

Gaston County

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

File #: 23-103

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Additional State Grant Funds from the NC Division of Child and Family Well-Being for the Nurse Family Partnership Program (\$54,074)

STAFF CONTACT

Ann Stroupe - Personal Health Nurse Supervisor - DHHS (Public Health Division) - 704-853-5014

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$54,074 and appropriate \$54,074 into the program supplies project 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 Child and Family Well-Being for the Nurse Family Partnership Program. Nurse Family Partnership is a home visiting program which seeks to improve the health and life-course of first-time, low-income mothers and their children. These funds will be used to purchase program supplies to better serve the families enrolled in the program during the COVID-19 public health emergency. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Laserfiche Users

Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE 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: CCloninger AFraley **BHovis KJohnson** TKeigher **RWorley** Vote NO. DATE M1 M2 **CBrown** U 2023-093 03/28/2023 BH TK Α Α Α Α DISTRIBUTION:

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

то:	Dr. Kim S. Eagle			COUNTY MANAGER	
FROM: _	1000	Healt	1		
	Dept. Code	pt. Code Department Name			
		Brittain Kenney	3/28/2023		
	Dep	artment Director		Date	
REQUEST TYPE:					
Line-Item Transfer Within Department & Fund Line-Item Transfer Between Funds*					
Project Transfer Within Department & Fund Additional Appropriation					fFunds*
Line-Item Transfer Between Departments * Requires resolution by the Board of Commissioners					
ACCOUNT DESCRIPTION As it appears in Munis		ACCOUNT NUMBER 4 3 3 5 6 7 4 2 6 5 Fund Dept Div SubDiv Prog SubProg Future Func Obj Proj XXXX XXX XXX XXX MXXXX MXXXXX XXXXXX XXX XXX XXX XXX			AMOUNT**
	Fund				Whole dollars only
Ex. Employee Training	Ex.	xxx xxx xxxxx 1000-BGT-000-00000-00	Ex. \$5,000 Ex. (\$5,000)		
StGrtRev: FY22 Nurse Fam Partn	1000-HLT-	250-00000-000000-0000	000-000	0-05-410001-225NP	(54,074)
Prog Supp:FY22 Nurse Fam Partn	Partn 1000-HLT-250-00000-000000-000000-05-520002-225NP				54,074

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 Child and Family Well-Being for the Nurse Family Partnership Program. Nurse Family Partnership is a home visiting program which seeks to improve the health and life-course of first-time, low-income mothers and their children. These funds will be used to purchase program supplies to better serve the families enrolled in the program during the COVID-19 public health emergency. These are non-County funds.

^{**} 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.