	GASTON	I COUNTY BUDG	GET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle		_COUNTY	MANAGER	
FROM:	4315	SHERIFF'S OFFICE			
	Dept. #	Department Name		•	
	Sheriff Alan Cloninger		1/8/21		
	Department Director's N	lame	Date		
TYPE OF REQUI	EST:				
Line Item Transfer Within Department & Fund				Line Item Transfer Between	Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					Funds *
Line Item	ı Transfer Between Departmen	ts*		* Requires resolution by the B	coard of Commissioners
			ACCOUNT N	NUMBER	AMOUNT
ACCO	UNT DESCRIPTION	Fund - Fun	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		xxx - xx	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
FUND BALANC PROFESSIONA	E APPROPRIATED AL SERVICES	010-99-9900-00 010-02-4315-43			{345,000} 345,000

JUSTIFICATION FOR REQUEST:

The Gaston County Jail has experienced an exponential increase with inmate off-site medical costs during fiscal year 2021. Off-site medical expenses were trending as expected (\$102,000) until November. There were two inmates that were extremely ill and required hospital stays. The stays ranged from 15-21 days and one inmate required two surgeries. The annual off-site budget is \$175,000. The two hospital stays alone totaled over \$208,000. Therefore, the off-site budget is currently over \$135,000 with seven months remaining for billing. While there is no way to know for certain the type and quantity of injuries that will occur or illness an inmate may have, it is projected the Sheriff's Office will need approximately \$345,000 for off-site medical costs. This is an estimate to cover the current shortfall and remaining expenses through year-end.

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.