GASTON COUNTY						
	BUDGET C	HANGE REQUEST (BCI	R)			
то:	Dr. Kim S. Eagle, County Manager					
					1	
FROM:	CSS Hope United Survivor Network  Dept. Code Department Name				]	
	Dept. Code	Departifi	ent Nan	ie		
	Gr	egory Grier	$\square$ [	7/10/2023	]	
	Depar	tment Director		Date		
REQUEST TYPE:	Line-Item Transfer Within Department & Fund  Project Transfer Within Department & Fund  Line-Item Transfer Between Funds*  ✓ Additional Appropriation of Funds*  *Requires resolution by the Board of Commissioners					Funds*
ACCOUNT DESCRIPTION		ACCOUNT NUMBER			4.0	1OUNT**
Account Description	ACCOUNT NUMBER					
As it appears in Munis	Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXX-XXXXX-XXXXXX-XXXXXX-XXXXXX					dollars only
Ex. Employee Training	Ex. 1000-BGT-000-00000-000000-000000-01-520011-				l .	. (\$5,000) c. \$5,000
	ZX. 1000 BG1 C		0000 0.	1 320011		43,000
Fund Balance Appropriated	1000-NDP-000-00000-I	FBApro-0000000-0000-99-49	90000-		\$	(30,104.75)
Donations: Shelter	1000-CSS-291-29102-D	onatn-0000000-0000-05-520	0019-		\$	13,845.84
Donations: CAC	1000-CSS-291-29103-D	onatn-0000000-0000-05-520	0019-		\$	7,531.50
Donations: Kara's Closet		araCl-0000000-0000-05-520			\$	2,109.00
Donations: HUSN		onatn-0000000-0000-05-520			\$	1,618.41
Donations: Threads of Hope	1000-CSS-291-00000-T	hrdHp-0000000-0000-05-52	0019-		\$	5,000.00
					-	
					-	
					-	
					<del>                                     </del>	
					<del> </del>	
			,			
<del></del>			Check cell- A	Amounts must sum to \$0	\$	-
** Decreases in expenditures and increases in reven unds require inter-fund transfer accounts.	nue accounts require brackets. Inc	reases in expenditures and decreases in	n revenue d	do not require brackets. Pl	ease note tha	at transfers between
IUSTIFICATION FOR REQUEST:						
Appropriate donations funds from Ap The Lighthouse to expend as needed. palance, carried forward and approproy donors.	The donations rolled int	to fund balance at June 30, 2	2023 and	need to be appro	priated ou	ut of fund