

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

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

☒ 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)
2020 GCC Disabled Adults	020-05-5600-0000-420000-21582	(\$221,538)
Salary: 20 GCC Disabled Adults	020-05-5600-0000-510001-21582	\$180,000
FICA: 2020 GCC Disabled Adults	020-05-5600-0000-510100-21582	\$13,770
Retire: 20 GCC Disabled Adults	020-05-5600-0000-510101-21582	\$16,200
Prog Supp:20 GCC Disabled Adlt	020-05-5600-0000-520002-21582	\$2,000
Train:2020 GCC Disabled Adults	020-05-5600-0000-520011-21582	\$4,768
F/E<5K: 20 GCC 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.