

Gaston County

Gaston County
Board of Commissioners
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Cooperative Extension Board Action

File #: 17-098

Commissioner Brown - Cooperative Extension - To Accept and Appropriate \$10,544 in Extension Program Fees

STAFF CONTACT

David Fogarty - NC Cooperative Extension - 704-922-2130

BUDGET IMPACT

No additional County funds.

BUDGET ORDINANCE IMPACT

Increase revenues by \$10,544 and appropriate \$10,544 into Special Programs account.

BACKGROUND

This request is accept and appropriate program fees for NC Farm School, Master Gardener Training, and nutrition workshops.

POLICY IMPACT

N/A

<u>ATTACHMENTS</u>

Laserfiche Users

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 structure article article articles. taken by the Board of Commissioners as follows: NO. DATE M1 M2 Brown Fraley Grant Hovis Vote 2017-059 03/28/2017 RW TK AB Α Α U **DISTRIBUTION:**

	GAS	STON COUNTY BUDG	ET CHAN	IGE REQUEST	
TO: _	Earl Mathe	ers	COUNTY MANAGER		
FROM:	4950	NC Cooperative Extension	nn		
_	Dept. #	Department Name			
ا	David Fogarty	3-1(0-2107		
	Department Directo	or's Signature Da	ate		
TYPE OF REQUES	ST:				
Line Item T	ransfer Within Departm	ent & Fund	L	ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item Tr	ransfer Between Depart	tments*	<u>* F</u>	Requires resolution by the I	Board of Commissioners
			Resolutio	n# [Date
		ACCOUNT NUMB	3ER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Ac	ct - Subacct	SUBPROJECT	
(As it appears in the budget)		XX - XXXX - XXXX - XXXX -			Whole Dollars Only
Coop Extn Serv S		10-4950-4950-891-500	AAA - AAA	XXXXX - XXXX	(See Note Below)
Farm School	,	10-4950-4950-298-000		16277-0001	[10,544]
Fee Based Progra	ms Food/Supplie	10-4950-4950-298-000		15226-0001	8,181
4-H Fees	1	10-4950-4952-410-509	ļ	13220-000 1	2,363
4H Programs	1	10-4950-4952-298-000	ļ	16276-0001	[265] 265
				102.0 000.	200
	,				
JUSTIFICATION FO This request is to nutrition workshops	accept and alloca	ate Extension program fee	es for NC F	arm School, Master	Gardener Training, and
APPROVAL SIGNA	ATURES:		Annual Control of the		
County Manager/Inte	erim Assistant County M	Manager Date Fin	nancial Operation	ons Manager/Asst. Financia	al Operations Mgr. Date
		Int	Interim Budget Administrator Date		
			J =5	ATTIN NO LIQUO	Date