

AGENDA

ANSON COUNTY BOARD OF COMMISSIONERS

June 2, 2020
Anson County Government Center
101 South Greene Street
Board Room, Suite 209
Wadesboro, North Carolina 28170

6:00 P.M. Regular Meeting

Call to Order and Welcome by the Chairman

Invocation

- | | |
|--|-------|
| 1. Approval of the Agenda by Commissioners | P. 1 |
| 2. Consent Agenda: | |
| a. Minutes | P. 2 |
| b. Property tax/Refunds/Adjustments | P. 10 |
| c. Uptown Wadesboro Fireworks | P. 11 |
| d. Elderly Services Community Block Grant | P. 30 |
| e. Sandhills Center Quarterly Report | P. 46 |
| f. Budget Amendment – Health Department (Covid-19) | P. 49 |
| g. Budget Amendment – Health Department (WIC) | P. 60 |
| h. 2021 County Holiday Schedule | P. 67 |
| 3. Public Addresses to the Board | P. 69 |

4. Manager's Report

P. 70

- a. DSS Update – (C. F. Smith)
- b. Budget Update
 - o Public Hearing

5. Chairman's Report

P. 71

6. Commissioners Concerns, Petitions, Announcements, and Comments

P. 72

Anson County Board of Commissioners

Agenda Item



From: Denise Cannon, Clerk to the Board

Date: May 27, 2020

Subject: Approval of Agenda

Presenter: Board of Commissioners

Request:

Make a motion to approve the agenda as presented.

Background:

In accordance with the State Government Ethics Act, G.S. 138-A, it is the duty of every Board member to avoid both conflicts of interest and appearances of conflict. Does any Board member have any known conflict of interest or appearance of conflict with respect to any matter coming before the Board? If so, please identify the conflict and refrain from an undue participation in the particular matter involved.

Financial Impact:

No financial impact.

Supporting Documentation:

None.

Anson County Board of Commissioners

Agenda Item



From: Denise Cannon, Clerk to the Board

Date: May 27, 2020

Subject: Minutes

Presenter: Denise Cannon

Request:

Make a motion to approve the minutes as presented.

Background:

The minutes were prepared by the Clerk and require formal approval of the Board of Commissioners.

Financial Impact:

No financial impact.

Supporting Documentation:

May 5, 2020 Open Session Minutes

THE ANSON COUNTY BOARD OF COMMISSIONERS convened for their regular monthly meeting on Tuesday, May 5, 2020 beginning at 6:00 P.M. in the Board Room, Suite 209, and via Conference Call in the Anson County Government Center.

Commissioners present:	Ross Streater, Chair Bobby Sikes
Conference Call:	Jarvis Woodburn, Vice-Chair Vancine Sturdivant Lawrence Gatewood Jim Sims
Commissioners Absent:	Harold Smith
Staff members present:	Barron Monroe, County Manager Denise Cannon, Clerk to the Board Chris Joffson, IT Manager Roslynn Ingram, HR Manager
Others present:	Scott Forbes, County Attorney

Chairman Streater called the meeting to **Order**, welcoming all who were present physically and on the conference call. Chairman Streater asked Commissioner Vancine Sturdivant, to deliver the **Invocation**.

Approval of the Agenda by Commissioners:

Commissioner Sims moved to approve the agenda as presented, seconded by Vice-Chair Woodburn, motion carried unanimously.

Consent Agenda:

Commissioner Sims moved to approve the Consent Agenda as follows: Board minutes, Property tax/ Refunds/Adjustments and Centralina Workforce Development Consortium. Seconded, by Commissioner Sikes, motion carried unanimously.

Real Property Tax Releases/Refunds

Real Property Tax Releases/Refunds	04/07/20 for March Month End		
21761 Nicholson Pallet Services	139.97	17-1-13399	Not An Active IFTA Tag
21762 Nicholson Pallet Services	128.54	18-1-13424	Not An Active IFTA Tag
21763 Nicholson Pallet Services	118.34	19-1-13416	Not An Active IFTA Tag
	386.85	***	

Tax & Tag Together Refunds

0041586794 BARBER, TERRY LYNN	32.83	Vehicle Sold	Vehicle Taxes Refund
0052049877 BAUCOM, RICHARD LEE	35.22	Tag Surrender	Vehicle Taxes Refund
0052069376 DAVIS, RONNIE WILSON	32.56	Over Assessment	Vehicle Taxes Refund
0039375414 GATHINGS, JILLA DENNIS	86.02	Tag Surrender	Vehicle Taxes Refund
0051553667 HARRIS, KAY LOWERY	11.06	Vehicle Sold	Vehicle Taxes Refund
0047095468 HILDRETH, TIMOTHY LINWOOD	83.34	Vehicle Totalled	Vehicle Taxes Refund
0014089288 HORNE, TARRIN BERNARD	49.37	Tag Surrender	Vehicle Taxes Refund
0051201314 LITTLE, EDWARD RAY	176.19	Tag Surrender	Vehicle Taxes Refund
0052417536 MIMS, ROBERT LEE JR	25.89	Mileage	Vehicle Taxes Refund
0037590101 MORRIS, JUDY KELLY	87.86	Vehicle Sold	Vehicle Taxes Refund
0040172014 PHILLIPS, ANGELA HOWELL	22.93	Vehicle Sold	Vehicle Taxes Refund
0037042440 PRATT, LINDA THOMAS	13.09	Vehicle Totalled	Vehicle Taxes Refund
0052523527 R & R TOWING & RECOVERY LLC	88.78	Over Assessment	Vehicle Taxes Refund
0035168565 RODGERS, JEANETTE LYNN	11.13	Tag Surrender	Vehicle Taxes Refund
0026092513 SMITH, COREY JERMANE	2.31	Tag Surrender	Vehicle Taxes Refund
0051540490 SMITH, MELISSA JONES	3.64	Tag Surrender	Vehicle Taxes Refund
0047948829 SMITH, WALTER LEE	13.02	Tag Surrender	Vehicle Taxes Refund
0051443395 SMITH, WALTER LEE	6.89	Tag Surrender	Vehicle Taxes Refund
0047139664 THE CHURCH IN THE NAME OF THE LORD JESUS CHRIST	427.50	Exempt Property	Vehicle Taxes Refund
0026950214 TYSON, GWENDOLYN WILBURTA	45.52	Vehicle Sold	Vehicle Taxes Refund
0040714712 WIERSUM, JESSICA ELLEN	15.35	Tag Surrender	Vehicle Taxes Refund
0029966272 WILLIAMS, BILL JAMES	45.93	Vehicle Totalled	Vehicle Taxes Refund

\$ 1,316.43 *****

Real Property Tax Releases/Refunds

Real Property Tax Releases/Refunds

05/05/20 for April Month End

Tax & Tag Together Refunds

0020391144 HOWELL, TOMMY LEE

4.07 Vehicle Sold

Vehicle Taxes Refund

\$ 4.07 *****

Public Addresses:

Ms. Rose Young emailed her concerns about the upkeep of Westview Commentary, located on Henry Street and Madison Avenue. Attorney Forbes read aloud the email from Ms. Young outlining the needs for the cemetery, such as grass mowing, trash pick-up, shrubbery growing across graves, etc. Attorney Forbes advised Ms. Young to contact him for more information.

