

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
General Fund**

Requesting Department: Juvenile Detention
 Signature of Department Head: [Signature]
 Date Requested: 7-Jan-14
 Approved By: [Signature]
 Date Approved: 1/8/14

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-54240-110 Lieutenant	\$ 48,014	\$ 48,014	\$ 14,717		\$ 10,000	\$ 38,014
101-54240-187 Overtime	\$ 30,000	\$ 30,000	\$ 27,997	\$ 10,000		\$ 40,000
101-54240-164 Attendants	509,770	509,770	253,996		4,650	505,120
101-54240-160 Guards	241,658	241,658	114,749	4,200		245,858
101-54240-161 Secretary	68,061	68,061	35,391	450		68,511
						-
						-
						-
				14,650	14,650	-

EXPLANATION FOR ABOVE AMENDMENT REQUEST

Because of vacancies, the first request is to provide additional funding for overtime. The second request is to correct budgeted amounts for salary line items.

Finance Department Use Only

Date Posted: _____

Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Correctional Work Center
 Signature of Department Head: [Signature]
 Date Requested: January 10, 2014
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-54220-335 R & M Buildings	\$ 12,000	\$ 45,500	\$ 44,839	\$ 5,000		\$ 50,500
101-54220-399 Other Contracted Services	\$ 775,000	859,775	652,738		\$ 5,000	\$ 854,775

EXPLANATION FOR ABOVE AMENDMENT REQUEST

For necessary repairs to the building.

Finance Department Use Only

Date Posted: _____

Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Correctional/Work Center
 Signature of Department Head: *[Signature]*
 Date Requested: January 17, 2014
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-54220-338 R & M Vehicles	\$ 5,000	\$ 6,000	\$ 5,517	\$ 1,000		\$ 7,000
101-54220-410 Custodial Supplies	\$ 27,500	27,500	12,929		\$ 1,000	\$ 26,500

EXPLANATION FOR ABOVE AMENDMENT REQUEST

Additional funds for vehicle repair.

Finance Department Use Only

Date Posted: _____
 Posted By: _____

RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND

Requesting Department: Correctional Work Center
 Signature of Department Head: *[Signature]*
 Date Requested: January 21, 2014
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-54220-790 Other Equipment	\$ -	\$ -	\$ -	\$ 18,025		\$ 18,025
101-39000 Unassigned Fund Balance		\$ 16,430,368	\$ 16,430,368		\$ 18,025	\$ 16,412,343

EXPLANATION FOR ABOVE AMENDMENT REQUEST

To purchase a new DVR system for the workhouse.

*for security
helps in lawsuits
proprietary & specialized
eqt*

Finance Department Use Only

Date Posted: _____
 Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Rutherford County Health Department
 Signature of Department Head: *Dana Danette, MD*
 Date Requested: 19-Jan-14
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-46310 Health Department Programs	\$ 2,023,261	\$ 2,023,261	\$ 700,880	\$ 108,039		\$ 2,131,300
OTHER LOCAL HEALTH SERVICES						
101-55190-131 Medical Personnel	\$ 1,349,856	\$ 1,349,856	\$ 677,208	\$ 62,719		\$ 1,412,575
101-55190-201 Social Security	84,070	84,070	40,794	3,890		87,960
101-55190-204 State Retirement	172,070	172,070	70,999	7,960		180,030
101-55190-205 Employee & Dependent Insurance	354,570	354,570	162,860	32,440		387,010
101-55190-209 Disability Insurance	2,500	2,500	1,203	120		2,620
101-55190-212 Employer Medicare	19,670	19,670	9,540	910		20,580
				108,039	-	2,090,775

EXPLANATION FOR ABOVE AMENDMENT REQUEST

The purpose of this amendment is to adjust the existing appropriation budget and estimated revenue to reflect the contract amount awarded by the state of Tennessee. The original contract with the State was \$2,112,300 and has been amended by \$19,000 for a LPN position. After acceptance of the States amendment, the contract will total \$2,131,300. The County's original budget for the function #55190 Other Local Health Services totaled \$2,023,261. The amendment reflected above will adjust the county's budget for function #55190 to agree with the State's contract.

