	GA	STON COUI	NTY BUDGET CHA	NGE REQUEST	
TO:	TO: Earl Mathers		COUNTY MANAGER		
FROM:	4950 NC Coo		ative Extension		
			ment Name		
	David Fogarty		11/26/2018		
	Department Dire	ctor's Name	Date		
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund				Line Item Transfer Betwee	n Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioner</u>					Board of Commissioners
			ACCOUNT	NUMBER	AMOUNT
ACCOUNT DESCRIPTION		N	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		et)	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
SHIIP:Sr Health Ins Info		010	010-07-4950-4950-425023-19561		(\$9,108)
SHIIP:Sr Health Ins Info			010-07-4950-4950-560000-19561		\$9,108

JUSTIFICATION FOR REQUEST:

This request is for Gaston County Cooperative Extension to accept \$9,108 in FY 19 funds from the NC Department of Insurance to support our delivery of the Senior Health Insurance Information Program (SHIIP). This program trains volunteers to provide seniors with one-on-one counseling on Medicare and supplemental health insurance questions. The program assisted over 900 Gaston County seniors in the past year in saving them over \$450,000. No county funds are involved.

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.