### REQUEST FOR BOARD ACTION

### HENDERSON COUNTY BOARD OF COMMISSIONERS

**MEETING DATE:** January 2, 2024

**SUBJECT:** NC State Budget Allocation – Recreation

**PRESENTERS:** Samantha R. Reynolds, Finance Director

ATTACHMENTS: Yes

1. Budget Amendment

2. Scope of Work

3. State Grant Certification

### **SUMMARY OF REQUEST:**

Staff is requesting the Board approve the State Budget allocation for Henderson County in the amount of \$120,000. This allocation has been made as directed by the NC General Assembly pursuant to Session Law 2023-134 (House Bill 259) for the capital improvements at the Dana Park Community Center, including remodel of kitchen and flooring. Staff requests the Board authorize the scope of work, budget amendment and state grant certification. Staff also requests the Board provide authorization for the County Manager to execute the forthcoming agreement on behalf of the County.

### **BOARD ACTION REQUESTED:**

The Board is requested to approve the attached scope of work and budget amendment and authorize the attached state grant certification. The Board is also requested to provide authorization to the County Manager to execute the forthcoming agreement on behalf of the County.

### Suggested Motion:

I move the Board approve the attached scope of work and budget amendment. I move the Board provide authorization to the County Manager to execute the forthcoming agreement on behalf of the County.

## LINE-ITEM TRANSFER REQUEST HENDERSON COUNTY



Department:	FINANCE		<u> </u>		
Please make the	e following line-item transfers:				
What expense	line-item is to be increased?				
	Account 405400-539000-9075 405400-526020-9075	Line-Item Description CONTRACTED SERVICES NONEXPENDABLE SUPPLIES	Amount \$110,000 \$10,000		
				\$120,000	
What expense	line-item is to be decreased?	Or what additional revenue is now expected?			
	Account 404400-454029-9075	Line-Item Description STATE BUDGET ALLOCATION	Amount \$120,000		
				\$120,000	
	OR THE CAPITAL IMPROVEMEN	on for this line-item transfer request. TS AT THE DATA PARK COMMUNITY CENTER REMO RIATIONS ACT. GRANT ID 20304. BOC APPROVED		ET	\$0
<del> </del>			_		
Authorized by I	Department Head	Date	For L	Budget Use Only	
			Batch #		
Authorized by I	Budget Office	Date	BA #		
			Batch Date		

Date

Authorized by County Manager

# Appendix A Scope of Work, Sub-Grants, and Annual Budget

As part of this grant agreement, you are required to provide a description of how you will spend the grant funds in compliance with the specific purpose as stated in the Appropriations Act ("Scope of Work"). You are also required to submit information related to any potential sub-grants and a budget for the grant funds. **Please attach additional sheets as necessary**.

1. Organizat	ion:
2. Grant ID:	
Recipient sha as stated in the	Results, Performance Measures:  Il detail below how the organization will spend the grant funds in compliance with the specific purpose(s) are Appropriations Act. The description should include objectives to be achieved, expected results and measures. The description should also include anticipated timing of those objectives, expected results
Objective(s): How do you plan to spend your grant funds? What project(s) do you want to accomplish?	
Expected Results: What do you hope will be accomplished through the projects supported by these grant funds?	
Performance Measure(s): List the steps it will take to accomplish the project(s) supported by these grant funds.	
If the project is programmatic, list the estimated measurements for project outcomes.	

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4. Sub-grants:							
<ul> <li>a. Does the Recipient anticipate that it wanother organization?</li> </ul>	ill sub-grant or pرill sub	pass down any funds to	1	Yes	No		
If yes, answer the following:						Ш	
b. Name of Sub-recipient	c. Program Na	ame	d. Amo	unt to Sul	o-recipier	nt	
	g						
5. Budget:							
Below are general expenditure descriptions grant award. Please provide a breakdown							to the
The following budget is for the time period	beginning (	) and endin	ıg (	)			
EXPENDITURE DESCRIPTION	ON		AM	OUNT			
Employee Expenses (ex. Salaries, hourly w grant project management /program related sta							
Administration Expenses (ex. utilities, tele lease related expenses)	ephone, data,						
Goods Expenses (ex. supplies and equipme	,						
Contract and Services Expenses (ex. Design Architects, Builders, Programmatic Service Programmatic Service Programmatic Service Programmatic Service Programmatic Service Programmatic Service Programmatic Services Programmatic Pro							
Other Expenses (ex. related charges not ass and described by recipient in breakdown be	signed above e <b>low</b> )						
Total Balance of the Project Fund (Gran amount)	t total						
Provide a breakdown of estimated expe	enses for each	category below or as	an attach	ment.			
P							
Please note, you will sign off on this appen	dix as part of exe	ecuting the Grant Agree	ement (Co	ntract).			
Printed Name		Title					
Signature		Date					

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### Henderson County Board of Commissioners

1 Historic Courthouse Square • Suite 1 • Hendersonville, NC 28792 Phone (828) 697-4808 • Fax (828) 692-9855 • www.hendersoncountync.gov

Rebecca K. McCall Chairman J. Michael Edney Vice-Chairman



William G. Lapsley Daniel J. Andreotta David H. Hill

January 2, 2024

To: Office of State Budget and Management, Director, and Chief Fiscal Officer

### **Certification:**

We certify that Henderson County does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level.

### **Sworn Statement:**

Rebecca K McCall and J. Michael Edney being duly sworn, say that we are the Board of Commissioners Chairs and Board of Commissioners Vice-Chair, respectively, of Henderson County of Hendersonville in the State of North Carolina; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Rebecca K. Mcall – Boar of Commissioners Cha	air
J. Michael Edney – Board of Commissioners Vi	ce Chair
Sworn to and subscribed before me on the day	y of the date of said certification.
(Notary Signature and Seal)	My Commission Expires: