GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	TO: Earl Mathers CO		OUNTY M	ANAGER	
FROM:	5100 Dept. #	DHHS - Public Health Department Name			
		Dopartment Hame			
Department Director's Signature Date					
TYPE OF REQUEST:					
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>					
Resolution # Date					
		ACCOUNT NUMBER		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 - xxx		xxxxx - xxxx	(See Note Below)
Miscellaneous Revenue 11-5100-511		11-5100-5112-5115-890-5	)0-5112-5115-890-501		(\$260)
Special Programs		11-5100-5112-5115-298-000		16265-0001	\$260
JUSTIFICATION FOR REQUEST: The Gaston County Department of Health and Human-Services – Public Health Division was awarded funds from the RISE (Researching Implementation Support Experiences) Program, a Home Evaluation Study Program. Nurse Family Partnership (NFP) staff participated in the RISE Program Practices Survey to learn more about implementation support experiences in home visiting programs. These funds will be used to support the NFP staff in team building, professional development, and work with the NFP families. These are Non-County funds.					

APPROVAL SIGNATURES:

County Manager/Interim Assistant County Manager Date

Financial Operations Manager/Asst. Financial Operations Mgr. Date

Interim Budget Administrator

Date

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.