

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ GPD _____ Gaston County Police Department
 Dept. Code Department Name

 Chief Joseph Ramey 10/10/2022
 Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-										
Federal Grant Rev: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-410000-G0045										(\$398,348)
Salaries: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510001-G0045										\$160,000
FICA: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510100-G0045										\$12,240
Retirement: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510101-G0045										\$18,224
401K Contribution: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510102-G0045										\$800
Health Insurance: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510103-G0045										\$31,200
Dental Insurance: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510104-G0045										\$702
Life Insurance: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-510105-G0045										\$390
Employee Training: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-520011-G0045										\$1,792
Professional Services: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-530010-G0045										\$30,000
Other Services: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-530015-G0045										\$25,000

JUSTIFICATION FOR REQUEST:

This project will 1) implement a law enforcement assisted diversion program (LEAD); 2) augment treatment and recovery services for individuals who are at high risk for overdose and recidivism and are participants in Recovery Court; and 3) incorporate transitional/recovery housing assistance and certified peer recovery support services into both the LEAD and the Recovery Court programs.

This BCR is for Year 1 only.

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.

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	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-										
Transitional Housing: COSSAP	1000-GPD-000-00000-000000-0000000-0000-02-530053-G0045										\$118,000

^ Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.