

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5810 Hope United Survivor Network

Dept. Code Department Name
Tara Joyner 04/10/2023
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxx	xxxx	xx	xxxxxx	xxxxx	
	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-										
Revenue- CAC Duke Endowment	1000-CSS-291-29103-000000-0000000-0000-05-445006-L0006										(15,000.00)
CAC Duke Endow Prog Sup	1000-CSS-291-29103-000000-0000000-0000-05-520002-L0006										7,000.00
CAC Duke Endow F/E <5k	1000-CSS-291-29103-000000-0000000-0000-05-520020-L0006										8,000.00

JUSTIFICATION FOR REQUEST:

Accept and appropriate \$15,000.00 from The Duke Endowment (Cohort 3) through the Children's Advocacy Centers of North Carolina and the South Carolina Network of Children's Advocacy Centers. Funds are unrestricted.

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.