

# **Gaston County**

## DHHS - Public Health Division

### **Board Action**

#### File #: 17-029

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Funds from the RISE Home Visiting Evaluation Study for the Nurse Family Partnership Program (*No County Funds - \$340*)

### STAFF CONTACT

Abigail Newton - Special Projects Manager - DHHS - Public Health Division - 704-853-5103

### **BUDGET IMPACT**

Appropriate 100% Miscellaneous Revenue Funds. No County Funds.

### **BUDGET ORDINANCE IMPACT**

Increase Miscellaneous Revenue by \$340 and appropriate \$340 into Special Programs account.

### BACKGROUND

The Gaston County Department of Health and Human-Services - Public Health Division was awarded funds from the RISE (Researching Implementation Support Experiences) Program, a Home Evaluation Study Program. Nurse Family Partnership (NFP) staff participated in the RISE Program Practices Survey to learn more about implementation support experiences in home visiting programs. These funds will be used to support the NFP staff in team building, professional development, and work with the NFP families. These are Non-County funds.

#### POLICY IMPACT

N/A

### **ATTACHMENTS**

Budget Change Request

	. Buff, Clerk t he Board of C					hereby cei	rtify that the	above is strue and provide copy of action
NO.	DATE	<b>M</b> 1	M2	Brown	Fraley	Grant	Hovis	Kelgher Philotek Alkoffey Vote
2017-040	02/14/2017	DG	BH	Α	Α	Α	Α	AB Á
DISTRIBU								and the second

مرمور - ا<sup>رور - ا</sup>لارمان المرمان الم

GASTON COUNTY BUDGET CHANGE REQUEST												
то: _	Earl Mather	s	_COUNTY M	ANAGER								
FROM:	5100	DHHS - Public Health										
	Dept. #	Department Name										
Department Director's Signature Date												
TYPE OF REQUES	ST:			<u> </u>								
Line Item T	Line Item Transfer Within Department & Fund											
Project Tra	Project Transfer Within Department & Fund X Additional Appropriation of Funds *											
Line Item T	Line Item Transfer Between Departments*  * Requires resolution by the Board of Commissioners											
Resolution # Date												
		ACCOUNT NUM	BER	PROJECT	AMOUNT							
	DESCRIPTION	Fund - Dept - Subdept - Div - A		SUBPROJECT	Whole Dollars Only							
	s in the budget)	xx - xxxx - xxxx - xxxx - xxx		XXXXX - XXXX	(See Note Below)							
					(\$340)							
Miscellaneous Re		11-5100-5112-5115-890-501 11-5100-5112-5115-298-000		16265-0001	\$340							
Special Frograms	>		5-000	10200 002.	<b>▼</b> - · · -							
RISE (Researchi Partnership (NFF	inty Department of ing Implementation P) staff participated	Support Experiences) Plin the RISE Program Pro	rogram, a Ho actices Surve	ome Evaluation Study by to learn more abou	awarded funds from the Program. Nurse Family t implementation support							
experiences in he development, and	ome visiting prograr d work with the NFF	ns. These funds will be 9 families. These are No	used to supp n-County fund	ort the NFP staff in te ds.	am building, professional							
APPROVAL SIG	NATURES:											
County Manager/In	nterim Assistant County I	Manager Date	Financial Operations Manager/Asst. Financial Operations Mgr. Date									
			Interim Budget Administrator Date									
Note: Decreases	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.											

revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.