



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 1125 Department Name: Risk Management
 (Please prepare a separate request for each department)

Key Code	Account Name	<u>Increase</u>	<u>Decrease</u>
<u>5300</u>	<u>Professional Services</u>		<u>1200.00</u>
<u>5213</u> <u>5210</u>	<u>Office Expense</u>	<u>1200.00</u>	
	TOTALS	<u><u>1200.00</u></u>	<u><u>1200.00</u></u>

This budget transfer is necessary to:

Cover MSDS online Safety Tool Kit - 1yr Subscription

Contact Person: Martha Sanchez

Telephone No: 888-0401

Signature of Official/Dept. Head Lance Esswein

Date 3-13-13

Recommended by:
Diana Rosas
County Auditors Office

Date 03/15/13

Budget Change Order 11

Notification of Commissioners Court Action:

Approved by the Commissioner's Court on _____
 Revised & Approved by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

13 MAR 13 PM 2:52

County Auditors Office _____ Date _____

Nueces County Production Budget to Actual Figures

Ledger: GL
Fiscal Year: 2012 As Of: 03/15/2013

Budget: WB

Department 1125 Budget		Title Risk Management	Director Lance C Esswein		
Category Description		Budget	Actual	Encumbrance	Balance
510A	Salary - Dept Head	63,628.00	29,162.43	0.00	34,465.57
511	Salaries - Regular	37,531.00	15,877.18	0.00	21,653.82
514A	Salaries - Longevity	957.00	404.80	0.00	552.20
515	Employee Benefits	30,203.00	15,278.84	0.00	14,924.16
518	Other Personnel Expense	2,880.00	1,320.00	0.00	1,560.00
521	Office Expense & Supplies	8,857.00	7,456.35	1,417.50	(16.85)
523	Telephone & Utilities	0.00	354.54	0.00	(354.54)
524	Maint & Repair - Equip & Veh	200.00	0.00	0.00	200.00
530	Professional Services	13,200.00	0.00	9,074.00	4,126.00
541	Other Services & Charges	500.00	140.00	0.00	360.00
551	Other Expense	3,650.00	1,520.80	0.00	2,129.20
554	Travel	3,900.00	142.58	0.00	3,757.42
		** Sub - Total Expense Accounts **			
		165,506.00	71,657.52	10,491.50	83,356.98



Nueces County, Texas
Budget Transfer Form

FY12/13

The Honorable Commissioner's Court

Please approve the following budget transfer request for:

Department No. 1280 Dept Name
 (Please prepare a separate request for each department)

General Employee Benefits

Budget Category	Account Name	Increase To	Decrease From
5455	Services Other		5,340
5305	Administrative & Consultant Fees	5,340	
Totals		5,340	5,340

This budget transfer is necessary to:

- Cover outstanding purchase orders **PO#330386**
- To balance line item categories
- To cover temporary employees
- Other Wage Works - FSA (Flex Savings Account) admin and compliance fee.

Discussion:

Julie Guend

Signature of Official/Dept. Head

March 12, 2013

Date

Recommended by:

Diana Rojas

County Auditors Office

03/15/13

Budget Change Order #

11

Notification of Commissioners Court Action

Approved by the Commissioner's Court on _____
 Revised by the Commissioner's Court on _____
 Disapproved by the Commissioner's Court on _____

County Auditors Office

13 MAR 14 PM 3:38

**Appendix C
Fee Schedule**

In accordance with the attached Reimbursement Services Agreement, the services provided pursuant to this Agreement are subject to the Service Fee described in this Fee Schedule. To the extent this Appendix conflicts with the Agreement, the Agreement shall control.

1. Service Fee.

a) The Service Fee shall be based on:

- (1) The Employee Count (defined below); and
- (2) The number of Participants with Consumer Directed Benefit Accounts* (listed in the Rate Table below), enrolled at the beginning of the plan year for which services are rendered.

b) Employee Count.

- (1) The number of eligible employees (the "Employee Count") is the factor that determines the Employer's monthly fee rate per Participant in the Plan (the "Fee Rate") under this Agreement. For purposes of this Appendix C, the term "eligible employees" includes all the Employer's employees who may participate in the benefits offered under the Employer's Flexible Benefit Plan.
- (2) The Employee Count on record for the Employer for the Initial Term of this Agreement is 1,359. By executing this Agreement, the Employer certifies that the Employee Count listed above either (i) reflects the actual number of Employer's eligible employees, or (ii) falls within the same Employee Count range (see the Rate Table in Section 2 for the ranges) in which the actual number of Employer's eligible employees falls. If no Employee Count is on record for the Employer, WageWorks will assume the Employer's Employee Count falls within the range of 1-50. Upon each Renewal Date of this Agreement, the Employer agrees to verify and update the Employee Count accordingly. Failure to do so will result in WageWorks assuming the Employee Count range of 1-50 applies and will use the applicable Fee Rate to calculate the Per Participant, Per Month Fee for the renewal Plan year. WageWorks will adjust the assessed Fee Rate for changes in the Employee Count only upon each subsequent Plan year for which this Agreement is renewed, unless otherwise mutually agreed upon by both WageWorks and the Employer.

