



# FINANCE COMMITTEE AGENDA

## Committee Members:

The Honorable Ken Waters, Chairman  
The Honorable M. Cindy Wilson  
The Honorable Ray Graham

Friday, July 13, 2018 – 12:00 p.m.

**Historic Courthouse  
Administrator's Conference Room - Second Floor**

**Chairman Ken Waters, Presiding**

- |                                                            |                      |
|------------------------------------------------------------|----------------------|
| 1. Call to Order                                           | Chairman Waters      |
| 2. Invocation and Pledge of Allegiance                     | Honorable Ken Waters |
| 3. Landfill Expansion                                      | Mr. Greg Smith       |
| 4. Foothills Community Foundation Dog Park Agreement       | Mr. Rusty Burns      |
| 5. Bid # 18-064 Fire Alarm System for the Courthouse       | Mr. Robert Carroll   |
| 6. Airport Terminal Update                                 | Mr. Robert Carroll   |
| 7. LEMPG Grant                                             | Mr. Rusty Burns      |
| 8. Transfers                                               | Ms. Rita Davis       |
| 9. Executive Session-Downtown Economic Development Project | Mr. Rusty Burns      |
| 10. Citizens Comments                                      |                      |
| 11. Adjournment                                            |                      |

**Tommy Dunn**  
Chairman, District 5

**Craig Wooten**  
Council District 1

**Tom Allen**  
Council District 4

**Cindy Wilson**  
Council District 7

**Ray Graham**  
V. Chairman, District 3

**Gracie Floyd**  
Council District 2

**Ken Waters**  
Council District 6

**Lacey Croegaert**  
Clerk to Council

**ANDERSON COUNTY**  
SOUTH CAROLINA

**Rusty Burns** | County Administrator  
rburns@andersoncountysc.org

## Anderson County - FY 2019 Budget Plan

### Capital Improvements at Starr Landfill

<b>Routine Annual Services</b>			
Project	Project Description	FY 2019 Budget	Description
01	SB#3 Pond Construction	\$575,000	\$6/CY, material to be moved off-site (88,000 CY Cut)
02	Cell 2 Construction (7 Acres)	\$1,300,000	7 Acres @ Approx. 20' cut, will not cut rock (325k CY Cut) \$4/CY, Some Material will Remain on Site
01 & 02	Construction Plans SB#3 & Cell 2 (7 Acres)	\$40,000	Construction Plans Phase for SB#3 and Cell 2 (7 Acres)
01 & 02	Bid Phase SB#3 & Cell 2 (7 Acres)	\$35,000	Bid Phase for SB#3 and Cell 2 (7 Acres)
01 & 02	CQA Phase SB#3 & Cell 2 (7 Acres)	\$175,000	CQA Services for the construction of SB#3 and Cell 2 (7 Acres)
03	Construction of LCD Expansion	\$125,000	Construct the expansion area of the LCD Landfill area
	C&D Permit App LCD Expansion	\$25,000	Permit Application converted to a Class II Application
	Construction Drawings & Bid Phase LCD Expansion	\$40,000	Create construction drawings and Bid Phase services for the LCD Expansion
	CQA LCD Expansion	\$35,000	CQA Services for the construction of the LCD Expansion
	<b>Total</b>	<b>\$2,350,000</b>	



amended from time to time), and the terms of this Agreement, applied in a manner consistent with said Articles and By-Laws, as amended.

3. **Designation of Purposes.** Anderson County PAWS seeks to build a new dog park on the animal shelter property owned by Anderson County.
4. **Investment and Administration.** The Fund shall be held, managed, administered, applied and disbursed as a special fund under the general powers and duties of the Foundation. The Foundation shall have all powers necessary or in its sole discretion desirable to carry out the purposes of the Fund, including the power to invest and reinvest in such manner as it deems fit, without being subject to investment restrictions, statutory or judicial, which would otherwise be applicable as a fiduciary. This fund will be maintained in a FDIC insured bank account.
5. **Compensation to Foundation.** As compensation for its services, the Foundation will receive those fees that it customarily charges similar funds for services of a nature similar to those required herein. Customary fees for this type of fund are 1% of the fund balance annually, payable quarterly with a minimum quarterly fee of \$25.00.
6. **Distributions from the Fund.** Distributions from the Fund will be made by the Foundation upon the written recommendation of the Anderson County Administrator, the Anderson County Treasurer or their designee.
7. **Separate Accounting.** The Fund will be accounted for separately and apart from the other funds of the Foundation.
8. **Variance.** In the event that the charitable use of the Fund as provided in this Agreement, in the judgment of the majority of the Board of Directors of the Foundation, become unnecessary, undesirable, impracticable, or no longer adapted to the needs of the community, the remaining funds shall be directed to other charitable purposes benefitting the Anderson Community based on recommendations from Anderson County.
9. **Arbitration.** Any controversy or claim arising out of or relating to this Agreement or the breach thereof shall be settled by arbitration pursuant to the provisions of Chapter 48, Title 15, Code of Laws of South Carolina, 1976, as amended by Act No. 492 of 1978, or such other laws of the State of South Carolina as shall govern arbitration proceedings and be in effect at any time of such arbitration and judgment upon the award rendered may be entered in any court having jurisdiction.
10. **Modification or Amendment.** This Agreement shall not be modified or amended except by a written instrument signed by the appropriate representatives of the Foundation and the Sponsor.

**IN WITNESS WHEREOF**, the parties have executed this Agreement the Date first above written.

**FOOTHILLS COMMUNITY FOUNDATION**

By: \_\_\_\_\_  
R. Dean Woods, President

**ANDERSON COUNTY PAWS**

By: \_\_\_\_\_  
Rusty Burns, County Administrator  
Anderson County SC

# Anderson County Purchasing Department Bid Tabulation

BID# 18-064 Fire Alarm System for the Courthouse

	Vendor	Total Cost	Addendum #1 Acknowledged	Addendum #2 Acknowledged	Attended Pre- Bid
1	Autech, LLC	\$170,000.00	✓	✓	✓
2	Priority One Security	NR			✓
3	H>R> Allen	NR			✓
4	Carolina Burglar Fire & Alarm	\$346,500.00			✓
6	Precision Fire Solutions	NR			✓
7	Construct Connect	NR			NR
8	Dodge Data & Analytics	NR			NR
9	Adroit Systems	NR			NR
10	Control Systems, Inc.	NR			NR
11	Siemens Industry, Inc.	NR			NR
12	Prime-Vendor	NR			NR
13					
14	<b>AWARDED TO:</b> <i>Autech, LLC</i>				



**SECTION IV: Addendum A**  
**BID FORM**  
New Fire Alarm System for the Anderson County Courthouse

Name of Party submitting the Bid: Autech LLC

To: Purchasing Manager for Anderson County

1. Pursuant to the Notice Calling for Bids and the other Bid documents contained in the Bid package, the undersigned party submitting the Bid, having conducted a thorough inspection and evaluation of the Specifications contained therein, hereby submit the following pricing set forth herein:

Bid: New Fire Alarm System for the Anderson County Courthouse Bid No.: 18-064

<u>U/M</u>	<u>Qty.</u>	<u>Description</u>	<u>Lump Sum Price</u>
1	L/S	New Fire Alarm System for Anderson County Courthouse	\$ <u>170,000.00</u>



Tommy Dunn  
Chairman  
Council District 5

Ray Graham  
Vice Chairman  
Council District 3

Craig Wooten  
Council District 1

Gracie S. Floyd  
Council District 2

Thomas F. Allen  
Council District 4

Ken Waters  
Council District 6

M. Cindy Wilson  
Council District 7

Kimberly A. Poulin  
Clerk to Council

Rusty Burns  
County Administrator

To: Mr. Rusty Burns, County Administrator  
From: Robert E. Carroll, Cent. Adm. Services Director *REC*  
Date: 07/11/2018  
Subject: Airport Terminal Update

As you know, the County received bids back in March for the construction of a new Airport Terminal building. The intent to award was made to Lazer Construction of Anderson for \$2,692,900.00. We have now received approval from the Appalachian Council of Governments and the South Carolina Department of Commerce to move forward with the execution of the contract and the Notice to Proceed. We have tentatively scheduled the Pre-Construction meeting for the last week of this month and expect to begin construction the first week of August. The contractor will have one year to complete the project which also includes the demolition of the current Airport Terminal.

## 2018 LEMPG CHECKLIST

**DATE:** June 22, 2018

**COUNTY:** Anderson

DOCUMENTS	STATUS
Attachment A – Scope of Work	<u>Complete</u>
Attachment B – Application with Budget Description/Narrative	<u>Complete</u>
Attachment C – Acceptance of Audit Requirements	<u>Complete</u>
Attachment D – Certification Project Director/County Official	<u>Complete</u>
Assurances – Non-Construction Programs (.pdf)	<u>Complete</u>
Certification Regarding Lobbying (.pdf)	<u>Complete</u>
EMD Equipment Policy (.docx)	<u>Complete</u>
Position Descriptions - Annual Resubmission	<u>Complete</u>

***PLEASE SEND A COPY OF YOUR CHECKLIST ALONG WITH YOUR PACKAGE.***

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work  
 July 1, 2018 – June 30, 2019

