

DHHS - Public Health Division

Board Action

File #: 16-088

Commissioner Price - To Accept and Appropriate Participant Fees for the Let Me Run Program (100% Participant Fees - \$1,008)

STAFF CONTACT

Carrie Meier, Community Health Education Administrator - DHHS-Health Division - 704-853-5405

BUDGET IMPACT

Appropriate 100% Participant Fees

BUDGET ORDINANCE IMPACT

Increase Miscellaneous Revenue by \$1,008 and appropriate \$1,008 into Special Programs account.

BACKGROUND

Boys in Gaston County schools paid fees through the Let Me Run, Inc. (LMR) organization to participant in the Let Me Run Program. LMR remits the participant fee revenue to the Gaston County supported program. These funds represent the 2015 revenues received. Let Me Run is a 7-week program for boys in grades 4th through middle school and is facilitated by trained coaches from the community. The Let Me Run program culminates with the boys running a 5K road race. The funds will be used for support of program participant scholarships. These are non-County funds.

POLICY IMPACT

N/A

ATTACHEMENTS

Budget Change Request

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NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Keigher	Philbeck	Price	Willams	Vote
2016-069	03/22/2016	MP	AF	Α	А	Α	А	N	A	Α	6 - 1
DISTRIBU	TION:										
Laserfiche	Users										

GAS ⁻	TON COUNTY BUDG	GET CHAN	GE REQUEST								
TO: <u>Earl Mathe</u>	irs	_COUNTY M	ANAGER								
FROM: 5100	DHHS - Public Health										
Dept. #	Department Name										
Department Directo	r's Signature D	ate									
TYPE OF REQUEST:											
Line Item Transfer Within Departm	ent & Fund	Li	ne Item Transfer Between	Funds *							
Project Transfer Within Departmer	t & Fund	XA	Additional Appropriation of Funds *								
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners											
		Resolution	n# D	ate							
	ACCOUNT NUM	BER	PROJECT	AMOUNT							
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - A	Acct - Subacct	SUBPROJECT	Whole Dollars Only							
(As it appears in the budget)	XX - XXXX - XXXX - XXXX - XXX		xxxxx - xxxx	(See Note Below)							
Miscellaneous Revenue	11-5100-5112-5119-890		*****								
Special Programs	11-5100-5112-5119-298		16008-0001	(\$1,008)							
		5-000	10008-0001	\$1,008							
JUSTIFICATION FOR REQUEST:	d face through the lat M	la Dum Ina (l									
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APPROVAL SIGNATURES:		0.		· · · ·							
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County/Manager/Interim Assistant County Manager Date Financial Operations Manager/Asst. Financial Operations Mgr. Date											
Months pr. Att 3/ 28/16											
		Interim Bud	lget Administrator	Date							
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.											