TO: Dr. Kim S. Eagle COUNTY MANAGER FROM: 5116 DHHS - Public Health Dept. # Department Name Steve Eaton 2/23/21 Department Director's Name Date TYPE OF REQUEST:		GAS		ITY BUDGET CH	ANGE REQUEST	
Dept. # Department Name Steve Eaton 2/23/21 Department Director's Name Date TYPE OF REQUEST:	TO:	Dr. Kim S. Eagle		COUNT	Y MANAGER	
Dept. # Department Name Steve Eaton 2/23/21 Department Director's Name Date TYPE OF REQUEST:	FROM:	5116	DHHS - F	ublic Health		
Department Director's Name Date TYPE OF REQUEST:			Department Name		-	
TYPE OF REQUEST: Line Item Transfer Within Department & Fund Project Transfer Within Department & Fund X Additional Appropriation of Funds * Line Item Transfer Between Departments* *Requires resolution by the Board of Commissioners K ACCOUNT NUMBER ACCOUNT DESCRIPTION Fund - Function - Dept - Division - Object - Project (As it appears in the budget) XXX - XX - XXXX - XXXX - XXXXX - XXXXX CARES: Enhancing Detection 011-05-5116-5132-420000-21547		Steve Eaton		2/23/21		
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) xxx - xx - xxxx - xxxxx - xxxxx - xxxxx (See Note Below) CARES: Enhancing Detection 011-05-5116-5132-420000-21547 (\$150,329)		Department Direct	or's Name	Date	-	
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 ACCOUNT NUMBER AMOUNT (As it appears in the budget) xxx - xx - xxxx - xxxx - xxxxx - xxxxx (See Note Below) CARES: Enhancing Detection 011-05-5116-5132-420000-21547 (\$150,329)	TYPE OF REQUE	EST:				
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JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received additional Federal/State Grant funds from the NC Division of Public Health to monitor and establish key activities related to COVID-19. The funds will be used to work to prevent, prepare for, and respond to COVID-19 by carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. These are Non-County funds.

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.