GASTON COUNTY BUDGET CHANGE REQUEST		
COUNTY	MANAGER	
HS - Public Health		
Department Name		
8/12/2019		
me Date		
und	Line Item Transfer Between F	Funds *
id X	Additional Appropriation of F	unds *
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>		
ACCOUNT N	JMBER	AMOUNT
Fund - Function - Dept - Divis	ion - Object - Project	Whole Dollars Only
xxx - xx - xxxx - xxxx -	· xxxxx - xxxxxx	(See Note Below)
		(\$2,000) \$2,000
	COUNTY I <u>HHS - Public Health</u> Department Name <u>8/12/2019</u> me Date Jund x * <u>X</u> * <u>*</u> ACCOUNT NU Fund - Function - Dept - Divisi xxx - xx - xxxx - xxxx - 011-05-5110-0000-430000-	COUNTY MANAGER HHS - Public Health Department Name 8/12/2019 me Date Fund Line Item Transfer Between I ad X Additional Appropriation of F

JUSTIFICATION FOR REQUEST:

The Gaston County Public Health Department was awarded grant funds from the Community Foundation for the Money designated for the Gaston County DHHS Fund Scholarship Program. The Scholarship Program was created as a way of promoting professional development and growth and to recruit and retain exceptional staff in DHHS. Awards will be given annually in three categories: Graduate/Undergraduate Degree, Associate/Technical/Certificate Degree, and Child of DHHS Employee Scholarship. Selection of the awards were based on applications submitted. Applications and selection of the award recipients were reviewed and discussed by a committee of community members and representatives. Four awards in the amount of \$500 each will be given to the school where the recipients are attending. The award recipients are seeking degrees in Public Health or Social Services areas to improve the quality of life in Gaston County. These are non-County funds.

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.