GASTON COUNTY BUDGET CHANGE REQUEST			
TO:	Dr. Kim S. Eagle	COUNTY MANAGE	R
FROM:	5620 DHF	IHS-Social Services	
	Dept. # Department Name		
	Angela Karchmer	7/14/2021	
	Department Director's Nam	e Date	
TYPE OF REQUE	ST:		
Line Item Transfer Within Department & Fund			
Project Transfer Within Department & Fund X Additional Appropriation of Funds *			
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>			
		ACCOUNT NUMBER	AMOUNT
ACCOU	INT DESCRIPTION	Fund - Function - Dept - Division - Object - F	Project Whole Dollars Only
(As it ap	pears in the budget)	xxx - xx - xxxx - xxxx - xxxx - x	xxxx (See Note Below)
Fund Balance A SC Johnson Gra		020-99-9900-0000-490000 020-05-5620-0000-560000-21602	(\$20,000) \$20,000

JUSTIFICATION FOR REQUEST:

DHHS Meals on Wheels program was awarded a \$20,000 grant from SC Johnson to enhance the delivery of meals to vulnerable adults throughout the county. The grant rolled into the fund balance on June 30, 2021 and need to be appropriated out of Social Services fund balance, and appropriated into the FY2021-2022 Social Services Budget in order to be expensed for the appropriate use. No County Funds Required.

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.