Administrative Matters:

Human Resources Manager Roslynn Ingram presented a proposed infectious disease policy, along with eight additional policies for the Board to consider. Ms. Ingram said at present, Anson County does not have an infectious disease policy and the purpose of this policy is to minimize the impact of contagious illness and disease on employees, citizens, and the public at-large. Included in the policy are the County of Anson's responsibilities, employees' responsibilities, and the supervisors' responsibilities. Ms. Ingram noted that additional personnel policy changes would align with the infectious disease policy, as well as shared leave, July 4th floating holiday, comp-time, overtime, and other such matters.

Appointments:

Commissioner Sims moved to re-appoint Kenneth Horne Jr. to the SPCC Board of Trustees. Seconded by Commissioner Sturdivant, the motion carried unanimously.

Commissioner Gatewood moved to re-appoint Beth Diggs to the Anson County Board of Health. Seconded by Vice Chair Woodburn, the motion carried unanimously.

Commissioner Gatewood moved to re-appoint Kristina Davis Forbes, Lula Jackson, and Caroline Goins to the Centralina Workforce Development Board. Seconded by Vice-Chair Woodburn, the motion carried unanimously.

Manager's Report:

County Manager Monroe gave an update on the County's response to Covid-19, noting that the County has returned to regular working hours with added requirements for safety. Everyone is required to wear a mask to receive service. County Manager Monroe shared that until further notice from the federal and/or state levels, there is a "No Mask, No Service" policy across the entire organization in place. He likened the policy to the well-established "No Shirt, No Shoes, No Service" practice of other public facilities. In addition, social distancing will be implemented by department and location. For example, the Government Center will not allow more than five people in the building's lobby at a time. Some departments may require appointments, but DMV and Tax Offices do not require an appointment at this time.

County Manager Monroe shared that county employees working part-time jobs in healthcare industries are allowed to work at those jobs effective May 8, in conjunction with the Governor's order.

County Manager Monroe shared that a contributor of the Agri-Civic Center is requesting a return of their donation. County Manager Monroe said he recommends returning the funds that are in the county's possession back to the donors in the amount of \$269,375.00. County Manager Monroe shared that additional dollars are with AEDC and Uwharrie Bank, noting that efforts will be communicated to return those monies to donors as well. Commissioner Sturdivant made a motion to return the donations to the donors of the Agri-Civic Center. Seconded by Commissioner Sims, the motion carried unanimously.

County Manager Monroe discussed the DSS project, noting that C.F. Smith is currently working on drafting a lease; however, it will not be signed until the Board provides an approval to move forward with the project. County Manager Monroe said the county would be repaying approximately seven million (\$7,000,000) dollars over thirty years, based on the state's reimbursement policy of a 55-45 split.

The County Manager commented on the Middle School project informational meeting between the Board of Commissioners and the Board of Education that transpired last Tuesday (4/28/2020). The project has increased in cost from \$42 million dollars to \$52 million dollars. Financing the project will be difficult noting the state has still not approved a budget, which would have included an \$11.8 million dollars allocation for Anson County School's construction. County

Manager Monroe said the County is not disputing the claim of, nor the the need for the Middle School project, but the financial strategy behind the Middle School project lacks standard fiscal clarity. The County Manager stated this project could possibly cause a significant tax rate increase (11-20 cents) to cover the \$52 million dollar Middle School, noting that a “reset” is needed to reevaluate several areas of the Middle School project. Several Commissioners voiced their concern about the County’s current financial situation caused by the Walmart closing and the Coronavirus pandemic. The impacts of both are projected to contribute to a decline in sales tax revenue. Board members shared that the Middle School project is something that the Board of Education needs to take the lead and persuade the citizens of Anson County to support the project.

Chairman’s Report:

Chairman Streater suggested a special meeting with the School Board to discuss the Middle School project and asked the Board for prospective dates.

County Manager Monroe said \$930,000 has been spent on the Middle School project, noting the County’s portion is approximately \$250,000.

Vice-Chair Woodburn suggested a procedure needs to be in place for capital projects within financial parameters with a financial limit.

Commissioner Gatewood shared his concerns about the Middle School project starting over and possibly costing more money, noting that the schools have already spent monies for design and construction documents. The building is to accommodate students for the next seventy-five years or more and the worst thing that could be done is to construct a building too small.

County Manager Monroe cited that Rutherford County is building a Middle School to accommodate 900 students for approximately \$31 million dollars, noting that there are ways to build a Middle School for less than presently proposed in Anson’s project. County Manager Monroe said that the Middle School project needs a “reset” in order to set a target price tag, noting that if it can be done in Rutherford County it can be done in Anson County.

Commissioner Sims shared his concerns implying the need for several items incorporated in the Middle School project, such as two gyms, graphic auditorium, etc. are too excessive.

Commissioner Sturdivant shared her concerns about an increased tax rate for the citizens, noting that additional monies should not be placed on Anson County Citizens.

Board members agreed that the school administration was notified about reducing the cost of the Middle School.

The Board discussed and agreed by consensus that at the appropriate time, it would recess until May 19, 2020 at 10:00 am.

Commissioner Concerns, Petitions, Announcements, and Comments:

Vice-Chair Woodburn summarized a letter he received from the LGC concerning the Anson County audits and not completing their audits in a timely manner. Finance Officer Garner said the letter received is a form letter, much like the one received last year, and the county had responded back with an action plan that was still being implemented. This year's response will be almost identical as last year as the corrective action steps mainly hinged on additional staff, and the new finance software package. Mr. Garner shared that trainings and implementation of new financial software is currently in place to begin, Thursday, May 14, 2020.

Vice-Chair Woodburn made a motion to recess until May 19 at 10:00 am, seconded by Commissioner Sturdivant, motion carried unanimously.

