



WILTON SIMPSON

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services
ANNUAL CERTIFIED BUDGET FOR ARTHROPOD CONTROL

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

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

County or District: DeSoto County

FISCAL YEAR: OCTOBER 1, 2025 TO SEPTEMBER 30, 2026

RECEIPTS

| ACCT NO | DESCRIPTION | LOCAL | STATE | TOTAL |
|--|---------------------------------------|-------------|-------------|-------------|
| 311 | Ad Valorem (Current/Delinquent) | \$17,396.88 | \$0.00 | \$17,396.88 |
| 334.1 | State Grant | \$0.00 | \$69,587.50 | \$69,587.50 |
| 362 | Equipment Rentals | \$0.00 | \$0.00 | \$0.00 |
| 337 | Grants and Donations | \$0.00 | \$0.00 | \$0.00 |
| 361 | Interest Earnings | \$0.00 | \$0.00 | \$0.00 |
| 364 | Equipment and/or Other Sales | \$0.00 | \$0.00 | \$0.00 |
| 369 | Misc./Refunds (prior yr expenditures) | \$0.00 | \$0.00 | \$0.00 |
| 380 | Other Sources | \$0.00 | \$0.00 | \$0.00 |
| 389 | Loans | \$0.00 | \$0.00 | \$0.00 |
| TOTAL RECEIPTS | | \$17,396.88 | \$69,587.50 | \$86,984.38 |
| BEGINNING FUND BALANCE | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL BUDGETARY RECEIPTS AND BALANCES | | \$17,396.88 | \$69,587.50 | \$86,984.38 |

EXPENDITURES

| ACCT NO | Uniform Accounting System Transaction | LOCAL | STATE | TOTAL |
|---|---|-------------|-------------|-------------|
| 10 | Personal Services | \$0.00 | \$0.00 | \$0.00 |
| 20 | Personal Services Benefits | \$0.00 | \$0.00 | \$0.00 |
| 30 | Operating Expense | \$16,770.13 | \$67,207.25 | \$83,977.38 |
| 40 | Travel & Per Diem | \$300.00 | \$1,400.00 | \$1,700.00 |
| 41 | Communication Serv | \$0.00 | \$0.00 | \$0.00 |
| 42 | Freight Services | \$0.00 | \$0.00 | \$0.00 |
| 43 | Utility Service | \$0.00 | \$0.00 | \$0.00 |
| 44 | Rentals & Leases | \$0.00 | \$0.00 | \$0.00 |
| 45 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 46 | Repairs & Maintenance | \$0.00 | \$0.00 | \$0.00 |
| 47 | Printing and Binding | \$0.00 | \$0.00 | \$0.00 |
| 48 | Promotional Activities | \$0.00 | \$0.00 | \$0.00 |
| 49 | Other Charges | \$0.00 | \$0.00 | \$0.00 |
| 51 | Office Supplies | \$0.00 | \$0.00 | \$0.00 |
| 52.1 | Gasoline/Oil/Lube | \$0.00 | \$0.00 | \$0.00 |
| 52.2 | Chemicals | \$0.00 | \$0.00 | \$0.00 |
| 52.3 | Protective Clothing | \$0.00 | \$0.00 | \$0.00 |
| 52.4 | Misc. Supplies | \$26.75 | \$80.25 | \$107.00 |
| 52.5 | Tools & Implements | \$0.00 | \$0.00 | \$0.00 |
| 54 | Publications & Dues | \$50.00 | \$150.00 | \$200.00 |
| 55 | Training | \$250.00 | \$750.00 | \$1,000.00 |
| 60 | Capital Outlay | \$0.00 | \$0.00 | \$0.00 |
| 71 | Principal | \$0.00 | \$0.00 | \$0.00 |
| 72 | Interest | \$0.00 | \$0.00 | \$0.00 |
| 81 | Aids to Government Agencies | \$0.00 | \$0.00 | \$0.00 |
| 83 | Other Grants and Aids | \$0.00 | \$0.00 | \$0.00 |
| 89 | Contingency (Current Year) | \$0.00 | \$0.00 | \$0.00 |
| 99 | Payment of Prior Year Accounts | \$0.00 | \$0.00 | \$0.00 |
| Other | Please Select Other Accounting Code | \$0.00 | \$0.00 | \$0.00 |
| Other | Please Select Other Accounting Code | \$0.00 | \$0.00 | \$0.00 |
| Other | Please Select Other Accounting Code | \$0.00 | \$0.00 | \$0.00 |
| TOTAL BUDGET AND CHANGES | | \$17,396.88 | \$69,587.50 | \$86,984.38 |
| 0.001 | Reserves - Future Capital Outlay | \$0.00 | \$0.00 | \$0.00 |
| 0.002 | Reserves - Self-Insurance | \$0.00 | \$0.00 | \$0.00 |
| 0.003 | Reserves - Cash Balance to be Carried Forward | \$0.00 | \$0.00 | \$0.00 |
| 0.004 | Reserves - Sick and Annual Leave Trans Out | \$0.00 | \$0.00 | \$0.00 |
| TOTAL RESERVES ENDING BALANCE | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL BUDGETARY EXPENDITURES AND RESERVES BALANCES | | \$17,396.88 | \$69,587.50 | \$86,984.38 |
| ENDING FUND BALANCE | | \$0.00 | \$0.00 | \$0.00 |

I certify that the budget shown was adopted on this _____ day of _____, 20____.

SIGNED: _____ DATE: _____, 20____.
Chairman of the Board, or Clerk of Circuit Court

APPROVED: Florida Department of Agriculture and Consumer Services, Mosquito Control Program

SIGNED: _____ DATE: _____, 20____.
FDACS Mosquito Control Program Representative