

Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division Board Action

File #: 16-348

Commissioner Price - To Accept and Appropriate State Grant Funds from the North Carolina Division of Public Health for Ebola and Zika Virus Preparedness and Response (100% State Grant Funds - \$4,844)

STAFF CONTACT

Hanna Kirlin - Quality Assurance Coordinator - DHHS - Public Health Division - 704-862-5372

BUDGET IMPACT

Appropriate 100% State Grant revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$4,844 and appropriate \$4,844 into Special Programs account.

BACKGROUND

The Gaston County Public Health Department received State Grant funds from the North Carolina Division of Public Health for Ebola Preparedness and Response. Public Health Preparedness and Response prepares for, responds to, and helps to recover from diseases related to high consequence pathogens including Ebola and Zika virus disease. These funds will be used to develop a plan for responding to these pathogens and expenses related to collaboration with community partners and implementation of a Public Health message campaign. These are Non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of act taken by the Board of Commissioners as follows:										
NO.	DATE	M1	M 2	Brown	Carpenter	Fraley	Kelgher	Philipps Vote		
2016-198	07/28/2016	MP	СВ	Α	Α	A	Α	A AB II		
DISTRIBU Laserfiche										

	G/	ASTON COUNTY BUD	GET CHAI	NGE REQUEST			
				TO THE GOLD!			
TO: _	Earl Ma	thers	_COUNTY I	/ MANAGER			
FROM: _	5100	DHHS - Public Health	1				
	Dept. #	Department Name					
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	epartment Dire	ctor's Signature D	ate				
TYPE OF REQUES	T:						
	ansfer Within Depa	rtment & Fund		ine Item Transfer Betweer	ı Funds *		
Project Tran	sfer Within Departn	nent & Fund	X Additional Appropriation of Funds *				
Line Item Tra	ansfer Between Dep	partments*	<u>* </u>	Requires resolution by the	Board of Commissioners		
			Resolutio	on # Date			
		ACCOUNT NUM	BER	PROJECT	AMOUNT		
ACCOUNT DE	SCRIPTION	Fund - Dept - Subdept - Div - A	cct - Subacct	SUBPROJECT			
(As it appears i	n the budget)	xx - xxxx - xxxx - xxxx -	· XXX = XXX		Whole Dollars Only		
lealth - State Grar	nt .	11-5100-5116-320-505	707 777	XXXXX - XXXX	(See Note Below)		
Special Programs		11-5100-5116-298-000		17209-0001	(\$4,84		
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PPROVAL SIGNA	TURES:						
County Manager/Interi	n Assistant County	Manager Date Fin	ancial Operatio	ns Manager/Asst. Financia	ll Operations Mgr. Date		
		Inte	erim Budget Adı	miniatroto			
					Date		