Respectfully submitted:



Denise Cannon
Clerk to the Board

Anson County Board of Commissioners

Agenda Item



From: Cary Garner, Finance Officer

Date: May 27, 2020

Subject: Property tax/Refunds/Adjustments

Presenter: None Required

Request:

Make a motion to...approve Property tax/Refunds/Adjustments

Background:

Financial Impact:

Supporting Documentation:

Anson County Board of Commissioners

Agenda Item



From: Julian Swittenberg II, Director Uptown Wadesboro, Inc.

Date: May 5, 2020

Subject: Summer Jam 2020

Presenter: none

Request:

Make a motion to receive permission for Uptown Wadesboro, Inc. for fireworks in Wadesboro. The event is scheduled for Saturday, June 27, 2020 from 9:15pm to 10:00pm with a rain date to be determined (TBD).

Background:

Uptown Wadesboro, Inc. has hosted this annual event for citizens of Anson County for many years.

Financial Impact:

Support to Town of Wadesboro for security and emergency services.

Supporting Documentation:

Town of Wadesboro Fireworks Application



WADESBORO FIRE DEPARTMENT
P.O. BOX 697
WADESBORO, NC 28170

Phone: (704) 694-2167

Fireworks Display Permit

Application to operate a Fireworks Display shall be in accordance with Chapter 33, Explosives and Fireworks, of the North Carolina State Building Code: Fire Code, NFPA 1123, 1124, 1126 and any other applicable codes.

Application for a Fireworks Display shall be submitted in advance of the date of the display as required by the Fire Official.

Part 1: Event Information

Name of Event: Wadesboro Fireworks Display

Sponsor: Uptown Wadesboro Telephone #: 704-694-4181

Location of Display: Fire department training bldg. 309 N. Washington Street, Wadesboro, NC 28170

Display Date: 6/27/2020 Time: 9:30 PM Alternate Date/Time: 6/28/2020

Owner of Property: Town of Wadesboro

Address: 124 E Wade Street

City: Wadesboro State: NC Zip Code: 28170 Telephone #: 704-694-5171

Written Permission from Property Owner? Yes No **(Attach Copy of Letter)**

Fire Department Jurisdiction: Wadesboro Contacted for Standby: Yes No

Part 2: Display Operation Information

Company Name: Hale Artificier, Inc.

Contact Person: Jeff Hale, president

Address: 545 New Bowers Road

City: Lexington State: NC Zip Code: 27292 Telephone #: 336-247-2212

BATF Licenses / Permits: Yes No **(Attach Copy of Licenses / Permits)**

Certificate of Insurance in the minimum amount of \$1,000,000: Yes No **(Attach Copy)**

*******TOWN OF WADESBORO shall be included as an Additional Insured*******

Pyrotechnic Operator:	<u>Wes Little</u>	Age:	<u>52</u>	(Attach Copy of License for Primary Operator)
Pyrotechnic Operator Assist:	<u>Jennifer Wilson</u>	Age:	<u>48</u>	License #: <u>3541</u> Expires: <u>2020</u>
Pyrotechnic Operator Assist:		Age:		License #: <u> </u> Expires: <u> </u>
Pyrotechnic Operator Assist:		Age:		License #: <u> </u> Expires: <u> </u>



WADESBORO FIRE DEPARTMENT

P.O. BOX 697

WADESBORO, NC 28170

Phone: (704) 694-2167

Will any Onsite Assistants be used? Yes _____ No X

Part 3: Fireworks / Site Information

Provide the types, quantities and sizes of fireworks: Yes X No _____ (Attach Copy)

Will fireworks be delivered to site on day of Display? Yes X No _____

If No, explain? _____

How will fireworks be stored on site? In Trailer until Loaded

Site Diagram: Yes X No _____ (Attach Copy)

This diagram shall show firing location, all buildings, obstructions, trees, spectator area, fallout radius, means of securing area, etc. Include measurements from firing location.

Page 1

Part 4: Firing / Termination / Emergency Procedures

How will shells be fired? Manual X Electrical _____

Mortar Construction: Fiberglass or HDPE

How will mortar racks be installed? Above ground wooden Racks, Strapped, chained, footboards and/or stakes

Provide a copy of the following procedures:

Firing Procedures	Yes	<u>X</u>	No	_____
Termination Procedures	Yes	<u>X</u>	No	_____
Emergency Procedures	Yes	<u>X</u>	No	_____

Part 5: Personnel Protection Equipment

Will personnel have the necessary PPE? Yes X No _____

Head Protection: Yes X No _____

Eye Protection: Yes X No _____



WADESBORO FIRE DEPARTMENT
P.O. BOX 697
WADESBORO, NC 28170

Phone: (704) 694-2167

Hearing Protection: Yes No

Foot Protection: Yes No

Type of Clothing: Long sleeve/leg cotton or fire retardent material

Part 6: Pre-Display Checklist

Pre-Display Checklist Completed Yes No

The applicant hereby certifies that the information stated in this permit is true.

Name of Applicant: JEFF HALE Title: PRESIDENT

Signature: [Handwritten Signature] Date: 4/14/20

For Inspection Department Use Only

DATE APPLICATION RECEIVED: Date: _____

Fire Official has made a site visit and has determined the site is in compliance with applicable regulations. Yes No

Name of Fire Inspector: _____ Title: _____

Signature: _____ Date: _____

APPROVALS

Permit approved by Fire Official: Yes No Date: _____

Permit approved by Town Council: Yes No Date: _____

Uptown Wadesboro

June 27, 2020

\$4,000.00 Fireworks Display

Opening Barrage:

20 - 3" Assorted Color Finale Shells w/Tails

10 - 3" Finale Titanium Salute Shells w/Tails

Main Program:

100 - 3" Assorted Aerial Shells w/Tails

84 - 4" Assorted Aerial Shells w/Tails

Grand Finale:

110 - 3" Assorted Color Finale Shells w/Tails

40 - 3" Finale Titanium Salute Shells w/Tails

6 - 4" Assorted Color Finale Shells



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

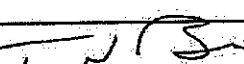
PRODUCER Mountcastle Insurance 307 W Center St Lexington, NC 27293 (336)249-4951	CONTACT NAME: PHONE (A/C. No, Ext): (877)234-4420 FAX (A/C. No): (877)234-4421	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #	
INSURED Hale Artificier, Inc. 545 New Bowers Rd Lexington, NC 27292-7058 CTL 1273 1597144	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: Continental Indemnity Co. 28258	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP OF AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below.	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	46-879245-01-07	12/01/2019	12/01/2020	<input checked="" type="checkbox"/> WC STATU. <input type="checkbox"/> DTP-ER <input type="checkbox"/> TDBY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)						

CERTIFICATE HOLDER **CANCELLATION**

Uptown Wadesboro, Inc. 114 West Wade Street Wadesboro, NC 28170	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  1000002116
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mountcastle Insurance P.O. Box 1937 Lexington NC 27293-1937	CONTACT NAME: Betty Callicutt PHONE (A/C No. Ext.): (336) 249-4951 FAX (A/C No.): E-MAIL ADDRESS: bcallicutt@mountcastleinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: National Fire & Marine INSURER B: RWI - Penn. Natl Mutual Gas & Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** CL204905073 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	72LPS037018	04/28/2020	04/28/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/DP Agg \$ 2,000,000 Electronic Data Liability \$ 100,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AU9 0607811	09/23/2019	09/23/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 30,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$:					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE: OTHER: EL EACH ACCIDENT: \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Date: June 27, 2020
 Ren Date: June 28, 2020
 Town of Wadesboro is included as additional insured with regards to General Liability as required by a written contract.

