



REQUEST FOR BOARD ACTION

ITEM NO. 6

DATE OF MEETING: May 11, 2015

REQUESTED BY: Sylvia S. Blinson, Interim Finance Director

SHORT TITLE: Approval of a Budget Ordinance Amendment for Various County Departments.

BACKGROUND: We have been reviewing projects that need to close out and on-going projects. We discovered in the Wastewater Treatment Plant construction budget that funds budgeted from the Capacity Fees budget were not transferred in FY 2011. We need to re-budget those funds in the current year to close out the construction project. We have budget amendments in this agenda that budget anticipated reimbursement from our insurance company to cover a total loss vehicle and an amendment that budgets funds from a settlement with one of our vendors. Each budget amendment has a reason and justification written to explain what is requested. Several are to budget funds in the proper accounts. We will be happy to go into further detail if needed.

SPECIFIC ACTION REQUESTED: To consider approving the attached budget amendments.

BUDGET ORDINANCE AMENDMENT TITLE: Capacity Fees

Introduced by: Randell Woodruff, County Manager Date: 2015-05-11 Item #: _____

Fund: 10 - General Department: Capacity Fees Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 2015 Budget Amendment # _____ Date Approved: 2015-05-11
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>		Decrease: <input type="checkbox"/>	
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
59-399000 Fund Balance Appropriated	\$552,000.00	59-409052 Transfer to WWTP	\$502,000.00
		59-409054 Trans to Water Plant Operations	\$50,000.00
Total:	\$552,000.00	Total:	\$552,000.00

Reason and Justification for Request:
 In FY 2010-2011, \$502,000.00 was appropriated from capacity fees to the Wastewater Treatment Plant capital project. The funds were never transferred from Capacity Fees and the funds reverted to Capacity Fees fund balance. The capital construction project needs the funds to pay for construction. We are requesting the funds be budgeted in FY 2014-2015 to move to the construction project. Also \$50,000 is need from Capacity Fees for chemical purchases for the Water Treatment Plant.

Housekeeping amendment.

Dept Mgr. Approval: S Blinson	Date: 2015-05-11	Finance Officer Approval: Sylvia S. Blinson	Date: 2015-05-11	Budget Officer Approval:	Date: 2015-05-11
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Board Approval (When Applicable) Item # _____ Date of Minutes 2015-05-11

Fund 59 Revenues in FY 2015

Budgeted Water Capacity Fees \$505,000.00 (after 3/18 BA) – received to date \$524,136.25 – need to collect \$19,136.25 before June 30, 2015 or the difference will come from fund balance. That won't be a problem. We receive about \$45,000 a month in Capacity Fee revenue.

Budgeted \$60,000.00 Wastewater Capacity Fees – received to date \$0.00 – if not collected the difference will come from fund balance. I never wanted to put a Budgeted Revenue number in this account as Wastewater Capacity Fee revenue is never a sure thing, but Butch always put in a number (\$60,000) and told me that the account always had to have a starting revenue budget in order to receive any revenue through the year. I think that is incorrect, but I would defer to your professional opinion on that matter. I do not expect to receive any Wastewater Capacity Fee revenue this fiscal year (or even next fiscal year) so I guess we should plan to transfer the \$60,000 from the Fund balance for this year. Do I need to put a projected revenue in this account for my FY 15-16 budget?

In expenditures 59-405760 Reserves ^{ME} the encumbrance ^{ME} and expenditures to Calgon Carbon Corp (for SWTP Granular Activated Carbon) must be moved to the appropriate account (Fund 77?). If there are insufficient funds in the proper fund, we need to prepare a budget amendment using Fund 59 fund balance to increase the expenditure to the proper account. We cannot encumber and expense operating cost from a reserve account. Do you want me to do the BOA or will you? There are insufficient funds in # 77-403372 (Chemicals) for the Calgon Carbon Corp expense to be moved to Fund 77 – Water Treatment Plant O & M budget. We needed the Granular Activated Carbon this year at the plant, but our chemical, contracted services, and capital outlay budgets were pretty well wiped out unexpectedly by nearly \$80,000 of damage done to the plant by a contractor doing warranty work to our generator. He wired it up wrong and everything started up backwards and damaged a ton of equipment. We paid to have everything repaired to get the plant back up and running as soon as possible and are now expecting a check from the contractor's insurance company any day now to reimburse those expenses.

