

GASTON COUNTY
BUDGET CHANGE REQUEST (BCR)

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: DSS Social Services
Dept. Code Department Name

Angela Karchmer 1/19/24
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund
- ☐ Line-Item Transfer Between Funds*
- ☐ Project Transfer Within Department & Fund
- ☒ Additional Appropriation of Funds*
- ☐ Line-Item Transfer Between Departments
- * Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table><tr><td>4</td><td>3</td><td>3</td><td>5</td><td>6</td><td>7</td><td>4</td><td>2</td><td>6</td><td>5</td></tr><tr><td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td></tr><tr><td>XXXX</td><td>XXX</td><td>XXX</td><td>XXXXX</td><td>XXXXXX</td><td>XXXXXX</td><td>XXXX</td><td>XX</td><td>XXXXXX</td><td>XXXXX</td></tr></table>	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	Whole dollars only
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. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
2024 GCC APS Disabled Victims	1000-DSS-272-00000-000000-0000000-0000-05-410000-G0095	(110,770)																														
Salaries: GCC Disabled Victims	1000-DSS-272-00000-000000-0000000-0000-05-510001-G0095	80,000																														
FICA: GCC Disabled Victims	1000-DSS-272-00000-000000-0000000-0000-05-510100-G0095	6,120																														
Retirement: GCC Disabled Victims	1000-DSS-272-00000-000000-0000000-0000-05-510101-G0095	10,280																														
401K Contribution: GCC Disabled Vi	1000-DSS-272-00000-000000-0000000-0000-05-510102-G0095	4,000																														
Health Ins: ERA GCC Disabled Victi4	1000-DSS-272-00000-000000-0000000-0000-05-510103-G0095	10,000																														
Dental Insurance: GCC Disabled Victi	1000-DSS-272-00000-000000-0000000-0000-05-510104-G0095	270																														
Life Insurance: GCC Disabled Victims	1000-DSS-272-00000-000000-0000000-0000-05-510105-G0095	100																														

JUSTIFICATION FOR REQUEST:

This project will provide funding for salaries, and partial benefits for two victim advocates who will offer direct services to disabled adults who are victims of forms of domestic and/or family abuse that may include physical, emotional, or sexual harm; financial exploitation; and/or neglect of their welfare. Grant period is October 1, 2023 through September 30, 2025. Appropriating Year 1.

** 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.