

# **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# DHHS - Public Health Division Board Action

File #: 17-075

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Additional State Grant Funds Received from the NC Division of Public Health for the Gaston HIV Outreach Program (100% Grant Funds - \$6,880)

## **STAFF CONTACT**

Cynthia Stitt - Public Health Nursing Administrator - DHHS - Public Health Division - 704-853-5013

## **BUDGET IMPACT**

Appropriate 100% State Grant Revenue.

# **BUDGET ORDINANCE IMPACT**

Increase State Grant revenue by \$6,880 and appropriate \$6,880 into Special Programs account.

# **BACKGROUND**

The Gaston County Department of Health and Human Services - Public Health Division received additional State Grant funds from the NC Division of Public Health for the Gaston HIV Outreach Program (GHOP). The additional funding is provided to assist the Public Health Department to provide targeted HIV and STD testing to persons at high risk and in communities of high incidence of HIV and STDs. The funds will be used for patient supplies and materials. These are Non-County funds.

#### **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

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**Budget Change Request** 

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2017-066 DISTRIBU	03/28/2017 TION:	RW	TK	Α	AB	A	A	Α	A	A	U

	GA:	STON COUNTY BUD	DGET CHAN	IGE REQUEST					
то: _	Earl Mat	hers	COUNTY MANAGER						
FROM: _	5100 Dept. #	DHHS - Public Heal Department Name	ilth						
C	Department Direc	tor's Signature	Date						
TYPE OF REQUES	ST: ransfer Within Depart	tment & Fund	<b>Г</b>	ine Item Transfer Between	· Eunde *				
	nsfer Within Departme		X Additional Appropriation of Funds *						
Line Item Tr	ransfer Between Depa	artments*	<u>•</u> •	Requires resolution by the E	Board of Commissioners				
			Resolutio	n# [	Date				
	DESCRIPTION in the budget)	ACCOUNT NU Fund - Dept - Subdept - Div XX - XXXX - XXXX - XXX	v - Acct - Subacct	PROJECT SUBPROJECT xxxxx - xxxx	AMOUNT Whole Dollars Only (See Note Below)				
Health - State Gra Special Programs	ant	11-5100-5113-5121-32 11-5100-5113-5121-29	20-505	17021-0001	(\$6,880) \$6,880				
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APPROVAL SIGN	ATURES:		Birman and the second s						
County Manager/Inte	erim Assistant County	Manager Date	Financial Operation	ons Manager/Asst. Financia	al Operations Mgr. Date				
Note: Decreases in	expenditures & ir	ncreases in revenue accour	Interim Budget Ad		Date				
revenue do not requi	re brackets. Pleas	e note that transfers betwee	nts require braces	exis. Increases in exp interfund transfer accour	penditures & decreases in nts.				