Finance Department Use Only

Date Posted: _____

Posted By: _____



GRANT AMENDMENT

Agency Tracking # 34360-14714	Edison ID 39001	Contract # GG1439001	Amendment # 1		
Contractor Legal Entity Name RUTHERFORD COUNTY GOVERNMENT			Edison Vendor ID 2868		
Amendment Purpose & Effect(s) LPN position moved from Henderson to Rutherford County					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: JUNE 30, 2014			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 19,000		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$660,700	\$767,300	\$447,600	\$255,700	\$2,131,300
TOTAL:	\$660,700	\$767,300	\$447,600	\$255,700	\$2,131,300
American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.			<i>OCR USE</i>		
Speed Chart (optional) HL00000161		Account Code (optional) 71301000			

**AMENDMENT ONE
OF GRANT CONTRACT GG1439001**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Rutherford County Government, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Million One Hundred Thirty One Thousand Three Hundred Dollars (\$2,131,300). The Grant Budget, attached and incorporated hereto as Attachment 1, shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
2. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective January 15, 2014. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

RUTHERFORD COUNTY GOVERNMENT:

GRANTEE SIGNATURE

DATE

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

JOHN J. DREYZEHNER, MD, MPH, FACOEM, COMMISSIONER

DATE

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 1)

RUTHERFORD COUNTY GOVERNMENT - LOCAL HEALTH SERVICES				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2013, and ending June 30, 2014.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$1,418,600.00	\$0.00	\$1,418,600.00
2	Benefits & Taxes	\$678,200.00	\$0.00	\$678,200.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$13,100.00	\$0.00	\$13,100.00
6	Telephone	\$500.00	\$0.00	\$500.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$17,000.00	\$0.00	\$17,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$3,900.00	\$0.00	\$3,900.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$2,131,300.00	\$0.00	\$2,131,300.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES						AMOUNT
Cantrell, Cheryl-PHOA Supervisor	\$2,771.56	x	12	x	100%	\$33,258.72
Howard, Sonia M-PHOA	\$2,329.09	x	12	x	100%	\$27,949.08
Hackney, Tammy-Nurse Assist 2	\$2,631.65	x	12	x	100%	\$31,579.80
McCullough, Veronica-PHOA	\$2,287.46	x	12	x	100%	\$27,449.52
Hughes, Brenda-PHOA	\$2,542.38	x	12	x	100%	\$30,508.56
Strege, Maria-PHOA	\$2,206.78	x	12	x	100%	\$26,481.36
Bhakta, Vaishali-Dentist	\$9,166.67	x	12	x	100%	\$110,000.04
McConnell, Cristina- Nutr Ed	\$2,921.77	x	12	x	100%	\$35,061.24
Murray, Teresia-Phoa	\$2,413.63	x	12	x	100%	\$28,963.56
(Vacant)-PHOA	\$2,287.46	x	12	x	100%	\$27,449.52
Macarena-Padilla, Patricia-PHOA	\$2,287.46	x	12	x	100%	\$27,449.52
Sadler, Sandra-Soc Counselor	\$3,598.13	x	12	x	100%	\$43,177.56
