

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: October 15, 2025

SUBJECT: Budget Amendment – Library Fund Balance Appropriated

PRESENTER(S): Trina Rushing, Library Director

ATTACHMENTS: Yes

1. Budget Amendment
2. Cost Schedule

SUMMARY OF REQUEST:

Staff is requesting the Board approve the attached budget amendment appropriating \$13,956 from Restricted Fund Balance for Library Donations to reimburse the Library Department for costs for the wrap and charging receptacle for the Mobile Library, outreach supplies, and meeting room chairs. No county dollars are being used for this project.

BOARD ACTION REQUESTED:

The Board is requested to approve the attached budget amendment to appropriate fund balance as presented.

Suggested Motion:

I move the Board approve the budget amendment to appropriate fund balance as presented.

**LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY**



Department: _____ Library _____

Please make the following line-item transfers:

What expense line-item is to be increased?

Account	Line-Item Description	Amount
115611-526000	DEPT SUPPLIES & MATERIALS	\$5,074
115611-538100	PROFESSIONAL SERVICES	\$815
115611-539000	CONTRACTED SERVICES	\$8,067
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	\$13,956

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

Account	Line-Item Description	Amount
114990-401005	FUND BALANCE APPROPRIATED - LIBRARY DONATIONS	\$13,956
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	\$13,956

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

TO APPROPRIATE RESTRICTED FUND BALANCE FOR WRAP AND CHARGING RECEPTACLE FOR MOBILE LIBRARY, OUTREACH SUPPLIES, AND MEETING ROOM CHAIRS TO BE COMPLETED USING LIBRARY DONATIONS. BOC APPROVED 10.15.25

Authorized by Department Head

Date

Authorized by Budget Office

Date

For Budget Use Only

Batch # _____

BA # _____

Authorized by County Manager

Date

Batch Date _____