GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO:	Dr.		COUNTY MANAGER							
FROM:	1000 DHHS - Public Health									
	ot. Code Department Name									
	Br	3/28/23								
	Departr		Date							
REQUEST TYPE:										
Line-Item Transfer W	/ithin Departm	ıent & Fu	und			Line	e-Item	Trans	fer Betwe	en Funds*
Project Transfer With	nin Departmer	nt & Fund	b		\checkmark	Add	litional	Appro	priation o	of Funds*
Line-Item Transfer B	etween Depar	tments				* Re	quires r	esolutio	n by the Bo	ard of Commissioners
ACCOUNT DESCRIPTION		DUNT	NUMBER					AMOUNT**		
As it appears in Munis	4 3		5	6	7	4	2	6	5	Whole dollars only
	Fund Dep		SubDiv	Prog	SubProg	Future	Func	Obj	Proj	Ex. \$5,000
Ex. Employee Training	Ex. 100	0-BGT-00	00-000	00-000	000-000	00000-	0000-0	1-5200)11-	Ex. (\$5,000)
FedGrtRev: DHHS: TB Refugee Fndg	1000-HLT-253-00000-ComDis-0000000-0000-05-410000-G0056									(2,735.00)
Prof Serv: DHHS: TB Refugee Fndg	1000-HLT-253-00000-ComDis-0000000-0000-05-530010-G0056									2,735.00

JUSTIFICATION FOR REQUEST:

The Gaston County DHHS – Public Health Division received additional State Grant funds from the NC Division of Public Health to enhance latent tuberculosis infection and active tuberculosis disease screening and treatment for refugees. These funds will help support increased caseload due to refugees and humanitarian parolees by expanding tuberculosis-related services. The funds will be used for lab services for testing. 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.