



## **BOARD OF COUNTY COMMISSIONER'S MEETING**

**Monday, December 18<sup>th</sup>, 2023**

**224 Seminary Street**

**Kenansville, N.C. 28349**

**6:00 p.m.** Meeting Called to Order  
Invocation  
Pledge of Allegiance  
Approval of Meeting Agenda

Approval of Minutes – Regular Meeting held on December 4<sup>th</sup>, 2023 **(A)**

### **REGULAR MEETING AGENDA**

#### **CONSENT AGENDA**

1. Budget Amendments Journal Entry Proof **(B)**
2. Tax and Solid Waste Releases - #21462 - #21544 **(C)**
3. Change the Public Hearing Date Previously Approved at the December 4<sup>th</sup>, 2023 Commissioner Meeting from January 2<sup>nd</sup>, 2024 to January 16<sup>th</sup>, 2024 to Receive Public Comments Regarding a Request Received from Richard Miller to Name a Lane at 143 Dogwood Lane, Rose Hill, Rose Hill Township, Miller Lane. **(D)**
4. Letter to HomeTrust Bank Regarding Municipal Lease and Option Agreement Between HomeTrust Bank and Potters Hill Volunteer Fire Department and Authorize Chairman to Sign **(E)**

#### **ITEMS TO BE MADE PART OF MINUTES**

- Administrative Budget Amendment Journal Inquiry **(F)**

#### **REGULAR AGENDA ITEMS OF BUSINESS**

**6:05 p.m.** Public Comments (limited to three (3) minutes per speaker)

- 6:15 p.m.** Brian Matthis, Duplin County Emergency Management Coordinator  
Request Acceptance of 2023 Homeland Security Grant Program (HSGP) Funds **(G)**
- 6:20 p.m.** Tracey Simmons-Kornegay, Duplin County Health Director  
Request Acceptance of ECU Health Duplin Hospital - The Duke Endowment Grant  
#7181-SP Funds **(H)**  
Request Acceptance of RFA A411 – Supporting Women’s Health Services Grant Funds  
**(I)**  
Request to Purchase a Vehicle **(J)**
- 6:30 p.m.** Bryan Miller, County Manager  
General Comments/Announcements

**CLOSED SESSION**

Personnel Matters NCGS 143-318.11 (a) (6)

**FYI (K)**

Town of Kenansville Tax Releases  
Town of Teachey Tax Releases  
Town of Warsaw Tax Releases

**REPORTS (L)**

Airport – November 2023  
Animal Services – November 2023  
Garage – November 2023  
Register of Deeds – November 2023  
Solid Waste – November 2023

**ADJOURN**

**Motion to adjourn until January 16<sup>th</sup>, 2024 for a Commissioners Meeting at the Administrative Building located at 224 Seminary Street in Kenansville, N.C.**





**BOARD OF COUNTY COMMISSIONER'S MEETING**

**Monday, December 18<sup>th</sup>, 2023**

**224 Seminary Street**

**Kenansville, N.C. 28349**

**COMMISSIONER'S INFORMATION BULLETIN**

**TO:** Commissioner Branch  
Commissioner Dowe  
Commissioner D. Edwards  
Commissioner Garner  
Commissioner J. Edwards

**FROM:** Jaime W. Carr/Clerk to the Board

**DATE:** Monday, December 18<sup>th</sup>, 2023

**SUBJECT:** Commissioner's Meeting

1. Meeting Called to Order by Vice-Chairman Garner
2. Invocation given by \_\_\_\_\_
3. Pledge of Allegiance to the Flag of the United States of America.
4. Approval of agenda for tonight's meeting. Members of the Board and/or the County Manager/Assistant County Manager/Clerk to the Board may request to make any changes or additions to the proposed agenda.

**RECOMMENDED MOTION:** Motion to approve the meeting agenda.

**Motion** \_\_\_\_\_ **2nd** \_\_\_\_\_ **For** \_\_\_\_\_ **Against** \_\_\_\_\_ **Carried** \_\_\_\_\_

5. Approval of Minutes – Regular Meeting held on December 4<sup>th</sup>, 2023. (A)

**RECOMMENDED MOTION:** Motion to approve the minutes of the December 4<sup>th</sup>, 2023 Board of Commissioners meeting as presented.

Motion \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_ Carried \_\_\_\_\_

### **REGULAR MEETING AGENDA**

#### **CONSENT AGENDA**

1. Budget Amendments Journal Entry Proof **(B)**
2. Tax and Solid Waste Releases - #21462 - #21544 **(C)**
3. Change the Public Hearing Date Previously Approved at the December 4<sup>th</sup>, 2023 Commissioner Meeting from January 2<sup>nd</sup>, 2024 to January 16<sup>th</sup>, 2024 to Receive Public Comments Regarding a Request Received from Richard Miller to Name a Lane at 143 Dogwood Lane, Rose Hill, Rose Hill Township, Miller Lane. **(D)**
4. Letter to HomeTrust Bank Regarding Municipal Lease and Option Agreement Between HomeTrust Bank and Potters Hill Volunteer Fire Department and Authorize Vice-Chairman to Sign **(E)**

**RECOMMEND MOTION:** Motion to approve the consent agenda.

Motion \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_ Carried \_\_\_\_\_

#### **ITEMS TO BE MADE PART OF MINUTES**

- Administrative Budget Amendment Journal Inquiry **(F)**

#### **AGENDA**

1. Public Comments (limited to three (3) minutes per speaker)
2. Brian Matthis, Duplin County Emergency Management Coordinator, will appear before the Board to request the acceptance of the 2023 Homeland Security Grant Program (HSGP) Funds in the amount of \$21,000.00. Grant funding was secured through the North Carolina Emergency Management Domestic Preparedness Region Homeland Security Grant Program for the purchase of a Mobile Event Response Trailer (MERT) containing cones, barricades, and signage to support events requiring traffic or crowd control. The purpose of HSGP is to increase response and recovery capabilities of Duplin County, as well as the other nine counties within Domestic Preparedness Region 2. This money will be reimbursed by North Carolina Department of Safety Emergency Management after finalization, as specified in the award documentation. **(G)**

**RECOMMENDED MOTION:** Motion to accept the 2023 Homeland Security Grant Program (HSGP) Funds in the amount of \$21,000.00 and authorize the associated budget amendment.

**Motion** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_ **For** \_\_\_\_\_ **Against** \_\_\_\_\_ **Carried** \_\_\_\_\_

3. Tracey Simmons-Kornegay, Duplin County Health Director, will appear before the Board to request acceptance of grant funds from ECU Health Duplin Hospital from The Duke Endowment Grant #7181-SP in the amount of \$750,000. The Duplin Coalition for Health is currently in year one of the development of the coalition. During this first year, a consultant firm has been utilized to create a Coalition environment where differences are recognized, understood, appreciated, and leveraged for the equitable benefit of all members. The Coalition's goals are to align activities, meet monthly to communicate and establish shared measurement practices, and use data to adapt and refine health strategies. The Coalition has used year-one funds to assess the resources needed for program coordination and integration within the community. Recently, they worked toward establishing the framework of the Coalition for the preparation of the submission of a five-year funding request to fully establish the Coalition and implement evidence-based initiatives aimed at improving the health of the residents of Duplin County. The Trustees of The Duke Endowment recently approved the 5-year grant for ECU Health Duplin Hospital to implement a Healthy People, Healthy Carolinas coalition to increase capacity and improve population health in Duplin County. The endowment anticipates the grant payment as the following schedule: 2023 - \$150,000; 2024 - \$150,000; 2025 - \$150,000; 2026 - \$150,000; 2027 - \$150,000. **(H)**

**RECOMMENDED ACTION:** Motion to accept grant funds from ECU Health Duplin Hospital from The Duke Endowment Grant #7181-SP in the amount of \$750,000; authorize the Health Director to sign any associated agreement(s)/contract(s) related to this funding pending approval by the County Attorney; approve to extend the Public Health Educator III position as the Duplin Coalition for Health Program Coordinator through the grant schedule as noted; and authorize the necessary budget amendment.

**Motion** \_\_\_\_\_ **2<sup>nd</sup>** \_\_\_\_\_ **For** \_\_\_\_\_ **Against** \_\_\_\_\_ **Carried** \_\_\_\_\_

4. Tracey Simmons-Kornegay, Duplin County Health Director, will appear before the Board to request acceptance of grant funds for RFA A411 – Supporting Women's Health Services in the amount of \$125,000. NC DHHS, NC DPH, and NC Women, Infant, and Community Wellness Section (WICWS) developed a grant program for Supporting Women's Health Services to increase access to contraceptives and improve maternal and infant health within



local communities. The health of women of childbearing age and infants is critical to the health of our communities as some key indicators that provide information on the health of women and infants include unintended pregnancies, infant mortality, and maternal mortality. The Duplin County Health Department recently submitted a grant application and received an acceptable score with a recommendation to receive this state funding by the review committee. The first project period for Duplin County Health Department begins on February 1, 2024 and will end May 31, 2024 and then follow for 3-consecutive years (June 2024-May 2025, June 2025-May 2026, and June 2026-May 2027). This RFA for supporting women's health services is funded by 100% of state funding and an agreement addendum will be received by the start date. **(I)**

**RECOMMENDED MOTION:** Motion to accept grant funds for RFA A411 – Supporting Women's Health Services in the amount of \$125.000 and authorize the associated budget amendment.

**Motion** \_\_\_\_\_ **2nd** \_\_\_\_\_ **For** \_\_\_\_\_ **Against** \_\_\_\_\_ **Carried** \_\_\_\_\_

5. Tracey Simmons-Kornegay, Duplin County Health Director, will appear before the Board to request approval to purchase a 2020 Ford Edge. The Health Department receives 100% state program funding to provide case management services to high-risk pregnant women and at-risk children. Since the requirement for face-to-face patient encounters has returned post-COVID, an additional vehicle is warranted to ensure the completion of the patient visit requirements are met. **(J)**

**RECOMMENDED MOTION:** Motion to authorize the Duplin County Health Department to purchase a 2020 Ford Edge from Bill Carone in the amount of \$30,599.00

**Motion** \_\_\_\_\_ **2nd** \_\_\_\_\_ **For** \_\_\_\_\_ **Against** \_\_\_\_\_ **Carried** \_\_\_\_\_

6. Bryan Miller, County Manager will appear before the Board to make announcements/comments.

**CLOSED SESSION**

**Personnel Matters NCGS § 143-318.11 (a) (6)**

Motion to go out of regular session and into closed session for personnel matters pursuant to NCGS § 143-31.11 (a) (6).

Motion \_\_\_\_\_ 2nd \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_ Carried \_\_\_\_\_

Motion to go out of closed session and back into open session.

Motion \_\_\_\_\_ 2nd \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_ Carried \_\_\_\_\_

**FYI (K)**

Town of Kenansville Tax Releases

Town of Teachey Tax Releases

Town of Warsaw Tax Releases

**REPORTS (L)**

Airport – November 2023

Animal Services – November 2023

Garage – November 2023

Register of Deeds – November 2023

Solid Waste – November 2023

**ADJOURN**

**Motion to adjourn until January 16<sup>th</sup>, 2024 for a Commissioners Meeting at the Administrative Building located at 224 Seminary Street in Kenansville, N.C.**

Motion \_\_\_\_\_ 2nd \_\_\_\_\_ For \_\_\_\_\_ Against \_\_\_\_\_ Carried \_\_\_\_\_





## **BOARD OF COUNTY COMMISSIONER'S MEETING**

**Monday, December 4<sup>th</sup>, 2023**

**224 Seminary Street**

**Kenansville, N.C. 28349**

The Duplin County Board of Commissioners met at 6:00 p.m. on Monday, December 4<sup>th</sup>, 2023 in the Commissioners Room located at 224 Seminary Street, Kenansville, N.C.

Present: Commissioners Dexter B. Edwards; Elwood Garner; Jesse L. Dowe, III; and Wayne Branch

Present via Telephone: Commissioner Justin Edwards

Also Present: Bryan Miller, County Manager; Carrie Shields, Assistant County Manager; Tim Wilson, County Attorney; Chelsey Lanier, Finance Officer; and Jaime W. Carr, Clerk to the Board.

### **Call to Order**

The meeting was called to order by Chairman Edwards.

### **Invocation and Pledge of Allegiance**

Invocation was given by Commissioner Branch. Commissioner Branch then led those in attendance in the pledge of allegiance to the flag of the United States of America.

### **Approval of the Meeting Agenda**

Chairman Edwards asked if the members of the Board approved the proposed meeting agenda, and if any Board Member, County Manager, Assistant County Manager, or Clerk to the Board wished to make any changes or additions to the agenda.

Motion was made by Commissioner Garner, seconded by Commissioner Branch, carried unanimously, to approve the meeting agenda.

### **Approval of the Minutes – Governing Body**

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch carried unanimously, to approve the minutes of the November 20<sup>th</sup>, 2023 Board of Commissioners Meeting as presented.

### **ORGANIZATIONAL MEETING**

Jaime W. Carr, Clerk to the Board, appeared before the Board to request the Board nominate from within its members a Chairman and Vice-Chairman to serve the Board of Commissioners for 2023-2024. NCGS § 153A-39 requires that at the first regular meeting in December of each even-numbered year and at its first regular meeting in December of each odd-numbered year, the Board of Commissioners choose from among its members a Chairman and Vice-Chairman for the ensuing year.

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, carried unanimously, to elect Commissioner Dexter Edwards to serve as Chairman of the Duplin County Board of Commissioners for the ensuing year.

Motion was made by Commissioner J. Edwards, seconded by Commissioner D. Edwards, carried unanimously, to elect Commissioner Elwood Garner to serve as Vice-Chairman of the Duplin County Board of Commissioners for the ensuing year.

### **REGULAR MEETING AGENDA**

#### **CONSENT AGENDA**

Motion was made by Commissioner Garner, seconded by Commissioner Branch, carried unanimously, to approve the consent agenda which consisted of: Budget Amendments Journal Entry Proof; Tax and Solid Waste Releases - #21446 - #21461; Budget Amendment to Realign Previously Appropriated Funds; Schedule a Public Hearing on January 2<sup>nd</sup>, 2024 to Receive Public Comments Regarding a Request Received from Richard Miller to Name a Lane at 143 Dogwood Lane, Rose Hill, Rose Hill Township, Miller Lane; Amendment 1 to the Agreement Between Eastpointe Human Services and County of Duplin 4H Prevention Program FY 23-24 to Include Additional Funding of \$12,600 and Authorize Chairman to Sign; Reappoint Commissioner Jesse L. Dowe, III to the Eastern Carolina Council (ECC) Executive Committee for a Term of One (1) Year; North Carolina State Extension Memorandum of Agreement Between the Duplin County Board of Commissioners and North Carolina State University and Authorize Chairman to Sign; Accept Eastpointe's Whole Person Integrated Care Grant Funds in the Amount of \$60,000.00 and Authorize the Necessary Budget Amendment; Adopt the Resolution for Expenditure of Opioid Settlement Funds as Presented for Continuation of Strategy #1 – Collaborative Strategic Planning and Adding Strategy #6 – Early Intervention and Strategy #7 – Naloxone Distribution per Exhibit A of the Memorandum of Agreement; Authorize the Chairman to Sign; and Authorize the Associated budget amendment.

### **ITEMS TO BE MADE PART OF MINUTES**



## Administrative Budget Amendment Journal Entry Report

### **AGENDA**

#### **Public Comments**

No Public Comments

#### **End Public Comments**

Mark Casey, Duplin County EMS Training Officer, appeared before the Board to present two Duplin County EMS First Responders a Lifesaver Award. On September 27<sup>th</sup>, 2023 Duplin County EMS Medic 5 (which included First Responders Tiffany Vansell, EMS Assistant Shift Supervisor and Charlie Parrish, EMT), was dispatched to Richlands to assist Onslow County EMS with a 76-year-old having chest pains. Upon arrival, Duplin County Medic 5 treated the patient who later went into cardiac arrest. Medic 5 was able to gain a pulse back, and the patient was transported to Onslow Memorial Hospital and then to Novant in Wilmington. The patient, Ms. Eleanor Whitfield, presented Ms. Vansell and Ms. Parrish with a Lifesaver Award.

Gary Rose, Tax Administrator, appeared before the Board to request adoption of a Resolution to Delay Duplin County's Next Scheduled Revaluation from January 1, 2024 to January 1, 2025 and to Implement Subsequent Reappraisals every five (5) years. The County is currently scheduled for a revaluation effective January 1<sup>st</sup>, 2024. However, due to problems and difficulties with the implementation of the new tax real estate software it will not be possible to implement the revaluation for the 2024 tax year, therefore Mr. Rose requested to delay the revaluation until January 1, 2025.

Motion was made by Commissioner Branch, seconded by Commissioner Dowe, carried unanimously, to adopt a Resolution to Delay Duplin County's Next Scheduled Revaluation from January 1, 2024 to January 1, 2025 and to Implement Subsequent Reappraisals every five (5) years and authorize the Chairman to sign.

Bryan Miller, County Manager, appeared before the Board to make announcements/comments.

Motion was made by Commissioner Branch, seconded by Commissioner Garner, carried unanimously, to adjourn until December 18<sup>th</sup>, 2023 for a Commissioners Meeting at the Administrative Building located at 224 Seminary Street in Kenansville, N.C.

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Jaime W. Carr  
Clerk to the Board

## BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN                         | ORG            | OBJECT PROJ                | ORG DESCRIPTION | ACCOUNT DESCRIPTION       | PREV         | BUDGET        | AMENDED                 |
|----------------------------|----------------|----------------------------|-----------------|---------------------------|--------------|---------------|-------------------------|
| ACCOUNT                    |                |                            |                 | LINE DESCRIPTION          | EFF DATE     | CHANGE        | BUDGET ERR              |
| YEAR-PER JOURNAL           | EFF-DATE       | REF 1                      | REF 2           | SRC JNL-DESC              | ENTITY AMEND |               |                         |
| 2024 06                    | 135 12/19/2023 |                            |                 | BUA 121823C               | 1 2          |               |                         |
| 1 4950                     | 34947          | Cooperative Extension      |                 | 4H State Enhancement      |              | .00           | -12,600.00 -12,600.00   |
| 10-49-4950-0000-000-34947  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 2 4959                     | 40121          | 4H State Enhancement Funds |                 | SALARIES                  |              | .00           | 3,500.00 3,500.00       |
| 10-49-4950-4959-000-40121  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 3 4959                     | 40181          | 4H State Enhancement Funds |                 | SOCIAL SECURITY           |              | .00           | 397.85 397.85           |
| 10-49-4950-4959-000-40181  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 4 4959                     | 40182          | 4H State Enhancement Funds |                 | RETIREMENT                |              | .00           | 360.00 360.00           |
| 10-49-4950-4959-000-40182  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 5 4959                     | 43110          | 4H State Enhancement Funds |                 | TRAVEL                    |              | .00           | 667.15 667.15           |
| 10-49-4950-4959-000-43110  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 6 4959                     | 42381          | 4H State Enhancement Funds |                 | EDUCATIONAL SUPPLIES      |              | .00           | 7,675.00 7,675.00       |
| 10-49-4950-4959-000-42381  |                |                            |                 |                           | 12/19/2023   |               |                         |
| ** JOURNAL TOTAL           |                |                            |                 |                           |              | 0.00          |                         |
| YEAR-PER JOURNAL           | EFF-DATE       | REF 1                      | REF 2           | SRC JNL-DESC              | ENTITY AMEND |               |                         |
| 2024 06                    | 136 12/19/2023 |                            |                 | BUA 121823C               | 1 2          |               |                         |
| 1 4100                     | 39951          | GENERAL FUND               |                 | FUND BAL CARRY FWD GRANTS |              | -1,218,063.40 | -1,183.75 -1,219,247.15 |
| 10-41-4100-0000-000-39951  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 2 6143                     | 44008          | MUSEUM GRANT               |                 | GRANT PAYBACK             |              | .00           | 1,183.75 1,183.75       |
| 10-60-6140-6143-000-44008  |                |                            |                 |                           | 12/19/2023   |               |                         |
| ** JOURNAL TOTAL           |                |                            |                 |                           |              | 0.00          |                         |
| YEAR-PER JOURNAL           | EFF-DATE       | REF 1                      | REF 2           | SRC JNL-DESC              | ENTITY AMEND |               |                         |
| 2024 06                    | 137 12/19/2023 |                            |                 | BUA 121823C               | 1 2          |               |                         |
| 1 4314                     | 45100          | COMMUNICATIONS             |                 | CAPITAL OUTLAY            |              | 29,230.00     | -1,103.50 28,126.50     |
| 10-43-4330-4314-000-45100  |                |                            |                 |                           | 12/19/2023   |               |                         |
| 2 4324                     | 45100          | E-911                      |                 | CAPITAL OUTLAY            |              | 18,177.00     | -18,177.00 .00          |
| 19-43-4330-4324-000-45100- |                |                            |                 |                           | 12/19/2023   |               |                         |
| 3 4314                     | 41990          | COMMUNICATIONS             |                 | PROFESSIONAL SERVICES     |              | 23,160.00     | 1,103.50 24,263.50      |
| 10-43-4330-4314-000-41990  |                |                            |                 |                           | 12/19/2023   |               |                         |

## BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN                        | ORG            | OBJECT PROJ                  | ORG DESCRIPTION | ACCOUNT DESCRIPTION   | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET |
|---------------------------|----------------|------------------------------|-----------------|-----------------------|--------------|-------------|---------------|----------------|
| ACCOUNT                   |                |                              |                 | LINE DESCRIPTION      |              |             |               |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1                        | REF 2           | SRC JNL-DESC          | ENTITY AMEND |             |               |                |
| 2024 06                   | 137 12/19/2023 |                              |                 | BUA 121823C           | 1 1          |             |               |                |
| 4 4324                    | 41990          | E-911                        |                 | PROFESSIONAL SERVICES |              | 142,145.00  | 18,177.00     | 160,322.00     |
| 19-43-4330-4324-000-41990 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| ** JOURNAL TOTAL          |                |                              |                 |                       |              |             | 0.00          |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1                        | REF 2           | SRC JNL-DESC          | ENTITY AMEND |             |               |                |
| 2024 06                   | 138 12/19/2023 |                              |                 | BUA 121823C           | 1 2          |             |               |                |
| 1 4950                    | 34949          | Cooperative Extension        |                 | 4H Vidant Grant       |              | .00         | -15,000.00    | -15,000.00     |
| 10-49-4950-0000-000-34949 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| 2 4955                    | 40121          | 4H Vidant Grant              |                 | SALARIES              |              | .00         | 15,000.00     | 15,000.00      |
| 10-49-4950-4955-000-40121 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| ** JOURNAL TOTAL          |                |                              |                 |                       |              |             | 0.00          |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1                        | REF 2           | SRC JNL-DESC          | ENTITY AMEND |             |               |                |
| 2024 06                   | 139 12/19/2023 |                              |                 | BUA 121823C           | 1 2          |             |               |                |
| 1 4950                    | 34948          | Cooperative Extension        |                 | 4H DHHS Supplemental  |              | .00         | -11,005.76    | -11,005.76     |
| 10-49-4950-0000-000-34948 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| 2 4957                    | 40121          | 4H DHHS Supplemental Funding |                 | SALARIES              |              | 8,013.29    | 8,013.29      | 16,026.58      |
| 10-49-4950-4957-000-40121 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| 3 4957                    | 40181          | 4H DHHS Supplemental Funding |                 | SOCIAL SECURITY       |              | 426.67      | 426.67        | 853.34         |
| 10-49-4950-4957-000-40181 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| 4 4957                    | 40183          | 4H DHHS Supplemental Funding |                 | HOSPITAL INSURANCE    |              | 1,739.49    | 1,739.49      | 3,478.98       |
| 10-49-4950-4957-000-40183 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| 5 4957                    | 40184          | 4H DHHS Supplemental Funding |                 | Life Insurance        |              | 5.75        | 5.75          | 11.50          |
| 10-49-4950-4957-000-40184 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| 6 4955                    | 43110          | 4H Vidant Grant              |                 | TRAVEL                |              | .00         | 820.56        | 820.56         |
| 10-49-4950-4955-000-43110 |                |                              |                 |                       |              | 12/19/2023  |               |                |
| ** JOURNAL TOTAL          |                |                              |                 |                       |              |             | 0.00          |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1                        | REF 2           | SRC JNL-DESC          | ENTITY AMEND |             |               |                |
| 2024 06                   | 141 12/19/2023 |                              |                 | BUA 121823C           | 1 2          |             |               |                |



**BUDGET AMENDMENTS JOURNAL ENTRY PROOF**

| LN               | ORG                       | OBJECT         | PROJ  | ORG DESCRIPTION              | ACCOUNT DESCRIPTION          | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET |
|------------------|---------------------------|----------------|-------|------------------------------|------------------------------|--------------|-------------|---------------|----------------|
| ACCOUNT          |                           |                |       |                              | LINE DESCRIPTION             |              |             |               |                |
| YEAR-PER         | JOURNAL                   | EFF-DATE       | REF 1 | REF 2                        | SRC JNL-DESC                 | ENTITY AMEND |             |               |                |
| 2024             | 06                        | 141 12/19/2023 |       |                              | BUA 121823C                  | 1 1          |             |               |                |
| 1                | 4952                      | 34596          |       | EASTPOINT 4-H GRANT          | EAST POINTCOOP EXT 4H PREV   |              | -34,424.00  | 1,218.68      | -33,205.32     |
|                  | 10-49-4950-4952-000-34596 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 2                | 4950                      | 34948          |       | Cooperative Extension        | 4H DHHS Supplemental         |              | .00         | -218.68       | -218.68        |
|                  | 10-49-4950-0000-000-34948 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 3                | 4952                      | 34597          |       | EASTPOINT 4-H GRANT          | EASTPOINTE 4H OTHER COUNTIES |              | .00         | -1,000.00     | -1,000.00      |
|                  | 10-49-4950-4952-000-34597 |                |       |                              |                              |              | 12/19/2023  |               |                |
| ** JOURNAL TOTAL |                           |                |       |                              |                              |              |             | 0.00          |                |
| YEAR-PER         | JOURNAL                   | EFF-DATE       | REF 1 | REF 2                        | SRC JNL-DESC                 | ENTITY AMEND |             |               |                |
| 2024             | 06                        | 142 12/19/2023 |       |                              | BUA 121823C                  | 1 2          |             |               |                |
| 1                | 4950                      | 34948          |       | Cooperative Extension        | 4H DHHS Supplemental         |              | .00         | -46,005.32    | -46,005.32     |
|                  | 10-49-4950-0000-000-34948 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 2                | 4957                      | 40121          |       | 4H DHHS Supplemental Funding | SALARIES                     |              | 8,013.29    | 23,996.00     | 32,009.29      |
|                  | 10-49-4950-4957-000-40121 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 3                | 4957                      | 40181          |       | 4H DHHS Supplemental Funding | SOCIAL SECURITY              |              | 426.67      | 1,910.00      | 2,336.67       |
|                  | 10-49-4950-4957-000-40181 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 4                | 4957                      | 40182          |       | 4H DHHS Supplemental Funding | RETIREMENT                   |              | .00         | 2,836.00      | 2,836.00       |
|                  | 10-49-4950-4957-000-40182 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 5                | 4957                      | 40183          |       | 4H DHHS Supplemental Funding | HOSPITAL INSURANCE           |              | 1,739.49    | 8,165.00      | 9,904.49       |
|                  | 10-49-4950-4957-000-40183 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 6                | 4957                      | 40184          |       | 4H DHHS Supplemental Funding | Life Insurance               |              | 5.75        | 22.00         | 27.75          |
|                  | 10-49-4950-4957-000-40184 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 7                | 4957                      | 42600          |       | 4H DHHS Supplemental Funding | OFFICE SUPPLIES              |              | .00         | 2,901.32      | 2,901.32       |
|                  | 10-49-4950-4957-000-42600 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 8                | 4957                      | 42980          |       | 4H DHHS Supplemental Funding | PROGRAM SUPPLIES             |              | .00         | 3,675.00      | 3,675.00       |
|                  | 10-49-4950-4957-000-42980 |                |       |                              |                              |              | 12/19/2023  |               |                |
| 9                | 4957                      | 43110          |       | 4H DHHS Supplemental Funding | TRAVEL                       |              | 820.56      | 2,500.00      | 3,320.56       |
|                  | 10-49-4950-4957-000-43110 |                |       |                              |                              |              | 12/19/2023  |               |                |
| ** JOURNAL TOTAL |                           |                |       |                              |                              |              |             | 0.00          |                |
| YEAR-PER         | JOURNAL                   | EFF-DATE       | REF 1 | REF 2                        | SRC JNL-DESC                 | ENTITY AMEND |             |               |                |
| 2024             | 06                        | 150 12/19/2023 |       |                              | BUA 121823C                  | 1 2          |             |               |                |

**BUDGET AMENDMENTS JOURNAL ENTRY PROOF**

| LN               | ORG                       | OBJECT         | PROJ  | ORG DESCRIPTION | ACCOUNT DESCRIPTION   | EFF DATE | PREV BUDGET              | BUDGET CHANGE | AMENDED BUDGET |
|------------------|---------------------------|----------------|-------|-----------------|-----------------------|----------|--------------------------|---------------|----------------|
| ACCOUNT          |                           |                |       |                 | LINE DESCRIPTION      |          |                          |               |                |
| YEAR-PER         | JOURNAL                   | EFF-DATE       | REF 1 | REF 2           | SRC JNL-DESC          | ENTITY   | AMEND                    |               |                |
| 2024             | 06                        | 150 12/19/2023 |       |                 | BUA 121823C           | 1        | 2                        |               |                |
| 1                | 4100                      | 38398          |       | GENERAL FUND    | INSURANCE SETTLEMENTS |          |                          |               |                |
|                  | 10-41-4100-0000-000-38398 |                |       |                 | VEHICLE 890           |          | -1,747.40<br>12/19/2023  | -511.60       | -2,259.00      |
| 2                | 4310                      | 43530          |       | SHERIFF         | REPAIRS VEHICLES      |          |                          |               |                |
|                  | 10-43-4310-0000-000-43530 |                |       |                 | VEHICLE 890           |          | 130,000.00<br>12/19/2023 | 511.60        | 130,511.60     |
| 3                | 4100                      | 38398          |       | GENERAL FUND    | INSURANCE SETTLEMENTS |          |                          |               |                |
|                  | 10-41-4100-0000-000-38398 |                |       |                 | VEHICLE 1019          |          | -1,747.40<br>12/19/2023  | -2,770.28     | -4,517.68      |
| 4                | 4310                      | 43530          |       | SHERIFF         | REPAIRS VEHICLES      |          |                          |               |                |
|                  | 10-43-4310-0000-000-43530 |                |       |                 | VEHICLE 1019          |          | 130,000.00<br>12/19/2023 | 2,770.28      | 132,770.28     |
| 5                | 4100                      | 38398          |       | GENERAL FUND    | INSURANCE SETTLEMENTS |          |                          |               |                |
|                  | 10-41-4100-0000-000-38398 |                |       |                 | VEHICLE 893           |          | -1,747.40<br>12/19/2023  | -4,503.96     | -6,251.36      |
| 6                | 4310                      | 43530          |       | SHERIFF         | REPAIRS VEHICLES      |          |                          |               |                |
|                  | 10-43-4310-0000-000-43530 |                |       |                 | VEHICLE 893           |          | 130,000.00<br>12/19/2023 | 4,503.96      | 134,503.96     |
| ** JOURNAL TOTAL |                           |                |       |                 |                       |          |                          | 0.00          |                |

# BUDGET AMENDMENT JOURNAL ENTRY PROOF

CLERK: blanca.pineda

| YEAR | PER        | JNL     | SRC | ACCOUNT | EFF DATE | JNL DESC | REF 1 | REF 2 | REF 3 | ACCOUNT DESC<br>LINE DESC | T     | OB | DEBIT     | CREDIT    |
|------|------------|---------|-----|---------|----------|----------|-------|-------|-------|---------------------------|-------|----|-----------|-----------|
| 2024 | 6          | 135     |     |         |          |          |       |       |       |                           |       |    |           |           |
| BUA  | 4950-34947 |         |     |         |          |          |       |       |       | 4H State Enhancement      | 5     |    |           | 12,600.00 |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4959-40121 |         |     |         |          |          |       |       |       | SALARIES                  | 5     |    | 3,500.00  |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4959-40181 |         |     |         |          |          |       |       |       | SOCIAL SECURITY           | 5     |    | 397.85    |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4959-40182 |         |     |         |          |          |       |       |       | RETIREMENT                | 5     |    | 360.00    |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4959-43110 |         |     |         |          |          |       |       |       | TRAVEL                    | 5     |    | 667.15    |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4959-42381 |         |     |         |          |          |       |       |       | EDUCATIONAL SUPPLIES      | 5     |    | 7,675.00  |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
|      |            |         |     |         |          |          |       |       |       | JOURNAL 2024/06/135       | TOTAL |    | .00       | .00       |
| 2024 | 6          | 136     |     |         |          |          |       |       |       |                           |       |    |           |           |
| BUA  | 4100-39951 |         |     |         |          |          |       |       |       | FUND BAL CARRY FWD GRANTS | 5     |    |           | 1,183.75  |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 6143-44008 |         |     |         |          |          |       |       |       | GRANT PAYBACK             | 5     |    | 1,183.75  |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
|      |            |         |     |         |          |          |       |       |       | JOURNAL 2024/06/136       | TOTAL |    | .00       | .00       |
| 2024 | 6          | 137     |     |         |          |          |       |       |       |                           |       |    |           |           |
| BUA  | 4314-45100 |         |     |         |          |          |       |       |       | CAPITAL OUTLAY            | 5     |    |           | 1,103.50  |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4324-45100 |         |     |         |          |          |       |       |       | CAPITAL OUTLAY            | 5     |    |           | 18,177.00 |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4314-41990 |         |     |         |          |          |       |       |       | PROFESSIONAL SERVICES     | 5     |    | 1,103.50  |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4324-41990 |         |     |         |          |          |       |       |       | PROFESSIONAL SERVICES     | 5     |    | 18,177.00 |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
|      |            |         |     |         |          |          |       |       |       | JOURNAL 2024/06/137       | TOTAL |    | .00       | .00       |
| 2024 | 6          | 138     |     |         |          |          |       |       |       |                           |       |    |           |           |
| BUA  | 4950-34949 |         |     |         |          |          |       |       |       | 4H Vidant Grant           | 5     |    |           | 15,000.00 |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
| BUA  | 4955-40121 |         |     |         |          |          |       |       |       | SALARIES                  | 5     |    | 15,000.00 |           |
|      | 12/19/2023 | 121823C |     |         |          |          |       |       |       | T                         |       |    |           |           |
|      |            |         |     |         |          |          |       |       |       | JOURNAL 2024/06/138       | TOTAL |    | .00       | .00       |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

| YEAR PER | JNL        | SRC ACCOUNT | EFF DATE   | JNL DESC | REF 1 | REF 2 | REF 3 | ACCOUNT DESC<br>LINE DESC    | T OB  | DEBIT     | CREDIT    |
|----------|------------|-------------|------------|----------|-------|-------|-------|------------------------------|-------|-----------|-----------|
| 2024     | 6          | 139         |            |          |       |       |       |                              |       |           |           |
| BUA      | 4950-34948 |             | 12/19/2023 | 121823C  |       |       |       | 4H DHHS Supplemental         | 5     |           | 11,005.76 |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40121 |             | 12/19/2023 | 121823C  |       |       |       | SALARIES                     | 5     | 8,013.29  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40181 |             | 12/19/2023 | 121823C  |       |       |       | SOCIAL SECURITY              | 5     | 426.67    |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40183 |             | 12/19/2023 | 121823C  |       |       |       | HOSPITAL INSURANCE           | 5     | 1,739.49  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40184 |             | 12/19/2023 | 121823C  |       |       |       | Life Insurance               | 5     | 5.75      |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4955-43110 |             | 12/19/2023 | 121823C  |       |       |       | TRAVEL                       | 5     | 820.56    |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
|          |            |             |            |          |       |       |       | JOURNAL 2024/06/139          | TOTAL | .00       | .00       |
| 2024     | 6          | 141         |            |          |       |       |       |                              |       |           |           |
| BUA      | 4952-34596 |             | 12/19/2023 | 121823C  |       |       |       | EAST POINTCOOP EXT 4H PREV   | 5     | 1,218.68  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4950-34948 |             | 12/19/2023 | 121823C  |       |       |       | 4H DHHS Supplemental         | 5     |           | 218.68    |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4952-34597 |             | 12/19/2023 | 121823C  |       |       |       | EASTPOINTE 4H OTHER COUNTIES | 5     |           | 1,000.00  |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
|          |            |             |            |          |       |       |       | JOURNAL 2024/06/141          | TOTAL | .00       | .00       |
| 2024     | 6          | 142         |            |          |       |       |       |                              |       |           |           |
| BUA      | 4950-34948 |             | 12/19/2023 | 121823C  |       |       |       | 4H DHHS Supplemental         | 5     |           | 46,005.32 |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40121 |             | 12/19/2023 | 121823C  |       |       |       | SALARIES                     | 5     | 23,996.00 |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40181 |             | 12/19/2023 | 121823C  |       |       |       | SOCIAL SECURITY              | 5     | 1,910.00  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40182 |             | 12/19/2023 | 121823C  |       |       |       | RETIREMENT                   | 5     | 2,836.00  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40183 |             | 12/19/2023 | 121823C  |       |       |       | HOSPITAL INSURANCE           | 5     | 8,165.00  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-40184 |             | 12/19/2023 | 121823C  |       |       |       | Life Insurance               | 5     | 22.00     |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-42600 |             | 12/19/2023 | 121823C  |       |       |       | OFFICE SUPPLIES              | 5     | 2,901.32  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-42980 |             | 12/19/2023 | 121823C  |       |       |       | PROGRAM SUPPLIES             | 5     | 3,675.00  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
| BUA      | 4957-43110 |             | 12/19/2023 | 121823C  |       |       |       | TRAVEL                       | 5     | 2,500.00  |           |
|          |            |             |            |          |       |       |       | T                            |       |           |           |
|          |            |             |            |          |       |       |       | JOURNAL 2024/06/142          | TOTAL | .00       | .00       |

| YEAR | PER        | JNL     |       |       |       | ACCOUNT DESC          | T     | OB | DEBIT    | CREDIT   |
|------|------------|---------|-------|-------|-------|-----------------------|-------|----|----------|----------|
| SRC  | ACCOUNT    |         | REF 1 | REF 2 | REF 3 | LINE DESC             |       |    |          |          |
|      | EFF        | DATE    | JNL   | DESC  |       |                       |       |    |          |          |
| 2024 | 6          | 150     |       |       |       |                       |       |    |          |          |
| BUA  | 4100-38398 |         |       |       |       | INSURANCE SETTLEMENTS | 5     |    |          | 511.60   |
|      | 12/19/2023 | 121823C |       |       |       | VEHICLE 890           | T     |    |          |          |
| BUA  | 4310-43530 |         |       |       |       | REPAIRS VEHICLES      | 5     |    | 511.60   |          |
|      | 12/19/2023 | 121823C |       |       |       | VEHICLE 890           | T     |    |          |          |
| BUA  | 4100-38398 |         |       |       |       | INSURANCE SETTLEMENTS | 5     |    |          | 2,770.28 |
|      | 12/19/2023 | 121823C |       |       |       | VEHICLE 1019          | T     |    |          |          |
| BUA  | 4310-43530 |         |       |       |       | REPAIRS VEHICLES      | 5     |    | 2,770.28 |          |
|      | 12/19/2023 | 121823C |       |       |       | VEHICLE 1019          | T     |    |          |          |
| BUA  | 4100-38398 |         |       |       |       | INSURANCE SETTLEMENTS | 5     |    |          | 4,503.96 |
|      | 12/19/2023 | 121823C |       |       |       | VEHICLE 893           | T     |    |          |          |
| BUA  | 4310-43530 |         |       |       |       | REPAIRS VEHICLES      | 5     |    | 4,503.96 |          |
|      | 12/19/2023 | 121823C |       |       |       | VEHICLE 893           | T     |    |          |          |
|      |            |         |       |       |       | JOURNAL 2024/06/150   | TOTAL |    | .00      | .00      |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

| FUND<br>ACCOUNT | YEAR PER | JNL | EFF DATE | ACCOUNT DESCRIPTION | DEBIT | CREDIT |
|-----------------|----------|-----|----------|---------------------|-------|--------|
|                 |          |     |          | FUND TOTAL          | .00   | .00    |

\*\* END OF REPORT - Generated by Blanca Pineda \*\*

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

Cooperative Expense

Department Head's Signature

(form can be e-mailed to Finance from Dept. Head)

*Amanda Hatch*

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

Eastpointe is allocated \$12,600 in 4-H Prevention State Enhancement.  
Contract Ammedment was approved by the County Commissioners on December 4, 2022.

