

Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 17-073

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Additional State Grant Funds Received from the North Carolina Division of Public Health for the Maternity Program (100% Grant Funds - \$5,574)

STAFF CONTACT

Cynthia Stitt - Public Health Nursing Administrator - DHHS - Public Health Division - 704-853-5113

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$5,574 and appropriate \$5,574 into Employee Development/Training 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 Maternity Program. The funds were granted to assist local health departments with additional Maternity staff training events. These funds will be used for the Maternity staff to participate in staff development and training activities. These are Non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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NO.	DATE	M1	M2	Brown	Fraley	Grant	Hovis	/ Keigher	Philbeck Works Vote
2017-064	03/28/2017	RW	TK	Α	AB	A	Α	Α	A U
DISTRIBU									

	GASI	FON COUNTY BUDG	EI CHAN	GE REQUEST				
TO:	Earl Mather	rs	COUNTY MANAGER					
FROM: _	5100 Dept. #	DHHS - Public Health Department Name						
ī	Department Director	r's Signature Da	ate					
TYPE OF REQUES	ST:							
Line Item T	Fransfer Within Departme	ent & Fund	Liı	ne Item Transfer Between	Funds *			
Project Tra	nsfer Within Department	t & Fund	X Additional Appropriation of Funds *					
Line Item T	ransfer Between Departi	ments*	<u>* R</u>	equires resolution by the B	Board of Commissioners			
			Resolution	ן# C	Date			
		ACCOUNT NUM	BER	PROJECT	AMOUNT			
ACCOUNT D	DESCRIPTION	Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only			
(As it appears	s in the budget)	xx - xxxx - xxxx - xxxx - xxx		xxxxx - xxxx	(See Note Below)			
Health - State Gra	ant	11-5100-5150-5151-320)-505		(\$5,574)			
Employee Develo	pment/Training	11-5100-5150-5151-395-000			\$5,574			
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				- 100 pt				
APPROVAL SIGN	NATURES:							
County Manager/In	County Manager/Interim Assistant County Manager Date			Financial Operations Manager/Asst. Financial Operations Mgr. Date				
		<u></u> I	Interim Budget Administrator					
Noto: Dooroooo ii	n evnenditures & inc	reases in revenue accoun-	te require bra	rkate Incresses in ev	penditures & decreases in			