



**BUNCOMBE COUNTY, NORTH CAROLINA  
BUDGET AMENDMENT  
General Fund**

BOARD MEETING DATE: October 16, 2018

|                               |  |
|-------------------------------|--|
| <b>Requesting Department:</b> | Emergency Services/Interfund Transfers |
| <b>Budget Amendment Item:</b> | Automated Compression Devices Savings  |

**Background Information:**  
 During the FY2019 budget process, the Board of Commissioners approved \$152,200 to be used to purchase Automated Compression Devices for Emergency Services. The county was able to purchase the devices at a lower per unit rate than expected resulting in savings of \$38,372. This amendment allows the transfer of this savings to the General fund to upfit upgraded Emergency Services vehicles. The upfits cost approximately \$25,000. The remainder of the savings will be placed into the Public Safety functional contingency account in the General Fund.

**Funding Source:**  
 Project Savings/Interfund Transfer

| COST CENTER/DEPARTMENT | PROGRAM (IF APPLICABLE) | LEDGER ACCOUNT                  | REVENUE/SPEND CATEGORY | Increase (Decrease) |               |
|------------------------|-------------------------|---------------------------------|------------------------|---------------------|---------------|
|                        |                         |                                 |                        | REVENUES            | EXPENDITURES  |
| Interfund Transfers    |                         | 4110:Interfund Transfer Revenue |                        | 38,372              |               |
| Emergency Services     | Emergency Management    | 6030: Vehicle Expense           | Auto Supplies          |                     | 25,000        |
| Public Safety          |                         | 9002: Budgetary Contingency     |                        |                     | 13,372        |
| <b>TOTAL</b>           |                         |                                 |                        | <b>38,372</b>       | <b>38,372</b> |

REQUESTED BY:

APPROVED BY:

\_\_\_\_\_  
 County Manager

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Chairman of the Board

\_\_\_\_\_  
 DATE