Stem, Brenda-PHOA	\$2,587.02	x	12	x	100%	\$31,044.24
Weyler, Judy-PHOA	\$2,968.55	x	12	x	100%	\$35,622.60
Smith, Belva-PHOA	\$2,413.63	x	12	x	100%	\$28,963.56
Hysmith, Cheri-RN 2	\$3,731.18	x	12	x	100%	\$44,774.16
Curtis, Sue-PHOA	\$2,169.01	x	12	x	100%	\$26,028.12
Saliba, Juliet-Bilingual Clerk 3	\$2,413.63	x	12	x	100%	\$28,963.56
Bentley, Crystal RN 3	\$3,600.71	x	12	x	100%	\$43,208.52
Williams, Melissa-RN 3	\$4,001.55	x	12	x	100%	\$48,018.60
Jackson, Barbara-RN 3	\$3,798.98	x	12	x	100%	\$45,587.76
(Vacant) PH ED 2	\$2,490.00	x	12	x	100%	\$29,880.00
Tassey, Melinda-Nutr ED	\$3,417.03	x	12	x	100%	\$41,004.36
(Vacant)-RN 3	\$3,798.98	x	12	x	100%	\$45,587.76
Gamez, Lesley-Counseling Asst	\$2,329.09	x	12	x	100%	\$27,949.08
Ward, Laura-Counseling Asst	\$2,499.47	x	12	x	100%	\$29,993.64
Gomez, Simona-Clerk 3	\$2,456.55	x	12	x	100%	\$29,478.60
Stewart, Julia-Clerk 3	\$2,413.63	x	12	x	100%	\$28,963.56
Cook, Gracey-Clerk 3	\$2,370.72	x	12	x	100%	\$28,448.64
Howard, Katie-Dental Asst 2	\$2,631.65	x	12	x	100%	\$31,579.80
Scriver, Angela-RN 3	\$3,798.98	x	12	x	100%	\$45,587.76
Smith, Jennifer-Nutr 2	\$3,600.71	x	12	x	100%	\$43,208.52
McConnell, Joanna- Nutr ED	\$3,028.20	x	12	x	100%	\$36,338.40
Bass, Josephine-Counseling Asst	\$2,175.88	x	12	x	60%	\$15,666.34
McDougal, Jamie-Counserling Asst	\$2,175.88	x	12	x	80%	\$20,888.45
Sparschut, Marissa-Counseling Asst	\$2,175.88	x	12	x	60%	\$15,666.34
Wolf, Cheryl-Soc Worker 1	\$3,723.98	x	12	x	100%	\$44,687.76
(Vacant)- Clerk 3	\$2,695.94	x	12	x	80%	\$25,881.02
Aronna, Paula Clerk 3	\$2,695.94	x	12	x	80%	\$25,881.02
(Vacant) Clerk 3	\$2,695.94	x	12	x	30%	\$9,705.38
Farris, Joanna Breastfeeding Coordinator	\$2,465.55	x	12	x	100%	\$29,586.60
Walters, Natasha Breastfeeding Coordinator	\$2,175.88	x	12	x	40%	\$10,444.22
(Vacant) LPN 2	\$2,443.00	x	12	x	50%	\$14,658.00
Longevity						\$6,025.00
TOTAL ROUNDED						\$1,418,600.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$17,000.00
TOTAL	\$17,000.00

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Rutherford County Health Department
 Signature of Department Head: _____
 Date Requested: 19-Jan-14
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-46390 Other Health & Welfare Grants	\$ -	\$ -	\$ -	\$ 103,668		\$ 103,668

Alcohol & Drug Program

101-55170-499 Other Supplies & Materials	\$ -	\$ -	\$ -	\$ 41,900		\$ 41,900
101-55170-310 Contracts with Other Public Agencies	-	-	-	33,902		33,902
101-55170-355 Travel	-	-	-	4,000		4,000
101-55170-599 Other Charges	-	-	-	23,866		23,866
						-
						-
						-
						-
				103,668	-	103,668

EXPLANATION FOR ABOVE AMENDMENT REQUEST

The Commissioner for the TN Department of Health has approved special needs funds, pursuant to TCA 68-2-901 to the Rutherford County Health Department in the amount of \$103,668. The funding can only be used for the purposes outlined in the plan submitted to the State Department of Health. The source of these funds is from the State's Tobacco Settlement.

