GASTON COUNTY BUDGET CHANGE REQUEST				
TO:	Dr. Kim S. Eagle	COUNTY	MANAGER	
FROM:	ROM: 4370 GEMS			
	Dept. # De	partment Name		
	Chief Mark Lamphiear	11/15/21		
	Department Director's Nam	e 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* <u>* Requires resolution by the Board of Commissioners</u>				
		ACCOUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		xxx - xx - xxxx - xxxx - xxxxx - xxxxx		(See Note Below)
SMAT III / ASPR Grant		010-02-4370-0000-425110-22529		(\$3,500)
F/E<5K: SMAT	<5K: SMAT III/ASPR Grant 010-02-4370-		-22529	\$3,500

JUSTIFICATION FOR REQUEST:

Gaston County Emergency Medical Services received Grant funds from The Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health from NCOEMS. The funds will be used to purchase a Water/Trash Pump and Trench Air Spade. These are Non-County funds.

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.