



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

Sheriff's Office

Board Action

File #: 19-215

Commissioner Worley - Sheriff's Office - Appropriation of Additional Funds to House Inmates Out of County for March & April 2019 (\$35,768)

STAFF CONTACT

Alan Cloninger - Sheriff - 704-869-6860

BUDGET IMPACT

Appropriation from Fund Balance

BUDGET ORDINANCE IMPACT

Appropriate from Fund Balance \$35,768

BACKGROUND

The jail population for March and April 2019 exceeded operational capacity (526) daily. As a result, inmates were shipped to the following counties: Mecklenburg, Polk, and Transylvania. Inmates were housed between 1-30 days. The total cost for March and April is \$35,768. The Sheriff's Office does not have funds allocated for this expense. It is our expectation that additional inmates will have to be shipped until the population subsides or the jail expansion is fulfilled.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request and Housing Invoices

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	JBrown	AFrley	BHovis	TKelgher	TPhilbeck	RWorley	Vote
2019-159	05/28/2019	RW	CB	A	A	A	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 4315 SHERIFF'S OFFICE
Dept. # Department Name

Sheriff Alan Cloninger 5/10/2019
Department Director's Name Date

TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds *

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds *

☐ Line Item Transfer Between Departments *

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	AMOUNT
	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
FUND BALANCE APPROPRIATED INMATES HOUSED OUT OF COUNTY	010-99-9900-0000-490000	{35,768}
	010-02-4315-4323-530015-18126	35,768

JUSTIFICATION FOR REQUEST:

The jail population for March and April 2019 exceeded operational capacity (526) daily. As a result, inmates were shipped to the following counties: Mecklenburg, Polk, and Transylvania. Inmates were housed between 1-30 days. The total cost for March and April is \$35,768. The Sheriff's Office does not have funds allocated for this expense. It is our expectation that additional inmates will have to be shipped until the population subsides or the jail expansion is fulfilled.

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.



Mecklenburg County Sheriff's Office
Sheriff Garry L. McFadden

RECEIVED
APR 17 2019

Initials: AM

Bill To Gaston County Sheriff's Office
ATTN: Accounts Payable
425 Dr. Martin Luther King Jr.
Gastonia, NC 28052

Invoice Date: 4/3/2019
Invoice Number: SHF5607
Agreement Number:
Tax Identification #:
Payment Terms: Due Upon Receipt

Remit To Mecklenburg County Jail - North
5235 Spector Drive
Charlotte, NC 28269
704-336-8100

AMOUNT DUE: **\$8,720.00**

For Billing Questions, please contact Amy Montgomery at
Amy.Montgomery@mecklenburgcountync.gov or 980-314-5505

Services	Quantity	UOM	Unit Amount	Net Amount
Gaston County Billing	218.00	Days	\$40.00	\$8,720.00
March 2019				
TOTAL AMOUNT DUE:				\$8,720.00



Mecklenburg County Sheriff's Office
Sheriff Garry L. McFadden

Bill To Gaston County Sheriff's Office
ATTN: Accounts Payable
425 Dr. Martin Luther King Jr.
Gastonia, NC 28052

Invoice Date: 5/2/2019
Invoice Number: SHF5618
Agreement Number:
Tax Identification #:
Payment Terms: Due Upon Receipt

5-2-19
ph

Remit To Mecklenburg County Jail - North
5235 Spector Drive
Charlotte, NC 28269
704-336-8100

AMOUNT DUE: **\$7,320.00**

For Billing Questions, please contact Amy Montgomery at
Amy.Montgomery@mecklenburgcountync.gov or 980-314-5505

Services	Quantity	UOM	Unit Amount	Net Amount
Gaston County Billing	183.00	Days	\$40.00	\$7,320.00
April 2019				
TOTAL AMOUNT DUE:				\$7,320.00

Transylvania County Detention Center153 Public Safety Way
Brevard, NC 28712**Agency Billing Report**

