

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

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

FROM: _____ 1000 _____ DHHS - Public Health _____
Dept. Code Department Name

_____ 3/28/23 _____
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-										
State Grant Revenues	1000-HLT-251-00000-000000-0000000-0000-05-410001-										(\$38,346)
Program Supplies	1000-HLT-251-00000-WIC000-Clntsvc-0000-05-520002-										\$38,346

JUSTIFICATION FOR REQUEST:

The Gaston County DHHS – Public Health Division was awarded additional State Grant funds in the amount of \$38,346 from the Women's and Children's Health Section/Nutrition Services Branch for the Special Supplemental Nutrition Program for Public Health Women, Infants, and Children (WIC). This grant will allow WIC to continue with the objective of the Special Supplemental Nutrition Program, which is to provide supplemental nutritious foods, nutrition education, and referrals to health care for low-income persons during critical periods of growth and development. The funds will be used for program supplies. 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.