

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5810 Hope United Survivor Network  
           Dept. #                      Department Name

Tara Joyner                                      10/19/2021  
           Department Director's Name                      Date

### TYPE OF REQUEST:

☒ Line Item Transfer Within Department & Fund                      ☐ Line Item Transfer Between Funds \*

☐ Project Transfer Within Department & Fund                      ☒ Additional Appropriation of Funds \*

☐ Line Item Transfer Between Departments\*                      \* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION  (As it appears in the budget)	ACCOUNT NUMBER	AMOUNT
	Fund - Function - Dept - Division - Object -Project	Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Fund Balance Appropriated	010-99-9900-0000-490000	(\$86,110.10)
Donations (Shelter Revenue)	010-05-5810-5582-415001-	(\$2,604.07)
Donations (Shelter Expense)	010-05-5810-5582-560000-08162	\$88,714.17
Fund Balance Appropriated	010-99-9900-0000-490000	(\$8,834.50)
Donations (CAC Revenue)	010-05-5810-5585-415001	(\$113.33)
Donations (CAC Expense)	010-05-5810-5585-560000-16282	\$7,896.83
Kara's Klosest Donations	010-05-5810-5585-560000-20045	\$1051.00
Fund Balance Appropriated	010-99-9900-0000-490000	(\$525.00)
Donations (HUSN Expense)	010-05-5810-0000-560000-22218	\$525.00

### JUSTIFICATION FOR REQUEST:

Appropriate donation funds from FY21 and FY22 through September 30<sup>th</sup>, 2021 for Hope United Survivor Network, the Cathy Mabry Cloninger Center and the Lighthouse to expend as needed. All funds are unrestricted.

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.