

# 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*	<u>* Requires resolution by the Board of Commissioners</u>	

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	PROJECT	AMOUNT
	Fund - Dept - Subdept - Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only
	xx - xxxx - xxxx - xxxx - xxx - xxx	xxxxx - xxxx	(See Note Below)
Medicaid Max Reserve	11-2900-23		(\$130,000)
Special Programs	11-5100-5111-298-000	16279-0001	\$130,000

**JUSTIFICATION FOR REQUEST:**

The Gaston County Department of Health and Human Services – Public Health Division received funds for the Medicaid Cost Settlement audit. These funds are required in the NC State Consolidated Agreement and Medicaid guidelines to be utilized in the area in which they were earned. These funds are needed for the Hudson facility clinical and patient area renovation project. These are non-County funds.

**APPROVAL SIGNATURES:**

County Manager/Assistant County Manager      Date

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Assistant Finance Director 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.