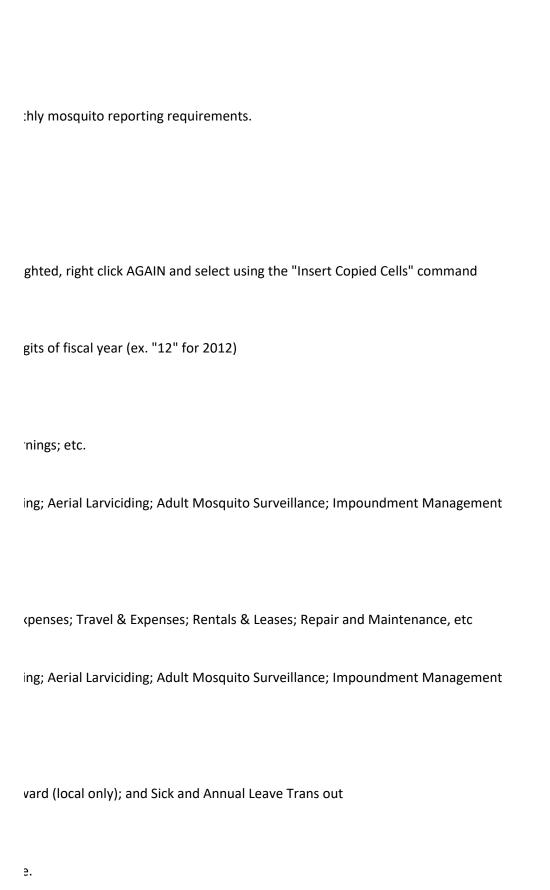
	an is broken down into three tabs - Tab 1 - Receipts Tab 2 - Expenditures Tab 3 - Reserves
Each sheet	has the standard accounting codes used for setting the annual budget and subsequent mont
	SPREADSHEET IS PROTECTED DO NOT edit/change any cell that is colored "grey/gray" DO NOT add/insert or edit/change ANY COLUMNS
	D TO ADD/INSERT A ROW it is EASIER to follow this procedure: BEFORE you enter any data in the row, select the blank row. Create the new row by right clicking and selecting "copy". Then, leaving the same row highli [Multiple rows can be created at this time (recommended)]
_	eailed Workplan Bud (1) Receipts Enter information for top part of form on this page. You only need to enter the last TWO dignals only two tabs, be sure to indicate in the "Page of" section correctly.
	Accounts and Titles should be organized into RECEIPT groups such as:
	Ad Valorem; State Grant, Equipment Rentals; Grants and Donations; Interest Ear Examples of Program "elements" can include:
_	Arbovirus Surveillance; Ground Adulticiding; Aerial Adulticiding; Ground Larvicidi ailed Workplan Bud (2) Expenditures Enter information for top part of form including the "Page of"section
	Accounts and Titles should be organized into EXPENDITURE groups such as:
	Personnel Services (list all employees); Personnel Services Benefits; Operating Examples of Program "elements" can include:
_	Arbovirus Surveillance; Ground Adulticiding; Aerial Adulticiding; Ground Larvicidi ailed Workplan Bud (3) Reserves Enter information for top part of form including the "Page of"section
	Accounts and Titles should be organized into RESERVE groups such as:
	Reserves - Future Capital Outlay; Self-Insurance; Cash Balance to be Carried Forv

2/3/2015 Updated address in Submit To box, form revision date, telephone number, and program title





FDACS-13623 Rev. 09/23

Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

DETAILED WORK PLAN BUDGET - ARTHROPOD CONTROL

Submit to: Mosquito Control Program MosquitoControlReports@FDACS.gov 3125 Conner Blvd, Suite E Tallahassee, FL 32399-1650