| Revenue code | Line Item Description | Amount    | Expense code | Line Item Description | Amount    |
|--------------|-----------------------|-----------|--------------|-----------------------|-----------|
| 4950-34947   | 4-H State Enhancement | 12,600.00 | 4959-40121   | Salaries              | 3,500.00  |
|              |                       |           | 4959-40181   | Social Security       | 397.85    |
|              |                       |           | 4959-40182   | Retirement            | 360.00    |
|              |                       |           | 4959-43110   | Travel                | 667.15    |
|              |                       |           | 4959-42381   | Educational Supplies  | 7,675.00  |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
| Total        |                       | 12,600.00 | Total        |                       | 12,600.00 |

Finance Signature

Date Approved:

*Chelsey Romier*  
12/16/23

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

12/5/23

## Duplin County Budget Amendment

Department Title \_\_\_\_\_ Finance \_\_\_\_\_

Department Head's Signature \_\_\_\_\_

(form can be e-mailed to Finance from Dept. Head)

**All amendments involving revenues must be approved by the Board of Commissioners**

| Brief description of why this amendment is being requested: |
|---|
| To roll forward grant funds for payback to state            |

[illegible]

Finance Signature  
Date Approved:

Chelsey Ramier  
12/12/23

Manager Signature  
Date Approved:

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Commisioner Approval  
Date Approved:

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BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title \_\_\_\_\_ Communications  
Department Head's Signature \_\_\_\_\_  
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 or any changes to revenue must be approved by Board of Commissioners

|  |
|--|
| <b>Brief description of why this amendment is being requested:</b> |
| Zero out Capital Accounts  |

| Line Item to<br>DECREASE | Line Item Description | Credit<br>Amount | Line Item to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------|-----------------------|------------------|--------------------------|-----------------------|--------------|
| 4314-45100               | Capital Outlay        | 1,103.50         | 4314-41990               | Professional Services | 1,103.50     |
| 4324-45100               | Capital Outlay        | 18,177.00        | 4324-41990               | Professional Services | 18,177.00    |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
|                          |                       |                  |                          |                       |              |
| Total                    |                       | 19,280.50        | Total                    |                       | 19,280.50    |

*Chelsy Rancier*

Finance Signature \_\_\_\_\_  
Date Approved: \_\_\_\_\_ 12/12/2023

Manager Signature \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Commisioner Approval \_\_\_\_\_  
Date Approved: \_\_\_\_\_



3A # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

Cooperative Ezrwnaion

Department Head's Signature

Amanda Hatcher

*Amanda Hatcher*

(form can be e-mailed to Finance from Dept. Head)

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

Vidant Grant

| Revenue code | Line Item Description | Amount    | Expense code | Line Item Description | Amount    |
|--------------|-----------------------|-----------|--------------|-----------------------|-----------|
| 4950-34949   | 4-H Vidant Grant      | 15,000.00 | 4955-40121   | Salaries              | 15,000.00 |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
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|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
| Total        |                       | 15,000.00 | Total        |                       | 15,000.00 |

Finance Signature

Date Approved:

*Chelsey Lamer*  
*12/12/23*

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

9/28/23



BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title Cooperative Expense  
Department Head's Signature \_\_\_\_\_  
(form can be e-mailed to Finance from Dept. Head)

All amendments involving revenues must be approved by the Board of Commissioners

|  |
|--|
| <b>Brief description of why this amendment is being requested:</b> |
| Carryover funds for Covid -19 (Actual)                             |

| Revenue code | Line Item Description      | Amount    | Expense code | Line Item Description | Amount    |
|--------------|----------------------------|-----------|--------------|-----------------------|-----------|
| 4950-34948   | 4-H DHHS Grant Supplementa | 11,005.76 | 4957-40121   | Salaries              | 8,013.29  |
|              |                            |           | 4957-40181   | Social Security       | 426.67    |
|              |                            |           | 4957-40183   | Health Insurance      | 1,739.49  |
|              |                            |           | 4957-40184   | Life Insurance        | 5.75      |
|              |                            |           | 4955-43110   | Travel                | 820.56    |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
|              |                            |           |              |                       |           |
| Total        |                            | 11,005.76 | Total        |                       | 11,005.76 |

Finance Signature Chelsea Romier  
Date Approved: 12/12/23

Manager Signature \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Commissioner Approval \_\_\_\_\_  
Date Approved: \_\_\_\_\_

11/7/23

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

Cooperative Extension

Department Head's Signature

Amanda Hatcher

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

To correct revenues

| Revenue<br>code to<br>DECREASE | Line Item Description  | Credit Amount | Revenue<br>code to<br>INCREASE | Line Item Description  | Debit Amount |
|--------------------------------|------------------------|---------------|--------------------------------|------------------------|--------------|
| 4952-34596                     | Eastpointe Block Grant | 1,218.68      | 4950-34948                     | 4-H Supplemental Covid | 218.68       |
|                                |                        |               | 4952-34597                     | Other Counties         | 1,000.00     |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
|                                |                        |               |                                |                        |              |
| Total                          |                        | 1,218.68      | Total                          |                        | 1,218.68     |

Finance Signature

Date Approved:

Chelsy Ramier  
12/12/23

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

Cooperative Extension

Department Head's Signature

Amanda Hatcher

(form can be e-mailed to Finance from Dept. Head)

*Amanda Hatcher*

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

Additional Covid-19 2023-24 year

| Revenue code | Line Item Description | Amount    | Expense code | Line Item Description | Amount    |
|--------------|-----------------------|-----------|--------------|-----------------------|-----------|
| 4950-34948   | 4-H Supplemental      | 46,005.32 | 4957-40121   | Salaries              | 23,996.00 |
|              |                       |           | 4957-40181   | Social Security       | 1,910.00  |
|              |                       |           | 4957-40182   | Retirement            | 2,836.00  |
|              |                       |           | 4957-40183   | Health Ins            | 8,165.00  |
|              |                       |           | 4957-40184   | Life Ins              | 22.00     |
|              |                       |           | 4957-42600   | Office Supplies       | 2,901.32  |
|              |                       |           | 4957-42980   | Educational Supplies  | 3,675.00  |
|              |                       |           | 4957-43110   | Travel                | 2,500.00  |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
| Total        |                       | 46,005.32 | Total        |                       | 46,005.32 |

Finance Signature

Date Approved:

*Chelsey Ramirez*  
12/12/23

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:

11/8/23



## Duplin County Budget Amendment

Department Title Finance

Department Head's Signature \_\_\_\_\_

(form can be e-mailed to Finance from Dept. Head)

**All amendments involving revenues must be approved by the Board of Commissioners**

|  |
|--|
| <p><b>Brief description of why this amendment is being requested:</b></p> <p>Insurance settlements</p> |
|--|

| Revenue<br>code | Line Item Description | Amount   | Expense<br>code | Line Item Description          | Amount   |
|-----------------|-----------------------|----------|-----------------|--------------------------------|----------|
| 4100-38398      | Insurance Settlements | 511.60   | 4310-43530      | Repairs & Maintenance Vehicles | 511.60   |
| 4100-38398      | Insurance Settlements | 2,770.28 | 4310-43530      | Repairs & Maintenance Vehicles | 2,770.28 |
| 4100-38398      | Insurance Settlements | 4,503.96 | 4310-43530      | Repairs & Maintenance Vehicles | 4,503.96 |
|                 |                       |          |                 |                                |          |
|                 |                       |          |                 |                                |          |
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|                 |                       |          |                 |                                |          |
|                 |                       |          |                 |                                |          |
| Total           |                       | 7,785.84 | Total           |                                | 7,785.84 |

Finance Signature  
Date Approved:

Chelsey Ramirez  
12113123

Manager Signature  
Date Approved:

Commissioner Approval  
Date Approved:

# 890 Sheriff  
INSURA

Sedgwick Claims Management Services, Inc  
P O Box 14436  
Lexington, KY 40512-4436



DUPLIN COUNTY  
PO BOX 950  
KENANSVILLE NC 28349

| DATE  | CHECK<br>AMOUNT | CHECK<br>NUMBER |
|---|-----------------|-----------------|
| 08/01/2023                                      | 511.60          | 136299088       |
| PAYEE   | TAX ID          |                 |
| DUPLIN COUNTY                                   | None            |                 |
| SCMS UNIT                                       | PAGE            |                 |
| 184 Sedgwick Claims Management<br>Services, Inc | 01 of 01        |                 |

| Claimant Name                  | Loss Date                             | Claim Number     |
|--------------------------------|---------------------------------------|------------------|
| DUPLIN COUNTY                  | 06/16/2023                            | 4A2306M7TFW-0001 |
| Amt Paid: 511.60               | Description: Miscellaneous CM/PI      |                  |
| Dates: 08/01/2023 - 08/01/2023 | Comment: 2019 Dodge Charger VIN# 4178 |                  |

Vehicle 890

SWK RM SDM 00 NP



THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick Claims Management Services, Inc  
On behalf of  
NCACC Liability and Property Pool

ORIGIN  
1841278

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 08/01/2023

136299088

62-22  
311

PAY: \*\*\*\*\*FIVE HUNDRED ELEVEN AND 60/100 DOLLARS

\$511.60

PAY TO  
THE  
ORDER  
OF  
DUPLIN COUNTY

Sedgwick

MEMO: \_\_\_\_\_ MP

NC Counties of Liability and P. Principal  
Sedgwick Claims Management Services, Inc., Agent By:

1931725776

136299088 031100225 2079950059703

Sedgwick Claims Management Services, Inc  
P O Box 14436  
Lexington, KY 40512-4436

DEC 05 2023

0001629-0006749 0106 001 593989



DUPLIN COUNTY  
PO BOX 950  
KENANSVILLE NC 28349

| DATE   | CHECK AMOUNT | CHECK NUMBER |
|--|--------------|--------------|
| 11/30/2023                                   | 2,770.28     | 138867948    |
| PAYEE  | TAX ID       |              |
| DUPLIN COUNTY                                | None         |              |
| SCMS UNIT                                    | PAGE         |              |
| 184 Sedgwick Claims Management Services, Inc | 01 of 01     |              |

| Claimant Name                  | Loss Date                          | Claim Number     |
|--------------------------------|------------------------------------|------------------|
| DUPLIN COUNTY                  | 10/27/2023                         | 4A23110Q4CF-0001 |
| Amt Paid: 2,770.28             | Description: Miscellaneous CM/PI   |                  |
| Dates: 11/30/2023 - 11/30/2023 | Comment: 2023 Chevy Tahoe VIN#5235 |                  |

Vehicle 1019

SWK RM SDM 00 NP



THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick Claims Management Services, Inc  
On behalf of  
NCACC Liability and Property Pool

ORIGIN  
1841278

Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 11/30/2023

138867948

62-22  
311

PAY: \*\*\*\*\*TWO THOUSAND SEVEN HUNDRED SEVENTY AND 28/100 DOLLARS

\$2,770.28

PAY TO  
THE  
ORDER  
OF

DUPLIN COUNTY

Sedgwick

MEMO \_\_\_\_\_ NP

NC Counties of Liability and P. Principal  
Sedgwick Claims Management Services, Inc., Agent By

138867948 0311002251 2079950059703



Sedgwick Claims Management Services, Inc  
P O Box 14436  
Lexington, KY 40512-4436

DEC 05 2023



DUPLIN COUNTY  
PO BOX 950  
KENANSVILLE NC 28349

| DATE   | CHECK AMOUNT | CHECK NUMBER |
|--|--------------|--------------|
| 11/30/2023                                   | 4,503.96     | 138867947    |
| PAYEE  | TAX ID       |              |
| DUPLIN COUNTY                                | None         |              |
| SCMS UNIT                                    | PAGE         |              |
| 184 Sedgwick Claims Management Services, Inc | 01 of 01     |              |

| Claimant Name                  | Loss Date                            | Claim Number     |
|--------------------------------|--------------------------------------|------------------|
| DUPLIN COUNTY                  | 10/28/2023                           | 4A23110Q3L7-0001 |
| Amt Paid: 4,503.96             | Description: Miscellaneous CM/PI     |                  |
| Dates: 11/30/2023 - 11/30/2023 | Comment: 2019 Dodge Charger VIN#4175 |                  |

4100 38398

Vehicle 893

SWK RM SDM 00 NP



THE FACE OF THIS CHECK IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK - SEE BACK FOR DETAILS

Sedgwick Claims Management Services, Inc  
On behalf of  
NCACC Liability and Property Pool

ORIGIN Wells Fargo Bank, N.A.  
1841278

VOID AFTER 60 DAYS

DATE: 11/30/2023

138867947

62-22  
311

PAY: \*\*\*\*\*FOUR THOUSAND FIVE HUNDRED THREE AND 96/100 DOLLARS

\$4,503.96

PAY TO THE ORDER OF DUPLIN COUNTY

Sedgwick

MEMO: \_\_\_\_\_ NP

NC Counties of Liability and P. Principal  
Sedgwick Claims Management Services, Inc. Agent By

138867947 031100225 2079950059703

2113971014

# Agenda

LL 12-11-2023  
aw 12-11-23

## DUPLIN COUNTY TAX AND SOLID WASTE REQUEST RELEASE DATE DECEMBER 18, 2023

| RELEASE<br>NUMBER | NAME                               | TOWNSHIP | FIRE<br>DISTRICT 1 | FIRE<br>DISTRICT 2 | TAX<br>YEAR | ACCOUNT<br>NUMBER | COUNTY<br>TAX | CAPITAL<br>FUND | FIRE TAX 1  | FIRE TAX 2 | LATE LIST<br>PENALTY | SOLID<br>WASTE | TOTAL<br>RELEASE | REASON FOR RELEASE                       |
|-------------------|------------------------------------|----------|--------------------|--------------------|-------------|-------------------|---------------|-----------------|-------------|------------|----------------------|----------------|------------------|--|
| 21462             | BARWICK, F. NEIL & WIFE            | 13       |                    |                    | 2023        | 0288440           |               |                 |             |            | \$ 53.42             |                | \$ 53.42         | BP LISTING WAS NOT LATE                  |
| 21463             | BASS, GARY ALLEN                   | 09       | F017               |                    | 2023        | 1000755           | \$ 178.75     | \$ 5.00         | \$ 17.50    |            |                      |                | \$ 201.25        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21464             | BEAMAN, CECIL WOOD JR. & WF LYNDA  | 13       | F021               |                    | 2023        | 0397212           | \$ 321.75     | \$ 9.00         | \$ 31.50    |            |                      |                | \$ 362.25        | APPLIED LATE FOR VETERAN EXEMPTION       |
| 21465             | BEST, BILLY R. & WIFE              | 01       | F007               |                    | 2023        | 0484182           | \$ 321.75     | \$ 9.00         | \$ 31.50    |            |                      |                | \$ 362.25        | APPLIED LATE FOR VETERAN EXEMPTION       |
| 21466             | BEST, PRENIS Z.                    | 01       | F007               |                    | 2023        | 0509596           | \$ 321.75     | \$ 9.00         | \$ 31.50    |            |                      |                | \$ 362.25        | APPLIED LATE FOR VETERAN EXEMPTION       |
| 21467             | CARR, DOTTIE ROGERS                | 09       |                    |                    | 2023        | 1563435           | \$ 178.75     | \$ 5.00         |             |            |                      |                | \$ 183.75        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21468             | CASE FARMS, LLC                    | 02       | F015               |                    | 2023        | 1707516           | \$ 289.28     | \$ 8.09         | \$ 20.23    |            |                      |                | \$ 317.60        | BUSINESS PERSONAL OVER ASSESSED          |
| 21469             | CASTELANO, RONALD W. & WIFE        | 07       | F004               |                    | 2023        | 1730775           | \$ 266.70     | \$ 7.46         | \$ 17.08    |            |                      |                | \$ 291.24        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21470             | CARTER, KENNETH RAY & WF LATONYA   | 07       | F004               |                    | 2023        | 010000931         | \$ 222.37     | \$ 6.22         | \$ 14.24    |            |                      |                | \$ 242.83        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21471             | COLE, DAVID LEE                    | 07       | F004               |                    | 2023        | 1888568           | \$ 14.30      | \$ 0.40         | \$ 0.92     |            |                      |                | \$ 15.62         | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21472             | COLE, DAVID LEE                    | 07       | F004               |                    | 2023        | 1888568           | \$ 115.12     | \$ 3.22         | \$ 7.37     |            |                      |                | \$ 125.71        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21473             | CORBETT INDUSTRIES, INC            | 09       |                    |                    | 2023        | 1967051           | \$ 102.25     | \$ 2.86         |             |            |                      |                | \$ 105.11        | DOUBLE LISTED                            |
| 21474             | CORBETT, JAMES CHRISTOPHER         | 09       |                    |                    | 2023        | 10005665          | \$ 459.58     | \$ 12.86        |             |            | \$ 47.24             |                | \$ 519.68        | VALUE REDUCED FOR MYT PER BILL OF SALE   |
| 21475             | FLEET, STEVEN                      | 06       | F003               |                    | 2023        | 10005270          | \$ 178.75     | \$ 5.00         | \$ 13.75    |            |                      |                | \$ 197.50        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21476             | FUENTE DE AGUA VIVA, INC           | 02       |                    |                    | 2023        | 010002513         | \$ 1,501.50   | \$ 42.00        |             |            |                      |                | \$ 1,543.50      | LATE EXEMPT APPLICATION                  |
| 21477             | GRADY, ANNIE MAE HRS.              | 05       |                    |                    | 2023        | 3212480           |               |                 |             |            |                      | \$ 110.00      | \$ 110.00        | BILLED 2 SOLID WASTE FEES IN ERROR       |
| 21478             | GRADY, ANNIE MAE HRS.              | 05       |                    |                    | 2022        | 3212480           |               |                 |             |            |                      | \$ 110.00      | \$ 110.00        | BILLED 2 SOLID WASTE FEES IN ERROR       |
| 21479             | GRADY, ANNIE MAE HRS.              | 05       |                    |                    | 2021        | 3212480           |               |                 |             |            |                      | \$ 90.00       | \$ 90.00         | BILLED 2 SOLID WASTE FEES IN ERROR       |
| 21480             | GRADY, ANNIE MAE HRS.              | 05       |                    |                    | 2020        | 3212480           |               |                 |             |            |                      | \$ 90.00       | \$ 90.00         | BILLED 2 SOLID WASTE FEES IN ERROR       |
| 21481             | GRADY, ANNIE MAE HRS.              | 05       |                    |                    | 2019        | 3212480           |               |                 |             |            |                      | \$ 90.00       | \$ 90.00         | BILLED 2 SOLID WASTE FEES IN ERROR       |
| 21482             | HAMMERBERG, EDWIL L. & WF GAIL     | 09       | F009               |                    | 2023        | 3518883           | \$ 321.75     | \$ 9.00         | \$ 40.50    |            |                      |                | \$ 371.25        | APPLIED LATE FOR VETERAN EXEMPTION       |
| 21483             | HEATH, PHILLIP HARVEY              | 06       | F004               |                    | 2023        | 3735420           | \$ 154.44     | \$ 4.32         | \$ 9.89     |            |                      |                | \$ 168.65        | APPLIED LATE FOR LAND USE                |
| 21484             | HENDERSON, PANSY MARIE             | 07       | F004               |                    | 2023        | 1000747           | \$ 321.75     | \$ 9.00         | \$ 20.61    |            |                      |                | \$ 351.36        | APPLIED LATE FOR VETERAN EXEMPTION       |
| 21485             | HERNANDEZ, JAZMIN                  | 07       | F016               |                    | 2023        | 10003974          | \$ 14.30      | \$ 0.40         | \$ 1.40     |            | \$ 1.61              | \$ 110.00      | \$ 127.71        | SWMH DOUBLE LISTED                       |
| 21486             | HERNANDEZ, JAZMIN                  | 07       | F016               |                    | 2022        | 10003974          | \$ 14.30      | \$ 0.40         | \$ 1.40     |            | \$ 1.61              | \$ 110.00      | \$ 127.71        | SWMH DOUBLE LISTED                       |
| 21487             | HIGH HILLS                         | 13       | F021               |                    | 2023        | 000001050         | \$ 28,257.79  | \$ 790.43       | \$ 2,766.50 |            |                      |                | \$ 31,814.72     | BOER REDUCED VALUE OF AIRPLANE           |
| 21488             | HUNTINGTON TECHNOLOGY FINANCE      | 11       |                    |                    | 2023        | 10005880          | \$ 60.88      | \$ 1.70         |             |            |                      |                | \$ 62.58         | BUSINESS PERSONAL OVER ASSESSED          |
| 21489             | HUNTINGTON TECHNOLOGY FINANCE      | 09       |                    |                    | 2023        | 10004294          | \$ 110.78     | \$ 3.10         |             |            |                      |                | \$ 113.88        | BUSINESS PERSONAL OVER ASSESSED          |
| 21490             | JONES, FRANCES KELLY & HUSBAND     | 04       | F001               |                    | 2023        | 4596902           | \$ 564.14     | \$ 15.78        | \$ 39.45    |            |                      |                | \$ 619.37        | HOUSE LISTED ON WRONG PARCEL             |
| 21491             | JORDAN, GENE & WF EARLENE JORDAN   | 09       |                    |                    | 2023        | 4711565           | \$ 309.60     | \$ 8.66         |             |            |                      | \$ 110.00      | \$ 428.26        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21492             | JORDAN, GENE & WF EARLENE JORDAN   | 09       |                    |                    | 2021        | 4711565           |               |                 |             |            |                      | \$ 110.00      | \$ 110.00        | PROPERTY IN THE TOWN OF TEACHEY          |
| 21493             | JORDAN, GENE & WF EARLENE JORDAN   | 09       |                    |                    | 2020        | 4711565           |               |                 |             |            |                      | \$ 90.00       | \$ 90.00         | PROPERTY IN THE TOWN OF TEACHEY          |
| 21494             | JORDAN, GENE & WF EARLENE JORDAN   | 09       |                    |                    | 2019        | 4711565           |               |                 |             |            |                      | \$ 90.00       | \$ 90.00         | PROPERTY IN THE TOWN OF TEACHEY          |
| 21495             | JORDAN, GENE & WF EARLENE JORDAN   | 09       |                    |                    | 2023        | 4876262           |               |                 |             |            |                      | \$ 90.00       | \$ 90.00         | PROPERTY IN THE TOWN OF TEACHEY          |
| 21496             | KENNEDY, EARNEST R. & WF TAMMY     | 06       |                    |                    | 2023        | 4881474           |               |                 |             |            |                      | \$ 31.05       | \$ 31.05         | SHOULD HAVE RECEIVED PRIVATE HAULER RATE |
| 21497             | KENNEDY, EARNEST REGINALD          | 06       |                    |                    | 2023        | 4880120           |               |                 |             |            |                      | \$ 31.05       | \$ 31.05         | SHOULD HAVE RECEIVED PRIVATE HAULER RATE |
| 21498             | LEE, JUDI MARTIN                   | 05       | F006               |                    | 2023        | 5308898           | \$ 196.27     | \$ 5.49         | \$ 20.59    |            |                      |                | \$ 222.35        | APPLIED LATE FOR ELDERLY EXEMPTION       |
| 21499             | MARTIN, HUNTER CARR & WF ELIZABETH | 02       |                    |                    | 2023        | 1000233           | \$ 321.75     | \$ 9.00         |             |            |                      |                | \$ 330.75        | APPLIED LATE FOR VETERAN EXEMPTION       |
| 21500             | MER HOLDINGS, LLC                  | 10       | F018               | F017               | 2023        | 1001558           | \$ 275.27     | \$ 7.70         | \$ 8.62     | \$ 18.33   |                      |                | \$ 309.92        | APPLIED LATE FOR LAND USE                |
| 21501             | MER HOLDINGS, LLC                  | 10       | F018               | F017               | 2023        | 1001558           | \$ 275.27     | \$ 7.70         | \$ 8.62     | \$ 18.33   |                      |                | \$ 309.92        | APPLIED LATE FOR LAND USE                |
| 21502             | MER HOLDINGS, LLC                  | 10       | F018               | F017               | 2023        | 1001558           | \$ 275.27     | \$ 7.70         | \$ 8.62     | \$ 18.33   |                      |                | \$ 309.92        | APPLIED LATE FOR LAND USE                |
| 21503             | MER HOLDINGS, LLC                  | 10       | F018               | F017               | 2023        | 1001558           | \$ 275.27     | \$ 7.70         | \$ 8.62     | \$ 18.33   |                      |                | \$ 309.92        | APPLIED LATE FOR LAND USE                |
| 21504             | MER HOLDINGS, LLC                  | 10       | F018               | F017               | 2023        | 1001558           | \$ 275.27     | \$ 7.70         | \$ 8.62     | \$ 18.33   |                      |                | \$ 309.92        | APPLIED LATE FOR LAND USE                |
| 21505             | NEWGEN FARMS LLC                   | 07       |                    |                    | 2023        | 010003394         | \$ 9,472.68   | \$ 264.97       |             |            |                      |                | \$ 9,737.65      | DWMH BILLED ON WRONG VALUE               |
| 21506             | NOBLE, TIMOTHY B.                  | 06       | F003               |                    | 2023        | 6428182           | \$ 291.72     | \$ 8.16         | \$ 22.44    |            |                      |                | \$ 322.32        | APPLIED LATE FOR LAND USE                |
| 21507             | NOBLE, TIMOTHY B.                  | 06       | F003               |                    | 2023        | 6428180           | \$ 669.24     | \$ 18.72        | \$ 51.48    |            |                      |                | \$ 739.44        | APPLIED LATE FOR LAND USE                |
| 21508             | OWEN, KRYSTLE LEIGH & HUS          | 01       | F007               |                    | 2023        | 10000080          | \$ 203.78     | \$ 5.70         | \$ 19.95    |            |                      |                | \$ 229.43        | APPLIED LATE FOR LAND USE                |



LL 12-11-2023  
Cw 12-11-23

|       |   |    |      |      |           |             |           |          |  |           |           |             |   |
|-------|---|----|------|------|-----------|-------------|-----------|----------|--|-----------|-----------|-------------|---|
| 21509 | PLAYER, BARBARA C                       | 01 |      | 2023 | 6925793   | \$ 110.83   | \$ 3.10   |          |  |           |           | \$ 113.93   | APPLIED LATE FOR ELDERLY EXEMPTION            |
| 21510 | PLAYER, BARBARA H                       | 01 |      | 2023 | 6925800   | \$ 14.30    | \$ 0.40   |          |  |           |           | \$ 14.70    | APPLIED LATE FOR ELDERLY EXEMPTION            |
| 21511 | POWERS, LARRY M.                        | 09 | F011 | 2023 | 1001537   | \$ 321.75   | \$ 9.00   | \$ 31.50 |  |           |           | \$ 362.25   | SHOULD HAVE RECEIVED VETERAN EXEMPTION        |
| 21512 | PRICE, LEONARD L. & WF AVA              | 04 | F002 | 2023 | 7056603   | \$ 217.72   | \$ 6.09   | \$ 19.79 |  |           |           | \$ 243.60   | APPLIED LATE FOR ELDERLY EXEMPTION            |
| 21513 | QUINN, EDWIN LOUIS                      | 12 |      | 2023 | 7109615   | \$ 202.70   | \$ 5.67   |          |  |           |           | \$ 208.37   | APPLIED LATE FOR DISABILITY EXEMPTION         |
| 21514 | ROGERS, DIANE P.                        | 09 | F018 | 2023 | 010004855 | \$ 135.85   | \$ 3.80   | \$ 13.30 |  |           |           | \$ 152.95   | APPLIED LATE FOR ELDERLY EXEMPTION            |
| 21515 | ROGERS, DIANE P.                        | 09 | F008 | 2023 | 010004855 |             |           | \$ 19.00 |  |           |           | \$ 19.00    | BILLED FOR WRONG FIRE DISTRICT                |
| 21516 | ROGERS, DIANE P.                        | 09 | F008 | 2022 | 010004855 |             |           | \$ 19.00 |  |           |           | \$ 19.00    | BILLED FOR WRONG FIRE DISTRICT                |
| 21517 | SHOLAR, WOODY R. & WF JANETT D. SHOLAR  | 08 |      | 2023 | 7807200   |             |           |          |  | \$ 110.00 | \$ 110.00 | \$ 110.00   | NO DWELLING ON PARCEL                         |
| 21518 | SHOLAR, WOODY R. & WF JANETT D. SHOLAR  | 08 |      | 2022 | 7807200   |             |           |          |  | \$ 110.00 | \$ 110.00 | \$ 110.00   | NO DWELLING ON PARCEL                         |
| 21519 | SHOLAR, WOODY R. & WF JANETT D. SHOLAR  | 08 |      | 2021 | 7807200   |             |           |          |  | \$ 90.00  | \$ 90.00  | \$ 90.00    | NO DWELLING ON PARCEL                         |
| 21520 | SHOLAR, WOODY R. & WF JANETT D. SHOLAR  | 08 |      | 2020 | 7807200   |             |           |          |  | \$ 90.00  | \$ 90.00  | \$ 90.00    | NO DWELLING ON PARCEL                         |
| 21521 | SHOLAR, WOODY R. & WF JANETT D. SHOLAR  | 08 |      | 2019 | 7807200   |             |           |          |  | \$ 90.00  | \$ 90.00  | \$ 90.00    | NO DWELLING ON PARCEL                         |
| 21522 | SMITH, SHERRY                           | 01 | F007 | 2023 | 8059560   | \$ 178.75   | \$ 5.00   | \$ 17.50 |  |           |           | \$ 201.25   | APPLIED LATE FOR DISABILITY EXEMPTION         |
| 21523 | SOUTHERLAND VILLAGE LLC                 | 09 |      | 2023 | 8101184   | \$ 6,797.05 | \$ 190.14 |          |  |           |           | \$ 6,987.19 | VALUE ADJUSTED DUE TO SECTION 42 HOUSING      |
| 21524 | SOUTHERN PRODUCE, LLC                   | 02 |      | 2023 | 010000858 | \$ 372.74   | \$ 10.43  |          |  |           |           | \$ 383.17   | PROPERTY SOLD TO TOWN 2019-BLDG DOUBLE LISTED |
| 21525 | SOUTHERN PRODUCE DIST.                  | 02 |      | 2019 | 8138853   | \$ 372.74   | \$ 10.43  |          |  |           |           | \$ 383.17   | PROPERTY SOLD TO TOWN 2019-BLDG DOUBLE LISTED |
| 21526 | UNDERHILL, JAMES LEWIS                  | 03 | F001 | 2023 | 8897800   | \$ 153.01   | \$ 4.28   | \$ 10.70 |  |           |           | \$ 167.99   | APPLIED LATE FOR VETERAN EXEMPTION            |
| 21527 | VENECIA, DORA C.                        | 12 |      | 2023 | 8958421   | \$ 14.30    | \$ 0.40   |          |  | \$ 1.47   | \$ 110.00 | \$ 126.17   | SWMH DESTROYED HF 2018                        |
| 21528 | VENECIA, DORA C.                        | 12 |      | 2022 | 8958421   | \$ 14.30    | \$ 0.40   |          |  | \$ 1.47   | \$ 110.00 | \$ 126.17   | SWMH DESTROYED HF 2018                        |
| 21529 | VENECIA, DORA C.                        | 12 |      | 2021 | 8958421   | \$ 14.30    | \$ 0.40   |          |  | \$ 1.47   | \$ 90.00  | \$ 106.17   | SWMH DESTROYED HF 2018                        |
| 21530 | VENECIA, DORA C.                        | 12 |      | 2020 | 8958421   | \$ 14.30    | \$ 0.40   |          |  | \$ 1.47   | \$ 90.00  | \$ 106.17   | SWMH DESTROYED HF 2018                        |
| 21531 | VENECIA, DORA C.                        | 12 |      | 2019 | 8958421   | \$ 14.30    | \$ 0.40   |          |  | \$ 1.47   | \$ 90.00  | \$ 106.17   | SWMH DESTROYED HF 2018                        |
| 21532 | WALLACE, BRIAN KEITH & WF ANN           | 13 | F021 | 2023 | 1000608   | \$ 321.75   | \$ 9.00   | \$ 31.50 |  |           |           | \$ 362.25   | APPLIED LATE FOR VETERAN EXEMPTION            |
| 21533 | WHALEY, CECIL H. HRS                    | 07 |      | 2023 | 9315008   |             |           |          |  |           | \$ 78.95  | \$ 78.95    | HOUSE VACANT SINCE 2018                       |
| 21534 | WHALEY, CECIL H. HRS                    | 07 |      | 2022 | 9315008   |             |           |          |  |           | \$ 78.95  | \$ 78.95    | HOUSE VACANT SINCE 2018                       |
| 21535 | WHALEY, CECIL H. HRS                    | 07 |      | 2021 | 9315008   |             |           |          |  |           | \$ 66.60  | \$ 66.60    | HOUSE VACANT SINCE 2018                       |
| 21536 | WHALEY, CECIL H. HRS                    | 07 |      | 2020 | 9315008   |             |           |          |  |           | \$ 66.60  | \$ 66.60    | HOUSE VACANT SINCE 2018                       |
| 21537 | WHALEY, DENELDA S. & HUS JAMES          | 05 | F006 | 2023 | 9324625   | \$ 321.75   | \$ 9.00   | \$ 33.75 |  |           |           | \$ 364.50   | APPLIED LATE FOR VETERAN EXEMPTION            |
| 21538 | WHALEY, JIMMY RAY & JOHNNY GREEN WHALEY | 07 |      | 2023 | 9344450   |             |           |          |  |           | \$ 110.00 | \$ 110.00   | NO DWELLING ON PARCEL                         |
| 21539 | WHALEY, LEMMIE FRANK & WF SHELBY        | 13 |      | 2023 | 9352470   |             |           |          |  |           | \$ 31.05  | \$ 31.05    | APPLIED LATE FOR                              |



## County Commissioners Agenda Request Form

Complete and submit this form along with any supporting documentation to request time on the county commissioner's agenda. This is not required for items included on the consent agenda.

|  |                                    |
|--|------------------------------------|
| Name / Department:<br>E911/Communications – Consent Agenda   | Meeting Date:<br>December 18, 2023 |
| Subject: Change Public Hearing Date  |                                    |
| Summary, explanation, and background:<br>Change the Public Hearing Date Previously Approved at the December 4 <sup>th</sup> , 2023 Commissioner Meeting from January 2 <sup>nd</sup> , 2024 to January 16 <sup>th</sup> , 2024 to Receive Public Comments Regarding a Request Received from Richard Miller to Name a Lane at 143 Dogwood Lane, Rose Hill, Rose Hill Township, Miller Lane. |                                    |
| Requested Action:  |                                    |
| Budget impact for this fiscal year: (Funds available, allocation needed, etc.)   |                                    |
| Budget impact for subsequent years: (Funds available, allocation needed, etc.)   |                                    |
| Time needed to explain to Commissioners:   |                                    |
| Instructions for what to do with attachments once approved:  |                                    |

Note: Please have all signatures on any contracts, agreements, etc. prior to board meeting and give all copies to Jaime Carr by the agenda deadline. Remember, one original will be retained for the minutes.

**County Manager**— Bryan Miller  
**Assistant County Manager**— Carrie Shields  
**Clerk to the Board**— Jaime W. Carr  
**County Attorney**— J. Timothy Wilson



**Dexter B. Edwards, Chair** — District II  
**Elwood Garner, Vice Chair** — District I  
**Justin Edwards** – District III  
**Jesse L. Dowe, III** — District IV  
**Wayne E. Branch** – District V

224 Seminary Street, Kenansville N.C. 28349  
Phone: (910)296-2100 Fax: (910) 296-2107

**COPY**

December 18, 2023

HomeTrust Bank  
PO Box 10  
Asheville, NC 28802-0010

Re: Municipal Lease and Option Agreement between HomeTrust Bank and Potters Hill Volunteer Fire Department

Dear Sirs,

I am Chairman of the County Commissioners of Duplin County. This letter is to advise you that: Potters Hill Volunteer Fire Department is a qualified Volunteer Fire Department, assigned to protect a specific Fire District within this County.

In addition, a special ad valorem (fire tax) is assessed on the real property owners of this district. Said tax is to be used exclusively to provide equipment, facilities, and training as is necessary to provide fire protection for said district. Said funds may also be used to upgrade equipment as the need arises. This tax is collected by the County and disbursed by the Finance Office to the Fire Department on a regular basis by the County Finance Officer. The Fire Department is operated and managed by the Board of Directors of the Fire Department and the Officers of said Department. The Department is currently meeting the requirements of their fire service contract.

The Fire Department has made us aware of their intention to acquire new capital assets through a Lease Purchase transaction with your firm. Please be advised that the County has no objection to this transaction.

