	(GASTON C	OUNTY BUDGET	T CHANGE	REQUEST	
TO:	Earl I	Mathers	COUNTY MANAGER			
EDOM:	6130 Parks & Recreation/Senior Center					
FROM:	Dept. # Department Name					
_ sp sps						
	Department Director's Name Date			ate		
TYPE OF REQUE	ST:					
Line Item	Transfer Within D	epartment & Fun	d	Line Ite	em Transfer Between F	Funds *
X Project Tr	ransfer Within Dep	partment & Fund		Addition	onal Appropriation of F	unds *
Line Item	Transfer Betweer	n Departments*		<u>* Requi</u>	res resolution by the B	oard of Commissioners
			ACC	OUNT NUMBE	R	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			xxx - xx - xx	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)
HPDP			010-04-6130-0000-425020		(\$2340)	
Special Programs			010-04-6130-0000-560000-18069		(\$260)	
HPDP Grant			010-04-6130-0000-560000-18559			\$2600
JUSTIFICATION					.	
The purpose of this request is to accept and appropriate the Health Promotion Disease Prevention grant from Centralina						
Council of Governments Area Agency on Aging to provide Evidence Based Programming to seniors at different locations in the county.						
in the county.						
						penditures & decreases in
revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.						