GASTON COUNTY BUDGET CHANGE REQUEST				
TO: Dr. Kir	Dr. Kim S. EagleCOUN		MANAGER	
	-		MANAGER	
FROM: <u>6120</u> Dept. #	Parks & R			
Cathy Hart		8/6/2020		
Department Director's Name Date				
TYPE OF REQUEST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *				
Project Transfer Within Department & Fund X Additional Appropriation of Funds *				
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>				
		ACCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
Miscellaneous Supplies		010-04-6130-0000-520007-21539		\$5,088
Furniture/Equipment Under \$5,000		010-04-6130-0000-540001-21539		\$10,000
Furniture/Equipment Over \$5,000		010-04-6130-0000-540002-21539		\$20,000
Federal Grant Revenue		010-04-6130-0000-420000-21539		(\$35,088)
JUSTIFICATION FOR REQUEST: The purpose of this request is to accept and appropriate a 2020-21 CARES contract allocation from the Centralina Council of Governments Area Agency on Aging.				
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.				