Director of Schools

Rob Britt

831 Grandview Drive Maryville, TN 37803 (865) 984-1212 Fax: (865) 980-1002



Board of Education

Diane Bain
James Compton
Fred Goins
Scott Helton
Robbie Kirkland
Bill Padgett
Debbie Sudhoff

~Educational Excellence For All Students~

To:

Budget Committee, Blount County Commission

From:

Director of Schools, Rob Britt

Date:

6/29/2020

Re:

Fund 141 – Budget Transfer to Balance to Adopted Budget FY 20-21

The Board of Education respectfully submits a Budget Transfer resolution, attached, to balance the Fund 141 appropriations with the final Adopted Budget of the County Commission, dated June 18, 2020. The budget amendment is a transfer only. The total budget as adopted, and as amended, is \$92,463,000.

Sincerely,

Rob Britt, Director of Schools

For Sun

	Bud	get Amendment Requ	est	
		FY (20-21	Department: GPSF Account: 141-Various	
✓ Tra De Inc Ad	e of Amendment: (check one) ansfer (no overall change to adopted buccrease (reducing adopted budget due to unit of a correction to a correcti	unforeseen effect on "ro foreseen effect on "rev e to "grant award" or "l	evenue" or "expense") enue" or "expense") budgetary adjustment")	nent form***
	Account Number		escription	Amount
то	141-71100-511600	7	reachers reachers	2,495,000.00
			TOTAL	2,495,000.00
	Account Number	De	escription	Amount
FROM	141-71100-514000	Salary	Supplements	6,000.00
	141-71100-516300	Education	onal Assistants	187,000.00
	141-71100-520100	Soc	ial Security	30,000.00
	141-71100-520400	State	e Retirement	20,000.00
	141-71100-520700	Healt	th Insurance	8,900.00
	141-71100-520800	Dent	al Insurance	4,000.00
	141-71100-521200	N	/ledicare	8,000.00
	141-71100-544900	To	extbooks	435,000.00
		I	I	

Explanation:

Transfer to balance to the Commission Adopted budget for FY 20-21.

Approved By The

Signature of Official/Department Head/Date

TOTAL

698,900.00

^{*}All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

FY 20-21 Department: GPSF Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** **Account Number** Description Amount TO **TOTAL** 0.00 Account Number Description Amount 32,400.00 Teachers **FROM** 141-71200-511600 38,000.00 141-71200-516300 **Educational Assistants** 6,000.00 141-71200-520100 Social Security State Retirement 2,000.00 141-71200-520400 300.00 141-71200-520600 Life Insurance 15,000.00 141-71200-520700 Health Insurance 3,500.00 141-71200-520800 Dental Insurance 141-71200-531200 Contracts with Private Agencies 7,000.00 141-71200-572500 15,000.00 SE Equipment TOTAL 119,200.00 Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21.

FY 20-21 Department: GPSF Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** **Account Number** Description Amount то **TOTAL** 0.00 Account Number Description Amount **FROM** 141-71300-511600 **Teachers** 28,000.00 141-71300-520100 Social Security 3,500.00 141-71300-520400 State Retirement 2,500.00 141-71300-520600 100.00 Life Insurance 141-71300-520800 **Dental Insurance** 1,000.00 **TOTAL** 35,100.00 Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21. proved By The

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Budget Amendment Request				
		FY 20-21	Department: GPSF	
			Account: 141-Various	
-	of Amendment: (check one)			
	ansfer (no overall change to adopted bud			
	crease (reducing adopted budget due to t			
Total Control of the	rease (raising adopted budget due to un			
Ad	justment (correction to adopted budget du	e to "grant award" or '	"budgetary adjustment")	
a	***IF an Increase or Decrease, a memo expla	ining the need or purp	pose MUST accompany amendm	ent form***
	Account Number	777.55.5	Description	Amount
то				
	141-72110-520600	Lif	e Insurance	100.00
			TOTAL	100.00
	Account Number	Ε	Description	Amount
FROM				
	141-72110-510500	S	Supervisor	200.00
	141-72110-516200	Cleri	cal Personnel	1,800.00
	141-72110-520100	Soc	cial Security	300.00
	141-72110-521200		Medicare	100.00
_				
			TOTAL	2,400.00
Explana	tion:			
Transf	er to balance to the Commission Adopted bud	get for FY 20-21		

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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FY 20-21 Department: GPSF Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Decrease Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** Account Number Description **Amount** то **TOTAL** 0.00 Account Number Description Amount FROM 141-72120-513100 Medical Personnel 23,000.00 1,000.00 141-72120-516100 Secretary 141-72120-518900 Other Salaries and Wages 2,100.00 1,600.00 141-72120-520100 Social Security State Retirement 1,200.00 141-72120-520400 141-72120-521200 Medicare 400.00 **TOTAL** 29,300.00 Explanation:

Transfer to balance to the Commission Adopted budget for FY 20-21.

