

# **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# DHHS - Public Health Division Board Action

File #: 16-361

Commissioner Price - To Approve the Carry Forward of \$130,000 From FY2016 for the Public Health Facility Clinical Renovation Project (100% Medicaid Funds)

### STAFF CONTACT

Chris Dobbins - Director - DHHS - Public Health Division - 704-853-5262

#### **BUDGET IMPACT**

Carry Forward Funds from FY2016.

## **BUDGET ORDINANCE IMPACT**

Appropriate \$130,000 into Special Programs Account from Health Fund balance.

#### **BACKGROUND**

The Gaston County Board of Commissioners appropriated \$ 130,000 in Medicaid Cost Settlement funds for the Public Health Department's Hudson facility clinical and patient area renovation project through Board Action 2016-138 on May 24, 2016. These funds need to be carried forward for completion of the contract for the renovation project. These are non-County funds.

# **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

**Budget Change Request** 

I, Donna S. taken by the	, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action aken by the Board of Commissioners as follows:										
NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Kelgher	Philbeck	Price	William	Vote
2016-196  DISTRIBUT  Laserfiche I		MP	СВ	A	A	Α	A	A	A	AB	·······································

	GASTON COUNTY	BUDGET CHAN	IGE REQUEST						
TO:	Earl Mathers	COUNTY N	COUNTY MANAGER						
FROM: 5100 Dept			palth						
Departm	ent Director's Signature	Date							
TYPE OF REQUEST:									
Line Item Transfer Wi	thin Department & Fund	L	ine Item Transfer Between	Funds *					
Project Transfer With	n Department & Fund	X	Additional Appropriation of	Funds *					
Line Item Transfer Be	tween Departments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners					
		Resolutio	n# [	Date					
ACCOUNT DESCRIP	Fund - Dept - Subde	NT NUMBER  apt - Div - Acct - Subacct  X - XXXX - XXX	PROJECT SUBPROJECT	AMOUNT Whole Dollars Only					
Reserve: Medicaid Max \$	11-2900-23		XXXXX - XXXX	(See Note Below) (\$130,000)					
Special Programs	11-5100-5111-29	<del>}</del> 8-000	16279-0001	\$130,000					
neaith Department's Hugs	EST: of Commissioners approprion facility clinical and patienced to be carried forward for	nt area renovation ni	roject through Board	Action 2016 138 on May					
APPROVAL SIGNATURES	S:								
County Manager/Interim Assist	ant County Manager Date	Financial Operation	ons Manager/Asst. Financi	al Operations Mgr. Date					
		Interim Budget Ac	dministrator	Date					
Note: Decreases in expendit revenue do not require bracke	ures & increases in revenue a ts. Please note that transfers b	accounts require brac etween funds require i	kets. Increases in expiriterfund transfer account	penditures & decreases in					