	GAST		TY BUDGET CH/	ANGE REQUEST	
TO:	Dr. Kim S. Eagle		COUNT	Y MANAGER	
FROM:	4131 Budget & Strategy		& Strategy		
			ient Name	-	
	Janet Schafer		10/4/2021		
	Department Directo	r'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 Depar	tments*		* Requires resolution by the	e Board of Commissioners
			ACCOUNT	NUMBER	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)
Stacked Deck G	Stacked Deck Grant: Cabarrus		010-01-4130-4134-420001-22525		(\$5,000)
Stacked Deck Grant: Cabarrus		010-	010-01-4130-4134-560000-22525		\$5,000
Stacked Deck G	rant: Lincoln	010	01-4130-4134-42000	1_22523	(\$3,000)
			010-01-4130-4134-560000-22523		\$3,000
		010		0 22020	\$0,000
Stacked Deck Grant: Cleveland 010		10-01-4130-4134-420001-22524		(\$5,000)	
Stacked Deck Grant: Cleveland			010-01-4130-4134-560000-22524		\$5,000

JUSTIFICATION FOR REQUEST:

District 27/ Division of Adult Corrections and Juvenile Justice has been awarded \$13,000; \$5,000 for Cleveland, \$5,000 for Cabarrus, and \$3,000 for Lincoln. The grant is awarded by NCHHS to increase outreach, prevention and awareness of problem gambling among students who are middle-and-high-school ages using the Stacked Deck curriculum.

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.