GASTON COUNTY BOARD OF COMMISSIONERS BOARD ACTION County Admin Building 128 W. Main Avenue. Gastonia, NC 28052

# **DHHS - Public Health Division**

## File #: 15-146

Commissioner Price - To Accept and Appropriate Additional State Grant Funds from the NC Division of Public Heath for the Maternity Clinic (100% Grant Funds - \$20,000)

## **STAFF CONTACT**

Cynthia Stitt, Personal Health Nursing Administrator, 704-853-5013

#### BUDGET IMPACT

Appropriate 100% State Grant Funds.

#### **BUDGET ORDINANCE IMPACT**

Increase State Grant revenue by \$20,000 and appropriate \$20,000 into Special Programs account.

### BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division was awarded additional state grant funds from the NC Division of Public Health for the Maternity Clinic to implement evidence-based strategies that are proven to lower infant mortality rates, improve birth outcomes, and improve the overall health status of children ages birth to five. These funds will be used to plan and provide capacity-building activities which will lead to improved birth outcomes and lower the infant mortality rate through the establishment of community teams and also provide funds for the support of these activities such as travel and training. These are non-County funds.

## POLICY IMPACT

N/A

	. Buff, Clerk t he Board of C				reby certify that the above is a true and conject copy of actio				
NO.	DATE	М1	M2	Brown	Carpenter	Fraley C	Keigher	Philbeck	Price Williams Vote
2016-012	01/26/2016	TP	СВ	Α	Α	Α	Α	A	A A U
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GASTON COUNTY BUDGET CHANGE REQUEST											
TO:	Earl Mather	<u>s</u> C	OUNTY M	ANAGER							
FROM:	5100	DHHS - Public Health									
	Dept. #	Department Name									
-											
Department Director's Signature Date											
TYPE OF REQUE	ST:										
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											
			Resolution # Date								
		ACCOUNT NUMBE	R	PROJECT	AMOUNT						
ACCOUNT (	DESCRIPTION	Fund - Dept - Subdept - Div - Acct	- Subacct	SUBPROJECT	Whole Dollars Only						
(As it appear	s in the budget)	xx - xxxx - xxxx - xxxx - xxx - xxx		xxxxx - xxxx	(See Note Below)						
Health - State Gr	ant	11-5100-5150-5151-320-5	05		(\$20,000)						
Special Program	s	11-5100-5150-5151-298-0	00	16252-0001	\$20,000						
JUSTIFICATION FOR REQUEST: The Gaston County Department of Health and Human Services - Public Health Division was awarded additional state											
grant funds from the NC Division of Public Health for the Maternity Clinic to implement evidence-based strategies that											
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APPROVA SIGNATURES 64116 County Manager/Interim Assistant County Manager Date

ael16 Financial Operations Manager/Asst. Financial Operations Mgr. Date

to Date

Interim Budget Administrator

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.