

Gaston County

Gaston County Board of Commissioners www.gastongov.com

Animal Care and Enforcement Board Action

File #: 19-127

Commissioner Hovis - Animal Care and Enforcement - To Accept and Appropriate Donation Funds to Assist in the Medical Care of Shelter Pets (\$4,467)

STAFF CONTACT

Kristine Blankenship, DVM - Animal Care Administrator

BUDGET IMPACT

Appropriate \$4,467 in donations for Medical Care of Shelter Pets.

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

Money received in donations earmarked by donor for the medical care of shelter animals are required to be accepted and transferred from the revenue fund to the expenditure fund. GCACE would like the donations, a total of \$4,467 (100%) in the Donations-medical care expenditure account, to be appropriated to the current fiscal year 18-19 into the expenditure Medical Care account to provide medical care for the animals in the care of Gaston County Animal Care and Enforcement -Animal Shelter.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

I, Donna S	s. Buff. Clerk t	o the	Cour			BELOW THIS		apove is strue and porrect copy of action
taken by t	he Board of C	omm	issio	ners as fol	lows:		6	
NO.	DATE	М1	M2	CBrown	<i>JBrown</i>	AFrale	BHovis	TKeigher TPhilipped RWoney Vote
2019-089 DISTRIBUTE Laserfiche		ВН	JB	A	Α	A	Α	A AB A

GAST	FON COUNTY BUDG	ET CHAN	GE REQUEST			
TO: Earl Mathe	rsCOUNT		IANAGER			
FROM: 4380 GC Dept. #	Animal Care and Enforce Department Name	ement				
Chief Joseph Rame Department Directo		/2019 ate				
TYPE OF REQUEST:						
Line Item Transfer Within Department	ent & Fund	Li	ine Item Transfer Between	Funds *		
Project Transfer Within Departmen	t & Fund	X	Additional Appropriation of Funds *			
Line Item Transfer Between Depart	tments*	<u>* R</u>	Requires resolution by the B	Joard of Commissioners		
	Resolut		on# Date			
	ACCOUNT NUME	BER	PROJECT	AMOUNT		
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - A	cct - Subacct	SUBPROJECT	Whole Dollars Only		
(As it appears in the budget)	xx - xxxx - xxxx - xxxx -	XXX - XXX	xxxxx - xxxx	(See Note Below)		
Oonations-medical care (revenue)	010-02-4380-0000-4150	01-medcl		[4,467.00		
JUSTIFICATION FOR REQUEST: Money received in donations early transferred from the revenue fund (100%) to be appropriated to the cur n the care of Gaston County Anima	to the expenditure fund. rent FY18-19 into the Med	GCACE w dical Care ac	ould like the donation count to provide med	ons a total of \$4,467.00		
APPROVAL SIGNATURES:						
County Manager/Assistant County Manag	ger Date	Interim Fina	ancial Services Director	Date		