| GAS | STON COUNTY BUDG | SET CHAN | GE REQUEST | |
|---|---|---|--|--|
| TO: <u>Earl Mathers</u> | | COUNTY MANAGER | | |
| FROM: 5100 | DHHS - Public Health | | | |
| Dept. # | Department Name | | | |
| | tor's Signature D | ate | | |
| TYPE OF REQUEST: | | | | |
| Line Item Transfer Within Depart | ment & Fund | Li | ne Item Transfer Between | Funds * |
| Project Transfer Within Department & Fund | | X Additional Appropriation of Funds * | | |
| Line Item Transfer Between Dep | artments* | <u>* R</u> | Requires resolution by the E | loard of Commissioners |
| | | Resolution | n# D | Pate |
| | ACCOUNT NUM | IBER | PROJECT | AMOUNT |
| ACCOUNT DESCRIPTION | Fund - Dept - Subdept - Div - Acct - Subacct | | SUBPROJECT | Whole Dollars Only |
| (As it appears in the budget) | xx - xxxx - xxxx - xxxx - xxx | | xxxxx - xxxx | (See Note Below) |
| Health - State Grant | 11-5100-5114-5126-320-505 | | | (\$377) |
| Employee Development/Training | 11-5100-5114-5126-395-000 | | | \$377 |
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| JUSTIFICATION FOR REQUEST: The Gaston County Department o funds from the NC DHHS Nutriti Gaston County DHHS Environme the number of sites inspected, a Health inspects the feeding sites funds. | on Services Branch for the ntal Health completed the dditional funds were recei | ne Environme mandated in ved above th | ental Health Summer spections of summer ne original budgeted | r Feeding Site Program. feeding sites and due to amount. Environmental |
| APPROVAL SIGNATURES: | | | | |
| County Manager/Interim Assistant Cou | nty Manager Date | Financial Op | erations Manager/Asst. Fina | ncial Operations Mgr. Date |
| | | Interim Budget Administrator Date | | Date |
| Note: Decreases in expenditures & revenue do not require brackets. Plea | | | | |