	G/	ASTON CO	DUNTY BUDGET	CHANGE R	REQUEST	
TO:	Dr. Kim S. Eagle		COUNTY MAI		SER	
FROM:	4790	DHHS	S-Social Services			
	Dept. #	Dep	partment Name			
	Angela Karchmer		9/24/	2021		
	Department Director's Nam		e Date			
TYPE OF REQUE	ST:					
Line Item	Transfer Within Dep	artment & Fund	1	Line Item	ı Transfer Between	Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *						
Line Item	Transfer Between D	epartments*		* Requires	s resolution by the E	Board of Commissioners
			ACC	OUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		- Project	Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		xxxxxx	(See Note Below)
FNS: Consolidated Approp. Act			020-05-4790-0000-420000-22521			(\$40,360)
FNS: American Rescue Plan			020-05-4790-0000-420000-22522			(\$109,890)
FNS: Consolidated Approp. Act			020-05-4790-0000-560000-22521			\$40,360
FNS: American Rescue Plan			020-05-4790-0000-560000-22522			\$109,890
•	021, NC DHHS i		nties that allocations			to the counties from the

In September 2021, NC DHHS informed counties that allocations of funds would be distributed to the counties from the Consolidated Appropriations Act and the American Rescue Plan Act for the administration of Food and Nutrition Services due to the increase caseloads from the pandemic. These funds are to be used to offset the County portion of the administration cost. These funds will need to be appropriated into the FY22 budget to be expenses for administrative costs.

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.