



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## Travel & Tourism Board Action

File #: 19-253

Commissioner Jack Brown - Travel & Tourism - To Accept and Appropriate \$30,000 from Atrium Health for the Third Annual Payment for the Zagster Bike Share Program

### STAFF CONTACT

Michael Applegate - Travel & Tourism - 704-825-7517

### BUDGET IMPACT

Increase revenue & expenses by \$30,000

### BUDGET ORDINANCE IMPACT

Minimal impact to the current budget.

### BACKGROUND

Atrium Health, formerly Carolina's Healthcare System, is sponsoring the major portion of Gaston County's Bike Share Program this year (FY19), the third year of the program in the amount of \$30,000. There are currently 5 stations with a total of 22 bikes through out Gaston County. The program has secured 1,318 active members and 2,505 trips.

### 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 | AFraley | BHovis | TKelgher | TPhilbeck | BWorley | Vote |
|----------|------------|----|----|--------|--------|---------|--------|----------|-----------|---------|------|
| 2019-190 | 06/25/2019 | TK | AF | AB     | A      | A       | A      | A        | 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: 4921 Travel & Tourism  
Dept. # Department Name

Michael G. Gentry 6/6/19  
Department Director's Name 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

| ACCOUNT DESCRIPTION<br>(As it appears in the budget) | ACCOUNT NUMBER                                       | AMOUNT             |
|--|--|--------------------|
|  | Fund - Function - Dept - Division - Object - Project | Whole Dollars Only |
|  | XXX - XX - XXXX - XXXX - XXXXX - XXXXXX              | (See Note Below)   |
| Bike Share Program                                   | 022-07-4921-0000-415000-17271                        | (\$30,000)         |
| Bike Share Program                                   | 022-07-4921-0000-560000-17271                        | \$30,000           |

### JUSTIFICATION FOR REQUEST:

To accept and appropriate \$30,000 from Atrium Health for the Third Annual Payment for the Zagster Bike Share Program

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.