## GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

| TO:   | Dr.              | Dr. Kim S. Eagle                                       |                    |                             | 2                            |
|---|------------------|--|--------------------|-----------------------------|------------------------------|
| FROM:                                       | CSS              | CSS Social Services                                    |                    |                             |                              |
|   | Dept. Code       | pt. Code Department N                                  |                    | -                           |                              |
|   | Ang              | Angela Karchmer  |                    | 2                           |                              |
|   | Departr          | Department Director                                    |                    |                             |                              |
| REQUEST TYPE:                               |                  |  |                    |                             |                              |
| Line-Item Transfe                           | r Within Departm | ent & Fund   | Line-              | Item Transfer Betwee        | en Funds*                    |
| Project Transfer V                          | Vithin Departmen | t & Fund   | <b>✓</b> Addit     | ional Appropriation of      | Funds*                       |
| Line-Item Transfe                           | r Between Depar  | tments   | * Requ             | uires resolution by the Boa | rd of Commissioners          |
| ACCOUNT DESCRIPTION  As it appears in Munis |                  | ACCOUNT  | NUMBER             |                             | AMOUNT**                     |
|   | 4 3              | 3 5 6  Div SubDiv Prog                                 | 7 4 SubProg Future | 2 6 5 Func Obj Proj         | Whole dollars only           |
| Ex. Employee Training                       | Ex. 1000         | xxx xxxxx xxxxxx xxxxxxx                               |                    | xx xxxxxx xxxxx             | Ex. \$5,000<br>Ex. (\$5,000) |
| FY23 Health Promotion Grant                 | 1000-CSS-272     | 1000-CSS-272-00000-AdtSvc-0000000-0000-05-410000-G0057 |                    |                             |                              |
| Fund Balance Appropriations                 | 1000-NDP-000     | 1000-NDP-000-00000-FBApro-0000000-0000-99-49000        |                    |                             | (500)                        |
| FY23 Health Promotion Grant                 | 1000-CSS-272     | 1000-CSS-272-00000-AdtSvc-0000000-0000-05-520002-G0057 |                    |                             | 5,000                        |
|   |                  |  |                    |                             |                              |
|   |                  |  |                    |                             |                              |
|   |                  |  |                    |                             |                              |
|   |                  |  |                    |                             |                              |

## **JUSTIFICATION FOR REQUEST:**

The DHHS Social Services Adult and Aging Division received notification of approval for funds from the Older Americans Act through Centralina Council of Government in the amount of \$4,500. These funds will be used to provide training to promote good health to our senior population in Gaston County. These funds require appropriation to the FY2022-2023 Social Services Budget, so the funds can be used for the intended purpose. The funds are Federal funds and require a 10% County match of \$500.

<sup>\*\*</sup> 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.