

# **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# Cooperative Extension Board Action

File #: 16-466

Commissioner Brown - To Approve and Allocate \$43,706 in PFCLG Grant Funding for the Cooperative Extension Parent Education Program (100% Grant Funds)

### **STAFF CONTACT**

David Fogarty - Director - NC Cooperative Extension - 704-922-2130

# **BUDGET IMPACT**

Appropriate State revenues. No additional County funds.

#### **BUDGET ORDINANCE IMPACT**

Increase revenues by \$43,706 and appropriate \$43,706 into Special Programs account.

## **BACKGROUND**

Gaston County Cooperative Extension has been selected by the Partnership for Children of Lincoln and Gaston Counties as the provider for the Triple P Parenting Program for the fiscal year July 1, 2016 through June 30, 2017. The County is reimbursed 100% through this grant. No County funds are used for this program. This is a partial allotment of the anticipated FY 16-17 grant. The remainder of the grant will be allocated in October - November once the Partnership knows their funding status. The goal of the Triple P program is to educate parents about child development, discipline skills and child health issues. By learning these skills, participants may place less demand on other county services such as health, social service, and public safety.

#### **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

**Budget Change Request** 

I, Donna S. taken by th	. Buff, Clerk to ne Board of C	o the omm	Cour issio	nty Commi ners as fol	ission, do he ilows:	ereby cert	ify that the a	above is a	true and	orrect copy	of action
NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Keigher	Philbeck	Price	Williams	Vote
2016-254	09/27/2016	СВ	JC	Α	Α	A	Α	AB	AB	<b>A</b> * :	U
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TO:	Earl Mathe	<u>rs</u>	COUNTY M	ANAGER	
FROM:	4950	NC Cooperative Exten	sion		
• • • • •	Dept. #	Department Name			
	David Fogarty	ę	9-12-16		
	Department Director		Date		
TYPE OF REQUE	ST:	the other management of the state of the sta			
Line Item 1	Transfer Within Departme	ent & Fund	Li	ne Item Transfer Between	Funds *
Project Tra	ansfer Within Departmen	t & Fund	X	additional Appropriation of F	-funds *
Line Item 1	Fransfer Between Depart	ments*	<u>* F</u>	Requires resolution by the E	oard of Commissioners
			Resolutio	n# E	Date
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ACCOUNT I	DESCRIPTION	Fund - Dept - Subdept - Div		SUBPROJECT	Whole Dollars Only
	s in the budget)	xx - xxxx - xxxx - xx		XXXXX - XXXX	(See Note Below)
Smart Start Gran		10-4950-4950-298-00		17221-0001	43,706
Smart Start Prog		10-4950-4950-322-51		17221-0001	[43,706]
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JUSTIFICATION F	OP RECUEST:		· · · · · · · · · · · · · · · · · · ·		
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					am is to educate parents se skills, participants may
		services such as health			oc okino, participanto maj
APPROVAL SIG	NATURES:				
County Manager	/Assistant County Mana	ger Date	Interim Fina	ancial Services Director	Date
			Assistant F	inance Director	Date
Note: Decreases i	in expenditures & inc	creases in revenue acco	unts require bra	ckets. Increases in ex	penditures & decreases in
		e note that transfers between			