

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: August 17, 2022

SUBJECT: Budget Amendment – American Rescue Plan

PRESENTER: Amy Brantley, Assistant County Manager
Samantha Reynolds, Finance Director

ATTACHMENTS: Yes
1. Budget Amendment

SUMMARY OF REQUEST:

At the July 20, 2022 Meeting, the Board authorized American Rescue Plan funding be allocated to reimburse the County for expenses incurred for foster care services during the COVID pandemic in the amount of \$348,000. Foster Care Services are an allowable expense under ARP Expenditure Category 3.8 – Healthy Childhood Environments: Services to Foster Youth.

The Board is requested to approve the attached budget amendment to transfer funding from the COVID 19 Fund, into the General Fund for provision of these services.

BOARD ACTION REQUESTED:

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

Suggested Motion(s):

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



LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY

Department: Department of Social Services

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
<u>115535-539901-9047</u>	<u>Foster Care - SFHF</u>	<u>\$234,000</u>
<u>115535-539906-9047</u>	<u>Foster Care - IVE</u>	<u>\$114,000</u>
<u>395400-598011</u>	<u>Transfer to General Fund</u>	<u>\$348,000</u>

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

Account	Line-Item Description	Amount
<u>114980-403900-9047</u>	<u>Transfer from COVID 19 Fund</u>	<u>\$348,000</u>
<u>394500-401000</u>	<u>Fund Balance Appropriated</u>	<u>\$348,000</u>

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

To transfer American Rescue Plan funding from Fund 39 into the General Fund for the provision of foster care services. Approved by the Board August 17, 2022.

Authorized by Department Head

Date

Authorized by Budget Office

Date

Authorized by County Manager

Date

For Budget Use Only

Batch # _____

BA # _____

Batch Date _____