	GASTON COUNTY	
	BUDGET CHANGE REQUEST (BCR)	
TO:	Dr. Kim S. Eagle, County Manager	
FROM:	CSS Community Support Services	7
	Dept. Code Department Name	_
	Gregory Grier 10/4/2023]
	Department Director Date	
REQUEST TYPE:	Line-Item Transfer Within Department & Fund Project Transfer Within Department & Fund Line-Item Transfer Within Department & Fund Additional Appropriate Transfer Between Departments *Requires resolution by the Bound of the Bo	oriation of Funds*
ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**
As it appears in Munis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj	Whole dollars only
Ex. Employee Training	XXXX-XXX-XXXXXX-XXXXXX-XXXXXXX-XXXXXXXX	Ex. (\$5,000)
	Ex. 1000-BGT-000-00000-000000-000000-01-520011-	Ex. \$5,000
OtherGrantRev-LocalHlthDptAwd	1000-CSS-000-00000-Prvntn-CPT/FPT-0000-05-445006-L0011	\$ (10,000.00)
Prog Supplies-LocalHlthDptAwd	1000-CSS-000-00000-Prvntn-CPT/FPT-0000-05-520002-L0011	\$ 6,000.00
Employee Train-LocalHlthDptAwd Advertising-LocalHlthDptAwd	1000-CSS-000-00000-Prvntn-CPT/FPT-0000-05-520011-L0011 1000-CSS-000-00000-Prvntn-CPT/FPT-0000-05-520015-L0011	\$ 1,000.00 \$ 3,000.00
unds require inter-fund transfer accounts.	Check cell- Amounts must sum to \$ venue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. I	
IUSTIFICATION FOR REQUEST:		
	to Smith Kline Foundation Child Health Recognition Award Grant Funds for Gasto reams. This BCR appropriates the \$10,000 in FY24 so the funds can be expensed the second se	