

# DHHS - Public Health Division

## **Board Action**

#### File #: 18-495

Commissioner Chad Brown - DHHS (Health Division) - To Accept and Appropriate Grant Funds from the NC Public Health Association for the Health Department of the Year Award (\$1,000)

#### STAFF CONTACT

Steve Eaton - DHHS Public Health Director - DHHS - Public Health Division - 704-853-5271

#### **BUDGET IMPACT**

Appropriate 100% Other Grant Funds.

#### **BUDGET ORDINANCE IMPACT**

Increase Other Grant revenue by \$1,000 and appropriate \$1,000 into the NCPHA Health Department Award Program Account.

#### BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received grant funds from the NC Public Health Association for the 2018 Dr. Sarah Morrow Health Department of the Year Award. The Health Department was recognized for the outstanding work and dedication of the staff in providing services and education for the community. The grant funds will be used for staff enrichment and development. These are non-County funds.

#### POLICY IMPACT

N/A

### **ATTACHMENTS**

Budget Change Request

				D	O NOT TYPE	BELOW TH	IS LINE					
	. Buff, Clerk to ne Board of C					ereby certi	ify that the	above	is a ti	rue and co	prect cop	<b>, of actio</b>
NO.	DATE	<b>M</b> 1	M2	CBrown	JBrown	AFraley	BHovis	TKeig	iher *	TPRINGER	, Rwariey,	Vote
2019-013 DISTRIBL Laserfiche		JB	СВ	A	A	A	AB	Α		A	A .	÷Ů

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

GASTON COUNTY BUDGET CHANGE REQUEST									
TO: _	Earl Mathers								
FROM:	5110 DHF	IS - Public Health	-						
		partment Name							
Ē	Department Director's Name	9	Date						
TYPE OF REQUES	ST:								
Line Item T	ransfer Within Department & Fun	d		ine Item Transfer Bet	ween Funds *				
Project Trar	nsfer Within Department & Fund		X	Additional Appropriation	on of Funds *				
Line Item T	ransfer Between Departments*		<u>* I</u>	Requires resolution by	the Board of Commissioners				
		A		MBER	AMOUNT				
ACCOUN	T DESCRIPTION	Fund - Function - Dept - Division - Object - Project			Whole Dollars Only				
(As it app	ears in the budget)	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX			(See Note Below)				
Other Grants - NO	PHA HD Award	011-05-5110-000	0-430000-1	(\$1,000)					
NCPHA Health De	ept Award	011-05-5110-000	0-560000-1	\$1,000					
JUSTIFICATION FO	OR REQUEST:	L							
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Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in									

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.