GAG	TON COUNTY BUDG	ILI CHAN	OL KLQULSI	
TO: Earl Mathe	rs	COUNTY MANAGER		
FROM: _5582/5600 D	HHS-Social Services Divi	sion		
Dept. #	Department Name			
Department Directo	r's Signature Da	ate		
TYPE OF REQUEST:				
Line Item Transfer Within Department & Fund		L	ine Item Transfer Between	Funds *
Project Transfer Within Department & Fund		X Additional Appropriation of Funds *		
Line Item Transfer Between Depar	tments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners
		Resolution	on #	Date
	ACCOUNT NUM	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)
Donations	20-5582-840-501			(15,238)
Shelter Private Grants	20-5582-891-518			(51,431)
Special Programs: Donations	20-5582-298-000		08162-0001	66,669
Donations	20-5600-840-501			(1,878
Special Programs: Donations	20-5600-298-000		08159-0001	1,378
Special Programs: Donations	20-5600-298-000		15259-0001	917
Home Delivered Meals/Donations	20-5600-5622-840-504			(417
Donations:Residential Child Care	20-5867-840-507			(1,170
Special Programs: General	20-5867-298-000		16210-0001	570
Special Programs: Emergency Asst	20-5867-298-000		16211-0001	600
JUSTIFICATION FOR REQUEST: During the second quarter of FY201 Department of Health and Human S funds to be used as intended by dor	ervices - Social Services			
APPROVAL SIGNATURES:				
County Manager/Assistant County Manager Date		Interim Fir	nancial Services Director	Date