FY26

~~NEA~~
PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	26-015
JE #	
BAR#	
APH Date	

1804000000 Fund No.

Parks and Rec Grant Fund Description (type on line above)

Date Prepared: 10/1/2025 (Attach Executive Summary)

Approved by BCC on: 9/23/25 Item No. 16B3 2698

Revenue Budget Detail

Fund Center Title: Interfund Tran BCC Fund Center No.: 929010

Funded Program (Project) Title: Fund 119 Res/Xfers 5-digit Fd Prog #: 91804

(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	91804	411105	Trans From 1105 TDC	85,000.00	~~241,000.00~~	~~326,000.00~~
			BA [redacted]		~~171,700~~	~~256,700~~
			Net Change to Budget	$ 85,000.00	241,000	326,000

AC

24-014

Expense Budget Detail

Fund Center Title: Parks Sea Turtle Program Fund Center No.: 156337

Funded Program (Project) Title: Sea Turtle Monitor 5-digit Fd Prog #: 80377

(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
156337	80377	764110	Auto and Trucks	55,000.00		55,000.00
156337	80377	764990	Other Machinery	30,000.00	~~19,279.94~~	~~49,279.94~~
			Net Change to Budget	$ 85,000.00	30,000	60,000

AC

EXPLANATION

Why are funds needed?
Funds are needed for expanded vehicle and trailer.

Where are funds available?
Funds are available from a transfer from TDC Beach Renourishment Fund (1105).

REVIEW PROCESS

Cost Center Director*:		Date	
Department Head*:		Date	
Budget Department:	Agnieszka Chudy	Date	9/23/2025
Agency Manager	[signature]	Date	9/24/25
Finance Department:		Date	
Clerk to the Board Admin:		Date	
Inputted by:		Date	
BA number (SAP)			

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FY26

NFA
PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	26-0116
JE #	
BAR#	
APH Date	

1102000000 — Fund No.
TDC Engineering — Fund Description (type on line above)

Date Prepared: 10/1/2025 (Attach Executive Summary)
Approved by BCC on: 9/23/25 Item No. 16B3 2698

Revenue Budget Detail

Fund Center Title: Interfund Tran BCC — Fund Center No.: 929010
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010		411105	Trans From 1105 TDC	171,000.00	~~957,500.00~~	~~1,128,500.00~~
			BA ~~05-299~~ 26-014		982,500	1,153,500
			Net Change to Budget	$ 171,000.00		

AC

Expense Budget Detail

Fund Center Title: Beach Engineering — Fund Center No.: 110405
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
110405		512100	Regular Salaries	116,000.00	~~501,988.00~~	~~617,988.00~~
110405		764110	Auto and Trucks	55,000.00	541,115	55,000.00
			Net Change to Budget	$ 171,000.00	0	

AC

657,115

EXPLANATION

Why are funds needed?
Funds are needed for expanded position and vehicle.

Where are funds available?
Funds are available from a transfer from TDC Beach Renourishment Fund (1105).

REVIEW PROCESS

Cost Center Director*: _____ Date _____

Department Head*: _____ Date _____

Budget Department: Agnieszka Chudy Date 9/23/2025

Agency Manager Jon Jant Date 9/24/25

Finance Department: _____ Date _____

Clerk to the Board Admin: _____ Date _____

Inputted by: _____ Date _____

BA number (SAP) _____

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FY 24

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BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	26-017
JE #	
BAR#	
APH Date	

1130000000 — Fund No.
Local Provider Participation Fund — Fund Description (type on line above)

Date Prepared: 9/9/2025 (Attach Executive Summary)
Approved by BCC on: 9/23/25 Item No. 16D 7 2941

Expense Budget Detail

Fund Center Title: Local provider participation — Fund Center No.: 155941
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
155941	0	512100	Remit to Other Government	21,500.00	6,300.00	27,800.00
155941	0	881400	Remit to Other Government	$25,458,448.09	-	25,458,448.09
			Net Change to Budget	$ 25,479,948.09		

Revenue Budget Detail

Fund Center Title: Local Provider Participation — Fund Center No.: 919010
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	0	489200	Carryforward General	64,781.09	69,600.00	134,381.09
						-
			Net Change to Budget	$ 64,781.09		

Revenue Budget Detail

Fund Center Title: Local Provider Participation — Fund Center No.: 155941
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
155941	0	363100	Special Assessment	25,415,167.00		25,415,167.00
						-
						-
						-
			Net Change to Budget	$ 25,415,167.00		

EXPLANATION

Why are funds needed? (type below)

Funding is necessary for the Direct Payment Program, which is a mechanism that channels hospital funds collected through a non-ad valorem assessment to the Agency for Health Care Administration (AHCA). This process funds the non-federal share of the State's Medicaid program, ultimately resulting in enhanced funding returned to the hospitals. This is recognized as carryforward and is appropriately reflected in the remittances.

Where are funds available? (type below)
Funds will be available through a special hospital assessment and unspent funding from FY25.

REVIEW PROCESS

Cost Center Director*: _____ Date _____
Department Head*: _____ Date _____
Budget Office: _____ Date _____
Agency Manager _____ Date _____
Finance Department: _____ Date _____
Clerk to the Board Admin: _____ Date _____
Inputted by: _____ Date _____
BA number (SAP) _____

PH

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	26-024
JE #	
BAR#	
APH Date	

1032000000 — Fund No.
GOLDEN GATE EC DEV — Fund Description (type on line above)

Date Prepared:
Approved by BCC on: 10/1/2025 (Attach Executive Summary) Item No.