CERTIFICATE HOLDER Uptown Wadesboro, Inc. 114 West Wade St. Wadesboro NC 28170	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

SCHEDULE

Name of Person or Organization (Additional Insured):

A person or organization for which designation as an "additional insured" (and subject to Section A below) is required by written contract with the Named Insured.

Location of Covered Operations:

Only the locations at which the Named Insured performs work or operations under written contract with the Additional Insured.

- A. Who Is An Insured (Section II) is amended to include as an insured the person or organization (called "additional insured") shown in the Schedule but only with respect to liability arising out of:**
1. Your ongoing operations performed for the additional insured(s) at the location designated above; or
 2. Your ongoing operations at the location designated above if the additional insured is the owner of the designated location; or
 3. Acts or omissions of the additional insured(s) in connection with their general supervision of such operations.
- B. With respect to the insurance afforded these additional insureds, the following additional provisions apply:**

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" for which the additional Insured(s) are obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.
2. "Bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of the additional insured(s) or any of their "employees", agents, or independent contractors, other than the general supervision by the additional insured(s) of your ongoing operations performed for the additional insured(s).
3. "Property damage" to:
 - a. Property owned, used or occupied by or rented to the additional insured(s);
 - b. Property in the care, custody, or control of the additional insured(s) or over which the additional insured(s) are for any purpose exercising physical control; or
 - c. "Your work".
4. "Bodily injury", "property damage" or "personal and advertising injury" occurring after "your work" at the involved designated location has been completed.

Company Name	Policy Number	72LPS034109
National Fire & Marine Insurance Company	Endorsement Effective	04/28/2019 12:01AM
Named Insured	Countersigned by	
Hale Artificier, Inc.		

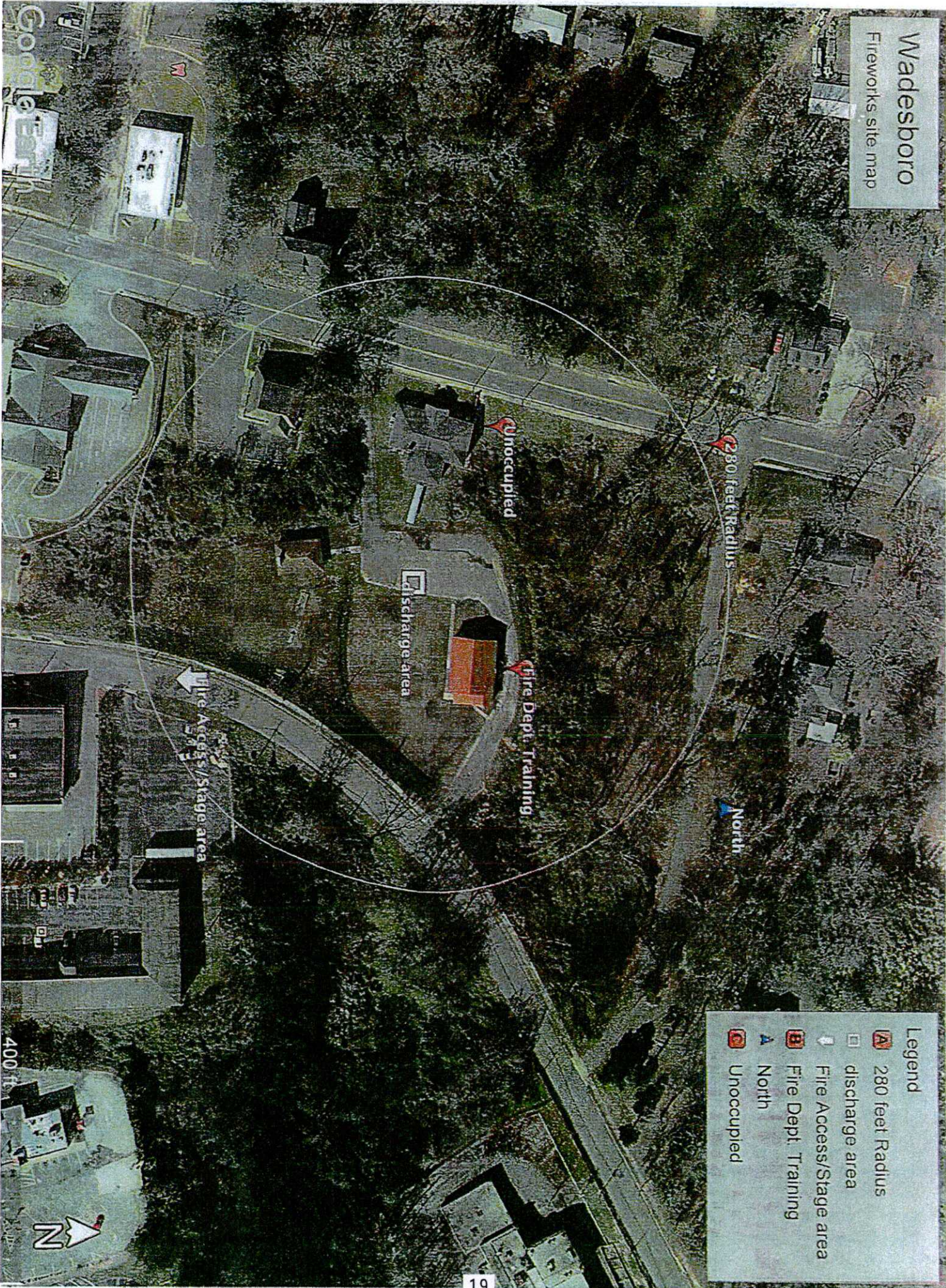
(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

