

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: Matthew Rhoten, County Manager

FROM: HLT Health
 Dept. Code Department Name
Brittain Kenney 1/28/2025
 Department Director Date

REQUEST TYPE:

- Line-Item Transfer Within Department & Fund
 - Line-Item Transfer Between Funds*
 - Project Transfer Within Department & Fund
 - Additional Appropriation of Funds*
 - Line-Item Transfer Between Departments
- * Requires resolution by the Board of Commissioners

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>xxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxx</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	xxxxxx	xxxx	xx	xxxxxx	xxxxx	Ex. \$5,000.00 Ex. (\$5,000.00)
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. Employee Training	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-																															
Other Grant Revenue	1000-HLT-253-00000-ComDis-AmrLung-0000-05-445006-	(100)																														
Program Supplies	1000-HLT-253-00000-ComDis-AmrLung-0000-05-520002-	100																														

JUSTIFICATION FOR REQUEST:

Gaston County Public Health has received funding from the American Lung Association (ALA) to purchase or provide incentives to ensure treatment completion for tuberculosis (TB) and latent TB infection. Incentives may be used to cover the basic needs of a patient such as food, transportation, purchase of other prescription medication, assistance with utility bills, or other needs identified by the TB nurse. These are non-County funds.

** 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.