

## **REQUEST FOR BOARD ACTION**

### **HENDERSON COUNTY BOARD OF COMMISSIONERS**

**MEETING DATE:** July 15, 2015

**SUBJECT:** Budget Amendment – Electronic Health Records

**PRESENTER:** Amy Brantley

**ATTACHMENTS:** Yes  
1. Proposed Budget Amendment

#### **SUMMARY OF REQUEST:**

At the June 24, 2015 meeting, the Board approved a contract with CureMD for the provision of electronic health record software for the Health Department. The total initial investment, which includes the first year of software maintenance and support, is \$70,264. The attached budget amendment appropriates the funding necessary to cover this initial investment in the project.

#### **BOARD ACTION REQUESTED:**

The Board is requested to approve the attached Budget Amendment to transfer \$70,264 from Fund Balance to be used for electronic health record software.

#### **Suggested Motion:**

*I move the Board of Commissioners approve the attached Budget Amendment to transfer \$70,264 from Fund Balance to be used for electronic health record software.*

**LINE-ITEM TRANSFER REQUEST  
HENDERSON COUNTY**



**Department:** Health Department

*Please make the following line-item transfers:*

**What expense line-item is to be increased?**

<b>Account</b>	<b>Line-Item Description</b>	<b>Amount</b>
<u>115510 - 526201</u>	<u>Non-Capital Technology</u>	<u>\$ 70,264</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

**What expense line-item is to be decreased? Or what additional revenue is now expected?**

<b>Account</b>	<b>Line-Item Description</b>	<b>Amount</b>
<u>114990 - 401000</u>	<u>Fund Balance Appropriated</u>	<u>\$ 70,264</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

**Justification:** *Please provide a brief justification for this line-item transfer request.*  
 Fund balance appropriated to fund the electronic health record software.  
 Approved by the Board July 15, 2015.

Budget 7/15/2015

Authorized by Department Head Date

Authorized by Budget Office Date

Authorized by County Manager Date

*For Budget Use Only*

Batch #                     

BA #                     

Batch Date