	GASTON COUNTY BUDGET CHANGE REQUEST (BCR)	
TO:	Matthew Rhoten, County Manager	
FROM:	DSS Social Services	
	Dept. Code Department Name	
	Shannon Myers 9 /24/25	
	Department Director Date	
REQUEST TYPE:	 Line-Item Transfer Within Department & Fund Project Transfer Within Department & Fund Line-Item Transfer Between Departments Line-Item Transfer Between Funds* ✓ Additional Appropriation of Funds* *Requires resolution by the Board of Commissioners 	
ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**
As it appears in Munis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj	- (+)
Ex. Employee Training	XXXX-XXX-XXXX-XXXXXX-XXXXXXX-XXXXX-XXXXX	Ex. (\$5,000.00) Ex. \$5,000.00
Caregiver Support Program-Federal	1000-CSS-272-00000-CGSPrg-0000000-0000-05-410000-G0007	\$ 15,685.00
Caregiver Support Program-State	1000-CSS-272-00000-CGSPrg-0000000-0000-05-410001-G0007	\$ 1,000.00
Part Time FICA	1000-CSS-272-00000-CGSPrg-0000000-0000-05-510005-18524 1000-CSS-272-00000-CGSPrg-0000000-0000-05-510100-18524	\$ (1,000.00) \$ (1,100.00)
Program Supplies	1000-CSS-272-00000-CGSPrg-0000000-0000-05-520002-18524	\$ (4,585.00)
Professional Services	1000-CSS-272-00000-CGSPrg-0000000-0000-05-530010-18524	\$ (10,000.00)
** Decreases in expenditures and increases in revenu between funds require inter-fund transfer accounts.	e accounts require brackets. Increases in expenditures and decreases in revenue do not require bracket	\$ - s. Please note that transfers

JUSTIFICATION FOR REQUEST:

The Department of Social Services is requesting to reduce the revenue and expense accounts associated with the Caregiver Support Program due to reductions in the projected award for FY26.