GASTON COUNTY BUDGET CHANGE REQUEST					
TO:	TO: Dr. Kim S. Eagle		COUNTY MANAGER		
FROM:	FROM: 5116 DHHS - Public Hea		ublic Health		
		Departm	ient Name	-	
	Steve Eaton		4/27/21	_	
	Department Directo	or's Name	Date	_	
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item	Transfer Between Depa	rtments*		* Requires resolution by t	he Board of Commissioners
			ACCOUNT	NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxx		(See Note Below)
CARES: Enhancing Detection			011-05-5116-5132-420000-21547		(\$1,798,273)
CARES: Enhancing Detection			011-05-5116-5132-560000-21547		\$1,798,273

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received additional Federal/State Grant funds from the NC Division of Public Health to monitor and establish key activities related to COVID-19. The funds will be used to work to prevent, prepare for, and respond to COVID-19 by carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. The additional funds will also be used to work collaboratively with community partners to address health equity with COVID-19 and vaccination activities. These are Non-County funds.

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.