



Office of Management and Budget BUDGET CHANGE REQUEST FORM

Name of Division:	Finance Port Everglades May 30, 2014		Contact Person / Number	Leah Brasso 954-468-3513 Chill Stasso (Stark Stasso)							
Name of Department:			Division Director Signature								
Date of Request:			Department Director Signature								
If Deand annual is	manufacility and them are	J -44b -		/2017							
AgendaQuick Routing	required, check type of item and Number: 16936		genαa repoπ. tem Internal Tracking Number)								
Agenda Quick Nouth	y Mullibel. <u>19990</u>	(Agenua i	teni internai Tracking Ivumber)								
Budget Transfer:											
From a Reserve		· 🔽	Grant Award								
Between Departments Between Funds Unanticipated Revenue Action Fee Increase/Decrease or New Fee			Personnel Cap Increase New Capital Project (above \$25,000) Increase Capital Project (more than 5%) Other								
						If Board approval is	not required, check type of item	ո։		•	
						Student/Will Call Position			Change Position Status from PT20 to FT		
						PT19 Position			New Capital Project (up to \$25,000)		
Temporary Position with Benefits			Increase Capital Project (up to 5%)		. 🗖						
Temporary Position without Benefits (up to six months)			Other								
The Public Works L located within Port be used in the near funding necessary to The agenda item wi (4700-470-3010.94)	ent (Please include how request will Department intends to bring an it Everglades from the Florida Determ for parking for both cruise to complete the purchase of this less to the Port Capital Fund (47) oriating an expense line for land	em to the partment shore sta and and c 1) transfe 10), and	Board for approval on June 2 of Agriculture and Consumer ff and for staging of taxi cabs. associated closing costs. rring \$3,742,872 from the Por 2) an unanticipated revenue re	24, 2014 to purchase pro Services. This property This action appropriate rt Operating Fund Reser esolution recognizing the	will es the ve						
	FORB	UDGET	USEONLY								
Analyst Name:			•	BA No.							
Recommendations and Comments:				PA No							
				GR No.							
	·			Date Rec'd:							
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1 - 14 - 1/18 - 1/19 - 1/19					*******						
Approver Signature:											