Attachment A

County: Anderson

Name: David Baker

LEMPG Code and Description		FY2018	Quarter	Narrative
<b>M-101 Option A:</b> (1) Conduct a Training and Exercise Planning Workshop (TEPW), and (2) Submit a 3-year Training and Exercise Plan for your county.		Due	1 <sup>st</sup> x	1 <sup>st</sup> Quarter: Option A or Option B
<b>or:</b>				
<b>M-101 Option B:</b> Submit training and exercise content for inclusion in SC's 3-year Training and Exercise Plan.			2 <sup>nd</sup>	2 <sup>nd</sup> Quarter:
			3 <sup>rd</sup>	3 <sup>rd</sup> Quarter:
			4 <sup>th</sup>	4 <sup>th</sup> Quarter:
<b>M-102</b> Submit a complete Local Emergency Management Performance Grant application		Due	1 <sup>st</sup> x	1 <sup>st</sup> Quarter: Application Submitted? Yes or No
			2 <sup>nd</sup>	2 <sup>nd</sup> Quarter:
			3 <sup>rd</sup>	3 <sup>rd</sup> Quarter:
			4 <sup>th</sup>	4 <sup>th</sup> Quarter:
<b>M-103</b> Sign/return one LEMPG award document. Return the original document to SCEMD. Fax and electronic copies are not acceptable.		Due	1 <sup>st</sup> x	1 <sup>st</sup> Quarter: Award Forwarded? Yes or No
			2 <sup>nd</sup>	2 <sup>nd</sup> Quarter:
			3 <sup>rd</sup>	3 <sup>rd</sup> Quarter:
			4 <sup>th</sup>	4 <sup>th</sup> Quarter:
<b>M-112</b> (Recurring) Report actual response and recovery incidents to SCEMD as they occur.		Due	1 <sup>st</sup> x	1 <sup>st</sup> Quarter: All Significant Responses Reported? Yes or No
			2 <sup>nd</sup>	2 <sup>nd</sup> Quarter:
			3 <sup>rd</sup>	3 <sup>rd</sup> Quarter:
			4 <sup>th</sup>	4 <sup>th</sup> Quarter:

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work

Attachment A

July 1, 2018 – June 30, 2019

LEMPG Code and Description	FY2018	Quarter				Narrative	Current Contact Information Provided?	Yes	or	No
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>					
M-113 (Recurring) Provide current contact information for the immediate emergency management staff.	Due	1 <sup>st</sup>				1 <sup>st</sup> Quarter:				
		2 <sup>nd</sup>				2 <sup>nd</sup> Quarter:				
		3 <sup>rd</sup>				3 <sup>rd</sup> Quarter:				
		4 <sup>th</sup>				4 <sup>th</sup> Quarter:				
M-114 (Recurring) Participate in weekly communication operational equipment tests conducted by the SCEMD SWP, specifically (1) Local Government Radio, (2) Satellite Radio, and (3) regional 800 MHz radio checks.	Due	1 <sup>st</sup>				1 <sup>st</sup> Quarter:				
		2 <sup>nd</sup>				2 <sup>nd</sup> Quarter:				
		3 <sup>rd</sup>				3 <sup>rd</sup> Quarter:				
		4 <sup>th</sup>				4 <sup>th</sup> Quarter:				
M-115 (Recurring) Counties utilize Palmetto on a monthly basis to: 1) Report an "exercise" significant event 2) Submit an "exercise" resource request	Due	1 <sup>st</sup>				1 <sup>st</sup> Quarter:				
		2 <sup>nd</sup>				2 <sup>nd</sup> Quarter:				
		3 <sup>rd</sup>				3 <sup>rd</sup> Quarter:				
		4 <sup>th</sup>				4 <sup>th</sup> Quarter:				
M-116 (Recurring) Prepare and submit quarterly LEMPG progress and financial reports.	Due	1 <sup>st</sup>				1 <sup>st</sup> Quarter:				
		2 <sup>nd</sup>				2 <sup>nd</sup> Quarter:				
		3 <sup>rd</sup>				3 <sup>rd</sup> Quarter:				
		4 <sup>th</sup>				4 <sup>th</sup> Quarter:				
M-117 (Recurring) All LEMPG funded personnel must complete the following training requirements and record proof of completion. IS 100.b, IS 200.b, IS 700.a, IS 800.b, IS120.a (or IS 139), IS 230.d, IS 235.c, IS 240.b, IS 241.b, IS242.b and IS 244.b or Complete FEMA's Basic Academy.	Due	1 <sup>st</sup>				1 <sup>st</sup> Quarter:				
		2 <sup>nd</sup>				2 <sup>nd</sup> Quarter:				
		3 <sup>rd</sup>				3 <sup>rd</sup> Quarter:				
		4 <sup>th</sup>				4 <sup>th</sup> Quarter:				

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work  
 July 1, 2018 – June 30, 2019

Attachment A

County: Anderson

LEMPG Code and Description		FY2018	Quarter	Narrative
<b>2<sup>nd</sup> QUARTER, FY2018 LEMPG OCTOBER 1, 2018 – DECEMBER 31, 2018</b>				
<b>M-104</b>	1) Identify damage assessment team members by providing a current roster. 2) Train damage assessment team members annually and provide a copy of the damage assessment training sign-in roster.	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
		2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: Team Roster and Training Sign In Sheet attached? Yes or No
		3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
		4 <sup>th</sup>		4 <sup>th</sup> Quarter:
<b>M-112 (Recurring)</b>	Report actual response and recovery incidents to SCEMD as they occur.	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
		2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: All Significant Responses Reported? Yes or No
		3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
		4 <sup>th</sup>		4 <sup>th</sup> Quarter:
<b>M-113 (Recurring)</b>	Provide current contact information for the immediate emergency management staff.	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
		2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: Current Contact Information Provided? Yes or No
		3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
		4 <sup>th</sup>		4 <sup>th</sup> Quarter:
<b>M-114 (Recurring)</b>	Participate in weekly communication operational equipment tests conducted by the SCEMD SWP, specifically (1) Local Government Radio, (2) Satellite Radio, and (3) regional 800 MHz radio checks.	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
		2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: Communication Tests Complete? Yes or No
		3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
		4 <sup>th</sup>		4 <sup>th</sup> Quarter:
<b>M-115 (Recurring)</b>	Counties utilize Palmetto on a monthly basis to: 1) Report an "exercise" significant event 2) Submit an "exercise" resource request	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
		2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: Monthly Palmetto Tests Complete? Yes or No
		3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
		4 <sup>th</sup>		4 <sup>th</sup> Quarter:
<b>M-116 (Recurring)</b>	Prepare and submit quarterly LEMPG progress and financial reports.	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
		2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: SOW, Financial Reimbursement Form and Supporting Documentation Attached? Yes or No
		3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
		4 <sup>th</sup>		4 <sup>th</sup> Quarter:
<b>M-117 (Recurring)</b>	All LEMPG funded personnel	1 <sup>st</sup>		1 <sup>st</sup> Quarter:

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work  
 July 1, 2018 – June 30, 2019

Attachment A

must complete the following training requirements and record proof of completion. IS 100.b, IS 200.b, IS 700.a, IS 800.b, IS 120.a (or IS 139), IS 230.d, IS 235.c, IS 240.b, IS 241.b, IS242.b and IS 244.b or Complete FEMA's Basic Academy.	2 <sup>nd</sup>	x	2 <sup>nd</sup> Quarter: All courses completed by All grant funded/matched staff? Yes or No
	3 <sup>rd</sup>		3 <sup>rd</sup> Quarter:
	4 <sup>th</sup>		4 <sup>th</sup> Quarter:

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work  
 July 1, 2018 – June 30, 2019  
 Attachment A

County: Anderson

LEMPG Code and Description	FY2018	Quarter	Narrative		
<b>3<sup>rd</sup> QUARTER, FY2018 LEMPG JANUARY 1, 2019 – MARCH 31, 2019</b>					
<b>M-105 – 1) Update the County Mutual Aid application in Palmetto for your County.                      2) Update existing entries and add new resources (described below) to Palmetto’s County Mutual Aid application. 3) Provide a spreadsheet listing emergency management significant facilities (e.g. shelters, 911 centers, water treatment facilities, etc.) without installed generators.</b>	<b>Due</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> x 4 <sup>th</sup>	1 <sup>st</sup> Quarter: 2 <sup>nd</sup> Quarter: 3 <sup>rd</sup> Quarter: Palmetto Resources Updated and Excel Worksheet Attached? Yes or No		
	<b>M-112 (Recurring) Report actual response and recovery incidents to SCEMD as they occur.</b>	<b>Due</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> x 4 <sup>th</sup>	1 <sup>st</sup> Quarter: 2 <sup>nd</sup> Quarter: 3 <sup>rd</sup> Quarter: All Significant Responses Reported? Yes or No 4 <sup>th</sup> Quarter:	
		<b>M-113 (Recurring) Provide current contact information for the immediate emergency management staff.</b>	<b>Due</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> x 4 <sup>th</sup>	1 <sup>st</sup> Quarter: 2 <sup>nd</sup> Quarter: 3 <sup>rd</sup> Quarter: Current Contact Information Provided? Yes or No 4 <sup>th</sup> Quarter:
			<b>M-114 (Recurring) Participate in weekly communication operational equipment tests conducted by the SCEMD SWP, specifically (1) Local Government Radio, (2) Satellite Radio, and (3) regional 800 MHz radio checks.</b>	<b>Due</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> x 4 <sup>th</sup>
<b>M-115 (Recurring) Counties utilize Palmetto on a monthly basis to:                      1) Report an “exercise” significant event                      2) Submit an “exercise” resource request</b>				<b>Due</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> x 4 <sup>th</sup>
	<b>M-116 (Recurring) Prepare and submit quarterly LEMPG progress and financial reports.</b>			<b>Due</b>	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> x 4 <sup>th</sup>

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work  
 July 1, 2018 – June 30, 2019

Attachment A

<b>M-117</b> (Recurring) <i>All LEMPG funded personnel must complete the following training requirements and record proof of completion. IS 100.b, IS 200.b, IS 700.a, IS 800.b, IS120.a (or IS 139), IS 230.d, IS 235.c, IS 240.b, IS 241.b, IS242.b and IS 244.b or Complete FEMA's Basic Academy.</i>	1 <sup>st</sup>		1 <sup>st</sup> Quarter:
	2 <sup>nd</sup>		2 <sup>nd</sup> Quarter:
	3 <sup>rd</sup>	x	3 <sup>rd</sup> Quarter: All courses completed by All grant funded/matched staff? Yes or No
	4 <sup>th</sup>		4 <sup>th</sup> Quarter:

2018 Local Emergency Management Performance Grant (LEMPG) Scope of Work  
 July 1, 2018 – June 30, 2019

Attachment A

County: Anderson

4 <sup>th</sup> Quarter, FY2018 LEMPG APRIL 1, 2019 – JUNE 30, 2019		FY2018		Quarter		Narrative	
LEMPG Code and Description		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup> Quarter:	2 <sup>nd</sup> Quarter:
M-106 Provide proof of participation in exercises (as defined by FEMA) during the 12-month period of performance for each person listed in the grant application for salary or match.	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					
		3 <sup>rd</sup>					
		4 <sup>th</sup>			X		4 <sup>th</sup> Quarter: List exercise(s) conducted and complete the exercise data table.
M-107 In conjunction with SCEMD, participate in a County Joint Assessment every third calendar year (16 counties per year).	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					
		3 <sup>rd</sup>					
		4 <sup>th</sup>			X		4 <sup>th</sup> Quarter: Last Joint Assessment conducted on:
M-108 1) Review, update and submit a copy of the county EOP. 2) Submit NLT June 30 of each year, a certification letter, signed by the County Emergency Management Director stating the plan has been reviewed and updated in accordance with the EOP checklist.	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					
		3 <sup>rd</sup>					
		4 <sup>th</sup>			X		4 <sup>th</sup> Quarter: EOP Certification Letter attached? Yes or No
M-109 All counties participate in the update process for all SC plans, as applicable.	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					
		3 <sup>rd</sup>					
		4 <sup>th</sup>			X		4 <sup>th</sup> Quarter: Planning Activities Complete? Yes or No
M-110 Complete and submit a county training needs assessment online survey.	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					
		3 <sup>rd</sup>					
		4 <sup>th</sup>			X		4 <sup>th</sup> Quarter: Online Training Survey Completed? Yes or No
M-111 Produce a Community Emergency Response Team (CERT) Annual Report. (Optional – Only required for those counties receiving CERT funds)	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					
		3 <sup>rd</sup>					
		4 <sup>th</sup>			X		4 <sup>th</sup> Quarter: CERT Program Report Attached? Yes or No
M-112 (Recurring) Report actual response and recovery incidents to SCEMD as they occur.	Due	1 <sup>st</sup>					
		2 <sup>nd</sup>					



Please complete the following Personnel Data Table with LEMPG Program Work Plan and only resubmit if data changes more than 10% in any category.

II. FY2018 Personnel Data Table

	Personnel Metrics	Data
Names of all LEMPG Program funds (Federal and match) allocated towards County emergency management personnel		
Number of County emergency management full-time equivalent (FTE) personnel supported (fully or partially) by the LEMPG Program		

Please complete the following two (2) data tables with each quarterly reporting cycle. The information will be forwarded to DHS/FEMA to meet Federal reporting requirements.

III. FY2018 Training Data Table Template

Name of Training	Number of Personnel Trained	Number of LEMPG Program Funded Personnel	Number of LEMPG Program Supported Personnel Trained	Training Aligned to Multi-Year Training and Exercise Plan? (Yes/No)
IS-100.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-200.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-700.a (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-800.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-120a (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-230.d (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-235.c (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-240.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-241.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-242.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IS-244.b (required)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
or				Yes <input type="checkbox"/> No <input type="checkbox"/>
FEMA Basic Academy				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. FY2018 Exercise Data Table Template

Type of Event	Number of Exercises	Number of LEMPG Program Funded Personnel	Number of LEMPG Program Funded Personnel Participating in Exercise	Name or Description
1. Seminar				
2. Workshop				
3. Tabletop Exercise (TTX)				
4. Game				
5. Drill				
6. Functional Exercise				
7. Full-Scale Exercise (FSE)				

\*Exercise sign in sheets are considered as acceptable proof of participation and should be included with quarterly reports.

**STATE OF SOUTH CAROLINA  
EMERGENCY MANAGEMENT DIVISION  
OFFICE OF THE ADJUTANT GENERAL**

**FY-2017 LOCAL EMERGENCY MANAGEMENT PERFORMANCE GRANT APPLICATION  
FOR SOUTH CAROLINA EMERGENCY MANAGEMENT DIVISION (SCEMD) USE ONLY**

Grant #: **18EMPG01** Award Date: \_\_\_\_\_  
 Prior Grant #1: **N/A** #2: \_\_\_\_\_ #3: \_\_\_\_\_  
 App#: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Federal Fiscal Year: **2018** Year: **2018** Program Area: \_\_\_\_\_

**TO BE COMPLETED BY PROJECT DIRECTOR—SEE INSTRUCTIONS**

1. County #: **04**  
 County Name: **Anderson**

2. Project Period:  
 Begin: **July 1, 2018** End: **June 30, 2019**

3. Project Title **97.042 Emergency Management Performance Grant**

4. Project Summary: **Support for Anderson County Emergency Management travel, salaries, and supplies.**

5. Type of Application (Check Applicable Line)  
 a.  Initial  Continuation  Revision  Reverted  
 b. Year of Funds  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Other:  
 c.  Advance  Reimbursable

6. a. Organization Type: (Check Applicable Line)  
 State  City  County  
 Private, Non-Profit Organization  
 Other (Specify): \_\_\_\_\_

b. U.S. Congressional District: **03**

7. Name and Address of **Implementing Agency**  
**Anderson County Emergency Management Division**  
**200 Bleckley St.**  
**Anderson, SC. 29625**  
 (Area) Phone #: **(864) 964-6568**  
 (Area) Phone #: **(864) 332-5732**

**COMPLETE PAGES 2&3 BEFORE COMPLETING THIS SECTION**

8. **BUDGET: USE WHOLE DOLLARS ONLY! (For Example: \$1,500 NOT \$1,500.00)**

a. BUDGET CATEGORIES	FEDERAL	AGENCY MATCH	TOTAL
Personnel	55,446	77,435	132,881
Contractual Services			
Travel	3,600		3,600
Equipment			
Supplies	6,389		6,389
Other			
WebEOC			
CERT	12,000		12,000
<b>TOTAL:</b>	<b>77,435</b>	<b>77,435</b>	<b>154,870</b>

b. PERCENTAGE: **50%** **50%** **100%**

9. APPROPRIATION OF NON-GRANTOR MATCHING FUNDS:  
 State  County  City  
 Other (Explain): **Matching funds from Non-Federal Origin**

**ELIGIBLE COSTS (See Page 4)**

CATEGORIES			FEDERAL	MATCHING FUNDS		TOTAL
				CASH	IN-KIND	
<b>I. PERSONNEL</b>						
A. SALARIES:	<u># of Hours</u>					
B. EM PROJECT:						
<u>Position Title</u>	<u>On Project</u>	<u>Hourly Salary</u>				
Salaries:						
Emergency Mgmt. Director	2017	\$31.25			\$63,031	\$63,031
EM Admin. Asst.	1768	\$17.79	\$31,450			\$31,450
EM Part-Time	435	\$26.76	\$13,640			\$11,640
<b>TOTAL SALARIES:</b>			<b>\$45,090</b>	<b>\$0</b>	<b>\$63,031</b>	<b>\$106,121</b>
<b>B. EMPLOYER CONTRIBUTIONS (Fringe Benefits):</b>						
Social Security & Medicare (FICA)			\$2,406		\$4,822	\$7,228
Retirement			\$3,950		\$9,582	\$13,532
Workers' Compensation Insurance						
Unemployment Insurance						
Health Insurance			\$4,000			\$4,000
Dental Insurance						
Pre-Retirement Death Benefit						
Other Employer Contributions (Itemize):						
B. EM Project Employer Contributions:						
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			<b>\$10,356</b>	<b>\$0</b>	<b>\$14,404</b>	<b>\$24,760</b>
<b>TOTAL PERSONNEL:</b>			<b>\$55,446</b>	<b>\$0</b>	<b>\$77,435</b>	<b>\$130,881</b>
<b>II (a) CONTRACTUAL SERVICES: (Itemize)</b>						
<b>TOTAL CONTRACTUAL SERVICES:</b>						
<b>III. TRAVEL:</b>						
Itemize—cost						
Registration			\$1,000			\$1,000
Hotel/Lodging			\$1,500			\$1,500
Meals			\$800			\$800
Travel/Mileage/Flight			\$300			\$300
<b>TOTAL TRAVEL:</b>			<b>\$3,600</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,600</b>

USE WHOLE DOLLARS ONLY		MATCHING FUNDS			
CATEGORIES		FEDERAL	CASH	IN-KIND	TOTAL
<b>IV. EQUIPMENT (\$1,000 or more per Unit):</b>					
(Itemize - DO NOT USE BRAND NAME. Also, DO NOT include leased or rented items)					
<u>ITEM</u>	<u>QUANTITY</u>				
<b>TOTAL EQUIPMENT:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>V (a) SUPPLIES: (Describe)</b>					
Emergency Management supplies for training, exercises, and daily duties to include, but not limited to paper, notebooks, toner, etc.		\$6,389			\$6,389
<b>TOTAL SUPPLIES</b>		<b>\$6,389</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,389</b>
<b>VI (a) OTHER: (Itemize)</b>					
CERT Supplies		\$5,000			\$5,000
CERT Supplies (Additional funds requested)		\$7,000			\$7,000
<b>TOTAL OTHER:</b>		<b>\$12,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,000</b>

**BUDGET NARRATIVE**

List items under each Budget Category heading. Explain exactly how each item in your budget will be utilized. It is important that the necessity of these items, as they relate to the operation of the project, be established. Dollar amounts DO NOT have to be provided. Please identify detailed items that will be supported with EM Project funds.

**PERSONNEL:**

**Emergency Management Director:** Performs complex supervisory, administrative, technical, and Professional work in planning, organizing, directing, and supervising the Emergency Management Division. Plans and directs all aspects of the Emergency Management Division for Anderson County, as directed on a day to day basis by the Sheriff.

**Emergency Management Administrative Assistant:** Performs a variety of clerical, secretarial, and administrative work in keeping official records, providing administrative support to staff, performing a variety of clerical duties, and assisting in the administration of standard operating policies and procedures of the department.

**Emergency Management Part-Time:** Assists with the preparedness duties to include writing emergency operating procedures, risk assessments, developing Continuity of Operations Plans, and other duties assigned under the supervision of Emergency Management leadership.

**CONTRACTUAL SERVICES: ----****TRAVEL:**

Funds to be utilized to attend the SCEMA Conference and other Emergency Management related training, workshops, and conferences. Estimate is for registration, hotels, meals, and other travel costs for employees to attend.

**EQUIPMENT: ----****SUPPLIES:**

Emergency Management supplies for training, exercises, and daily duties to include, but not limited to, paper, notebooks, toner, file folders, printing, etc.

