

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5810 Hope United Survivors Network

Dept. # Department Name

Tara Joyner 10/22/2020

Department Director's Name Date

TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds *

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds *

☐ Line Item Transfer Between Departments*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	AMOUNT
	Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	(See Note Below)
Covid-19 Relief Assist Grant	010-05-5810-5582-420000-21568	(\$56,603)
F/E<5K: Covid19 Relief Assist	010-05-5810-5582-540001-21568	\$26,603
Vehicles:Covid19 Relief Assist	010-05-5810-5582-540003-21568	\$30,000

JUSTIFICATION FOR REQUEST:

The Cathy Mabry Cloninger Center intends to purchase a small passenger van to use in transporting community and sheltered survivors for job search, housing search, court appearances, medical treatment, and other necessary survivor services or appointments. Four laptop computers and associated equipment would also be purchased to assist staff members working remotely during the pandemic. With any remaining funding the shelter will replace fabric furniture and porous surface pieces with leather or vinyl furniture and non-porous surfaces pieces that will improve the shelter's ability to disinfect and sanitize the living and working environment.

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.