



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

ARTHROPOD CONTROL BUDGET AMENDMENT

ADAM H. PUTNAM
COMMISSIONER

Section 388.361, F.S. and 5E-13.027, F.A.C.
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Submit to:
Mosquito Control
3125 Conner Blvd, Bldg 6
Tallahassee, FL 32399-1650

A STATEMENT EXPLAINING AND JUSTIFYING THE PROPOSED CHANGES SHOULD ACCOMPANY EACH APPLICATION FOR BUDGET AMENDMENT. USE PAGE TWO FOR THIS PURPOSE.

Amendment No. 1

Fiscal Year: 2018-2019

Date: _____

Amending: Local Funds X State Funds _____ (Check appropriate fund account to be amended. Use a separate form for each fund). The

Board of Commissioners for Martin County

District hereby submits to the Department of Agriculture and Consumer Services, for its consideration and approval, the following amendment for the current fiscal year as follows:

ESTIMATED RECEIPTS

NOTE: The budget cannot be amended to show an increase in receipts over the amount budgeted unless authorized.

Total Available Cash and Receipts	Reserves	Present Budget	Increase Request	Decrease Request	Revised Budget
\$ 1,378,605.00	\$ -	\$ 1,378,605.00	\$ 127,000.00	\$ -	\$ 1,505,605.00

NAME SOURCE OF INCREASE: (Explain Decrease)

See Attachment

BUDGETED RECEIPTS					
ACCT NO	Description	Present Budget	Increase Request	Decrease Request	Revised Budget
311	Ad Valorem (Current/Delinquent)	\$ 1,324,605.00	\$ 127,000.00		\$ 1,451,605.00
334.1	State Grant	\$ -	\$ -	\$ -	\$ -
362	Equipment Rentals	\$ -	\$ -	\$ -	\$ -
337	Grants and Donations	\$ -	\$ -	\$ -	\$ -
361	Interest Earnings	\$ -	\$ -	\$ -	\$ -
364	Equipment and/or Other Sales	\$ -	\$ -	\$ -	\$ -
369	Misc./Refunds (prior yr expenditures)	\$ 54,000.00	\$ -	\$ -	\$ 54,000.00
380	Other Sources	\$ -	\$ -	\$ -	\$ -
389	Loans	\$ -	\$ -	\$ -	\$ -
TOTAL RECEIPTS		\$ 1,378,605.00	\$ 127,000.00	\$ -	\$ 1,505,605.00
Beginning Fund Balance		\$ -	\$ -	\$ -	\$ -
Total Budgetary Receipts & Balances		\$ 1,378,605.00	\$ 127,000.00	\$ -	\$ 1,505,605.00

BUDGETED EXPENDITURES

NOTE: Total increase must equal total decrease, unless the total "Present Budget" is revised.

ACCT NO	Uniform Accounting System Transaction	Present Budget	Increase Request	Decrease Request	Revised Budget
10	Personal Services	\$ 533,686.00	\$ -		\$ 533,686.00
20	Personal Services Benefits	\$ 175,151.00	\$ -	\$ -	\$ 175,151.00
30	Operating Expense	\$ 224,098.00	\$ 46,000.00		\$ 270,098.00
40	Travel & Per Diem	\$ 2,579.00		\$ -	\$ 2,579.00
41	Communication Services	\$ 100.00	\$ -	\$ -	\$ 100.00
42	Freight Services	\$ 600.00		\$ -	\$ 600.00
43	Utility Service	\$ 9,360.00		\$ -	\$ 9,360.00
44	Rentals & Leases	\$ 2,050.00	\$ -	\$ -	\$ 2,050.00
45	Insurance	\$ -	\$ -	\$ -	\$ -
46	Repairs & Maintenance	\$ 32,038.00		\$ -	\$ 32,038.00
47	Printing and Binding	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
48	Promotional Activities	\$ -	\$ -	\$ -	\$ -
49	Other Charges	\$ 55,893.00	\$ -	\$ -	\$ 55,893.00
51	Office Supplies	\$ 950.00		\$ -	\$ 950.00
52.1	Gasoline/Oil/Lube	\$ 38,304.00	\$ -		\$ 38,304.00
52.2	Chemicals	\$ 231,751.00	\$ 81,000.00	\$ -	\$ 312,751.00
52.3	Protective Clothing	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
52.4	Misc. Supplies	\$ 45,963.00	\$ -		\$ 45,963.00
52.5	Tools & Implements	\$ -	\$ -	\$ -	\$ -
54	Publications & Dues	\$ 390.00		\$ -	\$ 390.00
55	Training	\$ 5,692.00	\$ -	\$ -	\$ 5,692.00
60	Capital Outlay	\$ 16,500.00	\$ -	\$ -	\$ 16,500.00
71	Principal	\$ -	\$ -	\$ -	\$ -
72	Interest	\$ -	\$ -	\$ -	\$ -
81	Aids to Government Agencies	\$ -	\$ -	\$ -	\$ -
83	Other Grants and Aids	\$ -	\$ -	\$ -	\$ -
89	Contingency (Current Year)	\$ -	\$ -	\$ -	\$ -
99	Payment of Prior Year Accounts	\$ -	\$ -	\$ -	\$ -
TOTAL BUDGET AND CHARGES		\$ 1,378,605.00	\$ 127,000.00	\$ -	\$ 1,505,605.00
0.001	Reserves - Future Capital Outlay	\$ -	\$ -	\$ -	\$ -
0.002	Reserves - Self-Insurance	\$ -	\$ -	\$ -	\$ -
0.003	Reserves - Cash Balance to be Carried Forward	\$ -	\$ -	\$ -	\$ -
0.004	Reserves - Sick and Annual Leave	\$ -	\$ -	\$ -	\$ -
TOTAL RESERVES		\$ -	\$ -	\$ -	\$ -
TOTAL BUDGETARY EXPENDITURES and BALANCES		\$ 1,378,605.00	\$ 127,000.00	\$ -	\$ 1,505,605.00
ENDING FUND BALANCE		\$ -	\$ -	\$ -	\$ -

APPROVED: _____

Chairman of the Board

DATE _____

APPROVED: _____

Mosquito Control Program

DATE _____