GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim S. Eagle		COUNTY MANAGER		
FROM:	5100	DHHS	- Public Health		
	Dept. # Department Na		rtment Name	•	
Steve Eaton			2/23/21		
	Department Directo	r's Name	Date	•	
TYPE OF REQUI	EST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item	ı Transfer Between Depa	rtments*		* Requires resolution by th	ne Board of Commissioners
			ACCOUNT N	NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)
Fund Balance Appropriated		0.	011-99-9900-0000-490000-		(\$31,181)
FY20 EH Excess Fee Revenue			011-05-5114-5125-560000-21020		\$27,115
FY20 Excess ICS Fee Revenue			011-05-5116-5131-560000-21021		\$4,066
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JUSTIFICATION FOR REQUEST:

During Fiscal Year 2020, Excess Fee Revenue was generated by the Public Health clinics and Environmental Health Program through Medicaid, Medicare, Insurance, Patient, and Permit Fees. Excess Fee Revenue is recognized when the amount of fees received exceed the fiscal year budgeted amount. In Accordance with the Consolidated Agreement between the Gaston County Public Health Department and the State of North Carolina, all excess fee revenue earned must be budgeted and spent in the program that earned the revenue and locally appropriated funds may not be supplanted by earned revenues from persons, public, or private third party payors. The funds will be used for patient clinical and Environmental Health operating expenses. 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.