	G <i>A</i>	ASTON CO	UNTY BUDG	ET CHA	NGE REQUEST	
TO:	Dr. Kim	S. Eagle	COUNTY MANAGER			
FROM:	4504	_	S-Social Services			
i itolii.			rtment Name			
Angela Karchmer		er	7/	8/2021		
	Department Director's Name		e Date			
TYPE OF REQUE	EST:					
Line Item	Transfer Within Dep	artment & Fund			Line Item Transfer Betwee	en Funds *
Project Tr	ansfer Within Depar	tment & Fund		Χ	Additional Appropriation	of Funds *
Line Item	Transfer Between D	epartments*			* Requires resolution by th	e Board of Commissioners
			AC	CCOUNT N	UMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project			Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX			(See Note Below)
DOT CARES Funds			010-01-4521-0000-420000-21534		(\$443,110)	
DOT CARES: Salaries			010-01-4521-0000-510001-21534			\$443,110
Salaries			010-01-4521-0000-510001-			(\$443,110) \$443,110
Fund Balance Appropriation			010-99-9900-0000-490000-			\$ 44 3,110
JUSTIFICATION	FOR REQUEST:					<u> </u>
		RES Act fund	ds to continue op	erating se	ervices in rural commu	unities and prevent,
prepare, and respond due to the COVID-19 public health emergency. No county match required.						
Note: Decreases	in evnenditures s	l increases in	revenue account	s require l	orackete Increases in	evnenditures & decreases in

revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.