GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mathers		COUNTY MANAGER		
FROM:	5112	DHHS - Pu	ublic Health		
	Dept. #	Departme	ent Name	•	
Chris Dobbins			4/8/2019		
Department Director's Name		or's Name	e Date		
TYPE OF REQUE	EST:				
Line Item	Transfer Within Departr	nent & Fund		Line Item Transfer Between	een Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item	Transfer Between Depa	rtments*		* Requires resolution by the	ne Board of Commissioners
			ACCOUNT I	NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)
Fund Balance Appropriated		011-9	011-99-9900-0000-490000-		(\$49,233)
FY18 Excess Nutr. Fee Revenue			011-05-5112-5118-560000-19074		\$1,509
FY18 Env. Health Excess Fees			011-05-5114-5125-560000-19075		\$41,815
FY18 Excess ICS Fee Revenue			011-05-5116-5131-560000-19076		\$5,909

JUSTIFICATION FOR REQUEST:

During Fiscal Year 2018, Excess Fee Revenue was generated by the Public Health clinics and Environmental Health Program through Medicaid, Medicare, Insurance, Patient, and Permit Fees. Excess Fee Revenue is recognized when the amount of fees received exceed the fiscal year budgeted amount. In Accordance with the Consolidated Agreement between the Public Health Department and the State of North Carolina, all excess fee revenue earned must be budgeted and spent in the program that earned the revenue and locally appropriated funds may not be supplanted by earned revenues from persons, public, or private third party payors. The funds will be used for patient clinical and Environmental Health operating expenses. 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.