GASTON COUNTY BUDGET CHANGE REQUEST			
70			
TO:	Dr. Kim S. Eagle	COUNTY MANAGER	
FROM:		ted Survivors Network	
Dept. # Department Name			
	Tara Joyner	9/22/2020	
	Department Director's Name	e Date	
TYPE OF REQUE	ST:		
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *			een Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *			
Line Item Transfer Between Departments* <u>* Requires resolution by the Board of Commissioners</u>			
		ACCOUNT NUMBER	AMOUNT
ACCOL	INT DESCRIPTION	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
(As it ap	pears in the budget)	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
FVPS Grant: Ye	ar 2	010-05-5810-5582-425009-21552	(\$30,000)
Salaries: FVPS Grt Yr 2		010-05-5810-5582-510001-21552	\$25,225
FICA: FVPS Grt Yr 2		010-05-5810-5582-510100-21552	\$1,891
Retirement: FVI	PS Grt Yr 2	010-05-5810-5582-510101-21552	\$2,884

JUSTIFICATION FOR REQUEST:

Family Violence Prevention and Services Act (FVPSA) grant funds cover partial salary and benefits for the domestic violence shelter's Public Outreach Specialist. There is a 20% match (\$6,000) which will be met through the Public Outreach Specialist's additional salary and benefits already budgeted with local dollars.

Contract #2019-365

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.