

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5585 Hope United Survivors Network

Dept. # Department Name

Tara Joyner 12/22/2020

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)
2020 GCC Enhanced Svcs Grant Office Supp:20 GCC Enhanced Sv Prof Svcs: 20 GCC Enhanced Svc	010-05-5810-5585-420000-21587	(\$58,646)
	010-05-5810-5585-520001-21587	\$146
	010-05-5810-5585-530010-21587	\$58,500

JUSTIFICATION FOR REQUEST:

All children who are suspected victims of child sexual abuse are entitled to a medical evaluation by a provider with specialized training. The Lighthouse--A Child Advocacy Center will contract with a qualified medical provider who will come to the CAC on a regular basis to perform exams.

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.