GASTON COUNTY BUDGET CHANGE REQUEST			
то			
TO:	Dr. Kim S. Eagle	COUNTY MANAGER	
FROM:		ited Survivors Network	
Dept. # Department Name			
	Tara Joyner	9/07/21	
	Department Director's Nam	e Date	
TYPE OF REQUE	ST:		
Line Item Transfer Within Department & Fund			
Project Transfer Within Department & Fund X Additional Appropriation of Funds *			
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners			Board of Commissioners
		ACCOUNT 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)
FVPSA Grant		010-05-5810-5582-425009-22514	(\$45,000)
Salaries: FVPSA Grant		010-05-5810-5582-510001-22514	\$32,350
FICA: FVPSA Grant		010-05-5810-5582-510100-22514	\$2,225
Retire: FVPSA Grant		010-05-5810-5582-510101-22514	\$3,590
Health Ins: FVPSA Grant		010-05-5810-5582-510103-22514	\$6,325
Dental Ins.: FVPSA Grant		010-05-5810-5582-510108-22514	\$140
Life Ins.: FVPSA Grant		010-05-5810-5582-510109-22514	\$120
Training: FVPSA Grant		010-05-5810-5582-520011-22514	\$250

JUSTIFICATION FOR REQUEST:

The Family Violence Prevention and Services Act (FVPSA) provides Federal pass-through grant funds through the NC Department of Administration. Funding covers the partial salary and benefits for the domestic violence shelter's Public Outreach Specialist. There is a 20% match (\$9,000).

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.