

COUNTY BOARD ADDENDUM

County of Champaign, Urbana, Illinois Tuesday, November 27, 2012 – 7:00 p.m.

ILEAS Conference Room, 1701 E. Main Street, Urbana, IL 61801

XII. Areas of Responsibility

B. Finance

**Adoption of Resolution No. 8370 Approving Emergency Budget Transfer #12-00016
 Fund/Dept: 081 Nursing Home-430 Nursing Services, 450 Dietary, 460 Adult Day Care,
 & 462 Alzheimer's Unit

Total Transfer Amount: \$187,700

Reason: To Move Budget Dollars Between Personnel and Non-Personnel Lines to Cover

Nursing Expenses

XIII. Other Business

CLOSED SESSION PURSUANT TO 5 ILCS 120/2(c)2 TO CONSIDER COLLECTIVE NEGOTIATING MATTERS BETWEEN THE COUNTY AND ITS EMPLOYEES OR THEIR REPRESENTATIVES

RESOLUTION NO. 8370

TRANSFER OF FUNDS

November 2012

FY 2012

WHEREAS, The Committee of the Whole has approved the following transfers between accounts within the fund listed below; and

WHEREAS, Sufficient amounts have been appropriated to support such transfers;

NOW, THEREFORE, BE IT RESOLVED That the Champaign County Board approves the following transfers within the FY2012 budget; and

BE IT FURTHER RESOLVED That the County Auditor be authorized and is hereby requested to make the following transfers in the FY2012 budget.

Budget Transfer #12-00016

Fund 081 Nursing Home Depts. 430 Nursing Services, 450 Dietary, 460 Adult Day Care, 462 Alzheimer's Unit

Champaign County Board

TRANSFER TO		AMOUNT	TRANSFER FROM
ACCOUNT DESCRIPTION			ACCOUNT DESCRIPTION
430-534.65 Contract Nursing Service		\$27,310	430-511.04 Regular Part-Time Employees
430-534.65 Contract Nursing Service		\$45,603	430-511.05 Temporary Salaries & Wages
430-534.65 Contract Nursing Service		\$41,309	450-513.06 Employee Health/Life Insurance
430-534.65 Contract Nursing Service		\$21,954	460-511.03 Regular Full-Time Employees
462-534.65 Contract Nursing Service		\$22,587	462-513.01 Social Security-Employer
462-534.65 Contract Nursing Service		\$28,937	462-513.06 Employee Health/Life Insurance
	Total	\$187,700	1

REASON: To Move Budget Dollars Between Personnel and Non-Personnel Lines to Cover Agency Nursing Expenses

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 27th day of November A.D. 2012.

ATTEST:		C. Pius Weibel, Chair Champaign County Board
MITLOI.	Gordy Hulten, County Clerk and ex-officio Clerk of the	

REQUEST FOR BUDGET TRANSFER NEEDING CHAMPAIGN COUNTY BOARD APPROVAL

FUND 081 NURSING HOME 081 NURSING HOME 081 NURSING HOME 081 NURSING HOME	DEPARTMENT	430 NURSING SERVICES 450 DIETARY 460 ADULT DAY CARE 462 ALZHEIMERS UNIT		
TO LINE ITEM:		FROM LINE ITEM:		
NUMBER/TITLE	\$ AMOUNT	NUMBER/TITLE		
081-430-534.65		081-430-511.04		
CONTRACT NURSING SERVICE	27,310.	REG. PART-TIME EMPLOYEES		
081-430-534.65		081-430-511.05		
CONTRACT NURSING SERVICE	45,603.	TEMP. SALARIES & WAGES		
081-430-534.65		081-450-513.06		
CONTRACT NURSING SERVICE	41,309.	EMPLOYEE HEALTH/LIFE INS		
081-430-534.65		081-460-511.03		
CONTRACT NURSING SERVICE	21,954.	REG. FULL-TIME EMPLOYEES		
081-462-534.65		081-462-513.01		
CONTRACT NURSING SERVICE	22,587.	SOCIAL SECURITY-EMPLOYER		
081-462-534.65		081-462-513.06		
CONTRACT NURSING SERVICE	28,937.	EMPLOYEE HEALTH/LIFE INS		
LINES TO COVER AGENCY NURSING	EXPENSES			
DATE SUBMITTED: ///21/12 APPROVED BY PARENT COMMITTEE:	Stephan DATE:	AUTHORIZED SIGNATURE * PLEASE SIGN IN BLUE INK *		
ADDROVED DV DVDGER AND HINANGE GOMMINISTED DATE				
APPROVED BY BUDGET AND FINANCE	COMMITTEE:	DATE:		

BOARD

COPY

COUNTY