	GAS	TON COL	INTY BUDGET CHA	NGE REQUEST	
TO: _	Dr. Kim S. Eagle		COUNTY	MANAGER	
FROM:	5622	DHHS-S	Social Services		
<u>-</u>	Dept. #	Depar	tment Name		
Angela Karchmer			4/29/2020		
]	Department Direct	or's Name	Date		
TYPE OF REQUES	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 Departments*  * Requires resolution by the Board of Commissioners					
			ACCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)
Families First COVID Relief Act			020-05-5622-0000-4200000-FFCRA		(\$152,897)
Families First COVID:Congregate Families First COVID-Home Delivered			020-05-5622-0000-560000-FFCR1 020-05-5622-0000-560000-FFCR2		\$50,966 \$101,931
ranilles first COVID-Home Delivered			.0-03-3022-0000-300000	FIT CIVE	φ101,931
JUSTIFICATION F	OR REQUEST:				
Relief Act to supply divided between allocated into the	oort citizens with r C-1 (Congregate	nutritional me Sites) and C but will be c	Program has been grant eals during the pandemic -2 (Home Delivered Mea carried forward into the Fiquired.	in the amount of \$152, ls). These federal fund	897. The funds are s are required to be

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.