	G/	ASTON CO	OUNTY BUDGET	CHANGE REQUES	Г
TO:	TO: <u>Dr. Kim S. Eagle</u>		COL	JNTY MANAGER	
FROM:	4521	DHI	HS-ACCESS Division		
T NOW.	Dept. #	De	partment Name		
	Angela Karchmer		8/11/2	020	
Department Director's Name					
TYPE OF REQUE	EST:				
Line Item	Transfer Within Dep	eartment & Fun	d	Line Item Transfer Bet	ween Funds *
Project Tr	ansfer Within Depar	tment & Fund		X Additional Appropriation	on of Funds *
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners					
			ACCO	JNT NUMBER	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)
DOT CARES Funds			010-01-4521-0000-420000-21534		(\$202,734)
DOT CARES: Salaries			010-01-4521-0000-510001-21534		\$202,734
Salaries			010-01-4521-0000-510001-		(\$202,734)
Fund Balance Appropriation			010-99-9900-0000-490000-		\$202,734
JUSTIFICATION FOR REQUEST:					
Gaston County will use 5311 CARES Act funds to continue operating services in rural communities and prevent,					
prepare, and respond due to the COVID-19 public health emergency. No county match required.					
Note: Decreases	in expenditures	& increases	in revenue accounts red	nuire brackets Increases	in expenditures & decreases 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.					