

Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

Parks & Recreation Board Action

File #: 21-371

Commissioner Brown - Parks and Recreation - To Accept and Appropriate Health Promotion Disease Prevention Grant Funds from Centralina Council of Governments Area Agency on Aging in the Amount of \$3,600 (Required County Match \$400 - Budgeted)

STAFF CONTACT

Cathy Hart - Parks & Recreation - 704-922-2165

BUDGET IMPACT

With the \$400 County matched dollars we receive an additional \$3,600 from Centralina Council of Governments Area Agency on Aging. This will give us the opportunity to teach evidence based classes at the Senior Center and other satellite locations. This pays for class materials, supplies, and any additional training that may be required.

BUDGET ORDINANCE IMPACT

These funds are included in the approved FY22 Senior Center Budget. This allows us to provide the evidence based programs at the Senior Center and other locations within the County.

BACKGROUND

Gaston County Parks & Recreation has received a Health Promotion Disease Prevention Grant from Centralina Council of Governments Area Agency on Aging in the amount of \$3,600. This grant will be matched by \$400 in County Funds that are currently available in the approved Senior Center Budget. The grant funds will be used to support Gaston County Parks & Recreation evidence based programs including A Matter of Balance, Living Healthy with Chronic Illness and Living Healthy with Diabetes at the Senior Center and at other various locations.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

	. Buff, Clerk t ne Board of C			nty Commi	ssion, do h	BELOW THI nereby cert	S LINE ify that the a	bove is a	true and correct copy of action
NO.	DATE	M1	M2	CBrown	AFraley	BHovis	KJohnson	TKeigher	TPhilipeck KWoyley Vote
2021-298	10/26/2021	СВ	KJ	Α	Α	Α	A	Α	AB A U
DISTRIBU									Control of the second of the s

GASTON COUNTY BUDGET CHANGE REQUEST											
TO:	Dr. Kim S. Eagle	COUNTY									
FROM:	6130 Parks &	Recreation/Sr. Center									
1110111.		partment Name									
	Cathy Hart	10/4/2021									
	Department Director's Nam	e Date	•								
TYPE OF REQUE	EST:										
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *											
x Project Transfer Within Department & Fund x Additional Appropriation of Funds *											
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners											
		ACCOUNT N	NUMBER	AMOUNT							
ACCOL	JNT DESCRIPTION	Fund - Function - Dept - Div	ision - Object - Project	Whole Dollars Only							
(As it ap	ppears in the budget)	xxx - xx - xxxx - xxxx	(- XXXXX - XXXXXX	(See Note Below)							
HPDP		010-04-6130-0000-420000)-22518	(\$3600)							
Senior Programs	S	010-04-6130-0000-560000)-20001	(\$400)							
HPDP Grant		010-04-6130-0000-560000)-22518	\$4000							
		i									
JUSTIFICATION											
	-	l appropriate the Health Pro		_							
Council of Governements Area Agency on Aging to provide Evidence Based programming to seniors at different location in the county. Centralina budget total is \$3600 with a County match of \$400.											
The county. Centralina budget total is \$5000 with a County match of \$400.											
	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.										