

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 4521 DHHS-Access

Dept. # Department Name

Angela Karchmer 1/25/2022

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)
Medicaid Transportation-Federal	010-01-4521-0000-425005-	(\$117,000)
Medicaid Transportation-State	010-01-4521-0000-425060-	(\$58,000)
Transportation of Clients	010-01-4521-0000-560001-	\$175,000

JUSTIFICATION FOR REQUEST:

The Community Transportation Program (ACCESS) has experienced an increase in demand for Stretcher services provided by GEMS in FY21-22. In order to cover the additional expenses, we are requesting to appropriate additional funds that are reimbursed at 100% from Federal and State revenues. Therefore, we would like to appropriate \$175,000 for additional transportation services. No additional County funds required.

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.