

**CHAMPAIGN COUNTY BOARD
COMMITTEE OF THE WHOLE – Finance/Policy/Justice Addendum**
County of Champaign, Urbana, Illinois
Tuesday, November 9, 2010 – 6:00 p.m.

Lyle Shields Meeting Room, Brookens Administrative Center
1776 East Washington Street, Urbana, Illinois

Page Number

IX. Policy, Personnel, & Appointments:

B. Appointments/Reappointments

2. Nursing Home Board of Directors – Term from 12/1/2010 to 11/30/2012
 - Robert Palinkas (*Application To Be Distributed At Meeting*)

X. Finance:

A. Budget Amendments & Transfers

7. Budget Amendment #10-00095 *1
Fund/Dept: 076 Tort Immunity Tax Fund – 075 General County
Increased Appropriations: \$65,000
Increased Revenue: \$0
Reason: Payment of remaining fiscal year 2010 General Corporate work comp payroll premiums.
8. Budget Transfer #10-00010 *2
Fund/Dept: 679 Child Advocacy Center – 179 Child Advocacy Center
Total Amount of Transfer: \$1,050
Reason: This transfer will cover additional IMRF costs which were incurred due to an increase in the IMRF employer contribution rate from 8.48% to 9.92%.

REQUEST FOR BUDGET AMENDMENT

BA NO. 10-00095

FUND 076 TORT IMMUNITY TAX FUND DEPARTMENT 075 GENERAL COUNTY

INCREASED APPROPRIATIONS:

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
076-075-513.04 WORKERS' COMPENSATION INS	623,500	662,181	727,181	65,000
TOTALS	623,500	662,181	727,181	65,000

INCREASED REVENUE BUDGET:

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
None: from Fund Balance				
TOTALS	0	0	0	0

EXPLANATION: PAYMENT OF REMAINING FISCAL YEAR 2010 GENERAL CORPORATE WORK COMP PAYROLL PREMIUMS.

DATE SUBMITTED: <p align="center">11-5-10</p>	AUTHORIZED SIGNATURE <p align="center"><i>Debra L. Budy</i></p>	** PLEASE SIGN IN BLUE INK **
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APPROVED BY BUDGET & FINANCE COMMITTEE: _____ DATE: _____

REQUEST FOR BUDGET TRANSFER
NEEDING CHAMPAIGN COUNTY BOARD APPROVAL

BT NO. 10-00010

FUND 679 CHILD ADVOCACY CENTER

DEPARTMENT 179 CHILD ADVOCACY CENTER

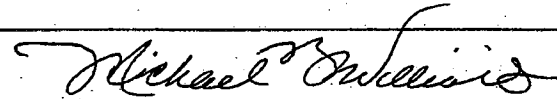
TO LINE ITEM:

FROM LINE ITEM:

NUMBER/TITLE	\$ AMOUNT	NUMBER/TITLE
679-179-513.02 IMRF - EMPLOYER COST	1,050.	679-179-533.07 PROFESSIONAL SERVICES

EXPLANATION: THIS TRANSFER WILL COVER ADDITIONAL IMRF COSTS WHICH WERE INCURRED DUE TO AN INCREASE IN THE IMRF EMPLOYER CONTRIBUTION RATE FROM 8.48% TO 9.92%.

DATE SUBMITTED: 11/04/2010



APPROVED BY PARENT COMMITTEE:

DATE: _____

AUTHORIZED SIGNATURE
* PLEASE SIGN IN BLUE INK *

APPROVED BY BUDGET AND FINANCE COMMITTEE:

DATE: _____
