TO:	TO: Dr. Kim S. Eagle		COUNTY MANAGE	:R	
EDOM:	5582/5600	DHHS/Social Se			
FROIVI.	Dept. # Departme				
	Angela Karchm	·	7/8/2020		
	Department Dire		Date		
TYPE OF REQUE	EST:				
Line Item	Transfer Within Dep	artment & Fund	Line Item T	ransfer Between Fu	nds *
Project Tr	ransfer Within Depart	ment & Fund	X Additional	Appropriation of Fur	nds *
Line Item	Transfer Between D	epartments*	* Requires re	esolution by the Boa	ard of Commissioners
		·	ACCOUNT NUMBER		AMOUNT
ACCOL	JNT DESCRIPTIO	N	Fund - Function - Dept - Division - Object - F	Project	Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX - XX	CXXXX	(See Note Below)
Shelter - Donations		•	5582-0000-415001-	0000	(19,723)
Nutrition: Donations			020-05-5622-0000-415003-		(1,367)
Employee Activities:Donations			020-05-4790-0000-415001-18142		(1,800)
Adult Services Donations			020-05-5600-0000-415001-		(910)
CAC Donations			020-05-5585-0000-415001-		(485)
Shelter - Child Care Program			020-05-5582-0000-560000-09253		18,251
Shelter Donations			5582-0000-560000-08162		1,472
Special Programs:Donations Nutrition			5600-0000-560000-15259		1,367
Employee Activities Donations			020-05-4790-0000-560000-18142		1,800
Adult Services Donations			020-05-5600-0000-560000-08159		910
CAC Donations	onations		5585-0000-560000-16282		485
JUSTIFICATION I During the mont to the Departme	th of June, 2020 ent of Health and	of FY2019-2020, Ga Human Services - S	iston County citizens and orga Social Services Division. The used as intended by donors.		ted a total of \$24,285