

Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division Board Action

File #: 17-350

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Funds Received from CaroMont Regional Medical Center for the Community Health Assessment (100% Grant Funds - \$20,000)

STAFF CONTACT

Abigail Newton - Special Projects Manager - DHHS - Public Health Division - 704-853-5103

BUDGET IMPACT

Appropriate 100% Other Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase Other Grant Revenue by \$20,000 and appropriate \$20,000 into Special Programs Account.

BACKGROUND

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.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

DO NOT TYPE BELOW THIS LINE I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true taken by the Board of Commissioners as follows: NO. DATE M1 M2 Brown Fraley Grant (Keigher Vote 2017-244 10/24/2017 TP DG Α Α U **DISTRIBUTION:** Laserfiche Users

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TO:	Earl Mathers			COUNTY	MANAGER	
EDOM:	5110		S - Public Health			
FROM:	Dept. # Department Name					
	•		•			
	Department Dire	ector's Name	e	Date		
TYPE OF REQUE	ST:					
Line Item	Transfer Within Dep	artment & Fun	d		Line Item Transfer Betwee	n Funds *
Project Tr	ansfer Within Depart	tment & Fund		Х	Additional Appropriation o	f Funds *
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners						
			A	CCOUNT N	UMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only	
(As it appears in the budget)			xxx - xx -	XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
Other Grants			011-05-5110-0000-430000-18130			(\$20,000)
FY18 CaroMont	FY18 CaroMont CHA			00-560000	\$20,000	
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JUSTIFICATION FOR REQUEST:						
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