

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ 1000 _____ Health _____
Dept. Code Department Name

_____ Steve Eaton _____ 01/24/2023
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 As it appears in Munis Ex. Employee Training	ACCOUNT NUMBER										AMOUNT** Whole dollars only Ex. \$5,000 Ex. (\$5,000)
	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. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-										
Misc Rev: Upstream FP Mileston	1000-HLT-253-00000-FamPln-0000000-0000-05-445001-21025										(3,000)
Training: Upstream FP	1000-HLT-253-00000-FamPln-0000000-0000-05-520011-21025										3,000

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received funds from the Upstream Organization. The Upstream Organization provides evidence-based reproductive health training to engage health agencies in a contraceptive care quality improvement partnership. Upstream provides training to the Health Department Family Planning Program and the Health Department receives funds for achieving the quality improvement milestones and processes. These funds will be used for employee development/training. 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.