Rule 5E-13.022, F.A.C.
Telephone: (850) 617-7933; Fax: (850) 617-7939

RECOMMENDED FOR APPROVAL:		FOR F	PREPARED BY:	Marc Purvis										
		ENDING SEPTEMBER 30, 20 26												
DATE:							DATE: 6/23/2	2025						
A DDDOVE	A DV	COLINTY -	COLINITY or DISTRICT Description											
APPROVED	FDACS Mosquito Control Program Representative	COUNTY of	COUNTY or DISTRICT DeSoto APPROVED BY: Chairman of the Board, or Clerk of Circuit											
DATE:							DATE:							
PAGE	1 OF <u>3</u>					TO BE P	AID FROM			F	PROGRAM	ELEMENT	S	
ACCOUNT	TITLE		RATE OR UNIT	TOTAL COST	LOCAL	STATE	GENERAL EXPENSE							
	RECEIPTS													
311	Ad Valorem (Current/Delinquent)				\$ -									
	DeSoto County	Annual		\$ 17,396.88	\$ 17,396.88									
334.1	State Grant					\$ -								
	Department of Agriculture and Consumer Services	Annual		\$ 69,587.50		\$ 69,587.50								
362	Equipment Rentals													
337	Grants and Donations				\$ -									
361	Interest Earnings													
364	Equipment and/or Other Sales													
369	Misc./Refunds (prior yr expenditures)													
000	0.1.													
380	Other Sources													
200	Loone													
389	Loans													
TOTAL REG	PEIDTS				^	^								
				\$ 86,984.38			\$ -							
BEGINNING FUND BALANCE TOTAL BUDGETARY RECEIPTS AND BALANCES				¢ 00 004 20	\$ - \$ 47 206 88	\$ -	¢							
. OTAL DOI	TO THE BALANCE			\$ 86,984.38	\$ 17,390.08	\$ 09,307.3U	\$ -							



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RECOMMENDED FOR APPROVAL:		FOR FIS	PREPARED BY	: Marc Purvis	i									
DATE:						DATE: 6/23/2025								
APPROVE	DBY:	COUNTY or	DISTRICT	DeSoto		APPROVED BY	' :							
	FDACS Mosquito Control Program Representative							Chairman of	the Board, or	Clerk of Circ	cuit Court			
DATE:					1		DATE:		1					
PAGE	<u>2</u> OF <u>3</u>					TO BE P	TO BE PAID FROM PROGRAM ELEMENTS							
ACCOUNT	TITLE	PERIOD OR QUANTITY	RATE OR UNIT	TOTAL COST	LOCAL	STATE	GENERAL EXPENSE	CAPITAL						
	EXPENDITURES													
10	Personal Services													
20	Personal Services Benefits													
30	Operating Expense													
	Contracted Services: Clarke Enviromental	6 months		\$ 83,977.38	\$ 16,770.13	\$ 67,207.25								
40	Travel & Per Diem													
		Annual		\$ 1,700.00	\$ 300.00	\$ 1,400.00								
41	Communication Serv													
42	Freight Services													
43	Utility Service													
44	Rentals & Leases													
45	Insurance													
46	Repairs & Maintenance									-				
	Printing and Pinding										<u> </u>			
47	Printing and Binding													
46	Promotional Activities													
48	Promotional Activities													
40	Other Charges													
49	Other Charges													
F.4	Office Supplies													
51	Office Supplies										 			

52.1	Gasoline/Oil/Lube								
52.2	Chemicals								
52.3	Protective Clothing								
52.4	Misc. Supplies								
		annual	\$ 107.00	\$ 26.75	\$ 80.25				
52.5	Tools & Implements								
54	Publications & Dues								
		annual	\$ 200.00	\$ 50.00	\$ 150.00				
55	Training								
		annual	\$ 1,000.00	\$ 250.00	\$ 750.00				
60	Capital Outlay								
71	Principal								
70	laters at								
72	Interest								
04	Aids to Government Agencies								
81	Alds to Government Agencies								
83	Other Grants and Aids								
- 03	Citici Granis and Auds								
89	Contingency (Current Year)								
- 00	Commigency (Carron Foar)								
99	Payment of Prior Year Accounts								
Other	Please Select Other Accounting Code								
	Please Select Other Accounting Code								
	Please Select Other Accounting Code								



Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

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Telephone: (850) 617-7933; Fax: (850) 617-7939

RECOMMENDED FOR APPROVAL:		FOR FISC	CAL YEAR BE	GINNING OCT	PREPARED BY: Marc Purvis										
			END	DING SEPTEMI											
DATE:							DATE: 6/23	3/2025							
APPROVED	APPROVED BY:		COUNTY or DISTRICT DeSoto County												
	FDACS Mosquito Control Program Representative								APPROVED BY: Chairman of the Board, or Clerk of Circuit Court						
DATE:				1			DATE:								
PAGE	<u>3</u> OF <u>3</u>		D.175.00			TO BE PA	AID FROM		PROGRAM ELEMENTS						
ACCOUNT	TITLE	PERIOD OR QUANTITY	RATE OR UNIT	TOTAL COST	LOCAL	STATE	GENERAL EXPENSE	CAPITAL							
	RESERVES														
0.001	Reserves - Future Capital Outlay														
0.002	Reserves - Self-Insurance														
0.003	Reserves - Cash Balance to be Carried Forward														
0.004	Reserves - Sick and Annual Leave Trans Out														
											<u> </u>				
											<u> </u>				