GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	Earl Mathers		_COUNTY M	ANAGER		
FROM:	5100	DHHS - Public Health				
	Dept. #	Department Name				
	Department Directo	r's Signature D	ate			
TYPE OF REQUEST:						
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *						
Project Transfer Within Department & Fund X Additional Appropriation of Funds *						
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>					oard of Commissioners	
			Resolutio	Resolution # Date		
		ACCOUNT NUM	1BER	PROJECT	AMOUNT	
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only	
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx - xxx		xxxxx - xxxx	(See Note Below)	
Health - State Grant		11-5100-5112-5134-320-505			(\$16,825)	
Special Programs		11-5100-5112-5134-298-000		17016-0001	16,825	

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services received additional funds from the Partnership for Children of Lincoln and Gaston Counties for the Public Health Childcare Health Consultant Program. The funds are provided through the Smart State Grant. The Childcare Health Consultant Program promotes healthy and safe environments for children in child care settings through consultation, training, and technical assistance services. These funds will be used to support the Childcare Health Consultants' training and program supplies. These are Non-County funds.

APPROVAL SIGNATURES:

County Manager/Interim Assistant County Manager Date

Financial Operations Manager/Asst. Financial Operations Mgr. Date

Interim Budget Administrator

Date

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.