

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ HLT _____ DHHS - Public Health
Dept. Code Department Name

_____ Brittain Kenney _____ 04-23-2024
Department Director Date

REQUEST TYPE:

- ☐ 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

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	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	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										
Program Supplies	1000-HLT-000-00000-000000-0000000-0000-05-520002-AG025										\$25,000
Professional Services	1000-HLT-000-00000-000000-0000000-0000-05-530010-AG025										\$25,000
State Grant Revenue	1000-HLT-000-00000-000000-0000000-0000-05-410001-AG025										(\$50,000)

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received state grant funds from the North Carolina DHHS – Local and Community Support Division to further enhance the ability of local health departments to deliver the essential services and core functions of public health to address the specific health needs or health status indicators selected by the local health department. The funds will be used for program supplies and contracted services. 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.