	GA	STON COU	JNTY BUDGET CH	ANGE REQUEST	
TO:	O: Dr. Kim S. Eagle		COUNTY MANAGER		
FROM:	5119 DHHS - Public Health		- Public Health		
			rtment Name	_	
	Steve Eaton		9/22/20		
	Department Director's Name		e Date		
TYPE OF REQUE	EST:				
Line Item Transfer Within Department & Fund				Line Item Transfer Betw	een Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item	Transfer Between De	partments*		* Requires resolution by t	the Board of Commissioners
			ACCOUNT	NUMBER	AMOUNT
ACCOUNT DESCRIPTION		I	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)		t)	xxx - xx - xxxx - xxxx - xxxxx - xxxxxx		(See Note Below)
Maternal Health	Maternal Health Innovation		011-05-5119-0000-425059-21546		(\$7,500)
Maternal Health Innovation			011-05-5119-0000-560000-21546		\$7,500

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received State Grant funds from the NC Division of Public Health for the Maternal Health Innovation Program. The Maternal Health Innovation Program provides telehealth services and specialty care during the time of pregnancy. Funds will be used to purchase equipment and provide staff training. These are Non-County funds.

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.