

GROUP NUMBER . . : 03179 R#2014-047  
 GROUP USER . . . : COCOCTN Neuterma, Charlene - Gra

TRANS NO	TRANS DATE	DOCUMENT	ACCOUNT NUMBER	DESCRIPTION 1	PROJECT	BUDGET AMOUNT	ORIG(Y/N)
DESCRIPTION 2		TYPE	WORK ORDER	JOB# FACILITIES ID			
0000100	05/14/2014	R#2014-047	001-0000-389.99-50	NEW HEALTH CENTER		128,224.00	
0000200	05/14/2014	R#2014-047	001-1600-513.31-33	NEW HEALTH CENTER	HLTH01	42,048.00	
0000300	05/14/2014	R#2014-047	001-1600-513.39-00	NEW HEALTH CENTER	HLTH01	5,000.00	
0000400	05/14/2014	R#2014-047	001-1600-513.52-33	NEW HEALTH CENTER	HLTH01	16,936.00	
0000500	05/14/2014	R#2014-047	001-1600-513.62-33	NEW HEALTH CENTER	HLTH01	58,400.00	
0000600	05/14/2014	R#2014-047	001-1600-513.64-33	NEW HEALTH CENTER	HLTH01	5,840.00	
0000700	05/14/2014	R#2014-047	421-4010-536.39-00	NEW HEALTH CENTER		84,611.00-	
0000800	05/14/2014	R#2014-047	421-4010-536.31-33	NEW HEALTH CENTER	HLTH01	28,872.00	
0000900	05/14/2014	R#2014-047	421-4010-536.52-33	NEW HEALTH CENTER	HLTH01	11,629.00	
0001000	05/14/2014	R#2014-047	421-4010-581.91-01	NEW HEALTH CENTER	HLTH01	40,100.00	
0001100	05/14/2014	R#2014-047	421-4010-581.91-01	NEW HEALTH CENTER	HLTH01	4,010.00	
0001200	05/14/2014	R#2014-047	423-0000-389.99-50	NEW HEALTH CENTER		3,165.00	
0001300	05/14/2014	R#2014-047	423-3570-538.31-33	NEW HEALTH CENTER	HLTH01	1,080.00	
0001400	05/14/2014	R#2014-047	423-3570-538.52-33	NEW HEALTH CENTER	HLTH01	435.00	
0001500	05/14/2014	R#2014-047	423-3570-581.91-01	NEW HEALTH CENTER	HLTH01	1,500.00	
0001600	05/14/2014	R#2014-047	423-3570-581.91-01	NEW HEALTH CENTER	HLTH01	150.00	
0001700	05/14/2014	R#2014-047	001-0000-381.91-21	NEW HEALTH CENTER		44,110.00	
0001800	05/14/2014	R#2014-047	001-0000-381.91-23	NEW HEALTH CENTER		1,650.00	
0001900	05/14/2014	R#2014-047	001-1600-513.62-33	NEW HEALTH CENTER	HLTH01	41,600.00	
0002000	05/14/2014	R#2014-047	001-1600-513.64-33	NEW HEALTH CENTER	HLTH01	4,160.00	

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TRANS NO TRANS DATE DOCUMENT ACCOUNT NUMBER DESCRIPTION 1 PROJECT BUDGET AMOUNT ORIG(Y/N)  
DESCRIPTION 2 TYPE WORK ORDER JOB# FACILITIES ID

TOTALS:

	AMOUNT CALCULATED	AMOUNT ENTERED	DIFFERENCE
COUNT:	20	20	
AMOUNT:	354,298.00	354,298.00	



**City of Cocoa Budget Adjustment Form FY 2014**

SELECT ADJUSTMENT TYPE: BUDGET AMENDMENT REQUESTING DEPARTMENT #: 1525 DATE PREPARED: 04/24/14

**'REVENUE' ACCOUNT(S)**

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
\$128,224	001-0000-389.99-50		FUND BAL-APPROP. RESERVES	\$ 1,824,623	\$ 1,824,623	\$ 1,952,847	\$ 1,952,847
						\$ -	
						\$ -	
						\$ -	
						\$ -	
\$128,224	<b>TOTAL</b>					\$ -	

