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 As it appears in Munis Ex. Employee Training	**ACCOUNT NUMBER** Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXX-XXXXX-XXXXXX-XXXXXXX-XXXX-XX-XXXXXX-XXXXX Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-	**AMOUNT**** 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	1000-CSS-272-00000-CGSPrg-0000000-0000-05-510005-18524	$ (1,000.00)
FICA	1000-CSS-272-00000-CGSPrg-0000000-0000-05-510100-18524	$ (1,100.00)
Program Supplies	1000-CSS-272-00000-CGSPrg-0000000-0000-05-520002-18524	$ (5,585.00)
Professional Services	1000-CSS-272-00000-CGSPrg-0000000-0000-05-530010-18524	$ (9,000.00)
		$ -

** 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.

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.