**OTHER: ----****WEBEOC: ----****CERT:**

Funds to purchase CERT supplies as a continued effort to support, enhance, and expand the volunteer CERT team and functions.

**BUDGET NARRATIVE**

Anderson County Emergency Management will utilize awarded funding to maintain the necessary infrastructure to ensure preparedness, response, recovery, and mitigation actions are executed in a manner that protects lives, preserves property, and fosters a more resilient community.

GRANT NUMBER: 18EMPG01

ACCEPTANCE OF AUDIT REQUIREMENTS

We agree to have an audit conducted in compliance with 2 CFR 200. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$750,000). If required, we will forward for review and clearance a pdf copy or a web-link of the completed audit(s), including the management letter if applicable, to:

Cynthia Smith, Chief Finance and Administration  
SC Emergency Management Division  
2779 Fish Hatchery Road  
West Columbia, South Carolina 29172

The following is information on the next organization-wide audit, which will include this agency:

COUNTY FISCAL YEAR

1. \*Audit Period: Beginning July 1, 2018 Ending June 30 2019

NO LATER THAN NINE MONTHS AFTER YOUR FISCAL YEAR

2. Audit will be submitted to Administrative Services by: December 31, 2018  
(Date)

**NOTE:** The audit or written certification must be submitted to Administrative Services, SC Emergency Management Division, no later than the ninth month after the end of the audit period.

Additionally, we have or will notify our auditor of the above requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite specifically that the audit was done in accordance with 2 CFR 200.

Any information regarding the 2 CFR 200 audit requirements will be furnished by SC Emergency Management Division, upon request.

**\*NOTE:** The Audit Period is the organization's fiscal year or calendar year to be audited.

**Failure to complete this form may result in your grant award being delayed and/or cancelled.**

  
\_\_\_\_\_  
David Baker, Emergency Management Division

06-18-18  
\_\_\_\_\_  
Date

## CERTIFICATION PROJECT DIRECTOR/COUNTY OFFICIAL

**CERTIFICATION BY PROJECT DIRECTOR***(County EMD Director/Coordinator)*

I certify that I understand and agree to comply with the general and fiscal provisions of the FY2018 grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the Sub-grantee; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

Name: David Baker

Title: Director

Agency: Anderson County Emergency  
Management DivisionAddress: 200 Bleckley St.  
Anderson, SC. 29625

Cell Number: Cell- (864) 844-0278

Office Number: (864) 332-5732

Signature: Date: 06-18-18 Bonded:  Yes  No**CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN***(County Administrator/Manager)*

I certify that I understand and agree to ensure compliance with the general and fiscal provisions of this grant application, including the terms and conditions, thereof; and to ensure compliance with provisions of the regulations governing these funds and all other federal and state laws. I further certify that all information presented is correct and that appropriate coordination with affected agencies has been made. I further certify that I am duly authorized by the County to authenticate this grant application.

Name: Rusty Burns

Title: Anderson County Administrator

Agency: Anderson County Government

Address: PO Box 8002  
Anderson, SC. 29622

Phone Number: (864) 642-5541

Signature: Date: 6-19-2018 Bonded:  Yes  No

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900 Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3) as amended relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.) as amended relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply or has already complied with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply as applicable with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- 9 Will comply as applicable with the provisions of the Davis-Bacon Act (40 U S C §§276a to 276a-7) the Copeland Act (40 U S C §276c and 18 U S C §874) and the Contract Work Hours and Safety Standards Act (40 U S C §§327-333) regarding labor standards for federally-assisted construction subagreements
- 10 Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more
- 11 Will comply with environmental standards which may be prescribed pursuant to the following (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514 (b) notification of violating facilities pursuant to EO 11738 (c) protection of wetlands pursuant to EO 11990 (d) evaluation of flood hazards in floodplains in accordance with EO 11988 (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U S C §§1451 et seq.) (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955 as amended (42 U S C §§7401 et seq.) (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523) and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205)
- 12 Will comply with the Wild and Scenic Rivers Act of 1968 (16 U S C §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system
- 13 Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U S C §470), EO 11593 (identification and protection of historic properties) and the Archaeological and Historic Preservation Act of 1974 (16 U S C §§469a-1 et seq.)
- 14 Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development and related activities supported by this award of assistance
- 15 Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U S C §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance
- 16 Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U S C §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures
- 17 Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133 "Audits of States, Local Governments, and Non-Profit Organizations"
- 18 Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Director
APPLICANT ORGANIZATION Anderson County Emergency Management Division	DATE SUBMITTED June 19, 2018

**CERTIFICATION REGARDING LOBBYING**

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

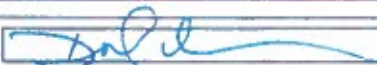
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
Anderson County Emergency Management Division	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix	* First Name David Middle Name
* Last Name Baker	Suffix
* Title Director	
* SIGNATURE 	* DATE 06-18-18

SOUTH CAROLINA EMERGENCY MANAGEMENT DIVISION  
EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG) PURCHASED  
EQUIPMENT DISPOSITION

**1. PURPOSE:**

This policy is to assist South Carolina county personnel in safeguarding, accounting for, and disposing of equipment assets purchased with federal Emergency Management Performance Grant (EMPG) funds.

**2. REFERENCES:**

- a. 2 CFR 200.33 Equipment
- b. 44 CFR 13.32 Equipment
- c. SCEMD LEMPG Guidelines and Application Procedures.

**3. POLICIES/PROCEDURES:**

- a. Each year SCEMD awards every South Carolina County funding from the federal Emergency Management Performance Grant to prepare for all hazards. These funds may be used for many purposes and expenditures including personnel, exercises, training, travel, supplies, communications, contracts, and equipment. The procurement of equipment will be in accordance with the SCEMD guidelines and in accordance with each county's procurement rules and procedures. Each equipment purchase using LEMPG funds must be on the approved federal Authorized Equipment List. (<https://www.fema.gov/authorized-equipment-list>) with the EMPG as an authorized FEMA related grant program.
- b. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part with grant funds, until disposition takes place will, as a minimum, meet the following requirements:
  - (1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of property, who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.
  - (2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every year.

- (3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft shall be investigated and report to SCEMD.
  - (4) Adequate maintenance procedures must be developed to keep the property in good condition.
  - (5) If the sub-recipient (county) is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.
- c. The SCEMD Regional Emergency Manager will periodically monitor the equipment status and property records as described in paragraph b. A copy of the monitoring report will be placed in the SCEMD county grant file.
- d. Disposition. When original or replacement equipment acquired using LEMPG funds is no longer needed for the original project or program or for other activities currently or previously supported, disposition of the equipment will be made as follows:
- (1) Items of equipment with a current per-unit fair market value of less than \$5,000 may be retained, sold or otherwise disposed of with no further obligation to the awarding agency.
  - (2) Items of equipment with a current per unit fair market value in excess of \$5,000 may be retained or sold and the awarding agency shall have a right to an amount calculated by multiplying the current market value or proceeds from sale by the awarding agency's share of the equipment. Prior to disposition by sale of equipment please contact SCEMD at (803) 737-8559.
  - (3) In cases where a sub-recipient fails to take appropriate disposition actions, SCEMD may provide disposition instructions and direct the sub-recipient to remedy the situation.
  - (4) With the sale or disposal of LEMPG funded equipment the county will maintain on file the documentation of the sale or disposition and provide a copy to SCEMD to be placed in the SCEMD maintained county LEMPG file.

  
David Baker, Director

06-19-19  
Date

**Anderson County  
Job Description  
Director/Chief  
Emergency Services Division/Anderson Co. Sheriff's Office**

**5212**

**General Purpose**

Under policy direction from the County Administrator, directs, coordinates and evaluates the operations of assigned County Departments, including personnel engaged in operations of Emergency Preparedness, COBRA Response Team, Emergency Medical Services, E-911 Communications, Compliance/Animal Control, Parks/Building Security, and Environmental Enforcement. This includes development and maintenance of comprehensive plans, monthly reports, policies, training etc. The director will perform grant, budgetary, and contract analysis and research. The incumbent will participate in the design and implementation of possible solutions to problems, special studies, as well as contract and project management.

**Supervision Received**

Works under the policy direction of the Anderson County Administrator.

**Supervision Exercised**

Exercises supervision over division department heads and division staff, either directly or through subordinate supervisors. Recommends to County Administrator the hiring, firing, promotion and demotion of employees, and this recommendation are given particular weight when such employment decisions are made.

**Essential Duties and Responsibilities**

Regular attendance is an essential and necessary to perform the essential duties and responsibilities required for this job.

Executive administration of the division related to strategic planning, policy and legislative issues, budgetary, grant, personnel and any related areas.

Maintains positive working relationships with all local law enforcement, Detention Center, EMS, fire service, public health, hospital and other agency officials that the division may interact with in the provision of public safety services to the citizens of Anderson County.

Identifies seminars, training, and educational needs for administrative staff.

Coordinates the Local Emergency Preparedness Committee.

*Advises County Administrator, EMS Commission, DHEC, and other County Officials in matters relating to department activities.*

*Communicates official plans, policies and procedures to the County Administrator, staff and the general public, through the Divisional Public Information Officer.*

*Coordinates all emergency action plans for the County; coordinates with the Local Emergency Planning Committee, Title III Superfund Amendment and Reauthorization Act, the EMS Commission, and the EMS Chiefs Advisory Board.*

*Coordinates with the South Carolina Criminal Justice Academy, South Carolina Fire Academy, DHEC, and the South Carolina Emergency Management Division in order to provide training courses for First Responders.*

*Develops policies and procedures in order to implement directives from the County Administrator.*

*Develops and implements policies, procedures and standards for efficient and effective operation and maintenance of department operations. Assures compliance with established policies and procedures.*

*Maintains and coordinates a current Emergency Operations Plan. Tests the components of the plan to ensure accuracy and reliability. Issues copies of the operations plan as needed to various response and government agencies.*

*Ensures program compliance with State and Federal guidelines for daily operations.*

*Ensures compliance with all State and Federal grant programs within the Division.*

*Establishes and oversees the operations of the Emergency Operations Center in all simulated or emergency situations, and ensures that all EOC Staff conducts operations in accordance with the County's Operations Plan.*

*Maintains a functional Emergency Operations Center.*

*Coordinates the operational function of the EOC. Conducts tabletop exercises to ensure EOC staff is aware of their responsibilities and the functions of the EOC.*

*Coordinates and maintains off-site emergency response capability and sheltering for the affected area of Oconee Nuclear Site during possible emergency incidents. Ensures all required regulations on compliance are developed. Conducts exercises and tests. Submits and controls annual budget from the utility. Attends meetings, training sessions, and workshops related to the nuclear program.*

*Ensures the maintenance of accurate and complete records of department activities*

*Advises the County Administrator of all situations and emergencies. Provides activity reports and other information as requested.*

Acts as liaison with officials of local, regional, state, and federal emergency management agencies.

