T TOWN.	COUNTY MANAGER S - Public Health partment Name 1/26/21	
Dept. # Dep	partment Name	
Dept. # Dep	partment Name	
Stove Feton	1/26/21	
Sieve Ealon		
Department Director's Name	e Date	
TYPE OF REQUEST:		
Line Item Transfer Within Department & Fund	d Line Item Transfer B	etween Funds *
Project Transfer Within Department & Fund	X Additional Appropria	ation of Funds *
Line Item Transfer Between Departments*	* Requires resolution	by the 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)
NEHA Environmental Hlth Prog	011-05-5114-5125-430000-21588	(\$20,000)
Part Time: NEHA Program	011-05-5114-5125-510005-21588	\$11,150
FICA: NEHA Program	011-05-5114-5125-510100-21588	\$850
NEHA Program	011-05-5114-5125-560000-21588	\$8,000
JUSTIFICATION FOR REQUEST: The Gaston County Department of Health ar		

The Gaston County Department of Health and Human Services – Public Health Division received Grant funds from the National Environmental Health Association (NEHA) for the Environmental Health Private Well Program. The NEHA grant develops methods to estimate the number of private wells, private well users, determines private well testing distribution, and assesses risk for regional contaminant exposure. Funds will be used to hire a part-time graduate intern to assess the risks of contaminant exposure and for supplies and on-line tools to develop private well educational materials. 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.