



# Gaston County Fire Commission



## CERTIFICATE OF NEED APPLICATION

### Fire Department

---

**Name**

East Gaston Volunteer Fire Department

**Address**

108 Arrochem Way, P.O. Box 288, Mount Holly, North Carolina 28120

**Chief**

Corey Jonas

**Contact Phone #**

(704) 616-0418

**Board President**

James Jonas

**Contact Phone #**

(704) 813-4832

**Fire Department Board Approval / Notification**

Yes

**General Description of Purchase**

Requesting funding the was included but not calculated in overall budget total, subsequently leaving both insurance lines (226 & 227) unfunded. These lines total \$26,000. This budget miscalculation has required to department to fund these must pay bills from other line items and placed an undue financial burden on the department. I would like to request fund balance monies to fund these to insurance lines and offset the burden that has been placed on my department.

**Time Line of Purchase**

N/A

**List Specifics of Purchase**

N/A

**Estimated Cost**

\$26,000.00

### Financing Information

---

**Lender**

N/A

**Amount Financed**

\$0.00

**Rate**

0

**Estimated Amount**

\$0.00

**Number of Payments**

0

**Down Payment Amount**

\$0.00

**Debt Ratio-Current / Post Purchase**

0

**Any Re-Financing or Bundling**

No

**If Yes, then Describe**

**How Will Purchase Benefit the Department (Safety/ISO/Cost Savings, etc)**

N/A

**How Will Purchase be Funded (Long Term - NOT Just Current Year)**

N/A

**If Purchase is NOT Approved for Funding, Describe Department Alternatives**

N/A

**Is This a Replacement?**

No

**If Yes, List Details (Make, Model, Years of Service, Remaining Balance, etc.)**

**What Will Become of Old Apparatus / Equipment?**

**Submit your last three 5-Year Capital Improvement Plans:**

**5-year Plan**

25-26 CIP.docx

**5-year Plan #2 (optional)**

**5-year Plan #3 (optional)**

**Account Balances:**

**Checking**  
\$55,142.26

**CD**

**Savings**  
\$1,359.59

**Relief Fund**  
\$78,636.13

**Other**

**Other**

**UPLOAD FILE(S)**

**Item 1**

Upload Files

**STAFF ONLY**

---

Received By (OEMFS Director):

---

Fire Commission Meeting Date:

---

Gaston County BOC Meeting Date:

---

Date:

---

APPROVED NOT  
APPROVED

APPROVED NOT  
APPROVED

**Certificate Number**

2025902-35