



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

Cooperative Extension Board Action

File #: 17-006

Commissioner Brown - Cooperative Extension - To Accept and Appropriate \$16,826 in Program Fees and Donations for Extension Programming *(100% Donations)*

STAFF CONTACT

David Fogarty - Cooperative Extension - 704.922.2130

BUDGET IMPACT

Appropriate Fee revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Increase revenues by \$16,826 and appropriate \$16,826 into Special Programs accounts.

BACKGROUND

This request accepts and appropriates a \$6721 State DOI grant for Cooperative Extension to conduct the Senior Health Insurance Information Program to counsel seniors of Medicare and prescription drug plans. It also accepts and appropriates \$7500 in donations that will be used to establish a 24x12 foot educational greenhouse at the Citizens Resource Center. The remaining \$2605 accepts and appropriates fees for 4-H and Extension workshops.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Fraley	Grant	Hovis	Kelgher	Philbeck	Worley	Vote
2017-008	01/24/2017	TK	RW	A	AB	AB	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 4950 NC Cooperative Extension
 Dept. # Department Name

David Fogarty 1-6-2017
 Department Director's Signature Date

TYPE OF REQUEST:

- Line Item Transfer Within Department & Fund
 Line Item Transfer Between Funds *
 Project Transfer Within Department & Fund
 Additional Appropriation of Funds *
 Line Item Transfer Between Departments*
 * Requires resolution by the Board of Commissioners

Resolution # _____ Date _____

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER <small>Fund - Dept - Subdept - Div - Acct - Subacct</small> <small>xx - xxxx - xxxx - xxxx - xxx - xxx</small>	PROJECT SUBPROJECT <small>xxxxx - xxxx</small>	AMOUNT Whole Dollars Only (See Note Below)
SHIIP SR HLTH INS INFO PG	10-4950-4950-221-525		[6721.00]
SHIIP Grant	10-4950-4950-298-000	17239-0001	6721.00
Donations	10-4950-4950-840-501		[7500.00]
Master Gardener Programs/supply	10-4950-4950-298-000	17243-0001	7500.00
Coop Extn Serv Spec Proj	10-4950-4950-891-500		[1156.00]
Fee Based Programs Food/Supplie	10-4950-4950-298-000	15226-0001	1156.00
4-H Fees	10-4950-4952-410-509		[1449.00]
4-H Programs	10-4950-4952-298-000	16276-0001	1449.00

JUSTIFICATION FOR REQUEST:

This request accepts and appropriates a \$6721 State DOI grant for Cooperative Extension to conduct the Senior Health Insurance Information Program to counsel seniors of Medicare and prescription drug plans. It also accepts and appropriates \$7500 in donations that will be used to establish a 24x12 foot educational greenhouse at the Citizens Resource Center. The remaining \$2605 accepts and appropriates fees for 4-H and Extension workshops.

APPROVAL SIGNATURES:

 County Manager/Interim Assistant County Manager Date

 Financial Operations Manager/Asst. Financial Operations Mgr. Date

 Interim Budget Administrator Date

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.