

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** \_\_\_\_\_ Dr. Kim S. Eagle \_\_\_\_\_ COUNTY MANAGER

**FROM:** \_\_\_\_\_ DSS \_\_\_\_\_ Social Services  
                   Dept. Code                   Department Name

\_\_\_\_\_ Angela Karchmer \_\_\_\_\_ 4/05/23  
                   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										AMOUNT**  Whole dollars only  Ex. \$5,000 Ex. (\$5,000)
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-										
LIEAP FY23 One-Time Supplements	1000-DSS-270-00000-RLIEAP-PAPayts-0000-05-410000-S0039										(\$10,400)
LIEAP FY23 One-Time Supplements	1000-DSS-270-00000-RLIEAP-PAPayts-0000-05-560008-S0039										\$10,400

**JUSTIFICATION FOR REQUEST:**

The State has made available a One-Time Supplement payment for Low Income Home Energy Assistance eligible households through the Infrastructure Investment and Job Act in the amount of \$10,400.

\*\* 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.