

Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division Board Action

File #: 17-216

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Funds from the RISE Home Visiting Evaluation Study for the Nurse Family Partnership Program (No County Funds - \$260)

STAFF CONTACT

Abigail Newton - Special Projects Manager - DHHS - Public Health Division - 704-853-5103

BUDGET IMPACT

Appropriate 100% Miscellaneous Revenue Funds. No County Funds.

BUDGET ORDINANCE IMPACT

Increase Miscellaneous Revenue by \$260 and appropriate \$260 into Special Programs account.

BACKGROUND

The Gaston County Department of Health and Human-Services - Public Health Division was awarded funds from the RISE (Researching Implementation Support Experiences) Program, a Home Evaluation Study Program. Nurse Family Partnership (NFP) staff participated in the RISE Program Practices Survey to learn more about implementation support experiences in home visiting programs. These funds will be used to support the NFP staff in team building, professional development, and work with the NFP families. These are Non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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	DO NOT TYPE BELOW THIS LINE										
	i. Buff, Clerk t he Board of C					hereby cert	ify that the	above is a	true and torrect copy of action		
NO.	DATE	М1	M2	Brown	Fraley	Grant (Hovis	Keigher	Philipedia, Worley Vote		
2017-157	06/27/2017	TP	AF	Α	Α	A	Α	A	A U		
DISTRIBU									The state of the s		

Carried Street

	GASTON COUNTY BU	JDGET CHAN	GE REQUEST				
TO: <u>Earl</u>	Mathers	COUNTY M	DUNTY MANAGER				
FROM:5100 Dept. #	DHHS - Public He Department Nar						
Department [Director's Signature	Date					
TYPE OF REQUEST:							
Line Item Transfer Within D	Department & Fund	Li	ne Item Transfer Between	Funds *			
Project Transfer Within De	partment & Fund	X	dditional Appropriation of F	Funds *			
Line Item Transfer Between	n Departments*	* Requires resolution by the Board of Commissioners					
		Resolution	n# D	Date			
	ACCOUNT	NUMBER	PROJECT	AMOUNT			
ACCOUNT DESCRIPTION	Fund - Dept - Subdept -	Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only			
(As it appears in the budget	et) xx - xxxx - xxxx - x	(XXX - XXX - XXX	xxxxx - xxxx	(See Note Below)			
Miscellaneous Revenue	11-5100-5112-5115	-890-501		(\$260)			
Special Programs	11-5100-5112-5115	-298-000	16265-0001	\$260			
		:					
JUSTIFICATION FOR REQUEST The Gaston County Department RISE (Researching Implement Partnership (NFP) staff particition experiences in home visiting process of the partnership development, and work with the partnership of t	ent of Health and Human-S ntation Support Experiences ipated in the RISE Program programs. These funds will	s) Program, a Ho Practices Surve be used to suppo	me Evaluation Study y to learn more about ort the NFP staff in tea	Program. Nurse Family timplementation support			
APPROVAL SIGNATURES:							
County Manager/Interim Assistant (County Manager Date	Financial Operati	ions Manager/Asst. Financi	ial Operations Mgr. Date			
		Interim Budget A	Interim Budget Administrator				
Note: Decreases in expenditures revenue do not require brackets.	s & increases in revenue acc Please note that transfers bet	counts require brac ween funds require	ckets. Increases in ex interfund transfer accou	penditures & decreases in ints.			