GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mather	S	_COUNTY N	IANAGER	
FROM:	5100	DHHS - Public Health			
	Dept. #	Department Name			
	Department Director	's Signature D	ate		
TYPE OF REQUE	ST:				
Line Item	Transfer Within Departme	ent & Fund	L	ine Item Transfer Between	Funds *
Project Tra	ansfer Within Department	& Fund	Х	Additional Appropriation of F	Funds *
Line Item	Transfer Between Depart	ments*	*	Requires resolution by the E	Board of Commissioners
Resolution # Date					
		ACCOUNT NUM	IBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION F		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appear	(As it appears in the budget) xx - xxxx - xxxx		- xxx - xxx	xxxxx - xxxx	(See Note Below)
Health - State G	alth - State Grant 11-5100-5140-5141-3		0-505		(\$1,702)
Special Program	ecial Programs 11-5100-5140-5142-		3-000	17035-0001	\$1,702
JUSTIFICATION F					
		lealth and Human Servio	ces – Public	Health Division receiv	ed additional State Grant
funds from the NC Division of Public Health for the Nutrition Program for Women, Infants and Children (WIC). WIC					
provides supplemental nutritious foods, nutrition education, and referrals to health care for low-income persons. The additional funds will be used for program supplies, materials, and services. These are Non-County funds.					
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APPROVAL SIG	SNATURES:				
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.