GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO:	Dr	. Kim S. Eagle		COUNTY MANAGER	
FROM:	BGT Budget & S		rategy		
	Dept. Code	pt. Code Department Name		-	
	J	Janet Schafer		22	
	Depart	ment Director	Date		
REQUEST TYPE:					
Project Transfer Within Department & Fund Additional A				-Item Transfer Betwee tional Appropriation of uires resolution by the Boal	Funds*
ACCOUNT DESCRIPTION		ACCOUN	NUMBER		AMOUNT**
As it appears in Munis Ex. Employee Training	4 3 Fund De; XXXX XX Ex. 100	pt Div SubDiv Prog		2 6 5 Func Obj Proj XX XXXXXXX XXXXXX	Whole dollars only Ex. \$5,000 Ex. (\$5,000)
StGrtRev:NCDOA Sexual Assault	1000-CSS-29	1000-CSS-291-29101-000000-0000000-05-410001-G0047			
Salaries:NCDO Sexual Assault	1000-CSS-29	1-29101-000000-0000	000-0000-05-510	0001-G0047	33,231.41
sc Exp:NCDO Sexual Assault 1000-CSS-291-291		1-29101-000000-0000	000-0000-05-520	0017-G0047	500.00
match: SA Advocate	1000-CSS-29	1-29101-000000-0000	000-0000-05-510	0001-	(5,621.90)

JUSTIFICATION FOR REQUEST:

Domestic violence is defined as attempting to cause bodily injury or placing a victim or a member of the victim's family in fear of serious bodily injury or continued harassment resulting in significant emotional distress. The definition includes stalking, rape and sexual offenses. The sexual assault program provides the following: counseling, twenty-four hour crisis line coverage, hospital, referral, court and advocacy services. This funding will provide partial salary for a sexual assault advocate.

^{**} 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.