	GAS ⁻	FON COUNTY BUDG	GET CHAN	IGE REQUEST		
TO: _	ΓΟ: <u>Earl Mathers</u>		COUNTY MANAGER			
FROM:	5100 Dept. #	DHHS - Public Health Department Name	1			
Ī	Pepartment Directo	or's Signature E	Date			
TYPE OF REQUES	ST:					
Line Item T	ransfer Within Departm	ent & Fund	L	ine Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			X	X Additional Appropriation of Funds *		
Line Item T	ransfer Between Depar	tments*	<u>* </u>	Requires resolution by the E	Board of Commissioners	
			Resolution	on #	Date	
		ACCOUNT NUM	MBER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx		xxxxx - xxxx	(See Note Below)	
Other Grants		11-5100-5112-5119-890-512			(\$5,000)	
Special Programs		11-5100-5112-5119-298-000		17238-0001	\$5,000	
Diabetes Prevent program targeting The funds will be	nty Public Health I ion Program. The minority commur used to plan and	e Minority Diabetes Prev nities to provide preventi implement the program i	vention Progr on awarenes ncluding staft	am is an evidence-bas, screenings, referral f time, travel for progra	a Alliance for the Minority ased diabetes prevention s, and lifestyle sessions. am participants and staff, snacks. These are Non-	
APPROVAL SIG	NATURES:					
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date			
			Interim Budget Administrator Date			
		creases in revenue accou e note that transfers betwee			xpenditures & decreases in unts.	