

<b>GASTON COUNTY BUDGET CHANGE REQUEST</b>	
TO:	Earl Mathers
	COUNTY MANAGER
FROM:	5110                      DHHS - Public Health
	Dept. #                      Department Name
	Department Director's Name                      Date

TYPE OF REQUEST:	
<input type="checkbox"/>	Line Item Transfer Within Department & Fund
<input type="checkbox"/>	Line Item Transfer Between Funds *
<input type="checkbox"/>	Project Transfer Within Department & Fund
<input checked="" type="checkbox"/>	Additional Appropriation of Funds *
<input type="checkbox"/>	Line Item Transfer Between Departments*
* <u>Requires resolution by the Board of Commissioners</u>	

ACCOUNT DESCRIPTION  (As it appears in the budget)	ACCOUNT NUMBER  Fund - Function - Dept - Division - Object - Project  xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	AMOUNT  Whole Dollars Only  (See Note Below)
Other Grants FY18 CaroMont CHA	011-05-5110-0000-430000-18130 011-05-5110-0000-560000-18130	(\$20,000) \$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 every three years 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. 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.