



Gaston County

Gaston County
Board of Commissioners
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Hope United Survivor Network Board Action

File #: 22-034

Commissioner Brown - Hope United Survivor Network - To Accept and Appropriate Donation Funds Totaling \$17,726.49 for Hope United Survivor Network, The Cathy Mabry Cloninger Center and The Lighthouse

STAFF CONTACT

Tara Joyner - Hope United Survivor Network - 704-862-6783

BUDGET IMPACT

Appropriate donation revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Increase revenues by \$17,726.49 and appropriate \$13,764.49 to the Cathy Mabry Cloninger Center, \$25.00 to The Lighthouse (Child Advocacy Center), \$795.00 to The Lighthouse (Kara's Closet) and \$3,142.00 to Hope United Survivor Network.

BACKGROUND

This Board Action and BCR increases revenues and appropriates unrestricted donation funds to be used as intended by the donors.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

| NO. | DATE | M1 | M2 | CBrown | AFraley | BHovis | KJohnson | TKelgher | TPhilbeck | RWorley | Vote |
|----------|------------|----|----|--------|---------|--------|----------|----------|-----------|---------|------|
| 2022-059 | 02/22/2022 | TP | RW | A | A | A | A | A | A | A | U |

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A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5810 Hope United Survivor Network
Dept. # Department Name

Tara Joyner 01/19/2022
Department Director's Name Date

TYPE OF REQUEST:

- ☐ Line Item Transfer Within Department & Fund
 ☐ Line Item Transfer Between Funds *
- ☐ Project Transfer Within Department & Fund
 ☒ Additional Appropriation of Funds *
- ☐ Line Item Transfer Between Departments *
 * Requires resolution by the Board of Commissioners

| ACCOUNT DESCRIPTION (As it appears in the budget) | ACCOUNT NUMBER | AMOUNT |
|--|--|--------------------|
| | Fund - Function - Dept - Division - Object - Project | Whole Dollars Only |
| | xxx - xx - xxxx - xxxx - xxxxx - xxxxxx | (See Note Below) |
| Donations (Shelter Revenue) | 010-05-5810-5582-415001- | (\$13,764.49) |
| Donations (Shelter Expense) | 010-05-5810-5582-560000-08162 | \$13,764.49 |
| Donation (CAC Revenue) | 010-05-5810-5585-415001- | (\$25.00) |
| Donations (CAC Expense) | 010-05-5810-5585-560000-16282 | \$25.00 |
| Kara's Klost (CAC Revenue) | 010-05-5810-5585-415001-20045 | (\$795.00) |
| Kara's Klost (CAC Expense) | 010-05-5810-5585-560000-20045 | \$795.00 |
| Donations (HUSN Revenue) | 010-05-5810-0000-415001- | (\$3,142.00) |
| Donations (HUSN Expense) | 010-05-5810-0000-560000-22218 | \$3,142.00 |

JUSTIFICATION FOR REQUEST:

Appropriate donation funds from November 1st, 2021 through December 31st, 2021 for Hope United Survivor Network, the Cathy Mabry Cloninger Center and the Lighthouse to expend as needed. All funds are unrestricted.

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.