



Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division Board Action

File #: 22-408

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Additional State Grant Funds from the NC Division of Child and Family Well-Being for the Nurse Family Partnership Program **(\$21,324)**

STAFF CONTACT

Ann Stroupe - Personal Health Nurse Supervisor - DHHS (Public Health Division) - 704-853-5014

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$21,324 and appropriate \$21,324 into the program supplies project account.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division was awarded additional state grant funds from the NC Division of Child and Family Well-Being for the Nurse Family Partnership Program. Nurse Family Partnership is a home visiting program which seeks to improve the health and life-course of first-time, low-income mothers and their children. These funds will be used to purchase program supplies to better serve the families enrolled in the program during the COVID-19 public health emergency. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	AFrale	BHovis	KJohnson	TKelgher	TPhilbeck	RWorley	Vote
2022-328	10/25/2022	TK	KJ	A	AB	A	A	A	AB	A	U

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Laserfiche Users

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

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 1000 Health
Dept. Code Department Name

Steve Eaton 10/25/2022
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*
- * Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> 4 Fund XXXX 3 Dept XXX 3 Div XXX 5 SubDiv XXXXX 6 Prog XXXXXX 7 SubProg XXXXXX 4 Futura XXXX 2 Func XX 6 Obj XXXXXX 5 Proj XXXXXX </div> Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
StGrTRev: FY22 Nurse Fam Partn	1000-HLT-250-00000-000000-0000000-0000-05-410001-225NP	(21,324)
Prog Supp: FY22 Nurse Fam Partn	1000-HLT-250-00000-000000-0000000-0000-05-520002-225NP	21,324

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services - Public Health Division was awarded additional state grant funds from the NC Division of Child and Family Well-Being for the Nurse Family Partnership Program. Nurse Family Partnership is a home visiting program which seeks to improve the health and life-course of first-time, low-income mothers and their children. These funds will be used to purchase program supplies to better serve the families enrolled in the program during the COVID-19 public health emergency. 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.