



## City of Alachua

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**MAYOR GIB COERPER**

Vice Mayor Robert Wilford

Commissioner Shirley Green Brown

Commissioner Gary Hardacre

Commissioner Dayna Miller

**OFFICE OF THE CITY MANAGER**

**ADAM BOUKARI**

Colin Murphy  
Executive Director  
Children's Trust of Alachua County  
P.O. Box 5669  
Gainesville, FL 32627

March 29, 2021

Dear Mr. Murphy

Due to the decrease of capacity on school buses resulting from COVID-19 as set forth by the service provider, there was an increased need for transportation. The initial budget was based on an estimated figure, which did not account for increased mileage or the increased cost to provide this service.

**Kristy Goldwire**

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**Subject:** FW: City of Alachua Budget Amendment #2 - Agreement #11581

The School Board of Alachua County Transportation Department has been transporting students home after the tutoring program. However, the School Board recently decided to issue invoices for service dates going back to October. All invoices are dated in March of 2021 and total just under \$17,000. In order for us to request reimbursement for these invoices we were informed that a budget amendment would need to be approved before the reimbursement request. The invoices received to date account for the current remaining amount (\$15,696.08) plus roughly \$1,000. The additional \$10,000 (or \$9,000 currently) should be sufficient to cover these transportation costs throughout the remainder of this program.

Please let me know if this is sufficient or if anything further is needed. I can always be reached at the phone number below if you wish to discuss.

Respectfully,

Tyler Williams  
City of Alachua  
Accountant  
386-418-4166



### BUDGET REVISION AND AMENDMENT REQUEST FORM

A Budget Amendment Request Form must be submitted for CTAC approval. Please answer the questions below to support your request.

Organization Name:	City of Alachua	Email Address:	<a href="mailto:aboukari@cityofalachua.org">aboukari@cityofalachua.org</a>
Project Title:	Youth Enrichment Services	Preparer's Phone:	386-418-6100
Request for Award ID:	RFA-937	Revision # (1, 2, 3)	
Contract Agreement Number:	11581	Amendment # (1, 2, 3)	1/2/1900
Budget Contact Name & Phone:	Adam Boukari		
Request Date:	03/22/21		

Please answer the following qualifying questions (IF REQUESTING AMENDMENT TO ORIGINAL AWARD AMOUNT)

1 Is there a change in the scope or the objective of the project?  
 2 Is there a change in key personnel specific to the award amount?  
 3 Does this budget amendment or the cumulative sum of amendments increase the budget more than 10% of award amount



Select Yes/No  
 No  
 No  
 No

If your answer is "Yes" to at least one of the above questions, STOP & CONTACT CTAC TO DISCUSS YOUR REQUEST.

PROJECT BUDGET	Approved Budget	Expensed Y-T-D	INCREASE/DECREASE AMOUNT	NEW LINE AMOUNT
<b>Personnel Expenses</b>				
<b>Salaries &amp; Wages</b>				
(List position and indicate FT or PT)				
(8) Certified Tutor (PT)	51,200.00	18,940.00	(5,000.00)	46,200.00
<b>Total Salaries &amp; Wages</b>	<b>\$ 51,200.00</b>	<b>\$ 18,940.00</b>	<b>\$ (5,000.00)</b>	<b>\$ 46,200.00</b>
<b>Total Personnel Expenses (Amendment)</b>	<b>\$ 51,200.00</b>	<b>\$ 18,940.00</b>	<b>\$ (5,000.00)</b>	<b>\$ 46,200.00</b>
<b>Operating Expenses (Non-Personnel) Items must match budget narrative</b>				
Supplies	10,300.00	5,247.01	-	10,300.00
Equipment	14,000.00	12,218.27	-	14,000.00
Insurance	5,000.00	-	(5,000.00)	-
Professional Services	28,000.00	27,997.66	-	28,000.00
Contractual Services	25,002.00	9,305.92	10,000.00	35,002.00
Printing & Copying	1,500.00	140.00	-	1,500.00
<b>Other Operating Expenses (List Below):</b>				
Capital				
<b>Total Operating Expenses</b>	<b>\$ 83,802.00</b>	<b>\$ 54,908.86</b>	<b>\$ 5,000.00</b>	<b>\$ 88,802.00</b>
<b>TOTAL EXPENSES</b>				
(Personnel + Operating)	\$ 135,002.00	\$ 73,848.86	\$ -	\$ 135,002.00
<b>TOTAL ORIGINAL BUDGET</b>	<b>\$ 135,002.00</b>			
<b>INCREASE AMOUNT</b>	<b>\$ 10,000.00</b>			
<b>DECREASE AMOUNT</b>	<b>\$ 10,000.00</b>			
<b>INCREASE/DECREASE TOTAL</b>	<b>\$ 10,000.00</b>			
<b>PERCENTAGE OF ORIGINAL BUDGET</b>	<b>7%</b>			

For Office Use Only Yes/No (Dropdown Box)

Request Approved:

Request Denied:

CTAC Board Approval Date if applicable:

Authorized Approver:

Submit Amendment Request To:

Colin Murphy, Executive Director  
[invoice@childrenstrustofalachuacounty.us](mailto:invoice@childrenstrustofalachuacounty.us) ( Email Preferred Method)  
 Children's Trust of Alachua County  
 Attn: Finance & Administration  
 PO Box 5669  
 Gainesville, FL 32627  
 Or Mail to PO Box

Vendor #