

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 5400 DHHS- Social Services
Dept. # Department Name

Department Director's Signature Date

TYPE OF REQUEST:

☐ 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

Resolution #

Date

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund - Dept - Subdept - Div - Acct - Subacct xx - xxxx - xxxx - xxxx - xxx - xxx	PROJECT SUBPROJECT xxxxx - xxxx	AMOUNT Whole Dollars Only (See Note Below)
Medicaid Transportation-Fed	20-5400-5451-220-508		(57,000)
Medicaid Transportation-State	20-5400-5451-320-508		(28,000)
Medicaid Transportation	20-5400-5451-315-010		85,000

JUSTIFICATION FOR REQUEST:

The Medicaid Transportation Program has experienced an increase in demand for services in FY16-17. The average monthly cost in FY15-16 was \$70,000. The average monthly cost in FY16-17 has been \$85,000. Due to this increase, we are asking to appropriate additional revenues to cover the additional expenses. We are requesting to appropriate \$85,000 of the Federal and State revenues received over and above the amount that was budgeted, in order to cover the cost for the remainder of this fiscal year. (Federal 67%, State 33%, County 0%)

APPROVAL SIGNATURES:

County Manager/Interim Assistant County Manager Date

Financial Operations Manager/Asst. Financial Operations Mgr. Date

Interim Budget Administrator 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.