

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ EMS _____ GEMS _____
Dept. Code Department Name

_____ Mark Lamphiear _____ 5/16/23
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	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. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										
FedGrtRev-NCOEMS/HHP Grt	4000-EMS-000-00000-000000-0000000-0000-02-410000-G0033										(\$31,352.95)
Transfer to Gen Govt Capital	4000-NDP-000-00000-TrfxTo-0000000-0000-98-584005										\$31,352.95
Transfer from CIF	4005-NDP-000-00000-TrfxFr-0000000-0000-98-484000										(\$31,352.95)
F/E>\$5k - NCOEMS/HHP Grant	4005-EMS-000-00000-000000-0000000-0000-02-540002-G0033										\$31,352.95

JUSTIFICATION FOR REQUEST:

To accept and appropriate funds from Metrolina Healthcare Preparedness Coalition Partnership to purchase three heating and cooling units for DLX X40 shelters.

** 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.