Secures funding assistance through grants that may be available for the department. Prepares annual State and Federal activity programs to ensure funding for the department.

Evaluates work procedures, schedules, and workflow; studies and recommends policies and procedures to improve efficiency and effectiveness of operations.

Investigates and follows up on citizen requests for service, complaints, and requests for information.

Directs and evaluates the performance of department managers and establishes performance requirements and personnel development targets; regularly monitors performance and provides coaching for performance improvement and development; makes decisions on compensation and other rewards to recognize performance; takes disciplinary action up to and including termination, to address performance deficiencies, in accordance with the County's personnel rules and policies.

Provides leadership and works with department managers to develop and retain highly competent, customer service oriented staff through selection, compensation, training and day-to-day management practices that support the County's mission and values.  
Promotes harmony between Anderson County Emergency Services and the various agencies.

Ensures that administrative staff maintains a 24-hour response capability.

Makes provisions for emergency information to be disseminated to the public during times of crisis.

Provides executive oversight regarding the activity of the administrative staff related to operations and supervision of assigned operations to achieve goals within available resources; plans and organizes staff assignments; motivates and evaluates staff; reviews progress and directs changes as needed.

Ensures notification of County Administrator, and other County divisional & elected/ appointed officials of declared emergencies and activation of the Emergency Operation Center.

Performs or assists subordinates in performing duties; adjusts errors and addresses complaints.

Reviews annual updates to the comprehensive Emergency Operations Plan for Anderson County.

Prepares annual budget for the Emergency Services Division, Parks/Building Security and presents to the Finance Director; administers adopted divisional budget and provides oversight for the expenditure of Division appropriations.

Works closely with the County Administrator, County Council, a variety of public, private and community organizations and citizen groups in developing and implementing programs to achieve County priorities and solve problems in areas of assignment; advises the County Administrator on

related matters; directs and coordinates preparation analyses and recommendation on public policy issues and on long-range plans for County services.

Prepares short and long-term plans in the event of man-made and natural disasters; oversees coordination of the housing of evacuees during disasters.

Provides professional guidance to various governmental and private agencies; makes presentations to boards, commissions, civic groups, and the general public.

Directs and oversees the preparation of a wide variety of reports and information and presentations for the County Administrator and outside agencies regarding departmental activities and services; supervises the drafting of press releases and materials for dissemination to the media and the public.

Develops and coordinates proposals for action on current and future County needs; represents the County and works closely with appointed boards and committees and public and private officials to achieve planned action and results and provide technical assistance in resolving problems.

Ensures provision of radiation detection procedures to radiological monitors, emergency responders, etc.

Plans, coordinates, controls, integrates and evaluates the work of assigned County departments; with subordinate department managers, develops, implements and monitors long-term plans, goals and objectives focused on achieving the County's mission and council priorities; manages and directs the development, implementation and evaluation of plans, programs, policies, systems and practices to achieve annual County and department goals.

Interprets County Administrator's instructions and requests; makes interpretations of County ordinances, codes and applicable laws and regulations to ensure compliance by County departments and staff.

Reviews program areas, implements changes or new programs to meet the County needs.

Provides executive oversight of contractual agreements with service agencies, in conjunction with the County Administrator, County Council and other involved officials.

Approves the dissemination of information to the public in times of crisis.

Responsible for making sure all records and files of all incidents are investigated, specifically those concerning county property; and knowledge of building of security cameras, as it pertain to Parks/Building Security.

#### **PERIPHERAL DUTIES**

Issues and approves/disapproves solicitation permits for non-profit organizations.

Collaborates with County legal counsel as necessary to enforce County Code.

Attends courses, professional seminars to enhance knowledge, performance, and the function of job duties.

Attends meetings and travels to other locales to assist during emergencies or disasters.

Accepts administrative on-call 24/7/365.

Acts as a resource to division employee committees.

Commissioned as County Chief Litter Officer.

Performs other related duties as required.

#### DESIRED MINIMUM QUALIFICATIONS

- (A) Bachelor's degree in Business Management, Public Administration, Accounting, and Emergency Management; or a related field.
- (B) Six (6) years of progressively responsible experience in the management and administration of a municipal government;
- (C) Or an equivalent combination of training and experience.

#### Necessary Knowledge, Skills and Abilities

- (A) Theory, principles, practices and techniques of public administration, including county budgeting, public agency financing, financial administration, program and policy formulation, purchasing, and maintenance of public records;
- (B) Applicable state and federal law and regulations governing the administration and operations of a county agency; County functions and associated management, financial and public policy issues; organization and functions of an elected County Council; and other regulations governing the conduct of public meetings; principles and practices of public personnel management and labor management relations; the County's personnel rules and policies; social, political and environmental issues influencing program development and administration; principles and practices of effective management and supervision.
- (C) Ability to: plan, integrate and direct a broad range of complex County services and programs; define complex public policy, management and operational issues, perform complex analyses and research, evaluate alternatives and develop sound conclusions and recommendations; present proposals and recommendation clearly and logically in

public meetings; understand, interpret, explain and apply County, state and federal laws and regulations governing the conduct of County operations; evaluate, develop, and implement management systems, policies and controls; exercise sound, expert independent judgment within general policy guidelines;

- (D) Prepare clear, concise and comprehensive correspondence, reports and other written materials; establish and maintain effective working relationships with all levels of County management, other governmental officials, community and civic organizations, employee organizations, employees, the media and the public; exercise tact and diplomacy in dealing with highly sensitive political, public policy, community and employee issues and situations.

#### **Professional Certifications**

- (A) Certified Emergency Manager.
- (B) County Commissioned Code Enforcement Officer.
- (C) Code Enforcement Basic Training.
- (D) Maintain membership in applicable professional organizations.
- (E) Necessary Knowledge, Skills and Abilities
- (F) A working knowledge of computers and electronic data processing; working knowledge of County Code Law Enforcement, Detention Facilities, Emergency Preparedness and Emergency Medical Services principles. Requires a thorough knowledge of County policies, laws and regulations affecting the division and/or its activities.
- (G) Skills in operation of the listed tools and equipment.
- (H) Ability to prepare and analyze complex reports; ability to maintain efficient and effective departmental systems and procedures; ability to establish and maintain effective working relationships with County Administrator, administrative staff, county officials, other departments and the public; ability to communicate effectively orally and in writing with County Administrator, administrative staff, other governmental agency representatives, County officials and the general public; ability to effectively give and receive verbal and written instructions; ability to handle stressful situations.

#### **SPECIAL REQUIREMENTS**

A valid South Carolina Drivers' License or the ability to obtain one.

Obtain all training required by State or Federal agencies for the position.

Maintains necessary firearms training and qualifications.

#### TOOLS AND EQUIPMENT USED

Personal computer including various software; copy machine; fax machine; radio; telephone; camera; radiological monitoring equipment, personal protective equipment and related public safety response equipment, to include firearms.

#### PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job the employee is frequently required to sit and talk or hear. The employee is occasionally required to walk, use hands to finger, handle or feel objects, tools, or controls; and reach with hands and arms.

The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision and the ability to adjust focus.

Environmental hazards associated with this position include hazardous spills and nuclear releases.

#### WORK ENVIRONMENT

The employee is occasionally exposed to outdoor weather conditions, fumes, or airborne particles, and toxic or caustic chemicals.

The noise level in the work environment is usually moderate but may be loud during emergency calls or situations.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

<p>Revised on July 19, 2006, to remove all Detention Center Language Revised by MC/CP June 21, 2004 Particular Weight and attendance language on August 16, 2004</p>
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**ANDERSON COUNTY**

**JOB DESCRIPTION  
FOR  
PUBLIC SAFETY**

**ADMINISTRATIVE ASSISTANT  
GRADE- 12**

**5212**

**GENERAL PURPOSE**

Performs a variety of clerical, secretarial and administrative work in keeping official records, providing administrative support to staff, receives callers using central switchboard, greets visitors, performs varied clerical duties, and assisting in the administration of standard operating policies and procedures of the Division.

**SUPERVISION RECEIVED**

Works under the limited supervision of public Safety Division Director.

**SUPERVISION EXERCISED**

None.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

Performs routine clerical and administrative work in answering phones, receiving the public, and providing customer assistance and information; and

Ability to operates central switchboard answering and transferring incoming calls; and

Responsible for greeting visitors; announces visitors as necessary, as well as receives the public and answers questions; responds to inquiries from employees, citizens and others and refers, when necessary, to appropriate persons.

Performs various clerical duties such as typing, collating, stuffing envelopes, keeping lists, and calling various organizations to provide and request information.

Takes message from callers and provide information to callers as required.

Answers in coming calls and routes callers or provides information as required; alert personnel in emergencies.

Receives the public and answers questions; responds to inquiries from employees, citizens and others and refers, when necessary, to appropriate persons.

Assists in the procurement of department materials and supplies.

Operates listed office machines as required.

Prepares and monitors work orders.

Receives, stamps and distributes incoming mail, processes outgoing mail.

Composes, types, and edits a variety of correspondence, reports, memoranda, and other material requiring judgment as to content, accuracy, and completeness.

Acts as custodian of departmental documents and records. Establishes and maintains filing systems, control records and indexes using independent judgment.

Prepares and processes mail as required; sorts mail as necessary.

Operates listed office machines as required.

Regular attendance is essential and necessary to perform the essential duties and responsibilities required for this job.

#### **PERIPHERAL DUTIES**

Performs other related duties as required.

