

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** Matthew Rhoten, County Manager

**FROM:** HLT Health  
 Dept. Code Department Name  
Brittain Kenney 12/09/2025  
 Department Director Date

**REQUEST TYPE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund | <input type="checkbox"/> Line-Item Transfer Between Funds*             |
| <input type="checkbox"/> Project Transfer Within Department & Fund   | <input checked="" type="checkbox"/> Additional Appropriation of Funds* |
| <input type="checkbox"/> Line-Item Transfer Between Departments      | * Requires resolution by the Board of Commissioners                    |

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td> </tr> <tr> <td>xxxx</td><td>xxx</td><td>xxx</td><td>xxxxx</td><td>xxxxxx</td><td>xxxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxxx</td><td>xxxxx</td> </tr> </table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx	
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000.00 Ex. (\$5,000.00)																														
Fund Balance Appropriated	2055-NDP-000-00000-FBApro-0000000-0000-99-490000-	(54,473.30)																														
Other Services	2055-HLT-000-00000-NalKit-Stratg7-0000-05-530015-	54,473.00																														

**JUSTIFICATION FOR REQUEST:**

Gaston County joined the State in the National Opioid Settlement. This BCR appropriates Year 2 \$54,473.30 /Project Total \$160,919.70 of our allotment for Naloxone Distribution for Gaston County residents at Kintegra Health. Funds will be used to expand access to Naloxone (nasal spray) distribution for residents of Gaston County by way of distribution in primary care and outpatient behavioral health. Kintegra will utilize educational materials in the primary care and outpatient offices which will reach all patients by way of visual representation. Year 2 \$54,473.30 (July 1st, 2026 - June 30, 2027).

\*\* Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.