Sincerely,

---

Elwood Garner  
Vice-Chairman  
Duplin County Board of Commissioners

**JOURNAL INQUIRY**

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
|---------------------|------|---------|------|------------|------------|----------|------------------|--------|----------|--------|----------|----------|
| 2024                | 06   | 112     | BUA  | 12/11/2023 | 12/11/2023 | 121823   | blanca.pineda    | 1      | N        | Hist   | 2024     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                  |        |          |        |          |          |
| 1                   | 4130 | 43250   |      |            |            |          | T                |        |          |        |          | 2,000.00 |
|                     |      |         |      |            |            |          | POSTAGE          |        |          |        |          |          |
| 2                   | 4130 | 42600   |      |            |            |          | T                |        | 2,000.00 |        |          |          |
|                     |      |         |      |            |            |          | OFFICE SUPPLIES  |        |          |        |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                  |        |          | 0.00   | 0.00     |          |

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK                        | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
|---------------------|------|---------|------|------------|------------|----------|------------------------------|--------|----------|--------|----------|----------|
| 2024                | 06   | 113     | BUA  | 12/11/2023 | 12/11/2023 | 121823   | blanca.pineda                | 1      | N        | Hist   | 2024     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION             |        |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                              |        |          |        |          |          |
| 1                   | 4160 | 43300   |      |            |            |          | T                            |        |          |        |          | 8,000.00 |
|                     |      |         |      |            |            |          | UTILITIES                    |        |          |        |          |          |
| 2                   | 4160 | 43510   |      |            |            |          | T                            |        | 8,000.00 |        |          |          |
|                     |      |         |      |            |            |          | REPAIRS BUILDING AND GROUNDS |        |          |        |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                              |        |          | 0.00   | 0.00     |          |

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK                | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
|---------------------|------|---------|------|------------|------------|----------|----------------------|--------|----------|--------|----------|----------|
| 2024                | 06   | 114     | BUA  | 12/11/2023 | 12/11/2023 | 121823   | blanca.pineda        | 1      | N        | Hist   | 2024     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION     |        |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                      |        |          |        |          |          |
| 1                   | 5167 | 43250   |      |            |            |          | T                    |        |          |        |          | 100.00   |
|                     |      |         |      |            |            |          | POSTAGE              |        |          |        |          |          |
| 2                   | 5167 | 43540   |      |            |            |          | T                    |        |          |        |          | 100.00   |
|                     |      |         |      |            |            |          | SOFTWARE MAINTENANCE |        |          |        |          |          |
| 3                   | 5167 | 42420   |      |            |            |          | T                    |        | 200.00   |        |          |          |
|                     |      |         |      |            |            |          | IN HOUSE LAB         |        |          |        |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                      |        |          | 0.00   | 0.00     |          |

| YEAR                | PER | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
|---------------------|-----|---------|------|------------|------------|----------|------------------|--------|----------|--------|----------|----------|
| 2024                | 06  | 130     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda    | 1      | N        | Hist   | 2024     |          |
| LN                  | ORG | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |     |         |      |            |            |          |                  |        |          |        |          |          |



JOURNAL INQUIRY

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE  |
|---------------------|------|---------|------|------------|------------|----------|------------------|--------|----------|--------|----------|-----------|
| 2024                | 06   | 130     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda    | 1      | N        | Hist   | 2024     |           |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        |          | DEBIT  |          | CREDIT OB |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                  |        |          |        |          |           |
| 1                   | 5178 | 42980   |      |            |            |          | T                |        |          |        |          | 208.83    |
|                     |      |         |      |            |            |          | PROGRAM SUPPLIES |        |          |        |          |           |
| 2                   | 5178 | 43250   |      |            |            |          | T                |        | 208.83   |        |          |           |
|                     |      |         |      |            |            |          | POSTAGE          |        |          |        |          |           |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                  |        |          | 0.00   |          | 0.00      |

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK             | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE  |
|---------------------|------|---------|------|------------|------------|----------|-------------------|--------|----------|--------|----------|-----------|
| 2024                | 06   | 131     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda     | 1      | N        | Hist   | 2024     |           |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION  |        |          | DEBIT  |          | CREDIT OB |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                   |        |          |        |          |           |
| 1                   | 4520 | 42600   |      |            |            |          | T                 |        |          |        |          | 500.00    |
|                     |      |         |      |            |            |          | OFFICE SUPPLIES   |        |          |        |          |           |
| 2                   | 4520 | 43720   |      |            |            |          | T                 |        | 500.00   |        |          |           |
|                     |      |         |      |            |            |          | PROMOTIONAL ITEMS |        |          |        |          |           |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                   |        |          | 0.00   |          | 0.00      |

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE  |
|---------------------|------|---------|------|------------|------------|----------|------------------|--------|----------|--------|----------|-----------|
| 2024                | 06   | 132     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda    | 1      | N        | Hist   | 2024     |           |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        |          | DEBIT  |          | CREDIT OB |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                  |        |          |        |          |           |
| 1                   | 5164 | 42410   |      |            |            |          | T                |        |          |        |          | 300.00    |
|                     |      |         |      |            |            |          | PHARMACY         |        |          |        |          |           |
| 2                   | 5164 | 42980   |      |            |            |          | T                |        | 300.00   |        |          |           |
|                     |      |         |      |            |            |          | PROGRAM SUPPLIES |        |          |        |          |           |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                  |        |          | 0.00   |          | 0.00      |

| YEAR                | PER | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV | STATUS | BUD YEAR | JNL TYPE  |
|---------------------|-----|---------|------|------------|------------|----------|------------------|--------|----------|--------|----------|-----------|
| 2024                | 06  | 133     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda    | 1      | N        | Hist   | 2024     |           |
| LN                  | ORG | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        |          | DEBIT  |          | CREDIT OB |
| ACCOUNT DESCRIPTION |     |         |      |            |            |          |                  |        |          |        |          |           |

JOURNAL INQUIRY

| YEAR | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV            | STATUS | BUD YEAR | JNL TYPE  |
|------|------|---------|------|------------|------------|----------|------------------|--------|---------------------|--------|----------|-----------|
| 2024 | 06   | 133     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda    | 1      | N                   | Hist   | 2024     |           |
| LN   | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        | ACCOUNT DESCRIPTION |        | DEBIT    | CREDIT OB |
| 1    | 5111 | 43510   |      |            |            |          | T                |        |                     |        |          | 20.00     |
| 2    | 5111 | 43250   |      |            |            |          | T                |        |                     |        | 20.00    |           |
|      |      |         |      |            |            |          |                  |        |                     |        |          |           |

|                  |  |  |  |  |  |  |  |  |  |  |      |      |
|------------------|--|--|--|--|--|--|--|--|--|--|------|------|
| ** JOURNAL TOTAL |  |  |  |  |  |  |  |  |  |  | 0.00 | 0.00 |
|------------------|--|--|--|--|--|--|--|--|--|--|------|------|

| YEAR | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY | AUTO-REV            | STATUS | BUD YEAR | JNL TYPE  |
|------|------|---------|------|------------|------------|----------|------------------|--------|---------------------|--------|----------|-----------|
| 2024 | 06   | 134     | BUA  | 12/12/2023 | 12/12/2023 | 121823   | blanca.pineda    | 1      | N                   | Hist   | 2024     |           |
| LN   | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |        | ACCOUNT DESCRIPTION |        | DEBIT    | CREDIT OB |
| 1    | 5129 | 42980   |      |            |            |          | T                |        |                     |        |          | 1,425.00  |
| 2    | 5139 | 42500   |      |            |            |          | T                |        |                     |        |          | 332.50    |
| 3    | 5167 | 43250   |      |            |            |          | T                |        |                     |        |          | 332.50    |
| 4    | 5151 | 43250   |      |            |            |          | T                |        |                     |        |          | 332.50    |
| 5    | 5164 | 44300   |      |            |            |          | T                |        |                     |        |          | 150.00    |
| 6    | 5164 | 43250   |      |            |            |          | T                |        |                     |        |          | 182.50    |
| 7    | 5114 | 43520   |      |            |            |          | T                |        |                     |        |          | 665.00    |
| 8    | 5129 | 43510   |      |            |            |          | T                |        |                     |        | 1,425.00 |           |
| 9    | 5139 | 43510   |      |            |            |          | T                |        |                     |        | 332.50   |           |
| 10   | 5167 | 43510   |      |            |            |          | T                |        |                     |        | 332.50   |           |
| 11   | 5151 | 43510   |      |            |            |          | T                |        |                     |        | 332.50   |           |
| 12   | 5164 | 43510   |      |            |            |          | T                |        |                     |        | 150.00   |           |
| 13   | 5164 | 43510   |      |            |            |          | T                |        |                     |        | 182.50   |           |
| 14   | 5114 | 43510   |      |            |            |          | T                |        |                     |        | 665.00   |           |
|      |      |         |      |            |            |          |                  |        |                     |        |          |           |

|                  |  |  |  |  |  |  |  |  |  |  |      |      |
|------------------|--|--|--|--|--|--|--|--|--|--|------|------|
| ** JOURNAL TOTAL |  |  |  |  |  |  |  |  |  |  | 0.00 | 0.00 |
|------------------|--|--|--|--|--|--|--|--|--|--|------|------|

# JOURNAL INQUIRY

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC | CLERK            | ENTITY           | AUTO-REV | STATUS | BUD YEAR | JNL TYPE  |
|---------------------|------|---------|------|------------|------------|----------|------------------|------------------|----------|--------|----------|-----------|
| 2024                | 06   | 143     | BUA  | 12/13/2023 | 12/13/2023 | 121823   | blanca.pineda    | 1                | N        | Hist   | 2024     |           |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3     | LINE DESCRIPTION |                  |          |        | DEBIT    | CREDIT OB |
| ACCOUNT DESCRIPTION |      |         |      |            |            |          |                  |                  |          |        |          |           |
| 1                   | 5171 | 42990   |      |            |            |          | T                |                  |          |        |          | 300.00    |
| 2                   | 5171 | 42980   |      |            |            |          | T                |                  |          |        | 300.00   |           |
|                     |      |         |      |            |            |          |                  | PROGRAM SUPPLIES |          |        |          |           |
| ** JOURNAL TOTAL    |      |         |      |            |            |          |                  |                  |          |        | 0.00     | 0.00      |
| ** GRAND TOTAL      |      |         |      |            |            |          |                  |                  |          |        | 0.00     | 0.00      |

9 Journals printed

\*\* END OF REPORT - Generated by Blanca Pineda \*\*



BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title \_\_\_\_\_ Finance

Department Head's Signature \_\_\_\_\_

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

Cover overspent account

| Expense<br>code to<br>DECREASE | Line Item Description | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------|------------------|--------------------------------|-----------------------|--------------|
| 4130-43250                     | Postage               | 2,000.00         | 4130-42600                     | Office Supplies       | 2,000.00     |
|                                |                       |                  |                                |                       |              |
|                                |                       |                  |                                |                       |              |
|                                |                       |                  |                                |                       |              |
|                                |                       |                  |                                |                       |              |
|                                |                       |                  |                                |                       |              |
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|                                |                       |                  |                                |                       |              |
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|                                |                       |                  |                                |                       |              |
|                                |                       |                  |                                |                       |              |
|                                |                       |                  |                                |                       |              |
| Total                          |                       | 2,000.00         | Total                          |                       | 2,000.00     |

Finance Signature

Date Approved:

  
6/11/23

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title \_\_\_\_\_ Finance

Department Head's Signature \_\_\_\_\_

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

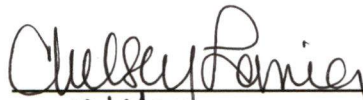
**Brief description of why this amendment is being requested:**

Cover cost of courthouse alarm repairs

| Expense code to DECREASE | Line Item Description | Credit Amount | Expense code to INCREASE | Line Item Description      | Debit Amount |
|--------------------------|-----------------------|---------------|--------------------------|----------------------------|--------------|
| 4160-43300               | Utilities             | 8,000.00      | 4160-43510               | Repairs Building & Grounds | 8,000.00     |
|                          |                       |               |                          |                            |              |
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| Total                    |                       | 8,000.00      | Total                    |                            | 8,000.00     |

Finance Signature

Date Approved:

  
12/18/23

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS-KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

Need funds to complete Requisition

| Expense<br>code to<br>DECREASE | Line Item Description | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------|------------------|--------------------------------|-----------------------|--------------|
| 5167-43250                     | Postage               | 100.00           | 5167-42420                     | In House lab          | 200.00       |
| 5167-43540                     | Software maintenance  | 100.00           |                                |                       |              |
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| Total                          |                       | 200.00           | Total                          |                       | 200.00       |

*Chelsy Ranier*

Finance Signature

Date Approved:

12/11/23

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:



BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS - KORENGAY

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

COVER SHIPPING EXPENSE

| Expense<br>code to<br>DECREASE | Line Item Description | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------|------------------|--------------------------------|-----------------------|--------------|
| 5178-42980                     | PROGRAM SUPPLIES      | 208.83           | 5178-43250                     | POSTAGE               | 208.83       |
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| Total                          |                       | 208.83           | Total                          |                       | 208.83       |

*Chelsey Ranier*

Finance Signature

Date Approved:

12/11/23

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

Public Transportation

Department Head's Signature

Angel Venecia

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

move funds to cover promotional items

| Expense<br>code to<br>DECREASE | Line Item Description | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------|------------------|--------------------------------|-----------------------|--------------|
| 4520-42600                     | Office Supplies       | 500.00           | 4520-43720                     | Promotional Items     | 500.00       |
|                                |                       |                  |                                |                       |              |
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| Total                          |                       | 500.00           | Total                          |                       | 500.00       |

*Chelsey Ranier*

Finance Signature

Date Approved:

12/11/23

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS-KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

Increasing to create requisition

| Expense<br>code to<br>DECREASE | Line Item Description | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------|------------------|--------------------------------|-----------------------|--------------|
| 5164-42410                     | Pharmacy              | 300.00           | 5164-42980                     | Program Supplies      | 300.00       |
|                                |                       |                  |                                |                       |              |
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| Total                          |                       | 300.00           | Total                          |                       | 300.00       |

*Chelsey Ranier*

Finance Signature

Date Approved:

12/11/23

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:



BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS-KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

Shipping charge

| Expense<br>code to<br>DECREASE | Line Item Description       | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------------|------------------|--------------------------------|-----------------------|--------------|
| 5111-43510                     | Repairs buildings & grounds | 20.00            | 5111-43250                     | Postage               | 20.00        |
|                                |                             |                  |                                |                       |              |
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| Total                          |                             | 20.00            | Total                          |                       | 20.00        |

*Chelsey Ranier*

Finance Signature

Date Approved:

12/12/23

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS - KORENGAY

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

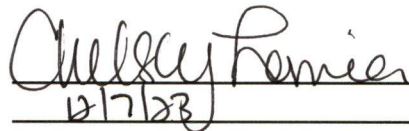
**Brief description of why this amendment is being requested:**

COVER REPAIRS TO BUILDINGS AND GROUNDS

| Expense code to DECREASE | Line Item Description | Credit Amount | Expense code to INCREASE | Line Item Description   | Debit Amount |
|--------------------------|-----------------------|---------------|--------------------------|-------------------------|--------------|
| 5129-42980               | PROGRAM SUPPLIES      | 1,425.00      | 5129-43510               | REPAIRS BUILDING/GROUND | 1,425.00     |
| 5139-42500               | VEHICLE GAS           | 332.50        | 5139-43510               | REPAIRS BUILDING/GROUND | 332.50       |
| 5167-43250               | POSTAGE               | 332.50        | 5167-43510               | REPAIRS BUILDING/GROUND | 332.50       |
| 5151-43250               | POSTAGE               | 332.50        | 5151-43510               | REPAIRS BUILDING/GROUND | 332.50       |
| 5164-44300               | RENT                  | 150.00        | 5164-43510               | REPAIRS BUILDING/GROUND | 150.00       |
| 5164-43250               | POSTAGE               | 182.50        | 5164-43510               | REPAIRS BUILDING/GROUND | 182.50       |
| 5114-43520               | REPAIRS MAINTENANCE   | 665.00        | 5114-43510               | REPAIRS BUILDING/GROUND | 665.00       |
|                          |                       |               |                          |                         |              |
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| Total                    |                       | 3,420.00      | Total                    |                         | 3,420.00     |

Finance Signature

Date Approved:

  
12/7/23

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS - KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000

Expenditure requests over 10,000 must be approved by Board of Commissioners

**Brief description of why this amendment is being requested:**

COVER PROGRAM SUPPLIES

| Expense<br>code to<br>DECREASE | Line Item Description | Credit<br>Amount | Expense<br>code to<br>INCREASE | Line Item Description | Debit Amount |
|--------------------------------|-----------------------|------------------|--------------------------------|-----------------------|--------------|
| 5171-42990                     | INCENTIVES            | 300.00           | 5171-42980                     | PROGRAM SUPPLIES      | 300.00       |
|                                |                       |                  |                                |                       |              |
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| Total                          |                       | 300.00           | Total                          |                       | 300.00       |

Finance Signature

Date Approved:

*Chelsy Ranier*

12/11/23

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:



## County Commissioners Agenda Request Form

Complete and submit this form along with any supporting documentation to request time on the county commissioner's agenda. This is not required for items included on the consent agenda.

|   |                                 |
|---|---------------------------------|
| Name / Department: Brian Matthis, Duplin County Fire & Emergency Management   | Meeting Date: December 18, 2023 |
| Subject: Request acceptance of and approve a budget amendment for 2023 Homeland Security Grant Program Funding Award  |                                 |
| Grant funding was secured through the North Carolina Emergency Management Domestic Preparedness Region Homeland Security Grant Program for the purchase of a Mobile Event Response Trailer (MERT) containing cones, barricades, and signage to support events requiring traffic or crowd control. The purpose of HSGP is to increase response and recovery capabilities of Duplin County, as well as the other nine counties within Domestic Preparedness Region 2. |                                 |
| Requested Action: Acceptance of the offered funding in the amount of \$21,500.00 and a budget amendment in that amount to reflect the expectations of funding. This money will be reimbursed by NCDPS Emergency Management after finalization, as specified in the award documentation attached.  |                                 |
| Budget impact for this fiscal year: \$21,500.00, to be fully reimbursed after expended.   |                                 |
| Budget impact for subsequent years: (Funds available, allocation needed, etc.) None   |                                 |
| Time needed to explain to Commissioners: 5 minutes  |                                 |
| Attachments: Memorandum of Agreement from NCDPS, NC Emergency Management & Budget Amendment form.   |                                 |
| Instructions for what to do with attachments once approved: Informational only, discard.  |                                 |

Note: Please have all signatures on any contracts, agreements, etc. prior to board meeting and give all copies to Trisha-Ann Hoskins by the agenda deadline. Remember, one original will be retained for the minutes.



Roy Cooper, Governor

NC Department of Public Safety  
EMERGENCY MANAGEMENT

Eddie M. Buffaloe Jr., Secretary  
William C. Ray, Director

**Homeland Security Grant Program (HSGP)**  
**Fiscal Year 2023**

AL#: 97.067

Grant #: EMW-2023-SS-00034

**Memorandum of Agreement (MOA)**

**between**

**RECIPIENT**

State of North Carolina  
Department of Public Safety  
Emergency Management (NCEM)  
1636 Gold Star Dr  
Raleigh, NC 27607

**SUBRECIPIENT**

Duplin County  
224 Seminary Street  
Kenansville, NC 28349  
Tax ID/EIN #: 566000296  
UEID #: KZN4GK5262K3

**MOA #:** 2340009

**Cost center:** 1502-7A38-3H13

**Award amount:** \$21,500.00

**Period of performance (POP):** September 1, 2023 to February 28, 2026

**1. Purpose**

The purpose of this Memorandum of Agreement (MOA) is to establish responsibilities and procedures to implement the terms and conditions of the US Department of Homeland Security (DHS) Homeland Security Grant Program (HSGP). More information about HSGP is available at: <https://www.fema.gov/grants/preparedness/homeland-security>. This MOA is to set forth terms by which RECIPIENT shall provide HSGP funding to SUBRECIPIENT to fund projects related to Homeland Security Planning, Operations, Equipment, Training and Exercises. For a more detailed description of the approved scope of work see Attachment 1. The scope of work is the approved Application as submitted by SUBRECIPIENT with any amendments approved by RECIPIENT.

This MOA is to set forth terms by which RECIPIENT shall provide HSGP funding to SUBRECIPIENT to fund projects related to meeting DHS National Priorities as identified in the Department of Homeland Security Notice of Funding Opportunity (NOFO) for FY2023 HSGP. See Attachment 1 for a detailed description of the approved scope of work for the approved project(s) for this grant. The scope of work is the approved Application as submitted by SUBRECIPIENT with any amendments approved by RECIPIENT.

**2. Program Authorization and Regulations**

This MOA is authorized under the provisions of: (1) Section 2002 of the *Homeland Security Act of 2002* (Pub. L. No. 107-296, as amended) (6 U.S.C. § 603), (2) Consolidated Appropriations Act, 2023 (Pub. L. No. 117-328), (3) FY 2023 HSGP NOFO, (4) applicable [FEMA Grant Programs Directorate Information Bulletins](#), and (5) *NC Emergency Management Act*, North Carolina General Statutes (N.C.G.S.) Chapter 166A.

The funds awarded under this grant must be used in compliance with all applicable federal, state, local and tribal laws and regulations. By accepting this award, SUBRECIPIENT agrees to use these funds in a manner consistent with all applicable laws and regulations.



**3. Projects managed by RECIPIENT (NCEM) on behalf of SUBRECIPIENT - Return of Funds**

\_\_\_ By initialing, SUBRECIPIENT requests that RECIPIENT (NCEM on behalf of State of North Carolina) retains all funds awarded to SUBRECIPIENT under this grant. SUBRECIPIENT desires for NCEM and/or its assigns to conduct the activities described in Attachment 1 of this MOA on its behalf. These activities are related to planning, making equipment purchases, and conducting training and exercises to improve prevention, protection, preparedness, response, and recovery capabilities. SUBRECIPIENT relieves itself from the requirements set forth in this MOA with respect to all funds returned to RECIPIENT. NCEM agrees to assume responsibility for all requirements set forth in this MOA with respect to all funds assigned to SUBRECIPIENT, if SUBRECIPIENT checks this box.

**4. Assignment of Funds by SUBRECIPIENT to Designated Third Party (not NCEM)**

\_\_\_ By initialing, SUBRECIPIENT agrees to assign all funds awarded under this grant to a third party:

By signature of this MOA (at DESIGNATED THIRD PARTY on signatory page), the designated third party agrees to assume responsibility for all requirements set forth in this MOA with respect to all funds assigned to SUBRECIPIENT.

**5. Funding**

All terms and conditions of this MOA are dependent upon and subject to the allocation of funds from DHS and NCEM for the purposes set forth, and the MOA shall automatically terminate if funds cease to be available.

Allowable costs shall be determined in accordance with applicable DHS Program Guidelines, which include, but may not be limited to, the FY2023 HSGP NOFO, 2 CFR 200 Subpart E, Federal Acquisition Regulations (FAR) Part 31.2, OMB Circulars A-21, and applicable DHS and FEMA financial management guidance available at <https://www.dhs.gov/dhs-grants> and <https://www.fema.gov/grants/guidance-tools>. Allowable costs are also subject to the approval of the State Administrative Agent (SAA) for the State of North Carolina, the Secretary of the Department of Public Safety.

**6. Funding Eligibility Criteria**

Federal funds administered through RECIPIENT (NCEM on behalf of State of North Carolina) are available to local governments to assist in the cost of developing and maintaining a comprehensive homeland security response program.

Local government entities are defined in [N.C.G.S. 159-44](#) as: “counties; cities, towns, and incorporated villages; consolidated city-counties, as defined by G.S. 160B-2(1); sanitary districts; mosquito control districts; hospital districts; merged school administrative units described in G.S. 115C-513; metropolitan sewerage districts; metropolitan water districts; metropolitan water and sewerage districts; county water and sewer districts; regional public transportation authorities; and special airport districts.” Federally recognized tribes are also included as eligible local government pass-through entities per the [FY23 HSGP NOFO](#).

Continued HSGP funding is contingent upon completion of all HSGP funding requirements. The following eligibility criteria must be adhered to during the entire duration of the grant program.

SUBRECIPIENT must:

- A. Be established as a state agency or as a local government entity as defined above by appropriate resolution/ordinance.
- B. Have a Unique Identity ID (UEID) prior to any funds being released. UEID may be obtained from <http://www.sam.gov>.
- C. Ensure their organization is registered with the System for Award Management (SAM) and that their organization maintains an active SAM registration, i.e. renewed annually. Every applicant is required to have their name, address, and UEID up to date in SAM, and the UEID used in SAM must be the same one used to apply for all FEMA awards. SAM information can be found at <http://www.sam.gov>. Future payments will be



contingent on the information provided in SAM; therefore it is imperative that the information is correct, and that an active SAM registration is properly maintained.

- D. Complete any procurement(s) and expenditures no later than 02/28/2026.
- E. Submit requests for reimbursement (RFR) with all required documentation attached. Requests for reimbursement will not be processed unless/until annual progress report submissions are current. See paragraph 8.C. below.

## 7. Compensation

RECIPIENT agrees that it will pay SUBRECIPIENT compensation for eligible services rendered by SUBRECIPIENT. Payment to SUBRECIPIENT for expenditures under this MOA will be reimbursed after SUBRECIPIENT's RFR is submitted and approved for eligible scope of work activity. Grant funds will be disbursed (according to the approved project budget) upon receipt of evidence that funds have been invoiced, products or services received (i.e., invoices, contracts, itemized expenses, etc.), and proof of payment is provided. Final RFR must be submitted no later 03/31/26, unless period of performance (POP) is extended. The original signed copy of this MOA must be signed by the Official(s) authorized to sign below and returned to RECIPIENT no later than 45 days after the MOA has been submitted for execution.

This MOA shall be effective upon return of execution from SUBRECIPIENT and final approval by RECIPIENT. Upon final approval of this MOA by RECIPIENT, POP for this grant is 09/01/23 - 02/28/26. Grant funds will be disbursed upon receipt of evidence that funds have been invoiced, products or services received, and proof of payment is provided. Any unexpended grant funds remaining after end of POP revert to RECIPIENT.

SUBRECIPIENT:

- A. Understands and acknowledges that total funding level available under this MOA will not exceed the awarded amount \$21,500.00. SUBRECIPIENT acknowledges that they are further prohibited from sub-granting these funds. Attachment 1 and any approved amendments constitute the approved scope of work for this grant award.
- B. Understands and agrees that funding shall be subject to the availability of appropriated funds, pursuant to N.C.G.S 143C-1-1. However, in the event of MOA termination due to lack of adequate appropriated funds, RECIPIENT will ensure that it will pay for services and goods acquired and obligated on or before the notice of agreement termination.
- C. Must meet all funding requirements contained herein. Non-compliance may result in denial of reimbursement request(s) or suspension/revocation of grant funds awarded for this project. See also paragraph 37 below regarding compliance.

## 8. Conditions

Funding is contingent upon completion of all funding requirements. The following conditions must be adhered to during the entire duration of the grant program.

A. SUBRECIPIENT must:

- i. Complete any procurements, expenditures, and receipt of goods or services within the POP.
- ii. No Match Requirement. SUBRECIPIENT is not required to provide matching funds in cash or in-kind for this award.
- iii. Submit requests for reimbursement with all required documentation attached. Once RECIPIENT is satisfied that SUBRECIPIENT has provided all required documentation, the requested distributions can be processed for payment. The distributions of funds will be coded to cost center 1502-7A38-3H13 in the North Carolina Accounting System (NCAS). See SUBRECIPIENT paragraph 11.G .

- B. Required Documents/Forms. SUBRECIPIENT must submit the following [documents](#) to RECIPIENT ([hsgp@ncdps.gov](mailto:hsgp@ncdps.gov)) upon execution of this MOA. This is not required if SUBRECIPIENT has previously submitted these documents to RECIPIENT for this or any other grant; however, if any of these documents are not current, SUBRECIPIENT must submit updated document(s):

- i. [W-9 \(09 NCAC 03M .0202\)](#)

- ii. [Electronic Payment / Vendor Verification Form \(09 NCAC 03M .0202\)](#)
  - iii. [Conflict of Interest Policy \(G.S. 143C-6-23.\(b\)\)](#)
  - iv. [Sworn \(Notarized\) No Overdue Tax Debt Certification \(G.S. 143C-6-23.\(c\)\)](#)
  - v. [SUBRECIPIENT Procurement Policy](#)
- C. [Annual Progress Reports](#). Provide annual progress reports to RECIPIENT ([hsgp@ncdps.gov](mailto:hsgp@ncdps.gov)) using the Annual Progress Report form (Attachment 2) by: 07/31/24; 07/31/25; and, with final RFR submitted per SUBRECIPIENT paragraph 11.G. below.

Even if there are no expenditures an annual progress report must be submitted by SUBRECIPIENT to update their progress toward completion of approved scope of work specified in Attachment 1 and any approved amendments. If SUBRECIPIENT closes their award prior to end of POP no further annual reports are required.

- D. [Nationwide Cybersecurity Review \(NCSR\)](#). SUBRECIPIENT is required to complete the [NCSR](#), administered by the [MS-ISAC](#), during the first year of this grant award POP and annually thereafter through the last year of this grant award POP.

Three NCSRs are required as follows, even if the project is completed prior to 2026:

- The first NCSR for 2023 is required to be completed between 10/01/2023 and 02/28/2024.
- The second NCSR for 2024 is required to be completed between 10/01/2024 and 02/28/2025.
- The third NCSR for 2025 is required to be completed between 10/01/2025 and 02/28/2026.

## 9. Supplantation

Subrecipients are required to assure and certify that these grant funds will not be used to supplant or replace local or state funds or other resources that would otherwise have been available for homeland security activities. Subrecipients may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.

## 10. Scope of Work

SUBRECIPIENT shall implement the HSGP project specified in Attachment 1 and as described in the approved project application, including the project objective SUBRECIPIENT selected in the application. That application is hereby incorporated by reference into this MOA.

Documentation to be provided throughout POP:

- A. Annual reports, per paragraph 8.C. above.
- B. Annual NCSR, per paragraph 8.D. above.
- C. SUBRECIPIENT-involved legal action that pertains to any goods or services purchased with grant funds.
- D. Copies of any audits and corrective actions pertaining to these grant funds or any other funds provided to SUBRECIPIENT by RECIPIENT.
- E. After-action report from exercises in accordance with Homeland Security Exercise and Evaluation Program Doctrine ([HSEEP](#)).
- F. Training course roster, description and syllabus.
- G. All legible and complete invoices and receipts detailing the expenditures associated with the project. Receipts must contain the following information:
  - i. Name and address of the vendor or establishment providing the product or service.
  - ii. Vendor/Payee invoice number, account number, and any other unique meaningful identifying number.
  - iii. Date product received or service provided.
  - iv. Itemized description of all products or services.
  - v. Unit price of products or services (if applicable).
  - vi. Total amount of eligible expenditures.
  - vii. Copy of executed contract/subcontract agreement (if applicable).



viii. Proof of payment of expenses associated with the project.

H. Any other documentation requested by RECIPIENT.

## 11. Responsibilities

### RECIPIENT:

- A. RECIPIENT shall provide funding to SUBRECIPIENT to perform the activities as described herein.
- B. RECIPIENT shall conduct a review of the project to ensure that it is in accordance with HSGP requirements.
- C. RECIPIENT shall monitor the completion of the approved scope of work as specified in Attachment 1 and any approved amendments.
- D. RECIPIENT has obligated the funding for this MOA within 45 days of acceptance of the federal award by signing this MOA.
- E. RECIPIENT shall provide required annual progress report form (Attachment 2) and provide reimbursement request forms required for reimbursement subsequent to execution of this MOA (See SUBRECIPIENT paragraph 11.G.).

### SUBRECIPIENT:

- A. This MOA must be signed and returned to RECIPIENT within 30 days after SUBRECIPIENT receives this MOA. The grant shall be effective upon return of the MOA.
- B. SUBRECIPIENT shall expend FY 2023 HSGP funds in accordance with the FY2023 HSGP NOFO, the grant application, and this MOA.
- C. Procurement.
  - i. SUBRECIPIENT shall utilize State of North Carolina and/or local procurement policies and procedures for the expenditure of funds, and conform to applicable state and federal law and the standards identified in 2 CFR 200.317 – 200.327.
  - ii. SUBRECIPIENT must follow procurement procedures and policies as outlined in the applicable FY2023 HSGP NOFO, Appendix II of 2 CFR Part 200-Contract Provisions for Non-Federal Entity Contracts Under Federal Awards, and the 2023 FEMA Preparedness Grants Manual. SUBRECIPIENT shall comply with all applicable laws, regulations and program guidance. SUBRECIPIENT must comply with the most recent version of the funding administrative requirements, cost principles, and audit requirements.
  - iii. Administrative and procurement practices must conform to applicable federal requirements. A non-exclusive list of regulations commonly applicable to DHS grants are listed below, codified in the following guidance: 15 CFR Part 24; Federal Acquisition Regulations (FAR), Part 31.2; 28 CFR Part 23 “Criminal Intelligence Systems Operating Policies”; 49 CFR Part 1520 “Sensitive Security Information”; Public Law 107-296, The Critical Infrastructure Act of 2002; Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000 et. seq.; Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et. seq.; Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794; The Age Discrimination Act of 1975, as amended, 20 U.S.C. 6101 et. seq.; Cash Management Improvement Act (CMIA) and its implementing regulations at 31 CFR Part 205; FEMA Grant Programs Directorate, Grants Management Division, Match Guidance; Certifications and Assurances regarding Lobbying 31 U.S.C. 1352, Drug-Free Workplace Act, as amended, 41 U.S.C. 701 et. seq. and Certification Regarding Drug-Free Workplace Requirements, Debarment and Suspension Executive Orders 12549 and 12689 and certification regarding debarment, suspension and other responsibility matters; 28 CFR Parts 66, 67, 69, 70 and 83; and Grant Award and Special Conditions documents.
  - iv. Mini-Brooks Act. Subrecipients that are governmental entities or otherwise subject to the requirements of the Local Government Commission (LGC) per 20 NCAC 03 are required under North Carolina law to follow rules and regulations in the “Mini-Brooks Act”, G.S. 143-64.31, for the procurement of certain professional services performed by architects, engineers, surveyors, and construction managers at risk.
  - v. Conflicts of Interest. See paragraph 11.M.iii. below.
  - vi. Complete all procurement by February 28, 2026.



- D. Comply with current federal laws and suspension and debarment regulations pursuant to 2 CFR 200.213 – 200.214, 2 CFR Part 180 and U.S. Office of Management and Budget (OMB) Guidance, which requires in pertinent part that when a non-federal entity enters into a covered transaction with an entity at a lower tier, the non-federal entity must verify that the entity is not suspended or debarred or otherwise excluded.

SUBRECIPIENT shall be responsible to ensure that it has checked the federal System for Awards Management (SAM), <https://sam.gov/content/exclusions> and the State Debarred Vendors Listing, <https://ncadmin.nc.gov/documents/nc-debarred-vendors>, to verify that contractors or subrecipients have not been suspended or debarred from doing business with the federal government.

- E. Per 09 NCAC 03M, agencies shall not disburse any state financial assistance to an entity that is on the [Suspension of Funding List](#) (SOFL). OSBM maintains the SOFL. The SOFL is updated on a weekly basis. SUBRECIPIENT is prohibited under this MOA from procurement, and/or contracting with any entity listed on the SOFL using these grant funds.

- F. Indirect Costs. No indirect or administrative costs will be charged to this award. See [2 CFR 200.332\(a\)](#).

- G. Requests for Reimbursement (RFR). Submit RFR for items or services received to: [hsgp@ncdps.gov](mailto:hsgp@ncdps.gov). RECIPIENT will reimburse SUBRECIPIENT for eligible costs as outlined in the applicable DHS program guidelines and FY2023 HSGP NOFO. SUBRECIPIENT must take possession of all purchased equipment and receive any grant-eligible service prior to seeking reimbursement from RECIPIENT. SUBRECIPIENT must submit request for reimbursement within 60 days of payment of invoice. Requests for reimbursement submitted more than 60 days after SUBRECIPIENT payment of invoice may be denied.

RFR must include sufficient documentation that approved expenditures have been properly invoiced and paid by SUBRECIPIENT, and that the products and/or services have in fact been received by SUBRECIPIENT. RFRs must also include a cost report form (supplied by the RECIPIENT) and a summary of all expenditures included in the RFR completed by SUBRECIPIENT. Summary of expenditures should include at a minimum: vendor name, date of purchase, invoice number, total invoice amount, and reimbursable amount.

- H. Funds Management. SUBRECIPIENT agrees that funds paid through this grant shall be accounted for in a separate fund and accounting structure within SUBRECIPIENT's central accounting and grant management system. SUBRECIPIENT agrees to manage all accounts payable disbursements, check register disbursements and related transactions in a detailed manner that supports fully transparent accounting of all financial transactions associated with the funding for this grant.

- i. Expenditures for travel mileage, meals, lodging and other travel expenses incurred in the performance of this grant shall be reasonable and supported by documentation. State rates should be used as guidelines. International travel shall not be eligible under this MOA. Subrecipient must have an acceptable local travel regulation plan or accept the state travel regulations. Refer to [2 CFR 200.475](#) for travel costs.
- ii. If eligible, SUBRECIPIENT shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to [N.C.G.S. 105-164.14](#); and (b) exclude all refundable sales and use taxes from all reported expenditures.

- I. Maintain Required Subrecipient File Documentation as specified in this MOA (Attachment 3). SUBRECIPIENT is required to maintain all records of this grant for three years after termination of the grant, or audit if required, or longer where required by law, as outlined below. SUBRECIPIENT must meet the record retention requirements in 2 CFR 200.334 and must maintain a file for each HSGP grant award. However, if any litigation, claim or audit has been initiated prior to the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved. The following files must be available for review by NCEM staff for site visits, project closeout and audits:

- i. Resolution/ordinance establishing SUBRECIPIENT as a state or local government entity.
- ii. Award letter, MOA, and supporting attachments.
- iii. Completed appropriate reports with specifications, solicitations, competitive quotes or proposals, basis for selection decisions, purchase orders, contracts, invoices and proof(s) of payment.
- iv. Audit findings and corrective action plans.



- J. Property and Equipment. SUBRECIPIENT shall have sole responsibility for the maintenance, insurance, upkeep, and replacement of any equipment procured pursuant to this MOA as follows:
- i. Only allowable equipment listed in the Authorized Equipment List ([AEL](#)) for HSGP are eligible for purchases from this grant.
  - ii. Property and equipment purchased with HSGP funds shall be titled to SUBRECIPIENT, unless otherwise specified by NCEM, DHS and/or FEMA. SUBRECIPIENT shall be responsible for the custody and care of any property and equipment purchased with HSGP funds furnished for use in connection with this MOA, and shall reimburse RECIPIENT for any loss or damage to said property until the property is disposed of in accordance with HSGP Program requirements. RECIPIENT will not be held responsible for any property purchased under this MOA.
  - iii. SUBRECIPIENT must utilize all property and equipment as intended in their project application to NCEM. Any variation from this intended use must be requested in writing and approved by NCEM.
  - iv. RECIPIENT and SUBRECIPIENT shall take an initial physical inventory of any equipment. Equipment is defined as tangible, non-expendable property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. SUBRECIPIENT may have property management guidelines that are more restrictive, requiring a unit of equipment with a value of less than \$5,000 to be inventoried. If so, such equipment purchased under this award allocation shall be included on the report submitted to RECIPIENT. The grant summary, cost reports with backup documentation, certificate of title, and any other SUBRECIPIENT reports or inventory reports that include information regarding the grant, vendor, invoice number, cost per item, number of items, description, location, condition and identification number may be used to meet this requirement.
  - v. SUBRECIPIENT must ensure a control system exists to ensure adequate safeguards to prevent loss, damage or theft. SUBRECIPIENT shall be responsible for replacing or repairing equipment which is willfully or negligently lost, stolen, damaged, or destroyed. Any loss, damage or theft of the property must be investigated and fully documented and made part of the official project records.
  - vi. SUBRECIPIENT or equipment owner must ensure adequate maintenance procedures exist to keep the equipment in good condition.
  - vii. Use. Per 2 CFR 200.313, during the time that equipment is used on the project or program for which it was acquired, SUBRECIPIENT must also make the equipment available for use on other projects or programs currently or previously supported by this or other federal grants, provided that such use will not interfere with the work on the projects or program for which it was originally acquired. First preference for other use must be given to other programs or projects supported by DHS that financed the equipment and second preference must be given to other programs or projects under grants from other federal awarding agencies. NCEM, in conjunction with DHS and/or FEMA, will determine and direct how equipment will be redeployed.
- K. Disposition Procedures. Unless otherwise directed by RECIPIENT, DHS and/or FEMA, SUBRECIPIENT may dispose of the equipment when the original or replacement equipment acquired under the grant award is no longer needed for the original project or program, or for other activities currently or previously supported by a federal awarding agency. However, SUBRECIPIENT must notify RECIPIENT ([hsgp@ncdps.gov](mailto:hsgp@ncdps.gov)) prior to disposing of any equipment purchased with grant funds. Items with a fair market value of less than \$5,000 may be retained, transferred or otherwise disposed of with prior approval of NCEM and in accordance with disposition requirements in 2 CFR 200.313. Unless otherwise directed by NCEM, DHS and/or FEMA, items with a current per unit standard federal or fair market value in excess of \$5,000 may be retained but may not be transferred or otherwise disposed of without prior NCEM approval in accordance with disposition requirements in 2 CFR 200.313. SUBRECIPIENT must provide documentation that includes the method used to determine current fair market value. This applies for the lifetime of the equipment purchased with federal grant funds, even if the federal grant is closed.
- L. Communications equipment. In an effort to align communications technologies with current statewide communications plans, systems, networks, strategies and emerging technologies, the NCEM Communications Branch requires that purchases made with grant funds meet the standards identified in Attachment 6.
- M. The purchase or acquisition of any additional materials, equipment, accessories or supplies, or the provision of any training, exercise or work activities beyond that identified in the approved scope of work specified in



Attachment 1 and any approved amendments, shall be the sole responsibility of SUBRECIPIENT and shall not be reimbursed under this MOA.

N. Conflicts of Interest.

- i. State Law. Per N.C.G.S. § 143C-6-23(b), SUBRECIPIENT is required to file with RECIPIENT a copy of SUBRECIPIENT's policy addressing conflicts of interest that may arise involving SUBRECIPIENT's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as SUBRECIPIENT's employees or members of its board or other governing body, from RECIPIENT's disbursing of grant funds, and shall include actions to be taken by SUBRECIPIENT or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. **The policy shall be filed before RECIPIENT may disburse any grant funds.**
- ii. Federal Law – Grant Administration. Per 2 CFR 200.112 and the 2023 FEMA Preparedness Grants Manual, all subrecipients must disclose in writing to NCEM, and attempt to avoid, any real or potential conflict of interest that may arise during the administration of a federal grant award. For purposes of this MOA, conflicts of interest may arise in situations where a subrecipient employee, officer, or agent, any members of his or her immediate family, or his or her partner has a family relationship, close personal relationship, business relationship, or professional relationship, with anybody at DHS, FEMA and/or NCEM involved in the administration of this grant award.
- iii. Federal Law – Procurement. Per 2 CFR 200.318 and the 2023 FEMA Preparedness Grants Manual, all subrecipients that are non-federal entities other than states are required to maintain written standards of conduct covering conflicts of interest and governing the actions of their employees engaged in the selection, award, and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. Such conflicts of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the subrecipient may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, subrecipients may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the subrecipient. All subrecipients must disclose in writing to NCEM, and attempt to avoid, any real or potential conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award. Upon request, subrecipients must also provide a copy of their standards of conduct policy covering conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award.

O. Environmental Planning and Historic Preservation (EHP) Compliance. Subrecipients proposing projects that could impact the environment, including, but not limited to, the construction of communication towers, modification or renovation of existing buildings, structures, and facilities, or new construction including replacement of facilities, must participate in the DHS/FEMA EHP review process. For details: <https://www.fema.gov/grants/preparedness/preparedness-grants-ehp-compliance>. See paragraph 16. below.

P. All materials publicizing or resulting from award activities, including websites, social media and TV/radio, shall contain this acknowledgement: "This project was supported by a federal award from the US Department of Homeland Security, Department of Public Safety, North Carolina Emergency Management." Use of DHS seal(s), logo(s) and flags must be approved by DHS. Printed as a legend, either below or beside the logo(s) shall be the words "Funded by US Department of Homeland Security".

Q. Comply with the applicable federal statutes, regulations, policies, guidelines, requirements and certifications as outlined in the FY 2023 HSGP NOFO and Subaward Notification.

R. DHS Standard Terms and Conditions

SUBRECIPIENT must comply with all applicable provisions of the FY23 DHS Standard Terms and Conditions (Attachment 5). This applies to all new federal financial assistance awards funded in FY23. These terms and



conditions flow down to subrecipients unless an award term or condition specifically indicates otherwise. The United States has the right to seek judicial enforcement of these obligations. All legislation and digital resources are referenced with no digital links. The FY23 DHS Standard Terms and Conditions is housed on dhs.gov at [www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions](http://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions).

- S. **Closeout Reporting Requirements.** In accordance with [2 CFR 200.344](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-B/part-200/subpart-344/section-200.344), SUBRECIPIENT must submit to RECIPIENT, no later than 90 calendar days after the end date of the POP, all financial, performance, and other reports as required by the terms and conditions of the federal award, this MOA and FY23 [DHS Standard Terms and Conditions](#) (Attachment 4) incorporated by reference herein, for the performance of the activities.

