GASTON COUNTY
BUDGET CHANGE REQUEST (BCR)

TO: Matthew Rhoten, County Manager

FROM:

4950	Cooperative Extension
Dept. Code	Department Name

Jonette Mungo	4/09/2026
Department Director	Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund
- ☐ Project Transfer Within Department & Fund
- ☐ Line-Item Transfer Between Departments
- ☑ Line-Item Transfer Between Funds*
- ☐ Additional Appropriation of Funds*

*Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	**ACCOUNT NUMBER** Fund-Dept-Div-SubDiv-Prog-SubProg-Future-Obj-Proj XXXX-XXX-XXX-XXXXX-XXXXXX-XXXXXXX-XXXX-XX-XXXXXX-XXXXX Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-	**AMOUNT**** Ex. ($5,000.00) Ex. $5,000.00
Highland Youth Garden Entrepreneur Prog.	1000-CES-000-00000-HghGrd-0000000-0000-07-570012-	$ 6,682.54
Program Supplies	1000-CES-000-00000-HghGrd-0000000-0000-07-520002-	$ (4,507.77)
Food and Provisions	1000-CES-000-00000-HghGrd-0000000-0000-07-520005-	$ (554.77)
Other Services	1000-CES-000-00000-HghGrd-0000000-0000-07-530015-	$ (1,620.00)
		$ -

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.

JUSTIFICATION FOR REQUEST:

Authorize the transfer of unspent funds from the Highland Youth Garden and Entrepreneur Incubator Program's approved expenditure accounts to its grant refund account so that a refund can be issued to Kintegra Health.