Finance Department Use Only

Date Posted: _____
 Posted By: _____



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

LETTER OF AGREEMENT: SPECIAL NEEDS FUNDING

Date: January 7, 2014

To: Ernest G. Burgess, County Mayor
Rutherford County
Rutherford County Courthouse
Room 101
Murfreesboro, TN 37130

From: Bruce Behringer, Deputy Commissioner ^{BB}
Continuous Improvement and Training, TDH

Subject: Special Needs Funding (Tobacco Settlement) – Letter of Agreement

The Commissioner for the Tennessee Department of Health has approved your request for special needs funds. This is the first of three annual payments for this project, the total sum of which will be determined by the future availability of funds and your county's progress towards the goals established in your county plan. The Commissioner is authorized to approve special needs funding pursuant to TCA § 68-2-901.

If you choose to accept the award of these funds to your county, please indicate acceptance by signing this agreement (see spaces designated below for signature, etc.). Your signature on this agreement acknowledges your acceptance of the terms and conditions noted below:

Terms and Conditions

- 1) The detailed plan (projects/activities) and budget must be approved by the Tennessee Department of Health.
- 2) The funding can only be used for the purposes outlined in your plan (projects/activities) submitted to the Department. If these funds are not used for this purpose, they must be returned to the state by the county. If the funds are

used for this purpose, continue the execution of the program described in the plan (projects/activities) submitted until all funds are expended.

- 3) You and any subcontractor used by your county to expend funds towards this plan (projects/activities) shall maintain documentation for all charges under this Letter of Agreement. The books, records, and documents (and those books, records and documents of a subcontractor), insofar as they relate to work performed or money received under this Letter of Agreement, shall be maintained for a period of three (3) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the state agency, the Comptroller of the Treasury, or duly appointed representatives. The records for local governments shall be maintained in accordance with the *Internal Control and Compliance Manual for Tennessee Municipalities*, published by the Tennessee Comptroller of the Treasury and found at <http://www.comptroller1.state.tn.us/ma/citymanual.asp> and in accordance with GFOA's publication, *Governmental Accounting, Auditing and Financial Reporting*.
- 4) The plan (project/activities) conducted and records maintained pursuant to this Letter of Agreement shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- 5) The County shall submit brief, periodic progress reports to the State as requested.
- 6) If you fail to fulfill your obligations under this agreement, the State shall have the right to seek restitution, pursuant to the laws of the State of Tennessee, from your county for payments made to Rutherford County under this agreement.

We appreciate our partnership with you in providing quality public health services in Rutherford County and look forward to working with you on this important project. Attached to this Letter of Agreement will be a copy of the county activities associated with your projects for which these Special Needs Funds – (Tobacco Settlement funds) will be expended and a second attachment with your budget for these Tobacco Settlement funds.

Please return this agreement to:

**Bruce Behringer, Deputy Commissioner
Continuous Improvement & Training
Tennessee Department of Health
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243**

Please retain a copy of this Letter of Agreement for your records.

On behalf of Rutherford County, I hereby agree to the aforementioned terms and conditions as part of the conditions in accepting the check or automated clearing house payment (bank draft) in the amount of \$103,668.

Official Signature

Date

Official's Name (please print)

Official's Title or Position

Daytime Contact Phone Number

Notary and Date

Rutherford Activities in Conducting Tobacco Settlement Projects Tennessee Tobacco Settlement Initiative 2014

SMART Moms

1. Identify health department WIC/Nutrition staff targeted to participate in program by February 2014.
2. Update existing SMART Moms training materials by February 2014.
3. Conduct training for the WIC staff to effectively counsel and educate each pregnant woman who smokes on becoming tobacco-free, developing a positive support system, and becoming aware of issues related to second-hand smoke, between February- May 2014
4. Provide training to prepare local WIC staff to complete assessment forms on the stages of change for quitting smoking, and developing individualized strategies with patients for increasing social support and addressing second-hand smoke issues, between February- May 2014
5. Train representatives to be "train the trainers" to provide sustainability of project by May 2014.
6. Smokers who show an interest quitting smoking will be provided a copy of Need Help Putting Out that Cigarette? And with information on the Tennessee Tobacco Quitline with each WIC visit.
7. Participate in statewide data collection plan on Smart Moms through pre-and post-testing of participants from January-December 2014
8. Submit semi-annual project outputs report to TDH using Survey Gizmo
9. Participate in statewide training opportunities for all counties implementing Smart Moms project.
10. Create a plan to provide training to other Rutherford County Health care providers by December 2014
11. Identify potential future participants of Smart Moms program by December 2014