Handwritten: \$5,000
\$55,600

Thank you!!!!

Handwritten:
Rev 77-320017 Ins/Property Loss +80,000
77-330100 w/ Cap. Fees +50,000
77-403372 + ~~60,000~~ Insurance Settlement 130,000

Thanks,

Sylvia

From: Michael Mack
Sent: Wednesday, March 25, 2015 9:02 PM
To: Sylvia Blinson
Subject: Fund 59 - Capacity Fees

Sylvia:

Has all the revenue in fund 59 including any fund balance or reserves been depleted as of this date or is there a balance we will be able to carry forward into FY 15-16? I'm still collecting information to use for budget discussions with the Board. Thank you for your assistance! michael

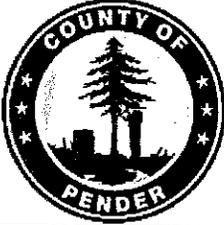
Sent from my Verizon Wireless 4G LTE smartphone

Disclaimer: Pursuant to North Carolina General Statutes, Chapter 132, et.seq., this electronic mail message and any attachments hereto, as well as any electronic mail message(s) that may be sent in response to it may be considered public record and as such are subject to requests for review. If you are not the intended recipient, please destroy this message and inform the sender immediately. The information contained in this email may be confidential and, in any event, is intended only for the use of the entity or individual to whom it is addressed.

BUDGET ORDINANCE AMENDMENT TITLE: Debt Payment for Shell Bldg Transferred to GF

Introduced by: Randell Woodruff, County Manager Date: 3/31/2015 Item #: _____

Fund: Capital Improvement/GF Department: Shell Bldg/ GF debt Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 14-15 Budget Amendment # _____ Date Approved: 2015-04-20
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input type="checkbox"/>	Decrease: <input checked="" type="checkbox"/>	Increase: <input checked="" type="checkbox"/>	Decrease: <input checked="" type="checkbox"/>
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
Contribution from General fund 60-397000-6083	\$-298,639.00	Loan Payment 60-408110-6083	\$-298,639.00
10-399000 Fd Balance Appropriated	\$-85,956.00	Transfer to Fd 60 CIP 10-695-409010	\$-313,167.00
		CDBG Principal - 664-408111	\$218,388.12
		CCBG Int 664-408200	\$8,822.88
Total:	\$-384,595.00	Total:	\$-384,595.00

Reason and Justification for Request:
 Debt Service for the Shell Bldg was budgeted in error to Capital Improvement projects - which should be the general fund debt. Excess appropriation for the shell bldg debt and Hampstead Annex debt is being decreased in transfer to CIP & Fund Balance appropriated.

Dept Mgr. Approval: _____ Date: _____ Finance Officer Approval: _____ Date: 3/31/14 Budget Officer Approval: _____ Date: _____

Board Approval (When Applicable) Item # _____ Date of Minutes _____

Email to Finance

Revision 8.5 (1/13/15)

Print Department - Copy

BUDGET ORDINANCE AMENDMENT TITLE: Unspent Lease Proceeds

Introduced by: Randell Woodruff, County Manager Date: 4/2/2015 Item #: _____

Fund: General Department: Sheriff Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 2014-2015 Budget Amendment # _____ Date Approved: _____
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>		Decrease: <input type="checkbox"/>	
Decrease: <input type="checkbox"/>		Increase: <input checked="" type="checkbox"/>	
Decrease: <input type="checkbox"/>		Decrease: <input type="checkbox"/>	
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
Fund Bal Appropriated 10-399000	\$554,420.00	Capital Outlay- Vehicle 510-407403	\$366,105.00
		Capital Outlay- Vehicle 560-407403	\$188,315.00
Total:	\$554,420.00	Total:	\$554,420.00

Reason and Justification for Request:
 To close out lease proceed balances to sheriff department and other departments

Dept Mgr. Approval: _____	Date: _____	Finance Officer Approval: _____ <i>Sylvia S. Benson</i>	Date: _____	Budget Officer Approval: _____	Date: _____
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Board Approval (When Applicable) Item # _____ Date of Minutes _____

