

# REQUEST FOR BOARD ACTION

## HENDERSON COUNTY

### BOARD OF COMMISSIONERS

**MEETING DATE:** September 5, 2017

**SUBJECT:** Community Foundation Grant - Fund transfer request

**PRESENTER:** Trina Rushing, Library Director

**ATTACHMENTS:** Yes  
1. Budget Amendment

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

In February 2017, the Library was awarded a grant from the Community Foundation in the amount of \$16,720. The grant period is from Feb 2017 - Jan. 2018, thus covering 2 county fiscal budgets. A portion of the grant was expended during FY17, with the remaining \$11,688 to be expended during FY18. The grant funds currently reside in the general fund and will need to be moved into the Library budget to be expended.

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

Library staff requests the Board approve the attached budget amendment to move the remaining grant funds into the FY18 Library budget.

#### **SUGGESTED MOTION:**

*I move that the Board approves the attached budget amendment to move the remaining grant funds into the FY18 Library budget.*

LINE-ITEM TRANSFER REQUEST  
HENDERSON COUNTY



Department: Library

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
<u>115611 512600</u>	<u>Salaries &amp; Wages - Temp</u>	<u>\$ 11,688</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Account	Line-Item Description	Amount
<u>114990-401000</u>	<u>Fund Balance Appropriated</u>	<u>\$ 11,688</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

The Library received a Community Foundation grant in the amount of \$16,720 in February 2017. The grant period is from Feb 2017 - Jan. 2018, thus covering 2 county fiscal budgets. The Library expended a portion of the grant during FY17, and have the \$11,688 indicated above remaining to expend during FY18.

Julia M Rushing \_\_\_\_\_  
Authorized by Department Head Date 9-5-17

\_\_\_\_\_  
Authorized by Budget Office Date \_\_\_\_\_

\_\_\_\_\_  
Authorized by County Manager Date \_\_\_\_\_

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