



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Social Services Division

Board Action

File #: 17-117

Commissioner Brown - DHHS (ACCESS) - To Accept and Appropriate Received Revenue Over the Amount Budgeted for the ACCESS Community Transportation Department (\$175,000)

STAFF CONTACT

Angela Karchmer- DHHS- Social Services Division Director - 704-862-7930

BUDGET IMPACT

Appropriate Federal and State revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Increase the revenue account labeled Departmental Chargebacks, which are revenues received for Medicaid Transportation services, within the ACCESS Transportation budget in the amount of \$175,000 and appropriate \$175,000 into the Transportation of Clients account.

BACKGROUND

The Community Transportation Program (ACCESS) has experienced an increase in demand for services in FY16-17. Due to this increase, the department has used several contracted providers to assist in meeting the demands, such as American Alternatives, Carolina Specialty Transport and GEMS. In order to cover the additional expenses, we are requesting to appropriate some of the funds from the Departmental Chargebacks account, which are additional revenues received over and above the amount that was budgeted. The Departmental Chargeback account is projecting to have an excess in revenues of \$450,000. Therefore, we would like to appropriate \$175,000 for additional transportation.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Fraley	Grant	Hovis	Kelgher	Philbeck	Worley	Vote
2017-107	04/25/2017	RW	DG	A	A	A	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM:	4521	DHHS- Social Services
	Dept. #	Department Name

Department Director's Signature	Date
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TYPE OF REQUEST:

X	Line Item Transfer Within Department & Fund
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☐ 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 - xxx	AMOUNT Whole Dollars Only (See Note Below)
Transportation of Clients	10-4520-4521-315-000		175,000
Departmental Chargebacks	10-4520-4521-497-000		(175,000)

JUSTIFICATION FOR REQUEST:

The Community Transportation Program (ACCESS) has experienced an increase in demand for services in FY16-17. Due to this increase, the department has used several contracted providers to assist in meeting the demands, such as American Alternatives, Carolina Specialty and GEMS. In order to cover the additional expenses, we are requesting to appropriate some of the funds from the Departmental Chargebacks account, which are additional revenues received over and above the amount that was budgeted. The Departmental Chargeback account is projecting to have an excess in revenues of \$450,000. Therefore, we would like to appropriate \$175,000 for additional transportation.

APPROVAL SIGNATURES:

County Manager/Interim Assistant County Manager	Date
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Financial Operations Manager/Asst. Financial Operations Mgr.	Date
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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.