

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ HLT _____ DHHS - Public Health
Dept. Code Department Name

_____ 7/23/24
Department Director Date

REQUEST TYPE:

☐ 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 Munis	ACCOUNT NUMBER										AMOUNT**
	4	3	3	5	6	7	4	2	6	5	
	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	
	XXXX	XXX	XXX	XXXXX	XXXXXX	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
Ex. Employee Training	Ex. 1000-BGT-000-000000-0000000-0000-01-520011-										Ex. \$5,000.00 Ex. (\$5,000.00)
FICA: WIC Client Svcs	1000-HLT-251-00000-000000-0000000-0000-05-510100-GCLSV										\$25,810
FedGrtRev: WIC Client Svcs	1000-HLT-251-00000-000000-0000000-0000-05-410000-GCLSV										(\$25,810)

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division was awarded additional Federal Grant funds in the amount of \$25,810 from NC DHHS - Women's and Children's Health Section/Nutrition Services Branch for the Special Supplemental Nutrition Program for Public Health Women, Infants, and Children (WIC). The funds will be used for fringe benefits for staff implementing the WIC program. These are non-County funds.

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.