



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## Animal Care and Enforcement Board Action

File #: 19-025

Commissioner Hovis - Animal Care and Enforcement - To Accept and Appropriate Donation Funds to Assist in the Medical Care of Shelter Pets (\$2,736)

### STAFF CONTACT

Kristine Blankenship, DVM - Animal Care and Enforcement

### BUDGET IMPACT

N/A

### BUDGET ORDINANCE IMPACT

N/A

### BACKGROUND

Money received in donations earmarked by donor for the medical care of shelter animals are required to be transferred from the revenue fund to the expenditure fund. GCACE would like the donations (\$2,736) to be appropriated to the current fiscal year 18-19 into the Other Medical Supplies account to provide funding to care for shelter pets in need of extra medical care.

### 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	CBrown	JBrown	AFrley	BHovis	TKelgher	TPHick	RWorley	Vote
2019-035	02/26/2019	RW	BH	A	A	AB	A	AB	AB	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: 4380 GC Animal Care and Enforcement  
           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)
Donations: Medical Care	010-02-4380-0000-415001-Medcl		[2,736.00]
Other Medical Supplies	010-02-4380-0000-520004		2,736.00

### JUSTIFICATION FOR REQUEST:

Other medical donations accepted and appropriated to other medical supplies.

### 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.