GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO:	Dr. Kim S. Eagle		_ COUNTY MANAGER	2
FROM:	SS/CSS Social Services			
	Dept. Code Depa	artment Name		
	Angela Karchme	r 4/6/23	3	
	Department Directo	r Date)	
REQUEST TYPE:				
Line-Item Transfer	Within Department & Fund	Line	e-Item Transfer Betwee	en Funds*
Project Transfer W	/ithin Department & Fund	√ Add	litional Appropriation of	f Funds*
Line-Item Transfer	Between Departments	* Red	quires resolution by the Boa	rd of Commissioners
ACCOUNT DESCRIPTION	ACCOUNT NUMBER			AMOUNT**
As it appears in Munis	4 3 3 5 Fund Dept Div SubD		2 6 5 Func Obj Proj	Whole dollars only
Ex. Employee Training	XXXX XXX XXX XXX		xx xxxxxx xxxxx	Ex. \$5,000 Ex. (\$5,000)
Adult Nutrition donations	1000-CSS-272-00000-AdtNut-HmDelMI-0000-05-445004-		(855)	
Adult Nutrition donations	1000-CSS-272-00000-AdtNut-0000000-0000-05-520019-15259			855
Adult Daycare donations	1000-CSS-272-00000-AdltDC-0000000-0000-05-445004-			(80)
Adult Daycare donations	1000-CSS-272-00000-ADLTDC-0000000-0000-05-520019-			80
Links Donations-revenue	1000-DSS-271-00000-FostCr-Links01-0000-05-445004-			(500)
Links Program Donations	1000-DSS-271-00000-Fost	Cr-Links01-0000-05-520	019-13263	500

JUSTIFICATION FOR REQUEST:

During the third quarter of FY2022-2023, Gaston County citizens and organizations donated a total of \$1,435 to the Department of Health and Human Services - Social Services Division. The donations need to be appropriated into the FY2022-2023 Social Services Budget in order to be used as intended by donors.

^{**} 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.