GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	Dr. Kim Eagle		COUNTY MANA	AGER	
EDOM:	=	HHS- Social Service	HS- Social Services		
FROM:	Dept. #	Department Name	<del></del>		
	Chris Dobbins	•	7/23/2019		
	Department Director's N	Name	Date		
TYPE OF REQUE	EST:				
Line Item	Transfer Within Department	& Fund	Line Ite	em Transfer Between F	-unds *
Project Ti	ransfer Within Department & I	Fund	X Additi	onal Appropriation of F	unds *
Line Item	Transfer Between Departmen	nts*	<u>* Requi</u>	res resolution by the B	oard of Commissioners
		ACCOUN	ACCOUNT NUMBER		AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - D	Fund - Function - Dept - Division - Object		Whole Dollars Only
(As it appears in the budget)		xxx - xx - xxxx - xxxx - xxxxx		xxxxxx	(See Note Below)
Health Promotion Grant		020-05-5620-0000-425020-		20530	(3,510)
Fund Balance Appropriated		020-99-9900-0000-490000-			(390)
Health Promotion Grant		020-05-5620-0000-560000-		20530	3,900
Act through Cer promote good h	ial Services Adult and A ntralina Council of Gove lealth to our senior popu	rnment in the amouil lation in Gaston Co	nt of \$3,900. Thes unty. These funds	e funds will be use require appropriati	

10% County match of \$390.

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.