

Gaston County

DHHS - Social Services Division

Board Action

File #: 16-307

Commissioner Price - To Accept and Appropriate \$9,000 in Adoption Promotion Funds to Enhance Gaston County's Adoption Services Program (No Additional County Funds)

STAFF CONTACT

Melanie Lowrance - Interim Children and Family Services Administrator - DHHS - Social Services - 704-862-7528

BUDGET IMPACT

To accept and appropriate \$9,000 from the Adoption Promotion Incentive Funds into Gaston County's Adoption Services

Appropriate Federal revenues. No additional County funds.

BUDGET ORDINANCE IMPACT

Appropriate \$9,000 into Special Programs account.

BACKGROUND

N/A

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is style and correct copy of action taken by the Board of Commissioners as follows:											
NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Kelgher Price Williams Vo	te			
2016-172 <i>DISTRIBU</i> Laserfiche		MP	TP	A	A	АВ	AB A A U				

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

\$

C. W. C. Martine

TO: <u>Earl Mathe</u> FROM: <u>5867</u> Dept. # Department Director	DHHS- Social Servic Department Name		MANAGER			
Dept. #	Department Name	ees				
Dept. #	Department Name	3				
Department Director	r's Signature	Date				
Department Director	's Signature	Date				
TYPE OF REQUEST:						
Line Item Transfer Within Departme	ent & Fund	Ĺ	ine Item Transfer Between	Funds *		
Project Transfer Within Department	& Fund	X Additional Appropriation of Funds *				
Line Item Transfer Between Depart	ments*	<u>* </u>	Requires resolution by the B	loard of Commissioners		
		Resolutio	n # D	Date		
	ACCOUNT NU	MBER	PROJECT	AMOUNT		
ACCOUNT DESCRIPTION	Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only		
(As it appears in the budget)	XX - XXXX - XXXX - XXX	x - xxx - xxx	xxxxx - xxxx	(See Note Below)		
Adoption Promotion Program	20-5867-5471-221-529			(9,000)		
Special Programs:				(0,000)		
Special Children Adoption Program	20-5867-5471-298-000)	00324-0001	9,000		
	-					
JUSTIFICATION FOR REQUEST: In April 2016, DHHS received \$9,000 adoption program. The Adoption Pro Social Services Budget.	0 in additional Adoptio omotion funds received	n Promotion F d and deposit	Funds to be used exc ed require appropriati	lusively to enhance the on to the FY2015-2016		
APPROVAL SIGNATURES:						
County Manager/Interim Assistant County Ma	anager Date	Financial Operation	ons Manager/Asst. Financia	al Operations Mgr. Date		
	-	Interim Budget Ac	Iministrator	Date		
Note: Decreases in expenditures & incre evenue do not require brackets. Please n	eases in revenue account	nts require brac	kets. Increases in exp			