

### **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# DHHS - Public Health Division Board Action

File #: 24-145

Commissioner Brown - DHHS - Health Division - To Accept and Appropriate the ARPA Temporary Savings Funds State Grant Received from North Carolina DHHS - Local and Community Support Division (\$50,000)

#### STAFF CONTACT

Emily Gates - Interim Business Services Administrator - DHHS (Public Health Division) - 704-853-5196

#### **BUDGET IMPACT**

Appropriate 100% State Grant Revenue.

#### **BUDGET ORDINANCE IMPACT**

Increase State Grant Revenue by \$50,000 and appropriate \$50,000 into project accounts.

#### **BACKGROUND**

The Gaston County Department of Health and Human Services - Public Health Division received state grant funds from the North Carolina DHHS - Local and Community Support Division to further enhance the ability of local health departments to deliver the essential services and core functions of public health to address the specific health needs or health status indicators selected by the local health department. The funds will be used for program supplies and contracted services. These are Non-County funds.

#### **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

Laserfiche Users

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: TKeigher CCloninger AFraley **BHovis** KJohnson RWorley Vote NO. DATE M1 M2 **CBrown** Α Α U Α Α 2024-139 04/23/2024 KJ BH Α DISTRIBUTION:

## GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

| TO:  | Dr. Kim S. Eagle           |   | C                 | COUNTY MANAGER            |                              |
|--|----------------------------|---|-------------------|---------------------------|------------------------------|
| FROM: _  | HLT                        |   |                   |                           |                              |
| _  | Dept. Code                 |   |                   |                           |                              |
|  |                            | Brittain Kenney                                   | 04-23-2024        | 4                         |                              |
|  | Depa                       | artment Director                                  | Date              |                           |                              |
| REQUEST TYPE:  |                            |   |                   |                           |                              |
| Line-Item Transfer Within Department & Fund  Line-Item Transfer Betw |                            |   |                   |                           | en Funds*                    |
| Project Transfer Within Department & Fund  Additional Appropriation  |                            |   |                   |                           | f Funds*                     |
| Line-Item Transfe  | er Between De <sub>l</sub> | partments   | * Requir          | res resolution by the Boa | rd of Commissioners          |
| ACCOUNT DESCRIPTION  |                            | ACCOUNT NUMBER                                    |                   |                           | AMOUNT**                     |
| As it appears in Munis   | 4<br>Fund                  | 3 3 5 6 Dept Div SubDiv Pros                      | SubProg Future Fu | 2 6 5<br>unc Obj Proj     | Whole dollars only           |
| Ex. Employee Training  | Ex. 1                      | 000-BGT-000-00000-000                             |                   | 00-01-520011-             | Ex. \$5,000<br>Ex. (\$5,000) |
| Program Supplies   | 1000-HLT-0                 | 1000-HLT-000-00000-000000-0000000-05-520002-AG025 |                   |                           | \$25,000                     |
| Professional Services  | 1000-HLT-0                 | 1000-HLT-000-00000-000000-000000-05-530010-AG025  |                   |                           | \$25,000                     |
| State Grant Revenue  | 1000-HLT-0                 | 1000-HLT-000-00000-000000-000000-05-410001-AG025  |                   |                           | (\$50,000)                   |
|  |                            |   |                   |                           |                              |
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#### JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received state grant funds from the North Carolina DHHS – Local and Community Support Division to further enhance the ability of local health departments to deliver the essential services and core functions of public health to address the specific health needs or health status indicators selected by the local health department. The funds will be used for program supplies and contracted services. These are Non-County funds

<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.