

Gaston County

Gaston County Board of Commissioners www.gastongov.com

Sheriff's Office

Board Action

File #: 21-297

Commissioner Johnson - Sheriff's Office - To Accept and Appropriate a \$83,000 Donation from CaroMont Health Foundation to the Gaston County Sheriff's Office

STAFF CONTACT

Alan Cloninger - Sheriff - 704-869-6860

BUDGET IMPACT

Appropriate donated revenue. No additional County funds.

BUDGET ORDINANCE IMPACT

Appropriate \$83,000 into Special Programs account FY 22.

BACKGROUND

The Sheriff's Office has received a donation of \$83,000 from the CaroMont Health Foundation for the replacement of AED devices in patrol vehicles. The current G3 AED model is nearing its shelf life and has been replaced with the upgraded G5 model. This Board Action will accept as revenue \$83,000 and appropriate as expenditure into the CaroMont Defibrillator account as requested.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

	. Buff, Clerk t he Board of C			ity Commi		E BELOW TI Nereby cer	HIS LINE tify that the a	1	sa the and correct c	opy of action
NO.	DATE	M 1	M2	CBrown	AFraley	BHovis	KJohnson	TKelgi	her TPhilbeck CRWor	ley Vote
2021-231	08/24/2021	СВ	RW	A	А	Α	А	Α	A	U
DISTRIBL Laserfiche										

	GAS	STON CO	OUNTY BUDG	ET CHAN		Г				
TO:	Dr. Kim S.	Eagle			MANAGER					
FROM:	4315	SHE	RIFF'S OFFICE							
	Dept. #	De	partment Name							
	ALAN CLONING	ER	8	/6/2021						
	Department Direc	tor's Name	9	Date						
TYPE OF REQU	EST:				- A					
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *										
Project T	ransfer Within Departm	ient & Fund		X	Additional Appropriation	on of Funds *				
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners										
			A	CCOUNT NU	IMBER	AMO	OUNT			
ACCO	JNT DESCRIPTION		Fund - Funct	tion - Dept - Divisi	on - Object - Project	Whole D	ollars Only			
(As it ap	pears in the budget)	xxx - xx - xxxx - xxxx - xxxxx - xxxxx			(See No	te Below)			
DONATION: CA	ROMONT HEALT	Ή	010-02-4315-431	010-02-4315-4315-415001-22021			{83,000}			
CAROMONT DE	EFIBRILLATORS		010-02-4315-431	15-560000-2		83,000				
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JUSTIFICATION	•••••	donation	of \$92,000 from t	ha CaroMa	nt Hoalth Foundat	ion for the reales	omont of			
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Note: Decreases in expenditures & increases in revenue accounts require brackets Increases in expenditures & decreases in										

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.