

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

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

_____ Brittain Kenney _____ 10/24/2023 _____
 Department Director Date

REQUEST TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund
<input type="checkbox"/> Project Transfer Within Department & Fund
<input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*
<input checked="" type="checkbox"/> Additional Appropriation of Funds*
<p style="text-align: right; font-size: small;">* Requires resolution by the Board of Commissioners</p> |
|---|---|

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td style="text-align: center;">Fund</td><td style="text-align: center;">Dept</td><td style="text-align: center;">Div</td><td style="text-align: center;">SubDiv</td><td style="text-align: center;">Prog</td><td style="text-align: center;">SubProg</td><td style="text-align: center;">Future</td><td style="text-align: center;">Func</td><td style="text-align: center;">Obj</td><td style="text-align: center;">Proj</td> </tr> <tr> <td style="text-align: center;">xxxx</td><td style="text-align: center;">xxx</td><td style="text-align: center;">xxx</td><td style="text-align: center;">xxxxx</td><td style="text-align: center;">xxxxxx</td><td style="text-align: center;">xxxxxxx</td><td style="text-align: center;">xxxx</td><td style="text-align: center;">xx</td><td style="text-align: center;">xxxxxxx</td><td style="text-align: center;">xxxxx</td> </tr> </table>	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	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx	Whole dollars only
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	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
Miscellaneous Revenue	1000-HLT-253-00000-0000000-0000000-0000-05-445001	(280.80)																														
Food -CHS Perceptor Project	1000-HLT-253-00000-0000000-0000000-0000-05-520005-15239	280.80																														

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services Public Health Division was awarded preceptor funds from the East Carolina University for preceptor work. A preceptor is a clinical provider such as a nurse, midwife, or physician assistant who teaches, supports, coaches, and mentors graduate health science students from various universities concerning their fields of expertise. The Public Health Department provided clinical preceptors for North Carolina graduate health science students. The Preceptor Program provides funds for the time that the student spent with each provider. These funds will be used for the Public Health clinical staff for training opportunities. 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.