**Documentation required**

- i. A complete accounting of how all grant funds were used.
  - ii. A Certification stating the funds were used for the purpose appropriated.
  - iii. A closeout letter indicating that the approved scope of work is complete.
  - iv. Any other closeout documentation requested by RECIPIENT.
  - v. SUBRECIPIENT agrees that all program activity results information reported shall be subject to review and authentication and SUBRECIPIENT will provide access to work papers, receipts, invoices and reporting records, if requested by RECIPIENT, as RECIPIENT executes any audit internal audit responsibilities.
  - vi. Once the complete final performance and financial status report package has been received and evaluated by RECIPIENT, SUBRECIPIENT will receive official notification of MOA close-out from RECIPIENT.
  - vii. The notification will inform SUBRECIPIENT that RECIPIENT is officially closing the MOA and retaining all MOA files and related material for a period of five (5) years or until all audit exceptions have been resolved, whichever is longer.
- T. Provide a list at project closeout to designated NCEM Grants Manager and NCEM Grants Management Branch ([ncemgrants1@ncdps.gov](mailto:ncemgrants1@ncdps.gov)), DPR Chair as applicable, and Branch Office of all items purchased through this grant. This information is to be reported on the "Grant- Funded Typed Resource Report" (Attachment 3) or similar spreadsheet. See FEMA Resource Typing Library Tool (RTLTL): <https://rtltoolkit.fema.gov/Public>

## 12. Taxes

SUBRECIPIENT shall be considered to be an independent subrecipient and as such shall be responsible for ALL taxes. There shall be no reimbursement for taxes incurred by SUBRECIPIENT under this grant.

If eligible, SUBRECIPIENT shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to [N.C.G.S. 105-164.14](#); and (b) exclude all refundable sales and use taxes from all reported expenditures.

## 13. Warranty

As an independent subrecipient, SUBRECIPIENT will hold RECIPIENT harmless for any liability and personal injury that may occur from or in connection with the performance of this MOA to the extent permitted by the [North Carolina Tort Claims Act](#). Nothing in this MOA, express or implied, is intended to confer on any other person any rights or remedies in or by reason of this MOA. This MOA does not give any person or entity other than the parties hereto any legal or equitable claim, right or remedy. This MOA is intended for the sole and exclusive benefit of the parties hereto. This MOA is not made for the benefit of any third person or persons. No third party may enforce any part of this MOA or shall have any rights hereunder. This MOA does not create, and shall not be construed as creating, any rights enforceable by any person not a party to this MOA. Nothing herein shall be construed as a waiver of the sovereign immunity of the State of North Carolina.

## 14. State of North Carolina Reporting Requirements per NCGS 143C-6-23 and 09 NCAC 03M

North Carolina state law ([N.C.G.S. 143C-6-23](#) and [09 NCAC 03M](#)) requires every nongovernmental entity (including non-profit organizations) that receives state or federal pass-through grant funds from state agencies to file annual reports on how those grant funds were used no later than three months after the end of the non-state entity's fiscal year. **Government entities including counties and local governments are not required to file these reports.** Refer to "State Grant Compliance Reporting Forms" on the following website for instructions and applicable forms for nongovernmental subrecipients (including non-profit organizations) to meet these requirements:



<https://www.ncdps.gov/our-organization/emergency-management/emergency-management-grants/grants-management-compliance>.

## 15. Audit Requirements

For all federal grant programs, SUBRECIPIENT is responsible for obtaining audits in accordance with 2 CFR 200 Subpart F.

Per 2 CFR 200.501, a subrecipient that receives a combined \$750,000 or more in funding from all federal funding sources, even those passed through a state agency, must have a single audit conducted in accordance with 2 CFR 200.514 and GAGAS within 9 months of the subrecipient's fiscal year end. must:

- A. Post the single audit conducted in accordance with 2 CFR 200.514 and GAGAS to the Federal Audit Clearinghouse <https://harvester.census.gov/facweb/>.
- B. Submit to DPS Internal Audit ([DPS\\_GrantComplianceReports@ncdps.gov](mailto:DPS_GrantComplianceReports@ncdps.gov)) a single audit prepared and completed in accordance with GAGAS. This can, at the option of SUBRECIPIENT, be the same single audit submitted to the Federal Audit Clearinghouse in paragraph 15.A. above.
- C. Make copies of the single audit available to the public.

Per 09 NCAC 03M.0205, a non-state entity that is not exempt from the requirements of SUBCHAPTER 03M – UNIFORM ADMINISTRATION OF STATE AWARDS OF FINANCIAL ASSISTANCE per 09 NCAC 03M.0201, that receives a combined \$500,000 or more in North Carolina state funding or federal funding passed through a state agency must within 9 months of the non-state entity's fiscal year end submit to DPS Internal Audit ([DPS\\_GrantComplianceReports@ncdps.gov](mailto:DPS_GrantComplianceReports@ncdps.gov)) a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards (GAGAS): <https://www.gao.gov/yellowbook>.

If SUBRECIPIENT is a unit of local government in North Carolina, SUBRECIPIENT may be subject to the audit and reporting requirements in [N.C.G.S. 159-34](#), Local Government Finance Act – Annual Independent Audit, rules and regulations. Such audit and reporting requirements may vary depending upon the amount and source of grant funding received by the SUBRECIPIENT and are subject to change (see [Local Government Commission](#) for more information). See also [20 NCAC 03](#) (Local Government Commission).

## 16. Construction and Renovation, and Infrastructure Projects

All construction and renovation projects require [EHP](#) review. Recipients and subrecipients are encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (e.g., coordination with their State Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects, compliance with all state and local EHP laws and requirements). Projects for which the recipient believes an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Rev 01, FEMA Directive 108-1, and FEMA Instruction 108-1-1](#), must also be identified to the FEMA HQ Preparedness Officer within six months of the award and completed EHP review materials must be submitted no later than 12 months before the end of the POP. EHP policy guidance and the EHP Screening Form, can be found online at: <https://www.fema.gov/media-library/assets/documents/90195>. EHP review materials should be sent to [hsgp@ncdps.gov](mailto:hsgp@ncdps.gov).

**Written approval must be provided by FEMA prior to the use of any HSGP funds for construction or renovation.** When applying for construction funds, subrecipients must submit evidence of approved zoning ordinances, architectural plans, and any other locally required planning permits. Additionally, subrecipients are required to submit a SF-424C form with budget information for the construction project, and an SF-424D form for standard assurances for the construction project.

Subrecipients using funds for construction projects must comply with:

- A. Davis-Bacon Act (codified as amended at 40 U.S.C. §§ 3141 et seq.). See 6 U.S.C. § 609(b)(4)(B) (cross-referencing 42 U.S.C. § 5196(j)(9), which cross-references Davis-Bacon). Subrecipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character like the contract work in the civil subdivision of the state in which the work is to be performed. Additional information regarding compliance with the Davis-Bacon Act,



including Department of Labor (DOL) wage determinations, is available online at <https://www.dol.gov/whd/govcontracts/dbra.htm>.

**B. Build America, Buy America Act (BABAA)**

If funding from this grant program is used for an “infrastructure” project, all iron, steel, manufactured products & construction materials used in the project must be produced in the U.S. per the Build America, Buy America Act (BABAA), unless an approved waiver applies, including the Small Projects Waiver, which waives the BABAA requirements for all projects that do not exceed the federal simplified acquisition threshold (currently set at \$250,000). Recipients and subrecipients of this grant must also ensure that all contracts (including purchase orders) subject to BABAA include a required contract clause and self-certification of compliance pursuant to FEMA Interim Policy #207-22-0001: Buy America Preference in FEMA Financial Assistance Programs for Infrastructure.

Contractors and their subcontractors who apply or bid for an award for an infrastructure project subject to the domestic preference requirement in BABAA shall file the required certification to the non-federal entity with each bid or offer for an infrastructure project unless a domestic preference requirement is waived by FEMA. Contractors and subcontractors certify that no federal financial assistance funding for infrastructure projects will be provided unless all the iron, steel, manufactured projects, and construction materials used in the project are produced in the United States. BABAA, Pub. L. No. 117-58, §§ 70901-52. Contractors and subcontractors shall also disclose any use of federal financial assistance for infrastructure projects that does not ensure compliance with BABAA domestic preference requirement. Such disclosures shall be forwarded to the recipient who, in turn, will forward the disclosures to FEMA, the federal awarding agency; subrecipients will forward disclosures to the pass-through entity, who will, in turn, forward the disclosures to FEMA.

**17. Subrecipient Monitoring**

See Attachment 7 for subrecipient monitoring.

**18. Points of Contact**

To provide consistent and effective communication between SUBRECIPIENT and RECIPIENT, each party shall appoint a principal representative(s) to serve as its central point(s) of contact (POC) responsible for coordinating and implementing this MOA. The NCEM contacts shall be: Assistant Director for Homeland Security, Assistant Director - Administration, the NCEM Grants Management Branch staff, and the NCEM Field Branch staff. SUBRECIPIENT point(s) of contact shall be the person(s) designated by SUBRECIPIENT in the approved application (Attachment 1), unless otherwise specified by SUBRECIPIENT. Each party shall keep the other apprised of changes to their POC.

All confidential information of either party disclosed to the other party in connection with the services provided hereunder will be treated by the receiving party as confidential and restricted in its use to only those uses contemplated by the terms of this MOA. Any information to be treated as confidential must be clearly marked as confidential prior to transmittal to the other party. Neither party shall disclose to third parties, the other party's confidential information without written authorization to do so from the other party. Specifically excluded from such confidential treatment shall be information that:

- A. As of the date of disclosure and/or delivery, is already known to the party receiving such information.
- B. Is or becomes part of the public domain, through no fault of the receiving party.
- C. Is lawfully disclosed to the receiving party by a third party who is not obligated to retain such information in confidence.
- D. Is independently developed at the receiving party by someone not privy to the confidential information.

**19. Public Records Access**

While this information under federal control is subject to requests made pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. §552 et. seq., all determinations concerning the release of information of this nature are made on a case-by-case basis by the FEMA FOIA Office.



Information maintained by RECIPIENT in connection with this MOA and grant award is subject to the [North Carolina Public Records Act](#), Chapter 132 of the North Carolina General Statutes and is subject to [public records requests](#) through NCDPS.

## 20. Contracting/Subcontracting

If SUBRECIPIENT contracts/subcontracts any or all purchases or services under this MOA, then SUBRECIPIENT agrees to include in the contract/subcontract that the contractor/subcontractor is bound by the terms and conditions of this MOA. SUBRECIPIENT and any contractor/subcontractor agree to include in the contract/subcontract that the contractor/subcontractor shall hold NCEM harmless against all claims of whatever nature arising out of the contractors/subcontractor's performance of work under this MOA.

**If SUBRECIPIENT contracts/subcontracts any or all purchases or services required under this MOA, a copy of the executed contract/subcontract agreement must be submitted to NCEM along with the RFR in accordance with SUBRECIPIENT responsibilities in paragraph 11.G. above.** A contractual arrangement shall in no way relieve SUBRECIPIENT of its responsibilities to ensure that all funds issued pursuant to this grant be administered in accordance with all state and federal requirements. SUBRECIPIENT is bound by all special conditions of this grant award as set out in the grant application and the grant award letter Subaward Agreement incorporated by reference herein, as well as all terms, conditions, and restrictions of the FY2023 HSGP NOFO referenced herein.

## 21. Antitrust Laws

All signatories of this MOA will comply with all applicable state and federal antitrust laws.

## 22. Prohibition on purchasing certain telecommunications - [John S. McCain National Defense Authorization Act for Fiscal Year 2019](#) – Public Law 115-232, section 889 – 2 CFR 200.16

Effective August 13, 2020, FEMA grant recipients and subrecipients may not use any FEMA funds under open or new awards to procure certain covered telecommunications equipment or services.

### Definitions

Per section 889(f)(2)-(3) of the FY 2019 NDAA and 2 C.F.R. § 200.216, covered telecommunications equipment or services means:

- A. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation, (or any subsidiary or affiliate of such entities);
- B. For the purpose of public safety, security of Government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities);
- C. Telecommunications or video surveillance services provided by such entities or using such equipment; or
- D. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the People's Republic of China.

Examples of the types of products covered by this prohibition include phones, internet, video surveillance, and cloud servers when produced, provided, or used by the entities listed in the definition of "covered telecommunications equipment or services." See 2 C.F.R. § 200.471. **FEMA Policy #405-143-1** Guidance is available in [FEMA Policy #405-143-1](#), Prohibitions on Expending FEMA Award Funds for Covered Telecommunications Equipment or Services issued May 10, 2022.

## 23. Divestment and Do-Not-Contract Rules

The State of North Carolina, through the Department of State Treasurer, follows several divestment and do-not-contract mandates. Information about each of these mandates is available at: <https://www.nctreasurer.com/about/transparency/commitment-transparency/divestment-and-do-not-contract-rules>.



SUBRECIPIENT may not contract with any vendors on any of these designated divestment and do-not-contract lists using HSGP grant funds, and SUBRECIPIENT must comply with all other requirements of these divestment and do-not-contract laws.

#### **24. Acknowledgement of Federal Funding from DHS**

Subrecipients must acknowledge their use of federal funding when issuing statements, press releases, requests for proposal, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds.

#### **25. Lobbying Prohibition**

SUBRECIPIENT certifies, to the best of its knowledge and belief, that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person or employee of any state or federal agency, a member of the NC General Assembly, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- C. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representative of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **26. Assurance of Compliance with Civil Rights Act of 1964 – Title VI, Civil Rights Act of 1968, and Related Provisions**

During the performance of this agreement, SUBRECIPIENT for itself, its assignees and successors in interest agrees as follows:

- A. Age Discrimination Act of 1975  
Subrecipients must comply with the requirements of the Age Discrimination Act of 1975, Public Law 94-135 (1975) (codified as amended at Title 42, U.S. Code, section 6101 et seq.), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.
- B. Americans with Disabilities Act of 1990  
Subrecipients must comply with the requirements of Titles I, II, and III of the Americans with Disabilities Act, Pub. L. 101-336 (1990) (codified as amended at 42 U.S.C. sections 12101 - 12213), which prohibits Subrecipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.
- C. Civil Rights Act of 1964 - Title VI  
Subrecipients must comply with the requirements of Title VI of the Civil Rights Act of 1964 (codified as amended at 42 U.S.C. section 2000d et seq.), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS implementing regulations for the Act are found at 6 C.F.R. Part 21 and 44 C.F.R. Part 7.



**D. Civil Rights Act of 1968**

Subrecipients must comply with Title VIII of the Civil Rights Act of 1968, Pub. L. 90-284, as amended through Pub. L. 113-4, which prohibits Subrecipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (see 42 U.S.C. section 3601 et seq.), as implemented by the U.S. Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units - i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators) - be designed and constructed with certain accessible features. (See 24 C.F.R. Part 100, Subpart D.)

**E. Education Amendments of 1972 (Equal Opportunity in Education Act) - Title IX**

Subrecipients must comply with the requirements of Title IX of the Education Amendments of 1972, Pub. L. 92-318 (1972) (codified as amended at 20 U.S.C. section 1681 et seq.), which provide that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. DHS implementing regulations are codified at 6 C.F.R. Part 17 and 44 C.F.R. Part 19.

**F. Limited English Proficiency (Civil Rights Act of 1964 - Title VI)**

Subrecipients must comply with Title VI of the Civil Rights Act of 1964, (42 U.S.C. section 2000d et seq.) prohibition against discrimination on the basis of national origin, which requires that Subrecipients of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information regarding language access obligations, please refer to the DHS Recipient Guidance: <https://www.dhs.gov/guidance-published-help-department-supported-organizations-provide-meaningful-access-people-limited> and additional resources on <http://www.lep.gov>. Guidance for Department-Supported Organizations to Provide Meaningful Access to People with Limited English Proficiency | Homeland Security CRCL announced that DHS has published new Guidance for Subrecipients of DHS financial assistance in the Federal Register.

**G. Nondiscrimination in Matters Pertaining to Faith-Based Organizations**

It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries. Subrecipients must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.

**H. Rehabilitation Act of 1973**

Subrecipients must comply with the requirements of Section 504 of the Rehabilitation Act of 1973, Pub. L. 93-112 (1973) (codified as amended at 29 U.S.C. section 794), which provides that no otherwise qualified handicapped individuals in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

**I. Whistleblower Protection Act**

Subrecipients must comply with the statutory requirements for whistleblower protections (if applicable) at 10 U.S.C section 2409, 41 U.S.C. section 4712, and 10 U.S.C. section 2324, 41 U.S.C. sections 4304 and 4310.

**27. Assurance of Compliance with Privacy Act**

SUBRECIPIENT agrees:

A. To comply with the provisions of the Privacy Act of 1974, 5 U.S.C. §552A and regulations adopted there under, when performance under the program involves the design, development, or operation of any system or records on individuals to be operated by the Subrecipient, its third-party subrecipients, contractors, or their employees to accomplish a DHS function.

B. To notify DHS when the Subrecipient or any of its third-party contractors, subcontractors, subrecipients, or their



employees anticipate a system of records on behalf of DHS in order to implement the program, if such system contains information about individuals name or other identifier assigned to the individual. A system of records subject to the Act may not be used in the performance of this MOA until the necessary and applicable approval and publication requirements have been met.

- C. To include in every solicitation and in every third-party contract, sub-grant, and when the performance of work, under that proposed third-party contract, sub-grant, or sub-agreement may involve the design, development, or operation of a system of records on individuals to be operated under that third-party contract, sub grant, or to accomplish a DHS function, a Privacy Act notification informing the third party contractor, or subrecipient, that it will be required to design, develop, or operate a system of records on individuals to accomplish a DHS function subject to the Privacy Act of 1974, 5 U.S.C. §552a, and applicable DHS regulations, and that a violation of the Act may involve the imposition of criminal penalties; and
- D. To include the text of Sections 30 parts A through C in all third-party contracts, and sub grants under which work for this MOA is performed or which is awarded pursuant to this MOA, or which may involve the design, development, or operation of a system of records on behalf of the DHS.

## **28. Best Practices for Collection and Use of Personally Identifiable Information**

Subrecipients who collect personally identifiable information (PII) are required to have a publicly available privacy policy that describes standards on the usage and maintenance of the PII they collect. DHS defines PII as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Subrecipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy Template as useful resources respectively.

## **29. Certification Regarding Drug-Free Workplace Requirements (Subrecipients Other Than Individuals)**

Subrecipients must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 2 C.F.R. Part 3001, which adopts the Governmentwide implementation (2 C.F.R. Part 182) of Sec. 5152-5158 of the Drug-Free Workplace Act of 1988 (41 U.S.C. §§ 8101-8106).

## **30. Term of this Agreement**

Regardless of actual execution date, this MOA shall be in effect from the start of the POP on 09/01/2023 to the end of the POP.

## **31. Statement of Assurances**

SUBRECIPIENT must complete either Office of Management and Budget (OMB) Standard Form 424B Assurances – Non-Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, or both, as applicable.

- A. Subrecipients that only have construction work and do not have any non-construction work need only submit the construction form (i.e., SF-424D) and not the non-construction form (i.e., SF-424B), and vice versa. However, subrecipients who have both construction and non-construction work under this grant must submit both the construction and non-construction forms.
- B. SUBRECIPIENT must complete the appropriate form(s) and submit to NCEM Grants Management Branch ([hsgp@ncdps.gov](mailto:hsgp@ncdps.gov)) upon execution of this MOA. SUBRECIPIENT must still complete the appropriate form(s) even if certain assurances in the form may not directly apply to SUBRECIPIENT's specific program to ensure that all possible situations are covered.

## **32. Situs**

This MOA shall be governed by the laws of North Carolina and any claim for breach or enforcement shall be filed in State Court in Wake County, North Carolina.

## **33. Other Provisions/Severability**

Nothing in this MOA is intended to conflict with current federal, state, local, or tribal laws or regulations. If a term of this MOA is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOA shall remain in full force and effect.



**34. Entire Agreement**

This MOA and any annexes, exhibits and amendments annexed hereto and any documents incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral and written statements or agreements.

**35. Modification**

This MOA may be amended only by written amendments duly executed by RECIPIENT and SUBRECIPIENT.

**36. Termination**

The terms and conditions of this MOA, as modified with the consent of all parties, will remain in effect until February 28, 2026. Either party upon thirty days advance written notice to the other party may terminate this MOA. Upon approval by DHS, FEMA and the issuance of the Grant Adjustment Notice, if this MOA is extended, the termination date for the extension will be the date listed in the applicable DHS, Grant Adjustment Notice, incorporated by reference herein. If DHS suspends or terminates funding in accordance with 2 CFR 200.340 and the 20223 HSGP NOFO, incorporated by reference herein, SUBRECIPIENT shall reimburse NCEM for said property and/or expenses.

**37. Compliance**

SUBRECIPIENT shall comply with applicable federal, state, local and/or tribal statutes, regulations, ordinances, licensing requirements, policies, guidelines, reporting requirements, certifications and other regulatory matters for the conduct of its business and purchase requirements performed under this MOA. This includes all requirements contained in the applicable FY 2023 HSGP NOFO referenced in paragraph 2. above. SUBRECIPIENT shall be wholly responsible for the purchases made under this MOA and for the supervision of its employees and assistants. Failure to comply with the specified terms and conditions of this MOA may result in the return of funds and any other remedy for noncompliance specified in 2 CFR 200.339, and/or termination of the award per 2 CFR 200.340. Additional conditions may also be placed upon SUBRECIPIENT for noncompliance with the specified terms and conditions of this MOA, including (but not limited to) additional monitoring. See Attachment 6 for subrecipient monitoring.

**38. Execution and effective date**

This grant shall become effective upon return of the original grant award letter and MOA, properly executed on behalf of SUBRECIPIENT, to NCEM on behalf of RECIPIENT and will become binding upon execution of all parties to this MOA. The conditions of this MOA are effective upon signature by all parties.

This MOA shall be in effect from 09/01/2023 through the end of the POP. Failure to provide applicable cost reports, proofs of payment and/or a de-obligation request letter within 30 days of the end of the POP may result in automatic de-obligation of grant funds.

**39. Attachments**

All attachments to this Agreement are incorporated as if set out fully herein.

- A. In the event of any inconsistency or conflict between the language of this MOA and the attachments hereto, the language of such attachments shall be controlling, but only to the extent of such conflict or inconsistency.
- B. This MOA includes the following attachments or documents incorporated by reference as if fully set out herein:
  - Attachment 1      Scope of Work
  - Attachment 2      Annual Progress Report Form
  - Attachment 3      Grant-Funded Typed Resource Report
  - Attachment 4      [DHS Standard Terms and Conditions](#)
  - Attachment 5      Required Subrecipient File Documentation
  - Attachment 6      NCEM Communications Branch Memo
  - Attachment 7      Subrecipient Monitoring



**AUTHORIZED SIGNATURE WARRANTY**

THE UNDERSIGNED REPRESENT AND WARRANT THAT THEY ARE AUTHORIZED TO BIND THEIR PRINCIPALS TO THE TERMS OF THIS MOA. IN WITNESS WHEREOF, RECIPENT AND SUBRECIPIENT HAVE EACH EXECUTED THIS MOA AND THE PARTIES AGREE THAT THE MOA IS EFFECTIVE AS OF THE POP START DATE, EVEN IF THIS MOA IS SIGNED BY ANY PARTIES AFTER THAT DATE.

**For RECIPIENT:**

Approved

By: William Ray Date: 10/17/2023 | 11:19:40 EDT  
**William C. Ray, Director & Deputy  
Homeland Security Advisor  
North Carolina Department of Public Safety  
Division of Emergency Management**

**For SUBRECIPIENT:**

Approved

By: B. S. Matthews, Jr. Date: 10/23/2023 | 09:41:58 EDT

By: Matthew Barwick Date: 10/23/2023 | 10:12:20 EDT

By: \_\_\_\_\_ Date: \_\_\_\_\_

**For DESIGNATED THIRD PARTY (only required for turnbacks to third party in paragraph 4 of MOA):**

Approved

By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as to Form: Will Polk

By: \_\_\_\_\_ Date: 10/16/2023 | 14:46:02 EDT  
**William Polk, Deputy General Counsel  
Reviewed for the North Carolina  
Department of Public Safety to fulfill the  
purposes of the DHS Homeland Security  
Grant Program**

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

EM-Fire Marshal

Department Head's Signature

MNB

(form can be e-mailed to Finance from Dept. Head)

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

Budgeting grant funding for the 2023 North Carolina Emergency Management, Homeland Security Grant Program Domestic Preparedness Region Grant MOA 2340009.

| Revenue code | Line Item Description | Amount    | Expense code | Line Item Description | Amount    |
|--------------|-----------------------|-----------|--------------|-----------------------|-----------|
| 4430-34828   | HSGP DPR 2340009      | 21,500.00 | 4430-49300   | HSGP DPR 2340009      | 21,500.00 |
|              |                       |           |              |                       |           |
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|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
| Total        |                       | 21,500.00 | Total        |                       | 21,500.00 |

Finance Signature

Date Approved:

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:

12/13/2023



## County Commissioners Agenda Request Form

Complete and submit this form along with any supporting documentation to request time on the county commissioner's agenda. This is not required for items included on the consent agenda.

|  |                                    |
|--|------------------------------------|
| Name / Department:<br>Tracey Simmons-Komegay/Health Department   | Meeting Date:<br>December 18, 2023 |
| Subject: Healthy People, Healthy Carolinas – Duplin Coalition for Health   |                                    |
| <p>Summary, explanation, and background:</p> <p>The Duplin Coalition for Health is currently in year one of the development of the coalition. During this first year, a consultant firm has been utilized to create a Coalition environment where differences are recognized, understood, appreciated, and leveraged for the equitable benefit of all members. The Coalition's goals are to align activities, meet monthly to communicate and establish shared measurement practices, and use data to adapt and refine health strategies.</p> <p>The Coalition has used year-one funds to assess the resources needed for program coordination and integration within the community. Recently, they worked toward establishing the framework of the Coalition for the preparation of the submission of a five-year funding request to fully establish the Coalition and implement evidence-based initiatives aimed at improving the health of the residents of Duplin County.</p> <p>The Trustees of The Duke Endowment recently approved the 5-year grant for ECU Health Duplin Hospital to implement a Healthy People, Healthy Carolinas coalition to increase capacity and improve population health in Duplin County. The endowment anticipates the grant payment as the following schedule:</p> <p>2023 - \$150,000<br/>         2024 - \$150,000<br/>         2025 - \$150,000<br/>         2026 - \$150,000<br/>         2027 - \$150,000</p> |                                    |
| <p>Requested Action:</p> <ol style="list-style-type: none"> <li>1) Acceptance of grant funds from ECU Health Duplin Hospital from The Duke Endowment Grant #71 81-SP for \$750,000.</li> <li>2) Approval to sign any associated agreement(s)/contract(s) related to this funding pending approval by county attorney.</li> <li>3) Approval to extend the Public Health Educator III position as the Duplin Coalition for Health Program Coordinator through the grant schedule as noted.</li> <li>4) Approval of the budget amendment for 2023-2024</li> </ol>   |                                    |
| <p>Budget impact for this fiscal year: (Funds available, allocation needed, etc.)</p> <ul style="list-style-type: none"> <li>• None</li> </ul>   |                                    |
| <p>Budget impact for subsequent years: (Funds available, allocation needed, etc.)</p> <ul style="list-style-type: none"> <li>• None</li> </ul>   |                                    |
| <p>Time needed to explain to Commissioners:</p> <ul style="list-style-type: none"> <li>• 5 minutes</li> </ul>  |                                    |

Attachments:



ECU Duplin 7181-SP  
Award Letter & Email

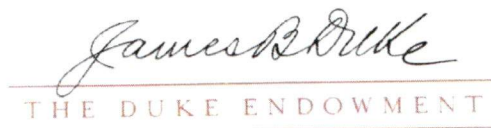


BA - Duplin  
Coalition for Health

Instructions for what to do with attachments once approved:

Note: Please have all signatures on any contracts, agreements, etc. prior to board meeting and give all copies to Jaime Carr at [jaimec@duplincountync.com](mailto:jaimec@duplincountync.com) or Davis H. Brinson at [dbrinson@duplincountync.com](mailto:dbrinson@duplincountync.com). The deadline for getting on the agenda is noon on the Wednesday preceding the meeting by the agenda





December 1, 2023

Jeff Dial  
President  
East Carolina University Health Duplin Hospital  
PO Box 278  
Kenansville, NC 28349

Dear Mr. Dial,

I am pleased to inform you that the Trustees of The Duke Endowment have approved a grant to East Carolina University Health Duplin Hospital (the "Grantee") in the amount of \$750,000, to implement a Healthy People, Healthy Carolinas coalition to increase capacity and improve population health in Duplin County. This letter and the attached Grant Agreement No. 7181-SP and General Terms and Conditions outline the terms of accepting our grant.

Please review the Grant Agreement and General Terms and Conditions carefully, and once we have received your executed Grant Agreement, we will make an initial payment to you within sixty (60) days of its execution. We are asking grantees to electronically sign grant agreements via DocuSign.

We anticipate paying the grant according to the following schedule:

- 2023 - \$150,000
- 2024 - \$150,000
- 2025 - \$150,000
- 2026 - \$150,000
- 2027 - \$150,000

Please understand that the Endowment, in its sole discretion, reserves the right to discontinue, modify or withhold any payments if Grantee fails to: 1) satisfy the special conditions identified in the enclosed Grant Agreement; 2) make sufficient progress toward proposed outcomes; 3) provide proper accounting of grant expenditures at requested intervals; or 4) meet any other terms and conditions of this grant.

If you would like to publicize your grant through traditional and social media channels, please send a copy of the text to Shaheen Towles, our associate director of communications, at [stowles@tde.org](mailto:stowles@tde.org) for her review. You'll find helpful communication resources, including a news release template, on our website at [www.dukeendowment.org](http://www.dukeendowment.org).

We are pleased to be a part of this project.

Sincerely,

DocuSigned by:  
  
BFF38B074D734AB  
LIN HOLLOWELL

Director, Health Care

cc: Michele Cherry

Attachments

## FW: The Duke Endowment | Trustee Approval | East Carolina University Health Duplin Hospital

Miller, Christina <Christina.Miller@ecuhealth.org>

Thu 12/7/2023 9:53 AM

To: Tracey Kornegay <TRACEY.S.KORNEGAY@duplincountync.com>; Maury Castillo <MAURY.CASTILLO@duplincountync.com>

 1 attachments (179 KB)

ECU Duplin 7181-SP Award Letter.pdf;

**CAUTION:** This email originated from outside of Duplin County. Do not click links or open attachments unless you recognize the sender and know the content is safe.

We go the official notices!!! Awesome news!!

CM

**Christina Miller, BSN, RN, MBA**

Vice President of Patient Care Services, CNO

ECU Health Duplin Hospital

401 N. Main Street | PO Box 278

Kenansville, NC 28349

910-296-2803 (o) | 910-271-0201(c)

[christina.miller@ecuhealth.org](mailto:christina.miller@ecuhealth.org)



**From:** Dial, Jeff <JWDial@ecuhealth.org>

**Sent:** Thursday, December 7, 2023 9:39 AM

**To:** Maready, Laura <Laura.Maready@ecuhealth.org>; Miller, Christina <Christina.Miller@ecuhealth.org>; Cherry, Michele <Michele.Cherry@ecuhealth.org>; Luckey, Bridgett <Bridgett.Luckey@ecuhealth.org>

**Subject:** FW: The Duke Endowment | Trustee Approval | East Carolina University Health Duplin Hospital

FYSA

**From:** Julie Hale <[mail@grantapplication.com](mailto:mail@grantapplication.com)>

**Sent:** Monday, December 4, 2023 10:25 AM

**To:** Dial, Jeff <JWDial@ecuhealth.org>

**Cc:** Cherry, Michele <[Michele.Cherry@ecuhealth.org](mailto:Michele.Cherry@ecuhealth.org)>

**Subject:** The Duke Endowment | Trustee Approval | East Carolina University Health Duplin Hospital

**This Message Is From an External Sender**

[Report Suspicious](#)



This message came from outside of ECU Health.

Dear Mr. Dial

I am pleased to inform you that the Trustees of The Duke Endowment have approved a grant to East Carolina University Health Duplin Hospital (the "Grantee") in the amount of \$750,000, to implement a Healthy People, Healthy Carolinas coalition to increase capacity and improve population health in Duplin County. This letter, Grant Agreement No. 7181-SP and General Terms and Conditions outline the terms of accepting our grant. We are asking grantees to electronically sign grant agreements via DocuSign. A separate email from DocuSign will be sent. Please make sure to check your spam or junk folder if not received in the next 24 hours.

Please review the Grant Agreement and General Terms and Conditions carefully, and once we have received your executed Grant Agreement, we will make an initial payment to you within sixty (60) days of its execution.

We anticipate paying the grant according to the following schedule:

2023 - \$150,000  
2024 - \$150,000  
2025 - \$150,000  
2026 - \$150,000  
2027 - \$150,000

Please understand that the Endowment, in its sole discretion, reserves the right to discontinue, modify or withhold any payments if Grantee fails to: 1) satisfy the special conditions identified in the enclosed Grant Agreement; 2) make sufficient progress toward proposed outcomes; 3) provide proper accounting of grant expenditures at requested intervals; or 4) meet any other terms and conditions of this grant.

If you would like to publicize your grant through traditional and social media channels, please send a copy of the text to Shaheen Towles, our associate director of communications, at [stowles@tde.org](mailto:stowles@tde.org) for her review. You'll find helpful communication resources, including a news release template, on our website at [https://urldefense.com/v3/http://www.dukeendowment.org\\_!!LiVd0WTpCyk!7qWttJyY05nYmOCmSkXgkxhu6x2Bd59ycyDnJUI3c6qxI9moHX5adu9\\_M3bpe-Efi\\_0DtoXoR0ritLpYQc8\\$](https://urldefense.com/v3/http://www.dukeendowment.org_!!LiVd0WTpCyk!7qWttJyY05nYmOCmSkXgkxhu6x2Bd59ycyDnJUI3c6qxI9moHX5adu9_M3bpe-Efi_0DtoXoR0ritLpYQc8$).

We are pleased to be a part of this project.

Sincerely,

Lin Hollowell  
Director, Health Care

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS-KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

Duplin Coalition for Health -TDE 5-year funding award

| Revenue code | Line Item Description       | Amount     | Expense code | Line Item Description | Amount     |
|--------------|-----------------------------|------------|--------------|-----------------------|------------|
| 5110-35189   | Duplin Coalition for Health | 750,000.00 | 5188-40121   | Salaries              | 263,000.00 |
|              |                             |            | 5188-40181   | Social Security       | 20,000.00  |
|              |                             |            | 5188-40182   | Retirement            | 3,200.00   |
|              |                             |            | 5188-40183   | Hospital Insurance    | 50,000.00  |
|              |                             |            | 4188-40184   | Life insurance        | 140.00     |
|              |                             |            | 5188-41990   | Professional Services | 113,660.00 |
|              |                             |            | 5188-42200   | Food                  | 100,000.00 |
|              |                             |            | 5188-42600   | Office Supplies       | 100,000.00 |
|              |                             |            | 5188-43540   | Software Maintenance  | 100,000.00 |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
| Total        |                             | 750,000.00 | Total        |                       | 750,000.00 |

Finance Signature

Date Approved:

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

12/13/2023



## County Commissioners

### Agenda Request Form

Complete and submit this form along with any supporting documentation to request time on the county commissioner's agenda. This is not required for items included on the consent agenda.

|   |                                    |
|---|------------------------------------|
| Name / Department:<br>Tracey Simmons-Komegay/Health Department  | Meeting Date:<br>December 18, 2023 |
| Subject: RFA A411 – Supporting Women's Health Services  |                                    |
| <p>Summary, explanation, and background:</p> <p>NC DHHS, NC DPH, and NC Women, Infant, and Community Wellness Section (WICWS) developed a grant program for Supporting Women's Health Services to increase access to contraceptives and improve maternal and infant health within local communities. The health of women of childbearing age and infants is critical to the health of our communities as some key indicators that provide information on the health of women and infants include unintended pregnancies, infant mortality, and maternal mortality.</p> <p>The Duplin County Health Department recently submitted a grant application and received an acceptable score with a recommendation to receive this state funding by the review committee. The first project period for Duplin County Health Department begins on February 1, 2024 and will end May 31, 2024 and then follow for 3-consecutive years (June 2024-May 2025, June 2025-May 2026, and June 2026-May 2027). This RFA for supporting women's health services is funded by 100% of state funding and an agreement addendum will be received by the start date.</p> |                                    |
| <p>Requested Action:</p> <ol style="list-style-type: none"> <li>1) Acceptance of grant funds for RFA A411 Supporting Women's Health Services for \$125,000</li> <li>2) Approval of the budget amendment for 2023-2024</li> </ol>  |                                    |
| <p>Budget impact for this fiscal year: (Funds available, allocation needed, etc.)</p> <ul style="list-style-type: none"> <li>• None</li> </ul>  |                                    |
| <p>Budget impact for subsequent years: (Funds available, allocation needed, etc.)</p> <ul style="list-style-type: none"> <li>• None</li> </ul>  |                                    |
| <p>Time needed to explain to Commissioners:</p> <ul style="list-style-type: none"> <li>• 5 minutes</li> </ul>   |                                    |

Attachments:



Notice of Funding  
Annoucement 12.8.2



RFA  
A411\_Supporting W



BA - AA 411.pdf

Instructions for what to do with attachments once approved:

Note: Please have all signatures on any contracts, agreements, etc. prior to board meeting and give all copies to Jaime Carr at [jaimcc@duplincountync.com](mailto:jaimcc@duplincountync.com) or Davis H. Brinson at [dbrinson@duplincountync.com](mailto:dbrinson@duplincountync.com). The deadline for getting on the agenda is noon on the Wednesday preceding the meeting by the agenda



## Funding Announcement Supporting Women's Health Services

Carroll, Kristen <kristen.carroll@dhhs.nc.gov>

Fri 12/8/2023 10:19 AM

To: Tracey Kornegay <TRACEY.S.KORNEGAY@duplincountync.com>

Cc: Pettiford, Belinda <belinda.pettiford@dhhs.nc.gov>; Owens Shuler, Tara <tara.shuler@dhhs.nc.gov>; Brittney Matthis <brittney.matthis@duplincountync.com>

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This message was sent securely using Zix<sup>®</sup>

Dear Tracey Simmons Kornegay,

The application for Supporting Women's Health Services (RFA A411) that Duplin County Health Department submitted to the NC DPH Women, Infant, and Community Wellness Section has received an acceptable score and has been recommended for funding by the review committee.

Your agency will be awarded \$125,000 in each year of funding. We anticipate your Agreement Addendum (AA) (Activity 175) will start in February 2024.

Congratulations. Staff will reach out to you soon with any questions to get your AA started.

Sincerely,  
Kristen

**Kristen Carroll, MPH**

Pronouns: she/her/hers

Branch Head

Reproductive Health Branch - Women, Infant, and Community Wellness Section

Division of Public Health – NC Department of Health and Human Services

**Office: Tues & Fri; Telework: Mon, Wed & Thurs**

919 707 5685 office

919 612 1448 cell

919 870 4827 fax

[Kristen.carroll@dhhs.nc.gov](mailto:Kristen.carroll@dhhs.nc.gov)

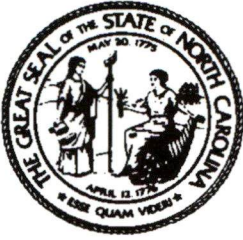
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## Request for Applications

RFA # A411

### Supporting Women's Health Services

**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Public Health  
Women, Infant, and Community Wellness Section

**ISSUE DATE:** October 2, 2023

**DEADLINE DATE:** November 17, 2023

#### **INQUIRIES and DELIVERY INFORMATION:**

Direct inquiries concerning this RFA to:

- Reproductive Health or General RFA Questions:
  - Kristen Carroll, 919-612-1448, [kristen.carroll@dhhs.nc.gov](mailto:kristen.carroll@dhhs.nc.gov)
- Maternal Health Questions:
  - Tara Owens Shuler, 919-214-4518, [tara.shuler@dhhs.nc.gov](mailto:tara.shuler@dhhs.nc.gov)
- Infant and Community Health Questions:
  - Shelby Weeks, 919-218-2359, [shelby.weeks@dhhs.nc.gov](mailto:shelby.weeks@dhhs.nc.gov)

**Applications will be received until 5:00 p.m. on November 17, 2023**

Electronic copies of the application are available at <https://wicws.dph.ncdhhs.gov/>.

Send all applications electronically as indicated below:

**Email address:**

[Kristen.carroll@dhhs.nc.gov](mailto:Kristen.carroll@dhhs.nc.gov)

**IMPORTANT NOTE:** Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.



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## **I. INTRODUCTION**

The North Carolina Department of Health and Human Services (DHHS), Division of Public Health (DPH), Women, Infant and Community Wellness Section (WICWS) develops and promotes programs and services that protect the health and wellbeing of infants and women during their child-bearing years. The goal is to improve the overall health of women, reduce infant sickness and death, and strengthen families and communities. Priority is given to underserved, uninsured, or medically indigent individuals.

The Supporting Women's Health Services RFA was established in 2023 to provide a competitive grants process among local health departments (LHDs) and nonprofit community health centers to increase access to contraceptives and improve maternal and infant health within their local communities.

