

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ 6130 _____ Parks & Rec/SR. Center
Dept. Code Department Name

_____ Cathy Hart _____ 8/4/2022
Department Director Date

REQUEST TYPE:

- | | |
|---|--|
| ☐ 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 Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	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	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-										
HPDP	1000-CSS-292-00000-HltPro-0000000-0000-04-410000-G0041										(\$4,500)
Senior Programs	1000-CSS-292-00000-SrPrgm-0000000-0000-04-560000										(\$500)
HPDP Grant	1000-CSS-292-00000-HltPro-0000000-0000-04-520007-G0041										\$5000

JUSTIFICATION FOR REQUEST:

The purpose of this request is to accept and appropriate the Health Promotion Disease Prevention grant from Centralina Council of Governments Agency on Aging to provide Evidence Based programming to seniors at different location in the county. Centralina budget total is \$4,500 with a County match of \$500.

** 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.