

Gaston County

DHHS - Public Health Division

Board Action

File #: 23-386

Commissioner Brown - DHHS - Health Division - To Accept and Appropriate State Grant Funds Received from the Women's and Children's Health Section/Nutrition Services Branch for the Special Supplemental Nutrition Program for Public Health Women, Infants, and Children (WIC) *(\$17,348)*

STAFF CONTACT

Tiffany Thomas - Nutrition Program Coordinator - DHHS (Public Health Division) - 704-853-5113

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$17,348 and appropriate \$17,348 into the WIC Breastfeeding Subprogram accounts.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division was awarded State Grant funds in the amount of \$17,348 from the Women's and Children's Health Section/Nutrition Services Branch for the Special Supplemental Nutrition Program for Public Health Women, Infants, and Children (WIC). This grant will allow WIC to continue with the objective of the Special Supplemental Nutrition Program, which is to provide supplemental nutritious foods, nutrition education, and referrals to health care for low-income persons during critical periods of growth and development. The funds will be used for staff training, program supplies, and other miscellaneous items needed to implement the WIC Breastfeeding program. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

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 TKeigher RWorley Vote				
2023-280	08/22/2023	KJ	тк	А	А	А	Α	A A U				
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GASTON COUNTY BUDGET CHANGE REQUEST (BCR)											
то:	Dr. Kim S. Eagle	COUNT	COUNTY MANAGER								
FROM	HLT DHHS - Public I	Health									
	pt. Code Department N	lame									
	Brittain Kenney	8-22-23									
	Department Director	Date									
REQUEST TYPE:											
Line-Item Transfer Within Department & Fund Line-Item Transfer Between Funds*											
Project Transfer Within Department & Fund Additional Appropriation of Funds*											
Line-Item Transfer Between Departments * Requires resolution by the Board of Commissioners											
ACCOUNT DESCRIPTION	ACCOUNT	NUMBER	A	MOUNT**							
As it appears in Munis	4 3 3 5 6	7 4 2 6		e dollars only							
	Fund Dapt Div SubDiv Prog XXXX XXX XXX XXXX XXXXX	SubProg Future Func Ol XXXXXX XXX XX XXX									
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000	000-0000000-0000-01-5:		Ex. \$5,000 x. (\$5,000)							
Program Supplies	1000-HLT-251-00000-WIC000-Brstfdg	g-0000-05-520002-		\$5,600.00							
Uniforms	1000-HLT-251-00000-WIC000-Brstfdg		\$1,200.00								
Mileage Reimbursement	1000-HLT-251-00000-WIC000-Brstfdg		\$300.00								
Employee Training	1000-HLT-251-00000-WIC000-Brstfdg		\$2,500.00								
Printing	1000-HLT-251-00000-WIC000-Brstfdg	- 0000-05-520013-		\$1,000.00							
Advertising	1000-HLT-251-00000-WIC000-Brstfdg	g-0000-05-520015-		\$2,500.00							
Furn/Equip<\$5K	1000-HLT-251-00000-WIC000-Brstfdg	g-0000-05-520020-		\$3,500.00							
Phone Service	1000-HLT-251-00000-WIC000-Brstfdg	g-0000-05-530002-		\$748.00							
Health State Grant	1000-HLT-251-00000-000000-000000	0-0000-05-410001-		(\$17,348.00)							
JUSTIFICATION FOR REQUE	ST:			<u></u>							
	es in revenue accounts require brackets. In rs between funds require inter-fund transfer		d decreases in revenue do	not							