The health of women of childbearing age and infants is critical to the health of communities. Some key indicators that provide information on the health of women and infants includes:

### **Unintended Pregnancy**

According to the 2020 North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS), 24.8% of NC pregnancies were unintended and 16.5% of women were unsure if their pregnancies were intended. Non-Hispanic Black women experienced the highest proportion of unintended pregnancies in the state at 38.6%. Unintended pregnancy can have serious health, social, and economic consequences and is a risk factor for delays in adequate prenatal care, and low birthweight.

### **Infant Mortality<sup>1</sup>**

In 2021, the infant mortality rate in North Carolina was 6.8 infant deaths per 1,000 live births. The disparity ratio between non-Hispanic White and non-Hispanic Black births remained greater than twofold.

### **Maternal Mortality**

According to 2014 – 2016 data, the Maternal Mortality Rate (MMR) in NC is high among Black pregnant women at 27.7 deaths per 100,000 live births (NC Maternal Mortality Review Report). This rate is 1.8 times higher than the MMR among white pregnant women (NC Maternal Mortality Review Report). Such high rates are particularly concerning provided that the 2014 – 2016 North Carolina Maternal Mortality Review Report determined that 70% of the pregnancy-related deaths that occurred were preventable. Severe maternal morbidity (SMM), which the Centers for Disease Control and Prevention defines as “unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health,” is even more common in NC than maternal mortality. The SMM rate in 2021 was 102.2 SMM cases per 10,000 delivery hospitalizations, a drastic increase from the previous four years which averaged 77 SMM cases per 10,000 delivery hospitalizations (NC DHHS, 2022).

Elimination of health disparities is a priority for DHHS and a key area of emphasis in developing programming.

---

<sup>1</sup> Source: NC DHHS State Center for Health Statistics, 24JAN2023.

## **ELIGIBILITY**

Local health departments (LHDs) and nonprofit community health centers are eligible to apply to this RFA.

- Nonprofit community health centers can apply for funds for long-acting reversible contraceptives (LARCs) and to increase access for underserved, uninsured, or medically indigent patients.
- LHDs can apply for funds to increase access to all forms of contraceptives as well as to improve maternal and infant health.
- For-profit agencies are not eligible to apply.
- Agencies must be able to receive North Carolina State funding.

## **FUNDING**

Awards will be made on an annual basis for a project period of three (3) to four (4) months and three (3) years, contingent upon contract compliance, project performance, and availability of funding.

The first project period for nonprofit community health centers will begin March 1, 2024, and will end May 31, 2024. The community health centers may be eligible to receive a one year and three months contract, with two project periods (one ending May 31, 2024 and the second ending May 31, 2025).

The first project period for LHDs will begin February 1, 2024, and will end May 31, 2024.

A total of \$3,500,000 is available to be awarded each year. Successful applicants will be awarded amounts based upon the documented need in their community, agency capacity, population served, etc. An agency can apply for funding in the range of \$50,000 - \$150,000 per year.

The project funding periods will be distributed as follows:

February or March 1, 2024 – May 31, 2024

June 1, 2024 – May 31, 2025

June 1, 2025 – May 31, 2026

June 1, 2026 – May 31, 2027

This RFA for supporting women's health services at the community level in North Carolina is funded by 100% state funding.

More than one entity may be awarded funding to provide services within the same county. This is possible when the population to be served is limited to a defined area, i.e., zip code. We do not want to duplicate efforts. A Memorandum of Agreement will be completed if both sites are funded.



## **II. BACKGROUND**

Session Law 2023-14, Section 4.1 establishes funding to the Department of Health and Human Services, Division of Public Health to award grants on a competitive basis to local health departments and nonprofit community health centers. Nonprofit community health centers selected to receive these grant funds shall use the funds to purchase and make available long-acting reversible contraceptives (LARCs) and other contraceptive methods for underserved, uninsured, or medically indigent patients. The law indicates the term “long-acting reversible contraceptives” means a contraceptive drug or device that meets all of the following criteria:

- Is a method of birth control that provides effective contraception for an extended period of time without depending upon user action;
- Is designed as a temporary method of birth control that the user can elect to discontinue;
- Has been approved by the United States Food and Drug Administration for use as a contraceptive; and
- Is obtained under a prescription written by a health care provider authorized to prescribe medications under the laws of this State.

Local health departments selected to receive these grant funds can utilize the funding to increase access to contraceptives and/or to improve maternal and infant health within their local communities.

### III. SCOPE OF SERVICES

The Supporting Women's Health Services funding opportunity includes two program aims: increase access to contraceptives and improve maternal and infant health. The table below outlines each program aim and the evidence-based/informed strategies (EBS) that can assist applying agencies to achieve each program aim. Each applicant must address at least one program aim (**note: nonprofit community health centers are only eligible to address the first program aim, to increase access to contraceptives, specifically LARCs**). Local health departments can apply to address one or two program aims.

Each applicant must select one of the evidence-based/informed strategies for each aim they plan to address.

| PROGRAM AIMS                                  | EVIDENCE-BASED/INFORMED STRATEGIES   |
|---|--|
| <b>A. Increase access to contraceptives</b>   | a. Provide extended clinical hours beyond normal business hours  |
|   | b. Offer contraceptive services in additional locations within community with satellite clinic opportunities   |
| <b>B. Improve maternal and infant health*</b> | a. Birth doula services  |
|   | b. Group prenatal care   |
|   | c. Home visit for postnatal assessment and follow up care  |
|   | d. Community Health Worker integration   |
|   | e. Increase access to Behavioral Health/Maternal Mental Health providers by hiring or contracting with a new provider or increasing FTE of existing staff, (including Licensed Clinical Social Worker) |

\*Only local health departments are eligible to apply to address this program aim and any related EBS

Each program aim and EBSs are described below, along with its specific program requirements, annual performance outcome measures, and reporting requirements.

#### Program Aims

##### A. Increase Access to Contraceptives (**LHD AND Community Health Centers eligible to apply**)

###### 1. Description:

Applicants may apply for funds to increase access to contraceptives. Applicants must demonstrate that the funding will provide additional opportunities for individuals within their communities to obtain contraception. The funding cannot be utilized to only purchase additional methods, and all other aspects of clinical services remains the same. Community health centers can only purchase LARCs and not other contraceptive methods under this funding. Funding can also be used for supports and staffing to increase access to LARCs.

###### 2. Evidence-Based/Informed Strategies (**must choose at least one strategy**):

- Offer extended clinical hours beyond normal business hours for patients to access contraceptive services. A 2015 survey from Guttmacher Institute indicated that 51% of patients reported preferring to go to clinics with extended hours because they did not have to take time off from work or school, were more likely to find free or low-cost childcare, and



there were shorter waiting times during non-conventional clinic times<sup>2</sup>. This may include having appointments earlier than 8 a.m. or after 5 p.m. on weekdays and/or offering appointments on weekends. The revised schedule may occur a few days a week, one day a week, or every other week. The schedule must be different than your current business hours that services are available.

- b. Offer contraceptive services in locations beyond your regular clinical space to reach additional patients. Offering alternative locations provides an opportunity to bring reproductive health services directly to communities in need, including those who face systemic barriers to care and those in rural areas<sup>3</sup>. These satellite locations may be utilizing another agency's space to offer services, such as a community college or university health center. Another way to offer a satellite location may be a mobile unit where services are provided.
3. Agencies working on this program aim will be required to implement a Patient Experience Survey, provided by the WICWS, with patients served under this funding. This will be a voluntary survey for patients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
4. Training:
  - a. Staff providing contraceptive services with patients under this funding, will be required to complete a contraceptive counseling training during year one (and subsequent years for new staff). There will be no costs associated with completing this training requirement. Additional contraceptive-related trainings may be identified annually for staff to complete.
  - b. Staff from funded agencies will be required to attend a community engagement training to assist with increasing the number of individuals aware of services within the community.
5. Funding Requirements:
  - a. Funding from this RFA can be utilized to purchase contraceptive methods, pay for LARC insertions and removals, cover staff time, and other supplies needed for contraceptive services. Community health centers are only eligible to purchase LARCs and LARC associated costs in regards to types of birth control methods. Funds could also support a community health worker assisting with increasing awareness of services.
6. Annual Performance Outcome Measures
  - a. 100% of individuals receiving contraceptive services shall be underserved, uninsured, or medically indigent patients.
  - b. 100% of clinical staff providing contraceptive services to staff shall complete a contraceptive counseling training.

---

<sup>2</sup> Source: Guttmacher Institute: <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>

<sup>3</sup> Source: Robert Wood Johnson Foundation (2018). <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mobile-reproductive-health-clinics>



## B. Improve Maternal and Infant Health (**only LHDs can apply**)

### 1. Description:

LHD applicants may apply for funds to implement evidence-based/informed strategies known to reduce maternal and infant mortality and morbidity rates. Applicants must develop and implement at least one strategy listed below for clients served at the health department or for any pregnant or postpartum individual in the identified service area.

### 2. Evidence-based/informed Strategies (**must choose at least one strategy**)

- a. Provide birth doula services for pregnant women receiving care at the local health department. Birth doulas are defined as a trained professional who supports a birthing woman during labor and birth. The birth doula will provide continuous physical, emotional, and informational support to pregnant women and their partners to help them achieve the safest, most satisfying birth experience possible. Data has shown that women who have continuous labor support provided by a trained doula are more likely to have a vaginal birth; less likely to use analgesia medications; and are less likely to have a cesarean birth (<https://www.ncbi.nlm.nih.gov/pubmed/28681500>).
- i. Program Requirements
  - a. Hire or contract with a birth doula(s) to provide support to pregnant women prenatally and continuously during labor and birth. Services include at least two prenatal visits, electronic communication (as needed), continuous support during labor and birth, and at least one postpartum visit.
  - b. To build the doula workforce in the county, funds can be used to provide birth doula training for individuals who are hired to provide doula services.
  - c. Develop a program plan that outlines how birth doula services will be integrated into the LHD maternal health program to improve maternal and infant health outcomes. The plan shall include, but not limited to: 1) criteria for referring pregnant women for doula services, 2) number of visits the birth doula will provide to the pregnant woman, 3) education to be provided to pregnant women to assist in preparation for labor and birth, 4) community outreach strategies to increase awareness of doula services, and 5) establishing collaborative relationship with local birth facility to increase awareness of the LHD birth doula program.
  - d. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
- ii. Annual Performance Outcomes Measures
  - a. At least 18 unduplicated pregnant women per hire or contracted birth doula shall receive complete doula services, with at least 50% shall represent historically marginalized populations.
  - b. At least 75% of LHD clients who received doula services shall complete a birth satisfaction survey.



- b. Implement a group prenatal care model as part of the LHD maternal health clinical services. The group prenatal care model is supported by the American College of Obstetricians and Gynecologists (ACOG) due to documented evidence that suggests that patients have better prenatal knowledge, feel better prepared for labor and birth, have reduction in preterm births, improved breastfeeding initiation and satisfaction with maternal health care.
- i. Program Requirements
  - a. For a new group prenatal care program, choose one of these two group prenatal care models:
    - 1. Centering Healthcare Institute (CHI) Centering Pregnancy model of group prenatal care incorporates three major components: assessment, education, and support. This model of care promotes greater patient engagement, personal empowerment, and community building (<https://www.centeringhealthcare.org/>).
    - 2. March of Dimes (MOD) Supportive Pregnancy Care model includes prenatal care, perinatal health education, and social support. This model of care is a flexible education and resource framework that enables maternity care providers to implement group prenatal care in a way that works best for their practice setting and the patients they serve (<https://www.marchofdimes.org/supportivepregnancycare#:~:text=Supportive%20Pregnancy%20Care%C2%AE%20is,to%20implement%20group%20prenatal%20care>).
    - 3. Hire or reassign program staff to conduct group sessions.
    - 4. Complete facilitator training for selected model.
    - 5. Create cohorts from its prenatal clients and provide each cohort with a minimum of ten group prenatal sessions, each lasting 90- to 120-minutes.
    - 6. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
  - b. For an existing group prenatal care program, activities shall include:
    - 1. Support existing program staff and/or hire or reassign additional program staff to conduct group sessions.
    - 2. Complete training with selected group prenatal care model for new or re-assigned program staff (if needed).
    - 3. Create cohorts from its prenatal clients and provide each cohort with a minimum of ten group prenatal sessions, each lasting 90- to 120-minutes.
    - 4. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
- ii. Annual Performance Outcomes Measures
  - a. 100% of staff identified to facilitate group prenatal care sessions will complete training either through CHI or MOD.
  - b. At least 3 prenatal care groups shall be conducted annually.

- c. At least 30% unduplicated pregnant women shall receive group prenatal care services and at least 50% shall represent historically marginalized populations.
  - d. At least 40% program participants shall initiate breastfeeding.
- c. Implement or Enhance existing Home Visit for Postnatal Assessment (HVPNA) and Follow up Care service to pregnant individuals following delivery. These funds can only be utilized to serve underinsured and uninsured postpartum women in the county. The HVPNA should be provided within 2 – 3 weeks of delivery. The goals of HVPNA are to provide a key mechanism for reaching families early post-delivery with preventative and anticipatory services, provide opportunities for timely referral of problems, promote spacing of subsequent pregnancies, and provide a link to women's preventative health services.
  - i. Program Requirements
    - a. Hire a full-time or re-assign a percent FTE for a Registered Nurse (RN) to coordinate HVPNA services. A RN who is 100% FTE for Care Manager for Care Management for High-Risk Pregnancies (CMHRP) or Care Management for At-Risk Children (CMARC) is not eligible to coordinate services.
    - b. RN must provide one-on-one, face-to-face visits in the client's home.
    - c. Follow the Home Visit for Postnatal Assessment and Follow-up Care Protocol. Protocol available at: <https://wicws.dph.ncdhhs.gov/Forms/4152-HomeVPNAFollow-UpInstructions-22.pdf>
  - ii. Annual Performance Outcomes Measures
    - a. 100% of staff identified to conduct postnatal home visits will be appropriately trained to provide the service.
    - b. At least 90% of home visits are conducted within the first 3 weeks after birth.
    - c. At least 75% of postpartum clients referred for home visits will receive services.
    - d. 70% of postpartum clients receiving the home visit will return for their postpartum office visit between 6 – 8 weeks after birth.
    - e. 100% of the clients receiving the home visit will develop a reproductive life plan to discuss with provider during postpartum office visit.
    - f. 100% of clients will receive education on maternal warning signs (i.e., Post-birth Warning Signs) during the home visit.
- d. Integrate a Community Health Worker (CHW) model into the program area or evidence-based strategy selected. The American Public Health Association (APHA) defines a community health worker as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served” whose relationship with the community “enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.” CHWs are uniquely qualified to work with individuals of reproductive age, their children, and families in our efforts to improve community outcomes for maternal and infant health.

In May 2018, DHHS released a report entitled, “Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability” ([https://files.nc.gov/ncdhhs/DHHS-CWH-Report\\_Web%205-21-18.pdf](https://files.nc.gov/ncdhhs/DHHS-CWH-Report_Web%205-21-18.pdf)). The findings from this report and results of the pilot of the CHW curriculum and certification process can be utilized to train CHWs to work with



individuals of reproductive age, their children, and their families. The WICWS recognizes the role of CHWs as the liaison, health navigator, health and wellness promoter and advocate for individuals of reproductive age and their families in the community. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. **Each CHW hired by the local health department must attend and successfully complete the certification training. Funds should be allocated in the program budget to underwrite training registration, materials and travel costs for each CHW to be trained.**

i. Program Requirements

- a. Integrate a CHW model into at least one evidence-based strategy or program area aimed to improve reproductive life planning and maternal and/or infant health.
- b. Develop a plan for CHW integration and implementation that includes, but not limited to, description of program in which CHW will be integrated, scope of practice for CHW, additional training to be provided to CHW, etc. Conduct outreach and education (one-on-one or group) efforts on topics including but not limited to Medicaid, WIC, reproductive life planning, preconception and interconception health and related areas.
- c. Make referrals based on participant need for resources such as, but not limited, to Medicaid, WIC, etc.
- d. Document services provided and referrals made to persons of reproductive age served. Written or electronic documentation, at a minimum, shall include name of participant, address, county of residence, age, race, and ethnicity.
- e. Document all outreach and educational sessions conducted. Written or electronic documentation, at a minimum, shall include date and location of event or session, number of persons in attendance, topic or focus area, etc.
- f. Hire at least one (1) Community Health Worker to carry out the selected program area to be implemented in the county to be served by the local health department.
- g. Send the CHW to the NC Community Health Worker Association sponsored training. Each CHW must complete one of the training tracks within 9 months of hire date. Documentation of successful completion of CHW training shall be submitted to the DPH Contract Administrator within 30 days of completion.
- h. The CHW must also receive training on the topic area(s) shared during outreach and education.

ii. Annual Performance Outcomes Measures

- a. 100% of CHW(s) will successfully complete the CHW training within 9 months of hire.
  - b. At least 75% of clients served in the selected program area will engage with the CHW(s).
  - c. 100% of clients who engage with the CHW will be educated about 12-month postpartum Medicaid coverage and about application process for Medicaid.
- e. Increase access to Behavioral Health/Maternal Mental Health providers by hiring or contracting with new providers or increasing FTE of existing staff. Perinatal mental health symptoms impact more than 1 in 5 people, but often go untreated or undertreated. Psychotherapy is the first-line treatment for perinatal mood disorders regardless of symptom

severity and integrated behavioral health care has been shown to improve patient outcomes. Untreated or undertreated Postpartum Mood and Anxiety Disorders (PMADs) are associated with major short- and long-term morbidities for both the mother and fetus/neonate, including preterm birth, small for gestational age, compromised maternal-infant bonding, worsening PMAD symptom trajectory and, in rare cases, maternal mortality.

- i. Program Requirements
  - a. Hire or contract with a new Behavioral Health/Maternal Mental Health provider OR increase the percent of full-time equivalent (FTE) of an existing staff.
  - b. Develop or enhance protocols to identify pregnant and postpartum women who could benefit from behavioral health services (brief intervention, referral to treatment (SBIRT) for substance use disorders and mental health disorders), which includes appropriate referrals and follow-up after a positive screening.
  - c. Develop a plan for how the LHD shall integrate perinatal behavioral health services to include, but not limited to, 1) use of shared care plans, 2) use of the NC Maternal Mental Health MATTERS psychiatric access line (ncmatters.org) among LHD clinical providers, 3) collaborate with the NC MATTERS perinatal psychiatry team to carry out assessments and treatment planning with patients, 4) plan for care coordination to support quick coordination and triage of patients, 5) education to pregnant and postpartum women and their family on integrated care and 6) plan for connecting pregnant and postpartum women to external behavioral health resources, providers, and other community resources.
  - d. Designate at least one behavioral health provider to participate in a LHD Community of Practice, convened by WICWS, to discuss ways to learn, improve, or address issues, problems or situations related to perinatal behavioral or mental health.
- ii. Annual Performance Outcomes Measures
  - a. 90% of LHD clients with a positive score on a behavioral health screening tool(s) shall be referred to the behavioral health professional.
  - b. 100% of LHD clients referred to behavioral health provider will develop a care plan that is reflective of client goals and shared with all maternal health providers.
  - c. Behavioral health provider will participate in at least 90% of Community of Practice meetings.
- iii. Training
  - a. Staff from funded agencies will be required to attend a community engagement training to assist with increasing the number of individuals aware of services within the community.

## C. Annual Reporting Requirements

### 1. Program Reporting

- a. Each funded agency shall submit an annual report that provides detailed information on program deliverables, performance outcome measures, activities, and participant data for each evidence-based strategy. A report template will be provided by the DPH Contract Administrator. The submission date will be determined by the DPH Contracts Administrator.
- b. Each agency shall administer a program participant satisfaction survey to obtain programmatic feedback for each evidence-based strategy. A summary of the satisfaction survey responses shall be submitted to the DPH Contracts Administrator. The submission dates will be determined by the DPH Contracts Administrator.



2. Expenditure Reporting

- a. Each agency shall submit a monthly itemization report outlining the previous months line-item expenditures. The monthly submission dates will be determined by the DPH Contracts Administrator. A copy of the monthly itemization report will be provided by the DPH Contracts Administrator.
- b. Note: Community Health Centers funded must submit a monthly contract expenditure report to be reimbursed for the previous month's expenditures. This monthly report is due by the 10<sup>th</sup> of every month. Your agency expends funds to implement the work and the state reimburses, based on monthly submission of expenses.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by December 8, 2023.

**2. Cost of Application Preparation**

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

**3. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

**4. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

**5. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

**6. Titles**

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

**7. Form of Application**

Each application must be submitted on the form provided by the funding agency. Both the *Application Form* and *Budget and Justification Form* will be sent to interested agencies along with this RFA, and they can be downloaded on **October 2, 2023** from the Program's website at <https://wicws.dph.ncdhhs.gov/>.

**8. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

**9. Advertising**

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.



**10. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

**11. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

**12. Agency and Organization's Representative**

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

**13. Subcontracting**

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

**14. Proprietary Information**

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

**15. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

**16. Contract or Agreement Addendum**

The Division will issue a contract (or Agreement Addendum for LHDs) to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract or Agreement Addendum.

## V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

### 1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **October 2, 2023**:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

### 2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://wicws.dph.ncdhhs.gov/> and may be sent via email to interested agencies and organizations beginning **October 2, 2023**.

### 3. **Mandatory Pre-Application Webinar / Question & Answer Period**

All prospective applicants are required to attend a pre-application webinar on **October 11, 2023, from 1:00 p.m. to 2:30 p.m.** at <https://www.zoomgov.com/j/1612170108>. At least one individual from your agency must attend the webinar to be eligible to apply for these funds.

Written questions concerning the specifications in this Request for Applications will be received until **5:00 p.m. on October 27, 2023**. As an addendum to this RFA, a summary of all questions and answers will be placed on <https://wicws.dph.ncdhhs.gov/> website by **5:00 p.m. November 3, 2023**. Any questions must be addressed to the staff listed on the front cover of this RFA. Eligible applicants are those agencies who participated on the mandatory pre-application webinar.

### 4. **Notice of Intent**

Any agency that plans to submit an application shall submit a Notice of Intent no later than **5pm on October 20, 2023**. Notice of Intent is not required in order to submit an application but is requested to assist in planning for the review of applications. The link to submit a notice of intent is: <https://www.surveymonkey.com/r/MJP9B8C>. The following information will be requested in the Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
- County(ies) where services will be provided.

### 5. **Applications**

Applicants shall email a PDF version of the full application to [Kristen.carroll@dhhs.nc.gov](mailto:Kristen.carroll@dhhs.nc.gov). Faxed applications will not be accepted.



**6. Format**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

**7. Space Allowance**

Page limits are clearly marked in each section of the application.

**8. Application Deadline**

All applications must be received by **5:00 pm on November 17, 2023**. Faxed applications **will not** be accepted in lieu of the emailed PDF version.

**9. Receipt of Applications**

Applications from each responding agency and organization will be logged with the date and time received. Applicants will receive an email confirmation that the application has been received.

**10. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers. The committee will review each application for completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding. The award of a grant to one (1) agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

**11. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

**12. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

**13. Assurances**

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

**14. Additional Documentation to Include with Application for Nonprofit Community Health Centers**

All community health centers are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status.

**15. Federal Certifications**

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

**16. Unique Entity Identifier (UEI)**

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government in [www.SAM.gov](http://www.SAM.gov). If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.

**17. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI).

If your agency does not have a UEI, please use the online registration at [www.SAM.gov](http://www.SAM.gov) to receive one free of charge.



Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

#### **18. Registration with Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: [https://www.sosnc.gov/divisions/business\\_registration](https://www.sosnc.gov/divisions/business_registration))

#### **19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

#### **20. Iran Divestment Act**

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

#### **21. Boycott Israel Divestment Policy**

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

#### **22. Application Process Summary Dates**

10/02/2023: Request for Applications released to eligible applicants.

10/11/2023: Mandatory Pre-application Webinar.

10/20/2023: Notice of Intent due.

10/27/2023: End of Q&A period. All questions due in writing by 5pm.

11/03/2023: Answers to Questions released to all applicants, as an addendum to the RFA.  
11/17/2023: Applications due by 5pm.  
12/08/2023: Successful applicants will be notified.  
02/01/2024: Agreement Addendum begins.  
03/01/2024: Contract begins.



## VI. PROJECT BUDGET

### **Budget and Justification**

Applicants must complete the *Budget and Justification Form*, which requires a line-item budget for the first and second year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on October 2, 2023 from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/>.

### **Narrative Justification for Year One (3 or 4 months) and Year Two (12 month) Expenses**

A narrative justification must be included for every expense listed in the year one and year two budgets. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be found on the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/>.

### **Travel Reimbursement Rates**

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the "Change in IRS Mileage Rate" memorandum to be found on OSBM's website when there is a change in this rate. The current state mileage reimbursement rate is \$0.655 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective July 1, 2021) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

**Current Rates for Travel and Lodging**

| <b>Meals</b>  | <b>In State</b>                         | <b>Out of State</b>             |
|---|---|---------------------------------|
| Breakfast   | \$13.00                                 | \$13.00                         |
| Lunch   | \$15.00                                 | \$15.00                         |
| Dinner  | \$26.00                                 | \$26.00                         |
| <i>Total Meals Per Diem Per Day</i>                               | <i>\$54.00</i>                          | <i>\$54.00</i>                  |
| <b>Lodging (Maximum rate per person, excludes taxes and fees)</b> | <b>\$98.00 +<br/>taxes/fees</b>         | <b>\$98.00 +<br/>taxes fees</b> |
| <b>Total Travel Allowance Per Day</b>                             | <b>\$152.00</b>                         | <b>\$152.00</b>                 |
| Mileage   | \$0.655 per mile/regardless of distance |                                 |

### **Equipment**

The maximum that can be expended on an equipment item, without prior approval from the WICWS, is \$2,000. An equipment item that exceeds \$2,000 shall be approved by the WICWS before the purchase can be made. If an equipment item shall be used by multiple clinics, you must prorate the cost of that

equipment item and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Justification Example: 1 shredder @ \$1,500 each for nursing office staff to shred confidential patient information. Cost divided between 3 clinics:  $\$1,500/3 = \$500$ .

### **Administrative Personnel Fringe Costs**

Provide position titles, staff FTE amounts, brief description of the positions, and method of calculating each fringe benefit that shall be funded. A description can be used for multiple staff if the duties being performed are similar. *Do **not** prorate the salary and fringe amounts. The spreadsheet will prorate these amounts based on the number of months and percent of time worked.*

Justification Example: P. Johnson, Reproductive Health Coordinator, 0.25 FTE, Performs the following duties for patients who request Reproductive Health services: 1) Intake of patient history/reason for appointment; 2) Collect per nurse standing orders; 3) Provide education required components; and 4) Assist medical providers with any further needs within nursing scope of practice.

Budget Narrative Justification Example: FICA at 7.65% of budgeted salary; Retirement at 10% of budgeted salary; Unemployment at 2% of budgeted salary; and Other at 3% (includes life insurance, AD&D and liability insurance) of budgeted salary. Health insurance is \$6,000 per individual.

### **Incentives**

Incentives may be provided to program participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for program participants, the level of incentives must be appropriate for the level of participation needed to achieve the expected outcomes of the program. Examples of incentives are as follows: gift cards, gas cards/bus passes, and water bottles.

Justification Example: Gift cards for 10 participants @ \$20/card = \$200.

### **Audits**

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

### **Indirect Cost**

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.



This RFA is funded by 100% State Funds.

**State Funds**

NC Division of Public Health limits indirect cost to **10%** percent.

## **VII. EVALUATION CRITERIA**

### **SCORING OF APPLICATIONS**

Applications shall be scored based on the responses to the four application content areas. There are a total possible points of 76 in this application, outlined below.

#### **Content Areas**

**1. Cover Letter:**

Total maximum points = 3

**2. Needs Assessment:**

Total maximum points = 18

**3. Program Plan:**

Total maximum points = 24

**4. Data Collection, Evaluation and Reporting:**

Total maximum points = 10

**5. Agency Ability:**

Total maximum points = 15

**6. Budget:**

Total maximum points = 6

**Each of the content areas will be scored according to the numerical values stated above.**



## VIII. APPLICATION

### **Application Checklist**

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1.   \_\_\_ **Cover Letter**
2.   \_\_\_ **Application Face Sheet**
3.   \_\_\_ **Applicant's Response/Form**
4.   \_\_\_ **Project Budget**  
      Include a budget in the format provided.  
      Indirect costs are allowed and shall not exceed 10%.
5.   \_\_\_ *IRS Documentation for Community Health Centers:*  
      \_\_\_ **IRS Letter Documenting Your Organization's Tax Identification**  
          **Number** (public agencies)  
      or  
      \_\_\_ **IRS Determination Letter Regarding Your Organization's**  
          **501(c)(3) Tax-exempt Status** (private non-profits)  
      and
6.   \_\_\_ **Verification of 501(c)(3) Status Form** (private non-profits)

**1. Cover Letter (3 points)**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. Please cover the following in the letter: agency mission, brief history, background & current services provided, and how this proposed work fits within your agency mission. There is no page limit for the cover letter.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)



## 2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *Supporting Women's Health Services*, including the signature of the individual authorized to sign "official documents" for the agency. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # A411 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

|   |   |
|---|---|
| 1. Legal Name of Agency:  |   |
| 2. Name of individual with Signature Authority:   |   |
| 3. Mailing Address (include zip code+4):  |   |
| 4. Address to which checks will be mailed:  |   |
| 5. Street Address:  |   |
| 6. Contract Administrator:<br>Name:<br>Title:   | Telephone Number:<br>Fax Number:<br>Email Address |
| 7. Agency Status (check all that apply):<br><br><input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department  |   |
| 8. Agency Federal Tax ID Number:  | 9. Agency UEI:                                    |
| 10. Agency's URL (website):   |   |
| 11. Agency's Financial Reporting Year:  |   |
| 12. Current Service Delivery Areas (county(ies) and communities):   |   |
| 13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):   |   |
| 14. Amount of Funding Requested   |   |
| 15. Projected Expenditures: Does applicant's state and/or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in #14)      Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. |   |
| 16. Signature of Authorized Representative:   | 17. Date  |

### 3. Applicant's Response

## **Section 1**

# **Needs Assessment**

**Do not delete the question headers.**

Please provide your response to each question under the heading.

**Total Point Value:**

**18**

**Page Limit:**

**6 single-spaced  
(excluding citation page)**



- 1-1. Provide a written description that includes which Program Aim(s) were selected and which evidence-based strategy(ies) (EBSs), and how the selections were made. **At least one (1)** Program Aim and **at least one (1)** EBS must be selected under each program aim. (Note: Community Health Centers can only apply for the Increase Contraceptive Access Program Aim) (4 points)
- 1-2. Provide a written description for the need of each selected EBS. Provide appropriate and **recent data** to support the need for each selected EBS, including your agency data. Please include qualitative data if available. (8 points)
- 1-3. Describe the specific population to be served within the county for each selected EBS. This description should include factors that have an impact on outcomes, such as: race/ethnicity, age, educational level, income level, and housing. Please note that it is not sufficient to state that potential program participants are at “high risk.” (5 points)

Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes with the citation list included on a separate page at the end of the needs assessment section. (1 point)

## **Section 2**

# **Program Plan**

**Do not delete the question headers.**

Please provide your response to each question under the heading.

**Total Point Value:**

**24 points**

**Page Limit:**

**8 single-spaced**

- 2-1. Describe how your agency will implement each selected evidence-based strategy (EBS). Describe, in detail, how your agency will set up or expand current services to implement the strategy(ies). Include who is responsible, when, where and how the work will occur. Include the number of proposed people you plan to reach for each EBS. If you currently provide this service, how many individuals are you seeing currently and how many additional individuals do you plan to serve with this funding. (8 points)
- 2-2. Describe how the training requirements will be met for program staff under each selected EBS. (2 points)
- 2-3. Describe how your agency will meet each performance outcome measure under each selected EBS. (4 points)
- 2-4. Describe how your agency will address barriers that affect implementation and meeting performance outcomes. (Examples: staff turnover, advertising, loss of contact with participants, no shows for appointments, recruitment and retention issues, and low attendance at sessions). (4 points)
- 2-5. For each selected EBS, describe how the priority populations and/or persons with lived experience have been or will be involved in the program planning, implementation, or evaluation. (6 points)



## **Section 3**

# **Data Collection, Evaluation and Reporting**

**Do not delete the question headers.**  
Please provide your response to each question under the heading.

**Total Point Value:**

**10**

**Page Limit:**

**4 single-spaced**

- 3-1. Describe who will be responsible for collecting program data for each EBS. (2 points)
- 3-2. Describe who will be responsible for submitting program reports that include program data and detailed information on program activities and annual performance outcome measures. (2 points)
- 3-3. For each selected EBS, describe who will be responsible for administering the program participant satisfaction surveys. (4 points)
  - a. How will you use participant feedback to improve each selected EBS?
  - b. Who will be responsible for collecting and reviewing feedback from the surveys?
  - c. Who will be responsible for submitting the annual survey summary?
- 3-4. Describe how participant/patient information will be kept confidential. (2 point)

## **Section 4**

# **Agency Ability**

**Do not delete the question headers.**  
Please provide your response to each question under the heading.

**Total Point Value:**

**15**

**Page Limit:**  
**6 single-spaced**



- 4-1. Describe your agency's experience working with reproductive health services (if implementing Program Aim A) and/or maternal and infant health (if a LHD and implementing Program Aim B). Describe your agency's experience working with uninsured, underinsured, and marginalized communities. Include the agency's organizational chart in Attachment A. (3 points)
- 4-2. Describe who will be responsible for managing grant funds, budgeting, purchasing, tracking program expenses, and submitting monthly expenditure reports. (2 points)
- 4-3. Describe the process for recruiting and hiring staff if they are not currently in place. Describe the plan for training program staff for selected EBSs with required trainings. (2 points)
- 4-4. Using the chart below, list each staff position title that is necessary to implement and support each selected EBS. Include the employee's name if already hired, or if not hired list as vacant. Please insert additional rows if needed. (4 points)

| Position Title | Employee Name | Full-Time<br>Equivalency<br>(FTE) % | Evidence-Based Strategy |
|----------------|---------------|-------------------------------------|-------------------------|
|                |               |                                     |                         |
|                |               |                                     |                         |
|                |               |                                     |                         |
|                |               |                                     |                         |

- 4-5. Describe your agency's history of staff turnover over the past four (4) years. Describe how you will minimize staff turnover during the grant period. (2 points)
- 4-6. How are your agency staff reflective of the population your agency plans to serve (race/ethnicity/language)? (2 points)

# Section 5

## Budget

**Total Point Value:**

**6**

**Page Limit:**

**Not Applicable**

**Insert Open Windows Budget Form**

Applicants must complete the Open Window Budget Form for Year 1 (Community Health Centers: 3/1/2024 – 5/31/2024 & LHDs: 2/1/2024 – 5/31/2024). Applicants must complete a separate Open Window Budget Form for Year 2 (6/1/2024 – 5/31/2025 for all agencies). Applicants must ensure that all worksheet cells are expanded to expose the full narrative justification for each line item before printing or saving as PDF. The Open Window Budget Form can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on October 2, 2023.

A narrative justification must be included for every expense listed in the Year 1 and Year 2 budgets. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how every expense relates to the program. The instructions for completing the Open Window Budget Form can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on October 2, 2023.

## **Attachment A: Agency Information**

This attachment must include each of the following:

- Organizational chart of the applying agency.



#### **4. IRS Letter (for Community Health Centers)**

***Public Agencies:***

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

***Private Non-profits:***

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

## 5. Verification of 501(c)(3) Status Form

### **IRS Tax Exemption Verification Form (Annual)**

---

I, \_\_\_\_\_, hereby state that I am \_\_\_\_\_ of  
(Printed Name) (Title)  
\_\_\_\_\_ (“Organization”), and by that authority duly given  
(Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

## **Appendix A Forms for Reference**

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Do **NOT** complete these documents at this time **nor return them** with the  
RFA response.  
They are for reference only.

---



## **FEDERAL CERTIFICATIONS**

### **The undersigned states that:**

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]  
☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;  
**OR**  
☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

---

**Signature**

**Title**

---

**Contractor [Organization's] Legal Name**

**Date**

**[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]**

### **I. Certification Regarding Nondiscrimination**

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## **II. Certification Regarding Drug-Free Workplace Requirements**

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
  - (1) taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- 2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

---

City, State, Zip Code:

---

Street Address No.2:

---

City, State, Zip Code:

---

- 3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
- 4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

### **III. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.



**The Contractor certifies** that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

#### **IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

##### **Instructions**

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

#### **Certification**

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **V. Certification Regarding Lobbying**

**The Contractor certifies**, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

#### **VI. Disclosure of Lobbying Activities**

##### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member



of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
 (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.



13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Disclosure of Lobbying Activities**  
**(Approved by OMB 0348-0046)**

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

|   |   |   |
|---|---|---|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. Bid/offer/application<br><input type="checkbox"/> b. Initial Award<br><input type="checkbox"/> c. Post-Award   | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><br><b>For Material Change Only:</b><br>Year _____ Quarter _____<br>Date of Last Report: _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime<br><input type="checkbox"/> Subawardee Tier _____, (if known)<br><br>Congressional District (if known) _____  |   | <b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b><br><br>Congressional District (if known) _____   |
| <b>6. Federal Department/Agency:</b>  | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number (if applicable) _____  |   |
| <b>8. Federal Action Number (if known)</b>  | <b>9. Award Amount (if known) :</b><br>\$ _____   |   |
| <b>10. a. Name and Address of Lobbying Registrant</b><br><i>(if individual, last name, first name, MI):</i><br><br><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>   | <b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a.) (last name, first name, MI):</i><br><br><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>  |   |
| <b>11. Amount of Payment (check all that apply):</b><br><br>\$ _____ € actual € planned   | <b>13. Type of Payment (check all that apply):</b><br><input type="checkbox"/> a. retainer<br><input type="checkbox"/> b. one-time fee<br><input type="checkbox"/> c. commission<br><input type="checkbox"/> d. contingent fee<br><input type="checkbox"/> e. deferred<br><input type="checkbox"/> f. other; specify: _____ |   |
| <b>12. Form of Payment (check all that apply):</b><br><input type="checkbox"/> a. cash<br><input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____  |   |   |
| <b>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</b><br><br>_____                                      |   |   |
| <b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <div style="float: right;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>   |   |   |

16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONFLICT OF INTEREST POLICY****CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY**

State of \_\_\_\_\_

County \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am the \_\_\_\_\_  
(Printed Name) (Title)of \_\_\_\_\_ ("Organization"), and by that authority  
(Legal Name of Organization)duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that the penalty  
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Day of Month) (Month) (Year)\_\_\_\_\_  
(Signature)***Instruction for Organization:******Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.***\_\_\_\_\_  
Name of Organization

Reference only — Not for signature

\_\_\_\_\_  
Signature of Organization Official

## Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave



the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

**F. Violations of the Conflicts of Interest Policy --** If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**G. Record of Conflict --** The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

---

Name of Organization

---

Signature of Organization Official

---

Date



**NO OVERDUE TAX DEBTS CERTIFICATION****State Grant Certification – No Overdue Tax Debts<sup>1</sup>**

To: State Agency Head and Chief Fiscal Officer

**Certification:**

We certify that the \_\_\_\_\_  
 [Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

**Sworn Statement:**

\_\_\_\_\_ [Name of Board Chair] and  
 \_\_\_\_\_ [Name of Second Authorizing Official] being  
 duly sworn, say that we are the Board Chair and

\_\_\_\_\_ [Title of Second Authorizing Official],  
 respectively, of \_\_\_\_\_

[Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State of  
 \_\_\_\_\_ [State]; and that the foregoing certification is true, accurate and  
 complete to the best of our knowledge and was made and subscribed by us. We also  
 acknowledge and understand that any misuse of State funds will be reported to the appropriate  
 authorities for further action.

Reference only — Not for  
signature

Board Chair

Title

Date

Reference only — Not for  
signature

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20\_\_.

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

## CONTRACTOR CERTIFICATIONS

### State Certifications

#### Contractor Certifications Required by North Carolina Law

**Instructions:** The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143B/GS\\_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

### Certifications

- (1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
 

“tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.” E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (3) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and
  - (b) [check one of the following boxes]
    - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
    - ☐ The Contractor or one of its affiliates has incorporated or reincorporated in a
- (4) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
  - (a) He or she is a duly authorized representative of the Contractor named below;
  - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: \_\_\_\_\_

Contractor's  
Authorized Agent:   Signature \_\_\_\_\_ Date \_\_\_\_\_  
                                  Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Witness:               Signature \_\_\_\_\_ Date \_\_\_\_\_  
                                  Printed Name \_\_\_\_\_ Title \_\_\_\_\_

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.