**'EXPENSE' ACCOUNT(S)**

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
\$42,048	001-1600-513.31-33	HLTH01	PROFESSIONAL SERVICES / HEALTH CENTER	\$ -	\$ -	\$ 42,048	\$ 42,048
\$5,000	001-1600-513.39-00	HLTH01	FINANCIAL ADMINSTRATIVE / CONTINGENCY	\$ 165,840	\$ 169,813	\$ 174,813	\$ 174,813
\$16,936	001-1600-513.52-33	HLTH01	OPERATING SUPPLIES / HEALTH CENTER	\$ -	\$ -	\$ 16,936	\$ 16,936
\$58,400	001-1600-513.62-33	HLTH01	BUILDINGS / HEALTH CENTER	\$ -	\$ -	\$ 58,400	\$ 58,400
\$5,840	001-1600-513.64-33	HLTH01	MACHINERY AND EQUIPMENT / HEALTH CENTER	\$ -	\$ -	\$ 5,840	\$ 5,840
\$128,224	<b>TOTAL</b>					\$ -	

**REASON/JUSTIFICATION FOR ADJUSTMENT:**

Transfer General Fund portion (58.4%) of startup cost and operating cost for the remaining two months in FY 2014. Revenue source is from the insurance savings in FY 2013.

COUNCIL APPROVAL REQUIRED? YES  NO  DATE APPROVED: 5/13/2014 RESOLUTION #: 2014-047  
 Council approval is needed for all transfers greater than \$50,000 and transfers between Departments / Divisions. Attach copy of agenda item and City Clerk's Journal noting approval.

Requestor's Signature: [Signature] Date: 4/24/14  
 Finance Approval Signature: [Signature] Date: 14 May 14  
 Finance Dir./Asst. CM's Signature: [Signature] Date: 5.14.14  
 Director's Signature: [Signature] Date: 5.14.14  
 Finance Manager's Signature: [Signature] Date: 04-24-14  
 City Manager's Signature: [Signature] Date: 5/13/14

**FINANCE USE ONLY:**  
 Date Entered: 5/14/14 Entered By: [Signature] Group #: 3179



City of Cocoa Budget Adjustment Form FY 2014

SELECT ADJUSTMENT TYPE: BUDGET TRANSFER REQUESTING DEPARTMENT #: 1525 DATE PREPARED: 04/24/14

**'FROM' ACCOUNT(S):**

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
\$(84,611)	421-4010-536.39-00		WATER SEWER / CONTINGENCY	\$ 1,869,070	\$ 1,551,264	\$ 1,466,653	\$ 1,466,653
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>-\$84,611</b>	<b>TOTAL</b>						

**'TO' ACCOUNT(S):**

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
\$28,872	421-4010-536.31-33	HLTH01	PROFESSIONAL SERVICES / HEALTH CENTER	\$ -	\$ -	\$ 28,872	\$ 28,872
\$11,629	421-4010-536.52-33	HLTH01	OPERATING SUPPLIES / HEALTH CENTER	\$ -	\$ -	\$ 11,629	\$ 11,629
\$40,100	421-4010-581.91-01	HLTH01	TRANSFER TO GEN FUND 001 for building	\$ 5,200,000	\$ 5,248,164	\$ 5,288,264	\$ 2,254,933
\$4,010	421-4010-581.91-01	HLTH01	TRANSFER TO GEN FUND 001 for equip.	\$ 5,200,000	\$ 5,288,264	\$ 5,292,274	\$ 2,258,943
						\$ -	
						\$ -	
<b>\$84,611</b>	<b>TOTAL</b>						

**REASON/JUSTIFICATION FOR ADJUSTMENT:**

Transfer Water/Sewer Fund portion (40.1%) of start up cost and operating cost for the remaining two months in FY 2014. Revenue source is from the insurance savings in FY 2013.

COUNCIL APPROVAL REQUIRED? YES  NO

DATE APPROVED: 5/13/2014 RESOLUTION #: 2014-047

Council approval is needed for all transfers greater than \$50,000 and transfers between Departments / Divisions. Attach copy of agenda item and City Clerk's Journal noting approval.

<u>Lisa Jones</u> 4/24/14 Requestor's Signature Date	<u>[Signature]</u> 4 May 14 Finance Approval Signature Date	<u>[Signature]</u> 5.14.14 Finance Dir./Asst. CM's Signature Date
<u>[Signature]</u> 5/6/14 Director's Signature Date	<u>Anne Quesada</u> 04-24-14 for Finance Manager's Signature Date	<u>[Signature]</u> 5/10/14 City Manager's Signature Date

