	C	SASTON CO	OUNTY BUDGET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle		COUNTY	MANAGER	
FROM:	_		Recreation/Sr. Center		
FROIVI.	TITOWI.		partment Name		
			10/4/2021		
Department Director's Name					
TYPE OF REQUE	EST:				
Line Item	Transfer Within D	epartment & Fun	d	Line Item Transfer Between	Funds *
χ Project Tr	ransfer Within Dep	partment & Fund	х	Additional Appropriation of F	Funds *
Line Item Transfer Between Departments*				* Requires resolution by the B	loard of Commissioners
		·	ACCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Div	Fund - Function - Dept - Division - Object - Project	
(As it appears in the budget)			xxx - xx - xxxx - xxxx	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	
, , ,			010-04-6130-0000-420000-22518		(\$3600)
Senior Programs			010-04-6130-0000-560000-20001		(\$400)
HPDP Grant			010-04-6130-0000-560000-22518		\$4000
	this request is	to accept and	appropriate the Health Pro		-
Council of Governments Area Agency on Aging to provide Evidence Based programming to seniors at different location					
in the county. Centralina budget total is \$3600 with a County match of \$400.					
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.					