

#### **Gaston County**

Gaston County Board of Commissioners www.gastongov.com

## DHHS - Social Services Division Board Action

File #: 24-337

Commissioner Brown - DHHS - Social Services Division - To Accept and Appropriate Donated Funds Received During the Fourth Quarter of FY24 for Various Social Services Programs in the Amount of \$1,568.43

#### **STAFF CONTACT**

Angela Karchmer - DHHS - Social Services Division - Director - 704-862-7930

#### **BUDGET IMPACT**

Appropriate donated revenues. No additional County funds.

#### **BUDGET ORDINANCE IMPACT**

Appropriate \$1,568.43 of FY24 donations into Special Programs accounts in FY2025.

#### **BACKGROUND**

During the fourth quarter of FY2023-2024, Gaston County citizens and organizations donated a total of \$1,568.43 to the Department of Health and Human Services - Social Services Division. The donations rolled into Fund Balance on June 30, 2024 and need to be appropriated out of Fund Balance, carried forward and appropriated into the FY25 Social Services Budget in order to be used as intended by donors.

#### **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE

# I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows: NO. DATE M1 M2 CBrown CCloninger AFraley BHovis KJohnson RWorley Vote 2024-250 07/23/2024 BH TK A AB A A A A U

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### GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

| TO:   | Dr. Kim S. Eagle    |  | (                 | _ COUNTY MANAGER           |                              |
|---|---------------------|--|-------------------|----------------------------|------------------------------|
| FROM:                                       | CSS Social Services |  | ces               |                            |                              |
|   | ept. Code           | Department N   | lame              |                            |                              |
|   | Ar                  | Angela Karchmer 7/1/24   |                   |                            |                              |
|   | Depart              | Department Director  |                   |                            |                              |
| REQUEST TYPE:                               |                     |  |                   |                            |                              |
| Line-Item Transfer                          | Within Departr      | nent & Fund  | Line-I            | tem Transfer Betwee        | n Funds*                     |
| Project Transfer W                          | ithin Departme      | nt & Fund  | <b>✓</b> Addition | onal Appropriation of      | Funds*                       |
| Line-Item Transfer                          | Between Depa        | ırtments   | * Requi           | ires resolution by the Boa | rd of Commissioners          |
| ACCOUNT DESCRIPTION  As it appears in Munis |                     | ACCOUNT NUMBER  4 3 3 5 6 7 4 2  Fund Dept Div SubDiv Prog SubProg Future Func  XXXX XXX XXX XXXX XXXXX XXXXXX XXXXXX XXXX |                   |                            | AMOUNT** Whole dollars only  |
| Ex. Employee Training                       | xxxx x              |  |                   |                            | Ex. \$5,000<br>Ex. (\$5,000) |
| Fund Balance Appropriated                   | 1000-NDP-00         | 1000-NDP-000-00000-FBApro-0000000-0000-99-4900   |                   |                            | (\$1,568.43)                 |
| Adult Nutrition donations                   | 1000-CSS-27         | '2-00000-AdtNut-000000   | 0-0000-05-5200    | 19-15259                   | \$466.31                     |
| Adult Daycare donations                     | 1000-CSS-27         | 1000-CSS-272-00000-ADLTDC-0000000-0000-05-520  |                   |                            | \$1,102.12                   |
|   |                     |  |                   |                            |                              |
|   |                     |  |                   |                            |                              |
|   |                     |  |                   |                            |                              |
|   |                     |  |                   |                            |                              |
|   |                     |  |                   |                            |                              |
|   |                     |  |                   |                            |                              |

#### JUSTIFICATION FOR REQUEST:

During the fourth quarter of FY24, Gaston County citizens and organizations donated a total of \$1,568.43 to the Department of Health and Human Services - Social Services Division. The donations rolled into fund balance at June 30, 2024 and need to be appropriated out of fund balance, carried forward and appropriated into the FY25 Social Services Budget in order to be used as intended by donors.

<sup>\*\*</sup> 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.