| | GA | STON COU | NTY BUDGET CHA | ANGE REQUEST | |
|---------------------------------|---|-------------------------------|--|---|------------------------|
| TO: | Dr. Kim S. Eagle | | COUNTY MANAGER | | |
| FROM: | 5620 | DHHS-S | ocial Services | | |
| T TOWN. | | | tment Name | • | |
| Angela Karchmer | | | 9/14/2020 | | |
| Ī | Department Dire | ctor's Name | Date | • | |
| TYPE OF REQUE | ST: | | | | |
| Line Item | Fransfer Within Depa | artment & Fund | | Line Item Transfer Between | Funds * |
| Project Tra | ansfer Within Depart | ment & Fund | Х | Additional Appropriation of F | Funds * |
| Line Item | Гransfer Between De | epartments* | | * Requires resolution by the E | Board of Commissioners |
| | | | ACCOUNT I | NUMBER | AMOUNT |
| ACCOUNT DESCRIPTION | | N | Fund - Function - Dept - Division - Object - Project | | Whole Dollars Only |
| (As it appears in the budget) | | t) | XXX - XX - XXXX - XXXX - XXXXX | | (See Note Below) |
| Health Promotion Grant | | 02 | 020-05-5620-0000-425020-21548 | | (\$4,095) |
| Fund Balance Appropriated | | 02 | 020-99-9900-0000-490000- | | (\$455) |
| Health Promotion Grant | | 02 | 020-05-5620-0000-560000-21548 | | \$4,550 |
| | | | | | |
| | | | | | |
| JUSTIFICATION F | | | | | |
| Act through Cen promote good he | tralina Council of ealth to our senic Budget, so the fu | f Government in population in | n the amount of \$4,550 Gaston County. These | . These funds will be use funds require appropriate | |
| | | | | | |

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.