Revenue Budget Detail

Fund Center Title: RESERVES - BOARD — Fund Center No.: 919010
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010		489200	Carry Forward General	562,200.00	11,734,700.00	12,296,900.00
						-

Net Change to Budget $ 562,200.00

Expense Budget Detail

Fund Center Title: GOLDEN GT EC DEV ZON
Funded Program (Project) Title: — Fund Center No.: 138382
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, m — 5-digit Fd Prog #:

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
138382		882100	Remittances	562,200.00	226,800.00	789,000.00
						-

Net Change to Budget $ 562,200.00

EXPLANATION

Why are funds needed? (type below)
This is pursuant to the Economic Development agreement with PFPI OZ, LLC, for the proposed project CENTRO reimbursement for the the expenditures for sanitary sewer, drainage, impact fees, and building permits for constructing a mixed-use development headquarters in the Golden Gate City Economic Development Zone (Agenda Item 11.C May 9, 2023).

Where are funds available? (type below)
Recognizing prior-year Carryforward.

REVIEW PROCESS

Cost Center Director*: Date
Department Administrator*: Date
Budget Office: Date 10/2/25
Agency Manager Date 10/2/25
Finance Department: Date
Clerk to the Board Admin: Date
Inputted by: Date
BA number (SAP)

Collier County

FY26

Grant Budget Request

Cost Sharing PH

For Budget/Finance Use	
BA# :	~~25-643~~ 26-010

Agenda Item :	16B7 2025-235	Date :	8.12.25	Type :	
Agenda Item :		Date :		Type :	
Prepared By :	Therese Stanley	Date :	10/02/2025		

Fund :	4032000000	CATT MATCH
Grant :	33952-01	FTA 5307 FY25 25-089
Start :	10/01/2025	
End :	09/30/2030	
Sponsor :	6500310	Federal Transit Administration
Sponsored Program :	FTA SEC 5307	
Funded Program :	33952	FTA SEC. 5307 FY25
Grant Percent :	50.00	
Match Percent :	50.00	

Revenue Cost Sharing

	Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
☒	414035	TRANS FRM 403 TD BA 25-461	TRANSFER IN	138425	A 117,000.00
☐	481001	TRANS FRM 001 GF BA XYY	584 TRANSFER IN	138425	B 100,400.00
				TOTAL REVENUE	217,400.00

Expense Cost Sharing

	Commit	Commit. Description	Sponsored Class	Match F.Ctr	Match Amt
☐	652490	FUEL AND LUB ISF	584 FTA 04-OPS ASST	138425	217,400.00
				TOTAL EXPENSE	217,400.00

Total Sponsor Budget :	0.00
Total Cost Sharing :	217,400.00
Total Project :	217,400.00

Why are funds needed?

Funds are needed to support the match required by FY25 FTA Section 5307 for operating costs for the Collier Area Transit fixed route services.

What is the source of funding?

Funds are available in Reserves through the annual General Fund (0001) transfer

Reviewed By :

Cost Center Director :		Date :	
Division Administrator :		Date :	
Budget Department :	Therese Stanley Digitally signed by Therese Stanley Date: 2025.10.02 17:03:01 -04'00'	Date :	10/02/2025
Agency Manager :		Date :	

DBO

BUDGET AMENDMENT REQUEST

For Budget/Finance Use Only	
BA#	26-022
JE #	
BAR#	
APH Date	

PH/RV

4032 — Fund No.
CATT Match — Fund Description (type on line above)

Date Prepared: 10/2/2025 (Attach Executive Summary)
Approved by BCC on: ~~8/12/25~~ Item No. 16B7 2025-2351

Expense Budget Detail

Fund Center Title: Reserves — Fund Center No.: 919010
Funded Program (Project) Title: ~~Reserves/Xfers~~ CXT — 5-digit Fd Prog #: ~~94032~~ 61011
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
919010	~~94032~~	991100	RESV FOR CONTING	(100,400.00)	100,400.00	-
	61011				-	-
					-	-
						-

Net Change to Budget $ (100,400.00)

Expense Budget Detail

Fund Center Title: — Fund Center No.:
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
						100,400.00
						-
						-
						-

Net Change to Budget $ -

Expense Budget Detail

Fund Center Title: — Fund Center No.:
Funded Program (Project) Title: — 5-digit Fd Prog #:
(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
					-	-
						-
						-

Net Change to Budget $ -

Revenue Budget Detail

Fund Center Title: Reserves — Fund Center No.: 929010

Funded Program (Project) Title: Reserves/Xfers — 5-digit Fd Prog #: 94035

(only one Fund Center/Funded Program should be entered into this section. If amendment is for Funded Program, must enter Fund Center info)

Fund Center	Funded Program	Commit Item	Commitment Item Description	Increase (Decrease)	Current Budget	Revised Budget
929010	94032	410001	TRANSF FRM 0001 GEN FUND	(100,400.00)	100,400.00	
					-	-
					-	-
			Net Change to Budget	$ (100,400.00)		

EXPLANATION

Why are funds needed? (type below)

Correct transfer for funded program 94032.

Where are funds available? (type below)

Funds have been reprogrammed into 33952-01 and need to be reduced from 94032.

REVIEW PROCESS

Cost Center Director*: _____ Date _____

Division Administrator*: _____ Date _____

Budget Department: Therese Stanley Date 10/3/2025

Agency Manager _____ Date _____

Finance Department: _____ Date _____

Clerk to the Board Admin: _____ Date _____

Inputted by: _____ Date _____

BA number (SAP) _____

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