	GAS	TON C	OUNTY BUDG	ET CHAN	NGE REQUEST	
TO:	Dr. Kim S. Eagle		COUNTY MANAGER			
EDOM:				_		
FROM:	Dept. # Department Nam					
	Steve Eaton Department Director's Name		2/23/21			
				Date		
TYPE OF REQUE	EST:					
Line Item Transfer Within Department & Fund					Line Item Transfer Betweer	ı Funds *
Project Tr	ransfer Within Departme	ent & Fund		Х	Additional Appropriation of	Funds *
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners						Board of Commissioners
		-	А	CCOUNT NU	JMBER	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)	
Hlth Grt: COVID 19 Vaccination			011-05-5116-5132-425059-21592			(\$76,784)
Hlth Grt: COVID 19 Vaccination			011-05-5116-5132-560000-21592			\$76,784
JUSTIFICATION FOR REQUEST:						
The Gaston County Department of Health and Human Services – Public Health Division received State Grant funds from						
the NC Division of Public Health for the COVID-19 Vaccination Program. The program will help support activities						
associated with COVID-19 mass vaccination planning and implementation. The funds will be used for associated costs						
for COVID-19 vaccine storage, planning, staffing, and vaccine point of dispensing. These are Non-County funds.						
Note: Decreases	in evnenditures 9 is	noreacoc i	in revenue accour	te require h	rackets Increases in a	avnandituras & dagraggas in
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.						