

# **Gaston County**

Gaston County Board of Commissioners www.gastongov.com

# **DHHS - Public Health Division**

# **Board Action**

## File #: 20-428

Commissioner Chad Brown - DHHS (Health Division) - To Accept and Appropriate State Grant Funds Received from the NC Division of Public Health for the Maternal Health Innovation Program (\$7,500)

## **STAFF CONTACT**

Paula Black - Nursing and Clinical Services Administrator - DHHS (Public Health Division) - 704-853-5071

#### **BUDGET IMPACT**

Appropriate 100% State Grant Revenue.

#### **BUDGET ORDINANCE IMPACT**

Increase State Grant revenue by \$7,500 and appropriate \$7,500 into the Maternal Health Innovation project account.

#### BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received State Grant funds from the NC Division of Public Health for the Maternal Health Innovation Program. The Maternal Health Innovation Program provides telehealth services and specialty care during the time of pregnancy. Funds will be used to purchase equipment and provide staff training. These are Non-County funds.

#### POLICY IMPACT

N/A

## **ATTACHMENTS**

Budget Change Request (BCR)

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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 pore of dopy of acti taken by the Board of Commissioners as follows:										
NO.	DATE	M1	М2	CBrown	JBrown	AFraley	BHovis	(TKeighei	TPhilbeck RWorley Vote	
2020-246	09/22/2020	тк	AF	Α	A	Α	Α	Α	A U	
DISTRIBUTION:										
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GASTON COUNTY BUDGET CHANGE REQUEST										
TO:	Dr. Vim S. Eagla	COUNT		·						
TU.	Dr. Kim S. Eagle		Y MANAGER							
FROM:		HS - Public Health	-							
		epartment Name								
	Steve Eaton	9/22/20	-							
	Department Director's Nan	ne Date								
TYPE OF REQUE	EST:									
Line Item	I Transfer Within Department & Fu	und	Line Item Transfer Between	n Funds *						
Project Tr	ransfer Within Department & Fund	d X	Additional Appropriation of	f Funds *						
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners										
		ACCOUNT	NUMBER	AMOUNT						
ACCOL	UNT DESCRIPTION	Fund - Function - Dept - Div	vision - Object - Project	Whole Dollars Only						
(As it ap	opears in the budget)	xxx - xx - xxxx - xxxx	x - xxxxx - xxxxxx	(See Note Below)						
Maternal Health	Innovation	011-05-5119-0000-425059	9-21546	(\$7,500)						
Maternal Health	Innovation	011-05-5119-0000-560000	0-21546	\$7,500						
JUSTIFICATION		and Human Services – Publi	ic Health Division receiv	ved State Grant funds from						

the NC Division of Public Health for the Maternal Health Innovation Program. The Maternal Health Innovation Program provides telehealth services and specialty care during the time of pregnancy. Funds will be used to purchase equipment and provide staff training. These are Non-County funds.

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.