

# **Gaston County**

# **DHHS - Public Health Division**

# **Board Action**

### File #: 18-181

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Grant Funds Received from the Community Foundation of Gaston County for the Let Me Run Program (100% Grant Funds - \$5,000)

# **STAFF CONTACT**

Carrie Meier - Community Health Education Administrator - DHHS - Public Health Division - 704-853-5405

## **BUDGET IMPACT**

Appropriate 100% Other Grant Funds Revenue.

## **BUDGET ORDINANCE IMPACT**

Increase Other Grant Revenue \$5,000 and Appropriate \$5,000 into the LMR Special Projects Account.

#### BACKGROUND

The Gaston County Public Health Department was awarded grant funds from the Garrison Fund of the Community Foundation of Gaston County for the Let Me Run Program. Let Me Run is a 7-week program for boys in grades 4<sup>th</sup> through middle school and is facilitated by trained coaches from the community. The Let Me Run Program culminates with the boys running a 5K road race. The funds will be used to support program participant scholarships, shoes, coaches training/supplies, participant snacks/supplies, and market/promotional materials. These are Non-County funds.

#### POLICY IMPACT

N/A

#### **ATTACHMENTS**

**Budget Change Request** 

|                        | DO NOT TYPE BELOW THIS LINE      |    |    |       |        |             |              |            |                       |         |  |
|------------------------|----------------------------------|----|----|-------|--------|-------------|--------------|------------|-----------------------|---------|--|
|                        | . Buff, Clerk t<br>ne Board of C |    |    |       |        | hereby cert | ify that the | above is a | true and correct copy | ofactio |  |
| NO.                    | DATE                             | M1 | M2 | Brown | Fraley | Grant       | Hovis        | Keigher    | Philbeck Worley       | Vote    |  |
| 2018-123               | 05/22/2018                       | тк | BH | A     | AB     | Α           | А            | Α          | AB                    | U       |  |
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|---|-------------------------------|------------|-------------------|--------------------|--------------------------|----------------------------|--|--|--|
| TO:   | Earl Math                     | ers        |                   | _COUNTY            | MANAGER                  |                            |  |  |  |
| FROM:   | 5112 DHI                      |            | S - Public Health |                    |                          |                            |  |  |  |
|   | Dept. #                       | De         | partment Name     |                    |                          |                            |  |  |  |
|   | Department Direct             | or's Name  | )                 | Date               |                          |                            |  |  |  |
| TYPE OF REQUE   | ST:                           |            |                   |                    |                          |                            |  |  |  |
| Line Item   | Transfer Within Depart        | ment & Fun | d                 |                    | Line Item Transfer Betw  | veen Funds *               |  |  |  |
| Project Transfer Within Department & Fund X Additional Appropriation of Funds * |                               |            |                   |                    |                          |                            |  |  |  |
| Line Item   | Transfer Between Depa         | artments*  |                   | :                  | * Requires resolution by | the Board of Commissioners |  |  |  |
|   |                               |            | A                 | CCOUNT N           | UMBER                    | AMOUNT                     |  |  |  |
| ACCOU   | ACCOUNT DESCRIPTION           |            |                   | ion - Dept - Divis | sion - Object - Project  | Whole Dollars Only         |  |  |  |
| (As it app  | (As it appears in the budget) |            |                   | xxxx - xxxx        | - xxxxx <b>- xxxxxx</b>  | (See Note Below)           |  |  |  |
| Other Grants  |                               |            | 011-05-5112-511   |                    |                          | (\$5,000)                  |  |  |  |
| FY16 LMR - CF Garrison Fund   |                               |            | 011-05-5112-511   | 15-560000          | -16242                   | \$5,000                    |  |  |  |
|   |                               |            |                   |                    |                          |                            |  |  |  |
|   |                               |            |                   |                    |                          |                            |  |  |  |
|   |                               |            |                   |                    |                          |                            |  |  |  |
|   |                               |            |                   |                    |                          |                            |  |  |  |
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|   |                               |            |                   |                    |                          |                            |  |  |  |
|   |                               |            |                   |                    |                          |                            |  |  |  |

JUSTIFICATION FOR REQUEST:

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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.