Tennessee Tobacco Settlement 2014

County: Rutherford
Responsible Person: Dana Garrett, RN
Date: 20-Dec-13

Budget Estimate by Project

Budget amount \$ 103,668

Pregnancy Smoking

\$ 83,802 Project title: SMART Moms
\$ 11,000 Project title: Media and Advertising Campaign
\$ 8,866 Project title: Sublimation roll over cost

Second hand smoke

\$ Project title: _____
\$ Project title: _____
\$ Project title: _____

School Age children

\$ Project title: _____
\$ Project title: _____
\$ Project title: _____

\$ 103,668 Total Year 1 Costs

Budget Estimate by Line Item for all Projects

Budget amount

\$ - Salaries and benefits
\$ 41,900 Supplies
\$ 1,000 Travel
\$ 33,902 Professional Services or subcontract fees
\$ 3,000 Conferences and meetings
\$ 15,000 Specific assistance to individuals and organizations (incentives)
\$ 8,866 other: sublimation roll over cost

\$ 103,668 Total Year 1 Costs

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Rutherford County Health Department
 Signature of Department Head: _____
 Date Requested: 19-Jan-14
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
LOCAL HEALTH DEPARTMENT						
101-55110-309 Contracts w/govt agencies	\$ 128,375	\$ 128,375	\$ 96,281		\$ 32,094	\$ 96,281
						-
101-55110-708 Communications Equipment	-	-	-	32,094		32,094
						-
						-
						-
						-
						-
						-
						-
				32,094	32,094	-

EXPLANATION FOR ABOVE AMENDMENT REQUEST

The State of Tennessee is allowing the Rutherford County Health Department to use funds allocated in the 2013-2014 County budget to be used to purchase communication equipment to improve their phone system. The monies were originally budgeted as payment to the State for the County's contribution toward the total cost of Health Services provided by the Rutherford County Health Department. The amendment above accomplishes this goal.

Finance Department Use Only

Date Posted: _____
 Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Emergency Management
 Signature of Department Head: *[Signature]*
 Date Requested: January 21, 2014
 Approved By: *[Signature]*
 Date Approved: 1/22/14

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-54430-196 In-Service Training	\$ 1,000	\$ 1,000	\$ -		\$ 1,000	\$ -
101-54430-355 Travel	\$ 2,000	\$ 2,000	\$ 211		\$ 1,000	\$ 1,000
101-54430-411 Data Processing Supplies	\$ 3,150	\$ 3,150	\$ -		\$ 1,000	\$ 2,150
101-54430-415 Electricity	\$ 5,000	\$ 5,000	\$ 4,672	\$ 4,000		\$ 9,000
101-54430-429 Instructional Supplies & Materials	\$ 2,500	\$ 2,500	\$ -		\$ 1,000	\$ 1,500

EXPLANATION FOR ABOVE AMENDMENT REQUEST

Finance Department Use Only

Date Posted: _____
 Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: EMA
 Signature of Department Head: *[Signature]*
 Date Requested: 1/24/2014
 Approved By: *Ernest Burgess*
 Date Approved: 1/27/14

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-99100-590 Transfers to Other Funds	\$ -	\$ 15,600	\$ 15,600	\$ 200,000		215,600
101-34585 Restricted for Capital		1,661,181	1,661,181		200,000	1,461,181
						-
						-
						-
						-
						-
						-
						-
				200,000	200,000	-

EXPLANATION FOR ABOVE AMENDMENT REQUEST

The county has received funding from Christy Houston Foundation, E-911 and a grant through Homeland Security (Assistance to Fire Fighters), matching funds from the Ambulance Department for the county's public safety communications project. This project, which includes adding a microwave system to five towers in the county, will enhance the communication capability for all public safety agencies. The General Fund has previously provided \$200,000 for cash flow. To have sufficient sufficient revenue to complete this project, an additional \$200,000 will be needed. We are requesting to use available balances in the Restricted for Capital as the source of funding.

