

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ DSS/CSS _____ Social Services _____
 Dept. Code Department Name

_____ Angela Karchmer _____ 10/4/23
 Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*
- * Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										
Adult Nutrition donations	1000-CSS-272-00000-AdtNut-HmDeIMI-0000-05-445004-										(617)
Adult Nutrition donations	1000-CSS-272-00000-AdtNut-0000000-0000-05-520019-15259										617
Adult Daycare donations	1000-CSS-272-00000-AdItDC-0000000-0000-05-445004-										(30)
Adult Daycare donations	1000-CSS-272-00000-ADLTDC-0000000-0000-05-520019-										30

JUSTIFICATION FOR REQUEST:

During the First quarter of FY2023-2024, Gaston County citizens and organizations donated a total of \$647 to the Department of Health and Human Services - Social Services Division. The donations need to be appropriated into the FY2023-2024 Social Services Budget in order to be used as intended by donors.

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.