From: 03/01/2019 to 03/31/2019

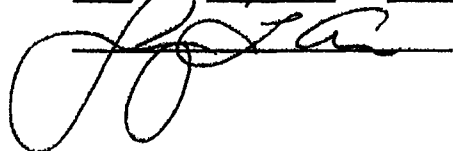
RECEIVED

APR 09 2019

Initial: _____

Bill To: Gaston		Daily Rate: \$40.00			
Name	Booking ID	Admitted	Released	Billed Days	Amount
		03/16/2019	04/01/2019	16	\$640.00
		03/03/2019	03/16/2019	14	\$560.00
		02/24/2019	03/03/2019	3	\$120.00
		03/31/2019	04/05/2019	1	\$40.00
		01/19/2019	04/06/2019	31	\$1,240.00
		01/27/2019	03/03/2019	3	\$120.00
		03/22/2019		10	\$400.00
		03/16/2019	03/22/2019	7	\$280.00
		02/05/2019	03/16/2019	16	\$640.00
		02/09/2019	04/01/2019	31	\$1,240.00
		03/31/2019	04/06/2019	1	\$40.00
		02/24/2019	03/03/2019	3	\$120.00
		03/31/2019		1	\$40.00
		03/03/2019	04/01/2019	29	\$1,160.00
		03/03/2019	03/16/2019	14	\$560.00
		02/09/2019	03/03/2019	3	\$120.00
Totals:				183	\$7,320.00

Examined and certified correct this the

8TH Day of April, 20 19

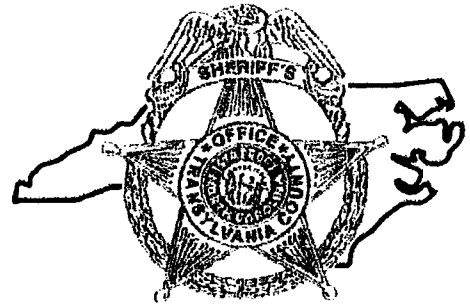
OFFICE OF THE SHERIFF

David A. Mahoney, Sheriff

TRANSYLVANIA COUNTY
153 PUBLIC SAFETY WAY
BREVARD, NC 28712

Telephone 828-884-3168

Fax 828-884-6890



RECEIVED

APR 09 2019

Initial: _____

April 9, 2019

Attached is an invoice for monthly medications for an inmate(s) that we housed for you in the Transylvania County Detention Center. Please remit payment to the Detention Center.

Medication	\$19.30
Medication	\$3.43
Medication	\$5.10
Total	\$ 27.83

Thank you,

Capt. Jeremy Queen

A handwritten signature in black ink, appearing to read "J. Queen", written over a horizontal line.

Jail Administrator



Transylvania County Detention Center

153 Public Safety Way

Brevard, NC 28712

Agency Billing Report

From: 04/01/2019 to 04/30/2019

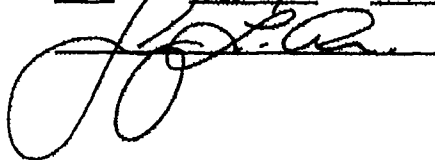
Bill To: Gaston

Daily Rate: \$40.00

Name	Booking ID	Admitted	Released	Billed Days	Amount
		03/16/2019	04/01/2019	1	\$40.00
		04/21/2019		10	\$400.00
		04/28/2019		3	\$120.00
		04/28/2019		3	\$120.00
		03/31/2019	04/05/2019	5	\$200.00
		01/19/2019	04/06/2019	6	\$240.00
		03/22/2019	04/14/2019	14	\$560.00
		04/28/2019		3	\$120.00
		04/28/2019		3	\$120.00
		04/28/2019		3	\$120.00
		02/09/2019	04/01/2019	1	\$40.00
		03/31/2019	04/06/2019	6	\$240.00
		04/28/2019		3	\$120.00
		04/28/2019		3	\$120.00
		04/21/2019	04/28/2019	8	\$320.00
		04/07/2019	04/28/2019	22	\$880.00
		04/21/2019	04/28/2019	8	\$320.00
		03/31/2019		30	\$1,200.00
		03/03/2019	04/01/2019	1	\$40.00
		04/06/2019	04/21/2019	16	\$640.00
		04/28/2019		3	\$120.00
Totals:				152	\$6,080.00

Examined and certified correct this the

1st Day of May, 20 19



Polk County Sheriff's Office164 Government Complex Dr.
Columbus, NC 28722**Agency Billing Report**

From: 04/01/2019 to 04/30/2019

Bill To: Gaston		Daily Rate: \$45.00			
Name	Booking ID	Admitted	Released	Billed Days	Amount
		04/17/2019		14	\$630.00
		04/17/2019		14	\$630.00
		04/17/2019	04/27/2019	11	\$495.00
		04/17/2019	04/27/2019	11	\$495.00
		04/17/2019		14	\$630.00
		04/17/2019	04/27/2019	11	\$495.00
		04/28/2019		3	\$135.00
		04/17/2019		14	\$630.00
		04/17/2019		14	\$630.00
		04/17/2019		14	\$630.00
		04/28/2019		3	\$135.00
		04/28/2019		3	\$135.00
		04/17/2019		14	\$630.00
Totals:				140	\$6,300.00

Examined and certified correct this the

2nd Day of May, 20 19