c) Additional Service Fees: (1) For each participant account requiring an adjustment in the event that an eligibility change is NOT received by WageWorks at least five (5) business days prior to the affected payroll date, a fee of \$25 will be charged. (2) Custom reports, research requests, and special reconciliations will be billed at \$50 per hour. A quote will be provided after report requirements are defined.

d) The Monthly Service Fee is calculated as follows: Using the Rate Table below, the total monthly fees for administration will be based on the number of participants enrolled at the beginning of each Plan year times the Per Participant, Per Month Fee plus the Monthly Compliance Fee. The Total Monthly Fee will remain constant for the year unless there is a 10% or greater increase in the number of participants. Additional Service Fees will be added to the Total Monthly Service Fee.

e) Set-up Fee. The Set-Up Fee shall be as set forth in the Rate Table below that corresponds to the Employer's Employee Count.

2. Rate Table.

a) Consumer-Directed Benefit Accounts* (FSA, LPFSA, DCFSA, HSA, Transit, Parking)

No. of Eligibles	New Employer Setup Fee	Employer Monthly Compliance Fee	Per Participant, Per Month Fee
1 to 200	-0-	\$50	\$5.25
201 to 500	-0-	\$50	\$4.75
501 to 1,000	-0-	\$50	\$4.25
1,001+	-0-	\$50	\$3.95

b) Consumer-Directed Benefit Accounts (HSA Only)

No. of Eligibles	New Employer Setup Fee	Employer Monthly Compliance Fee	Per Participant, Per Month Fee
1 or more	-0-	\$50	\$1.90



**Nueces County Production
PURCHASE ORDER STATUS INQUIRY**

Report Date: 03/12/2013

MASTER INFORMATION

PR Number R136361 **PO Number** 330386 **Vendor ID** V33638 **Vendor Name** WageWorks, Inc

Open Order

Address: PR 1100 Park Place, 4th Floor
SAN MATEO, CA 94403

PO Total Amount: 5,340.00

Confirm: Requested by: LAD/Auditors
Account: Approved by: bsinuc
Bid: Printed by: DEBROMO
Contract: PO Type: P
Ship To: EN Flag: Y
Bill To: NC1250 Sec Cd: AUD
End Use:

Blanket Number: **Req. Dt:** 12/13/2012
Blanket Amount: ,000 **Apr Dt:** 03/01/2013
Blanket Remaining: ,000 **Print Dt:** 2013/03/01
Entry Dt: 12/13/2012
Expr Dt: 09/30/2013

Req. Codes
PA

Buyer:

ITEMS

Item	Unit Price	Key	Object	Tax1	Discount	Extended	Catalog	F/A	Print
Qty Ordered	UN			Tax2	Charges	Work Order	Ship To	Whse	Chg
FSA Monthly Admin Fee									
0001	\$3.95	GL 1280	5305	\$0.00	\$0.00	\$4,740.00		N	Y
1,200	EA			\$0.00	\$0.00				
Flex Plan Compliance Fee									
0002	\$50.00	GL 1280	5305	\$0.00	\$0.00	\$600.00		N	
12	EA			\$0.00	\$0.00				
						\$5,340.00			

*100 employees
@ \$3.95
= \$395 mthly
* 12 mths
Jcm*

ENCUMBRANCES

Item #	PR Number	Batch ID	Key	Object	Post Date	EN Amount	PD Amount	Balance	Tp
FSA Monthly Admin Fee									
0001	R136361	PO	GL 1280	5305	03/01/13	\$4,740.00	\$0.00	\$4,740.00	EN
Flex Plan Compliance Fee									
0002	R136361	PO	GL 1280	5305	03/01/13	\$600.00	\$0.00	\$600.00	EN
					PO Balance:	\$5,340.00	\$0.00	\$5,340.00	

RECEIVING DETAIL

There is no receiving activity for this purchase order

OPEN HOLD ACTIVITY

There is no invoice or payment activity for this purchase order

SORT ORDER: Key within Budg Cat within Dept within Off/Dept

SELECT Department Code: 1280
 BUDGET: Working Budget

Pg. Dept Dept Title Function Code Dept Director
 =====
 1 1280 Employees' Benefits General Fund/Comm Crt 11 Julie Guerra
 ===== The Fiscal Yr is ALL over

