

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

TO: Matthew Rhoten, County Manager

FROM: HLT Health
 Dept. Code Department Name
Brittain Kenney 2/2/2026
 Department Director Date

REQUEST TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund
<input type="checkbox"/> Project Transfer Within Department & Fund
<input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*
<input checked="" type="checkbox"/> Additional Appropriation of Funds*
<p style="text-align: right; font-size: small;">* Requires resolution by the Board of Commissioners</p> |
|---|---|

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT**																														
As it appears in Munis	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 10%;">4</td><td style="width: 10%;">3</td><td style="width: 10%;">3</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td><td style="width: 10%;">7</td><td style="width: 10%;">4</td><td style="width: 10%;">2</td><td style="width: 10%;">6</td><td style="width: 10%;">5</td> </tr> <tr> <td>Fund</td><td>Dept</td><td>Div</td><td>SubDiv</td><td>Prog</td><td>SubProg</td><td>Future</td><td>Func</td><td>Obj</td><td>Proj</td> </tr> <tr> <td>xxxx</td><td>xxx</td><td>xxx</td><td>xxxxx</td><td>xxxxxx</td><td>xxxxxxx</td><td>xxxx</td><td>xx</td><td>xxxxxxx</td><td>xxxxx</td> </tr> </table>	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	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx	Ex. \$5,000.00 Ex. (\$5,000.00)
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	xxxxxxx	xxxx	xx	xxxxxxx	xxxxx																							
Ex. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-																															
Salaries: WIC Client Svcs	1000-HLT-251-00000-000000-0000000-0000-05-510001-GCLSV	\$32,522.00																														
FedGrtRev: WIC Client Svcs	1000-HLT-251-00000-000000-0000000-0000-05-410000-GCLSV	(\$32,522.00)																														

JUSTIFICATION FOR REQUEST:

The Gaston County DHHS – Public Health Division received \$32,522 in additional federal grant funding from the NC Department of Health and Human Services Women’s and Children’s Health Section/Nutrition Services Branch for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This funding supports the continued provision of nutritious supplemental foods, nutrition education, and health care referrals for low-income women, infants, and children during critical growth periods. Funds will be used for personnel costs related to WIC program implementation. The service period is 1/1/2026 - 5/31/2026. 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.