

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: March 16, 2022

SUBJECT: State Capital Investment Fund (SCIF) – Budget Amendment

PRESENTER: Samantha Reynolds, Finance Director

ATTACHMENTS: Yes
1. Budget Amendment

SUMMARY OF REQUEST:

At the March 7, 2022 meeting, the Board approved a grant application for State Capital Investment Fund (SCIF) grants. Staff is requesting the Board approve a budget amendment for those grants, which will be used to partially fund playground equipment at Jackson Park (\$200,000) and soccer fields (\$300,000).

BOARD ACTION REQUESTED:

The Board is requested to approve the budget amendment as presented.

Suggested Motion:

I move that the Board of Commissioners approve a Budget Amendment for State Capital Investment Fund (SCIF) grants.

**LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY**

Department: FINANCE

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
<u>405400-554000-2056</u>	<u>CAP. OUTLAY - LAND IMPROVEMENTS</u>	<u>\$200,000</u>
<u>405400-554000-2057</u>	<u>CAP. OUTLAY - LAND IMPROVEMENTS</u>	<u>\$300,000</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?

Account	Line-Item Description	Amount
<u>404400-454029-2056</u>	<u>SCIF STATE BUDGET ALLOCATION - JP PLGND</u>	<u>\$200,000</u>
<u>404400-454029-2057</u>	<u>SCIF STATE BUDGET ALLOCATION - SOCCER FIELDS</u>	<u>\$300,000</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.
TO BUDGET FOR HENDERSON COUNTY'S NC STATE BUDGET ALLOCATION FOR THE STATE CAPITAL INFRASTRUCTURE FUNDS (SCIF) IN THE AMOUNT OF \$500,000 TO BE USED TO PARTIALLY FUND PLAYGROUND EQUIPMENT AND SOCCER FIELDS WITHIN HENDERSON COUNTY. BOC APPROVED ON 3.16.2022.

<u>BUDGET</u>	<u>3/16/2022</u>
Authorized by Department Head	Date
Authorized by Budget Office	Date
Authorized by County Manager	Date

For Budget Use Only

Batch # _____

BA # _____

Batch Date _____