



Gaston County

Gaston County
Board of Commissioners
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Finance Board Action

File #: 16-406

Commissioner Carpenter - To Correct Budget Change Request Adopted Via Resolution 2016-196 for Public Health Facility Clinical Renovation Project and Budget Change Request Adopted Via Resolution 2016-210 for Drug Diversion and Treatment Program at Belmont Abbey (Administrative Correction)

STAFF CONTACT

Tonya Frye - Financial Operations Manager - Finance - 704-866-3032

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

Resolutions 2016-196 and 2016-210 were approved at the 7/28/2016 BOC meeting. Both resolutions appropriated revenues received in prior fiscal years out of fund balance. The fund balance account listed on both Budget Change Requests was a balance sheet account and not the fund balance appropriated revenue account. See attached corrected Budget Change Requests.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Requests

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Carpenter	Fraleigh	Kelgher	Philbeck	Price	Williams	Vote
2016-231	08/23/2016	AF	JC	AB	A	A	A	A	AB	A	U

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GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 5100 DHHS- Public Health
 Dept. # Department Name

 Department Director's Signature Date

TYPE OF REQUEST:

- | | |
|--|---|
| <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 |

Resolution #	Date
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ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER <small>Fund - Dept - Subdept - Div - Acct - Subacct</small> <small>xx - xxxx - xxxx - xxxx - xxx - xxx</small>	PROJECT SUBPROJECT <small>xxxxx - xxx</small>	AMOUNT Whole Dollars Only (See Note Below)
Fund Balance Appropriated	11-9900-991-500		(\$130,000)
Special Programs	11-5100-5111-298-000	16279-0001	\$130,000

JUSTIFICATION FOR REQUEST:

The Gaston County Board of Commissioners appropriated \$130,000 in Medicaid Cost Settlement funds for the Public Health Department's Hudson facility clinical and patient area renovation project through Board Action 2016-138 on May 24, 2016. These funds need to be carried forward for completion of the contract for the renovation project. These are non-County funds. ADMIN CORRECTION TO BCR: Adopted Via Resolution 2016-196 on 7/28/2016 -This action appropriated revenues received in a prior fiscal year out of fund balance. The fund balance account listed on the Budget Change Request was a balance sheet account and not the fund balance appropriated revenue account.

APPROVAL SIGNATURES:

 County Manager/Interim Assistant County Manager Date

 Financial Operations Manager/Asst. Financial Operations Mgr. Date

 Interim Budget Administrator Date

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.

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 4310 County Police
 Dept. # Department Name

 Department Director's Signature Date

TYPE OF REQUEST:

- | | |
|--|---|
| <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 |

Resolution #	Date
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ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER <small>Fund - Dept - Subdept - Div - Acct - Subacct</small> xx - xxxx - xxxx - xxxx - xxx - xxx	PROJECT SUBPROJECT xxxxx - xxx	AMOUNT Whole Dollars Only (See Note Below)
Fund Balance Appropriated	26-9900-991-500		(\$165,000)
Controlled Substance Abuse Tax	26-4310-4310-511-002	50112-0001	\$165,000

JUSTIFICATION FOR REQUEST:

ADMINISTRATIVE CORRECTION TO BCR: Adopted Via Resolution 2016-210 on 7/28/2016 – Police Department - Drug Diversion and Treatment Program at Belmont Abbey. This action appropriated revenues received in a prior fiscal year out of fund balance. The fund balance account listed on the Budget Change Request was a balance sheet account and not the fund balance appropriated revenue account.

APPROVAL SIGNATURES:

 County Manager/Interim Assistant County Manager Date

 Financial Operations Manager/Asst. Financial Operations Mgr. Date

 Interim Budget Administrator Date

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.