GUS - 1:5:10/ML294 - SM5(1224) - RGA - 4/23/2019 12:25:45 PM EST

Wadesboro

Fireworks site map



Legend

- 280 feet Radius
- discharge area
- Fire Access/Stage area
- Fire Dept. Training
- North
- Unoccupied



WADESBORO, NC

Pre-Display Site Checklist (Operator)

1. Protect all fireworks, pyrotechnic materials, and launching equipment from inclement weather and keep pyrotechnics dry at all times.
2. Prohibit smoking materials, matches, lighters or open flames within 50 feet of fireworks or pyrotechnic material.
3. Only necessary personnel required to perform the display set up and show shall be allowed at the display site.
4. Prohibit people in the display site who are under the influence of alcohol, narcotics, or medication that could adversely affect judgment, mobility, or stability.
5. No cell phones or radio frequency (RF) generating devices are permitted within the immediate discharge area while electrically ignited fireworks or pyrotechnic devices are prepared, loaded, or set up.
6. Verify that all mortars and racks are made of approved materials, and are of sufficient strength, length and durability to allow shells to be propelled to safe deflagration heights.
7. Make sure all mortars, mortar racks, bundles, pre-loaded box items, cakes, candles, and ground displays have been thoroughly inspected and deemed inherently stable.
8. Avoid placing any portion of your body over mortars during loading, wiring, igniting, or immediately after the display has been fired.
9. Use safe handling and loading procedures for all pyrotechnic devices.
10. Pre-load larger shells as required.
11. Check proper fit of shells in mortars.
12. Use all required personal protective equipment including head, eye, hearing, and foot protection.
13. Wear long-sleeved and long-legged clothing made of cotton, wool or similar flame resistant cloth.
14. Avoid placing any portion of your body over mortars when manually igniting them.
15. Use only flashlights or other nonincendive lighting in firing and ready box areas.

Pre-site Inspection Checklist:

16. Actual measurement of site: 280 foot radius.
17. Measurements submitted on county permit application: 280 foot radius.
 Same Different
18. Radius required (70 Feet Per Inch in Diameter of the largest shell):
70 FEET X 4" DIAMETER = 280 FEET
19. Is site a correctional facility or hospital requiring double distances? N/A
20. Is there bulk storage requiring double distances? N/A
21. Does the spectator area meets required distances?
22. Are there other hazards?
Describe: NONE NOTED
23. Are site distances approved for size of devices being used.
24. Verify North Carolina Office of State Fire Marshal issued permit is visible.
25. Verify all permitted assistants over 18 and permits are visible.
26. Certify all remaining assistants: N/A
- a. All answered security questions in the positive, Yes No
 - b. All are over 18 years of age.
 - c. All scored more that 80% on the Office of State Fire Marshal test.
 - d. Inform operator that without ATF clearance, assistants can only fire pyrotechnic materials.
 - 1. Number of assistants with ATF Letter of Clearance: _____ None
 - 2. Number of assistants with ATF Permit or License: _____ None

Current Pyrotechnic License Holders

Select License Type of Interest

- | | |
|---|---|
| <input checked="" type="radio"/> Pyrotechnic 1.3G | <input checked="" type="radio"/> Operator |
| <input type="radio"/> Pyrotechnic 1.4G | <input type="radio"/> Assistant |
| <input type="radio"/> Proximate Audience | |

Get List

Get License Holder Information

Pyrotechnic License Number Driver's License Number

1212

Search for License

Holder's Full Name: George Wesley Little

Business Name: The Country Club of NC Inc.

Government ID By: North Carolina

Government ID Type: Driver License

ID Number: *****6186



License Number: 1212

License Type: 1.3G Pyrotechnic

License Level: Operator

License Status: Valid

Expiration Date: 04/24/2022

Get a list of license holders by Last Name or Business/Employer

Last Name

Business/Employer

Search for List

Current Pyrotechnic License Holders

Select License Type of Interest

License Type

- Pyrotechnic 1.3G
- Pyrotechnic 1.4G
- Proximate Audience

License Level

- Operator
- Assistant

Get List

Get License Holder Information

Pyrotechnic License Number Driver's License Number

3541

Search for License

Holder's Full Name: Jennifer Wilson

Business Name: Hale Artificier, Inc.

Government ID By: North Carolina

Government ID Type: Driver License

ID Number: ***7714



License Number: 3541

License Type: 1.3G Pyrotechnic

License Level: Assistant

License Status: Valid

Expiration Date: 06/28/2020

Get a list of license holders by Last Name or Business/Employer

Last Name

Business/Employer

Search for List

Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

1 11/18/2018 11:00:00 AM

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.43.** See "WARNINGS" and "NOTICES" on reverse.

Direct AIT: ATF - Chief, FELC
244 Needy Road
Martinsburg, WV 25405-9131

Correspondence To: ATF - Chief, FELC
244 Needy Road
Martinsburg, WV 25405-9131

Chief, Federal Explosives Licensing Center (FELC)

Name: *Christopher R. Lewis*

HALE ARTIFICIER, INC

Premises Address (Changes? Notify the FELC at least 10 days before the move):
3185 EAST US HWY 64
LEXINGTON, NC 27292.

Type of License or Permit

20-MANUFACTURER OF EXPLOSIVES

Purchasing Certification Statement
The licensee or permittee named above shall use a copy of his license or permit to assist a transporter of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes):
HALE ARTIFICIER, INC
545 NEW BOWERS ROAD
LEXINGTON, NC 27292.

Licensee/Permittee Responsible Person Signature

Christopher R. Lewis

Position/Title

Owner

Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF:	ATF - Chief, FELC	License/Permit Number	1-NC-057-51-1J-00088
Correspondence To:	244 Needy Road Martinsburg, WV 25405-9431	Expiration Date	September 1, 2021
Chief, Federal Explosives Licensing Center (FELC)	<i>Christopher L. Reeps</i>		
Name	HALE ARTIFICIER INC		

Premises Address (Changes? Notify the FELC at least 10 days before the move):
345 DAISY COURT
LEXINGTON, NC 27292-

Type of License or Permit

51-IMPORTER OF EXPLOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A fixed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Licensee/Permittee Responsible Person Signature: *Jeff Hale*
 Position/Title: *President*
 Date: *9-17-14*

Mailing Address (Changes? Notify the FELC of any changes):
 HALE ARTIFICIER INC
 545 NEW BOWERS RD
 LEXINGTON, NC 27292-

Printed Name: *JEFF HALE*

HALE ARTIFICIER, INC.

Safety Procedures for Fireworks Displays

NFPA 1123 Codes are to be followed at all times.

