Emergency Solutions Grants (ESG) program, are made to states or local governments to assist individuals and families experiencing homelessness or at risk of homelessness who have been residing in a "declared disaster area" and have needs that are not otherwise served or fully met by existing federal disaster relief programs.

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

We have received the ESG grant for many years. We get a new entitlement amount each year from HUD. This ESG-RUSH program is related to recent declared disasters in our area, as noted in #1 above.

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

Granicus #25-0115A.

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.

HUD - US Department of Housing and Urban Development, CFDA #14.231

6. Is the grant a reimbursement grant?

Yes.

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

2 years, from 2/4/2025 through 2/3/2027

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.

Total amount of award \$512,336.

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).

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)

Glenn Bailey - March 24, 2025

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

Please type in the green boxes.

Name of the Person submitting the request: Greg Concannon
 Telephone Extension: 36550

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

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	1018	100200	3345001	1904	006754A	0	250,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

Total 0 250,000

EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	1018	361610	5310001	1904	006754A	0	250,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							

Total 0 250,000

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.

The Change request is for funds provided by Florida Commerce through the Defense Reinvestment Grant awarded to the Economic Development Department Young Rainey- STAR Center for redevelopment planning and RFP creation.

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.

25-0109A Approved February 11,2025.

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.

State of Florida Department of Commerce. 40.04.

6. Is the grant a reimbursement grant?

Yes.

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

7/1/2024-6/30-2025.

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 total is \$250,000 all funds must be used prior to 6/30/2025.

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

A 30% match is required, in kind labor services can be utilized, matching funds are not budgeted.

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)

Dr. Cynthia Johnson - March 5, 2025

BOARD BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Greg Concannon
 Telephone Extension: 36550

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> <small>(Rounded Up to \$10)</small>
Account 1	1018	361610	5995000	1008	0000000	1,184,460	318,720
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						1,184,460	318,720

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> <small>(Rounded Up to \$10)</small>
Account 1	1018	361610	5460001	1904	0000000	555,200	318,720
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						555,200	318,720

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 additional funds are necessary to provide for the replacment of two failed transformers.,

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.

The STAR Center is a special revenue fund. Funds are avaiable through the STAR Center reserve fund

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?

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)

Dr. Cynthia Johnson - March 24, 2025

BOARD BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Kristen Pittman on behalf of John Bishop
 Telephone Extension: kpittman@pinellas.gov

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> <small>(Rounded Up to \$10)</small>
Account 1	1040	381210	5730001	1989	006586A	4,700,000	4,700,000
Account 2	1040	381120	5912040	1009	006586A	35,000,000	35,000,000
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						39,700,000	39,700,000

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> <small>(Rounded Up to \$10)</small>
Account 1	1040	381120	5997004	1008	0000000	88,250,670	39,700,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						88,250,670	39,700,000

Budget Amendment Questions:

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

1. 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.

Realigning funds to reserves following cancellation of Major League Baseball Stadium project in St. Petersburg.

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 due to the cancelation of the Major League Baseball Stadium project in St. Petersburg.

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.

N/A

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)

Chris Rose - April 1, 2025

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

Please type in the green boxes.

Name of the Person submitting the request: Kristen Pittman
 Telephone Extension: 44326

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

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	3001	100200	3669991	3003	002168A	0	1,500,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						0	1,500,000

EXPENDITURE: Appropriation (Accounts & Amount to be increased)

	FUND <small>XXXX</small>	CENTER <small>XXXXXX</small>	ACCOUNT <small>XXXXXXXX</small>	PROGRAM <small>XXXX</small>	PROJECT <small>XXXXXXXX</small>	CURRENT BUDGET	REQUESTED INCREASE <small>(Rounded Up to \$10)</small>
Account 1	3001	417100	5600001	3003	002168A	3,016,000	1,500,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						3,016,000	1,500,000

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.

The West Klosterman Preservation Group, Inc. has paid the County \$1,500,000.00 as part of a grant agreement with Pinellas County. Funds are to be used towards the acquisition of the West Klosterman Property. This acquisition is part of Capital Improvement Program, Environmental Lands Acquisition project, 002168A. The purpose of which is to acquire environmentally sensitive lands.

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.

24-0173D WK Preservation Group grant agreement passed 5/21/24, 24-0206D Contract for Sale and Purchase with the Pinellas County School Board (PCSB) for purchase of PCSB owned "West Klosterman" property passed 12/17/24

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.

West Klosterman Preservation Group, Inc. - local agency

6. Is the grant a reimbursement grant?

No

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

The grant award is a one time payment in advance by January 15, 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 total grant amount is 1,500,000.00. The payment was received 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.

The County is required to provide match of \$1,500,000.00. County match requirement is budgeted.

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).

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 - March 24, 2025

BOARD BUDGET AMENDMENT REQUEST FORM

Please type in the green boxes.

Name of the Person submitting the request: Gabriella Gonzalez
 Telephone Extension: 3518

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> <small>(Rounded Up to \$10)</small>
Account 1	3001	419100	5995000	1008	001247A	48,607,000	148,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						48,607,000	148,000

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> <small>(Rounded Up to \$10)</small>
Account 1	3001	414100	5600001	3031	004125A	50,000	148,000
Account 2							
Account 3							
Account 4							
Account 5							
Account 6							
Account 7							
Account 8							
Account 9							
Account 10							
Total						50,000	148,000

Budget Amendment Questions:

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

1. 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.

Increasing appropriation of the Bridge Program (004125A) to reflect the correct restatement amount in the FY25 Amended Budget.

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.

"Appropriation From" comes from reserve contingencies.

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.

Amendment is related to the approved FY25 carryforward (Granicus Item 24-2247A) which was approved on 2/11/25 by the Board of County Commissioners.

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?

Amendment is consistent with the current year 9/30 projections provided in the budget.

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?

Item is related to the Bridge Program (004125A). Amendment is consistent with the multi-year plan and will amend the FY25 Amended budget to reflect the appropriate restatement amount, thereby also updating the overall program allocation in the multi-year plan to the correct allocation.

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)

Chris Rose - March 24, 2025