		GAST	ON COUNT	BUDGET CHANG	E REQUEST	
Dept. # Department Name Alan Cloninger 11/26/21 Department Director's Name Date TYPE OF REQUEST: 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 ACCOUNT NUMBER ACCOUNT DESCRIPTION Fund - Function - Dept - Division - Object - Project Whole Dollars Only (As it appears in the budget) XXX - XXX - XXXX - XXXXX - XXXXX (See Note Below) Fund Balance Appropriated 010-99-9900-0000-490000 {322,000}	TO:	Dr. Kim S. E	agle	COUNTY MANAGER		
Dept. # Department Name Alan Cloninger 11/26/21 Department Director's Name Date TYPE OF REQUEST: 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 ACCOUNT NUMBER ACCOUNT DESCRIPTION Fund - Function - Dept - Division - Object - Project Whole Dollars Only (As it appears in the budget) xxx - xxxxx - xxxxx - xxxxxx - xxxxxx - xxxxxx	FROM:	4315	Sheriff's	Office		
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Project Transfer Within Department & Fund X Additional Appropriation of Funds * * Requires resolution by the Board of Commissioners * Requires resolution by the Board of Commissioners ACCOUNT NUMBER ACCOUNT DESCRIPTION Fund - Function - Dept - Division - Object - Project (As it appears in the budget) ** Whole Dollars Only ** (See Note Below) Fund Balance Appropriated ** Requires resolution by the Board of Commissioners ** AMOUNT ** Fund - Function - Dept - Division - Object - Project ** Whole Dollars Only ** (See Note Below) ** Fund Balance Appropriated ** O10-99-9900-0000-490000 ** (322,000)	TYPE OF REQUE	EST:				
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(As it appears in the budget) xxx - xx - xxxx - xxxxx - xxxxx - xxxxxx				ACCOUNT NUM	BER	AMOUNT
Fund Balance Appropriated 010-99-9900-0000-490000 {322,000}	ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
	(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX		(See Note Below)
Professional Services 010-02-4315-4323-530010 322,000			010-99-			{322,000}
	Professional Services		010-02-	010-02-4315-4323-530010		322,000

JUSTIFICATION FOR REQUEST:

The Gaston County Jail has experienced an exponential increase with inmate off-site medical costs. There have been multiple inmates with hospital stays and inmates with chronic illness in safekeeping at the Central Prison. The budget for safekeeping medical expenses is \$100,000 of which \$95,420 has been expended with \$136,176 outstanding. It is expected the off-site budget for medical expenses (\$175,000) of inmates housed at the Gaston County Jail will be exceeded this fiscal year as well. Presently, \$85,852 has been expended through October 2021 with eight months remaining.

There is no way to predict the type and quantity of injuries and illnesses that will occur. The identified cost drivers are substance abuse and chronic illness. It is estimated the Sheriff's Office will need approximately \$322,000 for off-site medical costs for the remainder of fiscal year 2022.

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.