GASTON COUNTY BUDGET CHANGE REQUEST						
TO:	Earl Mathers			COUNTY MANAGER		
FROM:	5112	5112 DHHS - Public Health				
	Dept. # Department Name					
	Department Dire	ctor's Name		Date		
TYPE OF REQUE	ST:					
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *						een Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *						
Line Item	Transfer Between De	epartments*		<u>* R</u>	equires resolution by t	he Board of Commissioners
			A		/BER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			xxx - xx - xxxx - xxxx - xxxxx - xxxxx			(See Note Below)
Health State Grant			011-05-5112-5115-425059-			(\$3,810)
FY18 Healthy Communities			011-05-5112-5115-560000-18501			\$3,810

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received additional State Grant funds from the NC Division of Public Health for the Healthy Communities Program. The Healthy Communities Program seeks to educate the community on Health equity and implement community-based interventions that address poor nutrition, physical inactivity, tobacco use, violence and unintentional injury, and chronic disease screening and management. These funds will be used to pay for staff and community partners to receive training and to implement policy and system changes to result in positive behavior changes. These are Non-County funds.

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.