GASTON COUNTY BUDGET CHANGE REQUEST			
TO:	Dr. Kim S. Eagle	COUNTY MANAGER	
FROM.	4790/5600 D	OHHS (Social Services Division)	
		epartment Name	
	Angela Karchmer	4/7/21	
	Department Director's Name	e Date	
TYPE OF REQUE	EST:		
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>			
		ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Employee Activi Adult Services: I Nutrition: Donati Foster Care Dor	Donations ions	020-05-4790-0000-415001-18142 020-05-5600-0000-415001- 020-05-5622-0000-415003- 020-05-5867-0000-415001-	(254) (737) (1819) (31)
Employee Activi	ties Donations	020-05-4790-0000-560000-18142	254
Special Programs:Donations- Adult Serv		020-05-5600-0000-560000-08159	737
Special Programs:Donations- Nutrition Foster Care Donations		020-05-5600-0000-560000-15259 020-05-5867-0000-560000-16194	1819 31

JUSTIFICATION FOR REQUEST:

During the third quarter of FY2020-2021, Gaston County citizens and organizations donated a total of \$2,841 to the Department of Health and Human Services - Social Services Division. The funding must be appropriated into the FY2020-2021 Social Services Budget in order to be used as intended by donors.

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.