

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** Dr. Kim S. Eagle COUNTY MANAGER

**FROM:** 5810 Hope United Survivor Network  
Dept. Code Department Name

Tara Joyner 12/07/2022  
Department Director Date

**REQUEST TYPE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund | <input type="checkbox"/> Line-Item Transfer Between Funds*             |
| <input type="checkbox"/> Project Transfer Within Department & Fund   | <input checked="" type="checkbox"/> Additional Appropriation of Funds* |
| <input type="checkbox"/> Line-Item Transfer Between Departments      | * Requires resolution by the Board of Commissioners                    |

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td style="text-align: center;">Fund</td><td style="text-align: center;">Dept</td><td style="text-align: center;">Div</td><td style="text-align: center;">SubDiv</td><td style="text-align: center;">Prog</td><td style="text-align: center;">SubProg</td><td style="text-align: center;">Future</td><td style="text-align: center;">Func</td><td style="text-align: center;">Obj</td><td style="text-align: center;">Proj</td> </tr> <tr> <td style="text-align: center;">XXXX</td><td style="text-align: center;">XXX</td><td style="text-align: center;">XXX</td><td style="text-align: center;">XXXXX</td><td style="text-align: center;">XXXXXX</td><td style="text-align: center;">XXXXXX</td><td style="text-align: center;">XXXX</td><td style="text-align: center;">XX</td><td style="text-align: center;">XXXXXX</td><td style="text-align: center;">XXXXX</td> </tr> </table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	Whole dollars only
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
Revenue- CAC Duke Endowment	1000-CSS-291-29103-000000-0000000-0000-05-445006-L0004	(57,000.00)																														
CAC Duke Endow Prog Sup	1000-CSS-291-29103-000000-0000000-0000-05-520002-L0004	15,000.00																														
CAC Duke Endow Duke Empl Train	1000-CSS-291-29103-000000-0000000-0000-05-520011-L0004	10,000.00																														
CAC Duke Endow Misc Exp	1000-CSS-291-29103-000000-0000000-0000-05-520017-L0004	7,000.00																														
CAC Duke Endow F/E <5k	1000-CSS-291-29103-000000-0000000-0000-05-520020-L0004	15,000.00																														
CAC Duke Endow Prof Services	1000-CSS-291-29103-000000-0000000-0000-05-530010-L0004	10,000.00																														

**JUSTIFICATION FOR REQUEST:**

Accept and appropriate \$57,000.00 funds from The Duke Endowment through the Children's Advocacy Centers of North Carolina and the South Carolina Network of Children's Advocacy Centers. Funds are unrestricted.

\*\* 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.