

Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

Budget and Management Services Board Action

File #: 20-478

Commissioner Worley - Budget & Management Services - To Accept and Appropriate Additional State Grant COVID Funds Awarded to The Cathy Mabry Cloninger Center by the NC Council for Women and Youth Involvement (\$56,603)

STAFF CONTACT

Pat Laws - Budget & Management Services - 704-866-3771

BUDGET IMPACT

Appropriate Additional State COVID Funds. No additional County funds.

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

The Cathy Mabry Cloninger Center intends to purchase a small passenger van to use in transporting community and sheltered survivors for job searches, housing searches, court appearances, medical treatment, and other necessary survivor services or appointments.

Four laptop computers and associated equipment would also be purchased to assist staff members working remotely during the pandemic. With any remaining funding the shelter will replace fabric furniture and porous surface pieces with leather or vinyl furniture and non-porous surface pieces that will improve the ability to disinfect and sanitize the living and working environment.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

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	. Buff, Clerk t he Board of C					nereby cert	ify that the	above is a true and correct edby of action
NO.	DATE	М1	M2	CBrown	JBrown	AFraley	BHovis	Keigheit, TPhilipeck Rushis Vate
2020-267	10/27/2020	СВ	вн	Α	Α	AB	Α	A A A
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GASTON COUNTY BUDGET CHANGE REQUEST										
TO: _	Dr. Kim S. Eagle	COUNTY MANAGER								
FROM: _	5810 Hope Uni	ted Survivors Network								
1110111		partment Name								
	Tara Joyner	10/22/2020								
Ī	Department Director's Name	e Date								
TYPE OF REQUES	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 Departments* * Requires resolution by the Board of Commissioners										
		ACCOUNT N	UMBER	AMOUNT						
ACCOU	NT DESCRIPTION	Fund - Function - Dept - Divis	sion - Object - Project	Whole Dollars Only						
(As it app	ears in the budget)	xxx - xx - xxxx - xxxx	- xxxxx - xxxxxx	(See Note Below)						
Covid-19 Relief A	ssist Grant	010-05-5810-5582-420000	-21568	(\$56,603)						
F/E<5K: Covid19		010-05-5810-5582-540001		\$26,603						
Vehicles:Covid19	Relief Assist	010-05-5810-5582-540003	-21568	\$30,000						
sheltered survivo services or appoi members working porous surface p	Cloninger Center intends or rs for job search, housing s ntments. Four laptop comp g remotely during the pande	to purchase a small passeng search, court appearances, r outers and associated equipn emic. With any remaining fu urniture and non-porous surf ng environment.	nedical treatment, and c nent would also be purc nding the shelter will rep	other necessary survivor hased to assist staff place fabric furniture and						

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.