

Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 17-028

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Grant Funds from Youth Empowered Solutions for the Public Health Teen Action Council (100% Grant Funds - \$1,500)

STAFF CONTACT

Carrie Meier - Community Health Education Administrator - DHHS - Public Health Div. - 704-853-5405

BUDGET IMPACT

Appropriate 100% Other Grant Funds.

BUDGET ORDINANCE IMPACT

Increase Other Grant revenue by \$1,500 and appropriate \$1,500 into Special Programs account.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received additional grant funds from Youth Empowered Solutions (YES!) for the Gaston County Teen Action Council (TAC). Youth Empowered Solutions is a North Carolina-based nonprofit that empowers youth, in partnership with adults, to create community change. YES! equips youth and their adult allies with the tools they need to positively impact adolescent health. TAC is the youth leadership arm of the Gaston County DHHS and is composed of Gaston County high school students who work to promote the importance of adolescent health issues to their peers and the community. TAC members voted to advocate for healthy food access in Gaston County and for the healthy corner stores. The grant funds will be used for training of the TAC members and continuation of the TAC projects. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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NO.	DATE	M1	M2	Brown	Fraley	Grant	Hovis	Keigher Philiperit World Vote
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GASTON COUNTY BUDGET CHANGE REQUEST											
то: _	Earl Mathe	rs	_COUNTY MANAGER								
FROM: _	5100 Dept. #	DHHS - Public Health Department Name	1								
ī	Department Directo	r's Signature [Date								
TYPE OF REQUES	ST:										
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *											
Project Tra	nsfer Within Departmen	t & Fund	X Additional Appropriation of Funds *								
Line Item Transfer Between Departments* * Requires resolution by the Board of Commission											
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	· · · · · · · · · · · · · · · · · · ·	ACCOUNT NUM	/BER	PROJECT	AMOUNT						
ACCOUNT D	DESCRIPTION	Fund - Dept - Subdept - Div -	Acct - Subacct	SUBPROJECT	Whole Dollars Only						
(As it appears	s in the budget)	xx - xxxx - xxxx - xxx	· - xxx - xxx	xxxxx - xxxx	(See Note Below)						
Other Grants		11-5100-5112-5119-89	0-512		(\$1,500)						
Special Programs	3	11-5100-5112-5119-29	8-000	17241-0001	\$1,500						
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APPROVAL SIGI	NATURES:										
County Manager/In	terim Assistant County I	Manager Date	Financial Operat	ions Manager/Asst. Financ	ial Operations Mgr. Date						
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		creases in revenue accou			penditures & decreases in unts.						