GASTON COUNTY BUDGET CHANGE REQUEST			
TO:	Dr. Kim S. Eagle	COUNTY MANAGEF	R
FROM:	4800 DH	HS-Social Services	
Dept. # Department Name		epartment Name	
	Angela Karchmer	12/18/2020	
	Department Director's Nar	ne Date	
TYPE OF REQUE	ST:		
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* <u>* Requires resolution by the Board of Commissioners</u>			
		ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Fund - Function - Dept - Division - Object - Pro	Whole Dollars Only
(As it ap	pears in the budget)	xxx - xx - xxxx - xxxx - xxxx - xx	xxx (See Note Below)
WIOA- Employe	r Services	020-05-4800-4810-420000-21583	(\$50,000)
WIOA- Temp Sv	c: Employer Services	020-05-4800-4810-530013-21583	\$50,000

JUSTIFICATION FOR REQUEST:

Gaston County Workforce Development has been awarded \$50,000 to assist program clients with finding employment with community employers. These funds will be used to hire a temporary employee to contact employers within the county to link them with program participants who need employment. 100% Federal funds. No County match required.

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.