Finance Department Use Only

Date Posted: _____
 Posted By: _____

COMMUNICATIONS PROJECT ADDITIONAL FUNDING REQUEST

In January of 2009 the Mayor's Communications Study Committee met for the first time. It was composed of representatives of Rutherford County Public Safety agencies and four citizens with significant wireless communications experience. That committee determined that the county was lacking the needed infrastructure to support upgrading the radio communications system and that the existing radio base and repeater equipment was totally obsolete.

In May of 2011 the writer was hired to begin implementation of infrastructure upgrades. Since towers and buildings take the longest to complete due to regulations, they were done first. A new 230' tower has been built at Tiger Hill along with its associated building. A new 180' tower has been built at Milton along with its associated building. The county acquired a 300' large tower in the Rockvale area for back taxes and is working to renovate the site which has been abandoned for some time.

Since technology is changing so rapidly, digital microwave is being implemented to connect all the sites. This also prevents outages due to phone lines being cut and reduces recurring cost.

Much of the microwave equipment and radio repeater equipment has been purchased and is beginning to be installed.

The funding for what has been bought to date has come from multiple sources.

- 1) \$1,200,000.00 from a grant from E911.
- 2) \$ 315,000.00 from a grant for Christy Houston Foundation.
- 3) \$ 157,000.00 from a grant from Homeland Security.
- 4) \$ 400,000.00 from an Aid to Fire Fighters Grant.
- 5) \$ 100,000.00 from local tax revenue to match the AFG.

This has made the project difficult due to limitations on what some of the funds could be used for.

To complete the project an additional \$384,652.00 is needed. The specific use for these funds is outlined in the spreadsheet and explanation document. To date only \$100,000.00 of local tax revenue has been expended. In addition no money has been spent on design or consulting fees for the project. Additional savings have been realized by sharing two of our sites with THP in the built out of their system. This has

resulted in a generator not being required for Tiger Hill and a microwave link not being required between Tiger Hill and Lynch Hill which saved the county about \$150,000.00.

I sincerely request the committee approve this additional funding request to be able to bring the radio communications for the Sheriff, EMS and Fire to a level that will provide the needed safety and security that those personnel should expect.

Implementation of a significant portion of the upgrade should be complete by mid-year with some lagging into early Fall.

Prepared by: Joe Gourley, 01/17/2014

ADDITIONAL EQUIPMENT AND INSTALLATION NEEDED										
ITEM#	ITEM DISCRPTION	TIGER HILL	MILTON	LYNCH HILL	SMYRNA	RCSO	HUTSON	BRADYVILLE	NOLENSVILLE	TOTAL
1	RF FILTER COMPONENTS	885.00	7928.00	5354.00	9647.00	947.00	1894.00	947.00	2666.00	30268.00
2	ANTENNAS	1344.00	410.00		410.00		1452.00	521.00	723.00	4860.00
3	ANTENNA INSTALL	2000.00	2000.00	2500.00	2500.00		3000.00	2000.00	2000.00	16000.00
4	COAX AND CONNECTORS	1170.00	440.00	1600.00	1770.00	430.00	2950.00	1300.00	1425.00	11085.00
5	GENERATOR&UPS		16500.00				16500.00			33000.00
6	MISC TECH SERVICES									4000.00
7	SHIPPING									3000.00
8	MISC HARDWARE									5000.00
9	ELECTRICAL WORK SITES			1000.00	500.00	10000.00	5000.00		1500.00	18000.00
	SUB-TOTAL RC									125213.00
10	MOTOROLA OPTIONS									288439.00
	TOTAL NEEDED									413652.00
	MINUS FUNDS ON HAND									-29,000
	GRAND TOTAL NEEDED									384652.00

