

# GASTON COUNTY BOARD OF COMMISSIONERS BOARD ACTION

County Admin Building 128 W. Main Avenue. Gastonia, NC 28052

# **DHHS - Public Health Division**

	. abito ficultii Divisioni	

File #: 15-148

Commissioner Price - To Accept and Appropriate Additional State Grant Funds from the NC Division of Public Health for the Public Health Family Planning Clinic (100% State Grant Funds - \$5,635)

# **STAFF CONTACT**

Cynthia Stitt, Personal Health Nursing Administrator, 704-853-5013

#### **BUDGET IMPACT**

Appropriate 100% State Grant revenue.

#### **BUDGET ORDINANCE IMPACT**

Increase State Grant revenue by \$5,635 and appropriate \$5,635 into the Drug line account.

### **BACKGROUND**

The Gaston County Department of Health and Human Services - Public Health Division was awarded additional state grant funds from the NC Division of Public Health for the Family Planning Clinic. These funds are granted to assure low income patients access to Family Planning services and will be used to purchase long-term contraceptives. These are non-County funds.

# **POLICY IMPACT**

N/A

I, Donna S taken by t	i. Buff, Clerk t he Board of C	o the	Cour	nty Comm ners as fo	ission, do he llows:	ereby cert	ify that the		rue and	orrect copy of	action
NO.	DATE	М1	M2	Brown	Carpenter	Fraley	Keigher	Philbeck	Price.	Villiams	Vote
2016-014	01/26/2016	TP	СВ	Α	A	A	A	A	Α	A	U
DISTRIBU											

GAS	TON COUNTY BUDG	SET CHAI	NGE REQUEST				
TO: <u>Earl Mathe</u>	ers	COUNTY MANAGER					
FROM: 5100	DHHS - Public Health		THE TOTAL COLUMN				
Dept. #	Department Name						
	·						
Department Directo	or's Signature Da	ate					
TYPE OF REQUEST:							
Line Item Transfer Within Departm	ent & Fund		ine Item Transfer Between	Funds *			
Project Transfer Within Departmen	t & Fund	X Additional Appropriation of Funds *					
Line Item Transfer Between Depart	tments*	<u>* 1</u>	Requires resolution by the E	Board of Commissioners			
		Resolution	on# E	Date			
	ACCOUNT NUME	BER	PROJECT	AMOUNT			
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - Ac	ct - Subacct	SUBPROJECT				
(As it appears in the budget)	xx - xxxx - xxxx - xxxx -			Whole Dollars Only			
Health - State Grant	11-5100-5130-320-505	AAA - AAA	XXXXX - XXXX	(See Note Below)			
Drugs	11-5100-5130-320-303			(\$5,635) \$5,635			
JUSTIFICATION FOR REQUEST: The Gaston County Department of It grant funds from the NC Division of Fincome patients access to Family Planon-County funds.	Public Health for the Famil	lv Planning	Clinic. These funds a	re granted to assure low			
APPROVAL SIGNATURES:  County Manager/Interim Assistant County	1/28/16 Manager Date	Financial Op.	la Adjuma erations Manager/Asst. Finan	1/28/16			
		Atth	K. At	1/28/16			
Note: Decreases in expenditures & increvenue do not require brackets. Please	reases in revenue accounts note that transfers between f	require brad	get Administrator ckets. Increases in exp interfund transfer accour	Date Denditures & decreases in Ints.			