

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** Matthew Rhoten, County Manager

**FROM:** HLT Health  
 Dept. Code Department Name  
Brittain Kenney 6/23/2026  
 Department Director Date

**REQUEST TYPE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund | <input type="checkbox"/> Line-Item Transfer Between Funds*             |
| <input type="checkbox"/> Project Transfer Within Department & Fund   | <input checked="" type="checkbox"/> Additional Appropriation of Funds* |
| <input type="checkbox"/> Line-Item Transfer Between Departments      | * Requires resolution by the Board of Commissioners                    |

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td> </tr> <tr> <td>xxxx</td><td>xxx</td><td>xxx</td><td>xxxxx</td><td>xxxxxx</td><td>xxxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxx</td><td>xxxxx</td> </tr> </table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxx	xxxxx	Ex. \$5,000.00 Ex. (\$5,000.00)
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-000000-0000000-0000-01-520011-																															
Fund Balance Appropriated	1000-NDP-000-00000-FBApro-0000000-0000-99-490000-	(\$10,000.00)																														
Program Supplies	1000-HLT-255-00000-000000-CaroMnt-0000-05-520002-	\$1,500.00																														
Food and Provisions	1000-HLT-255-00000-000000-CaroMnt-0000-05-520005-	\$2,000.00																														
Employee Training	1000-HLT-255-00000-000000-CaroMnt-0000-05-520011-	\$5,000.00																														
Software Rental	1000-HLT-255-00000-000000-CaroMnt-0000-05-530029-	\$1,500.00																														

**JUSTIFICATION FOR REQUEST:**

The Gaston County Department of Health and Human Services – Public Health Division received a \$10,000 donation from CaroMont Health for Gaston County Public Health’s assistance in completing the 2025 Community Health Assessment (Board Action 2025-205, adopted 6/24/25). These funds will be used to further support future community health assessments through the purchase of incentives for participants; nourishment for community advisory group meetings; software for the community health assessment design reports; and training for Public Health staff at the North Carolina Community Health Assessment Institute. These funds will be carried forward for the duration of the four years for the community health assessment and community health improvement plan cycle: July 1, 2025 (FY26) – June 30, 2029 (FY29).

\*\* 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.