BUDGET ORDINANCE AMENDMENT TITLE: General Fund - Vehicle Replacement

Introduced by: Randell Woodruff, County Manager Date: 2015-05-11 Item #: _____

Fund: 10 - General Department: Vehicle Maintenance Division: Vehicle Replacement



PENDER COUNTY, NORTH CAROLINA

FY 2015 Budget Amendment # _____ Date Approved: 2015-05-11
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>		Decrease: <input type="checkbox"/>	
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
10-320017	\$13,071.00	560-407403 Vehicle Replacement	\$13,071.00
Total:		Total:	
	\$13,071.00		\$13,071.00

Reason and Justification for Request:
 The Sedgwick CMS property damage appraiser declared the 2013 Ford Focus #37350 a total loss. The settlement is \$14,070.84 less the \$1,000.00 deductible. These funds and funds remaining in the lease purchase escrow will be used to replace the vehicle. We will submit a purchase order to the Board when a replacement is found.

Dept Mgr. Approval:	Date: 2015-05-11	Finance Officer Approval:	Date: 2015-05-11	Budget Officer Approval:	Date: 2015-05-11
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Board Approval (When Applicable) Item # _____ Date of Minutes
 2015-05-11



Sedgwick CMS

Sedgwick Claims Management Services, Inc.
P.O. Box 241125, Charlotte, NC 28224
Telephone: 704-423-6216 Facsimile 704-423-6210

March 28, 2014

Pender County
Attn: Pat Simmons

RE: INSURED/CLIENT: NCACC-Liability & Property Pool – Pender Co
CLAIM NUMBER: B418402214-0001-01
DATE OF LOSS: 2/25/2014

(2013 Ford Focus VIN# 1FADP3E20DL237350 – TOTAL LOSS)

Dear Pat:

I am the Sedgwick CMS claims representative assigned to handle the above captioned claim. I am writing to follow up with you in regard to your claim.

We have received an estimate for the repairs to your vehicle for \$11,286.68. This estimate covers the repairs to your vehicle however our property damage appraiser has declared your vehicle a total loss.

I am prepared to issue a check in the amount of \$14,070.84 for the ACV (Actual Cash Value) - less your \$1,000.00 deductible. I ask that you return the Damage Disclosure form, the notarized Power of Attorney form, and the Sworn Statement in Proof of Loss along with the **original title** to the vehicle, to my attention. *Please include any unpaid towing invoice and/or special equipment removal invoices in this packet. Upon receipt of these forms, I will issue payment to you in full.*

In the interim, if you have any questions, please feel free to contact me at the number listed below. You may reach me Monday through Friday 8:00am - 4:30pm (Eastern)

Sincerely,

Laura Heckman,
Claims Representative
Sedgwick CMS for NCACC-Liability & Property Pool
800 822-4469 x 36216

Rev 10-320017
exp 560-407403

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this information in error, please contact the sender and delete the material from any computer.



Sedgwick CMS

Sedgwick Claims Management Services, Inc.
P.O. Box 241125, Charlotte, NC 28224
Telephone: 704-423-6216 Facsimile 704-423-6210

POWER OF ATTORNEY

B418402214-0001-01

I HEREBY APPOINT NCACC Liability and Property Pool OF THE COUNTY OF Wake STATE OF NC AS MY ATTORNEY-IN-FACT TO APPLY FOR CERTIFICATES OR DUPLICATE CERTIFICATE OF TITLE TO, AND TO REGISTER (AND/OR) TO TRANSFER TITLE TO THE MOTOR VEHICLE DESCRIBED AS FOLLOWS:

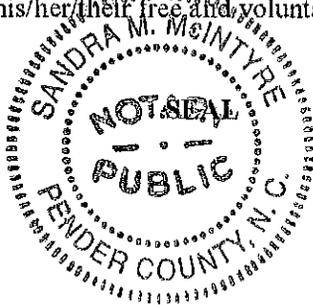
MAKE: Ford YEAR: 2013

VIN#: 1FADP3E20DL237350

County of Pender
(Full name exactly as it appears on the front of the title)

BY: Signature: Patricia E. Simmons
For: County of Pender
Print full name: Patricia E. Simmons

Subscribed and sworn to before me, a Notary Public in and for the State of NC County of Pender this 27 day of April 20 15 by the above person(s) who acknowledge the same to be in his/her/their free and voluntary act and deed.