**FFATA Form****Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**  
NC DHHS, Division of Public Health Subawardee Information**A. Exemptions from Reporting**

- Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
  - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
  - The entity is an individual
  - If the required reporting would disclose classified information
- Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This **executive compensation data is required only if both are true:**
  - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
  - Compensation information is **not** already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below **is exempt** from:

The **entire** FFATA reporting requirement:

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

**Only executive compensation data reporting:**

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Signature \_\_\_\_\_ Reference only — Not for signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

**B. Reporting**

- FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's \_\_\_\_\_ Contract  
Legal Name \_\_\_\_\_ Number \_\_\_\_\_

☐ Active UEI registration record is attached

An active registration with UEI is **required**

Entity's UEI \_\_\_\_\_

Entity's Parent's UEI  
(if applicable) \_\_\_\_\_

**Entity's Location**

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

**Primary Place of Performance for specified contract**

Check here if address is the **same** as Entity's Location ☐

street address \_\_\_\_\_

city/st/zip+4 \_\_\_\_\_

county \_\_\_\_\_

- Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

| Title    | Name  | Total Compensation |
|----------|-------|--------------------|
| 1. _____ | _____ | _____              |
| 2. _____ | _____ | _____              |
| 3. _____ | _____ | _____              |
| 4. _____ | _____ | _____              |
| 5. _____ | _____ | _____              |

**Page left intentionally blank.**

BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS-KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

AA 411 Supporting women Health services - New Program

| Revenue code | Line Item Description       | Amount     | Expense code | Line Item Description | Amount     |
|--------------|-----------------------------|------------|--------------|-----------------------|------------|
| 5110-35192   | Supporting Womens Health Se | 125,000.00 | 5191-41990   | Professional Services | 125,000.00 |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
|              |                             |            |              |                       |            |
| Total        |                             | 125,000.00 | Total        |                       | 125,000.00 |

Finance Signature

Date Approved:

Manager Signature

Date Approved:

Commisioner Approval





Date Approved:

12/14/2023



## County Commissioners Agenda Request Form

Complete and submit this form along with any supporting documentation to request time on the county commissioner's agenda. This is not required for items included on the consent agenda.

|  |                                    |
|--|------------------------------------|
| Name / Department:<br>Tracey Simmons-Kornegay/Health Department  | Meeting Date:<br>December 18, 2023 |
| Subject: Vehicle Purchase  |                                    |
| Summary, explanation, and background:<br>The Health Department receives 100% state program funding to provide case management services to high-risk pregnant women and at-risk children. Since the requirement for face-to-face patient encounters has returned post-COVID, an additional vehicle is warranted to ensure the completion of the patient visit requirements are met.   |                                    |
| Requested Action:<br>1) Requesting approval of the quote for a 2020 Ford Edge<br>2) Approval of the budget amendment for 2023-2024   |                                    |
| Budget impact for this fiscal year: (Funds available, allocation needed, etc.)<br><ul style="list-style-type: none"> <li>None – no county dollars will be used for this vehicle purchase</li> </ul>  |                                    |
| Budget impact for subsequent years: (Funds available, allocation needed, etc.)<br><ul style="list-style-type: none"> <li>None - due to case management funding</li> </ul>  |                                    |
| Time needed to explain to Commissioners:<br><ul style="list-style-type: none"> <li>5 minutes</li> </ul>  |                                    |
| Attachments:<br><div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> <br/>             2020 Ford Edge - Bill Carone.pdf           </div> <div style="text-align: center;"> <br/>             2021 Ford Edge - Wilmington.pdf           </div> <div style="text-align: center;"> <br/>             2022 Ford Edge - Crossroads.pdf           </div> <div style="text-align: center;"> <br/>             BA - Ford Edge Purchase.pdf           </div> </div> |                                    |
| Instructions for what to do with attachments once approved:  |                                    |

Note: Please have all signatures on any contracts, agreements, etc. prior to board meeting and give all copies to Jaime Carr by the agenda deadline. Remember, one original will be retained for the minutes.

Deal: 11163  
Stock#: LBA75175R

CAR INVOICE



**Bill Carone**

PHONE (910) 285-2139

5093 HWY 117 NORTH, P.O. BOX 787, WALLACE, NC 28466

Sold To DUPLIN COUNTY HEALTH DEPARTMENT

Date 12/06/2023

Address 340 SEMINARY STREET KENANSVILLE NC 28439

Salesman TERRY WILLIAMS

|          | Make | Year | Serial Number     | Body Style | Color | Key No. |
|----------|------|------|-------------------|------------|-------|---------|
| Car Sold | FORD | 2020 | 2FMPK4K99LBA75175 |            | WHITE | EDGE    |
| Trade-In |      |      |                   |            |       |         |

**NO OTHER WARRANTY  
EXPRESSED OR IMPLIED  
IS VALID**

Plate No. \_\_\_\_\_

Sticker \_\_\_\_\_

Lic. & Title Fee \_\_\_\_\_

I hereby certify that Bill Carone Ford delivered the within described automobile with the price label intact as required by P.L. 35-506.

This is to certify that I, the undersigned, do fully understand all terms and conditions contained in this bill of sale and assert that same is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Purchaser's Signature)

\_\_\_\_\_  
(Seller's Signature)

☐ Sold as is

☐ 30 Days 50/50 Motor, Trans, & Rear End. All Warranty Work Cash.

\_\_\_\_\_ N/A Weekly payments of \_\_\_\_\_ N/A due \_\_\_\_\_ N/A of each week

\_\_\_\_\_ -1 Monthly payments of 32126.72 due \_\_\_\_\_ 20th of each month

One Payment of 32126.72 due \_\_\_\_\_ 20th of January \_\_\_\_\_ 20 24

Total Balance of \_\_\_\_\_ Due 01/20/2024

FINANCE COMPANY: CASH DEAL

|                       |          |
|-----------------------|----------|
| Price of Car          | 30500.00 |
| Sales Tax             | 932.97   |
| Delivered Price       | 31432.97 |
| Trade in Allowance    | N/A      |
| Trade Difference      | 31432.97 |
| Rebate                | N/A      |
| Cash on Delivery      | N/A      |
| Pay Off               | N/A      |
| Unpaid Balance        | 31432.97 |
| DMV                   | 94.75    |
| Service Tax           | N/A      |
| Admin. Tax            | N/A      |
| DOC Fee               | 599.00   |
| Mechanical Insurance  | N/A      |
| Life Insurance        | N/A      |
| A & H Insurance       | N/A      |
| Amount to be Financed | 32126.72 |
| Finance Charges       | N/A      |
| Total Time Price      | 32126.72 |
| A. P. R.              | N/A      |
| Total Sale Price      | 32126.72 |

EXTENDED BY \_\_\_\_\_ POSTED BY \_\_\_\_\_  
 CHECKED BY \_\_\_\_\_ POSTING BY \_\_\_\_\_

**SALES DISTRIBUTION**

| ITEMS                  | TOTAL SALE | COST |
|------------------------|------------|------|
| CAR SALE               |            |      |
|                        |            |      |
| PREP. AND CONDITIONING |            |      |
| LOT FEE                |            |      |
|                        |            |      |
|                        |            |      |
|                        |            |      |
|                        |            |      |
| SALES TAX              |            |      |
|                        |            |      |
| INSURANCE              |            |      |
|                        |            |      |
|                        |            |      |
|                        |            |      |
| TOTAL                  |            |      |

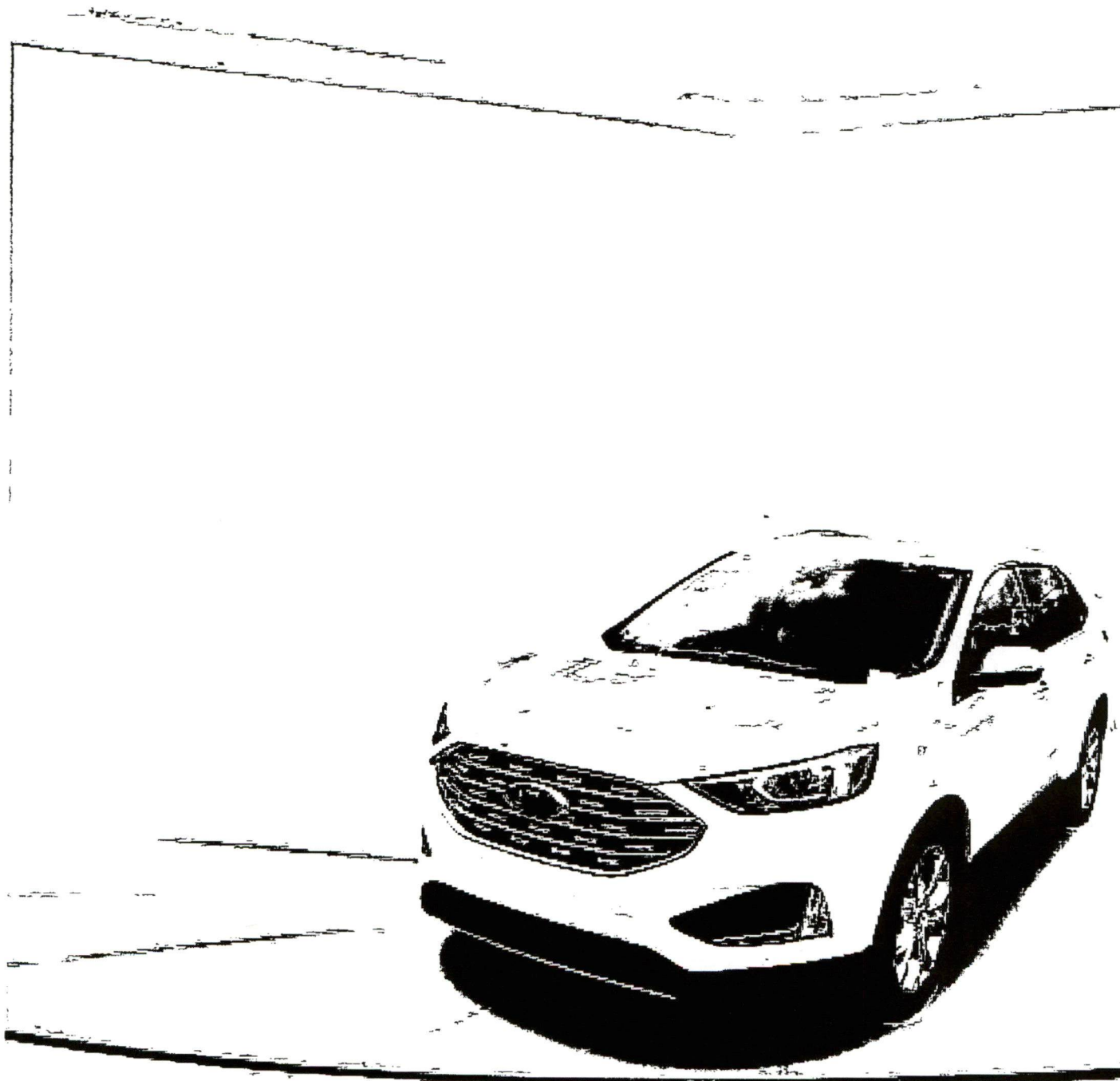
**USED CAR TRADED IN**

|                    |  |
|--------------------|--|
| TRADE-IN ALLOWANCE |  |
| OVER ALLOWANCE     |  |
| APPRAISED VALUE    |  |



◀ All results

Next ▶



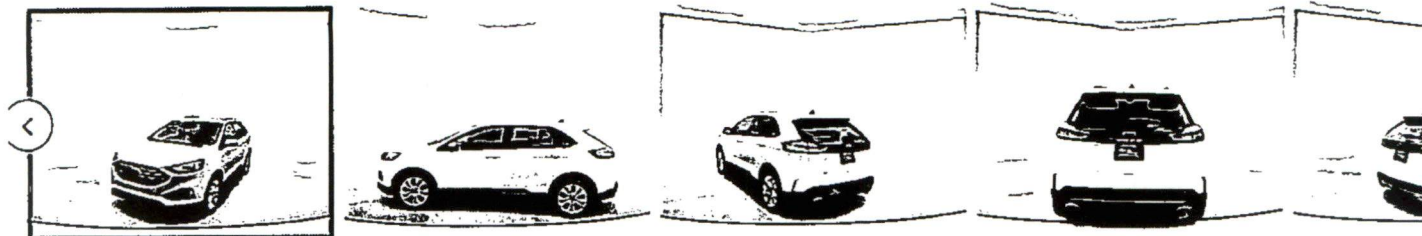
**2021 Ford Edge**

Mileage: 23,083 • Wilmington, NC

**\$31,105**

👉 **GOOD DEAL**

\$1,602 Below market



## Features



**Mileage**  
23,083



**Exterior color**  
White



**Engine**  
250 hp 2L I4



**Transmission**  
Automatic



**Drivetrain**  
All-Wheel Drive



**MPG**  
24 MPG



**Fuel type**  
Gasoline



**Bluetooth**

  
No Impact on Your Credit Score

## Finance in Advance

  
Only Takes Minutes

[View financing options](#)

## Overview

Make: Ford  
Model: Edge  
Year: 2021  
Trim: Titanium AWD  
Body type: SUV / Crossover  
Exterior color: White

Mileage: 23,083 mi



Certified:  
Condition: Certified Pre-Owned  
VIN: 2FMPK4K93MBA30850  
Stock number: 23T1090A

## Fuel economy

Fuel tank size: 18 gal  
Combined gas mileage: 23 MPG  
City gas mileage: 20 MPG

Highway gas mileage: 28 MPG  
Fuel type: Gasoline

## Performance

Transmission: Automatic  
Drivetrain: All-Wheel Drive

Engine: 250 hp 2L I4  
Horsepower: 250 hp

## Safety

NHTSA overall safety rating: ★★★★★  
NHTSA frontal crash rating: ★★★★★  
ABS brakes

NHTSA side crash rating: ★★★★★  
NHTSA rollover rating: ★★★★★  
Driver airbag



## 2021 Ford Edge

Mileage: 23,083 - Wilmington, NC

\$31,105

 **GOOD DEAL**

\$1,602 Below market

## Measurements

Doors: 4 doors  
Front legroom: 42 in

Back legroom: 40 in  
Cargo volume: 39 cu ft

## Options

Alloy Wheels  
Android Auto  
Bluetooth  
CarPlay

Heated Seats  
Leather Seats  
Navigation System  
Remote Start

## History<sup>1</sup>

- ✓ **Clean title**  
No issues reported.
- ✓ **0 accidents reported**  
No accidents or damage reported.
- ✓ **1 previous owner**  
Vehicle has one previous owner.

[Save 20% on the full AutoCheck vehicle history report](#) 

## Pricing

**\$31,105**

 **GOOD DEAL**

**\$32,707**

Avg. market price (IMV)

This car is \$1,602 below market price. We compared this car with similar 2021 Ford Edge based on price, mileage, features, condition, dealer reputation, and o



**Price decreased**  
Price went down by \$1,740.



**21 days at this dealership**  
21 days on CarGurus · 0 saves

[Show price history.](#)

## Finance in advance

- ✓ Estimate your payment
- ✓ Get pre-qualified
- ✓ Shop with real, personalized rates

Your estimated payment\* is


**\$574** /mo est 



**2021 Ford Edge**

Mileage: 23,083 · Wilmington, NC

**\$31,105**

 **GOOD DEAL**

\$1,602 Below market



Down payment (0%)

\$0

Credit score

Rebuilding  
<640

Fair  
641-699

Good  
700-749

Loan term

36 mo

48 mo

60 mo

Sound good? Submit a pre-qualification request now to get your personalized rates.

[View financing options](#)

Already pre-qualified? [Retrieve your offer.](#)

\*Estimated payments are for informational purposes only, and do not represent a financing offer or guarantee of credit from the seller.

## Dealer



### Capital Ford Lincoln of Wilmington

Open Closes at 8:00 PM ▼

(910) 812-1662

[4222 Oleander Drive, Wilmington, NC 28403](#)

[View inventory](#)

[Dealer website](#)



## Dealer reviews

★ 4.8 (50 reviews)

[Show all reviews](#)

## Dealer's description

[Show full description](#)

Notify me of new listings like this one

Email address

Email me

By clicking "Email me," you agree to our [Privacy Policy](#) and [Terms of Use](#).



2021 Ford Edge









Mileage: 23,083 · Wilmington, NC

\$31,105

GOOD DEAL

\$1,602 Below market

## Recommended from this dealer

|   |  |  |  |
|---|--|--|--|
|  <p><b>2022 Ford Explorer</b><br/>Limited AWD<br/><b>\$35,000</b> ➔ <b>GOOD DEAL</b><br/>31,849 mi</p> |  <p><b>2017 Ford Explorer</b><br/>XLT AWD<br/><b>\$14,900</b> ⚡ <b>GREAT DEAL</b><br/>120,516 mi</p>  |  <p><b>2020 Ford Escape</b><br/>SE FWD<br/><b>\$22,685</b> ➔ <b>FAIR DEAL</b><br/>16,977 mi</p>              |  <p><b>2019 Ford Escape</b><br/>SE AWD<br/><b>\$22,385</b> ➔ <b>FAIR DEAL</b><br/>12,600 mi</p>     |
|  <p><b>2018 Ford Explorer</b><br/>Sport AWD<br/><b>\$27,625</b> ➔ <b>FAIR DEAL</b><br/>73,343 mi</p>   |  <p><b>2019 Ford Escape</b><br/>Titanium AWD<br/><b>\$24,170</b> ➔ <b>GOOD DEAL</b><br/>25,121 mi</p> |  <p><b>2022 Ford Expedition</b><br/>Timberline 4WD<br/><b>\$63,425</b> ⚡ <b>GREAT DEAL</b><br/>20,455 mi</p> |  <p><b>2022 Ford Bronco</b><br/>2-Door 4WD<br/><b>\$46,675</b> ➔ <b>FAIR DEAL</b><br/>12,004 mi</p> |

[View all cars at this dealership](#)

1 Vehicle history data provided by Experian AutoCheck on Nov 21, 2023. This data, and any reliance on it is subject to the [AutoCheck Terms and Conditions](#) and the [CarGurus Terms of Use](#).

Vehicle information is provided by the seller or other third parties; CarGurus is not responsible for the accuracy of such information.

### 2021 Ford Edge Titanium AWD

Wilmington, NC

**\$31,105**

➔ **GOOD DEAL**

\$1,602 below market

### We are online

### Contact dealer

Hello, my name is  First name  Last name and  I'm interested in this  2021 Ford Edge. I'm in the  Zip code  area. You can reach me by email at  123-456-7890 (optional)

Thank you!

+ [Add comments](#)

☒ Email me new results for my search

[Send message](#)



### 2021 Ford Edge

Mileage: 23,083 • Wilmington, NC

**\$31,105**

➔ **GOOD DEAL**

\$1,602 Below market



« All results

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Dealer Signup

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Privacy Policy

My Privacy Rights

Do Not Sell or Share My Personal Information

Interest-Based Ads

Security

#### Help

Help

Contact Us



2021 Ford Edge

Mileage: 23,083 • Wilmington, NC

\$31,105

**GOOD DEAL**

\$1,602 Below market



United States (EN)

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CROSSROADS MITSUBISHI-  
LUMBERTON

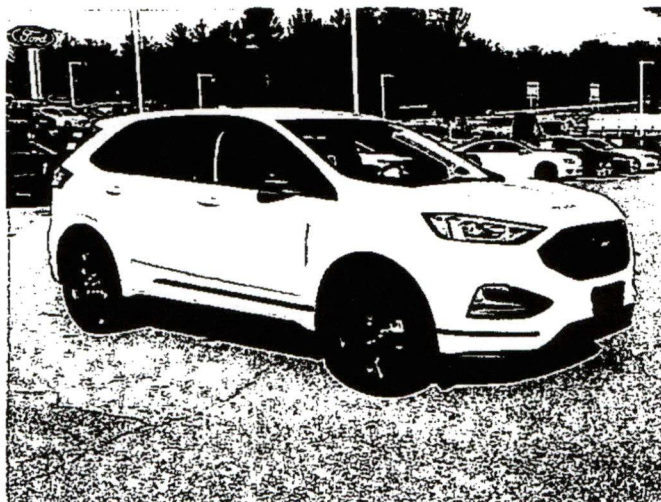
(1) (1)

CALL (910) 430-5152 (TEL:+19104305152)

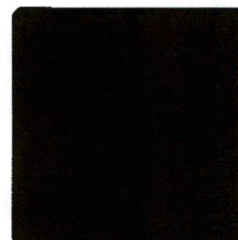
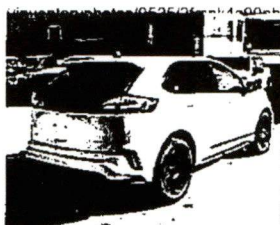
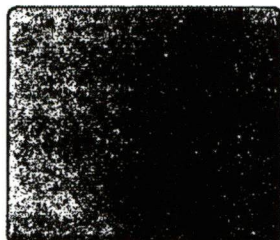
DIRECTIONS (/MAPS.GOOGLE.COM/MAPS?SAOR=CURRENT%2BLLOCATION&amp;QADD8=5047%20AWN%20DRIVE%2C%2BLUMBERTON%2C%2BNC%2B28360)

powered by edmunds

Confirm Availability



1 / 21



\$↓ RECENT PRICE DROP!

**2022 FORD EDGE** SE

⋮

**\$32,980**

BUY NOW

**\*Please Note:** We turn our inventory daily, please check with the dealer to confirm vehicle availability.

CLICK TO CALL (TEL:9108029830)

LOCK IN EPRICE

VALUE YOUR TRADE (/EDMUNDS-TRADE-IN.HTML)

ESTIMATE MY PAYMENT

Chat With UsText Us

## VISIT OUR STORE

### Crossroads Mitsubishi-Lumberton

5047 Dawn Drive

Lumberton, NC 28360 (<https://www.google.com/maps?q=5047+Dawn+Drive,+Lumberton,+NC+28360>)

**Sales: (910) 430-5152 (tel:+19104305152)**

**Service: 910-802-9828 (tel:9108029828)**

**Parts: 910-802-9827 (tel:9108029827)**

## Vehicle Information

VIN: 2FMPK4G90NBB16644 Stock #: Y3035A



BODY STYLE  
**Sport Utility**



CITY/HIGHWAY  
**21/28 MPG**



EXTERIOR COLOR  
**Oxford White**



ENGINE  
**Intercooled Turbo  
Premium Unleaded I-4 2....**



INTERIOR COLOR  
**Ebony**



TRANSMISSION  
**Automatic / AWD**



MILEAGE  
**12,088**



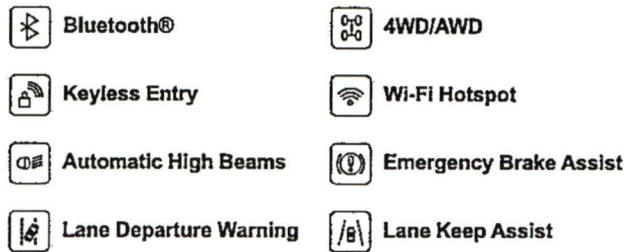
4.41 (27 Reviews (<https://www.edmunds.com/ford/edge/2022/#subnav-consumer-reviews>)) - Edmunds.com (<https://www.edmunds.com/ford/edge/2022/#subnav-consumer-reviews>)

## Highlighted Features



Feature availability subject to final vehicle configuration. Please reference window sticker for more info.





[View More Highlights...](#)

### Dealer Comments

2022 Ford Edge SE Oxford White AWD Clean CARFAX. CARFAX One-Owner. \*\*\*\*\*SYNC4 w/12-INCH INFOTAINMENT TOUCHSCREEN\*\*\*\*\* 19-INCH GLOSS BLACK ALUMINUM WHEELS\*\*\*\*, \*\*\*\*BLACK APPEARANCE PACKAGE\*\*\*\*, \*\*\*\*REAR VIEW BACK-UP CAMERA\*\*\*\*, AWD.Certified. Ford Gold Certified Details:\* Warranty Deductible: \$100\* Vehicle History\* Transferable Warranty\* Powertrain 1 limited Warranty: 84 Month/100 000 Mile

[Read More...](#)

### Eligible Benefits

 ([http://www.carfax.com/VehicleHistory/p/Report.cfx?vin=2FMPK4G90NBB16644&partner=DON\\_0](http://www.carfax.com/VehicleHistory/p/Report.cfx?vin=2FMPK4G90NBB16644&partner=DON_0))

### All Features

Options

Specs

- ENGINE: TWIN-SCROLL 2.0L ECOBOOST -inc: auto start-stop technology (STD)
- Turbocharged
- All Wheel Drive
- Power Steering
- ABS

[Read More...](#)

### Vehicles You Might Like

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UNAVAILABLE

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2005 FORD EXPEDITION



2016 NISSAN ROGUE

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 Call For Price  
 BUY NOW

(<https://www.CrossroadsMitsubishiLumberton.com/Used-Lumberton-2016-Nissan-Rogue-S-JN8AT2MT4GW004155>)  
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 LUMBERTON-2005-FORD-EXPEDITION-  
 +-1FMPU17555LA28677)

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 LUMBERTON-2016-NISSAN-ROGUE-S-  
 JN8AT2MT4GW004155)



(<https://www.CrossroadsMitsubishiLumberton.com/Used-Lumberton-2016-Cadillac-SRX-Luxury+Collection-3GYFNB32GS582562>)  
 Lumberton-2016-Cadillac-SRX-  
 Luxury+Collection-  
 3GYFNB32GS582562)

(<https://www.CrossroadsMitsubishiLumberton.com/Used-Lumberton-2016-Cadillac-SRX-Performance+Collection-3GYFNCE35GS559198>)  
 Lumberton-2016-Cadillac-SRX-  
 Performance+Collection-  
 3GYFNCE35GS559198)

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**\$18,498**  
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 LUMBERTON-2016-CADILLAC-SRX-  
 LUXURY+COLLECTION-  
 3GYFNB32GS582562)

VIEW VEHICLE

(<https://www.CrossroadsMitsubishiLumberton.com/Used-Lumberton-2016-Cadillac-SRX-Performance+Collection-3GYFNCE35GS559198>)  
 LUMBERTON-2016-CADILLAC-SRX-  
 PERFORMANCE+COLLECTION-  
 3GYFNCE35GS559198)

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**DealerOn** ([https://www.dealeron.com?utm\\_source=dealersite&utm\\_medium=referral&utm\\_campaign=Client\\_Sites](https://www.dealeron.com?utm_source=dealersite&utm_medium=referral&utm_campaign=Client_Sites))

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BA # \_\_\_\_\_

Duplin County  
Budget Amendment

Department Title

HEALTH

Department Head's Signature

TRACEY SIMMONS-KORNEGAY

(form can be e-mailed to Finance from Dept. Head)

All amendments involving revenues must be approved by the Board of Commissioners

**Brief description of why this amendment is being requested:**

Vehicle Purchase (2020 Ford Edge)

| Revenue code | Line Item Description | Amount    | Expense code | Line Item Description | Amount    |
|--------------|-----------------------|-----------|--------------|-----------------------|-----------|
| 4100-39907   | Medicaid Reserves     | 30,599.00 | 5170-45100   | Capitol Outlay        | 20,000.00 |
|              | (Pamlico + PCM)       |           | 5139-45100   | Capitol Outlay        | 10,599.00 |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
|              |                       |           |              |                       |           |
| Total        |                       | 30,599.00 | Total        |                       | 30,599.00 |

Finance Signature

Date Approved:

Manager Signature

Date Approved:

Commissioner Approval

Date Approved:



12/14/2023



LL 11-13-23  
Cw 11-13-23

## TAX REQUEST

RELEASE DATE NOVEMBER 20, 2023

| RELEASE DATE NOVEMBER 20, 2023  |                    |      |               |          |                |            |              |          |               |                   |             |               |                              |
|---|--------------------|------|---------------|----------|----------------|------------|--------------|----------|---------------|-------------------|-------------|---------------|------------------------------|
| NAME  | TOWNSHIP           | TOWN | FIRE DISTRICT | TAX YEAR | ACCOUNT NUMBER | COUNTY TAX | CAPITAL FUND | TOWN TAX | FIRE DISTRICT | LATE LIST PENALTY | SOLID WASTE | TOTAL RELEASE | REASON FOR RELEASE           |
| BLANCHARD TRANSPORTATION SERVICES, INC  | BLANCHARD TOWNSHIP | T072 |               | 2023     | 0582575        |            |              | \$ 85.38 |               | \$ 8.54           |             | \$ 93.92      | BUSINESS CLOSED OCTOBER 2008 |
| GRAND TOTAL   |                    |      |               |          |                | \$ -       | \$ -         | \$ 85.38 | \$ -          | \$ 8.54           | \$ -        | \$ 93.92      |                              |
| SUBMITTED BY:        |                    |      |               |          |                |            |              |          |               |                   |             |               |                              |
| FINAL APPROVAL BY:  |                    |      |               |          |                |            |              |          |               |                   |             |               |                              |
| DATE APPROVED: 12/5/23  |                    |      |               |          |                |            |              |          |               |                   |             |               |                              |

LL 11-30-23

TOWN OF TEACHEY  
TAX REQUEST  
RELEASE DATE DECEMBER 4, 2023

| RELEASE DATE DECEMBER 4, 2023   |          |      |   |          |                |            |              |           |                               |                   |             |               |                                 |
|---------------------------------|----------|------|---|----------|----------------|------------|--------------|-----------|-------------------------------|-------------------|-------------|---------------|---------------------------------|
| NAME                            | TOWNSHIP | TOWN | FIRE DISTRICT                             | TAX YEAR | ACCOUNT NUMBER | COUNTY TAX | CAPITAL FUND | TOWN TAX  | FIRE DISTRICT                 | LATE LIST PENALTY | SOLID WASTE | TOTAL RELEASE | REASON FOR RELEASE              |
| HP HOA, INC                     | 09       | T-78 |   | 2023     | 3417676        |            |              | \$ 179.10 |                               |                   |             | \$ 179.10     | EXEMPT PROPERTY BILLED IN ERROR |
|                                 |          |      |   |          |                |            |              | \$ -      | \$ -                          | \$ -              | \$ -        | \$ -          |                                 |
| GRAND TOTAL                     |          |      |   |          |                | \$ -       | \$ -         | \$ 179.10 | \$ -                          | \$ -              | \$ -        | \$ 179.10     |                                 |
|                                 |          |      |   |          |                |            |              |           |                               |                   |             |               |                                 |
| SUBMITTED BY: <i>Sandy Rose</i> |          |      | FINAL APPROVAL BY: <i>Marissa Rosales</i> |          |                |            |              |           | DATE APPROVED: <i>12/1/23</i> |                   |             |               |                                 |

1-Oct-2023 13:24 FROM:19102962331  
 from: Duplin County Fax: 19102962331 To: 91

**Fax: 19102962331**

To: 910-293-7701@rcfax.com

**Fax: (910) 293-7701**

**FAX**  
Page: 2 of 2

10/11/2023 9:22 AM

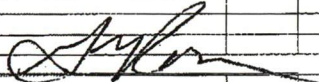
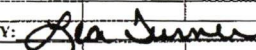
p.2

| NAME   | TOWNSHIP | TOWN | FIRE DISTRICT | TAX YEAR | ACCOUNT NUMBER | COUNTY TAX | CAPITAL FUND | TOWN TAX  | FIRE DISTRICT | LATE LIST PENALTY | SOLID WASTE | TOTAL RELEASE | REASON FOR RELEASE              |
|--|----------|------|---------------|----------|----------------|------------|--------------|-----------|---------------|-------------------|-------------|---------------|---------------------------------|
| HAND, MARY LEE WILLIAMS                            | 01       | T73  |               | 2023     | 3533738        |            |              | \$ 217.17 |               |                   |             | \$ 217.17     | PARCEL BILLED TO WRONG TAXPAYER |
| HAND, MARY LEE WILLIAMS & LULA RUTH WILLIAMS TYLER | 01       | T73  |               | 2023     | 3533739        |            |              | \$ 174.42 |               |                   |             | \$ 174.42     | PARCEL BILLED TO WRONG TAXPAYER |
| NEWTON, CYNTHIA GAIL                               | 01       | T73  |               | 2023     | 6409599        |            |              | \$ 11.40  |               |                   |             | \$ 11.40      | REPLACED MH WITH NEW MH         |
|  |          |      |               |          |                |            |              |           |               |                   |             | \$ -          |                                 |
| GRAND TOTAL  |          |      |               |          |                | \$ -       | \$ -         | \$ 402.99 | \$ -          | \$ -              | \$ -        | \$ 402.99     |                                 |
|  |          |      |               |          |                |            |              |           |               |                   |             |               |                                 |
|  |          |      |               |          |                |            |              |           |               |                   |             |               |                                 |
| SUBMITTED BY:                                      |          |      |               |          |                |            |              |           |               |                   |             |               |                                 |
| FINAL APPROVAL BY:                                 |          |      |               |          |                |            |              |           |               | DATE APPROVED:    |             |               |                                 |



CW 10-31-23

TOWN OF WARSAW  
TAX REQUEST  
RELEASE DATE NOVEMBER 6, 2023

| NAME  | TOWNSHIP       | TOWN | FIRE DISTRICT | TAX YEAR | ACCOUNT NUMBER | COUNTY TAX | CAPITAL FUND | TOWN TAX  | FIRE DISTRICT | LATE LIST PENALTY | SOLID WASTE | TOTAL RELEASE | REASON FOR RELEASE             |
|---|----------------|------|---------------|----------|----------------|------------|--------------|-----------|---------------|-------------------|-------------|---------------|--------------------------------|
| TROLLEYS INC. DBA SUNWAY CHARTERS   | PUBLIC SERVICE | T073 |               | 2023     | 8782153        |            |              | \$ 936.01 |               |                   |             | \$ 936.01     | BILLED ON WRONG ACCOUNT NUMBER |
| GRAND TOTAL   |                |      |               |          |                | \$ -       | \$ -         | \$ 936.01 | \$ -          | \$ -              | \$ -        | \$ 936.01     |                                |
| SUBMITTED BY:                                  |                |      |               |          |                |            |              |           |               |                   |             |               |                                |
| FINAL APPROVAL BY:  DATE APPROVED: 11/13/2023 |                |      |               |          |                |            |              |           |               |                   |             |               |                                |

# Agenda



## Airport Commission Month End Report November 2023



### Airport Staff

Josh Raynor Airport Director  
Danny Oxendine Airport Technician  
AJ Warren Sub Airport Technician  
Justin Conn Sub Airport Technician

### Airport Commission Members

Larry Debose, Vice Chair Grey Morgan  
Joe Bryant Dexter Edwards  
AJ Connors Scotty Kennedy  
Roger Davis Jerry Tysinger  
Jack Alphin, Chair

### Operating Hours

Monday - Friday 7am - 6pm  
Saturday 8am - 6pm  
Sunday 1pm - 6pm  
**Closed**  
Thanksgiving & Christmas Day

| Month        | Av-Gas Sales       | Jet-A Sales         | Total               | Av-Gas Gals     | Jet-A Gals       | Total             | Previous FY Gallons |
|--------------|--------------------|---------------------|---------------------|-----------------|------------------|-------------------|---------------------|
| July         | \$8,946.33         | \$43,465.46         | \$52,411.79         | 1,654.08        | 11,207.38        | 12,861.46         | 18,946.72           |
| August       | \$7,015.58         | \$71,587.02         | \$78,602.60         | 1,272.03        | 16,750.29        | 18,022.32         | 26,582.48           |
| September    | \$8,740.47         | \$52,338.35         | \$61,078.82         | 1,583.66        | 11,395.90        | 12,979.56         | 17,152.58           |
| October      | \$19,568.44        | \$131,393.10        | \$150,961.54        | 3,692.13        | 28,870.81        | 32,562.94         | 23,283.74           |
| November     | \$8,328.76         | \$97,974.81         | \$106,303.57        | 1,597.44        | 22,076.08        | 23,673.52         | 15,743.63           |
| December     |                    |                     | \$0.00              |                 |                  | 0.00              | 11,406.66           |
| January      |                    |                     | \$0.00              |                 |                  | 0.00              | 14,740.29           |
| February     |                    |                     | \$0.00              |                 |                  | 0.00              | 16,364.15           |
| March        |                    |                     | \$0.00              |                 |                  | 0.00              | 31,026.20           |
| April        |                    |                     | \$0.00              |                 |                  | 0.00              | 20,870.16           |
| May          |                    |                     | \$0.00              |                 |                  | 0.00              | 14,641.42           |
| June         |                    |                     | \$0.00              |                 |                  | 0.00              | 17,410.79           |
| <b>TOTAL</b> | <b>\$52,599.58</b> | <b>\$396,758.74</b> | <b>\$449,358.32</b> | <b>9,799.34</b> | <b>90,300.46</b> | <b>100,099.80</b> | <b>228,168.82</b>   |

| Products Sold                    | November            | YTD                 |
|----------------------------------|---------------------|---------------------|
| Hangar/Shop Rental               | \$8,375.00          | \$44,700.00         |
| Oil Sales                        | \$0.00              | \$295.70            |
| Call Out Fees                    | \$0.00              | \$1,275.00          |
| Ramp Fees                        | \$400.00            | \$400.00            |
| Vending                          | \$235.50            | \$543.50            |
| Tiedown Fees                     | \$0.00              | \$30.00             |
| Ground Lease                     | \$10,248.00         | \$21,682.50         |
| Misc. Revenue                    | \$0.00              | \$10,000.00         |
| Fuel Sales                       | \$106,303.57        | \$449,358.32        |
| <b>Total Sales- All Products</b> | <b>\$125,562.07</b> | <b>\$528,285.02</b> |

| Fuel by Percentage                       |                  |
|--|------------------|
| <b>Av-Gas % of Total</b>                 | <b>10%</b>       |
| Full Price Gals                          | 39%              |
| Discounted Gals                          | 61%              |
| <b>Avg Gals Av-Gas/Month</b>             | <b>1,960</b>     |
| <b>Jet-A % of Total</b>                  | <b>90%</b>       |
| Full Price Gals                          | 7%               |
| Discounted Gals                          | 93%              |
| <b>Avg Gals Jet-A/Month</b>              | <b>18,060</b>    |
| <b>Avg Gals/Mth Both Fuels</b>           | <b>20,020.00</b> |
| <b>Avg Gals/Mth Both Fuels Last Year</b> | <b>19,014.00</b> |

### Operations YTD Totals

|                | # Aircraft   | # Operations  | # Passengers  |
|----------------|--------------|---------------|---------------|
| July           | 509          | 1017          | 1201          |
| Aug            | 533          | 1066          | 1303          |
| Sept           | 432          | 863           | 1004          |
| Oct            | 633          | 1266          | 1457          |
| Nov            | 459          | 917           | 1079          |
| Dec            |              |               |               |
| Jan            |              |               |               |
| Feb            |              |               |               |
| Mar            |              |               |               |
| Apr            |              |               |               |
| May            |              |               |               |
| Jun            |              |               |               |
| <b>Totals</b>  | <b>2566</b>  | <b>5129</b>   | <b>6044</b>   |
| <b>Avg/Mth</b> | <b>513.2</b> | <b>1025.8</b> | <b>1208.8</b> |

### Facts and Figures

Airport Commission meets 4th Tuesday's at 7pm  
DPL Total Economic Impact is \$70,000,000.00  
2023 Based Aircraft Value is ~\$37,626,623.00  
Based A/C values up \$847,000 over last year  
~40 Based Aircraft  
Check us out on Facebook-Duplin County Airport  
Preferred Refueling Stop

### Recent Project Activity & Updates

Second best month this year.  
Murphy Family Ventures started rehabbing the corporate hangar. Looking very good.  
Parrish & Partners design phase of New Connector Taxiway submitted to DOA for review.  
Design of Fuel Farm has been submitted to NCDOT for review, cost estimate looks good at \$1.9m  
All new T-hangars & Legacy T-hangars fully occupied. Communal hangar is mostly full now.  
Received \$5,000,000 from NC Legislator, very excited at investing it in the airport

### Project Update

| Project Name            | Project # | \$ Amount           |
|-------------------------|-----------|---------------------|
| Drainage Assessment     | 7549      | \$100,000.00        |
| Drainage Repair         | 7549      | \$310,000.00        |
| Connector Txy Design    | 7553      | \$97,625.00         |
| Fuel Farm Design        | 7554      | \$99,931.00         |
| <b>Total Project \$</b> |           | <b>\$607,556.00</b> |

