



Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division Board Action

File #: 16-086

Commissioner Price - To Accept and Appropriate Additional State Grant Funds from the NC Division of Public Health for the Healthy Communities Program (**100% Grant Funds - \$4,160**)

STAFF CONTACT

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

BUDGET IMPACT

Appropriate 100% State Grant Funds

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$4,160 and appropriate \$4,160 into Special Programs 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 Healthy Communities Program. The Healthy Communities Program's goal is to reduce the burden of chronic disease and injury with a focus on underserved populations. These funds will be used to train staff and community partners to support the successful implementation of interventions on health equity, health disparities, program evaluation and quality improvement, and evidence-based interventions to address chronic disease and associated risk factors. 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 action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Keigher	Philbeck	Price	Williams	Vote
2016-068	03/22/2016	MP	AF	A	A	A	A	N	A	A	6 - 1

DISTRIBUTION:

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A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 5100 DHHS - Public Health
 Dept. # Department Name

 Department Director's Signature Date

TYPE OF REQUEST:

- ☐ 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

Resolution # _____ Date _____

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	PROJECT	AMOUNT
	Fund - Dept - Subdept - Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only
	xx - xxxx - xxxx - xxxx - xxx - xxx	xxxxx - xxxx	(See Note Below)
Health - State Grant	11-5100-5112-5119-320-505		(\$4,160)
Special Programs	11-5100-5112-5119-298-000	16006-0001	\$4,160

JUSTIFICATION FOR REQUEST:

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 Healthy Communities Program. These funds will be used to train staff and community partners to support the successful implementation of interventions on health equity, health disparities, program evaluation and quality improvement, and evidence-based interventions to address chronic disease and associated risk factors. These are non-County funds.

APPROVAL SIGNATURES:

 3/24/16
 County Manager/Interim Assistant County Manager Date

 3/24/16
 Financial Operations Manager/Asst. Financial Operations Mgr. Date

 3/28/16
 Interim Budget 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.