	GAST	ON CO	UNTY BUDGE	ET CHA	NGE REQUEST	
TO:	Dr. Kim S. Eagle		COUNTY		MANAGER	
FROM:	4131 Budge		get & Strategy			
			partment Name		•	
	Janet Schafer		1/13/2022			
	Department Director's Name		e Date		•	
TYPE OF REQUE	EST:					
Line Item		Line Item Transfer Between Funds *				
Project T	ransfer Within Department	& Fund		Х	Additional Appropriation	of Funds *
Line Item	ı Transfer Between Departı	ments*			* Requires resolution by the	ne Board of Commissioners
			ACCOUNT NUI		NUMBER	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)	
	nsitional Housing	C	010-05-5810-412	1-420000)-22542	(\$241,241)
Training: GCC 2	g: GCC 2021 Transit Hsg 010-05-5			1-520011	1-22542	\$6,241
Transit Hsg: 202	nsit Hsg: 2021 GCC 010-05-			1-530053	\$106,600	
Prof Svcs: GCC	2021 TransitHou	С)10-05-5810-412	1-530010)-22542	\$128,400
JUSTIFICATION	FOR REQUEST:					

This project will enable a collaborative effort among community partners to implement a transitional housing program along with supportive services to address the urgent need of assisting victims of domestic violence who have left an abusive relationship to achieve financial stability and independence. Currently, there is no transitional housing program available to serve these victims. Supportive services will identify and provide support to victims of DV both in the community and within the women's shelter so that recovery can occur. The grant will also cover the costs of a contracted clinical therapist to work with this population. (No county funds)

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.