

# GASTON COUNTY BUDGET CHANGE REQUEST (BCR)

**TO:** \_\_\_\_\_ Dr. Kim S. Eagle \_\_\_\_\_ COUNTY MANAGER

**FROM:** \_\_\_\_\_ 1000 \_\_\_\_\_ Health \_\_\_\_\_  
                     Dept. Code                      Department Name

\_\_\_\_\_ Steve Eaton \_\_\_\_\_ 08/23/2022  
                     Department Director                      Date

**REQUEST TYPE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Line-Item Transfer Within Department & Fund<br><input type="checkbox"/> Project Transfer Within Department & Fund<br><input type="checkbox"/> Line-Item Transfer Between Departments | <input type="checkbox"/> Line-Item Transfer Between Funds*<br><input checked="" type="checkbox"/> Additional Appropriation of Funds*<br><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><tr><td>4</td><td>3</td><td>3</td><td>5</td><td>6</td><td>7</td><td>4</td><td>2</td><td>6</td><td>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>XXXXXX</td><td>XXXX</td><td>XX</td><td>XXXXXX</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	XXXXXX	XXXX	XX	XXXXXX	XXXXX	Whole dollars only
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. Employee Training	Ex. 1000-BGT-000-00000-0000000-0000000-0000-01-520011-	Ex. \$5,000 Ex. (\$5,000)																														
State Grant Revenues	1000-HLT-251-00000-000000-0000000-0000-05-410001-	(35,084)																														
Professional Services	1000-HLT-251-00000-WIC000-ClntSvc-0000-05-530010	35,084																														

**JUSTIFICATION FOR REQUEST:**

The Gaston County Department of Health and Human Services - Public Health Division was awarded additional State Grant funds in the amount of \$35,084 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 other medical services.

\*\* 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.