

**REQUEST FOR BOARD ACTION**

**HENDERSON COUNTY  
BOARD OF COMMISSIONERS**

**MEETING DATE:** March 6, 2017  
**SUBJECT:** Budget Amendment  
**PRESENTER:** J. Carey McLelland, Finance Director  
**ATTACHMENTS:** Yes

**SUMMARY OF REQUEST:**

Staff is requesting that the Board approve the attached budget amendment which covers additional operational expenditures by transferring available funds from other operational line items and appropriating additional fund balance available in the Emergency 911 Telephone System Fund for FY2017.

**BOARD ACTION REQUESTED:**

Request that the Board approve the attached budget amendment to cover additional operational expenditures in the Emergency 911 Telephone System Fund for FY2017.

***Suggested Motion:***

***The Board of Commissioners approves the attached budget amendment which covers additional operational expenditures in the Emergency 911 Telephone System Fund for FY2017.***

LINE-ITEM TRANSFER REQUEST  
HENDERSON COUNTY



Department: EMERGENCY TELEPHONE SYSTEM FUND (911)

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
285411-535400	MAINT. AGREEMENTS-SOFTWARE	\$ 12,000
285411-539000	CONTRACTED SERVICES	\$ 17,000
285411-526000-0911	DEPT. SUPPLIES	\$ 2,000
285411-526201-0911	NON-CAPITAL TECHNOLOGY	\$ 31,000
285411-532100-0911	TELEPHONE & COMMUNICATIONS	\$ 30,000
285411-535400-0911	MAINT. AGREEMENTS-SOFTWARE	\$ 10,000

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

Account	Line-Item Description	Amount
284411-463000	NC 911 PSAP SURCHARGE	\$ 22,900
284411-401000	FUND BALANCE APPROPRIATED	\$ 64,000
285411-532100	TELEPHONE & COMMUNICATIONS	\$ 15,100

Justification: *Please provide a brief justification for this line-item transfer request.*

BUDGET AMENDMENT TO TRANSFER FUNDS AND TO APPROPRAITE FUND BALANCE AVAILABLE TO COVER SECONDARY PSAP EXPENDITURES AND ADDITIONAL OPERATIONAL EXPENDITURES INCURRED IN THE EMERGENCY 911 TELPHONE SYSTEM FUND FOR FY2017.

FINANCE

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Authorized by Department Head

3/6/2017

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Date

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Authorized by Budget Office

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Date

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Authorized by County Manager

\_\_\_\_\_  
Date

<i>For Budget Use Only</i>	
Batch #	_____
Batch Date	_____