Sandra M. McIntyre
Notary Public
805 S Walker Street
Burgaw, NC 28425
Address

My commission expires on 2-22-2019

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Sedgwick CMS

Sedgwick Claims Management Services, Inc.
P.O. Box 241125, Charlotte, NC 28224
Telephone: 704-423-6216 Facsimile 704-423-6210

DAMAGE DISCLOSURE STATEMENT
VEHICLES FIVE (5) YEARS OLD AND NEWER
Alterations or erasures will void this form.

STATE LAW REQUIRES THAT EVERY SELLER DISCLOSE TO THE BUYER IF HE KNOWS OR REASONABLY SHOULD KNOW, THE INFORMATION LISTED BELOW. FAILURE TO DO SO WILL RESULT IN CIVIL LIABILITY:

2013 Ford Focus S 1FADP3E20DL237350
YEAR MAKE/MODEL BODY STYLE VEHICLE IDENTIFICATION NUMBER

1. Has this vehicle been damaged by Collision or other occurrence to the extent that damages exceed 25% of its value prior to the time of the Collision or other occurrence? YES/NO
-If YES list the parts that were damaged:

2. Was the vehicle a salvage motor vehicle*? YES/NO
-If YES, in which state was it titled?

3. Is this vehicle a Flood vehicle*? YES/NO

4. Is this vehicle a Recovered Theft Vehicle? YES/NO
-If YES, list parts that were damaged:

5. Has this vehicle been reconstructed?* YES/NO

I declare that the above information is true to the best of my knowledge:

Signature of seller

Seller's Address

Dealer # or SELLER Social Security Number:

ACKNOWLEDGEMENT OF BUYER:

Signature of buyer

Buyer's Address

Claim# B418402214-0001-01- Pender County

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this information in error, please contact the sender and delete the material from any computer.

SWORN STATEMENT IN PROOF OF LOSS

n/a
AMOUNT OF POLICY AT TIME OF LOSS
7/1/13-6/30/14
POLICY PERIOD

B418402214-0001-01
CLAIM NUMBER
AGENCY

To the NCACC Liability and Property Pool
Of The State of North Carolina

At time of loss, by the above indicated policy of insurance you insured Pender County - 2013 Ford Focus VIN# 1FADP3E20DL237350

Against loss by Collision to the property described under Schedule "A" according to the terms and condition of the said policy and all forms, endorsements, transfers and assignments attached thereto.

- 1. Time and Origin: A Collision loss occurred about the hour of am/pm on the 25th day of February, 2014. The cause and origin of the said loss were: Claimant Driver ran red light and struck Insured vehicle
2. Occupancy: the building described, or containing the property described, was occupied at the time of loss as follows and for no other purpose whatever: Pender County
3. Title and interest: At the time of the loss the interest of your insured in the property described therein was Pender County. No other person or persons had any interest therein or encumbrance thereon, except: Pender County
4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: n/a

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, \$ as more particularly specified in the apportionment attached under Schedule "C" besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

- 6. The Actual Cash Value of said property at the time of the loss was \$ 14,070.84
7. The Whole Loss and Damage was \$
8. The Amount claimed under the above numbered policy is \$ 13,070.84 after taking deductible of \$1000.00

The said loss did not originate by any act, design or procurement on part of your insured, or this affiant: nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or rendered it void: no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss: no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

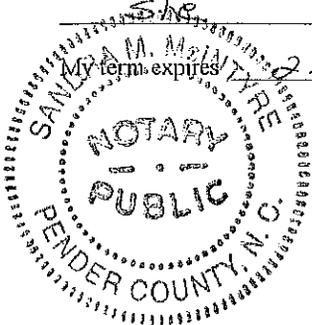
The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

Patricia E. Simmons
Claimant Signature/Title Son County of Pender
Sandra M. McTyre
Witness Signature/Printed Name

Patricia E. Simmons
Printed Name

State of NC
County of Pender

On the 27 day of April of 2015, before me personally appeared Patricia E. Simmons
To me known to be the person(s) named herein and who executed the foregoing Release and acknowledged to me that
voluntarily executed the same.



