GASTON COUNTY
BUDGET CHANGE REQUEST (BCR)

TO: Matthew Rhoten, County Manager

FROM:

EMS	GEMS
Dept. Code	Department Name

Mark Lamphiear	4/8/26
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** Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXX-XXXXX-XXXXXX-XXXXXXX-XXXX-XX-XXXXXX-XXXXX Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-	**AMOUNT**** Ex. ($5,000.00) Ex. $5,000.00
Fund Balance Appropriated	1000-NDP-000-00000-FBApro-0000000-0000-99-490000-	$ (373,980.00)
MCS Separate Directed Payts	1000-EMS-000-00000-000000-0000000-0000-02-410210-22219	$ (86,817.00)
Dues and Subscriptions	1000-EMS-000-00000-000000-0000000-0000-02-520012-22219	$ 460,797.00
		$ -

** 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.

JUSTIFICATION FOR REQUEST:

Appropriate fund balance for excess Medicaid revenue received in FY25 in the amount of $373,980. Appropriate current year revenues received in excess of budget, as of 4/2/26, in the amount of $86,817. Both appropriations will be used to to pay the State for the non federal portion of Medicaid Directed Payment program.