



Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division

Board Action

File #: 17-026

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Additional Smart Start Funds Received from the Partnership for Children of Lincoln and Gaston Counties for the Public Health Childcare Health Consultant Program (100% State Grant Funds - \$16,825)

STAFF CONTACT

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

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant Revenue by \$16,825 and appropriate \$16,825 into special programs account.

BACKGROUND

The Gaston County Department of Health and Human Services received additional funds from the Partnership for Children of Lincoln and Gaston Counties for the Public Health Childcare Health Consultant Program. The funds are provided through the Smart Start State Grant. The Childcare Health Consultant Program promotes healthy and safe environments for children in child care settings through consultation, training, and technical assistance services. These funds will be used to support the Childcare Health Consultants' training and program supplies. Gaston County has over 100 daycares that require support in the areas of staff education, nutrition, sanitation, communicable disease outbreaks, immunization requirements and support when undergoing licensing processes. These are Non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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	Brown	Fraley	Grant	Hovis	Kelgher	Philbeck	Worley	Vote
2017-038	02/14/2017	DG	BH	A	A	A	A	AB	A	A	U

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

GASTON COUNTY BUDGET CHANGE REQUEST	
TO:	<u>Earl Mathers</u> COUNTY MANAGER
FROM:	<u>5100 DHHS - Public Health</u>
	<u>Dept. # Department Name</u>
	<u>Department Director's Signature Date</u>

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund - Dept - Subdept - Div - Acct - Subacct xx - xxxx - xxxx - xxxx - xxx - xxx	PROJECT SUBPROJECT xxxxx - xxxx	AMOUNT Whole Dollars Only (See Note Below)
Health - State Grant	11-5100-5112-5134-320-505		(\$16,825)
Special Programs	11-5100-5112-5134-298-000	17016-0001	16,825

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.