

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: _____ Dr. Kim S. Eagle _____ COUNTY MANAGER

FROM: _____ HLT _____ DHHS - Public Health _____
 Dept. Code Department Name

_____ Brittain Kenney _____ 9-26-23 _____
 Department Director Date

REQUEST TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund | <input type="checkbox"/> Line-Item Transfer Between Funds* |
| <input type="checkbox"/> Project Transfer Within Department & Fund | <input checked="" type="checkbox"/> Additional Appropriation of Funds* |
| <input type="checkbox"/> Line-Item Transfer Between Departments | * Requires resolution by the Board of Commissioners |

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td> </tr> <tr> <td>xxxx</td><td>xxx</td><td>xxx</td><td>xxxxx</td><td>xxxxxx</td><td>xxxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxx</td><td>xxxxx</td> </tr> </table>	4	3	3	5	6	7	4	2	6	5	Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj	xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxx	xxxxx	Whole dollars only
4	3	3	5	6	7	4	2	6	5																							
Fund	Dept	Div	SubDiv	Prog	SubProg	Future	Func	Obj	Proj																							
xxxx	xxx	xxx	xxxxx	xxxxxx	xxxxxxx	xxxx	xx	xxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
StGrtRev: FY22 Nurse Fam Partn	1000-HLT-250-00000-000000-0000000-0000-05-410001-225NP	(\$1,858.00)																														
Emp Trng: FY22 Nurse Family Pa	1000-HLT-250-00000-000000-0000000-0000-05-520011-225NP	\$1,858.00																														

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division was awarded additional grant funds from the NC Department of Health and Human Services – Division of Child and Family Wellness for the Nurse Family Partnership Program. Nurse Family Partnership is a home visiting program which seeks to improve the health and life-course of first-time, low-income mothers and their children. The grant funding will be used for program staff training to better serve the families enrolled in the Nurse-Family Partnership Program. These are non-County funds.

** Decreases in expenditures and increases in revenue accounts require brackets. Increases in expenditures and decreases in revenue do not require brackets. Please note that transfers between funds require inter-fund transfer accounts.