

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ BGT _____ Budget & Strategy
 Dept. Code Department Name

_____ Janet Schafer _____ 11/15/22
 Department Director Date

REQUEST TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund
<input type="checkbox"/> Project Transfer Within Department & Fund
<input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*
<input checked="" type="checkbox"/> Additional Appropriation of Funds*
<p style="text-align: right; font-size: small;">* Requires resolution by the Board of Commissioners</p> |
|---|---|

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table><tr><td>4</td><td>3</td><td>3</td><td>5</td><td>6</td><td>7</td><td>4</td><td>2</td><td>6</td><td>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	Whole dollars only
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-	Ex. \$5,000 Ex. (\$5,000)																														
FedGrtRev: 2022 CAC LH Enhncd	1000-CSS-291-29103-000000-0000000-0000-05-410000-G0059	(\$24,924)																														
ProfSvcs: 2022 CAC LH Enhncd	1000-CSS-291-29103-000000-0000000-0000-05-530010-G0059	\$24,924																														

JUSTIFICATION FOR REQUEST:

The Gaston County Child Advocacy Center is fully equipped with a Medical Evaluation room for examinations for child victims. The Lighthouse will contract directly with a certified medical examiner for conducting sexual abuse exams for children. The CME will complete CME's in a child friendly manner that is compliant with NCA Accreditation Standards and CME guidelines. A CME's responsibilities include gathering information from the patient for the medical forensic history; an examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the patient; documentation of findings; information, treatment, and referrals for

** 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.