

Capital	\$ 243,024
Supplemental	\$ 4,760,919
Interdepartmental	\$ 1,143,327
Total	<u><u>\$ 6,147,269</u></u>

<b>Interdepartmental</b>	
Citywide	<u><u>\$ 1,143,327</u></u>

<b>Capital</b>	
City Wide	<u><u>\$ 243,024</u></u>

<b>Supplemental</b>	
Citywide	<u><u>\$ 4,760,919</u></u>

[illegible]

City of Lauderhill, Florida - Budget Adjustment					
<b>Department:</b>  Capital		<b>Date:</b>  30-Jan-25		<b>Type of Adjustment:</b> Intra- Department Transfer Inter -Department Transfer	
The Budget adjustment Requested will Require the Following Revisions:				<b>Supplemental Appropriation</b>	
<b>Account Description</b>	<b>Account Number</b>			<b>Amount</b>	
	Fund	Div	Object	Increase	Increase
Facilities Improvement	625	225	8308	444,339	
Appropriation of Fund Balance	625	381	135		444,339
Appropriation of Fund Balance	115	381	135	622,176	
ABCD Training	115	540	04984		7,500
Stipend	115	540	04985		135,000
Community Grant	115	540	04986		60,000
Advertising	115	540	04987		5,000
Supplies	115	540	05245		7,689
Salaries	115	543	1006		100,720
CFB Fringe Benefits	115	543	02113		13,699
CFB Travel	115	543	04979		5,200
Advertising	115	543	04989		28,792
Printing	115	543	04712		42,468
CFB Equipment	115	543	05513		1,511
Equipment Maintenance	115	543			25,276
Salaries	115	542	01005		174,553
FICA	115	542	02110		14,768
CDBG - MIT Sewer Grant	401	331	392	3,125,215	
CDBG - MIT Sewer Rehab	401	917	06392		3,125,215
FEMA Fire Station 57 Improvement Grant	190	361	510	569,189	
FEMA Fire Station 57 Improvement	190	351	6880		569,189
			TOTAL	4,760,919	4,760,919
REASON FOR ADJUSTMENT REQUEST (set forth Reasons the adjustment is required, the factors involved in arriving at costs, and the status of the account from which transfer is made.)					
Funding for rollover from FY 2024 to FY 2025 and recording FEMA Grant					
Approval Requested:  Department Head Date: Approved as to availability of Funds			Approved:  		
Finance Director Date:			City Manager		
Approved by City Commission		Audited By:	Input By:		Control #

## City of Lauderhill, Florida - Budget Adjustment

Department: <b>Capital</b>	Date: <b>30-Jan-25</b>	Type of Adjustment: Intra- Department Transfer Inter -Department Transfer Supplemental Appropriation
The Budget adjustment Requested will Require the Following Revisions:		

Account Description	Account Number			Amount	
	Fund	Div	Object	Increase	Decrease
Full Time Salary	001	315	01010	70,902	
FICA	001	315	02110	5,424	
Insurance	001	315	02310	11,866	
Full Time Salary	001	317	01010	342,684	
Premuim Pay	001	317	01040	400	
FICA	001	317	02110	26,246	
Pension	001	317	02210	43,624	
Insurance	001	317	02310	71,605	
Full Time Salary	001	137	01010	116,173	
Overtime	001	137	01030	750	
FICA	001	137	02110	8,888	
Insurance	001	137	02310	19,539	
Full Time Salary	001	714	01010		250,159
Premuim Pay	001	714	01040		400
FICA	001	714	02110		19,168
Pension	001	714	02210		36,926
Insurance	001	714	02310		55,944
Full Time Salary	001	718	01010		70,902
FICA	001	718	02110		5,424
Insurance	001	718	02310		11,866
Full Time Salary	001	720	01010		169,295
FICA	001	720	02110		13,011
Pension	001	720	02210		750
Insurance	001	720	02310		27,828
Full Time Salary	001	728	01010		39,402
FICA	001	728	02110		3,015
Pension	001	728	02110		6,699
	001	728	02310		7,372
			TOTAL	718,100	718,160

REASON FOR ADJUSTMENT REQUEST (set forth Reasons the adjustment is required, the factors involved in arriving at costs, and the status of the account from which transfer is made.)

### To Post Staff Transfers

Approval Requested:		Approved:	
Department Head	Date:		
Approved as to availability of Funds			
Finance Director	Date:	City Manager	
Approved by City Commission		Audited By:	Input By:
			Control #

## City of Lauderhill, Florida - Budget Adjustment

Department: General Fund	Date: 30-Jan-25	Type of Adjustment: <del>Intra-Department Transfer</del> <b>Inter -Department Transfer</b> <del>Supplemental Appropriation</del>		
The Budget adjustment Requested will Require the Following Revisions:				
Account Description	Account Number			Amount
	Fund	Div	Object	To From
City Manager Premium Pay	001	111	1040	197,167
MIS Credit Card Expense	001	114	5261	25,000
Building Full Time Salaries	001	212	1010	25,000
Building Pension	001	212	2210	10,000
Code Enforcement Pension	001	223	2210	20,000
Police Operations Workers Comp	001	512	2410	125,000
Police Operations Water & Sewer	001	512	4320	25,000
Fire Overtime	001	611	1030	100,000
PW Fleet Insurance Allocation	001	138	2410	3,000
Debt Service Contingency	001	201	9920	320,167
			<b>TOTAL</b>	425,167 425,167
<b>REASON FOR ADJUSTMENT REQUEST (set forth Reasons the adjustment is required, the factors involved in arriving at costs, and the status of the account from which transfer is made.)</b>				
Provide funding for City Manager premium pay, Police workers comp and Fire overtime				
Approval Requested:  Department Head Date: Approved as to availability of Funds  Finance Director Date:		Approved:      City Manager		
Approved by City Commission	Audited By:	Input By:	Control #	
Meeting of -----	-----	-----	-----	