**FINANCE USE ONLY:**

Date Entered: 5/14/14 Entered By: [Signature] Group #: 3179

 **City of Cocoa Budget Adjustment Form FY 2014**

SELECT ADJUSTMENT TYPE: BUDGET AMENDMENT REQUESTING DEPARTMENT #: 1525 DATE PREPARED: 04/24/14

**'REVENUE' ACCOUNT(S)**

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
\$3,165	423-0000-389.99-50		FUND BAL-APPROP. RESERVES	\$ 475,000	\$ 475,000	\$ 478,165	\$ 481,330
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>\$3,165</b>	<b>TOTAL</b>						

**'EXPENSE' ACCOUNT(S)**

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
\$1,080	423-3570-538.31-33	HLTH01	PROFESSIONAL SERVICES / HEALTH CENTER	\$ -	\$ -	\$ 1,080	\$ 1,080
\$435	423-3570-538.52-33	HLTH01	OPERATING SUPPLIES / HEALTH CENTER	\$ -	\$ -	\$ 435	\$ 435
\$1,500	423-3570-581.91-01	HLTH01	Transfer to General Fund 001 for building	\$ -	\$ -	\$ 1,500	\$ 1,500
\$150	423-3570-581.91-01	HLTH01	Transfer to General Fund 001 for equip.	\$ -	\$ 1,500	\$ 1,650	\$ 1,650
						\$ -	
						\$ -	
<b>\$3,165</b>	<b>TOTAL</b>						

**REASON/JUSTIFICATION FOR ADJUSTMENT:**

Transfer Stormwater Fund portion (1.5%) of startup cost and operating cost for the remaining two months in FY 2014. Revenue source is from the insurance savings in FY 2013.

COUNCIL APPROVAL REQUIRED? YES  NO  DATE APPROVED: 5/13/2014 RESOLUTION #: 2014-047  
 Council approval is needed for all transfers greater than \$50,000 and transfers between Departments / Divisions. Attach copy of agenda item and City Clerk's Journal noting approval.

<u>Risa Jones</u> Requestor's Signature	<u>4/24/14</u> Date	<u>[Signature]</u> Finance Approval Signature	<u>14 May 14</u> Date	<u>[Signature]</u> Finance Dir./Asst. CM's Signature	<u>5.14.14</u> Date
<u>[Signature]</u> Director's Signature	<u>5-5-2014</u> Date	<u>Anne Quezada</u> Finance Manager's Signature	<u>04-24-14</u> Date	<u>[Signature]</u> City Manager's Signature	<u>5/13/14</u> Date

**FINANCE USE ONLY:**  
 Date Entered: 5/14/14 Entered By: [Signature] Group #: 3179



City of Cocoa Budget Adjustment Form FY 2014

SELECT ADJUSTMENT TYPE: BUDGET AMENDMENT REQUESTING DEPARTMENT #: 1525 DATE PREPARED: 04/24/14

REVENUE ACCOUNT(S)

Table with 8 columns: ADJUSTMENT AMOUNT, ACCOUNT NUMBER, PROJECT NUMBER, ACCOUNT NAME, ORIGINAL BUDGET, AMENDED BUDGET, ADJUSTED BUDGET, UNENCUMBERED BALANCE. Includes rows for TRANSFER FROM / WATER SEWER and TRANSFER FROM / STORMWATER.

EXPENSE ACCOUNT(S)

Table with 8 columns: ADJUSTMENT AMOUNT, ACCOUNT NUMBER, PROJECT NUMBER, ACCOUNT NAME, ORIGINAL BUDGET, AMENDED BUDGET, ADJUSTED BUDGET, UNENCUMBERED BALANCE. Includes rows for BUILDINGS / EMPLOYEE HEALTH CENTER and MACHINERY AND EQUIPMENT.

REASON/JUSTIFICATION FOR ADJUSTMENT: Transfer funds from Water/Sewer and Stormwater Funds to cover their portion of costs to renovate the building for the Employee Health Center; the building is a General Fund asset.

COUNCIL APPROVAL REQUIRED? YES [X] NO [ ] DATE APPROVED: 5/13/2014 RESOLUTION #: 2014-047 Council approval is needed for all transfers greater than \$50,000 and transfers between Departments / Divisions. Attach copy of agenda item and City Clerk's Journal noting approval.

Requestor's Signature: Lisa Jones 4/24/14 Finance Approval Signature: J. Taylor 14 May 14 Finance Dir./Asst. CM's Signature: Budler 5.14.14 Director's Signature: Budler 5.14.14 Finance Manager's Signature: Anne Omesada 04-24-14 City Manager's Signature: Jeff Kramich 5/13/14

FINANCE USE ONLY: Date Entered: 5/14/14 Entered By: [Signature] Group #: 3179