GASTON COUNTY BUDGET CHANGE REQUEST							
TO:	Earl Mathers			_COUNTY MANAGER			
FROM:	5440/5490	DHHS	S- Social Services	S			
	Dept. #	Dep	partment Name				
	Department Direct	tor's Name	<u> </u>	Date			
TYPE OF REQUE	ST:						
Line Item	Transfer Within Depar	rtment & Fund	d		Line Item	Transfer Between	Funds *
Project Tr	ansfer Within Departm	nent & Fund		Χ	Additiona	al Appropriation of I	Funds *
Line Item	Transfer Between Dep	partments*		<del>,</del>	' Requires	resolution by the E	Board of Commissioners
ACCOUNT				NUMBER			AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division		ct	PROJECT	Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx		<	xxxxxx	(See Note Below)
LIEAP -Revenue			020-05-5440-0000-425049-				(163,504)
Public Asst Payments -LIEAP		02	020-05-5440-0000-560				163,504
CIP - Revenue			020-05-5490-0000-425016-				(163,504)
Public Asst Payments -CIP			020-05-5490-0000-560008-				163,504
JUSTIFICATION	FOR REQUEST:						
			•		_		come Energy Assistance
Program in the	amount of \$163,50	04 for a tota	al of \$1,003,487	in each pro	gram to	be used for hea	ating and cooling. These

funds require appropriation into the FY2018-2019 Social Services Budget in order to be expensed for the appropriate use. 100% Federal Funds, No County Funds Required.

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.