	GAS	TON COUN	TY BUDGET CHA	NGE REQUEST	
TO:	Earl Mathe	ers	COUNTY MANAGER		
FROM:	5112	DHHS - Ρι	ublic Health		
	Dept. #		ent Name	-	
	Chris Dobbins		1/31/2019		
	Department Director's Nam		e Date		
TYPE OF REQUE	EST:				
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 Departments* * Requires resolution by the Board of Commissioners					
			ACCOUNT N	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 Gra			05-5112-5115-425059 05-5112-5115-560000		(\$18,000) \$18,000

JUSTIFICATION FOR REQUEST:

The Gaston County Department of Health and Human Services – Community Health Education Division received State Grant funds from the NC Division of Public Health for the Community Health Education Program. The goal of these funds are to provide effective, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The Healthy Equity Grant funds will be utilized to assess DHHS' use of Culturally and Linguistically Appropriation Services (CLAS) Standards, form a health equity workshop to reduce cultural and linguistic barriers to care, and provide related trainings for the workgroup members and additional staff. 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.