1. Firing Procedure:

- A. Operators are to use the Pre-display checklist provided in the display paperwork. AT NO TIME are the materials to be left unattended.
- B. Upon arrival at the site, check site conditions for any hazards that may impede the safety of the display operation.
- C. Insure the site meets all distance requirements.
- D. Confirm that there is adequate ingress and egress for emergency vehicles.
- E. Inspect all racks and equipment as it is coming off the truck. Any equipment that is damaged, or broken is not to be used in the display.
- F. All mortar racks are to be set up and installed prior to any loading of live materials.
- G. Inspect all shells and fireworks devices such as cakes, candles, and ground effects prior to loading, or placing in the firing area. Any materials found to be damaged, or not in proper condition are not to be used in the display.
- H. All materials fuses are to be situated and secured for easy access and removal of safety caps just prior to firing.
- I. (Electric firing) Any e-matching of materials will take place at least 50 feet from the truck holding the fireworks, and at least 100 feet from any public access. Limit the amount of materials in this area to just ONE box at a time.
- J. (Electric firing) Once all materials are set up, no personnel are allowed within the firing area during the continuity testing. If there is a need to check contact points, or adjust materials, the firing control panel must be disabled completely before an operator enters the firing area.
- K. (Manual Firing) Operators will use fusees (flares) for ignition of shell leaders.
- L. Previously installed multiple ignition points are to be placed along Finale racks, or any chain fused sections of the display.

545 NEW BOWERS ROAD, LEXINGTON, NC 27292

WWW.HALEARTFIREWORKS.COM

HALE ARTIFICIER, INC.

2. Termination and Emergency Procedures

A. If, at any time before, or during the discharge of a Display, there arises a condition that adversely affects the firing or completion of the Display, the operator will IMMEDIATELY halt the display, until such a time that the condition can either be corrected, or deleted from the program.

1. The AHJ will also have the authority to halt the display, should any such condition arise.

2. Communication between the Operator and the AHJ will be necessary to provide for the continuation of the display.

B. If there is a weather related concern, the display is to be halted, or postponed, until better conditions prevail. If there is no alternative, or if conditions remain at an unsafe level, then the Operator is to cancel the display, and the Rain Date option will be considered.

1. All mortar racks are to be covered with tarps, plastic or other suitable materials to prevent materials from getting wet. Cakes, and other ground effects can be placed in plastic bags.

2. Any materials that do become wet shall not be used, and are to be placed into regulation cartons and returned to Hale Artificier, Inc.

C. If, during the display, an errant shell or malfunction of equipment causes materials to be sent towards or into the spectator area, or out of the intended fallout area, the operator will IMMEDIATELY halt the display.

1. The safety of the spectators is the primary concern, and the operator is to insure that any errant shell trajectories or malfunctions are dealt with as soon as it is safe to do so. Repositioning of the racks, or dropping that part of the display will be done before resuming any firing.

2. A situation of this nature could cause the rest of the display to be postponed, or cancelled with the communication and cooperation of the AHJ.

3. Identification of the errant materials and/or equipment is to be documented in the Operators display report.

4. If there is ANY injury of any nature, to a spectator, or any other person, the display is to be halted, and the assistance of the local EMS, Fire Department, and/or other fire and life safety personnel on duty at the time is to be utilized.

HALE ARTIFICIER, INC.

D. Ingress and Egress routes are to be maintained at all times, and are to remain clear for emergency vehicles and personnel.

1. Should there be any reason to need such access, the Operator shall halt all firing, and suspend the display.

2. The Operator and other display personnel may assist such emergency personnel to control and contain any condition to insure the safety and security of the site.

3. Post Display

A. Once the display has been completed, the Operator will make the determination to break down the display equipment when he/she finds all conditions safe to do so.

1. The operator and assistants should allow at least 15 minutes for a "cool-down" period, once the display is completed.

a. Beginning with the mortars that were fired first, make sure that all shells and materials were discharged.

b. Once all racks and equipment have been cleared, the Operator will approve the break down of the display.

2. Misfired Materials

a. Identify any and all misfired materials.

b. Insure that there are no ignition hazards present before handling. All sparks are to be extinguished. E-matches should be disconnected and shunted, and then may be carefully removed.

c. Carefully remove materials from the discharge area.

d. Place materials into a regulation carton, and transport back to Hale Artificier, Inc.

e. Record misfires in the Operator's display report.

3. Dud Shells

a. Identify any and all dud shells and their location.

b. No unauthorized personnel are to be allowed in those areas.

c. Insure that there are no ignition hazards before handling. If necessary, spray with water to extinguish any sparks or flame.

HALE ARTIFICIER, INC.

d. Carefully remove dud shells, place into a regulation carton and transport back to Hale Artificier, Inc.

e. Record duds in the Operator's display report.

B. The operator will assist the AHJ in conducting the post-display inspection, and sign off on any documentation the AHJ may require.

C. Once that inspection is completed, the operator may clear the on-duty Fire Department personnel.

D. The entire discharge area and fallout zones are to be inspected to insure that there are no duds, misfires, or any other materials left on the display site. If necessary, a site check is to be made early the following morning.

E. Clean up includes removal of all equipment, paper debris, and any other items that remain as a result of the display.

Anson County Board of Commissioners

Agenda Item



From: Wanda Talbert, Elderly Services Director

Date: May 13, 2020

Subject: Anson County Council on Aging HCCBG Provider Packet SFY 2020-2021

Presenter: None

Request:

Make a Motion to..... approve the ACCOA HCCBG for 2020-2021

Background:

The Home and Community Care Block Grant is annual funding, through our COG (Centralina Council of Governments) agency. Funding brought down from the Federal Level, State Level and monitored by the Regional Level (COG Agency). The Home and Community Care Block Grant was established by the General Assembly of North Carolina enacted Senate Bill 165, Chapter 241 in 1991 for Older Adults. It was supported by the North Carolina Association of County Commissioners. The Block Grant combines certain federal and state appropriations supporting home and community care for older adults, which are currently administered by the Divisions of Aging and Social Services.

