GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim Eagle		COUNTY MANAGER		
FROM:	5600 DHHS- Social Serv		Services		
			t Name		
Chris Dobbins			8/7/2019		
	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 Departm	nents*	* Requir	es resolution by the E	Board of Commissioners
		A	CCOUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION		Fund - F	Fund - Function - Dept - Division - Object		Whole Dollars Only
(As it appears in the budget)		xxx -	xx - xxxx - xxxx - xxxxx	XXXXXX	(See Note Below)
Comm Food Subsidy		020-05-56	622-0000-425017-		(47,193)
Nutrition- Other Services		020-05-56	622-0000-530015-		47,193
JUSTIFICATION F	FOR REQUEST:				

Gaston County has been approved to receive \$1,162,552 in Home and Community Care Block Grant funding for FY2019-2020 to provide support services to older adults. Included in this funding plan are Nutrition Services Incentive Program funds. These are 100% federal USDA funds, therefore, they are listed as a separate funding source on the plan. We recently received notification that the County will receive an additional allocation of \$47,193 of NSIP funding for meal costs for the Congregate Meal Sites and Home Delivered Meals programs. We are requesting to appropriate this additional funding into the FY2019-2020 budget. No additional 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.