

File #: 16-011

STAFF CONTACT

BUDGET IMPACT

BACKGROUND

Laserfiche Users

BUDGET ORDINANCE IMPACT

David Fogarty - NC Cooperative Extension - 704.922.2130

Appropriate fee revenues. No additional County funds.

Based Programs Food/Supplies expenditure account.

(\$4,590)

GASTON COUNTY BOARD OF COMMISSIONERS BOARD ACTION

County Admin Building 128 W. Main Avenue. Gastonia, NC 28052

Cooperative Extension

Commissioner Keigher - To Accept and Appropriate Additional 4-H Healthy Harvest Gardening program Workshop Fees

Increase Cooperative Extension Service Special Program revenue account by \$4,590 and appropriate \$4,590 into Fee

-		-	-						*		=
2016-041	02/09/2016	СВ	AF	A	Α	Α	A	Α ΄	Ą	A	U
NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Keigher	Philbeck	Price'	Milliams	Vote
	e Board of C							en a F	5 /2	Sieff 1	
i Donna S	Buff Clerk to	o the	Cour	tv Comm	ission do he	erehv cer	tify that the	above is a	true and	l correct copy	of actio
							:				•
/A	•										
	I AUI										
OLICY IM	DACT										
his request i nd food cost	s to appropri s for our sch	ate \$ ool ga	4,590 arden	in 4-H Ho	ealthy Harve am.	est Garde	ening progra	ım fees wh	ich are i	used to offset	supplie

	GAS	TON COUNTY BUE	CET CHAN	ICE DECLIECT				
	GAG	TON COUNTY BUD	JGET CHAN	IGE REQUEST				
TO:	Earl Mathe	ers	COUNTY MANAGER					
FROM:	4950	NC Cooperative Extens	sion					
	Dept. #	Department Name						
	David Fogarty	1	1/26/16					
	Department Directo		Date					
TYPE OF REQUE	EST:							
Line Item	Transfer Within Departm	ent & Fund		ine Item Transfer Between	Funds *			
Project Tra	ansfer Within Departmen	it & Fund	X	Additional Appropriation of F	Funds *			
Line Item	Transfer Between Depar	tments*	<u>* F</u>	Requires resolution by the E	3oard of Commissioners			
			Resolutio	on # C	Date			
		ACCOUNT NUI	MBER	PROJECT	AMOUNT			
ACCOUNT	DESCRIPTION	Fund - Dept - Subdept - Div						
				SUBPROJECT	Whole Dollars Only			
Coop Ext Serv S	rs in the budget)	10 4950 4950 891 500		XXXXX - XXXX	(See Note Below)			
i ·	rams Food/Supplie	10-4950-4950-891-500		45000 0004	[4590]			
ree based i logi	allis Food/Supplie	10-4950-4950-298-000	J	15226-0001	4590			
JUSTIFICATION F This request is to		∩ in 4-H Healthy Harve	st School Gar	denina nroaram fees	which are used to offset			
supplies and food	d costs for our scho	ol gardening program.	31 0011001 041	dening program iccs	Willon are used to onset			
ADDDOVAL SIC	NATUDEO.		- 4-		X.37			
APPROVAL SIG	NATURES:	/	11-11	v TH.	sun le			
County Manager	r/Assistant County Manag	ger Date	Interim Ein:	ancial Services Director				
• ,	-	,	D 8-1	ing Warston	Date			
			Oznala Assistant E	afrimally	2/11/16			
Note: Decreases i	in avnandituras & inc	ereance in revenue accou		inancè Director J	Date			
revenue do not req	uire brackets. Please	e note that transfers betwee	nts require brains on funds require	ckets. Increases in ex interfund transfer accou	penditures & decreases in unts.			