

## **Gaston County**

Gaston County Board of Commissioners www.gastongov.com

# Gaston Emergency Medical Services (GEMS)

### **Board Action**

File #: 18-265

Commissioner Fraley - GEMS - Accept and Appropriate Funds from Partners and from Donations (\$11,749)

#### STAFF CONTACT

Mark Lamphiear - EMS - 704-866-3202

#### **BUDGET IMPACT**

Accept and appropriate one-time funds from Partners and donated funds. No additional County funds.

#### **BUDGET ORDINANCE IMPACT**

Increase miscellaneous revenue by \$11,748.60 and appropriate \$11,748.60 to training.

#### **BACKGROUND**

Partners Behavioral Health Management allocated funds to GEMS to help with training in Community Paramedicine, a new and evolving aspect of Emergency Medical Services. In addition, donated funds were received.

#### POLICY IMPACT

No policy impact or obligation to provide any particular services.

#### **ATTACHMENTS**

**Budget Change Request** 

#### DO NOT TYPE BELOW THIS LINE I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is attrue taken by the Board of Commissioners as follows: Keigher Grant NO. DATE M1 M2 Brown Fralev Α 2018-186 07/24/2018 TP RW AB Α **DISTRIBUTION:** Laserfiche Users

	GASTON COUNTY	BUDGET CHAN	GE REQUEST	
TO: <u> </u>	TO: Earl Mathers		MANAGER	
FROM: 4370	Emergency Medica	al Services		
Dept.				
·	·			
Mark A. L. Departme	ampniear nt Director's Signature	7-6-2018 Date		
Departine	nt Director 3 Oignature	Date		
TYPE OF REQUEST:				Miles. Services
Line Item Transfer Within Department & Fund		Liı	ne Item Transfer Between	Funds *
Project Transfer Within Department & Fund X		X A	Additional Appropriation of Funds *	
Line Item Transfer Bet	ween Departments*	<u>* R</u>	equires resolution by the E	loard of Commissioners
		Resolution	Dution # Date	
	ACCOUN	NT NUMBER	PROJECT	AMOUNT
ACCOUNT DESCRIPT	ION Fund - Dept - Subde	ept - Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the bu		x - xxxx - xxx - xxx	xxxxx - xxxx	(See Note Below)
Miscellaneous Revenue	010-02-4370-00	00-415000		(\$ 11,749.00)
Training	010-02-4370-000	00-520011		\$ 11,749.00
Paramedicine, a new and	EST:  th Management allocated is evolving aspect of Emerge additional training programs.			
APPROVAL SIGNATURES	S:			
County Manager/Assistant County Manager Date Finance Director/Budget Administrator Date			Date	
Note: Decreases in expendit revenue do not require bracke	tures & increases in revenue ets. Please note that transfers	accounts require brace between funds require	ckets. Increases in ex interfund transfer accou	penditures & decreases in ints.