	GAS	TON COUNTY BUD	GET CHAN	GE REQUEST	
TO: <u>Earl Mather</u>		county		MANAGER	
FROM:	5100 Dept. #	DHHS - Public Healt Department Name			
Ī	Department Direct	or's Signature I	Date		
TYPE OF REQUES	ST:				
Line Item T	ransfer Within Departr	nent & Fund	L	ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund			X Additional Appropriation of Funds *		
Line Item T	ransfer Between Depa	rtments*	<u>* F</u>	Requires resolution by the B	soard of Commissioners
			Resolution	on # C	Pate
		ACCOUNT NU	MBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxxx - xxx - xxx		xxxxx - xxxx	(See Note Below)
lealth - State Grant 1		11-5100-5113-5121-320-505			(\$6,880
Special Programs	•	11-5100-5113-5121-29	90-000	17021-0001	\$6,880
UICTIFICATION F					
funds from the Neprovided to assist	nty Department of C Division of Pub t the Public Healthigh incidence of H	Health and Human Serv lic Health for the Gaston n Department to provide IIV and STDs. The fund	HIV Outreact targeted HIV	h Program (GHOP). and STD testing to pe	The additional funding is ersons at high risk and ir
APPROVAL SIGI	NATURES:				
County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date		
			Interim Budget Administrator Da		Date
		ncreases in revenue accouse note that transfers between			