

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ HLT _____ Gaston County Public Health
Dept. Code Department Name

_____ Brittain Kenney _____ 2-27-24
Department Director Date

REQUEST TYPE:

- ☐ Line-Item Transfer Within Department & Fund

☐ Project Transfer Within Department & Fund

☐ Line-Item Transfer Between Departments

☐ Line-Item Transfer Between Funds*

☒ Additional Appropriation of Funds*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION <small>As it appears in Munis</small>	ACCOUNT NUMBER										AMOUNT** <small>Whole dollars only</small>
	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	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
Ex. Employee Training	Ex. 1000-BGT-000-000000-0000000-0000-01-520011-										Ex. \$5,000 Ex. (\$5,000)
Salaries	1000-HLT-254-00000-000000-0000000-0000-05-510001-G0096										\$66,037
FICA	1000-HLT-254-00000-000000-0000000-0000-05-510100-G0096										\$5,052
Retirement	1000-HLT-254-00000-000000-0000000-0000-05-510101-G0096										\$6,486
401K	1000-HLT-254-00000-000000-0000000-0000-05-510102-G0096										\$2,000
Health	1000-HLT-254-00000-000000-0000000-0000-05-510103-G0096										\$11,500
Dental	1000-HLT-254-00000-000000-0000000-0000-05-510104-G0096										\$300
Life	1000-HLT-254-00000-000000-0000000-0000-05-510105-G0096										\$200
Office Supplies	1000-HLT-254-00000-000000-0000000-0000-05-520001-G0096										\$240
Program Supplies	1000-HLT-254-00000-000000-0000000-0000-05-520002-G0096										\$26,100
Mileage Reimbursement	1000-HLT-254-00000-000000-0000000-0000-05-520010-G0096										\$1,608
Employee Training	1000-HLT-254-00000-000000-0000000-0000-05-520011-G0096										\$1,687

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received State Grant funds the North Carolina Division of Public Health – Women, Infants, and Community Wellness Section. The grant funds provide funding for conducting evidence-based strategies to lower the unintended pregnancy rate, overall infant mortality rate and/or the maternal mortality rate in the county. The funds will pay for a nurse and related expenses for this program.

** 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.

GASTON COUNTY

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	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	XXXXXX	XXXX	XX	XXXXXX	XXXXX	
Ex. Employee Training	Ex. 1000-BGT-000-000000-0000000-00000000-0000-01-520011-										
Dues and Subscriptions	1000-HLT-254-00000-000000-0000000-0000-05-520012-G0096										\$150
Printing	1000-HLT-254-00000-000000-0000000-0000-05-520013-G0096										\$1,200
Postage	1000-HLT-254-00000-000000-0000000-0000-05-520014-G0096										\$600
Furn/Equip <\$5k	1000-HLT-254-00000-000000-0000000-0000-05-520020-G0096										\$3,000
Phone Service	1000-HLT-254-00000-000000-0000000-0000-05-530002-G0096										\$840
Professional Services	1000-HLT-254-00000-000000-0000000-0000-05-530010-G0096										\$3,000
State Grant Revenues	1000-HLT-254-00000-000000-0000000-0000-05-410001-G0096										(\$130,000)

^ 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.