GASTON COUNTY BUDGET CHANGE REQUEST							
-	TO:	Dr. Kim	S. Eagle	COUNTY MANAGER			
F	FROM:	DM: 5490 DHHS-Social Services					
	Dept. # Department Name			partment Name			
	Angela Karchmer			2/12/2	021		
	Department Director's Name Date				 e		
TYPE OF REQUEST:							
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *							
Project Transfer Within Department & Fund X Additional Appropriation of Funds *						on of Funds *	
l	Line Item	Transfer Between [Departments*		* Requires resolution by the Board of Commissioners		
			<u> </u>				
				ACCOUNT NUMBER		AMOUNT	
ACCOUNT DESCRIPTION				Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)				xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)	
Crisis Intervention Program-revenue				020-05-5490-0000-425016-		(\$19,563)	
Public Asst Payments -CIP				020-05-5490-0000-560008-20029		\$19,563	
JUSTIFICATION FOR REQUEST:							
DHHS received additional funding for the Crisis Intervention Program in the amount of \$19,563 for a total of \$1,044,855							
to be used for heating and cooling. These funds require appropriation into the FY2020-2021 Social Services Budget in order to be expensed for the appropriate use. 100% Federal Funds, No County Funds Required.							

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.