	GAST	ON COUNTY BUDG	GET CHAN	GE REQUEST		
TO: _	TO: Earl Mathers		COUNTY MANAGER			
FROM:	5100	DHHS - Public Health				
	Dept. #	Department Name	<del> </del>			
Ī	Department Director	's Signature D	ate			
TYPE OF REQUES	ST:					
Line Item Transfer Within Department & Fund			L	ine Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *			
Line Item T	ransfer Between Depart	ments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners	
			Resolutio	n# D	Date	
		ACCOUNT NUM	/BER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		XX - XXXX - XXXX - XXX - XXX - XXX		xxxxx - xxxx	(See Note Below)	
	lealth - State Grant 11-5100-5112-511				(\$4,160)	
Special Programs		11-5100-5112-5119-298-000		16006-0001	\$4,160	
JUSTIFICATION F		Health and Human Con	vices Dublic	Health Division was	awardad additional atata	
	•				awarded additional state ese funds will be used to	
	• .		•		on health equity, health	
		quality improvement, an are non-County funds.	ia eviaence-b	ased interventions to	address chronic disease	
		,				
APPROVAL SIG	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial Op	Financial Operations Manager/Asst. Financial Operations Mgr. Date		
			 Interim Bu	dget Administrator	 Date	
Note: Decreases i	n expenditures & inc	creases in revenue accoun			xpenditures & decreases in	
		note that transfers betwee				