GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim S. Eagle		COUNTY MANAGER		
FROM:	5600	DHHS-Soc	cial Services		
	Dept. #	Departm	ent Name		
	Angela Karchmer		8/10/2020		
Ī	Department Directo	or's Name	e Date		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund				Line Item Transfer Betweer	n 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 - xxxxx		(See Note Below)
COG CARES: A	COG CARES: Aging Services		020-05-5600-0000-420000-21543		(\$324,764)
COG CARES: Program Supplies COG CARES: Other Services COG CARES: Equipment			020-05-5600-0000-520002-21543 020-05-5600-0000-530015-21543		\$3,250 \$5,000
	quipment rofessional Service		020-05-5600-0000-540001-21543 020-05-5600-0000-530010-21543		\$51,514 \$100,000
			020-05-5600-0000-560001-21543		\$100,000
COG CARES: Motor Vehicles			020-05-5600-0000-540003-21543		\$65,000

JUSTIFICATION FOR REQUEST:

The Administration on Community Living has awarded funding from the Coronavirus Aide, Relief and Economic Security (CARES) Act for Older Americans Act programs and services under Title III-B Supportive Services and Title III-C Nutrition services. These funds will be used for delivery of meals, PPE and COVID related supplies, COVID related In Home Aide services, housing/home improvements and transportation for the aging population.

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.