TO: _	Earl Mathers		COUNTY M	MANAGER	
FROM: _	5100	DHHS - Public Healt			
	Dept. #	Department Name	•		
Ē	epartment Direc	ctor's Signature	Date		
YPE OF REQUES	ST:				
Line Item Ti	ransfer Within Depar	tment & Fund	Li	ne Item Transfer Between	Funds *
Project Trar	nsfer Within Departm	nent & Fund	X A	dditional Appropriation of	Funds *
Line Item Ti	ransfer Between Dep	partments*	<u>* R</u>	equires resolution by the	Board of Commissioners
			Resolution	n #	Date
		ACCOUNT NU	JMBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div	Fund - Dept - Subdept - Div - Acct - Subacct		Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xx	(x - xxx - xxx	xxxxx - xxxx	(See Note Below)
her Grants 11-5100-511		11-5100-5112-5119-8	90-512		(\$1,0
oecial Programs		11-5100-5112-5119-2	98-000	16225-0001	\$1,0
om Youth Emp olutions is a No nange. TAC is th udents who wor	nty Department of owered Solution orth Carolina-bathe youth leaders rk to promote the	of Health and Human Serns (YES!) for the Gasto sed nonprofit that empowership arm of the Gaston Co e importance of adolesce nembers. These are non-	on County Tee wers youth, in ounty DHHS ar nt health issues	n Action Council ( partnership with add nd is composed of G	ΓΑC). Youth Empower ults, to create commur aston County high sch
PPROVAL SIGN	NATURES:				
County Manager/In	terim Assistant Cour	nty Manager Date	Financial Operat	ions Manager/Asst. Finan	cial Operations Mgr. Date