	GAS	TON COUN	ITY BUDGET CH	ANGE REQUEST	
TO:	TO: Earl Mathers		COUNTY MANAGER		
FROM:	5119 DHHS - Public Health		Public Health		
			nent Name	-	
	Chris Dobbins		1/31/2019	_	
	Department Directo	or's Name	Date	-	
TYPE OF REQUE	ST:				
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *					
Project Transfer Within Department & Fund X Additional Appropriation of Funds *					
Line Item	Transfer Between Depa	rtments*		* Requires resolution by t	he Board of Commissioners
			ACCOUNT	NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX - XXXXXX		(See Note Below)
Health State Grant			011-05-5119-0000-425059-19567		(\$20,757)
FY19 Maternal/CH Grant			011-05-5119-0000-560000-19567		\$20,757

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Public Health Division received additional State Grant funds from the NC Division of Public Health for the Maternal Health Program. The goals of these Maternal Grant funds are to positively impact the community's maternal health outcomes and build Local Health Department capacity to address health equity and social determinants of health. These funds will be used to purchase equipment and program supplies for the maternity and family planning patient clinics. 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.