	GAST	ON COUNT	Y BUDGET CHA	NGE REQUEST	
TO:	Dr. Kim S. E	agle	COUNTY MANAG		
FROM:	5867	DHHS-Socia	I Services		
	Dept. #	Departmer	it Name		
	Angela Karchmer		10/28/2021		
	Department Director	's Name	Date		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund				Line Item Transfer Betwee	en Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item	Transfer Between Depart	tments*		* Requires resolution by th	e Board of Commissioners
			ACCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxx		(See Note Below)
Chafee Supplemental Funds(LINKS)		020-05	020-05-5867-5868-420000-22519		(\$310,408)
Chafee Supplem	nental Funds(LINKS)) 020-05	-5867-5868-560000)-22519	\$310,408

JUSTIFICATION FOR REQUEST:

The federal Administration of Children and Families (ACF) issued program instructions (ACYF-CB-PI- 21-04) noting that it had heard from many young people who are in or were in foster care that they had not benefited from previous COVID relief efforts including stimulus checks. The program instructions specifically allow a portion of the supplemental funding to be used to provide unrestricted one-time financial assistance to youth/young adults to assist them in meeting their needs during the pandemic. Each county in North Carolina received notification of a one-time increase in their LINKS allocation from the supplemental funding in the Consolidated Care Act. The first allocation was not enough to cover the number of children that responded for these funds, therefore, we are being issue an additional \$310,408.

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.