

# GASTON COUNTY BOARD OF COMMISSIONERS BOARD ACTION

County Admin Building 128 W. Main Avenue. Gastonia, NC 28052

# **DHHS - Social Services Division**

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Commissioner Price - To Accept and Appropriate 2<sup>nd</sup> Quarter Donations (100% Donations - \$70,134)

#### **STAFF CONTACT**

Karen Calhoun, Social Services Division Director, 704-862-7884

#### **BUDGET IMPACT**

Appropriate Donated Revenues. No Additional County Funds.

# **BUDGET ORDINANCE IMPACT**

Increase Donation Revenues by \$70,134 and appropriate \$66,669 for Shelter Special Programs, \$2,295 for Adult Services Special Programs and \$1,170 for Residential Child Care Special Programs.

### **BACKGROUND**

During the second quarter of FY2015-2016, Gaston County citizens and organizations donated a total of \$70,134 to the Department of Health and Human Services - Social Services Division. The funding must be appropriated in order for the funds to be used as intended by donors.

## **POLICY IMPACT**

N/A

I, Donna S. Buff, Clerk to the County Commission, do hereby cert taken by the Board of Commissioners as follows:						ify that the above is a true and correct copy of action				
NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Keigher	Philbeck	Price Williams Vote	
2016-044	02/09/2016	СВ	AF	A	A	A	A	A	A U	
DISTRIBU										

GAS	TON COUNTY BUDGET CH	IANGE REQUEST	
TO: <u>Earl Mathe</u>	ersCOUN	TY MANAGER	
FROM: 5582/5600 D	HHS-Social Services Division		
Dept. #	Department Name	_	
Department Directo	or's Signature Date		
TYPE OF REQUEST:		<del></del>	
Line Item Transfer Within Departm	ent & Fund	Line Item Transfer Between	Funds *
Project Transfer Within Departmer	nt & Fund X	Additional Appropriation of	Funds *
Line Item Transfer Between Depar	tments*	* Requires resolution by the	Board of Commissioners
	Reso	plution #	Date
	ACCOUNT NUMBER	PROJECT	AMOUNT
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - Acct - Subacct	SUBPROJECT	Whole Dollars Only
(As it appears in the budget)	XX - XXXX - XXXX - XXX - XXX - XXX		(See Note Below)
Donations	20-5582-840-501		(15,238)
Shelter Private Grants	20-5582-891-518		(51,431)
Special Programs: Donations	20-5582-298-000	08162-0001	66,669
Donations	20-5600-840-501		(1,878)
Special Programs: Donations	20-5600-298-000	08159-0001	1,378
Special Programs: Donations	20-5600-298-000	15259-0001	917
Home Delivered Meals/Donations	20-5600-5622-840-504		(417)
Donations:Residential Child Care	20-5867-840-507		(1,170)
Special Programs: General	20-5867-298-000	16210-0001	570
Special Programs: Emergency Asst	20-5867-298-000	16211-0001	600
JUSTIFICATION FOR REQUEST: During the second quarter of FY201 Department of Health and Human Sofunds to be used as intended by don  APPROVAL SIGNATURES:	ervices - Social Services Division.	nd organizations donated The funding must be app	propriated in order for the
County Manager/Assistant County Manager	2/11/14 M	yor K. 12hther	2/11/16
County Managen/Assistant County Manag	ger 'Date Interim	Budget Meninhol	Date
	Assista	nola O Huma () ant Finance Director	2/11/16 Date

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.