

Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division

Board Action

File #: 20-479

Commissioner Chad Brown - DHHS (Health Division) - To Accept and Appropriate State Grant Funds Received from the NC Division of Public Health for the Immunization Program (\$42,705)

STAFF CONTACT

Cheri Singleton - Public Health Nursing Administrator - DHHS (Public Health Division) - 704-853-5032

BUDGET IMPACT

Appropriate 100% State Grant Revenue.

BUDGET ORDINANCE IMPACT

Increase State Grant revenue by \$42,705 and appropriate \$42,705 into the Flu Vaccination Expansion project account.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received State Grant funds from the NC Division of Public Health to enhance and adapt influenza activities and to implement innovative local solutions to achieve increased vaccination coverage during the COVID-19 pandemic. The funds will be used to expand flu vaccinations in vulnerable and marginalized community population. These are Non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request (BCR)

| DO NOT TYPE BELOW THIS LINE I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows: | | | | | | | | | | | |
|---|------|----|----|--------|--------|--------|--------|---------------------------------|--|--|--|
| NO. | DATE | M1 | M2 | CBrown | JBrown | AFrale | BHovis | TKeigher TRhilbody RWorley Vote | | | |
| 2020-274 DISTRIBU Laserfiche | | СВ | BH | A | A | AB | A | A | | | |

| GASTON COUNTY BUDGET CHANGE REQUEST | | | | | | | | | | | |
|-------------------------------------|---|------------|-------------------------------|------------------------------|----------------------------|--|--|--|--|--|--|
| | | | | | | | | | | | |
| TO: | Dr. Kim S. | Eagle | COUNTY | MANAGER | | | | | | | |
| FROM: | | | - Public Health | | | | | | | | |
| | | | rtment Name | | | | | | | | |
| | Steve Eaton | | 10/27/2020 | | | | | | | | |
| | Department Direct | or's Name | Date | | | | | | | | |
| | | | | | | | | | | | |
| TYPE OF REQUE | 251: | | | | | | | | | | |
| Line Item | Line Item Transfer Within Department & Fund | | | | | | | | | | |
| | | | | • | | | | | | | |
| Project Tr | ransfer Within Departme | ent & Fund | X | Additional Appropriation c | of Funds * | | | | | | |
| | | | | | | | | | | | |
| Line Item | Transfer Between Depa | artments* | | * Requires resolution by the | Board of Commissioners | | | | | | |
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| | | | ACCOUNT N | | AMOUNT | | | | | | |
| | JNT DESCRIPTION | | Fund - Function - Dept - Divi | Whole Dollars Only | | | | | | | |
| | pears in the budget) | | XXX - XX - XXXX - XXXX | (See Note Below) | | | | | | | |
| Hit. St. Gnt. Flu | • | | 11-05-5116-5133-425059 | | (\$42,705) | | | | | | |
| Flu Vaccination | Expansion | 01 | 11-05-5116-5133-560000 | \$42,705 | | | | | | | |
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| JUSTIFICATION I | FOR REQUEST: | | | | | | | | | | |
| The Gaston Cou | unty Department of | Health and | Human Services – Public | Health Division receiv | ved State Grant funds from | | | | | | |

the NC Division of Public Health to enhance and adapt influenza activities and to implement innovative local solutions to achieve increased vaccination coverage during the COVID-19 pandemic. The funds will be used to expand flu vaccinations in vulnerable and marginalized community population. 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.