

ORDINANCE/RESOLUTION REQUEST DATA SHEET

This data sheet must be completed in full. Attach any additional information or sheets.

DEPARTMENT NAME: County Judge **DEPT. NO.** 0100 **FUND NO.** 3751

DATE OF THIS REQUEST: February 5, 2015 **Sponsored by:** Tom Allen

INDICATE TYPE(S) OF REQUEST:

- A. Transfer of funds between categories in this department and fund
- B. Appropriate additional monies to this department/fund from unappropriated monies in that fund
- C. Transfer of funds from one fund to another fund
- D. Create a new expenditure department or line item
- E. Salaries for added personnel or upgrade of personnel through JESAP
- F. Other, i.e. **Resolution** etc.

GIVE A FULL AND COMPLETE EXPLANATION AND PURPOSE OF THIS REQUEST: (This information will be used to draft an Ordinance/Resolution to be submitted for consideration by the Quorum Court)

This request is to appropriate \$69,249 in grant revenue and the associated expenditures for the Substance Abuse and Mental Health Services (SAMSHA) Grant not used in 2014.

APPROPRIATE REVENUE:

3751-0000-7109

\$69,249

Account Title

Other Federal Grant

TRANSFER OF FUNDS:

		<u>Account Title</u>		<u>Account Title</u>
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____
AMOUNT _____	FROM ACCT _____	_____	TO ACCT _____	_____

APPROPRIATE ADDITIONAL FUNDS:

ACCT NO. _____	AMOUNT _____	<u>Account Title</u>
ACCT NO. _____	AMOUNT _____	<u>(See Attached)</u>

TRANSFER OF FUNDS: (From one Fund to Another Fund):

Fund No. _____ to Fund No. _____ Amount: _____ Acct No. _____

ADD PERSONNEL TO THE SAME JOB DESCRIPTION or create new job: From Personnel

Committee/JESAP action

No. Added or New Job	Job Title
_____	_____
_____	_____

SIGNED: BY MIKE CRANDALL FOR TOM ALLEN (Elected Official/Department Head)

For Office Use Only:

Date Received: _____ **Date submitted to Committee of the Whole:** _____
Committee meeting date at which this request will be considered: _____

Committee action: _____ **Do Pass (forward to Quorum Court for consideration)**
_____ **Review on _____ date**

Benton County

Acct #	Account Description	Orig or Adj Approp	Transfer or Add. Approp	New Approp Amount
3751-0100-1001	Salary, Full Time	13,801.00	3,450.00	17,251.00
3751-0100-1006	Social Security Matching	1,055.00	264.00	1,319.00
3751-0100-1007	Retirement Matching	1,626.00	406.00	2,032.00
3751-0100-1009	Health Insurance Matching	2,097.00	525.00	2,622.00
3751-0100-1010	Workmen's Compensation	302.00	75.00	377.00
3751-0100-2018	Other Misc Operating Supplies	3,000.00	750.00	3,750.00
3751-0100-3006	Medical, Dental, and Hospital	188,595.00	47,149.00	235,744.00
3751-0100-3007	Drug Screening	1,200.00	300.00	1,500.00
3751-0100-3009	Other Professional Services	65,320.00	16,330.00	81,650.00
	Totals	276,996.00	69,249.00	346,245.00