RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND

Requesting Department: Local Health Services
Signature of Department Head:
Date Requested: 16-Jun-14
Approved By: Ernie Burgess
Date Approved: 6/23/14

Account No. & Description	Original Budget	Amended to Date	Actual to Date	**Requested Increase**	**Requested Decrease**	Amended Appropriation
101-55190-355 Travel	$ 17,000	$ 18,000	$ 16,877	$ 1,000		$ 19,000
						-
101-55190-499 Other Supplies and materials.	13,100	12,100	-		1,000	11,100
						-
						-
						-
						-
						-
						-
						-
						-
				1,000	1,000	-

EXPLANATION FOR ABOVE AMENDMENT REQUEST

This amendment is to requested to provide travel for two employees who attended State required training. Typically this was reimbursed directly from the state to the employee, but they have changed their process. See email attached to this request.

Finance Department Use Only

Date Posted:_____

Posted By:_____

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Bureau of Health Services
4th Floor Cordell Hull Building
425 5th Avenue, North
Nashville, Tennessee 37243

June 24, 2014

Leroy Hines, Regional Accountant
Mid-Cumberland Regional Office
710 Hart Lane
Nashville, TN 37247-0801

SUBJECT: Approved Budget Revision # 1

Dear Mr. Hines:

Attached you will find an approved Budget Revision to Contract # GG-14-39001, RFS # 343.60-147-13 between the Tennessee Department of Health and the Rutherford County Health Department in the Mid-Cumberland Region.

Expenditures may be incurred in accordance with the approved budget revision. Please make the necessary corrections on invoices and quarterly expenditure reports before submitting to administrative services for processing.

Sincerely,

Janice Moore

Janice Moore
Accounting Manager

Attachment

cc: Glenda Case, DCR

Budget Revision Justification

Agency Name:	RUTHERFORD COUNTY GOVERNMENT
Budget Revision #:	1

Line-Item Category	*Amount*	*Explanation*
Salaries		
Benefits & Taxes		
Professional Fee/Grant & Award		
Supplies	-$2,000.00	REDUCED SUPPLIES BY THIS AMOUNT
Telephone		
Postage & Shipping		
Occupancy		
Equipment Rental & Maintenance		
Printing & Publications		
Travel/Conferences & Meetings	$2,000.00	INCREASE TRAVEL BY THIS AMOUNT
Interest		
Insurance		
Specific Assistance To Individuals		
Depreciation		
Other Non-Personnel		
Capital Purchase		
Indirect Cost		
In-Kind Expense		

Other Comments:

THE TRAVEL LINE WAS INCREASE TO COVER UNEXPECTED TRAVEL COST

Agency Contact: LEROY HINES	**Agency Tracking #:34360-14714**
Contact Email Address:LEROY.HINES@TN.GOV	**Contract #:GG1439001**
Date: JUNE 19,2014	**Edison ID #: 39001**

Agency Name and Address	**TDOH Program Approval Signature**
RUTHERFORD COUNTY GOVERNMERT RUTHERFORD COUNTY COURTHOUSE ROOM 101 MURFREESBORO TN. 37130-3657	**Name:** **Date:**

APPROVED
JEM 6/24/14

GRANT BUDGET - REVISION

Contract # GG1439001
Amendment # 1
Revision # 1
RFS # 34360-14714

GRANTEE: RUTHERFORD COUNTY GOVERNMENT

PROGRAM AREA: LOCAL HEALTH

THE FOLLOWING IS APPLICABLE TO EXPENSE INCURRED IN THE PERIOD: 07-01-13TO 06-30-14

		ORIGINAL			DIFFERENCE			REVISED		
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH (participation)	TOTAL PROJECT	GRANT CONTRACT	GRANTEE MATCH (participation)	TOTAL PROJECT	GRANT CONTRACT	GRANTEE MATCH (participation)	TOTAL PROJECT
1	Salaries	$1,418,600.00		$1,418,600.00	$0.00		$0.00	$1,418,600.00	$0.00	$1,418,600.00
2	Benefits & Taxes	$678,200.00		$678,200.00	$0.00		$0.00	$678,200.00	$0.00	$678,200.00
4, 15	Professional Fees / Grant Awards	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
5	Supplies	$13,100.00		$13,100.00	-$2,000.00		-$2,000.00	$11,100.00	$0.00	$11,100.00
6	Telephone	$500.00		$500.00	$0.00		$0.00	$500.00	$0.00	$500.00
7	Postage & Shipping	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
8	Occupancy	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
11, 12	Travel / Conferences & Meetings	$17,000.00		$17,000.00	$2,000.00		$2,000.00	$19,000.00	$0.00	$19,000.00
13	Interest	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
14	Insurance	$3,900.00		$3,900.00	$0.00		$0.00	$3,900.00	$0.00	$3,900.00
16	Specific Assistance to Individuals	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
17	Depreciation	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
18	Other Non-Personnel	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
20	Capital Purchase	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
22	Indirect / Administrative Cost	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00		$0.00	$0.00		$0.00	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$2,131,300.00**		**$2,131,300.00**	**$0.00**	**$0.00**	**$0.00**	**$2,131,300.00**	**$0.00**	**$2,131,300.00**

APPROVED
JEM 6/24/14

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	$11,100.00	$0.00	$11,100.00
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]	$19,000.00	$0.00	$19,000.00
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.state.tn.us/finance/act/documents/policy3.pdf).

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

APPROVED
9em 6/24/14

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
Jones, Aubrenie 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
Scrives, 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
Estes, Brenda-Counserling Asst	$2,175.88	x	12	x	80%	$20,888.45
Calvert, Artchalee-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
Ransom, Raquel- 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
Bravo, Esther Clerk 3	$2,695.94	x	12	x	30%	$9,705.38
Farris, Joanna	$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**

APPROVED
OESD 6/24/14

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Routine Travel		19,000.00
TOTAL		19,000.00

APPROVED
JFM 6/24/14