GAST	ON COUNTY BUDG	ET CHAN	GE REQUEST	
TO: Earl Mather	rs	_COUNTY M.	ANAGER	
FROM: 4950	NC Cooperative Extension	on		
Dept. #	Department Name			
David Fogarty	1-6	-2017		
Department Director		ate		
TYPE OF REQUEST:				
Line Item Transfer Within Department & Fund		Lin	ne Item Transfer Between I	Funds *
Project Transfer Within Department & Fund		X Additional Appropriation of Funds *		
Line Item Transfer Between Departi	ments*	<u>* R</u>	equires resolution by the B	oard of Commissioners
		Resolution # Date		
	ACCOUNT NUMI	BER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - A	Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)	xx - xxxx - xxxx - xxxx -	- xxx - xxx	xxxxx - xxxx	(See Note Below)
SHIIP SR HLTH INS INFO PG	10-4950-4950-221-525			[6721.00]
SHIIP Grant	10-4950-4950-298-000		17239-0001	6721.00
Donations	10-4950-4950-840-501			[7500.00]
Master Gardener Programs/supply	10-4950-4950-298-000		17243-0001	7500.00
Coop Extn Serv Spec Proj	10-4950-4950-891-500			[1156.00]
Fee Based Programs Food/Supplie	10-4950-4950-298-000		15226-0001	1156.00
4-H Fees	10-4950-4952-410-509			[1449.00]
4-H Programs	10-4950-4952-298-000		16276-0001	1449.00
JUSTIFICATION FOR REQUEST: This request accepts and appropriate Insurance Information Program to appropriates \$7500 in donations the Resource Center. The remaining \$2	counsel seniors of Med at will be used to establ	licare and pi lish a 24x12	rescription drug plan foot educational gre	s. It also accepts and enhouse at the Citizens
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 & increvenue do not require brackets. Please				