

## **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# DHHS - Social Services Division Board Action

File #: 22-184

Commissioner Brown - DHHS (Social Services Division) - To Accept and Appropriate Additional Federal Crisis Intervention Program Funds in the Amount of \$171,245

#### STAFF CONTACT

Angela Karchmer - Social Services Director - 704-862-7930

### **BUDGET IMPACT**

Appropriate Federal revenues. No additional County funds.

#### **BUDGET ORDINANCE IMPACT**

Increase Federal revenues by \$171,245 and appropriate \$171,245 into Special Programs account.

#### **BACKGROUND**

DHHS received additional funding for the Crisis Intervention Program in the amount of \$171,245 for a total of \$1,066,346 to be used for heating and cooling. These funds require appropriation into the FY2021-2022 Social Services Budget in order to be expensed for the appropriate use. 100% Federal Funds, No County Funds Required.

#### **POLICY IMPACT**

N/A

#### **ATTACHMENTS**

**Budget Change Request (BCR)** 

|          | . Buff, Clerk t<br>he Board of C |    |    | ity Commi | ssion, do h | E BELOW TH | IS LINE fy that the | above is a true and correct copy of action |
|----------|----------------------------------|----|----|-----------|-------------|------------|---------------------|--|
| NO.      | DATE                             | M1 | M2 | CBrown    | AFraley     | BHovis     | KJohnson            | TKeigher TPhiliptek Rivorley Vote          |
| 2022-117 | 04/26/2022                       | TP | TK | Α         | AB          | Α          | AB                  | A A U                                      |
| DISTRIBU |                                  |    |    |           |             |            |                     |  |

|   | GASTON C   | OUNTY BUDGET CHA               | NGE REQUEST                  |                           |  |  |  |  |  |  |  |
|---|--|--------------------------------|------------------------------|---------------------------|--|--|--|--|--|--|--|
| TO:   | Dr. Kim S. Eagle   | COUNTY MANAGER                 |                              |                           |  |  |  |  |  |  |  |
| FROM:   | 5490 DHF   | IS-Social Services             |                              |                           |  |  |  |  |  |  |  |
| 11.01   | · · · · · · · · · · · · · · · · · · ·  | epartment Name                 |                              |                           |  |  |  |  |  |  |  |
|   | Angela Karchmer  | 4/19/2022                      |                              |                           |  |  |  |  |  |  |  |
|   | Department Director's Nam  |                                | •                            |                           |  |  |  |  |  |  |  |
| TYPE OF REQUE   | CT.  | ***                            |                              | 379                       |  |  |  |  |  |  |  |
| HE OF NEWOL   | <b>-51</b> .   |                                |                              |                           |  |  |  |  |  |  |  |
| Line Item   | Transfer Within Department & Fur   | nd                             | Line Item Transfer Between   | Funds *                   |  |  |  |  |  |  |  |
| Project Transfer Within Department & Fund  X Additional Appropriation of Funds *            |  |                                |                              |                           |  |  |  |  |  |  |  |
| Line Item Transfer Between Departments*  * Requires resolution by the Board of Commis       |  |                                |                              |                           |  |  |  |  |  |  |  |
| 4.00.00.00  | in the second se | ACCOUNT                        | IUMBER                       | AMOUNT                    |  |  |  |  |  |  |  |
| ACCOL   | JNT DESCRIPTION  | Fund - Function - Dept - Div   |                              | Whole Dollars Only        |  |  |  |  |  |  |  |
| (As it ap   | pears in the budget)   | xxx - xx - xxxx - xxxx         | - xxxxx - xxxxxx             | (See Note Below)          |  |  |  |  |  |  |  |
| Crisis Intervention   | on Program-revenue   | 020-05-5490-0000-425016        | <b>}-</b>                    | (\$171,245)               |  |  |  |  |  |  |  |
| Public Asst Payr  | ments -CIP   | 020-05-5490-0000-560008        | 3-20029                      | \$171,245                 |  |  |  |  |  |  |  |
|   |  |                                |                              |                           |  |  |  |  |  |  |  |
|   |  |                                |                              |                           |  |  |  |  |  |  |  |
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|   |  |                                |                              | •                         |  |  |  |  |  |  |  |
| JUSTIFICATION F   | FOR REQUEST:   |                                |                              |                           |  |  |  |  |  |  |  |
|   |  | risis Intervention Program in  |                              |                           |  |  |  |  |  |  |  |
|   |  | unds require appropriation in  |                              | _                         |  |  |  |  |  |  |  |
| order to be expensed for the appropriate use. 100% Federal Funds, No County Funds Required. |  |                                |                              |                           |  |  |  |  |  |  |  |
|   |  |                                |                              |                           |  |  |  |  |  |  |  |
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| l   |  |                                |                              |                           |  |  |  |  |  |  |  |
| Note: Decreases   | in expenditures & increases  | in revenue accounts require I  | orackets. Increases in ex    | penditures & decreases in |  |  |  |  |  |  |  |
| revenue do not red  | quire brackets. Please note the  | at transfers between funds req | uire interfund transfer acco | unts.                     |  |  |  |  |  |  |  |