

## REQUEST FOR BOARD ACTION

### HENDERSON COUNTY BOARD OF COMMISSIONERS

**MEETING DATE:** January 2, 2024

**SUBJECT:** NC State Budget Allocation – Henderson County Sheriff's Office

**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 the Henderson County Sheriff's Office in the amount of \$416,000. This allocation has been made as directed by the NC General Assembly pursuant to Session Law 2023-134 (House Bill 259) for the purchase of a bomb squad robot, x-ray equipment and crime scene lab equipment for the sheriff's office. 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

Please make the following line-item transfers:

**What expense line-item is to be increased?**

Account	Line-Item Description	Amount	
<u>405400-551000-9073</u>	<u>CAPITAL OUTLAY - EQUIPMENT</u>	<u>\$416,000</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
			\$416,000

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

Account	Line-Item Description	Amount	
<u>404400-454029-9073</u>	<u>STATE BUDGET ALLOCATION</u>	<u>\$416,000</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
			\$416,000

**Justification:** *Please provide a brief justification for this line-item transfer request.* \$0  
 TO BUDGET FOR THE PURCHASE OF A BOMB SQUAD ROBOT, XRAY EQUIPMENT, AND CRIME SCENE LAB EQUIPMENT FUNDED BY STATE BUDGET ALLOCATION UNDER HB 259: 2023 APPROPRIATIONS ACT. GRANT ID 20308. BOC APPROVED 1.2.2024.

\_\_\_\_\_  
 Authorized by Department Head \_\_\_\_\_  
Date

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

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

*For Budget Use Only*

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

BA # \_\_\_\_\_

Batch Date \_\_\_\_\_

## 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. Organization:**

**2. Grant ID:**

**3. Scope of Work Objectives, Results, Performance Measures:**

Recipient shall detail below how the organization will spend the grant funds in compliance with the specific purpose(s) as stated in the Appropriations Act. The description should include objectives to be achieved, expected results and performance measures. The description should also include anticipated timing of those objectives, expected results and any services provided.

<p><b>Objective(s):</b></p> <p>How do you plan to spend your grant funds? What project(s) do you want to accomplish?</p>	
<p><b>Expected Results:</b></p> <p>What do you hope will be accomplished through the projects supported by these grant funds?</p>	
<p><b>Performance Measure(s):</b></p> <p>List the steps it will take to accomplish the project(s) supported by these grant funds.</p> <p>If the project is programmatic, list the estimated measurements for project outcomes.</p>	

4. Sub-grants:					
a. Does the Recipient anticipate that it will sub-grant or pass down any funds to another organization?			Yes	No	
If yes, answer the following:					
b. Name of Sub-recipient	c. Program Name		d. Amount to Sub-recipient		

**5. Budget:**

Below are general expenditure descriptions that can serve as a *guide* for preparing the organization's budget related to the grant award. Please provide a breakdown of estimated expenses for each category below or as an attachment.

The following budget is for the time period beginning ( \_\_\_\_\_ ) and ending ( \_\_\_\_\_ ).

EXPENDITURE DESCRIPTION	AMOUNT
<b>Employee Expenses</b> (ex. Salaries, hourly wages for grant project management /program related staffing).	<input style="width: 100%; height: 20px;" type="text"/>
<b>Administration Expenses</b> (ex. utilities, telephone, data, lease related expenses)	<input style="width: 100%; height: 20px;" type="text"/>
<b>Goods Expenses</b> (ex. supplies and equipment)	<input style="width: 100%; height: 20px;" type="text"/>
<b>Contract and Services Expenses</b> (ex. Designers, Architects, Builders, Programmatic Service Providers)	<input style="width: 100%; height: 20px;" type="text"/>
<b>Other Expenses</b> (ex. related charges not assigned above and described by recipient in breakdown below)	<input style="width: 100%; height: 20px;" type="text"/>
<b>Total Balance of the Project Fund</b> (Grant total amount)	<input style="width: 100%; height: 20px;" type="text"/>

Provide a breakdown of estimated expenses for each category below or as an attachment.

Please note, you will sign off on this appendix as part of executing the Grant Agreement (Contract).

---

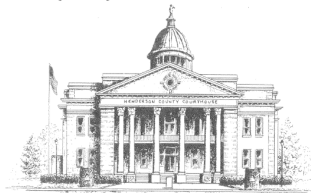
Printed Name	Title
Signature	Date

---

## 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. McCall – Boar of Commissioners Chair

---

J. Michael Edney – Board of Commissioners Vice Chair

Sworn to and subscribed before me on the day of the date of said certification.

---

(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_