	GAS	STON COUNTY BUDG	GET CHAN	GE REQUEST		
TO: _	Earl Mathers		_COUNTY M	ANAGER		
FROM: _	5100	DHHS - Public Health				
	Dept. #	Department Name				
	epartment Direct	or's Signature D	oate			
TYPE OF REQUES	iT:					
Line Item Tr	ansfer Within Depart	ment & Fund	Li	ne Item Transfer Between	Funds *	
Project Transfer Within Department & Fund			X	X Additional Appropriation of Funds *		
Line Item Tr	ransfer Between Depa	artments*	<u>* R</u>	tequires resolution by the I	Board of Commissioners	
			Resolutio	n# [Date	
		ACCOUNT NUM	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		xxxxx - xxxx	(See Note Below)	
ealth - State Grant		11-5100-5150-5151-32	11-5100-5150-5151-320-505		(\$20,000	
Special Programs	i	11-5100-5150-5151-298-000		16252-0001	\$20,000	
grant funds from are proven to low birth to five. The	nty Department of the NC Division er infant mortality se funds will be	of Health and Human Servers of Public Health for the Morrates, improve birth outcoused to plan and provide ortality rate through the estimates	laternity Clinicomes, and imposable capacity-build	c to implement evide prove the overall hea ling activities which we	nce-based strategies that Ith status of children ages will lead to improved birth	
		as travel and training. Th				
APPROVAL SIGN	NATURES:					
County Manager/	County Manager/Assistant County Manager Da		Interim Fina	ancial Services Director	Date	
			Assistant F	inance Director	 Date	