

# **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# Financial and Management Services - Grants

### **Board Action**

File #: 25-113

Commissioner Keigher - DHHS - Social Services Division - To Amend Budgets for NCDHHS Disaster Rental Assistance Grant Funds Accepted and Appropriated in Resolution 2025-010 (\$30,000 Reduction)

#### STAFF CONTACT

Michael Coone - Assistant Social Services Director - 704-862-6640

#### **BUDGET IMPACT**

General Fund:

Decrease State Grant Revenue of \$30,000.00.

Decrease to grant expenditures of \$30,000.00.

#### BACKGROUND

Gaston County's Department of Health and Human Services and Social Services (DHHS) was awarded State Disaster funds for rental assistance due to Hurricane Helene. Gaston County's original funding award has been reduced due to a reallocation of funding done by the State.

The original award amount for the Disaster Rental Assistance Grant, accepted and appropriated on January 28, 2025 (Res. 2025-010), was \$45,646.00. The revised award amount is now \$15,646.00.

#### **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

Laserfiche Users

Budget Change Request (BCR), Notice of Electronic Funds Transfer (Draft)

#### 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: CCloninger AFraley BHovis SShehan DATE NO. M1 M2 **JBailey CBrown** Α Α 2025-074 03/25/2025 BH AF DISTRIBUTION:

## GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

FROM:	DSS Social Services					
	ept. Code	Dep	partment Na	ent Name		
		Michael Coone	€	02/21/202	25	
	Department Director		Date	Date		
REQUEST TYPE:						
Line-Item Transfer Within Department & Fund Lin					tem Transfer Betwee	en Funds*
Project Transfer Within Department & Fund  Additional Appropriation of Funds*						
Line-Item Transfer	Between De	epartments		* Requ	ires resolution by the Boa	rd of Commissioners
ACCOUNT DESCRIPTION		ACCOUNT NUMBER				AMOUNT**
As it appears in Munis  Ex. Employee Training	Fund xxxx Ex.	Dept Civ Su	XXXX XXXXXX 1	XXXXXX XXXX	2 6 5  Func Obj Proj  XX XXXXXXX XXXXXX  000-01-520011-	Ex. \$5,000.00 Ex. (\$5,000.00)
State Grant Rev-DisasterRental	1000-DSS	-270-00000-DtrF		0000-05-4100	01-G0139	30,000.00
PublAssistPymt-Disaster Rental	1000-DSS	-270-00000-DtrF	Int-PAPayts-	0000-05-5600	08-G0139	(30,000.00)
JUSTIFICATION FOR REQUE State level budget reallocation decrea Amends Resolution #2025-010.		nal award amour	nt of \$45,646	.00 by \$30,000	0.00. The revised awa	rd amount is \$15,646.00.

<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.

# North Carolina - Department of Health and Human Services Notice of Electronic Funds Transfer

ATTN:

County Finance Officer

County DSS Director

County:

GASTON

Run Date: Period: 02/12/2025

February, 2025

### **Drafts FROM County Account TO DSS**

Earliest date of draft

:

: 02/20/2025

Disaster Rental Assistanc

DRA State

\$30,000.00

County Draft Total

\$30,000.00