

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** Matthew Rhoten, County Manager

**FROM:** HLT Health  
Dept. Code Department Name

Brittain Kenney 02/26/2026  
Department Director Date

**REQUEST TYPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund<br><input type="checkbox"/> Project Transfer Within Department & Fund<br><input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*<br><input checked="" type="checkbox"/> Additional Appropriation of Funds*<br><small>* Requires resolution by the Board of Commissioners</small> |
|---|--|

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td> </tr> <tr> <td>xxxx</td><td>xxx</td><td>xxx</td><td>xxxxx</td><td>xxxxxx</td><td>xxxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxxx</td><td>xxxxx</td> </tr> </table>	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	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx	
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	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000.00 Ex. (\$5,000.00)																														
Fund Balance Appropriated	2055-NDP-000-00000-FBApro-0000000-0000-99-490000-	(\$10,000.00)																														
Other Services	2055-HLT-000-00000-MCDMOB-StratgA-0000-05-530015-	\$10,000.00																														

**JUSTIFICATION FOR REQUEST:**

Gaston County joined the State in the National Opioid Settlement. This BCR appropriates Year 1 \$342,500.00 and Year 2 \$10,000.00 for a total of \$352,500.00 of our allotment for Evidence Based Addiction Treatment. Funds will be awarded to McLeod Centers for Wellbeing to acquire a fully equipped mobile medical unit designed to meet federal and state OTP regulations. The unit will include exam space, private counseling space, diagnostic and wound care equipment, secure dispensing area and storage for medications and harm reduction supplies.

\*\* 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.