Sandra M. McTyre
Notary public

BUDGET ORDINANCE AMENDMENT TITLE: General Fund - Town of Burgaw Contract with Sheriff's Department

Introduced by: Randell Woodruff, County Manager Date: 2015-05-11 Item #: _____

Fund: 10 - General Department: Sheriff's Department Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 2015 Budget Amendment # _____ Date Approved: 2015-05-11
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>	Decrease: <input type="checkbox"/>	Increase: <input checked="" type="checkbox"/>	Decrease: <input type="checkbox"/>
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
10-334100 Town of Burgaw Public Saf.	\$36,100.00	510-400201 Overtime	\$27,986.00
		510-400500 FICA	\$2,141.00
		510-400700 Retirement	\$2,074.00
		510-400800 401-K Retirement	\$1,399.00
		510-403100 Gas & Diesel Fuel	\$2,500.00
Total:	\$36,100.00	Total:	\$36,100.00

Reason and Justification for Request:
 The Town of Burgaw has asked the Sheriff to assist them in covering shifts that have become open because of several resignations over the past few months. The Sheriff is requesting compensation from the Town to provide law enforcement protection for two or three months while they hire and train new officers.

Dept Mgr. Approval: _____	Date: <u>2015-05-11</u>	Finance Officer Approval: <i>[Signature]</i>	Date: <u>2015-05-11</u>
Budget Officer Approval: _____		Date: <u>2015-05-11</u>	

Board Approval (When Applicable) Item # 4-28-15 Date of Minutes 2015-05-11

Sylvia Blinson

From: Carson Smith <Carson.Smith@pendersheriff.com>
Sent: Tuesday, April 14, 2015 10:38 AM
To: Randell Woodruff
Cc: Sylvia Blinson; Billy Sanders Ext; Annette ApplewhiteExt
Subject: Law enforcement coverage for the Town of Burgaw

Hey Randell,

The town manager and police chief for Burgaw have asked us to assist them in covering shifts that have become open because of several resignations over the past few months. Their officers are working many additional hours trying to cover the shifts and are in need of assistance. I have agreed to assist them for what we believe will be two to three months while they hire and train new officers.

We will be asked to cover approximately 10 shifts a week (that will vary from week to week and we will only fill what we can) starting this week and going through, probably June. We plan to pay deputies who work time for the Town of Burgaw through our regular payroll every two weeks. The actual cost to the county for the deputies will be billed to the Town of Burgaw and we will charge them a flat rate of \$25 for the vehicles each shift.

If you have any questions, give me a call.

Thanks,
Carson

Sylvia Blinson

From: Carson Smith <Carson.Smith@pendersheriff.com>
Sent: Tuesday, April 14, 2015 10:47 AM
To: Sylvia Blinson
Cc: Annette ApplewhiteExt
Subject: Town of Burgaw coverage

Sylvia,

For the purpose of budgeting coverage for the Town of Burgaw, I'm going to estimate 100, 12 hour shifts, at \$28 per hour (base pay, OT, FICA, retirement, average estimate). That would put the estimate at \$33,600 for personnel. The vehicle expense/reimbursement estimate is \$2,500.

Carson

BUDGET ORDINANCE AMENDMENT TITLE: General Fund - Transfer to Maple Hill Fire Department

Introduced by: Randell Woodruff, County Manager Date: 2015-05-11 Item #: _____

Fund: 10 - General Department: Transfers Out Division: Maple Hill Fire Department



PENDER COUNTY, NORTH CAROLINA

FY 2015 Budget Amendment # _____ Date Approved: 2015-05-11
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>	Decrease: <input type="checkbox"/>	Increase: <input checked="" type="checkbox"/>	Decrease: <input type="checkbox"/>
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
10-301113 Ad Valorem 2013	\$33,429.00	695-409036 Trans to Maple Hill VFD	\$33,429.00
26-397000 Contrib fr Gen Fund	\$33,429.00		
26-310023 Maple Hill Ad Val Taxes	\$-33,429.00		
Total:	\$33,429.00	Total:	\$33,429.00

Reason and Justification for Request:
 To budget funds from the General Fund to assist Maple Hill Volunteer Fire Department \$100,000.00. This department is land locked and cannot expand the taxable district. Their 7 cents tax rate generates approximately \$66,571.00.

