



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 24-028

Commissioner Brown - DHHS - Health Division - To Accept and Appropriate State Grant Funds Received from the NC Division of Public Health - Women, Infant, and Community Wellness Section (\$130,000)

STAFF CONTACT

Cheri Singleton - Community and Support Services Administrator - Public Health - 704-853-5042

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant Revenue by \$130,000 and appropriate \$130,000 into project accounts.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received State Grant funds from the North Carolina Division of Public Health - Women, Infants, and Community Wellness Section. The grant funds provide funding for conducting evidence-based strategies to lower the unintended pregnancy rate, overall infant mortality rate and/or the maternal mortality rate in the County. The funds will pay for a nurse and related expenses for this program. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

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:

NO.	DATE	M1	M2	CBrown	CCloninger	AFraley	BHovis	KJohnson	TKeigher	RWorley	Vote
2024-057	02/27/2024	BH	TK	A	A	A	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ HLT _____ Gaston County Public Health
Dept. Code Department Name

_____ Brittain Kenney _____ 2-27-24
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**
As it appears in Munis	<div style="display: flex; justify-content: space-between; font-size: small;"> 4335674265 </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> FundDeptDivSubDivProgSubProgFutureFuncObjProj </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx </div>	Whole dollars only
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)
Salaries	1000-HLT-254-00000-000000-0000000-0000-05-510001-G0096	\$66,037
FICA	1000-HLT-254-00000-000000-0000000-0000-05-510100-G0096	\$5,052
Retirement	1000-HLT-254-00000-000000-0000000-0000-05-510101-G0096	\$6,486
401K	1000-HLT-254-00000-000000-0000000-0000-05-510102-G0096	\$2,000
Health	1000-HLT-254-00000-000000-0000000-0000-05-510103-G0096	\$11,500
Dental	1000-HLT-254-00000-000000-0000000-0000-05-510104-G0096	\$300
Life	1000-HLT-254-00000-000000-0000000-0000-05-510105-G0096	\$200
Office Supplies	1000-HLT-254-00000-000000-0000000-0000-05-520001-G0096	\$240
Program Supplies	1000-HLT-254-00000-000000-0000000-0000-05-520002-G0096	\$26,100
Mileage Reimbursement	1000-HLT-254-00000-000000-0000000-0000-05-520010-G0096	\$1,608
Employee Training	1000-HLT-254-00000-000000-0000000-0000-05-520011-G0096	\$1,687

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received State Grant funds the North Carolina Division of Public Health – Women, Infants, and Community Wellness Section. The grant funds provide funding for conducting evidence-based strategies to lower the unintended pregnancy rate, overall infant mortality rate and/or the maternal mortality rate in the county. The funds will pay for a nurse and related expenses for this program.

** 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.

GASTON COUNTY

BUDGET CHANGE REQUEST (BCR)

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ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER <div> <div>4</div><div>3</div><div>3</div><div>5</div><div>6</div><div>7</div><div>4</div><div>2</div><div>6</div><div>5</div> </div> <div> Fund Dept Div SubDiv Prog SubProg Future Func Obj Proj </div> <div> XXXX XXX XXX XXXXX XXXXXX XXXXXX XXXX XX XXXXXX XXXXX </div> Ex. 1000-BGT-000-000000-0000000-00000000-0000-01-520011-	AMOUNT^ (Whole dollars only) Ex. \$5,000
Dues and Subscriptions Printing Postage Furn/Equip <\$5k Phone Service Professional Services State Grant Revenues	1000-HLT-254-00000-000000-0000000-0000-05-520012-G0096 1000-HLT-254-00000-000000-0000000-0000-05-520013-G0096 1000-HLT-254-00000-000000-0000000-0000-05-520014-G0096 1000-HLT-254-00000-000000-0000000-0000-05-520020-G0096 1000-HLT-254-00000-000000-0000000-0000-05-530002-G0096 1000-HLT-254-00000-000000-0000000-0000-05-530010-G0096 1000-HLT-254-00000-000000-0000000-0000-05-410001-G0096	\$150 \$1,200 \$600 \$3,000 \$840 \$3,000 (\$130,000)

^ 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.