	GAS	TON COUN	TY BUDGET CH	ANGE REQUEST	
TO:	TO: Dr. Kim S. Eagle		COUNTY MANAGER		
FROM:	5110	DHHS - P	ublic Health		
			ent Name	-	
	Steve Eaton		8/24/21	_	
Ī	Department Direct	or's Name	Date	-	
TYPE OF REQUE	ST:				
Line Item	Transfer Within Depar	ment & Fund		Line Item Transfer Betw	een Funds *
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item Transfer Between Departments*			* Requires resolution by the Board of Commissioners		
			ACCOUNT	NUMBER	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)
Other Grants			1-05-5110-0000-430000-18130		(\$20,000)
CaroMont CHA		011-	11-05-5110-0000-560000-18130		\$20,000

JUSTIFICATION FOR REQUEST:

The Gaston County Public Health Department was awarded funds from CaroMont Regional Medical Center for the Community Health Assessment (CHA). Gaston County Public Health is required by the NC Division of Public Health to conduct a CHA to assess the health needs of county residents and to meet Accreditation requirements. The CHA is completed by community leaders, residents of low-income neighborhoods, high school students, and a sample of residents in all county municipalities. Gaston DHHS, municipalities, and community agencies use CHA data for planning and to secure grant funding. The funds will be used for expenses to conduct the CHA. 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.