GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim S. Eagle		_COUNTY MANAGER		
FROM:	4370 GEMS				
	Dept. #	Dept. # Department Name			
	Mark Lamphie	ar	10/	12/2021	
•	Department Di	rector's Name		Date	
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners					
			P	CCOUNT NUMBER	AMOUNT
ACCOU	INT DESCRIPTI	ON	Fund - Fund	ction - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX		(See Note Below)
010-02-4370-0000-510001-		Salaries		195,867.00	
010-02-4370-0000-510100-			FICA		17,232.00
010-02-4370-0000-510101-		Retirement		25,566.00	
010-02-4370-0000-510103-			Health Insurance		75,193.00
010-02-4370-0000-510104-			Unemployment Insurance		1,308.00
010-02-4370-0000-510108-			Dental Insurance		1,962.00
010-02-4370-0000-510109-			Life Insurance		1,308.00
010-02-4370-000	10-02-4370-0000-530024- Insul)	13,077.00
010-02-4370-000	4370-0000-520006- Uniforms			10,300.00	
	Ambulance Fees Patient				(186,813.00)
010-02-4372-000	0-02-4372-0000-530040- Rescue Squad Supplements				(155,000.00)
JUSTIFICATION FOR REQUEST:					
10 overhires - EMT Basic for Crowders Mountain coverage					
Funding appropriated from: - Medicaid Cost Report Revenue - \$186,813.00 received in FY22 - Rescue Squad Supplemental Funding - \$155,000 in projected savings from contract 2018-38 for Crowders Mountain FY22 Support					

Note: 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.