

Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division Board Action

File #: 19-057

Commissioner Chad Brown - DHHS (Health Division) - To Accept and Appropriate Additional State Grant Funds Received from the NC Division of Public Health for the Maternal Health/Child Health Program (\$12,566)

STAFF CONTACT

Cheri Singleton - Personal Health Nursing Administrator - DHHS - Public Health Division - 704-853-5042

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$12,566 and appropriate \$12,566 into Maternal Health/Child Health project account.

BACKGROUND

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/Child Health Program. The Maternal Grant funds will be utilized for the Substance Treatment and Rehabilitation (STAR Program. The STAR Program addresses the needs of the mother who is positive for substance use that will have an adverse effect on the mother and newborn. The funds will be used to support the program's licensed clinical social workers, transportation for patients to appointments, and training for staff. These are Non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

				DC	NOT TYPE	BELOW THIS	LINE	
	i. Buff, Clerk t he Board of C					nereby certi	fy that the	above is a true and correct copy of actio
NO.	DATE	M1	M2	CBrown	JBrown	AFraley	BHovis	Kelgher Trimbeck Rworley Vote
2019-039	02/26/2019	RW	вн	Α	Α	AB	Α	AB A U
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GASTON COUNTY BUDGET CHANGE REQUEST											
TO:	Earl Mathers	COUNTY									
FROM:	5120 DHH	dS - Public Health									
		partment Name									
	Chris Dobbins	1/31/2019									
j	Department Director's Name	e Date									
TYPE OF REQUE	ST:										
Line Item ⁻	Transfer Within Department & Fun	ıd	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	IUMBER	AMOUNT							
ACCOU	INT DESCRIPTION	Fund - Function - Dept - Divi	sion - Object - Project	Whole Dollars Only							
(As it ap	pears in the budget)	xxx - xx - xxxx - xxxx	- xxxxx - xxxxxx	(See Note Below)							
Health State Gra	ınt	011-05-5120-0000-425059	1	(\$12,566)							
FY19 Child Healt	th State Grant	011-05-5120-0000-560000	-19518	\$12,566							
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JUSTIFICATION F		nd Usaana Oradaa - Dublic	U alda Distatan arasisa								
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Note: Decreases in revenue do not rec	in expenditures & increases i	in revenue accounts require t at transfers between funds requ	orackets. Increases in ex uire interfund transfer acco	penditures & decreases in unts.							