

Gaston County

Gaston County Board of Commissioners www.gastongov.com

Animal Care and Enforcement

Board Action

File #: 18-225

Commissioner Hovis - Animal Care and Enforcement - To Accept and Appropriate Donation Funds to Assist in the Medical Care of Shelter Pets (**\$942**)

STAFF CONTACT

Kristine Blankenship, DVM - Animal Care and Enforcement Director

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

Money received in donations earmarked by donor for the medical care program are required to be transferred from the revenue fund to the expenditure fund. GCACE would like the donations (\$942) to be appropriated to the current fiscal year 17-18 into the Medical Care account to provide funding to care for shelter pets in need of extra medical care.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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				C	O NOT TYPI	E BELOW TH	IIS LINE					
	. Buff, Clerk f he Board of C					hereby cert	tify that the	above is a		rectropy of act	ion	
NO.	DATE	M 1	M 2	Brown	Fraley	Grant	Hovis	Keigher	Philpec	Worley. Vol	e	
2018-154	06/26/2018	тк	DG	Α	Α	A	Α	Α	AB	A U	-	
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Laserfiche	e Users											

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GASTON COUNTY BUDGET CHANGE REQUEST												
то:	Earl Mather	r <u>s</u> C		ANAGER								
FROM: 43	80 GC	Animal Care and Enforcem	nent									
	pt. #	Department Name										
Depart	ment Director	's Signature Date	<u></u>									
TYPE OF REQUEST:												
Line Item Transfer	Within Departme	ent & Fund	Li	ne Item Transfer Between I	Funds *							
Project Transfer W	lithin Department	& Fund	XA	Additional Appropriation of Funds *								
Line Item Transfer	Between Depart	ments*	<u>* R</u>	* Requires resolution by the Board of Commissioners								
		Resol		n # D	Date							
		ACCOUNT NUMBE	ER	PROJECT	AMOUNT							
ACCOUNT DESCR		Fund - Dept - Subdept - Div - Acci	- Subacct	SUBPROJECT	Whole Dollars Only							
(As it appears in the	budget)	xx - xxxx - xxxx - xxxx - xxx		xxxxx - xxxx	(See Note Below)							
Donations		010-02-4380-0000-41500	1		[684.00]							
Donations-Medical Car	e	010-02-4380-0000-415001-Medo			[258.00]							
Medical Care		010-02-4380-0000-53001	5-Medcl		942.00							
JUSTIFICATION FOR RE	QUEST:											
		rked by donor for the medi										
		d. GCACE would like the account to provide funding										
		locount to provide running			d of extra medical care.							
APPROVAL SIGNATURES:												
County Manager/Assistant County Manager Date Interim Financial Services Director Date												
			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.												