Social Board of Education 6-23-2

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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		FY:20-21	Department: GPSF	
			Account: 141-Various	
✓ Tra De Inc Ad	e of Amendment: (check one) ansfer (no overall change to adopted buc crease (reducing adopted budget due to un crease (raising adopted budget due to un cliustment (correction to adopted budget du	unforeseen effect on "r foreseen effect on "rev e to "grant award" or "	renue" or "expense") budgetary adjustment")	
	***IF an Increase or Decrease, a memo explo Account Number		escription	Amount
то	Account Number		CSCTIPCION	Amount
				= = = = = = = = = = = = = = = = = = = =
			TOTAL	0.00
	Account Number	D	escription	Amount
FROM				
	141-72130-512300	Guida	nce Personnel	14,300.00
	141-72130-513000	Soc	cial Worker	1,400.00
	141-72130-516100	5	Secretary	1,400.00
	141-72130-520100	Soc	cial Security	1,500.00
	141-72130-520400	State	e Retirement	2,300.00
	141-72130-520600	Life	Insurance	100.00
	141-72130-520800	Dent	al Insurance	300.00
	141-72130-521200	N	Medicare	400.00
Explana	ation:		TOTAL	21,700.00
·	fer to balance to the Commission Adopted but	dget for FY 20-21		
- 10113	and to discontinuously recorded but		v Tho	-
•	Troy obyan ADD	roved B	y Hie	
p. 0	FOF IS BOAR	d of Edi	ication 6-23-2	 Ro

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

Signature of County Mayor/Date

Signature of Official/Department Head/Date

		FY 20-21 Department: GPSF Account: 141-Various	
✓ Tra De Inc Ad	rease (raising adopted budget due to un justment (correction to adopted budget due	dget) unforeseen effect on "revenue" or "expense") foreseen effect on "revenue" or "expense") e to "grant award" or "budgetary adjustment") wining the need or purpose MUST accompany amenda	ment form***
	Account Number	Description	Amount
то		·	
		=	
		TOTAL	0.00
	Account Number	Description	Amount
FROM	141-72210-510500	Description Supervisor	2,100.00
TROW	141-72210-510300	Librarians	9,000.00
	141-72210-516100	Secretary	1,500.00
	141-72210-518900	Other Salaries and Wages	2,000.00
	141-72210-520100	Social Security	1,000.00
	141-72210-520400	State Retirement	2,000.00
	141-72210-520600	Life Insurance	100.00
	141-72210-520800	Dental Insurance	500.00
	141-72210-521200	Medicare	300.00
		TOTAL	18,500.00
Explana	fer to balance to the Commission Adopted buc		
	Lion Josen AP	proved by The	

Board of Education 6-23-20

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FY 20-21 Department: GPSF Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** Account Number Description Amount то Lease Payments 141-72220-533000 200.00 141-72230-51050 100.00 Supervisor **TOTAL** 300.00 **Account Number** Description Amount Psycological Personnel FROM 141-72220-512400 6,500.00 400.00 141-72220-520100 Social Security 700.00 141-72220-520400 State Retirement 141-72220-521200 100.00 Medicare 141-72230-516100 1,400.00 Secretary 100.00 141-72230-520100 Social Security 141-72230-535600 Tuition 6.000.00 **TOTAL** 15,200.00 Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21.

