

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: Matthew Rhoten, County Manager

FROM: HLT DHHS - Public Health
Dept. Code Department Name

Brittain Kenney 9/23/2025
Department Director Date

REQUEST TYPE:

- ☐ 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 Munis	ACCOUNT NUMBER										AMOUNT**
	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	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										Ex. \$5,000.00 Ex. (\$5,000.00)
Software Rntl-Communicable Dis	1000-HLT-253-00000-ComDis-0000000-0000-05-530029-GCOMD										\$6,000
FederalGrntRev-CommunicableDis	1000-HLT-253-00000-ComDis-0000000-0000-05-410000-GCOMD										(\$6,000)

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division was awarded Federal Grant funds in the amount of \$6,000 from the NC Department of Health and Human Services – Epidemiology Section/Communicable Disease Branch for any configuration costs incurred from CureMD to connect the Electronic Test Orders and Results (ETOR) system implemented by the State Lab. 510 General Communicable Disease Control Agreement Addendum Revision #1. Service period of award: 6/1/2025 – 5/31/2026. These are non-County funds.

** 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.