

## **Gaston County**

Gaston County Board of Commissioners www.gastongov.com

# Cooperative Extension Board Action

File #: 17-242

Commissioner Brown - Cooperative Extension - To Accept and Appropriate \$5,269 in Extension Program Fees from Fund Balance

#### **STAFF CONTACT**

David Fogarty - Gaston CES - 704-922-2130

#### **BUDGET IMPACT**

Appropriate fee revenues. No additional County funds

#### **BUDGET ORDINANCE IMPACT**

Increase Fee revenues by \$5,269 and appropriate \$5,269 into Special Programs account.

### **BACKGROUND**

This request is to accept and appropriate Extension workshop and 4-H camp fees that were received in June 2017 but could not be processed in FY17 due to the change over to the MUNIS finance system. Therefore, the funds reverted to fund balance and are being appropriated from there.

### **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 taken by the Board of Commissioners as follows: NO. DATE M1 Fraley Hovis M2 Brown Keigher 2017-170 07/25/2017 TP BH Α **DISTRIBUTION:** Laserfiche Users

TO: <u>Earl Mathe</u>	ers	_COUNTY N	MANAGER	
FROM: 4950	NC Cooperative Extens	ion		
Dept. #	Department Name			
David Fogarty		7-2017		
Department Directo	or's Signature D	Date		
YPE OF REQUEST:				
Line Item Transfer Within Departm	ent & Fund	L	ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund		X Additional Appropriation of Funds *		
Line Item Transfer Between Depar	tments*	<u>*1</u>	Requires resolution by the	Board of Commissioners
		Resolution	on #	Date
	ACCOUNT NUM	/BER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div -	Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)	XX - XXXX - XXXX - XXXX - XXX - XXX		XXXXX - XXXX	(See Note Below)
und Balance	010-99-9900-0000-4900		7,000	[1662
ee Based Programs Food/Supplie	010-07-4950-4950-5600		15226	166
und Balance	010-99-9900-0000-4900	000		[3607
Special Programs	010-07-4950-4952-5600		16276	360
USTIFICATION FOR REQUEST:  This request is to accept and approposel ould not be processed in FY17 due and balance and are being appropri	to the change over to the	op and 4-H c	amp fees that were reance system. Therefore	eceived in June 2017 bu ore, the funds reverted to
APPROVAL SIGNATURES:				
County Manager/Interim Assistant County N	Manager Date	Financial Operat	tions Manager/Asst. Financ	cial Operations Mgr. Date