GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO:		Dr. Kim S. Eagle							COUNTY MANAGER			
FROM:	SHF	SHF SHERIFF'S OFFICE										
	Dept. Code	ept. Code Department Name										
		CHAD E. HAWKINS					4/8/2024					
	De	Department Director					Date					
REQUEST TYPE:												
Line-Item Transfe							_ 				veen Funds*	
Project Transfer \	Within Depart	tment &	Fund	b		\checkmark	Add	ditional	l Appro	priation	of Funds*	
Line-Item Transfe	er Between D	epartm	ents				* Re	quires r	esolutio	n by the E	Board of Commissioners	
ACCOUNT DESCRIPTION		ACCOUNT I					NUMBER				AMOUNT**	
As it appears in Munis	4	3	3	5	6	7	4	2	6	5	Whole dollars only	
Ex. Employee Training	Fund XXXX	xxx . 1000-B	XXX	SubDiv XXXXX	Prog XXXXXX	SubProg XXXXXX	XXXX	XX	XXXXXX	Proj XXXXX	Ex. \$5,000 Ex. (\$5,000)	
		. 1000-6										
Fund Balance Appropriated	1000-NDF	P-000-00	(320,000)									
Professional Services 1000-SHF-210-00000-000000-000000-0000-02-530010-									320,000			

JUSTIFICATION FOR REQUEST:

The Sheriff's Office has exceeded its inmate off-site medical budget (\$500,000) for fiscal year 2024. Expenditures through February 2024 total \$576,085.92. There were multiple hospitalizations that occurred in January that resulted in the largest expenditures. The identified cost drivers are substance abuse and chronic illness. It is estimated the Sheriff's Office will need approximately \$320,000 for off-site medical costs through June 30, 2024.

^{**} 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.