REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

| MEETING DATE: | January 15, 2020 |
|----------------------|------------------------------------------------------------------|
| SUBJECT: | Budget Amendment – Nursing/Adult Care Home Advisory Committee |
| PRESENTER: | Amy Brantley, Assistant County Manager |
| ATTACHMENTS: | Yes 1. Budget Amendment |

SUMMARY OF REQUEST:

At the January 6, 2020 meeting, there was a presentation by Donald Streb, the Chairman of the Nursing/Adult Care Home Community Advisory Committee, regarding the activities of the Committee during 2019. Mr. Streb briefly discussed the need for additional funds, to carry out the work the Committee is doing. The Board is requested to allocate an additional \$500 for Committee expenses during the remainder of FY2020.

BOARD ACTION REQUESTED:

The Board is requested to approve a budget amendment appropriating an additional \$500 for Nursing/Adult Care Home Community Advisory Committee expenses for FY20.

Suggested Motion:

I move the Board approve the budget amendment as presented.

LINE-ITEM TRANSFER REQUEST HENDERSON COUNTY



Department: Board of Commissioners

Please make the following line-item transfers:

What expense line-item is to be increased?

| Account 115401 - 537101 | Line-Item Description Nursing Home Meeting Expense | Amount \$500 |
|-----------------------------------|-------------------------------------------------------|------------------------|
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What expense line-item is to be decreased? Or what additional revenue is now expected?

| Account 114990 - 401000 | Line-Item Description Fund Balance Appropriated | Amount \$500 |
|-----------------------------------|----------------------------------------------------|------------------------|
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Justification: Please provide a brief justification for this line-item transfer request. Appropriation from Fund Balance for Nursing/Adult Care Home expenditures. Approved by the Board January 15, 2020.

| Budget | 1/15/2020 | |
|-------------------------------|-----------|---------------------|
| Authorized by Department Head | Date | For Budget Use Only |
| | | Batch # |
| Authorized by Budget Office | Date | BA # |
| | | Batch Date |
| Authorized by County Manager | Date | |