GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mathers		COL	JNTY MANAGER	
FROM:	5111	DHHS -	Public Health		
	Dept. #		ment Name		
	Department Director's Name		Date	9	
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>					
			ACCO	JNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		N	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		et)	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
Fund Balance Appropriated			011-99-9900-0000-490000-		(\$1,200,000)
MCS # 5 Appropriated			011-05-5111-0000-560000-19008		\$1,200,000

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received funds from 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 Public Health facility renovations at Hudson Main and Highland Health Center. The renovation project includes Hudson Main facility drywall repair and painting, carpet and tile replacements, ceiling grid and tile replacement, and equipment and furniture replacement. Hudson Main corridors, office areas, and patient and client areas are in need of repair and replacement of worn items. These funds will be used to up-fit the remaining lower level section of the Highland Health Center that was not completed during the original construction. This area will be used for patient and client referral use. These are non-County funds.

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.