	GAS	STON C	OUNTY BUD	GET CHANGE F	REQUEST	
TO:	Dr. Kim S. Eagle		COUNTY MANAGER			
EDOM:	FROM: 4370		GEMS			
FROW.			partment Name			
				10/21/20		
Department Director's Name		e	Date			
TYPE OF REQUE	EST:					
Line Item	Transfer Within Depart	ment & Fun	Line Item Transfer Between Funds *			
Project Tr	ransfer Within Departm	ent & Fund		X Addition	nal Appropriation of F	runds *
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioner						oard of Commissioners
				ACCOUNT 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)	
FY20 Homeland Security Grant			010-02-4370-0000-420000-21569		(\$25,000)	
F/E<5K: FY20 Homeland Security			010-02-4370-0000-540001-21569			\$2,500
Vehicles: FY20 Homeland Security		010-02-4370-0000-540003-21569		\$22,500		
JUSTIFICATION	FOR REQUEST:					
Gaston County Emergency Medical Services received Grant funds from the North Carolina Emergency Management						
(NCEM). These funds will be used for an all-terrain specialized vehicle package (ATV- \$22,500) with trailer (\$2,500) for						
the use of CBRNE, Haz-Mat incidents, natural, and man-made disasters. The vehicle would provide capability of						
reaching people and transporting equipment and personnel in rugged terrain These are Non-County funds.						
Note: Decreases	in expenditures & i	ncreases	in revenue accou	nts require brackets	. Increases in ex	penditures & decreases in
				en funds require inter		