

# **Gaston County**

### Parks & Recreation

## **Board Action**

#### File #: 22-326

Commissioner Brown - Parks and Recreation - To Accept and Appropriate Health Promotion Disease Prevention Grant Funds from Centralina Council of Governments Area Agency on Aging in the Amount of \$4,500

#### **STAFF CONTACT**

Cathy Hart - Parks & Recreation - 704-922-2162

#### BUDGET IMPACT

With the \$500 County matched dollars we receive an additional \$4,500 from Centralina Council of Governments Area Agency on Aging. This will give us an opportunity to teach evidence-based classes at the Senior Center and other locations in the County. This pays for class materials, supplies, staff time and trainings.

#### **BUDGET ORDINANCE IMPACT**

These funds are included in the approved FY23 Senior Center Budget. This allows us to provide evidence-based programs at the Senior Center and other locations in the County.

#### BACKGROUND

Gaston County Parks & Recreation has received a Health Promotion Disease Prevention Grant from Centralina Council of Governments Area Agency on Aging in the amount of \$4,500. This grant will be matched by \$500 in County Funds that are currently available in the approved Senior Center Budget. The grant funds will be used to support Gaston County Parks & Recreation evidence-based programs including A Matter of Balance, Living Healthy with Chronic Illness and Living Healthy with Diabetes at the Senior Center and at other various locations.

#### POLICY IMPACT

N/A

### **ATTACHMENTS**

Budget Change Request (BCR)

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l, Donna S taken by th	. Buff, Clerk t ne Board of C	o the omm	Cour	nty Commi ners as fol	ssion, do h Iows:	ereby cer	tify that the above is a true and correct copy of	acti
NO.	DATE	М1	M2	CBrown	AFraley	BHovis	KJohnson, TKeigher, TPhilbeck RWorley	Vote
2022-257 DISTRIBU Laserfiche		тк	AF	A	A	A	A A A A	U

GASTON COUNTY BUDGET CHANGE REQUEST (BCR)									
то:	Dr. Kim S. Eagle	COUNTY MANAGE	R						
FROM:	6130 Parks & Rec/SR								
	pt. Code Department	Name							
	Cathy Hart	8/4/2022							
	Department Director	Date							
REQUEST TYPE:									
Line-Item Transfer V	Vithin Department & Fund	Line-Item Transfer Betwee	en Funds*						
Project Transfer Wit	hin Department & Fund	Additional Appropriation of	dditional Appropriation of Funds*						
Line-Item Transfer B	* Requires resolution by the Boa	ard of Commissioners							
ACCOUNT DESCRIPTION	ACCOUNT	NUMBER	AMOUNT**						
As it appears in Munis	4 3 3 5 6	7 4 2 6 5	Whole dollars only						
Ex. Employee Training	Fund Dept Div SubDiv Prog   x000x X00x X00x X000x X0000x   Ex. 1000-BGT-000-00000-000	SubProg Future Func Obj Proj 200000X 200X XX 20000X 2000X	Ex. \$5,000 Ex. (\$5,000)						
HPDP	1000-CSS-292-00000-HitPro-000000	0-0000-04-410000-G0041	(\$4,500)						
Senior Programs	1000-CSS-292-00000-SrPrgm-00000	000-0000-04-560000	(\$500)						
HPDP Grant	1000-CSS-292-00000-HitPro-000000	0-0000-04-520007-G0041	\$5000						
JUSTIFICATION FOR REQUE The purpose of this request is to accep Governments Agency on Aging to prov is \$4,500 with a County match of \$500	ot and appropriate the Health Promotio vide Evidence Based programming to s	on Disease Prevention grant from Centr seniors at different location in the count	alina Council of y. Centralina budget total						

\*\* 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.