#### **DESIRED MINIMUM QUALIFICATIONS**

##### Education and Experience:

- (A) High School Diploma plus practical knowledge of standard practices in a technical, clerical, or administrative field generally may be acquired through training of up to one year beyond high school.
- (B) Two (2) years of customer service, clerical or related experience; or
- (C) Any equivalent combination of education and experience.

Necessary Knowledge, Skills and Abilities:

- (A) Working knowledge of telephone switchboard; working knowledge of modern office practices and procedures.
- (B) Skill in operation of listed tools and equipment.
- (C) Ability to effectively meet and deal with the public; ability to communicate effectively verbally and in writing.

**PERIPHERAL DUTIES**

Performs other related duties as required.

**WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is moderately quiet.

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The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

**This position moved from 5212 to 5213 on August 2, 2010**

**Cpp  
10/06/99-KPP**

DEPARTMENTAL TRANSFERS

For Budget Year 2017 - 2018

Mark APPROVED	DEPARTMENT NAME	FROM: ACCOUNT NAME ACCOUNT NUMBER	TO: ACCOUNT NAME ACCOUNT NUMBER	AMOUNT	REASON
_____	1 Building Grounds	Service Contracts - Generators 001-5021-000-378	Service Contracts 001-5021-000-375	5,000.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	2 Building Grounds	Service Contracts - Elevators 001-5021-000-379	Service Contracts 001-5021-000-375	3,000.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	3 Building Grounds	Service Contracts - Mowing 001-5021-000-322	Service Contracts 001-5021-000-375	10,000.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	4 Building Grounds	Registrations Fees 001-5021-000-294	Service Contracts 001-5021-000-375	2,000.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	5 Building Grounds	Training 001-5021-000-277	Service Contracts 001-5021-000-375	4,000.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	6 Building Grounds	Lodging 001-5021-000-293	Service Contracts 001-5021-000-375	898.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	7 Building Grounds	Safety 001-5021-000-284	Service Contracts 001-5021-000-375	1,800.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	8 Building Grounds	Travel 001-5021-000-279	Service Contracts 001-5021-000-375	1,850.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	9 Building Grounds	Small Hand Tools 001-5021-000-280	Service Contracts 001-5021-000-375	500.00	24/7 Security for TTI Pickens and sweeping of Civic Center
_____	10 Finance	Travel 001-5043-000-279	Management Consulting 001-5043-000-339	1,500.00	Arbitration, Financial Advisor, and Tax Abatement
_____	11 Development Standards	Salary 001-5069-000-101	Part time 001-5069-000-102	2,000.00	To hire an Intern from AU to cover office duties due to vacancies and illnesses
_____	12 Development Standards	Health Insurance 001-5069-000-160	Part time 001-5069-000-102	1,350.00	To hire an Intern from AU to cover office duties due to vacancies and illnesses
_____	13 Development Standards	Health Insurance 001-5069-000-160	Retirement - SC 001-5069-000-120	225.00	Needed for Retirement
_____	14 Development Standards	Health Insurance 001-5069-000-160	Photocopier 001-5069-000-347	340.00	To cover June Invoice
_____	15 Animal Shelter	Postage 001-5111-000-243	Registrations 001-5111-000-294	400.00	Unexpected seminars and conferences
_____	16 Animal Shelter	Supplies - Cleaning 001-5111-000-265	Supplies - Animal Shelter 001-5111-000-292	6,000.00	Food, letter, leashes, traps and general needs
_____	17 Animal Shelter	Meals 001-5111-000-236	Supplies - Animal Shelter 001-5111-000-292	1,000.00	Food, letter, leashes, traps and general needs
_____	18 Animal Shelter	Photocopier	Professional Services		

**DEPARTMENTAL TRANSFERS**

For Budget Year 2017 - 2018

Mark APPROVED	DEPARTMENT NAME	FROM: ACCOUNT NAME ACCOUNT NUMBER	TO: ACCOUNT NAME ACCOUNT NUMBER	AMOUNT	REASON
	19 Animal Shelter	001-5111-000-347 Repairs to Building 001-5111-000-250	001-5111-000-304 Professional Services 001-5111-000-304	3,000.00	Veterinary Services to assists Dr. Sanders with daily surgeries
	20 Animal Shelter	Water and Sewer 001-5111-000-286	Supplies - Medical 001-5111-000-283	1,500.00	Veterinary Services to assists Dr. Sanders with daily surgeries
	21 Animal Shelter	Lodging 001-5111-000-293	Supplies - Medical 001-5111-000-283	7,500.00	To maintain proper care of the every day operations and intake
	22 Animal Shelter	Chemicals 001-5111-000-264	Supplies - Medical 001-5111-000-283	1,000.00	To maintain proper care of the every day operations and intake
	23 Forensics Lab	Travel 001-5141-001-279	Overtime 001-5141-001-103	1,500.00	To maintain proper care of the every day operations and intake
	24 Sheriff - Support Services	Salary 001-5181-000-101	Professional Services 001-5181-000-304	69.65	To complete a Casework analysis
	25 Emergency Preparedness	Salary 001-5212-000-101	Retirement - Police 001-5212-000-121	30,000.00	Upkeep and maintenance of large animals
	26 Emergency Preparedness	Salary 001-5212-000-101	Rental of Land 001-5212-000-254	2,000.00	Increase in retirement percentage
	27 Communications	Salary 001-5213-000-101	Part time 001-5213-000-102	11,000.00	Rental of EOC
	28 Communications	Salary 001-5213-000-101	Overtime 001-5213-000-103	17,500.00	used for vacations, vacancies and to cover for illnesses
	29 Roads and Bridges	Supplies - Office 001-5221-000-269	Capital 001-5221-000-499	122,000.00	OT schedule has been reviewed and greatly decreased. This should cover remainder of year. Reduction of 25k from FY 17
	30 Fleet Services	Books and Publications 001-5226-000-204	Overtime 001-5226-000-103	1,749.00	Office desk and furniture needs
	31 Fleet Services	Books and Publications 001-5226-000-204	Insurance - Vehicles 001-5226-000-228	1,000.00	Short staffed and workload of time sensitive jobs
	32 Sports Complex	Electricity and Gas 001-5955-001-212	Repairs to Equipment 001-5955-001-251	100.00	Increase in insurance
	33 Sports Complex	Water and Sewer 001-5955-001-286	Landscaping 001-5955-001-313	5,000.00	Leak in Irrigation Line
	34 Civic Center	Service Contracts 001-5955-000-375	Telephone 001-5955-000-275	6,000.00	Sand and fertilizer for ball fields
	35 Civic Center	Postage 001-5955-000-243	Telephone 001-5955-000-275	700.00	Cable, Telephones and Clear Link Services
	36 Civic Center	Signs 001-5955-000-259	Telephone 001-5955-000-275	700.00	Cable, Telephones and Clear Link Services

**DEPARTMENTAL TRANSFERS**

For Budget Year 2017 - 2018

Mark APPROVED	DEPARTMENT NAME	FROM: ACCOUNT NAME ACCOUNT NUMBER	TO: ACCOUNT NAME ACCOUNT NUMBER	AMOUNT	REASON
_____	37 Public Defender - Anderson	Salary 114-5056-000-101	Contracted labor 114-5056-000-324	18,000.00	Contract cases to outside law firms
_____	39 Public Defender - Anderson	Food 114-5056-000-215	Meals 114-5056-000-236	600.00	Meals for travel and training
_____	39 Public Defender - Oconee	Training 114-5056-001-277	Professional Services 114-5056-001-304	500.00	Shredding Services
_____	40 Airport	Engineering 142-5775-000-311	Professional Services 142-5775-000-304	15,000.00	Mandatory Stormwater Sampling Project
_____	41 Between Department	IT - Health Insurance 001-5092-000-160	Admin - Demolition 001-5013-000-323	11,500.00	Site Maintenance for NIP program
_____	42 Between Dept. PD Anderson to Oconee	Salary 114-5056-000-101	Salary 114-5056-001-101	33,000.00	Some personnel was budget in Anderson but works in Oconee
_____	43 Between Dept. PD Anderson to Oconee	Health Insurance 114-5056-000-160	Health Insurance 114-5056-001-160	6,825.00	Some personnel was budget in Anderson but works in Oconee
_____	44 Building Codes	Books and Publications 001-5411-000-204	Supplies - Office 001-5411-000-269	400.00	Ink cartridges, toner and copy paper
_____	45 Building Codes	Computer Software 001-5411-000-209	Photocopy Equipment Maintenance 001-5411-000-347	950.00	To cover copier expense for May and June
_____	46 Solid Waste	Disposal Fee 420-5954-000-370	Fuel and Oil 420-5954-000-216	22,000.00	Increase in gas prices
_____	47 Solid Waste	Disposal Fee 420-5954-000-370	Electricity and Gas 420-5954-000-212	6,000.00	Increase in cost of utilities
_____	48 Between Departments Rds & Bridges to Dev Stds	Insurance - Vehicles 001-5221-000-228	Books and Publications 001-5069-000-204	550.00	Updates for Standards and Policies
_____	49 Between Departments Rds & Bridges to Dev Stds	Insurance - Vehicles 001-5221-000-228	Supplies - Office 001-5069-000-269	200.00	Cartridges, ribbons and general supplies
_____	50 Between Departments Rds & Bridges to Dev Stds	Insurance - Vehicles 001-5221-000-228	Training 001-5069-000-277	785.00	FEMA

DATE

Lacey Croegaert, Clerk to Council

# BUDGET TRANSFER

DIVISION: Central Services

DEPARTMENT: Building & Grounds-5021

FROM:	TO:	AMOUNT:
TITLE <u>Service Contracts-Generators</u> ACCT.# <u>001-5021-000-378</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>5,000.00</u>
TITLE <u>Service Contracts-Elevators</u> ACCT.# <u>001-5021-000-379</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>3,000.00</u>
TITLE <u>Service Contracts- Mowing</u> ACCT# <u>001-5021-000-322</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>10,000.00</u>
TITLE <u>Registration Fees</u> ACCT.# <u>001-5021-000-294</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>2,000.00</u>
TITLE <u>Training</u> ACCT.# <u>001-5021-000-277</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>4,000.00</u>
<b>Total</b>		<b>24,000.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

REASON:

Additional funds are needed to cover costs for 24/7 security for TTI Pickens and weekly sweeping of the Civic Center.

