

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 _____ 12/02/2022
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-000-00000-0000000-0000000-0000-01-520011-										
Shelter Donations Revenue	1000-CSS-291-29102-000000-0000000-0000-05-445004										(427.00)
Donations (Shelter Expense)	1000-CSS-291-29102-000000-0000000-0000-05-520019-01862										427.00
CAC Donations Revenue	1000-CSS-291-29103-000000-0000000-0000-05-445004										(50,100.00)
Donations (CAC)	1000-CSS-291-29103-000000-0000000-0000-05-520019-16282										50,100.00
HUSN Donations Revenue	1000-CSS-291-00000-000000-0000000-0000-05-445004										(1,000.00)
Donations (HUSN Expense)	1000-CSS-291-00000-000000-0000000-0000-05-520019-22218										1,000.00

JUSTIFICATION FOR REQUEST:

Appropriate donation funds from October, 2022 through November, 2022 for Hope United Survivor Network, The Cathy Mabry Cloninger Center, and the Lighthouse to expend as needed. All 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.