

Gaston County

Gaston County
Board of Commissioners
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DHHS - Social Services Division Board Action

File #: 17-088

Commissioner Brown - DHHS (Social Services Division) - To Accept and Appropriate \$36,000 in Adoption Promotion Funds to Enhance Gaston County's Adoption Services Program *(No Additional County Funds)*

STAFF CONTACT

Melanie Lowrance - Children and Family Services Administrator - DHHS - Social Services - 704-862-7528

BUDGET IMPACT

To accept and appropriate \$36,000 from the Adoption Promotion Incentive Funds into Gaston County's Adoption Services Program.

Appropriate Federal revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Increase revenues by \$36,000 and appropriate \$36,000 into Special Programs account.

BACKGROUND

N/A

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

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				DO	O NOT TYP	E BELOW TH	IIS LINE		1 me e , 1 mg		
	. Buff, Clerk to ne Board of C					hereby certi	fy that the	above is	a true and	di copy	of action
NO.	DATE	M1	M2	Brown	Fraley	Grant	Hovis	Keighe	r. Prilibed	Methey	Vote
2017-073	03/28/2017	RW	TK	Α	АВ	A	Α	Α	A	A v v	U

DISTRIBUTION:

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GAS1	ON COUNTY BUDG	SET CHAN	GE REQUEST				
TO: <u>Earl Mathe</u>	rs	_COUNTY N	IANAGER				
FROM: 5867	DHHS- Social Services	S					
Dept. #	Department Name						
Department Director	r's Signature Da	ate					
TYPE OF REQUEST:							
Line Item Transfer Within Departme	ent & Fund	Li	ine Item Transfer Between	Funds *			
Project Transfer Within Department	t & Fund	X	Additional Appropriation of Funds *				
Line Item Transfer Between Depart	ments*	<u>* F</u>	Requires resolution by the E	Board of Commissioners			
		Resolutio	n# [Pate			
	ACCOUNT NUM	BER	PROJECT	AMOUNT			
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - A	Acct - Subacct	SUBPROJECT	Whole Dollars Only			
(As it appears in the budget)	xx - xxxx - xxxx - xxxx -	- xxx - xxx	xxxxx - xxxx	(See Note Below)			
Adoption Promotion Program	20-5867-5471-221-529			(36,000)			
On a sixt Day array							
Special Programs: Special Children Adoption Program	20-5867-5471-298-000		00324-0001	36,000			
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JUSTIFICATION FOR REQUEST: In January, 2017, DHHS received \$ the adoption program. The Adoptior Social Services Budget. These fund	Promotion funds receive	ed and depos	sited require appropria				
APPROVAL SIGNATURES:							
County Manager/Interim Assistant County I	Manager Date F	Financial Operat	tions Manager/Asst. Financ	ial Operations Mgr. Date			
	ī	Interim Budget Administrator					
Note: Decreases in expenditures & increvenue do not require brackets. Please							