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: <u>[Signature]</u>	DATE: <u>4/23/18</u>
DIVIS HEAD: <u>[Signature]</u>	DATE: <u>4/24/18</u>
FINANCE: <u>[Signature]</u>	DATE: <u>4-24-18</u>
ADMINISTRATOR: <u>[Signature]</u>	DATE: <u>4-25-18</u>
Journal Entry # _____	DATE: _____

# BUDGET TRANSFER

DIVISION: Central Services

DEPARTMENT: Building & Grounds-5021

FROM:	TO:	AMOUNT:
TITLE <u>Lodging</u> ACCT.# <u>001-5021-000-293</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>898.00</u>
TITLE <u>Safety</u> ACCT.# <u>001-5021-000-284</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>1,800.00</u>
TITLE <u>Travel</u> ACCT# <u>001-5021-000-279</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>1,850.00</u>
TITLE <u>Small Hand Tools</u> ACCT.# <u>001-5021-000-280</u>	TITLE <u>Service Contracts</u> ACCT# <u>001-5021-000-375</u>	<u>500.00</u>
TITLE _____ ACCT.# _____	TITLE _____ ACCT# _____	
<b>Total</b>		<b>5,048.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

REASON:

Additional funds are needed to cover costs for 24/7 security for TTI Pickens and weekly sweeping of the Civic Center.

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: <u>[Signature]</u>	DATE: <u>4/23/18</u>
DIVIS HEAD: <u>[Signature]</u>	DATE: <u>4/24/18</u>
FINANCE: <u>[Signature]</u>	DATE: <u>4/24/18</u>
ADMINISTRATOR: <u>[Signature]</u>	DATE: <u>4-24-18</u>
Journal Entry # _____	DATE: _____



## BUDGET TRANSFER

**DIVISION:** Public Works

**DEPARTMENT:** Development Standards

FROM:	TO:	AMOUNT:
TITLE <u>Salary</u>	TITLE <u>Part time</u>	
ACCT.# <u>001-5069-000-101</u>	ACCT# <u>001-5069-000-102</u>	<u>2,000.00</u>
TITLE <u>Health Ins</u>	TITLE <u>Part time</u>	
ACCT.# <u>001-5069-000-160</u>	ACCT# <u>001-5069-000-102</u>	<u>1,350.00</u>
TITLE <u>Health Ins</u>	TITLE <u>Retirement - SC</u>	
ACCT# <u>001-5069-000-160</u>	ACCT# <u>001-5069-000-120</u>	<u>225.00</u>
TITLE <u>Health Ins</u>	TITLE <u>Photocopier</u>	
ACCT.# <u>001-5069-000-160</u>	ACCT# <u>001-5069-000-347</u>	<u>340.00</u>
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
	<b>Total</b>	<b>3,915.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

To hire a intern from Anderson University to cover some of the office duties during the illnesses and vacation of office staff

Is this transfer within your department?

(Circle One)

Yes

No

Is this transfer within your division?

(Circle One)

Yes

No

DEPT. HEAD:

Alan Hayes

DATE:

6/13/2018

DIVIS HEAD:

[Signature]

DATE:

6/19/18

FINANCE:

[Signature]

DATE:

6-20-18

ADMINISTRATOR:

[Signature]

DATE:

6-26-18

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_





# BUDGET TRANSFER

**DIVISION:** Public Works

**DEPARTMENT:** PAWS

FROM:	TO:	AMOUNT:
<b>TITLE</b> <u>Photocopy Equipment Maintenance</u> <b>ACCT.#</b> <u>001-5111-000-347</u>	<b>TITLE</b> <u>Professional Services</u> <b>ACCT#</b> <u>001-5111-000-304</u>	<u>\$3000.00</u>
<b>TITLE</b> <u>Repairs to Building</u> <b>ACCT.#</b> <u>001-5111-000-250</u>	<b>TITLE</b> <u>Professional Services</u> <b>ACCT#</b> <u>01-5111-000-304</u>	<u>1500.00</u>
<b>TITLE</b> _____ <b>ACCT#</b> _____	<b>TITLE</b> _____ <b>ACCT#</b> _____	_____
<b>TITLE</b> _____ <b>ACCT.#</b> _____	<b>TITLE</b> _____ <b>ACCT#</b> _____	_____
<b>TITLE</b> _____ <b>ACCT.#</b> _____	<b>TITLE</b> _____ <b>ACCT#</b> _____	_____

Total

\$4500.00

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

Vet. Services to help Dr. Sanders with animal surgery

Is this transfer within your department?

(Circle One)

Yes

No

Is this transfer within your division?

(Circle One)

Yes

No

**DEPT. HEAD:**

[Signature]

**DATE:**

6/19/18

**DIVIS HEAD:**

[Signature]

**DATE:**

6/20/18

**FINANCE:**

[Signature]

**DATE:**

6-21-18

**ADMINISTRATOR:**

[Signature]

**DATE:**

**Journal Entry #**

\_\_\_\_\_

# BUDGET TRANSFER

DIVISION: Public Works

DEPARTMENT: PAWS

FROM:	TO:	AMOUNT:
TITLE <u>Water/Sewer</u> ACCT.# <u>001-5111-000-288</u>	TITLE <u>Supplies - Medical</u> ACCT# <u>001-5111-000-283</u>	<u>7500.00</u>
TITLE <u>Lodging</u> ACCT.# <u>293</u>	TITLE <u>Supplies - food</u> ACCT# <u>5111-000 283</u>	<u>1000.00</u>
TITLE <u>Chemical Photocopy-Maintenance</u> ACCT# <u>001-5111-000-377 264</u>	TITLE <u>Supplies - Medical</u> ACCT# <u>001-5111-000-283</u>	<u>1500.00</u>
TITLE _____ ACCT.# _____	TITLE _____ ACCT# _____	
TITLE _____ ACCT.# _____	TITLE _____ ACCT# _____	

Total \$10,000.00

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

transfer is necessary because less was given to our Medical Supply budget than originally requested.

Needed to perform necessary duties at the Animal Shelter for the every day in take and care of the animals

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: [Signature]  
 DIVIS HEAD: [Signature]  
 FINANCE: \_\_\_\_\_  
 ADMINISTRATOR: [Signature]

DATE: 6/17/18  
 DATE: 6/20/18  
 DATE: \_\_\_\_\_  
 DATE: 6-27-18

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_



# BUDGET TRANSFER

**DIVISION:** Sheriff

**DEPARTMENT:** Support Services

FROM:		TO:	AMOUNT:
TITLE	<u>Salary</u>	TITLE	<u>Professional Services</u>
ACCT.#	<u>001-5181-000-101</u>	ACCT#	<u>001-5181-000-304</u>
			<u>30,000.00</u>
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____
		<b>Total</b>	<b>30,000.00</b>


Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

Upkeep and maintenance of taking care of large animals (horses)

Is this transfer within your department? (Circle One)    Yes    No

Is this transfer within your division? (Circle One)    Yes    No

DEPT. HEAD:	<u></u>	DATE: _____
DIVIS HEAD:	_____	DATE: _____
FINANCE:	_____	DATE: _____
ADMINISTRATOR:	<del>_____</del>	DATE: <u>5-21-18</u>
Journal Entry #	_____	DATE: _____

# BUDGET TRANSFER

DIVISION: Sheriff

DEPARTMENT: Emergency Preparedness

FROM:	TO:	AMOUNT:
TITLE <u>Salary</u>	TITLE <u>Retirement - Police</u>	
ACCT.# <u>001-5212-000-101</u>	ACCT# <u>001-5212-000-121</u>	<u>2,000.00</u>
TITLE <u>Salary</u>	TITLE <u>Rental of Land</u>	
ACCT.# <u>001-5212-000-101</u>	ACCT# <u>001-5212-000-254</u>	<u>11,000.00</u>
TITLE _____	TITLE _____	
ACCT# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
	<b>Total</b>	<b>13,000.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

1) Retirement increase

2) Renegotiated rental contract

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: 

DATE: \_\_\_\_\_

DIVIS HEAD: \_\_\_\_\_

DATE: \_\_\_\_\_

FINANCE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADMINISTRATOR: 

DATE: 5-21-18

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_



# BUDGET TRANSFER

DIVISION: Public Works

DEPARTMENT: Roads and Bridges

FROM:		TO:		AMOUNT:
TITLE	<u>Office Supplies</u>	TITLE	<u>Capital Purchases</u>	
ACCT.#	<u>001-5221-000-269</u>	ACCT#	<u>001-5221-000-499</u>	<u>1,749.00</u>
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
<b>Total</b>				<b>1,749.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

This transfer is to cover the amount for a office desk purchased.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this transfer within your department? (Circle One)  **es**  No

Is this transfer within your division? (Circle One)  **es**  No

DEPT. HEAD: <u>Matt Hoza</u>	DATE: <u>6/11/18</u>
DIVIS HEAD: <u>Scott Brown</u>	DATE: <u>6/11/18</u>
FINANCE: <u>Press</u>	DATE: <u>6 13 18</u>
ADMINISTRATOR: <u>[Signature]</u>	DATE: <u>6-15-18</u>
Journal Entry # _____	DATE: _____

# BUDGET TRANSFER

DIVISION: Public Works

DEPARTMENT: Fleet Services

FROM:		TO:	AMOUNT:
TITLE	Books & Publications	TITLE	Salaries - Overtime
ACCT.#	<u>001-5226-000-204</u>	ACCT#	<u>001-5226-000-103</u> \$ <u>1,000.00</u>
TITLE	Books & Publications	TITLE	Insurance - Vehicles
ACCT.#	<u>001-5226-000-204</u>	ACCT#	<u>001-5226-000-228</u> \$ <u>100.00</u>
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____ \$ _____

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

Due to being short staffed in our shops , a large work load and time-sensitive jobs, the transfer is necessary to complete the year.

Transfer needed to cover the cost of vehicle insurance.