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Board of Education 6-23-20

		FY 20-21	Department: GPSF Account: 141-Various	
✓ Tra De Inc Ad	e of Amendment: (check one) ansfer (no overall change to adopted budget due to crease (reducing adopted budget due to un justment (correction to adopted budget due to un processe)	unforeseen effect on "r foreseen effect on "rev e to "grant award" or "	renue" or "expense") budgetary adjustment")	
	***IF an Increase or Decrease, a memo explo Account Number	1	ose MUST accompany amendme escription	
то	Account Number		escription	Amount
		-		
	<u> </u>			
			TOTAL	0.00
	Account Number	D	escription	Amount
FROM				
	141-72250-510500	S	upervisor	300.00
	141-72250-512000	Compute	er Programmers	4,800.00
	141-72250-516200	Clerio	cal Personnel	1,500.00
	141-72250-518900	Other Sal	aries and Wages	2,700.00
	141-72250-520100	Soc	ial Security	800.00
	141-72250-520400	State	Retirement	900.00
	141-72250-520800	Dent	al Insurance	100.00
	141-72250-521200	N	Medicare	200.00
Explana	tion:		TOTAL	11,300.00
'	er to balance to the Commission Adopted buc		v The	

		FY 20-2 (Department: GPSF Account: 141-Various	
Tuna	of Amendment: (check one)	Account.	-
		(mat)	
		unforeseen effect on "revenue" or "expense")	
		foreseen effect on "revenue" or "expense")	
The second second		e to "grant award" or "budgetary adjustment")	
-	Account Number	ining the need or purpose MUST accompany amendm Description	Amount
то	Account Number	Description	Amount
	141-72310-530900	Contracts with Government Agencies	500.00
	141-72310-539900	Other Contracted Services	1,300.00
		TOTAL	1,800.00
	Account Number	Description	Amount
FROM	141-72250-541100	Data Processing Supplies	50,000.00
	141-72250-570900	Date Processing Equipment	50,000.00
	141-72310-518900	Other Salaries and Wages	25,000.00
	141-72310-520100	Social Security	300.00
	141-72310-520400	State Retirement	2,000.00
	141-72310-532400	Financial Advisory Services	1,000.00
		mom v v	400.000.00
5l	Mana	TOTAL	128,300.00
Explana	•		
Iransi	er to balance to the Commission Adopted buc	iget for FY 20-21.	
	Jan Janahan	roved By The	
	Sug-og- Mpp	OVER LY THE	

^{*}All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

Department: GPSF FY 20-21 Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** Account Number Description Amount то **TOTAL** 0.00 Account Number Description **Amount** FROM 141-72320-510300 **Assistants** 3,500.00 141-72320-510500 2,900.00 Supervisor 141-72320-516100 Secretary 6,900.00 141-72320-520100 Social Security 1,200.00 141-72320-520400 State Retirement 1,400.00 141-72320-520800 100.00 **Dental Insurance** 141-72320-521200 Medicare 300.00 TOTAL 16,300.00 Transfer to balance to the Commission Adopted budget for FY 20-21. pproved By T D. 11 OF 18
Signature of Official/Department Head/Date BOATO Of sensor (100) 200 (100)

Type of Amendment: (check one)

☐ Transfer (no overall change to adopted budget)

☐ Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")

☐ Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")

☐ Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
то			
į.			
		ТОТ	AL 0.

	Account Number	Description	Amount	
FROM				
	141-72410-510400	Principals	35,000.00	
	141-72410-511900	Accountants	1,000.00	
	141-72410-513900	Assitant Principals	70,000.00	
	141-72410-516100	Secretary	45,000.00	
	141-72410-520100	Social Security	8,000.00	
	141-72410-520400	State Retirement	5,000.00	
	141-72410-520800	Dental Insurance	500.00	
	141-72410-521200	Medicare	500.00	
		TOTAL	165 000 00	

Transfer to balance to the Commission Adopted budget for FY 20-21.

Approved By The

Board of Folication 6-23-20

Signature of Official/Department Head/Date

Signature of County Mayor/Date

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Budget Amendment Request Department: GPSF FY 20-21 Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form *** **Account Number** Description Amount то 500.00 141-72510-535500 Travel **TOTAL** 500.00 Account Number Description Amount FROM 141-72510-511900 Accountants 1,000.00 141-72510-520700 400.00 Health Insurance 141-72510-552400 Professional Development 6,000.00 **TOTAL** 7,400.00 Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21.

