GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	Earl Mat	hers	(COUNTY MANAGER		
FROM:	4950	NC Coo	perative Extensior	n		
	Dept. #	Dep	partment Name	rtment Name		
	David Fogarty		9-11-2017			
	Department Director's Name		Date			
TYPE OF REQUE	EST:					
Line Item	Transfer Within Depa	rtment & Fund	I		Line Item Transfer Betw	veen Funds *
Project Tra	ansfer Within Departn	nent & Fund		X	Additional Appropriation	n of Funds *
Line Item	Transfer Between De	partments*			* Requires resolution by	the Board of Commissioners
			AC	COUNT N	UMBER	AMOUNT
ACCOL	ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - x	xxx - xxxx	(See Note Below)	
SHIIP:Sr Health Ins Info			010-07-4950-4950-425023		[7151.00]	
SHIIP Grant			010-07-4950-4950	0-560000	-18590	7151.00
JUSTIFICATION F	FOR REQUEST:	<u> </u>				
					cept and appropriate	e \$7151 in grant funding from

NC Department of Insurance (NCDOI) for the purpose of conducting the Senior Health Insurance Information program. This free counseling service provides Gaston County seniors with over \$400,000 in savings through Medicare enrollment and supplemental health insurance advice.

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.