



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Social Services Division

Board Action

File #: 24-142

Commissioner Brown - DHHS - Social Services Division - To Accept and Appropriate Additional Federal Grant Funds for the Caregiver Support Program in the Amount of \$701

STAFF CONTACT

Lara Gurganus - Adult and Aging Administrator - 704-862-7663

BUDGET IMPACT

Appropriate Federal revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Increase Federal revenues by \$701 and appropriate \$701 into Special Programs account.

BACKGROUND

The Caregiver Support Program is a grant received through Centralina. We under budgeted the amount received during the 23-24 budget request. We budgeted \$80,135, but actually received approval for \$80,836. Therefore, we are requesting to allocate the remaining \$701.

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
2024-141	04/23/2024	KJ	BH	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: CSS Social Services

Dept. Code Department Name

Angela Karchmer 3/21/24

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 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 XXXXXX </div> Ex. 1000-BGT-000-000000-0000000-000001-520011-	AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
Caregiver Support Program	1000-CSS-272-00000-CGSPrg-0000000-0000-05-410000-G0007	(701)
CGSP: Program Supplies	1000-CSS-272-00000-CGSPrg-0000000-0000-05-520002-18524	\$701

JUSTIFICATION FOR REQUEST:

The Caregiver Support Program is a grant received through Centralina. We under budgeted the amount received during the 23-24 budget request. We budgeted \$80,135, but actually received \$80,836. Therefore, we are requesting to allocate the remaining \$701.

** 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.