GASTON COUNTY BUDGET CHANGE REQUEST				
TO:	Dr. Kim Eagle	COUN	TY MANAGER	
FROM:	5110 I	OHHS - Public Health		
	Dept. #	Department Name	_	
	Steve Eaton	8/25/20		
	Department Director's N	lame Date		
TYPE OF REQUE	EST:			
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *				
Project Transfer Within Department & Fund X Additional Appropriation of Funds *				
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners				
		ACCOUN	T NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept -	Fund - Function - Dept - Division - Object - Project	
(As it appears in the budget)		XXX - XX - XXXX - X	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX	
Other Grants Community Foundation Scholarship		011-05-5110-0000-4300 011-05-5110-0000-5600		(\$3,000) \$3,000

JUSTIFICATION FOR REQUEST:

The Gaston County Public Health Department was awarded grant funds from the Community Foundation designated for the Gaston County DHHS Fund Scholarship Program. The Scholarship Program was created as a way of promoting professional development and growth and to recruit and retain exceptional staff in DHHS. Awards will be given annually in three categories: Graduate/Undergraduate Degree, Associate/Technical/Certificate Degree, and Child of DHHS Employee Scholarship. Selection of the awards is based on applications submitted. Applications and selection of the award recipients are reviewed and discussed by a committee of community members and representatives. Six awards in the amount of \$500 each will be given to the school where the recipients are attending. The award recipients are seeking degrees in Public Health or Social Services areas to improve the quality of life in Gaston County. These are non-County funds.

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.