Is this transfer within your department? (Circle One)  Yes  No

Is this transfer within your division? (Circle One)  Yes  No

DEPT. HEAD: [Signature]

DATE: 04/19/2018

DIVIS HEAD: [Signature]

DATE: 4/25/18

FINANCE: [Signature]

DATE: 4 26 18

ADMINISTRATOR: [Signature]

DATE: 4-26-18

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_







## BUDGET TRANSFER

**DIVISION:** Public Defender  
**DEPARTMENT:** Public Defender - Anderson

FROM:		TO:	AMOUNT:
TITLE <u>Salary</u>		TITLE <u>Contracted labor</u>	
ACCT.# <u>114-5056-000-101</u>		ACCT# <u>114-5056-000-324</u>	<u>18,000.00</u>
TITLE <u>Food</u>		TITLE <u>Meals</u>	
ACCT.# <u>114-5056-000-215</u>		ACCT# <u>114-5056-000-236</u>	<u>600.00</u>
TITLE _____		TITLE _____	
ACCT# _____		ACCT# _____	
TITLE _____		TITLE _____	
ACCT.# _____		ACCT# _____	
TITLE _____		TITLE _____	
ACCT.# _____		ACCT# _____	
		<b>Total</b>	<b>18,600.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

REASON:

1) Contract cases to outside law firms to move cases out of office

2) Meals during travel and training

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD:  DATE: 5-13-18

DIVIS HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR:  DATE: 5-23-18

Journal Entry # \_\_\_\_\_ DATE: \_\_\_\_\_

## BUDGET TRANSFER

DIVISION: Public Defender

DEPARTMENT: Public Defender - Oconee

FROM:	TO:	AMOUNT:
TITLE <u>Training</u>	TITLE <u>Professional Services</u>	
ACCT.# <u>114-5056-001-277</u>	ACCT# <u>114-5056-001-304</u>	500.00
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
	Total	500.00

Explain, in COMPLETE DETAIL, the reason for the transfer.

REASON:

Shredding services

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD:  DATE: 5-18-18

DIVIS HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCE:  DATE: 5-22-18

ADMINISTRATOR: \_\_\_\_\_ DATE: 5-23-18

Journal Entry # \_\_\_\_\_ DATE: \_\_\_\_\_

## BUDGET TRANSFER

DIVISION: AIRPORT  
 DEPARTMENT: FBO

FROM:	TO:	AMOUNT:
TITLE ACCT.#	ENGINEERING <u>142-5775-000-311</u>	TITLE ACCT#
		PROFESSIONAL SERVICES <u>142-5775-000-304</u> <span style="float: right;"><u>15,000.00</u></span>
TITLE ACCT.#	_____	_____
TITLE ACCT#	_____	_____
TITLE ACCT.#	_____	_____
TITLE ACCT.#	_____	_____
TITLE ACCT.#	_____	_____
TITLE ACCT.#	_____	_____
	<b>Total</b>	<b>15,000.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**  
The reason for this transfer is due to the mandatory Stormwater Sampling Project, our annual Aircraft Rescue and Fire Fighting (ARFF) training, and contracting with a vendor to provide the application of ant killer to the airfield in preparation of our 2018 Airshow. All three projects were difficult to account for due to their variable nature.

Is this transfer within your department? (Circle One) Yes No  
 Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: [Signature] DATE: 5-21-18  
 DIVIS HEAD: [Signature] DATE: 5/18/18  
 FINANCE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Journal Entry # \_\_\_\_\_ DATE: \_\_\_\_\_

# BUDGET TRANSFER

DIVISION: Administration

DEPARTMENT: Between Depts.- IT to Administration

FROM:		TO:		AMOUNT:
TITLE	<u>IT - Health Ins</u>	TITLE	<u>Admin - Demolition</u>	
ACCT.#	<u>001-5092-000-160</u>	ACCT#	<u>001-5013-000-323</u>	<u>115.00 -</u>
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
<b>Total</b>				<b>115.00 -</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

REASON:

Unexpected site maintenance for NIP program

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: \_\_\_\_\_

DATE: \_\_\_\_\_

DIVIS HEAD: \_\_\_\_\_

DATE: \_\_\_\_\_

FINANCE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_

DATE: 9-28-78

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_

## BUDGET TRANSFER

DIVISION: Public Defender

DEPARTMENT: Public Defender (Anderson to Oconee)

FROM:	TO:	AMOUNT:
TITLE <u>Salary</u>	TITLE <u>Salary</u>	
ACCT.# <u>114-5056-000-101</u>	ACCT# <u>114-5056-001-101</u>	<u>33,000.00</u>
TITLE <u>Health Insurance</u>	TITLE <u>Health Insurance</u>	
ACCT.# <u>114-5056-000-160</u>	ACCT# <u>114-5056-001-160</u>	<u>6,825.00</u>
TITLE _____	TITLE _____	
ACCT# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
TITLE _____	TITLE _____	
ACCT.# _____	ACCT# _____	
Total		39,825.00

Explain, in COMPLETE DETAIL, the reason for the transfer.

REASON:

Some of the personnel was budgeted in Anderson Area and should have been in the Oconee area

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: [Signature] DATE: 5-18-18  
 DIVIS HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_  
 FINANCE: [Signature] DATE: 5-22-18  
 ADMINISTRATOR: \_\_\_\_\_ DATE: 5-23-18  
 Journal Entry # \_\_\_\_\_ DATE: \_\_\_\_\_

# BUDGET TRANSFER

DIVISION: Public Works

DEPARTMENT: 5411 (Building & Codes)

FROM:		TO:		AMOUNT:
TITLE	<u>Books &amp; Publications</u>	TITLE	<u>Office Supplies</u>	
ACCT.#	<u>5411-000-204</u>	ACCT#	<u>5411-000-269</u>	<u>\$400</u>
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	
TITLE	_____	TITLE	_____	
ACCT.#	_____	ACCT#	_____	

Explain, in COMPLETE DETAIL, the reason for the transfer.




**REASON:**

Transfer of funds to cover additional purchase of office supplies needed

Cartridges, toner, and paper - general office supplies

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD:   
 DIVIS HEAD:   
 FINANCE: \_\_\_\_\_  
 ADMINISTRATOR: 

DATE: 6/7/18  
 DATE: 6/8/18  
 DATE: \_\_\_\_\_  
 DATE: 6-12-18

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_

# BUDGET TRANSFER

DIVISION: Public Works

DEPARTMENT: Building & Codes (5411)

FROM:	TO:	AMOUNT:
TITLE <u>Computer Software</u> ACCT.# <u>5411-000-209</u>	TITLE <u>Photo Copy Equipment</u> ACCT# <u>5411-000-347</u>	<u>\$950</u>
TITLE _____ ACCT.# _____	TITLE _____ ACCT# _____	_____
TITLE _____ ACCT# _____	TITLE _____ ACCT# _____	_____
TITLE _____ ACCT.# _____	TITLE _____ ACCT# _____	_____
TITLE _____ ACCT.# _____	TITLE _____ ACCT# _____	_____

Total 0.00

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

Transfer additional funds to cover balance of monthly contract for the month of May and also include additional funds to cover June

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: <u>[Signature]</u>	DATE: <u>6/1/18</u>
DIVIS HEAD: <u>[Signature]</u>	DATE: <u>6/5/18</u>
FINANCE: <u>[Signature]</u>	DATE: <u>6-7-18</u>
ADMINISTRATOR: <u>[Signature]</u>	DATE: <u>6-8-18</u>
Journal Entry # _____	DATE: _____

# BUDGET TRANSFER

DIVISION: PUBLIC WORKS

DEPARTMENT: SOLID WASTE

FROM:		TO:	AMOUNT:
TITLE	DISPOSAL FEE	TITLE	FUEL AND OIL
ACCT.#	<u>420-5854-000-370</u>	ACCT#	<u>420-5854-000-216</u> <span style="float: right;">22,000.00</span>
TITLE	DISPOSAL FEE	TITLE	ELECTRICITY AND GAS
ACCT.#	<u>420-5854-000-370</u>	ACCT#	<u>420-5854-000-212</u> <span style="float: right;">6,000.00</span>
TITLE	_____	TITLE	_____
ACCT#	_____	ACCT#	_____
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____
TITLE	_____	TITLE	_____
ACCT.#	_____	ACCT#	_____
Total			0.00

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

During the budget process, budget was slightly underestimated due to increased pricing and usage of fuel and electricity.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this transfer within your department? (Circle One) Yes No

Is this transfer within your division? (Circle One) Yes No

DEPT. HEAD: <u>Benny D. Jones</u>	DATE: <u>6/8/18</u>
DIVIS HEAD: <u>Robert H. ...</u>	DATE: <u>6/11/18</u>
FINANCE: <u>...</u>	DATE: <u>6/18/18</u>
ADMINISTRATOR: <u>...</u>	DATE: <u>6-12-18</u>
Journal Entry # _____	DATE: _____

## BUDGET TRANSFER

**DIVISION:** Public Works

**DEPARTMENT:** Roads and Bridges to Development Standards

FROM:		TO:	AMOUNT:
TITLE ACCT.#	<u>Insurance - Vehicles</u> <u>001-5221-000-228</u>	TITLE ACCT#	<u>Books and Publication</u> <u>001-5069-000-204</u> <span style="float: right;">550.00</span>
TITLE ACCT.#	<u>Insurance - Vehicles</u> <u>001-5221-000-228</u>	TITLE ACCT#	<u>Supplies - Office</u> <u>001-5069-000-269</u> <span style="float: right;">200.00</span>
TITLE ACCT#	<u>Insurance - Vehicles</u> <u>001-5221-000-228</u>	TITLE ACCT#	<u>Training</u> <u>001-5069-000-277</u> <span style="float: right;">785.00</span>
TITLE ACCT.#	_____	TITLE ACCT#	_____
<b>Total</b>			<b>1,535.00</b>

Explain, in COMPLETE DETAIL, the reason for the transfer.

**REASON:**

204 - Books used for updates of Standards and policies to be practiced by this office

269 - Cartridges, ribbons and supplies needed for office use

277 - FEMA training

Is this transfer within your department?

(Circle One)

Yes

No

Is this transfer within your division?

(Circle One)

Yes

No

DEPT. HEAD:

DIVIS HEAD:

FINANCE:

ADMINISTRATOR:

Allen Hones  
[Signature]  
[Signature]  
[Signature]

DATE:

DATE:

DATE:

DATE:

6/13/2018

6/19/18

10-20-18

6-26-18

Journal Entry # \_\_\_\_\_

DATE: \_\_\_\_\_