0. 13 of 18
Signature of Official/Department Head/Date

Board Softre Confidence

6-23-20

Approved By The

^{*}All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

		FY 20-21	Department: GPSF Account: 141-Various	
✓ Tra De Inc Ad	e of Amendment: (check one) ansfer (no overall change to adopted budget due to crease (reducing adopted budget due to ur disting adopted budget due to ur disting adopted budget due to ur disting adopted budget due to ur distingtion to adopted bu	unforeseen effect on "r nforeseen effect on "rev ne to "grant award" or "	venue" or "expense") budgetary adjustment")	ent form***
	Account Number		escription	Amount
то				
		†		
			TOTAL	0.00
	Account Number	D	escription	Amount
FROM				
	141-72610-516600	Custo	dial Personnel	100,000.00
	141-72610-520100	Soc	cial Security	4,800.00
	141-72610-520400	Stat	te Retirment	6,000.00
	141-72610-520600	Life	Insurance	100.00
	141-72610-520800	Dent	al Insurance	500.00
	141-72610-521200		Medicare	1,700.00
			TOTAL	113,100.00
Transf	rer to balance to the Commission Adopted but	aget for FY 20-21.	By The	

Signature of Official/Department Head/Date

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FY:20-21	Department: GPSF
	Account: 141-Various

✓Tra □De □Inc		foreseen effect on "revenue" or "expense") reseen effect on "revenue" or "expense")	
,	***IF an Increase or Decrease, a memo explaini	ing the need or purpose MUST accompany amendme	nt form***
	Account Number	Description	Amount
то			
	141-72620-533400	Maintenance Agreements	108,000.00
	· · · · · · · · · · · · · · · · · · ·	TOTAL	108,000.00
	Account Number	Description	Amount
FROM			
	141-72620-510500	Supervisor	1,700.00
	141-72620-516100	Secretary	1,200.00
	141-72620-516700	Maintenance Personnel	20,000.00
	141-72620-520100	Social Security	900.00
	141-72620-520400	State Retirement	1,100.00
	141-72620-520700	Health Insurance	2,000.00
	141-72620-521200	Medicare	400.00
	141-72620-571200	HVAC	52,000.00
		TOTAL	79,300.00
Explana	ntion:	_	
Transf	fer to balance to the Commission Adopted budge	et for FY 20-21.	
	Δ	pproved By The	
	Sucy organ	pproved by the	
10.	15 OF 18 BO	ard of Education 6	-23-20

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Signature of County Mayor/Date

Signature of Official/Department Head/Date

Blount County Government

	Bud	get Amendment Red	uest	
		FY 20-21	Department: GPSF Account: 141-Various	
Type	of Amendment: (check one)		, 10000111	
	ansfer (no overall change to adopted but	lget)		
	crease (reducing adopted budget due to		"revenue" or "expense")	
	rease (raising adopted budget due to un			
Ad	justment (correction to adopted budget du			
4	***IF an Increase or Decrease, a memo expla	ining the need or pu	rpose MUST accompany amendi	ment form***
	Account Number		Description	Amount
то				
	141-72710-520800	De	ntal Insurance	100.00
			TOTAL	100.00
	Account Number		Description	Amount
FROM				
	141-72710-510500		Supervisor	200.00
	141-72710-516200	Cle	rical Personnel	2,700.00
	141-72710-518900	Other S	alaries and Wages	1,400.00
	141-72710-520100	S	ocial Security	300.00
	141-72710-520400	Sta	ate Retirement	300.00
	141-72710-521200		Medicare	100.00
			TOTAL	5,000.00

Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21, D. 16 17 18 Signature of Official/Department Head/Date

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Blount County Government

Budget Amendment Request FY 20-21 Department: GPSF Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** Account Number Description Amount TO **TOTAL** 0.00 **Account Number** Description Amount FROM 141-73400-511600 Teachers 2,700.00 3,300.00 141-73400-516300 **Educational Assistants** 500.00 141-73400-520100 Social Security 600.00 141-73400-520400 State Retirement 141-73400-520700 2,000.00 Health Insurance 141-73400-520800 **Dental Insurance** 100.00 100.00 141-73400-521200 Medicare

Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21.

TOTAL

9,300.00

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Blount County Government

Budget Amendment Request FY 20-21 Department: GPSF Account: 141-Various Type of Amendment: (check one) ✓ Transfer (no overall change to adopted budget) Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense") Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense") Adjustment (correction to adopted budget due to "grant award" or "budgetary adjustment") ***IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form*** **Account Number** Description Amount то **TOTAL** 0.00 **Account Number** Description Amount FROM 141-76100-570700 53,000.00 **Building Improvements** 141-76100-571100 Furniture and Fixtures 200,000.00 877,500.00 141-76100-579900 Other Capital Outlay **TOTAL** 1,130,500.00

Explanation: Transfer to balance to the Commission Adopted budget for FY 20-21. Approved By The Board of Education 6-23-20