

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: June 3, 2024

SUBJECT: Budget Amendment – Fire Services/Capital Reserve Fund

PRESENTERS: Jimmy Brissie – Emergency Services Director

ATTACHMENTS: Yes
1. Budget Amendment

SUMMARY OF REQUEST:

The Board is requested to approve a Budget Amendment transferring \$250,000 from the Fire Services Budget into the Capital Reserve Fund. The appropriation within the FY24 budget was for Worker’s Compensation Insurance the County pays for the volunteer fire departments. Staff have been informed that this cost will be covered by the State for the upcoming fiscal year. Staff requests this transfer to allow these funds to still be used for the benefit of the fire departments.

BOARD ACTION REQUESTED:

The Board is requested to approve the attached Budget Amendment as presented.

Suggested Motion:

I move the Board approve the attached Budget Amendment as presented.

**LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY**



Department: FIRE SERVICES/CAPITAL RESERVE FUND

Please make the following line-item transfers:

What expense line-item is to be increased?

<u>Account</u>	<u>Line-Item Description</u>	<u>Amount</u>	
<u>115980-598021</u>	<u>TRANSFER TO CAPITAL RESERVE FUND</u>	<u>\$250,000</u>	
<u>215400-555000</u>	<u>CAPITAL OUTLAY - BLDGS AND IMPROVEMENT</u>	<u>\$250,000</u>	
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<u> </u>	<u> </u>	<u> </u>	\$500,000

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

<u>Account</u>	<u>Line-Item Description</u>	<u>Amount</u>	
<u>115434-518600</u>	<u>WORKERS COMPENSATION</u>	<u>\$250,000</u>	
<u>214400-403500</u>	<u>TRANSFER FROM GENERAL FUND</u>	<u>\$250,000</u>	
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Justification: *Please provide a brief justification for this line-item transfer request.* \$0
 TO TRANSFER FUNDING FOR THE BENEFIT OF VOLUNTEER FIRE DEPARTMENTS. APPROVED BY THE BOARD JUNE 3, 2024.

Authorized by Department Head _____ Date

Authorized by Budget Office _____ Date

Authorized by County Manager _____ Date

For Budget Use Only

Batch # _____

BA # _____

Batch Date _____