

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ CSS _____ Social Services _____
 Dept. Code Department Name

_____ Angela Karchmer _____ 7/6/23
 Department Director Date

REQUEST TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund | <input type="checkbox"/> Line-Item Transfer Between Funds* |
| <input type="checkbox"/> Project Transfer Within Department & Fund | <input checked="" type="checkbox"/> Additional Appropriation of Funds* |
| <input type="checkbox"/> Line-Item Transfer Between Departments | * Requires resolution by the Board of Commissioners |

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td> </tr> <tr> <td>xxxx</td><td>xxx</td><td>xxx</td><td>xxxxx</td><td>xxxxxx</td><td>xxxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxxx</td><td>xxxxx</td> </tr> </table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx	Whole dollars only
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
Fund Balance Appropriated	1000-NDP-000-00000-FBApro-0000000-0000-99-490000-	(\$845)																														
Adult Nutrition donations	1000-CSS-272-00000-AdtNut-0000000-0000-05-520019-15259	\$770																														
Adult Daycare donations	1000-CSS-272-00000-ADLTDC-0000000-0000-05-520019-	\$75																														

JUSTIFICATION FOR REQUEST:

During the fourth quarter of FY2022-2023, Gaston County citizens and organizations donated a total of \$845 to the Department of Health and Human Services - Social Services Division. The donations rolled into fund balance at June 30, 2023 and need to be appropriated out of fund balance, carried forward and appropriated into the FY2023-2024 Social Services Budget in order to be used as intended by donors.

** 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.