GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Earl Mathers		COUNTY MANA	GER	
EDOM:	5582/5600 DH	HS- Social Services			
FROIVI:		Department Name			
	4,				
Department Director's Name			Date		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners					
		ACCOUNT N	NUMBER		AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object		PROJECT	Whole Dollars Only
(As it appears in the budget)		xxx - xx - xxxx - xxxx - xxxxx		xxxxxx	(See Note Below)
Shelter: Donations		020-05-5582-0000-415001-			(2,162)
Shelter: Private Grants		020-05-5582-0000-430008-			(2,259)
CAC: Donations		020-05-5585-0000-415001-			(3,870)
Adult Services: Donations		020-05-5600-0000-415001-			(414)
Nutrition: Donati	ion: Donations 020-05-5622-000		415003-		(905)
Residental Child	Care: Donations	ons 020-05-5867-0000-415001-			(10,000)
Special Program	s:Donations Shelter	020-05-5582-0000-560000-		08162	4,421
Special Program	s:Donations- CAC	020-05-5585-0000-560000-		16282	3,870
Special Program	s:Donations- Adult Serv	020-05-5600-0000-560000-		08159	414
Special Program	s:Donations- Nutrition	020-05-5600-0000-	560000-	15259	905
Special Program	s:Residental Child Care	020-05-5867-0000-	560000-	17228	10,000
JUSTIFICATION FOR REQUEST:					
During the first quarter of FY2017-2018, Gaston County citizens and organizations donated a total of \$19,610 to the Department of Health and Human Services - Social Services Division. The funding must be appropriated into the FY2017-2018 Social Services Budget in order to be used as intended by donors.					

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.