## DUPLIN COUNTY ANIMAL SERVICES

Nov-23

|                                 |             |
|---------------------------------|-------------|
| CANINE ADOPTION FEE             | \$ 60.00    |
| RESCUE DOG TRANSFER FEES        | \$ 375.00   |
| FELINE ADOPTION FEE             | \$ 165.00   |
| RESCUE CAT TRANSFER FEE         | \$ 40.00    |
| LONNIE'S ANGELS 72-22065        | \$ 125.00   |
| HORSE/GOAT FEE                  |             |
| RODENT/PIG/RABBIT/GUINEA PIG    |             |
| RABIES VACCINATION REQUIRED     |             |
| DUTY TO CONTROL 2ND             |             |
| DUTY TO CONTROL 1ST             |             |
| NUISANCE ANIMAL PROHIBITE       |             |
| DOG AT- LARGE PROHIBITED 1ST    |             |
| DOG AT- LARGE PROHIBITED 2ND    |             |
| RABIES VACCINATION REQUIRED     |             |
| NUISANCE ANIMAL PROHIBITED 1ST  |             |
| NUISANCE ANIMAL PROHIBITED 2ND  |             |
| CRUELTY AND NEGLECT             |             |
| CANINE VOUCHER                  | \$ 600.00   |
| FELINE VOUCHER                  | \$ 920.00   |
| LONNIE'S ANGELS VOCHER          | \$ 240.00   |
| ADMIN FEES                      | \$ 110.00   |
| RABVAC                          | \$ 180.00   |
| BORDETELLA                      | \$ 140.00   |
| DURAMUNE MAX 5                  | \$ 140.00   |
| FELINE FELOCEL CVR-C            | \$ 90.00    |
| BITE INVESTIGATION              |             |
| BOARDING FEE                    | \$ 255.00   |
| BUILDING FUND 71-3438-381       | \$ 18.93    |
| POTENTIALLY DANGEROUS ANNUAL    |             |
| DANGEROUS ANNUAL                |             |
| GENERAL DONATION                |             |
| JUDGEMENTS 4380-34347           |             |
| MISC 10-3438-410                |             |
| OWNER SURRENDER EUTHANASIA      |             |
| OWNER SURRENDER FEE 10-3438-410 | \$ 20.00    |
| OWNER SURRENDER PER LITTER      | \$ 25.00    |
| OWNER SURRENDER TRANSPORT       |             |
| RECLAIM FEE                     | \$ 225.00   |
| MICROCHIP                       | \$ 30.00    |
| BOARDING FEE FOR LIVESTOCK      |             |
| RECLAIM LIVESTOCK FEE           |             |
| VET FEES                        | \$ 213.04   |
| TOTAL AMOUNT                    | \$ 3,971.97 |

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



## Shelter Statistics - Intake

Start Date: November 01, 2023

End Date: November 30, 2023

USNC100

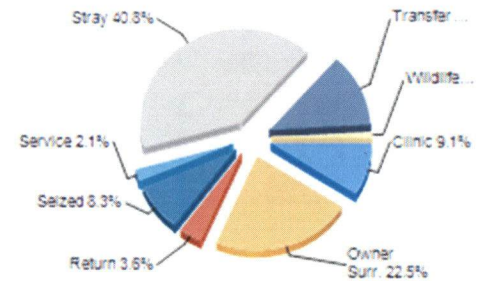
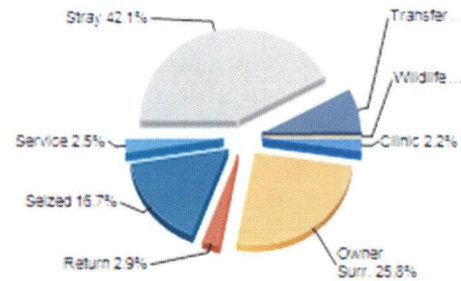
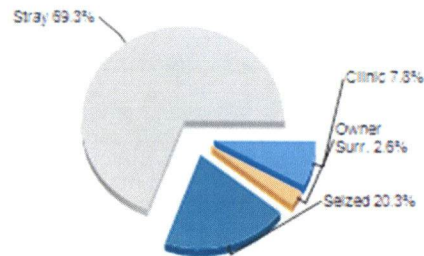
Duplin County Animal Services

### Intakes That were:

Previously Altered

### Totals by Intake

|                    | Your Shelter |           |           |           |          | North Carolina (57 organizations) |              |              |              |           | United States (1316 organizations) |               |               |               |              |
|--------------------|--------------|-----------|-----------|-----------|----------|-----------------------------------|--------------|--------------|--------------|-----------|------------------------------------|---------------|---------------|---------------|--------------|
|                    | Dog          |           | Cat       |           | Other    | Dog                               |              | Cat          |              | Other     | Dog                                |               | Cat           |               | Other        |
|                    | < year       | year+     | < year    | year+     |          | < year                            | year+        | < year       | year+        |           | < year                             | year+         | < year        | year+         |              |
| Previously Altered | 0            | 2         | 0         | 2         | 0        | 69                                | 325          | 140          | 197          | 2         | 4,122                              | 12,811        | 6,654         | 10,528        | 268          |
| <b>Total</b>       | <b>38</b>    | <b>39</b> | <b>19</b> | <b>55</b> | <b>2</b> | <b>906</b>                        | <b>1,641</b> | <b>1,072</b> | <b>1,249</b> | <b>73</b> | <b>23,021</b>                      | <b>42,009</b> | <b>34,331</b> | <b>30,557</b> | <b>4,756</b> |
| Clinic             | 3            | 8         | 1         | 0         | 0        | 16                                | 60           | 8            | 26           | 0         | 1,652                              | 3,233         | 3,373         | 3,886         | 86           |
| Owner Surrender    | 3            | 1         | 0         | 0         | 0        | 237                               | 393          | 339          | 275          | 29        | 4,897                              | 8,126         | 8,642         | 7,165         | 1,530        |
| Return             | 0            | 0         | 0         | 0         | 0        | 27                                | 68           | 21           | 24           | 1         | 880                                | 2,015         | 843           | 1,065         | 96           |
| Seized             | 3            | 8         | 2         | 16        | 2        | 136                               | 353          | 75           | 239          | 22        | 1,772                              | 5,787         | 955           | 1,905         | 752          |
| Service            | 0            | 0         | 0         | 0         | 0        | 7                                 | 8            | 10           | 97           | 0         | 167                                | 975           | 462           | 1,214         | 62           |
| Stray              | 29           | 22        | 16        | 39        | 0        | 384                               | 676          | 475          | 533          | 12        | 8,251                              | 17,750        | 15,010        | 13,091        | 798          |
| Transfer           | 0            | 0         | 0         | 0         | 0        | 99                                | 83           | 144          | 55           | 0         | 5,402                              | 4,123         | 5,046         | 2,231         | 171          |
| Wildlife           | 0            | 0         | 0         | 0         | 0        | 0                                 | 0            | 0            | 0            | 9         | 0                                  | 0             | 0             | 0             | 1,261        |

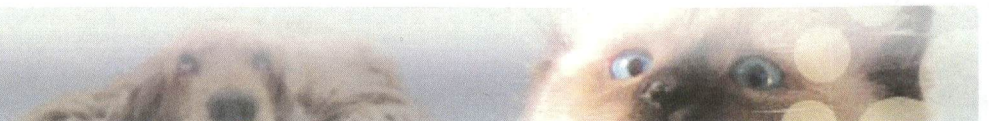


Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM



## Shelter Statistics - Outcome

Start Date: November 01, 2023

End Date: November 30, 2023

| USNC100<br>Duplin County Animal Services | Your Shelter |           |           |           |          | North Carolina (57 organizations)<br><i>does not include your shelter's data</i> |              |              |              |           | United States (1316 organizations)<br><i>does not include your shelter's data</i> |               |               |               |              |
|--|--------------|-----------|-----------|-----------|----------|--|--------------|--------------|--------------|-----------|---|---------------|---------------|---------------|--------------|
|  | Dog          |           | Cat       |           | Other    | Dog  |              | Cat          |              | Other     | Dog   |               | Cat           |               | Other        |
|  | < year       | year+     | < year    | year+     |          | < year   | year+        | < year       | year+        |           | < year  | year+         | < year        | year+         |              |
| <b>Person</b>                            |              |           |           |           |          |  |              |              |              |           |   |               |               |               |              |
| A) Have Email Address                    | 0            | 1         | 0         | 0         | 0        | 317  | 517          | 784          | 317          | 20        | 14,177  | 20,838        | 32,358        | 16,373        | 2,061        |
| B) Have Phone Number                     | 9            | 16        | 9         | 3         | 0        | 482  | 999          | 949          | 447          | 45        | 16,293  | 29,303        | 35,579        | 20,331        | 2,591        |
| C) Have ZipCode                          | 7            | 14        | 7         | 2         | 0        | 485  | 999          | 942          | 455          | 43        | 16,101  | 28,969        | 35,077        | 19,402        | 2,563        |
| <b>Totals by Outcome</b>                 |              |           |           |           |          |  |              |              |              |           |   |               |               |               |              |
| Adoption                                 | 6            | 1         | 8         | 3         | 0        | 418  | 580          | 926          | 364          | 44        | 13,670  | 17,231        | 31,725        | 14,105        | 2,274        |
| Clinic                                   | 2            | 7         | 1         | 0         | 0        | 16   | 66           | 10           | 27           | 0         | 1,584   | 2,879         | 3,312         | 3,869         | 71           |
| Died                                     | 0            | 0         | 0         | 0         | 0        | 10   | 5            | 41           | 30           | 4         | 294   | 351           | 968           | 673           | 134          |
| DOA                                      | 0            | 0         | 0         | 0         | 0        | 0  | 3            | 0            | 6            | 2         | 55  | 1,017         | 72            | 1,209         | 571          |
| Euthanasia                               | 1            | 14        | 0         | 33        | 0        | 84   | 440          | 163          | 501          | 16        | 1,288   | 7,882         | 2,034         | 4,710         | 773          |
| Missing                                  | 0            | 0         | 0         | 0         | 0        | 0  | 2            | 3            | 1            | 0         | 14  | 1,419         | 89            | 537           | 22           |
| Return To Owner                          | 1            | 8         | 0         | 0         | 0        | 52   | 371          | 11           | 63           | 0         | 1,105   | 9,512         | 484           | 1,772         | 211          |
| Service                                  | 0            | 0         | 0         | 0         | 0        | 2  | 6            | 9            | 66           | 2         | 105   | 458           | 733           | 1,982         | 12           |
| Transfer                                 | 22           | 13        | 13        | 11        | 0        | 253  | 305          | 179          | 136          | 5         | 3,773   | 4,850         | 3,573         | 3,444         | 425          |
| Wildlife                                 | 0            | 0         | 0         | 0         | 0        | 0  | 0            | 0            | 0            | 1         | 0   | 0             | 0             | 0             | 413          |
| <b>Total</b>                             | <b>32</b>    | <b>43</b> | <b>22</b> | <b>47</b> | <b>0</b> | <b>835</b>   | <b>1,778</b> | <b>1,342</b> | <b>1,194</b> | <b>74</b> | <b>21,888</b>   | <b>45,599</b> | <b>42,990</b> | <b>32,301</b> | <b>4,906</b> |

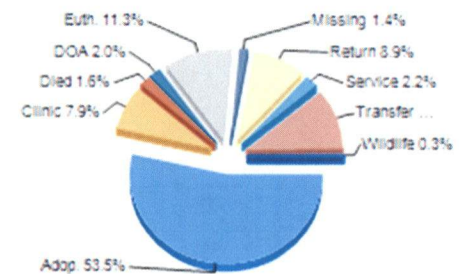
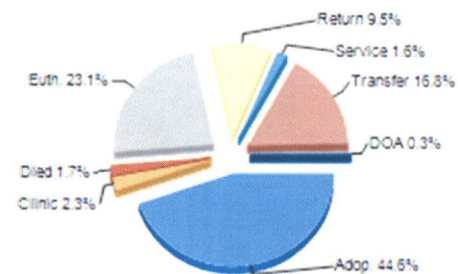
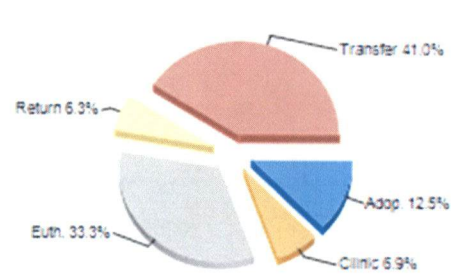
Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM





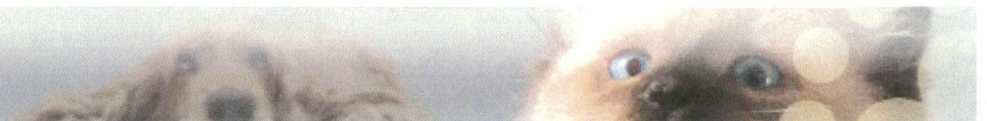
Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM

EMPOWERING ANIMAL WELFARE THROUGH DATA MANAGEMENT





## Shelter Statistics - Avg Length of Stay by Intake Type

Start Date: November 01, 2023

End Date: November 30, 2023

does not include your shelter's data

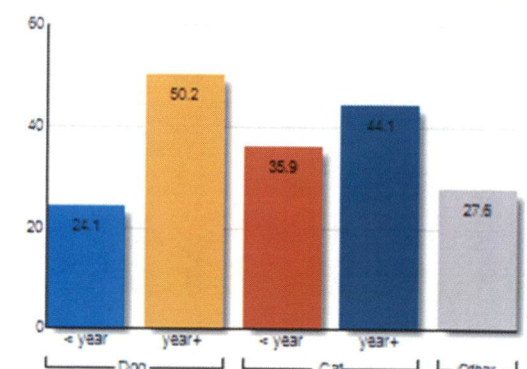
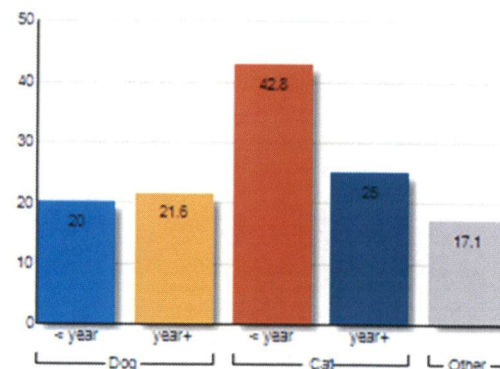
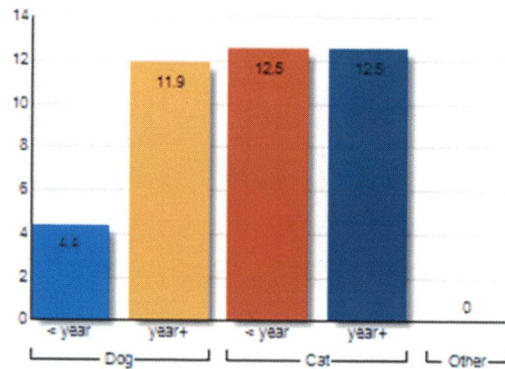
does not include your shelter's data

USNC100

Duplin County Animal Services

### Intake Type

| Intake Type     | Your Shelter |             |             |             |          | North Carolina (57 organizations) |             |             |           |             | United States (1316 organizations) |             |             |             |             |
|-----------------|--------------|-------------|-------------|-------------|----------|-----------------------------------|-------------|-------------|-----------|-------------|------------------------------------|-------------|-------------|-------------|-------------|
|                 | Dog          |             | Cat         |             | Other    | Dog                               |             | Cat         |           | Other       | Dog                                |             | Cat         |             | Other       |
|                 | < year       | year+       | < year      | year+       |          | < year                            | year+       | < year      | year+     |             | < year                             | year+       | < year      | year+       |             |
| Clinic          | 0            | 3.9         | 0           | 0           | 0        | 4.4                               | 0.9         | 1.6         | 0.2       | 0           | 1.6                                | 1.9         | 1.2         | 2.8         | 1.4         |
| Owner Surrender | 4.9          | 0           | 25.7        | 0           | 0        | 21.1                              | 24.4        | 43.7        | 28.5      | 11.9        | 24.1                               | 45.7        | 34          | 44.5        | 33.9        |
| Return          | 0            | 0           | 0           | 0           | 0        | 16.6                              | 34.2        | 15.5        | 60.8      | 7.2         | 14.8                               | 64.2        | 13.7        | 62          | 35.9        |
| Seized          | 3.3          | 21.7        | 0           | 13.3        | 0        | 18.7                              | 23          | 48.4        | 14.4      | 2.2         | 28.3                               | 28.5        | 43.7        | 30.2        | 25.6        |
| Service         | 0            | 0           | 0           | 0           | 0        | 0                                 | 1.5         | 0           | 3.6       | 0           | 8.8                                | 7           | 12.6        | 3.9         | 2.1         |
| Stray           | 4.9          | 9.4         | 10.1        | 12          | 0        | 19.1                              | 18.5        | 44.8        | 28.2      | 44.1        | 27.8                               | 63.4        | 44.6        | 57.5        | 51.5        |
| Transfer        | 0            | 0           | 0           | 0           | 0        | 28.1                              | 34.1        | 36.2        | 26.2      | 0           | 26.2                               | 65.9        | 31.5        | 52.4        | 47          |
| Wildlife        | 0            | 0           | 0           | 0           | 0        | 0                                 | 0           | 0           | 0         | 0           | 0                                  | 0           | 0           | 0           | 2.6         |
| <b>Total</b>    | <b>4.4</b>   | <b>11.9</b> | <b>12.5</b> | <b>12.5</b> | <b>0</b> | <b>20</b>                         | <b>21.6</b> | <b>42.8</b> | <b>25</b> | <b>17.1</b> | <b>24.1</b>                        | <b>50.2</b> | <b>35.9</b> | <b>44.1</b> | <b>27.6</b> |



Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM



## Shelter Statistics - Avg Length of Stay by Outcome Type

Start Date: November 01, 2023

End Date: November 30, 2023

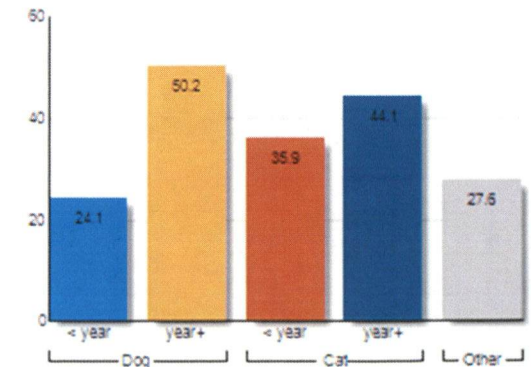
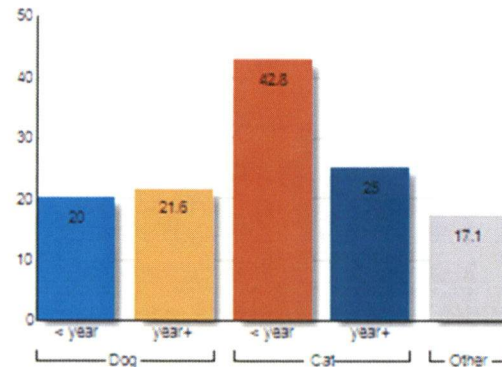
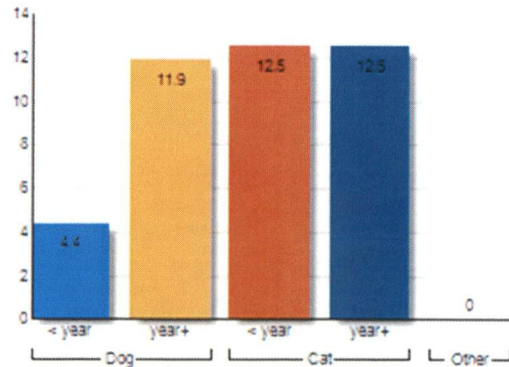
USNC100

Duplin County Animal Services

does not include your shelter's data

does not include your shelter's data

| Outcome Type    | Your Shelter |             |             |             |          | North Carolina (57 organizations) |             |             |           |             | United States (1316 organizations) |             |             |             |             |
|-----------------|--------------|-------------|-------------|-------------|----------|-----------------------------------|-------------|-------------|-----------|-------------|------------------------------------|-------------|-------------|-------------|-------------|
|                 | Dog          |             | Cat         |             | Other    | Dog                               |             | Cat         |           | Other       | Dog                                |             | Cat         |             | Other       |
|                 | < year       | year+       | < year      | year+       |          | < year                            | year+       | < year      | year+     |             | < year                             | year+       | < year      | year+       |             |
| Adoption        | 3.9          | 18.2        | 4.8         | 11.4        | 0        | 27.3                              | 39.9        | 49.1        | 55.9      | 25.7        | 29.8                               | 59.9        | 42.3        | 56.5        | 38.1        |
| Clinic          | 0            | 3.9         | 0           | 0           | 0        | 3.2                               | 0.9         | 1.6         | 0.2       | 0           | 1                                  | 2           | 1.3         | 2.8         | 2.1         |
| Died            | 0            | 0           | 0           | 0           | 0        | 19.9                              | 6.8         | 30.2        | 83.7      | 5.5         | 17.3                               | 451.6       | 29.5        | 178.7       | 112.1       |
| Euthanasia      | 4.7          | 18.3        | 0           | 8.6         | 0        | 18.2                              | 15.7        | 17.4        | 7.6       | 0.6         | 19.7                               | 22.1        | 16.5        | 18.9        | 7.4         |
| Missing         | 0            | 0           | 0           | 0           | 0        | 0                                 | 176.9       | 31          | 29.2      | 0           | 122.7                              | 477.7       | 123.1       | 518.9       | 567.5       |
| Return To Owner | 1            | 0.7         | 0           | 0           | 0        | 3.5                               | 4.3         | 14.9        | 7.4       | 0           | 5.3                                | 7.2         | 11.6        | 12.7        | 17.1        |
| Service         | 0            | 0           | 0           | 0           | 0        | 0                                 | 0.7         | 4.1         | 3.8       | 37.6        | 5.3                                | 9           | 9.5         | 7.6         | 8.3         |
| Transfer        | 5.1          | 15.9        | 18.2        | 24.2        | 0        | 13.2                              | 20.8        | 42.4        | 17.6      | 6.1         | 21.3                               | 34.8        | 31.2        | 26.1        | 23.8        |
| Wildlife        | 0            | 0           | 0           | 0           | 0        | 0                                 | 0           | 0           | 0         | 0           | 0                                  | 0           | 0           | 0           | 3.7         |
| <b>Total</b>    | <b>4.4</b>   | <b>11.9</b> | <b>12.5</b> | <b>12.5</b> | <b>0</b> | <b>20</b>                         | <b>21.6</b> | <b>42.8</b> | <b>25</b> | <b>17.1</b> | <b>24.1</b>                        | <b>50.2</b> | <b>35.9</b> | <b>44.1</b> | <b>27.6</b> |



Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM





## Shelter Statistics – Animal Care Days by Intake Type

Start Date: November 01, 2023

End Date: November 30, 2023

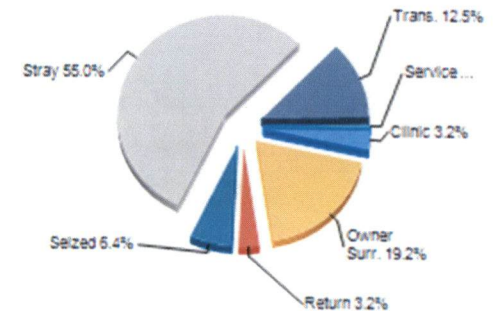
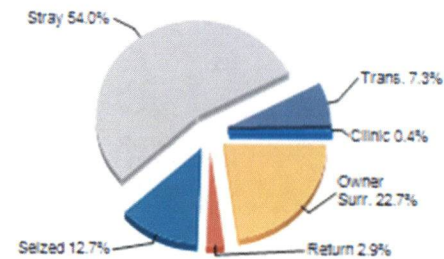
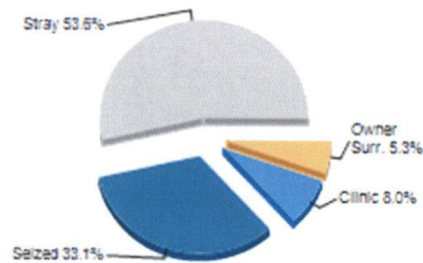
USNC100

Duplin County Animal Services

does not include your shelter's data

does not include your shelter's data

| Intake Type     | Your Shelter |            |            |            |          | North Carolina (57 organizations) |              |              |              |             | United States (1316 organizations) |                |                |                |               |
|-----------------|--------------|------------|------------|------------|----------|-----------------------------------|--------------|--------------|--------------|-------------|------------------------------------|----------------|----------------|----------------|---------------|
|                 | Dog          |            | Cat        |            | Other    | Dog                               |              | Cat          |              | Other       | Dog                                |                | Cat            |                | Other         |
|                 | < year       | year+      | < year     | year+      |          | < year                            | year+        | < year       | year+        |             | < year                             | year+          | < year         | year+          |               |
| Clinic          | 0            | 71         | 30         | 60         | 0        | 109                               | 25           | 9            | 3            | 0           | 51288                              | 142467         | 53827          | 61227          | 650           |
| Owner Surrender | 15           | 14         | 78         | 0          | 0        | 9805                              | 13837        | 21958        | 10745        | 810         | 274226                             | 529019         | 543880         | 431566         | 69815         |
| Return          | 0            | 0          | 0          | 0          | 0        | 944                               | 3992         | 665          | 1678         | 67          | 34818                              | 154471         | 26305          | 87604          | 4033          |
| Seized          | 196          | 214        | 50         | 205        | 3        | 5585                              | 12789        | 5088         | 8477         | 181         | 98694                              | 295878         | 83745          | 100349         | 38861         |
| Service         | 0            | 0          | 0          | 0          | 0        | 101                               | 43           | 235          | 306          | 30          | 2581                               | 10149          | 7234           | 7917           | 868           |
| Stray           | 293          | 196        | 231        | 364        | 0        | 12339                             | 62262        | 38327        | 22785        | 625         | 760383                             | 1806604        | 1608850        | 1012711        | 99485         |
| Transfer        | 0            | 0          | 0          | 0          | 0        | 4551                              | 5547         | 5996         | 2203         | 60          | 292397                             | 374552         | 330744         | 186408         | 19519         |
| Wildlife        | 0            | 0          | 0          | 0          | 0        | 0                                 | 0            | 0            | 0            | 90          | 0                                  | 0              | 0              | 0              | 12610         |
| <b>Total</b>    | <b>504</b>   | <b>495</b> | <b>390</b> | <b>630</b> | <b>3</b> | <b>33434</b>                      | <b>98494</b> | <b>72278</b> | <b>46196</b> | <b>1863</b> | <b>1514388</b>                     | <b>3313141</b> | <b>2654585</b> | <b>1887781</b> | <b>245840</b> |



Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM





## Shelter Statistics – Animal Care Days by Outcome Type

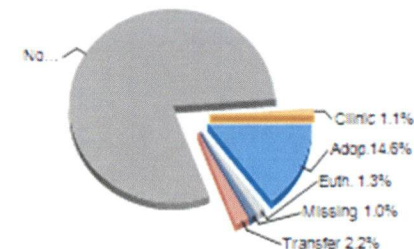
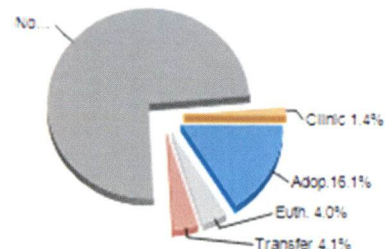
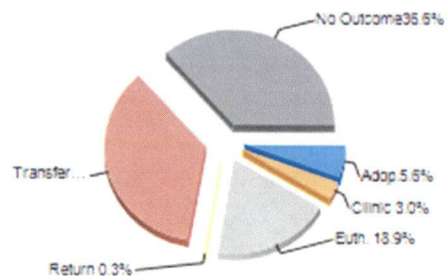
Start Date: November 01, 2023

End Date: November 30, 2023

USNC100

Duplin County Animal Services

| Outcome Type    | Your Shelter |            |            |            |          | North Carolina (57 organizations) |              |              |              |             | United States (1316 organizations) |                |                |                |               |
|-----------------|--------------|------------|------------|------------|----------|-----------------------------------|--------------|--------------|--------------|-------------|------------------------------------|----------------|----------------|----------------|---------------|
|                 | Dog          |            | Cat        |            | Other    | Dog                               |              | Cat          |              | Other       | Dog                                |                | Cat            |                | Other         |
|                 | < year       | year+      | < year     | year+      |          | < year                            | year+        | < year       | year+        |             | < year                             | year+          | < year         | year+          |               |
| Adoption        | 23           | 23         | 45         | 21         | 0        | 7351                              | 8059         | 18704        | 5902         | 497         | 246778                             | 280443         | 606351         | 231492         | 37267         |
| Clinic          | 0            | 27         | 0          | 33         | 0        | 48                                | 25           | 9            | 3            | 0           | 2623                               | 3736           | 4823           | 3970           | 172           |
| Died            | 0            | 0          | 0          | 0          | 0        | 120                               | 26           | 639          | 335          | 15          | 3246                               | 3824           | 12807          | 6539           | 1277          |
| Euthanasia      | 5            | 108        | 0          | 270        | 0        | 1107                              | 3926         | 2089         | 2917         | 9           | 17061                              | 66367          | 19962          | 24674          | 1100          |
| Missing         | 0            | 0          | 0          | 0          | 0        | 0                                 | 16           | 80           | 22           | 0           | 1044                               | 52694          | 2341           | 41711          | 2256          |
| Return To Owner | 1            | 6          | 0          | 0          | 0        | 185                               | 1206         | 90           | 281          | 0           | 4472                               | 25975          | 3659           | 8067           | 3441          |
| Service         | 0            | 0          | 0          | 0          | 0        | 0                                 | 4            | 57           | 301          | 53          | 433                                | 2188           | 4010           | 8197           | 117           |
| Transfer        | 135          | 145        | 285        | 156        | 0        | 2720                              | 2835         | 3556         | 1173         | 31          | 55317                              | 60191          | 55837          | 33960          | 5799          |
| Wildlife        | 0            | 0          | 0          | 0          | 0        | 0                                 | 0            | 0            | 0            | 0           | 0                                  | 0              | 0              | 0              | 857           |
| No Outcome      | 340          | 187        | 60         | 149        | 3        | 21902                             | 82396        | 47054        | 35262        | 1259        | 1183414                            | 2817717        | 1944794        | 1529171        | 193554        |
| <b>Total</b>    | <b>504</b>   | <b>495</b> | <b>390</b> | <b>630</b> | <b>3</b> | <b>33434</b>                      | <b>98494</b> | <b>72278</b> | <b>46196</b> | <b>1863</b> | <b>1514388</b>                     | <b>3313141</b> | <b>2654585</b> | <b>1887781</b> | <b>245840</b> |



Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM

## Shelter Statistics - Fees and Revenue

Start Date: November 01, 2023

End Date: November 30, 2023

USNC100

Duplin County Animal Services

does not include your shelter's data

does not include your shelter's data

### Intake Revenue

#### Fees

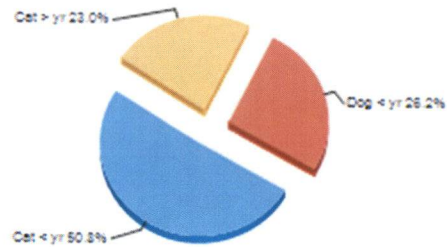
|                    | Your Shelter |       |        |       |       | North Carolina (57 organizations) |       |        |       |       | United States (1316 organizations) |         |        |        |       |
|--------------------|--------------|-------|--------|-------|-------|-----------------------------------|-------|--------|-------|-------|------------------------------------|---------|--------|--------|-------|
|                    | Dog          |       | Cat    |       | Other | Dog                               |       | Cat    |       | Other | Dog                                |         | Cat    |        | Other |
|                    | < year       | year+ | < year | year+ |       | < year                            | year+ | < year | year+ |       | < year                             | year+   | < year | year+  |       |
| Avg Fees (\$)      | 10           | 35    | 0      | 0     | 0     | 25                                | 34    | 31     | 20    | 23    | 55                                 | 70      | 46     | 55     | 39    |
| Total Revenue (\$) | 10           | 35    | 0      | 0     | 0     | 25                                | 335   | 215    | 200   | 70    | 23,538                             | 133,708 | 26,359 | 74,018 | 8,796 |

### Adoption Revenue

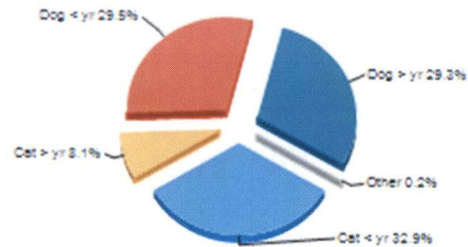
#### Fees

|                    | Your Shelter |       |        |       |       | North Carolina (57 organizations) |        |        |       |       | United States (1316 organizations) |         |           |         |        |
|--------------------|--------------|-------|--------|-------|-------|-----------------------------------|--------|--------|-------|-------|------------------------------------|---------|-----------|---------|--------|
|                    | Dog          |       | Cat    |       | Other | Dog                               |        | Cat    |       | Other | Dog                                |         | Cat       |         | Other  |
|                    | < year       | year+ | < year | year+ |       | < year                            | year+  | < year | year+ |       | < year                             | year+   | < year    | year+   |        |
| Avg Fees (\$)      | 16           | 0     | 26     | 23    | 0     | 109                               | 90     | 69     | 46    | 11    | 225                                | 123     | 108       | 69      | 36     |
| Total Revenue (\$) | 80           | 0     | 155    | 70    | 0     | 18,035                            | 17,868 | 20,109 | 4,944 | 95    | 1,266,626                          | 983,448 | 1,329,458 | 435,664 | 32,928 |

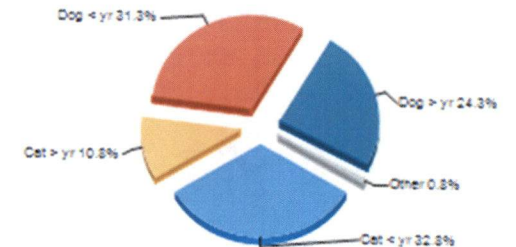
Total Adoption Revenue



Total Adoption Revenue



Total Adoption Revenue



Earliest entry: 11/1/2023

Latest entry: 11/30/2023

Daily Use Date: 11/2/2013

Run Date: 12/11/2023 3:23:12 PM



# Intake Detail Report

Print Date Monday, December 11, 2023

Intake StartDate 11/1/2023  
Intake EndDate 11/30/2023  
Intake Type All  
Intake SubType All  
Species All  
DOA All  
Intake Status Completed

Jurisdiction All  
Injury Cause All  
PreAltered All  
Site Name All  
Age Group All  
Animal Tag Type All

| <u>Animal#</u> | <u>Animal Name</u> | <u>Species</u> | <u>Breed</u>                  | <u>Age</u>     | <u>Gender</u> | <u>Color</u>         | <u>PreAltered</u> | <u>IntakeDate</u> | <u>Intake Type</u> | <u>PetID</u> |
|----------------|--------------------|----------------|-------------------------------|----------------|---------------|----------------------|-------------------|-------------------|--------------------|--------------|
| <u>ARN</u>     | <u>Tag type</u>    | <u>Size</u>    | <u>Location / Sublocation</u> | <u>Altered</u> | <u>Danger</u> | <u>Danger Reason</u> | <u>S/N</u>        | <u>By</u>         | <u>Subtype</u>     | <u>DOA</u>   |

|                          |                    |                           |
|--------------------------|--------------------|---------------------------|
| Clinic                   | Total Intakes: 12  | Total Unique Animals: 12  |
| Owner/Guardian Surrender | Total Intakes: 4   | Total Unique Animals: 4   |
| Seized / Custody         | Total Intakes: 31  | Total Unique Animals: 31  |
| Stray                    | Total Intakes: 106 | Total Unique Animals: 106 |

Total Count: 153



## Outcome Summary Report

Print Date **Monday, December 11, 2023**

|                   |                     |                    |           |
|-------------------|---------------------|--------------------|-----------|
| Outcome StartDate | 11/1/2023 12:00 AM  | Outcome Type       | All       |
| Outcome EndDate   | 11/30/2023 11:59 PM | Outcome SubType    | All       |
| Species           | All                 | Jurisdiction       | All       |
| Age Group         | All                 | TransferOut Reason | All       |
| Site              | All                 | Outcome Status     | Completed |

| <u>Animal#</u>           | <u>Name</u>            | <u>Species</u> | <u>Primary Breed</u> | <u>Age</u> | <u>Sex</u> | <u>Alter</u> | <u>Outcome Type</u> | <u>Outcome SubType</u>    | <u>Outcome By</u>        | <u>Recorded By</u> |
|--------------------------|------------------------|----------------|----------------------|------------|------------|--------------|---------------------|---------------------------|--------------------------|--------------------|
| <u>ARN#</u>              | <u>Secondary Breed</u> |                | <u>Danger</u>        |            |            |              | <u>Jurisdiction</u> | <u>TransferOut Reason</u> | <u>Outcome Date/Time</u> |                    |
| Adoption                 |                        |                |                      |            |            |              | Total Outcomes: 18  |                           | Total Unique Animals: 18 |                    |
| Clinic Out               |                        |                |                      |            |            |              | Total Outcomes: 10  |                           | Total Unique Animals: 10 |                    |
| Euthanasia               |                        |                |                      |            |            |              | Total Outcomes: 48  |                           | Total Unique Animals: 48 |                    |
| Return to Owner/Guardian |                        |                |                      |            |            |              | Total Outcomes: 9   |                           | Total Unique Animals: 9  |                    |
| Transfer Out             |                        |                |                      |            |            |              | Total Outcomes: 59  |                           | Total Unique Animals: 59 |                    |
| Total Count:             |                        |                |                      |            |            |              |                     |                           |                          |                    |

# Case Detail

Print Date Monday, December 11, 2023

|                   |     |                      |       |                    |                     |
|-------------------|-----|----------------------|-------|--------------------|---------------------|
| Case Category     | All | Case Result          | All   | Include Activities | False               |
| Case Type         | All | Case Result By       | All   | Include Conditions | False               |
| Case SubType      | All | Case Memo Type       | All   | Include Memos      | False               |
| Case Status       | All | Include Case Address | False | Include Violations | False               |
| Case Officer      | All | Include Animal Info  | False | Based On           | Case Date/Time      |
| Officer Site      | All | Include Person Info  | False | Date From          | 11/1/2023 12:00 AM  |
| Case Jurisdiction | All | Include Animals      | False | Date To            | 11/30/2023 11:59 PM |
| City              | All | Include Persons      | False |                    |                     |
| Patrol Area       | All |                      |       |                    |                     |

| <u>Case#</u> | <u>Case Category</u>    | <u>Case Type</u>    | <u>Case Date/Time</u>     | <u>Case Status</u> | <u>Case Officer</u> | <u>Case Jurisdiction</u> | <u>Case Result</u>    | <u>Case Result Date/Time</u> |
|--------------|-------------------------|---------------------|---------------------------|--------------------|---------------------|--------------------------|-----------------------|------------------------------|
|              | <u>Case Reference #</u> | <u>Case SubType</u> | <u>Reported Date/Time</u> |                    |                     | <u>Patrol Area</u>       | <u>Case Result By</u> | <u>Case Review Date/Time</u> |

|                             |    |
|-----------------------------|----|
| abandoned on property       | 1  |
| assist law enforcement      | 1  |
| Bite / Scratch              | 6  |
| Cruelty / Neglect           | 1  |
| Enforcement                 | 2  |
| Owner in Custody            | 1  |
| Owner in Hospital           | 1  |
| Stray                       | 27 |
| Tearing up private property | 1  |
| Welfare Check               | 4  |

Total Count: 45



# Revenue Report

Print Date Monday, December 11, 2023

|                   |                        |              |     |
|-------------------|------------------------|--------------|-----|
| Receipt Date From | 11/1/2023 12:00:00 AM  | Item         | All |
| Receipt Date To   | 11/30/2023 11:59:00 PM | Item Group   | All |
| Account Code      | All                    | Site         | All |
| Cash Drawer       | All                    | Payment Type | All |
| Refunds           | Include                |              |     |

| Receipt#                              | Account           | Receipt Date | Animal                        | Person                 | Payment         | Subtotal          | Discount        | Reason         | Tax        | Total Due               | Total        |
|---------------------------------------|-------------------|--------------|-------------------------------|------------------------|-----------------|-------------------|-----------------|----------------|------------|-------------------------|--------------|
| Paid Cash                             |                   | Paid Check   |                               | Paid Debit             |                 | Paid Credit Card  |                 | Paid Gift Card |            | Paid Voucher            |              |
| Item                                  | Code              | Cash Drawer  |                               |                        | Type            | (# Units @ Price) | Staff Person    | Reference      |            | Total Paid              |              |
| Item Number                           |                   | IRN          |                               |                        | UPC#            | Item Type         |                 | Item Category  |            | Late Fee                |              |
| (# Units @ Cost)                      |                   | Markup %     | Tax Code 1 (\$)               |                        | Tax Code 2 (\$) |                   | Discount %      | Site           |            |                         |              |
| <b>*CANINE ADOPTION FEE</b>           |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |
|                                       |                   |              | Group % of Total Sales: 1.51% |                        |                 | \$60.00           | \$0.00          |                | \$0.00     | \$0.00/\$60.00          | \$60.00      |
|                                       | <No Account Code> |              |                               | <b>Total Items: 6</b>  |                 | \$60.00           | \$0.00          |                | \$0.00     | \$60.00                 | \$60.00      |
| <b>*FELINE ADOPTION FEE</b>           |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |
|                                       |                   |              | Group % of Total Sales: 4.15% |                        |                 | \$165.00          | \$0.00          |                | \$0.00     | \$0.00/\$165.00         | \$165.00     |
|                                       | <No Account Code> |              |                               | <b>Total Items: 11</b> |                 | \$165.00          | \$0.00          |                | \$0.00     | \$165.00                | \$165.00     |
| <b>*LONNIE'S ANGELS 72-22065</b>      |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |
|                                       |                   |              | Group % of Total Sales: 3.15% |                        |                 | \$125.00          | \$0.00          |                | \$0.00     | \$0.00/\$125.00         | \$125.00     |
|                                       | <No Account Code> |              |                               | <b>Total Items: 3</b>  |                 | \$125.00          | \$0.00          |                | \$0.00     | \$125.00                | \$125.00     |
| <b>*RESCUE CAT TRANSFER FEES</b>      |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |
|                                       |                   |              | Group % of Total Sales: 1.01% |                        |                 | \$40.00           | \$0.00          |                | \$0.00     | \$0.00/\$40.00          | \$40.00      |
|                                       | 4380-34346        |              |                               | <b>Total Items: 2</b>  |                 | \$40.00           | \$0.00          |                | \$0.00     | \$40.00                 | \$40.00      |
| <b>*RESCUE DOG TRANSFER FEES</b>      |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |
|                                       |                   |              | Group % of Total Sales: 9.44% |                        |                 | \$375.00          | \$0.00          |                | \$0.00     | \$0.00/\$375.00         | \$375.00     |
|                                       | 4380-34346        |              |                               | <b>Total Items: 15</b> |                 | \$375.00          | \$0.00          |                | \$0.00     | \$375.00                | \$375.00     |
| <b>1BORDETELLA<br/>BRONCHISEPTICA</b> |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |
|                                       |                   |              | Group % of Total Sales: 3.52% |                        |                 | \$140.00          | \$0.00          |                | \$0.00     | \$0.00/\$140.00         | \$140.00     |
|                                       | <No Account Code> |              |                               | <b>Total Items: 14</b> |                 | \$140.00          | \$0.00          |                | \$0.00     | \$140.00                | \$140.00     |
|                                       |                   |              |                               |                        |                 | <u>SubTotal</u>   | <u>Discount</u> |                | <u>Tax</u> | <u>Total Due / Paid</u> | <u>Total</u> |