Dept Mgr. Approval: _____ Date: <u>2015-05-11</u>	Finance Officer Approval: <u>[Signature]</u> Date: <u>2015-05-11</u>	Budget Officer Approval: _____ Date: <u>2015-05-11</u>
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Board Approval (When Applicable) Item # _____ Date of Minutes 2015-05-11

BUDGET ORDINANCE AMENDMENT TITLE: General Fund - Vehicle Replacement

Introduced by: Randell Woodruff, County Manager Date: 2015-05-11 Item #: _____

Fund: 10 - General Department: Emergency Management Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 2015 Budget Amendment # _____ Date Approved: 2015-05-11
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>		Decrease: <input type="checkbox"/>	
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
10-353500 EMS Collection Fees	\$6,300.00	525-403300 Supplies and Materials	\$6,300.00
Total:		Total:	
	\$6,300.00		\$6,300.00

Reason and Justification for Request:
 We have collected \$6,300 in fees for Emergency Management for fire inspections fees. These funds are needed in supplies.

Dept Mgr. Approval:	Date: 2015-05-11	Finance Officer Approval: <i>[Signature]</i>	Date: 2015-05-11	Budget Officer Approval:	Date: 2015-05-11
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Board Approval (When Applicable) Item # 4-28-15 Date of Minutes 2015-05-11

BUDGET ORDINANCE AMENDMENT TITLE: General Fund - Vehicle Tax Fees/Sales Tax Opt. 4

Introduced by: Randell Woodruff, County Manager Date: 2015-05-11 Item #: _____

Fund: 10 - General Department: Tax Coll/Opt 4 Sales Tax Division: _____



PENDER COUNTY, NORTH CAROLINA

FY 2015 Budget Amendment # _____ Date Approved: 2015-05-11
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input checked="" type="checkbox"/>		Decrease: <input type="checkbox"/>	
Increase: <input type="checkbox"/>		Decrease: <input checked="" type="checkbox"/>	
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
		455-401811 Vehicle Tax Fee	\$47,200.00
		688-405704 Sales Tax Opt 4	\$-47,200.00
Total:		Total: \$0.00	

Reason and Justification for Request:
 The Option 4 Sales Tax Distribution line item may be decreased after the reversal of the FY 2014 accounts payable. The amount for vehicle tax collection fee was underestimated so the needed funds may be transferred from the Option 4 without an increase from fund balance.

Dept Mgr. Approval:	Date: 2015-05-11	Finance Officer Approval: <i>[Signature]</i>	Date: 2015-05-11	Budget Officer Approval:	Date: 2015-05-11
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Board Approval (When Applicable) Item # 428-15 Date of Minutes 2015-05-11

BUDGET ORDINANCE AMENDMENT TITLE: Millers Pond Park

Introduced by: Randell Woodruff, County Manager Date: 03/09/2015 Item #: _____

Fund: 10 & 60 Department: Parks & Recreation Division: _____



PENDER COUNTY, NORTH CAROLINA

FY _____ Budget Amendment # 2015-16 Date Approved: _____
 Appropriations

REVENUES		EXPENDITURES	
Increase: <input type="checkbox"/>	Decrease: <input checked="" type="checkbox"/>	Increase: <input type="checkbox"/>	Decrease: <input checked="" type="checkbox"/>
Account # and Title	Amount	Account # and Title	Amount (leave off \$ sign)
Recreation 10-348029	\$-162,545.00	Recreation 10-409803	\$-162,545.00
Trnsfr frm General Fd 60-397000-6081	\$-162,545.00		
Recreation Grant 60-348029-6081	\$162,545.00		
Total:	\$-162,545.00	Total:	\$-162,545.00

Reason and Justification for Request:
To budget PART of Grant in Recreation Capital project.

Dept Mgr. Approval: _____ Date: _____ Finance Officer Approval: *[Signature]* Date: *5-9-15* Budget Officer Approval: _____ Date: _____

Board Approval (When Applicable) Item # _____ Date of Minutes _____

Email to Finance

Revision 8.5 (1/13/15)

Print Department - Copy