City of Cocoa Budget Adjustment Form FY 2016

SELECT ADJUSTMENT TYPE: BUDGET AMENDMENT **REQUESTING DEPARTMENT #:** 1500 **DATE PREPARED:** 01/15/16

'REVENUE' ACCOUNT(S)

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
$ 4,832,189	530-0000-341.20-00		INTERNAL SERVICE FEES	$ 0	$ 0	$ 4,832,189	$ 4,832,189
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 4,832,189	TOTAL						

'EXPENSE' ACCOUNT(S)

ADJUSTMENT AMOUNT	ACCOUNT NUMBER	PROJECT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	AMENDED BUDGET	ADJUSTED BUDGET	UNENCUMBERED BALANCE
$ 3,967,387	530-1801-513.23-00		LIFE/HEALTH INSURANCE	$ 0	$ 810,532	$ 4,777,919	$ 4,777,919
$ 864,802	530-1801-513.31-00		PROFESSIONAL SERVICES	$ 0	$ 0	$ 864,802	$ 864,802
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 0				$ 0	$ 0	$ 0	$ 0
$ 4,832,189	TOTAL						

REASON/JUSTIFICATION FOR ADJUSTMENT:

Establish the FY2016 budget for self-funded medical insurance claims ($3,967,386.12) and administrative service fees (864,801.26). Agenda #2016-020

City COUNCIL APPROVAL REQUIRED? ***YES*** (●) ***NO*** ( ) ***DATE APPROVED:*** 04/12/16 ***RESOLUTION #:*** 2016-32

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

1/15/16	Anne Quesada Digitally signed by Anne Quesada Date: 2016.01.15 16:37:59 -05'00'	3/17/16	Lea Taylor Digitally signed by Lea Taylor DN: dc=org, dc=cocoafl, ou=CH, cn=Lea Taylor, email=ltaylor@cocoafl.org Date: 2016.03.17 17:24:07 -04'00'	4/13/16	Teri Butler Digitally signed by Teri Butler Date: 2016.04.13 14:43:53 -04'00'
Date	Requestor's Signature	Date	Finance Approval Signature	Date	Finance Director's Signature
3/17/16	Teri Butler Digitally signed by Teri Butler Date: 2016.03.17 13:50:43 -04'00'	3/17/16	Lora Howell Digitally signed by Lora Howell DN: dc=org, dc=cocoafl, ou=CH, cn=Lora Howell, email=lhowell@cocoafl.org Date: 2016.03.18 07:58:33 -04'00'	4/18/16	John A. Titkanich Digitally signed by John A. Titkanich Date: 2016.04.18 09:47:35 -04'00'
Date	Department Director's Signature	Date	Deputy Fin. Director's Signature	Date	City Manager's Signature

FINANCE USE ONLY:

Date Entered: _____ Entered By: _____ Group #: _____