Key	Key	Description	Acct. Type	Current Budget	Activity Balance	Budget Balance	% of Budget	Note
=====	=====	=====	=====	=====	=====	=====	=====	=====
5154		Unemployment Tax	Expense	11,000.00	0.00			
		Employee Benefits	Revenue	0.00	0.00	0.00		
			Expense	11,000.00	0.00	11,000.00		
			Net	-11,000.00*	0.00*	-11,000.00*		*
5210		Office Expense & Supplies	Expense	750.00	0.00			
		Office Expense & Supplies	Revenue	0.00	0.00	0.00		
			Expense	750.00	0.00	750.00		
			Net	-750.00*	0.00*	-750.00*		*
5302		Education Registration Fees	Expense	41,000.00	11,438.04			
5303		Medical, Dental, Hospital, Lab	Expense	11,000.00	9,580.00			
5306		Empl Evals/Testing	Expense	50,000.00	13,218.25			
5308		Post Accident Screening	Expense	800.00	40.00			
		Professional Services	Revenue	0.00	0.00	0.00		
			Expense	102,800.00	34,276.29	68,523.71	33.3	
			Net	-102,800.00*	-34,276.29*	-68,523.71*	33.3*	
5414		Advertisemnts & Public Notices	Expense	5,000.00	320.97			
5417		Employee Service Awards	Expense	4,000.00	0.00			
5441		Insurance Exp (Self Ins Fund)	Expense	41,276.00	0.00			
5455		Services - Other	Expense	12,000.00	0.00			
		Other Services & Charges	Revenue	0.00	0.00	0.00		
			Expense	62,276.00	320.97	61,955.03	0.5	
			Net	-62,276.00*	-320.97*	-61,955.03*	0.5*	
		** Dept TOTAL **	Expense	176,826.00	34,597.26	142,228.74	19.6	
		** Off/Dept TOTAL **	Expense	176,826.00	34,597.26	142,228.74	19.6	



Nueces County, Texas Budget Transfer Form

The Honorable Commissioner's Court:

Please approve the following budget transfer request for:

Department No. 1590 Department Name: Hilltop Community Center
(Please prepare a separate request for each department)

Key Code	Account Name	Increase	Decrease
5260	Maint & Repair-Bldg & Grounds		540
5680	Fixed Assets under \$5000	540	
TOTALS		<u>540.00</u>	<u>\$ 540.00</u>

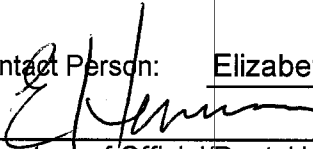
This budget transfer is necessary to:

- (X) Cover outstanding purchase orders
- () To balance line item categories
- () To cover temporary employees
- () Other:

FY 12-13 Budget

Contact Person: Elizabeth Montemayor 

Telephone No: 361-241-3754


Signature of Official/Dept. Head

Date

Recommended by:
Diana Rosar
County Auditors Office

03/15/13
Date

Budget Change Order 11

Notificaton of Commissioners Court Action:

Approved by the Commissioner's Court on _____
Revised & Approved by the Commissioner's Court on _____
Disapproved by the Commissioner's Court on _____

13 MAR -7 AM 9:12
NUECES COUNTY AUDITOR

County Auditors Office _____ Date _____

Nueces County Production Budget to Actual Figures

Ledger: GL
Fiscal Year: 2012 As Of: 03/15/2013

Budget: WB

Department 1590		Title Hilltop Facility	Director Edward G. Herrera		
Budget					
Category	Description	Budget	Actual	Encumbrance	Balance
511	Salaries - Regular	51,295.00	22,265.16	0.00	29,029.84
514A	Salaries - Longevity	1,257.00	273.50	0.00	983.50
515	Employee Benefits	22,974.00	11,131.20	0.00	11,842.80
521	Office Expense & Supplies	2,500.00	520.69	539.98	1,439.33
523	Telephone & Utilities	42,022.00	10,897.38	1,055.82	30,068.80
524	Maint & Repair - Equip & Veh	8,500.00	128.38	0.00	8,371.62
526	Maint & Repair-Bldg & Grounds	29,000.00	3,376.17	2,100.00	23,523.83
541	Other Services & Charges	5,632.00	1,228.09	2,893.36	1,510.55
		** Sub - Total Expense Accounts **			
		163,180.00	49,820.57	6,589.16	106,770.27