

**REQUEST FOR BOARD ACTION**

**HENDERSON COUNTY  
BOARD OF COMMISSIONERS**

**MEETING DATE:** June 4, 2018

**SUBJECT:** Budget Amendment – Department of Social Services

**PRESENTER:** Jerrie McFalls, Director

**ATTACHMENTS:** Yes

1. Line-Item Transfer Request

**SUMMARY OF REQUEST:**

The Department of Social Services is requesting that the Henderson County Commissioners approve a reserve account to hold the remaining \$621,452 previously budgeted in FY 17-18 for Child Welfare's move into NC FAST until such time as the State of North Carolina Department of Health and Human Services notifies the department of its implementation date.

**BOARD ACTION REQUESTED:**

The Board is requested to review the attached budget amendment/line-item transfer request and approve the transfer of funds to a reserve account.

**SUGGESTED MOTION:**

*I move that the Board approve that the remaining funds previously budgeted for Child Welfare's move into NC FAST for Henderson County DSS be set aside into a reserve account.*

**LINE-ITEM TRANSFER REQUEST  
HENDERSON COUNTY**



Department: Social Services

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
<u>115980-598021</u>	<u>Transfer to Capital Reserve Fund</u>	<u>\$621,452</u>
<u>215400-552000</u>	<u>Capital Outlay-Technology</u>	<u>\$621,452</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Account	Line-Item Description	Amount
<u>115531-526201</u>	<u>Non-Capital Technology</u>	<u>\$621,452</u>
<u>214400-403500</u>	<u>Transfer From General Fund</u>	<u>\$621,452</u>
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Jennie McFalb  
Authorized by Department Head

5/29/18  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*For Budget Use Only*

Batch # \_\_\_\_\_

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