# Revenue Report

|                                      |                                |                             |                           |                      |  |                          |
|--------------------------------------|--------------------------------|-----------------------------|---------------------------|----------------------|--|--------------------------|
| <b>1CANINE VOUCHER 72-2206-001</b>   | Group % of Total Sales: 15.11% | \$600.00                    | \$0.00                    | \$0.00               | \$0.00/\$600.00                            | \$600.00                 |
| <No Account Code>                    | <b>Total Items: 6</b>          | \$600.00                    | \$0.00                    | \$0.00               | \$600.00                                   | \$600.00                 |
| <b>1Duramune Max 5 VACCINE ONLY</b>  | Group % of Total Sales: 3.52%  | <u>SubTotal</u><br>\$140.00 | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$140.00 | <u>Total</u><br>\$140.00 |
| <No Account Code>                    | <b>Total Items: 14</b>         | \$140.00                    | \$0.00                    | \$0.00               | \$140.00                                   | \$140.00                 |
| <b>1FELINE VOUCHER 72-2206-001</b>   | Group % of Total Sales: 23.16% | <u>SubTotal</u><br>\$920.00 | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$920.00 | <u>Total</u><br>\$920.00 |
| 72-2206-001                          | <b>Total Items: 11</b>         | \$920.00                    | \$0.00                    | \$0.00               | \$920.00                                   | \$920.00                 |
| <b>1FELOCELL CVR-C</b>               | Group % of Total Sales: 2.27%  | <u>SubTotal</u><br>\$90.00  | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$90.00  | <u>Total</u><br>\$90.00  |
| <No Account Code>                    | <b>Total Items: 9</b>          | \$90.00                     | \$0.00                    | \$0.00               | \$90.00                                    | \$90.00                  |
| <b>1RABVAC1</b>                      | Group % of Total Sales: 4.53%  | <u>SubTotal</u><br>\$180.00 | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$180.00 | <u>Total</u><br>\$180.00 |
| <No Account Code>                    | <b>Total Items: 18</b>         | \$180.00                    | \$0.00                    | \$0.00               | \$180.00                                   | \$180.00                 |
| <b>Admin Fee</b>                     | Group % of Total Sales: 2.77%  | <u>SubTotal</u><br>\$110.00 | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$110.00 | <u>Total</u><br>\$110.00 |
| <No Account Code>                    | <b>Total Items: 11</b>         | \$110.00                    | \$0.00                    | \$0.00               | \$110.00                                   | \$110.00                 |
| <b>BOARDING FEE</b>                  | Group % of Total Sales: 6.42%  | <u>SubTotal</u><br>\$255.00 | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$255.00 | <u>Total</u><br>\$255.00 |
| <No Account Code>                    | <b>Total Items: 17</b>         | \$255.00                    | \$0.00                    | \$0.00               | \$255.00                                   | \$255.00                 |
| <b>BUILDING DONATION 71-3438-381</b> | Group % of Total Sales: 0.48%  | <u>SubTotal</u><br>\$18.93  | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$18.93  | <u>Total</u><br>\$18.93  |
| <No Account Code>                    | <b>Total Items: 1</b>          | \$18.93                     | \$0.00                    | \$0.00               | \$18.93                                    | \$18.93                  |
| <b>LONNIE'S ANGELS VOUCHER</b>       | Group % of Total Sales: 6.04%  | <u>SubTotal</u><br>\$240.00 | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$240.00 | <u>Total</u><br>\$240.00 |
| 72-22065                             | <b>Total Items: 2</b>          | \$240.00                    | \$0.00                    | \$0.00               | \$240.00                                   | \$240.00                 |
| <b>MICROCHIP</b>                     | Group % of Total Sales: 0.76%  | <u>SubTotal</u><br>\$30.00  | <u>Discount</u><br>\$0.00 | <u>Tax</u><br>\$0.00 | <u>Total Due / Paid</u><br>\$0.00/\$30.00  | <u>Total</u><br>\$30.00  |
| <No Account Code>                    | <b>Total Items: 1</b>          | \$30.00                     | \$0.00                    | \$0.00               | \$30.00                                    | \$30.00                  |



# Revenue Report

|                                     |                               | <u>SubTotal</u>                                   | <u>Discount</u> | <u>Tax</u>      | <u>Total Due / Paid</u> | <u>Total</u> |
|-------------------------------------|-------------------------------|---|-----------------|-----------------|-------------------------|--------------|
| <b>OWNER SURRENDER FEE</b>          | Group % of Total Sales: 0.50% | \$20.00   | \$0.00          | \$0.00          | \$0.00/\$20.00          | \$20.00      |
| <No Account Code>                   | <b>Total Items: 2</b>         | \$20.00   | \$0.00          | \$0.00          | \$20.00                 | \$20.00      |
| <b>OWNER SURRENDER PER (LITTER)</b> | Group % of Total Sales: 0.63% | \$25.00   | \$0.00          | \$0.00          | \$0.00/\$25.00          | \$25.00      |
| <No Account Code>                   | <b>Total Items: 1</b>         | \$25.00   | \$0.00          | \$0.00          | \$25.00                 | \$25.00      |
| <b>RECLAIM FEE</b>                  | Group % of Total Sales: 5.66% | \$225.00  | \$0.00          | \$0.00          | \$0.00/\$225.00         | \$225.00     |
| <No Account Code>                   | <b>Total Items: 9</b>         | \$225.00  | \$0.00          | \$0.00          | \$225.00                | \$225.00     |
| <b>VET FEES</b>                     | Group % of Total Sales: 5.36% | \$213.04  | \$0.00          | \$0.00          | \$0.00/\$213.04         | \$213.04     |
| <No Account Code>                   | <b>Total Items: 4</b>         | \$213.04  | \$0.00          | \$0.00          | \$213.04                | \$213.04     |
| <b>Total Price:</b>                 | <b>\$3,971.97</b>             | <b>Total # Units Sold:</b>                        |                 | <b>157</b>      |                         |              |
| <b>Total Revenue</b>                | <b>\$3,971.97</b>             | <b>Total Cost:</b>                                |                 | <b>\$159.17</b> |                         |              |
| <b>Total Discount:</b>              | <b>\$0.00</b>                 | <b>Markup % Total - For All Items:</b>            |                 | <b>\$355.14</b> |                         |              |
| <b>Total Tax:</b>                   | <b>\$0.00</b>                 | <b>Markup % Total - Only for Inventory Items:</b> |                 | <b>\$0.00</b>   |                         |              |
| <b>Grand Total:</b>                 | <b>\$3,971.97</b>             | <b>Total Cost % against Total Sales:</b>          |                 | <b>3.65%</b>    |                         |              |

| Maintenance Type         |           |            |            | Solid Waste Disposal |            |            | Collections |            |            | Water     |            |            |
|--------------------------|-----------|------------|------------|----------------------|------------|------------|-------------|------------|------------|-----------|------------|------------|
|                          | Part Cpst | Labor Cost | Total Cost | Part Cost            | Labor Cost | Total Cost | Part Cost   | Labor Cost | Total Cost | Part Cost | Labor Cost | Total Cost |
| Brakes & Rotors          | 611.1     | 51.86      | 662.96     | 60.28                | 51.86      | 112.14     |             |            |            |           |            |            |
| Def Refuel               | 355.5     |            | 355.5      | 232.27               |            | 232.27     | 119.29      |            | 119.3      |           |            |            |
| Diesel Truck Service     | 1197.24   | 272.29     | 1469.54    | 499.47               | 77.8       | 577.27     | 697.78      | 194.49     | 892.27     |           |            |            |
| Diesel Equipment Service |           |            |            |                      |            |            |             |            |            |           |            |            |
| Garage Road Call         | 716.15    | 38.9       | 755.05     |                      |            |            |             |            |            |           |            |            |
| General Repair           | 4848.66   | 920.62     | 5769.28    | 730.57               | 245.37     | 976.94     | 57.3        | 12.97      | 70.27      | 463.19    | 194.49     | 657.68     |
| Oil Change/Service       | 1368.21   | 207.5      | 1575.71    |                      |            |            | 64.98       | 51.87      | 116.85     | 125.69    | 155.63     | 281.32     |
| Outside Repairs          | 22412.38  |            | 22412.38   |                      |            |            | 21432.96    |            | 21432.96   |           |            |            |
| Alignment Only           |           |            |            |                      |            |            |             |            |            |           |            |            |
| PM Maintennce            | 1388.79   | 596.44     | 1985.23    |                      |            |            |             |            |            |           |            |            |
| State Inspection         | 3.4       | 12.97      | 16.37      |                      |            |            |             |            |            | 0.85      | 12.97      | 13.82      |
| Tire Change              | 5901.18   | 77.82      | 5979       | 279.02               | 12.97      | 291.99     | 1582.34     | 51.88      | 1634.22    | 300       | 12.97      | 312.97     |
| Tire Repair              | 137.64    | 155.63     | 293.27     | 6.69                 | 51.87      | 58.56      | 66.56       | 77.82      | 144.38     | 64.39     | 12.97      | 77.36      |
| Wrecker Call             |           |            |            |                      |            |            |             |            |            |           |            |            |
| Strip Vehicle            |           |            |            |                      |            |            |             |            |            |           |            |            |
| Total                    |           |            | 41274.29   | 1748.02              | 388.01     | 2137.03    | 24021.21    | 389.03     | 24410.25   | 954.12    | 389.03     | 1343.15    |

| Maintenance+A36:S49ce Type | Transportation |            | EMS        |           |            | Maintenance |           |            | Airport    |           |  |            |
|----------------------------|----------------|------------|------------|-----------|------------|-------------|-----------|------------|------------|-----------|--|------------|
|                            | Part Cost      | Labor Cost | Total Cost | Part Cost | Labor Cost | Total Cost  | Part Cost | Labor Cost | Total Cost | Part Cost |  | Labor Cost |
| Brakes & Rotors            |                |            |            | 63.86     |            | 63.86       |           |            |            |           |  | 0          |
| Def Refuel                 |                |            |            | 3.95      |            | 3.95        |           |            |            |           |  | 0          |



|                          |         |        |         |         |   |         |       |   |       |   |   |   |  |
|--------------------------|---------|--------|---------|---------|---|---------|-------|---|-------|---|---|---|--|
| Diesel Truck Service     |         |        |         |         |   |         |       |   |       |   |   |   |  |
| Diesel Equipment Service |         |        |         |         |   |         |       |   |       |   |   |   |  |
| Garage Road Call         |         |        |         | 562.7   |   | 562.7   |       |   |       |   |   |   |  |
| General Repair           | 30.09   | 246.35 | 276.44  | 1095.54 |   | 1095.54 | 88.11 |   | 88.11 |   |   |   |  |
| Oil Change/Service       |         |        |         | 125.38  |   | 125.38  |       |   |       |   |   |   |  |
| Outside Repairs          | 185     |        | 185     | 370     |   | 370     |       |   |       |   |   |   |  |
| Alignment Only           |         |        |         |         |   |         |       |   |       |   |   |   |  |
| PM Maintenance           | 1388.79 | 596.44 | 1985.23 |         |   |         |       |   |       |   |   |   |  |
| State Inspection         |         |        |         | 0.85    |   | 0.85    |       |   |       |   |   |   |  |
| Tire Change              |         |        |         | 147.21  |   | 147.21  |       |   |       |   |   |   |  |
| Tire Repair              |         |        |         |         |   |         |       |   |       |   |   |   |  |
| Wrecker Call             |         |        |         |         |   |         |       |   |       |   |   |   |  |
| Strip Vehicle            |         |        |         |         |   |         |       |   |       |   |   |   |  |
| Total                    | 1603.88 | 842.79 | 2446.67 | 2369.49 | 0 | 2369.49 | 88.11 | 0 | 88.11 | 0 | 0 | 0 |  |

| Maintenance Type         | Inspections |            | Total Cost | Fire Marshall |            | Total Cost | ENVIRONMENTAL HEALTH |            |            | COMMUNICATIONS |            |
|--------------------------|-------------|------------|------------|---------------|------------|------------|----------------------|------------|------------|----------------|------------|
|                          | Part Cost   | Labor Cost |            | Part Cost     | Labor Cost |            | Part Cost            | Labor Cost | Total Cost | Part Cost      | Labor Cost |
| Brakes & Rotors          |             |            |            |               |            |            |                      |            |            |                |            |
| Def Refuel               |             |            |            |               |            |            |                      |            |            |                |            |
| Diesel Truck Service     |             |            |            |               |            |            |                      |            |            |                |            |
| Diesel Equipment Service |             |            |            |               |            |            |                      |            |            |                |            |
| Garage Road Call         |             |            |            |               |            |            | 54.64                |            | 54.64      |                |            |

|                    |       |   |       |   |   |   |  |       |   |       |        |   |        |
|--------------------|-------|---|-------|---|---|---|--|-------|---|-------|--------|---|--------|
| General Repair     |       |   |       |   |   |   |  |       |   |       | 51.87  |   | 51.87  |
| Oil Change/Service | 63.15 |   | 63.15 |   |   |   |  | 32.9  |   | 32.9  | 25.54  |   | 25.54  |
| Outside Repairs    |       |   |       |   |   |   |  |       |   |       | 424.42 |   | 424.42 |
| Alignment Only     |       |   |       |   |   |   |  |       |   |       |        |   |        |
| Parts Only         |       |   |       |   |   |   |  |       |   |       |        |   |        |
| State Inspection   |       |   |       |   |   |   |  | 0.85  |   | 0.85  |        |   |        |
| Tire Change        |       |   |       |   |   |   |  |       |   |       |        |   |        |
| Tire Repair        |       |   |       |   |   |   |  |       |   |       |        |   |        |
| Wrecker Call       |       |   |       |   |   |   |  |       |   |       |        |   |        |
| Strip Vehicle      |       |   |       |   |   |   |  |       |   |       |        |   |        |
| Total              | 63.15 | 0 | 63.15 | 0 | 0 | 0 |  | 88.39 | 0 | 88.39 | 501.83 | 0 | 501.83 |

[illegible]

|                  |         |   |         |   |   |   |        |   |        |   |   |   |   |
|------------------|---------|---|---------|---|---|---|--------|---|--------|---|---|---|---|
| Alignment Only   |         |   |         |   |   |   |        |   |        |   |   |   |   |
| Parts Only       |         |   |         |   |   |   |        |   |        |   |   |   |   |
| State Inspection |         |   |         |   |   |   |        |   |        |   |   |   |   |
| Tire Change      | 3097.88 |   | 3097.88 |   |   |   |        |   |        |   |   |   |   |
| Tire Repair      |         |   |         |   |   |   |        |   |        |   |   |   |   |
| Wrecker Call     |         |   |         |   |   |   |        |   |        |   |   |   |   |
| Strip Vehicle    |         |   |         |   |   |   |        |   |        |   |   |   |   |
| Total            | 6164.97 | 0 | 6164.97 | 0 | 0 | 0 | 115.63 | 0 | 115.63 | 0 | 0 | 0 | 0 |

| Maintenance Type         | Social Services |            |            | Animal Control |            |            | Service to Aged |            |            | Parks and Rec |            |            |
|--------------------------|-----------------|------------|------------|----------------|------------|------------|-----------------|------------|------------|---------------|------------|------------|
|                          | Part Cost       | Labor Cost | Total Cost | Part Cost      | Labor Cost | Total Cost | Part Cost       | Labor Cost | Total Cost | Part Cost     | Labor Cost | Total Cost |
| Brakes & Rotors          |                 |            |            | 346.97         |            | 346.97     |                 |            |            |               |            |            |
| Def Refuel               |                 |            |            |                |            |            |                 |            |            |               |            |            |
| Diesel Truck Service     |                 |            |            |                |            |            |                 |            |            |               |            |            |
| Diesel Equipment Service |                 |            |            |                |            |            |                 |            |            |               |            |            |
| Garage Road Call         |                 |            |            |                |            |            |                 |            |            |               |            |            |
| General Repair           |                 |            |            |                |            |            |                 |            |            |               |            |            |
| Oil Change/Service       | 37.33           |            | 37.33      | 39.73          |            | 39.73      |                 |            |            |               |            |            |
| Outside Repairs          |                 |            |            |                |            |            |                 |            |            |               |            |            |
| Alignment Only           |                 |            |            |                |            |            |                 |            |            |               |            |            |
| PM Maintenance           |                 |            |            |                |            |            |                 |            |            |               |            |            |
| State Inspection         |                 |            |            | 0.85           |            | 0.85       |                 |            |            |               |            |            |



|               | Estimate | Actual | Variance | Estimate | Actual | Variance | Estimate | Actual | Variance | Estimate | Actual | Variance |
|---------------|----------|--------|----------|----------|--------|----------|----------|--------|----------|----------|--------|----------|
| Tire Change   |          |        |          | 494.73   |        | 494.73   |          |        |          |          |        |          |
| Tire Repair   |          | 12.97  | 12.97    |          |        |          |          |        |          |          |        |          |
| Wrecker Call  |          |        |          |          |        |          |          |        |          |          |        |          |
| Strip Vehicle |          |        |          |          |        |          |          |        |          |          |        |          |
| <b>Total</b>  | 37.33    | 0      |          | 535.31   | 0      | 535.31   | 0        | 0      | 0        | 0        | 0      | 0        |

[illegible]

Strip Vehicle

Total

0

0

|

0

0

|

0

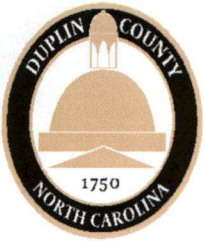
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Office of the  
**DUPLIN COUNTY REGISTER OF DEEDS**

**Anita Marie Savage, Register of Deeds**

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# MONTHLY REPORT FOR DUPLIN COUNTY REGISTER OF DEEDS NOVEMBER 2023

Submitted this 1<sup>st</sup> day of December, 2023

*Anita Marie Savage*

Register of Deeds



# Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Printed 12/01/2023

| Category         | Receipt Code    | Count                         | Total |               |          |                    |                 |                 |                   |              |                 |                    |                     |                 |  |
|------------------|-----------------|-------------------------------|-------|---------------|----------|--------------------|-----------------|-----------------|-------------------|--------------|-----------------|--------------------|---------------------|-----------------|--|
| DOT RIGHT OF WAY |                 |                               |       | Recording     | Special  | Floodplain Mapping | Excise Tax      | Land Transfer   | Dept Cultural Res | Pension Fund | Automation Fund | State General Fund | State Treasurer Amt | County Receipts |  |
|                  | DOTR/W          | DOT RIGHT OF WAY              | 1     | \$86.00       | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$1.29       | \$2.07          | \$0.00             | \$0.00              | \$82.64         |  |
|                  | Category Totals |                               | 1     | \$86.00       | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$1.29       | \$2.07          | \$0.00             | \$0.00              | \$82.64         |  |
| ESCROW CREDIT    |                 |                               |       | Escrow Credit |          |                    |                 |                 |                   |              |                 |                    |                     |                 |  |
|                  | ESCROW          | ESCROW CREDIT                 | 1     | \$490.00      | \$490.00 |                    |                 |                 |                   |              |                 |                    |                     |                 |  |
|                  | Category Totals |                               | 1     | \$490.00      | \$490.00 |                    |                 |                 |                   |              |                 |                    |                     |                 |  |
| MAP              |                 |                               |       | Recording     | Special  | Floodplain Mapping | Excise Tax      | Land Transfer   | Dept Cultural Res | Pension Fund | Automation Fund | State General Fund | State Treasurer Amt | County Receipts |  |
|                  | MAP             | MAP                           | 29    | \$567.00      | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$8.64       | \$55.89         | \$0.00             | \$0.00              | \$502.47        |  |
|                  | Category Totals |                               | 29    | \$567.00      | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$8.64       | \$55.89         | \$0.00             | \$0.00              | \$502.47        |  |
| MARR             |                 |                               |       | Fee           | NCCTF    | DVCF               | Pension Fund    | Automation Fund | County Receipts   |              |                 |                    |                     |                 |  |
|                  | ML              | MARRIAGE LICENSE              | 33    | \$1,980.00    | \$0.00   | \$165.00           | \$990.00        | \$29.70         | \$79.53           | \$715.77     |                 |                    |                     |                 |  |
|                  | Category Totals |                               | 33    | \$1,980.00    | \$0.00   | \$165.00           | \$990.00        | \$29.70         | \$79.53           | \$715.77     |                 |                    |                     |                 |  |
| NO BOOK          |                 |                               |       | Fee           | Special  | Pension Fund       | Automation Fund | County Receipts |                   |              |                 |                    |                     |                 |  |
|                  | AMDVIT          | AMENDMENT - VITALS            | 2     | \$20.00       | \$0.00   | \$0.00             | \$0.30          | \$1.98          | \$17.72           |              |                 |                    |                     |                 |  |
|                  | BIRTH           | CERTIFIED COPY - BIRTH        | 137   | \$1,370.00    | \$0.00   | \$0.00             | \$20.55         | \$135.63        | \$1,213.82        |              |                 |                    |                     |                 |  |
|                  | BIRTHSE         | CERTIFIED COPY - SENIOR BIRTH | 5     | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            |              |                 |                    |                     |                 |  |
|                  | CCOPY           | CERTIFIED COPY - REAL PROPEI  | 9     | \$53.00       | \$0.00   | \$0.00             | \$0.79          | \$5.20          | \$47.01           |              |                 |                    |                     |                 |  |
|                  | COPY            | COPIES                        | 42    | \$60.50       | \$0.00   | \$0.00             | \$0.93          | \$5.96          | \$53.61           |              |                 |                    |                     |                 |  |
|                  | COPYP           | COPIES - FULL SIZE PLAT       | 1     | \$4.00        | \$0.00   | \$0.00             | \$0.06          | \$0.39          | \$3.55            |              |                 |                    |                     |                 |  |
|                  | COPYV           | COPIES - VITAL RECORDS        | 12    | \$4.50        | \$0.00   | \$0.00             | \$0.04          | \$0.41          | \$4.05            |              |                 |                    |                     |                 |  |
|                  | DEATH           | CERTIFIED COPY - DEATH        | 210   | \$2,100.00    | \$0.00   | \$0.00             | \$31.50         | \$207.90        | \$1,860.60        |              |                 |                    |                     |                 |  |
|                  | FAXTF           | FAX - TOLL FREE               | 10    | \$2.50        | \$0.00   | \$0.00             | \$0.00          | \$0.20          | \$2.30            |              |                 |                    |                     |                 |  |
|                  | MARR            | CERTIFIED COPY - MARRIAGE     | 63    | \$630.00      | \$0.00   | \$0.00             | \$9.45          | \$62.37         | \$558.18          |              |                 |                    |                     |                 |  |

# Ledger Summary Report - Roll-up

Printed 12/01/2023

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

| Category        | Receipt Code              | Count | Total       |           |         |                    |             |               |                   |              |                 |                    |                     |                 |
|-----------------|---------------------------|-------|-------------|-----------|---------|--------------------|-------------|---------------|-------------------|--------------|-----------------|--------------------|---------------------|-----------------|
| Category Totals |                           | 491   | \$4,244.50  | \$0.00    | \$0.00  | \$63.62            | \$420.04    | \$3,760.84    |                   |              |                 |                    |                     |                 |
| PROPERTY        |                           |       |             | Recording | Special | Floodplain Mapping | Excise Tax  | Land Transfer | Dept Cultural Res | Pension Fund | Automation Fund | State General Fund | State Treasurer Amt | County Receipts |
| ABN             | ASSUMED BUSINESS NAME     | 5     | \$130.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.95       | \$9.70          | \$0.00             | \$31.00             | \$87.35         |
| ADM/COR         | ADMINISTRATIVE CORRECTION | 1     | \$0.00      | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.00       | \$0.00          | \$0.00             | \$0.00              | \$0.00          |
| AFDVT           | AFFIDAVIT                 | 4     | \$104.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.56       | \$7.76          | \$0.00             | \$24.80             | \$69.88         |
| AGMT            | AGREEMENT                 | 3     | \$234.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$3.51       | \$21.19         | \$0.00             | \$18.60             | \$190.70        |
| APPT            | APPOINTMENT               | 2     | \$52.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.78       | \$3.88          | \$0.00             | \$12.40             | \$34.94         |
| ASGMT           | ASSIGNMENT                | 23    | \$598.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$8.97       | \$44.62         | \$0.00             | \$142.60            | \$401.81        |
| CERT            | CERTIFICATE               | 2     | \$52.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.78       | \$3.88          | \$0.00             | \$12.40             | \$34.94         |
| CERT/TR         | CERTIFICATION OF TRUST    | 3     | \$78.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.17       | \$5.85          | \$0.00             | \$18.60             | \$52.38         |
| CM/D            | COMMISSIONER DEED         | 3     | \$159.00    | \$0.00    | \$0.00  | \$0.00             | \$81.00     | \$0.00        | \$0.00            | \$1.17       | \$5.82          | \$0.00             | \$18.60             | \$52.41         |
| D/COR           | DEED OF CORRECTION        | 4     | \$104.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.56       | \$7.76          | \$0.00             | \$24.80             | \$69.88         |
| D/EASE          | DEED OF EASEMENT          | 1     | \$26.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.39       | \$1.94          | \$0.00             | \$6.20              | \$17.47         |
| D/REL           | DEED OF RELEASE           | 4     | \$104.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.56       | \$7.76          | \$0.00             | \$24.80             | \$69.88         |
| D/T             | DEED OF TRUST             | 49    | \$3,136.00  | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$47.04      | \$303.80        | \$0.00             | \$303.80            | \$2,481.36      |
| DECL            | DECLARATION               | 3     | \$78.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.17       | \$5.82          | \$0.00             | \$18.60             | \$52.41         |
| DEED            | DEED                      | 117   | \$29,759.00 | \$0.00    | \$0.00  | \$0.00             | \$26,717.00 | \$0.00        | \$0.00            | \$45.63      | \$226.98        | \$0.00             | \$725.40            | \$2,043.99      |
| EASE            | EASEMENT                  | 6     | \$156.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$2.34       | \$11.64         | \$0.00             | \$37.20             | \$104.82        |
| FORECL          | FORECLOSURE               | 1     | \$26.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.39       | \$1.94          | \$0.00             | \$6.20              | \$17.47         |
| M/A             | MODIFICATION AGREEMENT    | 4     | \$104.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.56       | \$7.76          | \$0.00             | \$24.80             | \$69.88         |
| MEMO            | MEMORANDUM                | 2     | \$52.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.78       | \$3.88          | \$0.00             | \$12.40             | \$34.94         |
| MTG             | MORTGAGE                  | 4     | \$256.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$3.84       | \$24.80         | \$0.00             | \$24.80             | \$202.56        |
| NOTARY          | NOTARY                    | 15    | \$150.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$2.25       | \$14.85         | \$0.00             | \$0.00              | \$132.90        |
| NOTICE          | NOTICE                    | 1     | \$26.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.39       | \$1.94          | \$0.00             | \$6.20              | \$17.47         |
| ORDER           | ORDER                     | 1     | \$26.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.39       | \$1.94          | \$0.00             | \$6.20              | \$17.47         |
| P/A             | POWER OF ATTORNEY         | 17    | \$498.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$7.47       | \$38.50         | \$0.00             | \$105.40            | \$346.63        |
| QCD             | QUITCLAIM DEED            | 12    | \$312.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$4.68       | \$23.28         | \$0.00             | \$74.40             | \$209.64        |
| R/W             | RIGHT OF WAY              | 2     | \$52.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.78       | \$3.88          | \$0.00             | \$12.40             | \$34.94         |
| REL             | RELEASE                   | 4     | \$104.00    | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$1.56       | \$7.76          | \$0.00             | \$24.80             | \$69.88         |
| REL/D           | RELEASE DEED              | 1     | \$26.00     | \$0.00    | \$0.00  | \$0.00             | \$0.00      | \$0.00        | \$0.00            | \$0.39       | \$1.94          | \$0.00             | \$6.20              | \$17.47         |



# Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Printed 12/01/2023

| Category        | Receipt Code                | Count | Total       |        |        |        |             |        |        |          |          |        |            |            |
|-----------------|-----------------------------|-------|-------------|--------|--------|--------|-------------|--------|--------|----------|----------|--------|------------|------------|
| REQ             | REQUEST FOR NOTICE          | 4     | \$104.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.56   | \$7.76   | \$0.00 | \$24.80    | \$69.88    |
| RES/TR          | RESIGNATION OF TRUSTEE      | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39   | \$1.94   | \$0.00 | \$6.20     | \$17.47    |
| REV             | REVOCAION OF POWER OF AT    | 2     | \$52.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.78   | \$3.88   | \$0.00 | \$12.40    | \$34.94    |
| RIGHT           | RIGHT OF FIRST REFUSAL      | 2     | \$52.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.78   | \$3.88   | \$0.00 | \$12.40    | \$34.94    |
| S/INS           | SEE INSTRUMENT              | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39   | \$1.94   | \$0.00 | \$6.20     | \$17.47    |
| SAT             | SATISFACTION                | 57    | \$0.00      | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.00   | \$0.00   | \$0.00 | \$0.00     | \$0.00     |
| SEP/AG          | SEPARATION AGREEMENT        | 1     | \$51.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.77   | \$4.40   | \$0.00 | \$6.20     | \$39.63    |
| SUB/TR          | SUBSTITUTION OF TRUSTEE     | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39   | \$1.94   | \$0.00 | \$6.20     | \$17.47    |
| TR/D            | TRUSTEES DEED               | 5     | \$610.00    | \$0.00 | \$0.00 | \$0.00 | \$480.00    | \$0.00 | \$0.00 | \$1.95   | \$9.70   | \$0.00 | \$31.00    | \$87.35    |
| UCC/T           | UCC TERMINATION - 3 OR MORE | 3     | \$128.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.91   | \$12.60  | \$0.00 | \$0.00     | \$113.49   |
| UCC1            | UCC1 - 3 OR MORE PAGES      | 6     | \$263.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$3.92   | \$29.25  | \$0.00 | \$0.00     | \$229.83   |
| UCC3            | UCC3                        | 3     | \$121.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.81   | \$12.50  | \$0.00 | \$0.00     | \$106.69   |
| Category Totals |                             | 380   | \$37,861.00 | \$0.00 | \$0.00 | \$0.00 | \$27,278.00 | \$0.00 | \$0.00 | \$158.71 | \$890.66 | \$0.00 | \$1,829.00 | \$7,704.63 |

## VITAL RECORDING

|                 |                              |    | Fee      | Special | Pension Fund | Automation Fund | Vital Records Receipts | County Receipts |
|-----------------|------------------------------|----|----------|---------|--------------|-----------------|------------------------|-----------------|
| DAVADD          | NCDAVE - ADDITIONAL COPIES   | 2  | \$30.00  | \$0.00  | \$0.30       | \$1.98          | \$10.00                | \$17.72         |
| DAVAS           | NCDAVE - DEATH ABSTRACT SE/1 |    | \$24.00  | \$0.00  | \$0.15       | \$0.99          | \$14.00                | \$8.86          |
| VADD            | VRAS BIRTH ADDITIONAL COPIES | 1  | \$15.00  | \$0.00  | \$0.15       | \$0.99          | \$5.00                 | \$8.86          |
| VRAS            | VRAS BIRTH ABSTRACT SEARCH   | 22 | \$528.00 | \$0.00  | \$3.30       | \$21.78         | \$308.00               | \$194.92        |
| Category Totals |                              | 26 | \$597.00 | \$0.00  | \$3.90       | \$25.74         | \$337.00               | \$230.36        |

Report Totals 961 \$45,825.50

Automation Fund Total: \$1,473.93  
 County Receipts Total: \$12,996.71  
 DVCF Total: \$990.00  
 Escrow Credit Total: \$490.00  
 Excise Tax Total: \$27,278.00  
 NCCTF Total: \$165.00



# Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Printed 12/01/2023

| Category | Receipt Code                  | Count       | Total |
|----------|-------------------------------|-------------|-------|
|          | Pension Fund Total:           | \$265.86    |       |
|          | State Treasurer Amount Total: | \$1,829.00  |       |
|          | Vital Records Receipts Total: | \$337.00    |       |
|          | Cash Total:                   | \$4,650.75  |       |
|          | Check Total:                  | \$15,520.00 |       |
|          | ACH Total:                    | \$22,747.00 |       |
|          | Card Total:                   | \$2,353.25  |       |
|          | Escrow Account Total:         | \$580.50    |       |
|          | Overpayment Total:            | (\$26.00)   |       |

**DUPLIN COUNTY SOLID WASTE  
MONTHLY CATEGORY TOTALS**

| NOV '23               | Site 1         | Site 2       | Site 3       | Site 4       | Site 5       | Site 6       | Site 7                | Site 8       | Site 9       | Site 10      | Site 11      | Site 12      | Site 13      | Site 14      | Site 15      | Totals        |
|-----------------------|----------------|--------------|--------------|--------------|--------------|--------------|-----------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Electronics           |                |              | 0.50         |              |              |              |                       |              |              |              |              |              |              |              |              | 0.50          |
| Site Garbage          | 37.56          | 30.55        | 63.00        | 50.77        | 35.95        | 39.98        | 43.22                 | 47.99        | 34.43        | 18.08        | 21.82        | 20.58        | 59.10        | 16.35        | 35.61        | 554.99        |
| Site Bulky            | 5.56           | 5.89         | 21.13        | 26.26        | 7.94         | 17.18        | 9.02                  | 12.46        | 5.52         | 14.04        | 31.47        | 40.60        | 20.75        | 4.30         | 28.51        | 250.63        |
| Mixed Paper           | 1.05           | 0.67         | 1.31         | 1.13         | 0.79         | 1.20         | 0.39                  | 1.17         | 0.80         |              | 0.69         | 1.43         | 1.48         |              | 0.77         | 12.88         |
| Glass                 | 3.02           |              |              | 3.71         |              | 3.15         |                       |              |              |              | 2.82         |              |              |              |              | 12.70         |
| Cardboard             | 1.83           | 0.45         | 0.94         | 0.59         | 1.16         | 0.91         | 0.80                  | 0.45         | 0.33         | 0.41         | 0.42         |              | 1.40         |              | 0.86         | 10.55         |
| Plastics              | 0.20           |              |              | 0.36         | 0.27         | 0.55         | 0.30                  | 0.27         | 0.29         |              | 0.34         | 0.25         | 0.62         |              | 0.42         | 3.87          |
| Cans                  | 0.41           |              |              | 0.21         |              | 0.34         |                       |              | 0.35         |              | 0.25         |              | 0.28         |              |              | 1.84          |
| Metal                 | 2.14           | 1.72         | 4.43         | 4.84         | 3.70         | 4.59         | 2.32                  | 1.10         | 2.37         | 2.20         | 2.78         | 1.23         | 5.28         | 1.65         | 1.75         | 42.10         |
| <b>Totals</b>         | <b>51.77</b>   | <b>39.28</b> | <b>91.31</b> | <b>87.87</b> | <b>49.81</b> | <b>67.90</b> | <b>56.05</b>          | <b>63.44</b> | <b>44.09</b> | <b>34.73</b> | <b>60.59</b> | <b>64.09</b> | <b>88.91</b> | <b>22.30</b> | <b>67.92</b> | <b>890.06</b> |
|                       |                |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| <b>Private Sector</b> |                |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Electronics           | 0.31           |              |              |              |              |              | <u>Citations:</u>     |              | \$20.00      |              |              |              |              |              |              |               |
| Yard Waste            | 1600.44        |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Concrete              | 19.05          |              |              |              |              |              | <b>Duplin Commons</b> |              |              |              |              |              |              |              |              |               |
| Construction          | 659.86         |              |              |              |              |              | Paper                 |              |              |              |              |              |              |              |              |               |
| Roadside              | 2.82           |              |              |              |              |              | Cardboard             |              |              |              |              |              |              |              |              |               |
| Tires                 | 88.14          |              |              |              |              |              | Plastics              |              |              |              |              |              |              |              |              |               |
| Garbage               | 1579.55        |              |              |              |              |              | No Chge MSW           |              | 9.72         |              |              |              |              |              |              |               |
| Mixed Paper           |                |              |              |              |              |              | <b>TOTAL</b>          |              | <b>9.72</b>  |              |              |              |              |              |              |               |
| Glass                 | 0.32           |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Cardboard             | 0.94           |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Plastic               |                |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Cans                  |                |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Metal                 | 1.57           |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| No Chg MSW            | 4.14           |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| Mixed Loads           | 114.19         |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
|                       |                |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |
| <b>TOTAL</b>          | <b>4071.33</b> |              |              |              |              |              |                       |              |              |              |              |              |              |              |              |               |

# DUPLIN COUNTY SOLID WASTE

## YEAR END CATEGORY TOTALS

2023-2024

| CATEGORY  | DESCRIPTION       | JULY '23 | AUG '23 | SEPT '23 | OCT '23 | NOV '23 | DEC '23 | JAN '24 | FEB '24 | MAR '2 | APR '24 | MAY '24 | JUN '24 | TOTALS   |
|-----------|-------------------|----------|---------|----------|---------|---------|---------|---------|---------|--------|---------|---------|---------|----------|
| **        | GARBAGE           | 3361.63  | 3482.25 | 3224.57  | 3533.47 | 3175.90 | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 16777.82 |
| 6         | SCRAP METAL       | 49.08    | 53.42   | 57.52    | 52.05   | 43.67   | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 255.74   |
| 19        | YARD WASTE        | 169.53   | 88.88   | 170.94   | 215.65  | 1600.44 | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 2245.44  |
| 20        | BRICKS, ETC.      | 36.57    | 64.88   | 27.44    | 78.21   | 19.05   | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 226.15   |
| 34        | MIXED RECYCLABLES | 0.00     | 0.00    | 0.00     | 0.00    | 0.00    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 0.00     |
| 36        | TIRES             | 56.35    | 79.63   | 102.27   | 94.08   | 88.14   | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 420.47   |
| 40        | MIXED PAPER       | 10.71    | 13.54   | 10.93    | 13.62   | 12.88   | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 61.68    |
| 42        | GLASS             | 12.67    | 8.60    | 26.09    | 8.04    | 13.02   | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 68.42    |
| 44        | CARDBOARD         | 11.12    | 11.53   | 9.52     | 11.01   | 11.49   | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 54.67    |
| 47        | PLASTIC           | 3.92     | 4.59    | 4.37     | 3.86    | 3.87    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 20.61    |
| 48        | CANS              | 0.81     | 1.03    | 3.28     | 1.50    | 1.84    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 8.46     |
| 109       | ELECTRONICS       | 1.18     | 2.11    | 0.52     | 1.82    | 0.81    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 6.44     |
| ***       | STORM GARBAGE     | 0.00     | 0.00    | 0.00     | 0.00    | 0.00    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 0.00     |
| 120       | BLOCKS            | 0.00     | 0.00    | 0.00     | 0.00    | 0.00    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 0.00     |
| 119/124   | YARD WASTE        | 0.00     | 0.00    | 0.00     | 0.00    | 0.00    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 0.00     |
| TOTALS    |                   | 3713.57  | 3810.46 | 3637.45  | 4013.31 | 4971.11 | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 20145.90 |
| TOTAL MSW |                   | 3361.63  | 3482.25 | 3224.57  | 3533.47 | 3175.90 | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00    | 16777.82 |

\*\* GARBAGE Includes - Garbage, Site Garbage, Site Bulky, C&D, Roadside, No Chg MSW, Shingles, Banned Materials

\*\*\* STORM GARGAGE Includes - Garbage, C&D, Shingles, Materials From