

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 4121 Hope United Survivor Network (FJC)

Dept. # Department Name

Tara Joyner 08-21-2020

Department Director's Name Date

### TYPE OF REQUEST:

☐ 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 (As it appears in the budget)	ACCOUNT NUMBER	AMOUNT
	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Federal Grant Revenue Grants and Projects	010-05-5810-5582-42000-21537	(10,000)
	010-05-5810-5582-56000-21537	10,000

### JUSTIFICATION FOR REQUEST:

Appropriating grant funding for support of domestic violence survivors in securing safe housing and/or assistance with utilities for those impacted by COVID-19 pandemic.

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.