

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5810 Hope United Survivor Network
Dept. # Department Name

Tara Joyner 01/19/2022
Department Director's Name Date

TYPE OF REQUEST:

☐ 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 the budget)	ACCOUNT NUMBER	AMOUNT
	Fund - Function - Dept - Division - Object -Project	Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Donations (Shelter Revenue)	010-05-5810-5582-415001-	(\$13,764.49)
Donations (Shelter Expense)	010-05-5810-5582-560000-08162	\$13,764.49
Donation (CAC Revenue)	010-05-5810-5585-415001-	(\$25.00)
Donations (CAC Expense)	010-05-5810-5585-560000-16282	\$25.00
Kara's Kloset (CAC Revenue)	010-05-5810-5585-415001-20045	(\$795.00)
Kara's Kloset (CAC Expense)	010-05-5810-5585-560000-20045	\$795.00
Donations (HUSN Revenue)	010-05-5810-0000-415001-	(\$3,142.00)
Donations (HUSN Expense)	010-05-5810-0000-560000-22218	\$3,142.00

JUSTIFICATION FOR REQUEST:

Appropriate donation funds from Novemer 1st, 2021 through December 31st, 2021 for Hope United Survivor Network, the Cathy Mabry Cloninger Center and the Lighthouse to expend as needed. All funds are unrestricted.

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.