Financial Impact:

Included in HCCBG Provider Packet

Supporting Documentation:

Included in HCCBG Provider Packet

Welcome to the ~~New~~ Improved HCCBG Provider Packet*

**The forms look the same, but the user experience is completely different*

Quick Summary of Improvements

- ① Electronic copy of workbook limits need to input all new data each year, just what changed.
- ② Workbook is set up to be a 10 year workbook, just select the fiscal year from list on the "Input" worksheet and it populates all required dates for the new year.
- ③ Dramatic reduction in keystrokes required! When you enter information now, it automatically forwards the value to the next sheet in the packet requiring that information.
- ④ Calculation formulas are already included throughout, including match calculations.
- ⑤ Useful header information; click on a header row and it describes the field name and how to complete cell or column it labels.
- ⑥ Increased number of service selections available on forms (increased from 8 to 14).
- ⑦ Detail service information by level eliminates requirement of In-home supplement form.
- ⑧ Salary calculation for fractional FTE reduces math errors on 732A1 Labor Distribution Schedule.
- ⑨ Color coding of input cells. If it is tan it is calculated and locked, if it is green it will accept your input.
- ⑩ Entry proof and error checking... if the system detects an error it will pop up a warning message. Need a second look? make sure no errors are on the new "Proof" worksheet.

Instructions for use

- ① Read the "instructions" worksheet first. For a video walkthoough of the HCCBG Provider Packet Please click on the link below. GoToMeeting will request name/email information to register. When video launches please forward through the first 1:30 of the video as the screen is black prior to the video starting, additionally, the webinar launches in "letterbox" format, to make larger click in the presentation and select the arrows in the lower right hand corner.
<https://attendee.gotowebinar.com/recording/1667454861360868867>
- ② **Green** cells on Input tab must be completed, they are necessary to populate entire workbook. Provider will not need to complete all cells for services, only for the number of unique HCCBG services they provide. Tan cells are formulas, so let the program fill in the values there.
- ③ Navigation throgh worksheet is left to right, progress throught the workbook completing the **green** shaded cells
- ④ Click on the header cells, the specific instruction on what is necessary to complete the cell will pop up when clicked.
- ⑤ 7321A new feature: Assignable salary is calculated based on the FTE value multiplied by the staff salary. This assigned salary must also be categorized into Admin or one of the services selected. The "assigned salary" must match the total keyed into green cells, or an error will pop up at the end of the row.
- ⑥ 732A instructions: Click on row desriptors to left and header cells, instruction on how to complete section or column will show. This is a complicated sheet, it is recommended to review video link above prior to completion. Please check for red error messages that pop up below each section and at bottom of page. In-Home Supplement is hidden as it is no longer required by most AAAs, if your AAA requires it, you will need to right click in the tab area of the workbook and
- ⑦ select unhide from the box that pops up. When clicking on unhide a few worksheet names are selected you will need to select the "In-Home Svc Supplement Worksheet."
- ⑧ 732 instructions: Much less to complete here as most cells are populated from the 732A form, must select drop down indicator for direct or purchased service, and HCCBG clients anticipated to be served. If you are an adult day care or adult day health provider, please populate the administrative portion at bottom of the page, those cells are not automatcially filled.
- ⑨ 733 Instructions: Complete green shaded text box with narrative on outreach activites you have implemented or plan to pursue.
- ⑩ 734 form Instructions (Standard Assurances and Client Rights Assurances): Read it, sign it and submit.
- ⑪ Proof Sheet: will display known calculation errors or questions. Please use this form to check for internal consistency and discuss issues with county or COG staff. Errors are displayed with a specific message, and value of calculated variance is to the right of the message.
- ⑫ Save a copy of your file, and submit an electronic copy to the county and/or COG. A signed copy of the forms is also required, but please be aware that some forms are not printer friendly as the forms are wider to incorporate a wider service selection.

DAAS-732A

North Carolina Division of Aging and Adult Services
 Service Cost Computation Worksheet

Provider: Anson County Council on Aging
 County: Anson
 Budget Period: July 2020 through June 2021

	Service Transportation (General) 250	Service In-Home Support Management 041	Service Companionship 130	Service Home Delivered Meals 020	Service 0 N/A	Service 0 N/A
I. Projected Revenues						
A. Fed/State Funding From the Div. of Aging & Adult Svcs.						
Required Minimum Match - Cash						
1) County Match	\$ 31,220					
2)						
3)						
Total Required Minimum Match - Cash	\$ 31,220					
Required Minimum Match - In-Kind						
1)						
2)						
3)						
Total Required Minimum Match - In-Kind						
B. Total Required Minimum Match (cash + in-kind)	\$ 31,220					
C. Subtotal, Fed/State/Required Match Revenues	\$ 312,200					
D. NSIP Cash Subsidy/Commodity Valuation	\$ 9,558					
E. OAA Title V Worker Wages, Fringe Benefits and Costs Local Cash, Non-Match						
1)						
2)						
3)						
4)						
F. Subtotal, Local Cash, Non-Match Other Revenues, Non-Match						
1)						
2)						
3)						
G. Subtotal, Other Revenues, Non-Match Local In-Kind Resources (Includes Volunteer Resources)						
1)						
2)						
3)						
H. Subtotal, Local In-Kind Resources, Non-Match	\$ 1,750					
I. Client Cost Sharing						
J. Total Projected Revenues (Sum I.C.D.E.F.G.H. & I)	\$ 44,489	\$ 111,646	\$ 93,436	\$ 73,936	\$	\$
Grand Total	\$ 280,980	\$ 99,581	\$ 79,517	\$ 81,877	\$	\$

Division of Aging and Adult Services
Service Cost Computation Worksheet

II. Line Item Expenses	Service			Service			Service			Service		
	Transportation (General)	In-House Mid-Level / Home Management	Composrite Nutrition	Home Delivered Meals	Service	Service	Service	Service	Service	Service	Service	Service
Staff Salary From Labor Distribution Schedule	Admin. Cost	Grand Total										
1) Full-time staff (do not include Title V workers)												
2) Part-time staff (do not include Title V workers)												
A. Subtotal, Staff Salary												
Fringe Benefits												
1) FICA @ 7.65 %												
2) Health Insurance												
3) Retirement												
4) Unemployment Insurance												
5) Worker's Compensation												
6) Other												
B. Subtotal, Fringe Benefits												
Local In-Kind Resources Non-Match												
1)												
2)												
3)												
C. Subtotal, Local In-Kind Resources Non-Match												
D. OAA Title V Worker Wages, Fringe Benefits and Costs												
Travel												
1) Per Diem												
2) Mileage Reimbursement												
3) Other Travel Cost												
E. Subtotal, Travel												
General Operating Expenses												
1) ACTS												
2) AMHC COST												
3) POSTAGE, DUPE, SUBSCRIPTION												
4) VEHICLE MAINTENANCE												
5) PROGRAM SUPPLIES												
6) GATEFEE												
7)												
8)												
F. Subtotal, General Operating Expenses												
G. Subtotal, Other Administrative Cost Not Allocated In Lines I/A through E												
H. Total Proj. Expenses Prior to Admin. Distribution												
I. Distribution of Administrative Cost												
J. Total Proj. Expenses After Admin. Distribution												

**Home and Community Care Block Grant for Older Adults
Outreach Methodology**

July 2020 through June 2021

Methodology to Address Service Needs of Low Income (Including Low-Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency (Older Americans Act, Section 305(a)(2)(E))

Community Service Provider: Anson County Council on Aging

County: Anson

The Older Americans Act requires that the service provider attempt to provide services to low-income minority individuals in accordance to their need for aging services. The community service provider shall specify how the service needs of low income, low-income (including low income minority elderly), rural elderly and elderly with limited English proficiency will be met through the services identified on the Provider Services Summary (DAAS-732). This narrative shall address outreach and service delivery methodologies that will ensure that this target population is adequately served and conform with specific objectives established by the Area Agency on Aging, for providing services to low income minority individuals. Additional pages may be used as necessary.