EXPLANATION OF PROJECT FUNDS SPREADSHEET

- 1) This item is composed of transmit combiners (allows multiple transmitters to use one antenna), receiver multi-couplers (allows multiple receivers to use the same antenna), and interference filters.
- 2) This item is the remainder of VHF and UHF antennas needed at each site. Several antennas have already been purchased and only need installation.
- 3) This item is labor and miscellaneous parts for installation of the above antennas.
- 4) This item is coaxial cable to connect the antenna to the radio equipment.
- 5) This is for two generators with ups installed at the two sites shown which currently have no backup power.
- 6) This item is for hiring of contract technical assistance for project execution.
- 7) This item is self-explanatory.
- 8) This item is for mounting brackets, specialized tools and other needed hardware to install the equipment.
- 9) This item is for contract electrical work at sites that need additional outlets, etc. It also includes installation of power at Hutson and bringing power to the penthouse of the jail.
- 10) This item is an option under the Motorola contract which includes the remainder of the voters, radio equipment for Nolensville, another microwave link that is needed and adding a third simulcast site at Milton on the SO channels. This is only a portion of the optional equipment quoted and is felt to be the minimal needed to complete the project successfully.

All of Items 1 and 2 will be bought directly from the manufacturer under GSA contract at a savings of 33%. This GSA contract has been enforce since 2009 and will expire in February 2014. If these items are ordered after this date they will no doubt cost more.

The generators on item 5 will be bought direct from the manufacturer from an existing GSA contract and installed by a local electrical contractor.

The Motorola options are from the existing State Contract which has been extended and will not require bidding.

All other items will be bought by obtaining quotes or bids depending on the amounts.

Total funds available are **\$29,000.00.**

This summary does not include the possibility of having to purchase a new building for Hutson which would add another \$35,000.00.

Prepared by: Joe Gourley, 01/17/2014

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Fire
 Signature of Department Head: *Larry Farley*
 Date Requested: January 27, 2014
 Approved By: *Ernest Ben goes*
 Date Approved: 1/27/14

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-54320-338 M & R Vehicles	\$ 80,000	\$ 80,000	\$ 74,056	\$ 9,000		\$ 89,000
101-54320-451 Uniforms	\$ 20,000	20,000	9,784		\$ 5,000	\$ 15,000
101-54320-719 Office Equipment	\$ 4,000	\$ 4,000	-		\$ 4,000	\$ -

EXPLANATION FOR ABOVE AMENDMENT REQUEST

Increase funds for repair of vehicles.

Finance Department Use Only

Date Posted: _____
 Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Finance Dept
 Signature of Department Head: [Signature]
 Date Requested: 31-Jan-14
 Approved By: [Signature]
 Date Approved: 1/31/14

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
101-58600-205 Employee & Dependent Insurance	\$ 75,000	\$ 75,000	\$ -		\$ 34,000	\$ 41,000
						-
101-51310-205 Employee & Dependent Insurance	<i>Human Resouce</i>			2,600		2,600
101-51720-205 Employee & Dependent Insurance	<i>Planning & Engineering</i>			10,700		10,700
101-51800-205 Employee & Dependent Insurance	<i>Building Maintenance</i>			3,550		3,550
101-52100-205 Employee & Dependent Insurance	<i>Finance</i>			1,400		1,400
101-52600-205 Employee & Dependent Insurance	<i>OIT</i>			4,350		4,350
101-53400-205 Employee & Dependent Insurance	<i>Chancery</i>			2,900		2,900
101-54320-205 Employee & Dependent Insurance	<i>Fire</i>			6,100		6,100
101-54430-205 Employee & Dependent Insurance	<i>EMA</i>			1,130		1,130
101-55110-205 Employee & Dependent Insurance	<i>Local Health</i>			1,270		1,270
				34,000	34,000	-

EXPLANATION FOR ABOVE AMENDMENT REQUEST

This budget amendment is requested to provide additional funding for the Employee & Dependent Insurance for the various departments as a result of open enrollment and the changes to coverage and new elections being in place. The source of funding is the pooled account in the Employee Benefits category.

Finance Department Use Only

Date Posted: _____
 Posted By: _____