	GA	STON CO	OUNTY BUDG	GET CHA	ANGE REQUEST	
TO:	Dr. Kim S	COUNTY MANAGER				
FROM:	5867	DHH:	S-Social Services			
FROIVI.			partment Name			
	Angela Karchmer		5/5/2020			
	Department Director's Name		e Date		-	
TYPE OF REQUE	EST:					
Line Item	Transfer Within Depa	artment & Fun	d		Line Item Transfer Between	Funds *
Project T	ransfer Within Depart	ment & Fund		X	Additional Appropriation of	Funds *
Line Item	Transfer Between De	epartments*			* Requires resolution by the E	Board of Commissioners
			,	ACCOUNT I	NUMBER	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)	
Glenn Foundation Grant-Resource Closet Glenn Foundation Grant-Resource Closet			020-05-5867-0000-430000-21535 020-05-5867-0000-560000-21535			(\$9,765) \$9,765
Foundation to b	t of Social Servic e used for resour	ces for fost	er care children.	These fun	anted additional funds the ds are required to be allow the funds are required.	_
Note: Decreases	in evnenditures &	increases i	in revenue accou	nte require	hrackets Increases in e	vnenditures & decreases in

revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.