

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Matthew Rhoten _____ COUNTY MANAGER

FROM: _____ HLT _____ DHHS - Public Health _____
 Dept. Code Department Name

_____ Brittain Kenney _____ 08-27-2024 _____
 Department Director Date

REQUEST TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund
<input type="checkbox"/> Project Transfer Within Department & Fund
<input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*
<input checked="" type="checkbox"/> Additional Appropriation of Funds*
<p style="text-align: right; font-size: small;">* Requires resolution by the Board of Commissioners</p> |
|---|---|

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td style="text-align: center;">Fund</td><td style="text-align: center;">Dept</td><td style="text-align: center;">Div</td><td style="text-align: center;">SubDiv</td><td style="text-align: center;">Prog</td><td style="text-align: center;">SubProg</td><td style="text-align: center;">Future</td><td style="text-align: center;">Func</td><td style="text-align: center;">Obj</td><td style="text-align: center;">Proj</td> </tr> <tr> <td style="text-align: center;">xxxx</td><td style="text-align: center;">xxx</td><td style="text-align: center;">xxx</td><td style="text-align: center;">xxxxx</td><td style="text-align: center;">xxxxxx</td><td style="text-align: center;">xxxxxx</td><td style="text-align: center;">xxxx</td><td style="text-align: center;">xx</td><td style="text-align: center;">xxxxxxx</td><td style="text-align: center;">xxxxx</td> </tr> </table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxx	xxxx	xx	xxxxxxx	xxxxx	Whole dollars only
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxx	xxxx	xx	xxxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
Professional Services	1000-HLT-000-00000-000000-0000000-0000-05-530010-AG025	\$50,000																														
State Grant Revenue	1000-HLT-000-00000-000000-0000000-0000-05-410001-AG025	\$50,000																														

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received state grant funds (Year 2) 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 contracted services. These are Non-County funds

** 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.