	G	ASTON C	OUNTY BUDG	SET CHA	NGE REQUEST		
TO:	Dr. Kim	S. Eagle	COUNTY MANAGER				
FROM:	5114 DHHS - Public F						
1 1 (O)VI.			partment Name				
	Steve Eaton		10/27/2020				
Department Director's Name			e Date				
TYPE OF REQUE	EST:						
Line Item Transfer Within Department & Fund					Line Item Transfer Between	een Funds *	
Project T	ransfer Within Depa	rtment & Fund		Χ	Additional Appropriation	of Funds *	
Line Item	Transfer Between D	Departments*	* Requires resolution by the Board of Commissioners				
		<u> </u>	Д	CCOUNT N	UMBER	AMOUNT	
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only		
(As it appears in the budget)			xxx - xx -	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)	
	tion Prevention s		011-05-5114-51 011-05-5114-51			(\$261,191) \$261,191	
the NC Division	unty Department of Public Health	to provide (	COVID-19 prever	ition suppo	rt. The funds will be	eived State Grant funds from used to enhance the Local se are Non-County funds.	
	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.						