

NOV 27 2017

*acknowledged CC*

**REQUEST FOR AGENDA PLACEMENT FORM**

Submission Deadline - Tuesday, 12:00 PM before Court Dates

**SUBMITTED BY:** Bob Barnes      **TODAY'S DATE:** 11/13/17

**DEPARTMENT:** Johnson County CSCD (Adult Probation)

**SIGNATURE OF DEPARTMENT HEAD:**



**REQUESTED AGENDA DATE:** 11/27/17

**SPECIFIC AGENDA WORDING:** Acknowledgement of Statement of Financial Position for Johnson and Somervell Counties CSCD

**PERSON(S) TO PRESENT ITEM:** Bob Barnes or Beth Shastid

**SUPPORT MATERIAL:** (Must enclose supporting documentation) 1 Page

**TIME:** 2 minutes

**ACTION ITEM:** X (New Business)  
WORKSHOP \_\_\_\_\_

(Anticipated # of minutes needed to discuss item) **CONSENT:** \_\_\_\_\_

**EXECUTIVE:** \_\_\_\_\_

**STAFF NOTICE:**

**COUNTY ATTORNEY:** \_\_\_\_\_

**IT DEPARTMENT:** \_\_\_\_\_

**AUDITOR:** X \_\_\_\_\_

**PURCHASING DEPARTMENT:** \_\_\_\_\_

**PERSONNEL:** \_\_\_\_\_

**PUBLIC WORKS:** \_\_\_\_\_

**BUDGET COORDINATOR:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\*

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_

COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF FINANCIAL POSITION**  
**AUGUST 31, 2017**

**CSCD:**

**ASSETS**

CASH	<u>809,803.32</u>	
ACCOUNTS RECEIVABLE		
Supervision Fees	<u>134,747.29</u>	
Due from CJAD		
Other	<u>3,909.00</u>	
TOTAL ASSETS		<u>\$ 948,459.61</u>

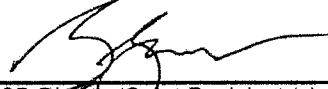

**LIABILITIES**

ACCOUNTS PAYABLE		
Basic Supervision	<u>151,828.79</u>	
Community Corrections	<u>60,488.19</u>	
Diversion Programs	<u>45,417.19</u>	
TAIP		
TOTAL LIABILITIES		<u>\$ 257,734.17</u>

**FUND BALANCES**

Basic Supervision	<u>690,725.44</u>	
Community Corrections	<u>-</u>	
Diversion Programs	<u>-</u>	
TAIP		
TOTAL FUND BALANCES		<u>\$ 690,725.44</u>

TOTAL FUND BALANCES AND LIABILITIES		<u>\$ 948,459.61</u>
-------------------------------------	--	----------------------

	11/21/17
_____ CSCD Director/Grant Recipient (signature)	DATE
	11/21/17
_____ Fiscal Officer (signature)	DATE