	G	ASTON C	OUNTY BUDGET	CHANGE REQ	QUEST	
TO:	Dr. Kim S. Eagle		COUNTY MANAGER			
FROM:	4521	DHH	S-Social Services			
i itolvi.	Dept. # Department Name  Angela Karchmer 9/2/20					
			9/2/2	2020		
Department Director's Name						
TYPE OF REQUE	EST:					
Line Item Transfer Within Department & Fund  Line Item Transfer Between Funds *						unds *
Project T	ransfer Within Depa	rtment & Fund	]	X Additional Ap	propriation of Fu	nds *
Line Item Transfer Between Departments*  * Requires resolution by the Board of Commissioners						ard of Commissioners
		<del>.</del>	ACC	DUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION			Fund - Function -	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxx	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
DOT CARES Funds			010-01-4521-0000-420000-21534			(\$270,406)
DOT CARES: Salaries			010-01-4521-0000-510001-21534			\$270,406
Salaries			010-01-4521-0000-510001-			(\$270,406)
Fund Balance Appropriation			010-99-9900-0000-490000-			\$270,406
HISTIFICATION	FOR REQUEST:					
JUSTIFICATION FOR REQUEST:						
Gaston County will use 5311 CARES Act funds to continue operating services in rural communities and prevent, prepare, and respond due to the COVID-19 public health emergency. No county match required.						
Note: Decreases	in expenditures	& increases	in revenue accounts r	equire brackets. Inc	creases in exp	enditures & decreases in
revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.						