TO:    Dr. Kim S. Eagle    COUNTY MANAGER      FROM: <u>5600</u> DSS Adult and Aging Services      Dept. #    Department Name      Angela Karchmer    12/16/2020      Department Director's Name    Date      TYPE OF REQUEST:	GASTON COUNTY BUDGET CHANGE REQUEST				
FROM:    5600    DSS Adult and Aging Services      Dept. #    Department Name      Angela Karchmer    12/16/2020      Department Director's Name    Date      TYPE OF REQUEST:      Line Item Transfer Within Department & Fund    Line Item Transfer Between Funds *      Project Transfer Within Department & Fund    X    Additional Appropriation of Funds *      Line Item Transfer Between Departments*    *Requires resolution by the Board of Commissioners      Kaccount Description    Fund - Function - Dept - Division - Object - Project    Whole Dollars Only      Account Number    AMOUNT      Account Number    See Note Below)      2020 GCC Disabled Adults    020-05-5600-0000-21582    (\$221,538)      Salary: 20 GCC Disabled Adults    020-05-5600-0000-51001-21582    \$180,000      FICA: 2020 GCC Disabled Adults    020-05-5600-0000-510101-21582    \$13,770      Retire: 20 GCC Disabled Adults    020-05-5600-0000-510101-21582    \$16,200      Prog Supp:20 GCC Disabled Adults    020-05-5600-0000-52002-21582    \$2,000      Train:2020 GCC Disabled Adults    020-05-5600-0000-52001-21582    \$16,200					
Intermine    Dept. #    Department Name      Angela Karchmer    12/16/2020      Department Director's Name    Date      TYPE OF REQUEST:	TO:	Dr. Kim S. Eagle	COUNTY MANAGER		
Angela Karchmer    12/16/2020      Department Director's Name    Date      TYPE OF REQUEST:	FROM:	5600 DSS Ad	It and Aging Services		
Department Director's Name  Date    TYPE OF REQUEST:		Dept. # De	epartment Name		
TYPE OF REQUEST:      Line Item Transfer Within Department & Fund    Line Item Transfer Between Funds *      Project Transfer Within Department & Fund    X    Additional Appropriation of Funds *      Line Item Transfer Between Departments*    *Requires resolution by the Board of Commissioners      Line Item Transfer Between Departments*    *Requires resolution by the Board of Commissioners      ACCOUNT DESCRIPTION    Fund - Function - Dept - Division - Object - Project    Whole Dollars Only      (As it appears in the budget)    xx - xx - xxxx - xxxx - xxxx - xxxxx - (See Note Below)    (See Note Below)      2020 GCC Disabled Adults    020-05-5600-0000-210001-21582    \$13,770      Retire: 20 GCC Disabled Adults    020-05-5600-0000-510101-21582    \$13,770      Prog Supp:20 GCC Disabled Adults    020-05-5600-0000-510101-21582    \$16,200      Prog Supp:20 GCC Disabled Adults    020-05-5600-0000-510101-21582    \$2,000      Train:2020 GCC Disabled Adults    020-05-5600-0000-52002-21582    \$2,000		Angela Karchmer	12/16/2020		
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	F/E<5K: 20 GCC	C Disabled Adults	020-05-5600-0000-540001-21582	\$4,800	

JUSTIFICATION FOR REQUEST:

This project will provide funding for salaries, training, computers, and partial benefits for two victim advocates who will offer direct services to disabled adults who are victims of forms of domestic and/or family abuse that may include physical, emotional, or sexual harm; financial exploitation; and/or neglect of their welfare.

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.