Goal: Anson County Council on Aging will continue to serve as the lead agency in providing aging services in Anson County. The unemployment rate was slowly improving as more individuals were employed. However, due to the COVID-19 outbreak many have become unemployed due to a statewide Stay At Home Order. Many having to put their great work ethics and the need to working beyond retirement on hold. Anson County is very grateful for the HCCBG and the new CARES Act that has been placed into law. This Act will provide significant support to our older adult population at a much needed time. This agency will continue outreach efforts to identify and educate seniors making them aware of all available resources and all services in order that their needs may be met.

Objective One: Seek and identify individuals of low income in Anson County

A. By coordinating efforts with existing agencies to identify individuals of low status. 18.

By outreach efforts in the home, referrals and home visits.

C. Target elderly citizens in need of service.

Objective Two: Use all available resources to educate low income minority of the availability of services and how to access them.

A. Work with all county agencies.

B. Distribute information to all agencies and businesses that serve seniors.

C. Use all available resources.

July 2020 through June 2021

**Home and Community Care Block Grant for Older Adults
Community Service Provider
Standard Assurances**

Anson County Council on Aging agrees to provide services through the Home and Community Care Block Grant, as specified on the Provider Services Summary (DAAS-732) in accordance with the following:

1. Services shall be provided in accordance with requirements set forth in:
 - a) The County Funding Plan;
 - b) The Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers; and
 - c) The Division of Aging and Adult Services Standards Manual, Volumes I through IV or at <http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>.

Community service providers shall monitor any subcontracts with providers of Block Grant services and take appropriate measures to ensure that services are provided in accordance with the aforementioned documents.
2. Priority shall be given to providing services to those older persons with the greatest economic or social needs. The service needs of low-income minority elderly will be addressed in the manner specified on the Methodology to Address Service Needs of Low-Income (Including Low Income Minority Elderly), Rural Elderly and Elderly with Limited English Proficiency format, (DAAS-733).
3. The following service authorization activities will be carried out in conjunction with all services provided through the Block Grant:
 - a) Eligibility determination;
 - b) Client intake/registration;
 - c) Client assessment/reassessments and quarterly visits, as appropriate;
 - d) Determining the amount of services to be received by the client; and
 - e) Reviewing consumer contributions policies with eligible clients.
4. All licenses, permits, bonds, and insurance necessary for carrying out Block Grant Services will be maintained by the community service provider and any contracted providers.
5. As specified in 45 CFR 75, Subpart D-Post Federal Award Requirements, Procurement Standards, community service providers shall have procedures for settling all contractual and administrative issues arising out of procurement of services through the Block Grant. Community service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider.
6. Applicant/Client appeals shall be addressed as specified in Section 7 of the Division of Aging and Adult Services Home and Community Care Block Grant Manual for Community Service Providers, dated February 17, 1997.
7. Community service providers are responsible for providing or arranging for the provision of required local match, as specified on the Provider Services Summary, (DAAS-732). Local match shall be expended simultaneously with Block Grant funding.
8. Community service providers agree to comply with audit and fiscal reporting requirements as specified in the Agreement for the Provision of County-Based Aging Services (DAAS-735).
9. Compliance with Equal Employment Opportunity and Americans with Disabilities Act requirements, as specified in paragraph fourteen (14) of the Agreement for the Provision of County-Based Aging Services (DAAS-735) shall be maintained.

10. Providers of In-Home Aide, Home Health, Housing and Home Improvement, and Adult Day Care or Adult Day Health Care shall sign and return the attached assurance to the area agency on aging indicating that recipients of these services have been informed of their client rights, as required in Section 314 of the 2006 Amendments to the Older Americans Act.
11. Subcontracting – All HCCBG community service providers must assure that subcontractors (for-profit and non-profit entities only) meet the following requirements:
- a. The subcontractor has not been suspended or debarred. (N.C.G.S. §143C-6-23, 09 NCAC 03M)
 - b. The subcontractor has not been barred from doing business at the federal level.
 - c. The subcontractor is able to produce a notarized “State Grant Certification of No Overdue Tax Debts.”
 - d. All licenses, permits, bonds and insurance necessary for carrying out Home and Community Care Block Grant services will be maintained by both the community service provider and any subcontractors.
 - e. The subcontractor is registered as a charitable, tax-exempt (501c3) organization with the Internal Revenue Service (non-profit subcontractors only).
12. Confidentiality and Security. Per the requirements in 10A NCAC 05J and Section 6 of the Home and Community Care Block Grant Procedures Manual, client information in any format and whether recorded or not shall be kept confidential and not disclosed in a form that identifies the person without the informed consent of the person or legal representative. Community service providers, including subcontractors and vendors, must adhere to all applicable federal, state and departmental requirements for protecting the security and confidentiality of client information including but not limited to appropriately restricting access, establishing procedures to reduce the risk of accidental disclosures from data processing systems, and developing a process by which the Division of Adult Aging Services is notified of suspected or confirmed security incidents and data breaches.
13. Record Retention and Disposition. All community service providers are responsible for maintaining custody of records and documentation to support the allowable expenditure of funds, service provision, and the reimbursement of services. Service providers must adhere to the approved record retention and disposition schedule posted semiannually on the website of the NC Department of Health and Human Services Controller at <http://www.ncdhhs.gov/control/retention/retention.htm>
- Service providers are not authorized to destroy records related to the provision of services under this Agreement except in compliance with the approved DHHS retention and disposition schedule, which allows for the proper destruction of records based on a schedule by funding source and fiscal year. The agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of record destruction. Confidential records will be destroyed in such a manner that the records cannot be practically read or reconstructed.

Wanda Talbert

(Authorized Signature)

May 7, 2020

(Date)

**Standard Assurance To Comply with Older Americans Act
Requirements Regarding Clients Rights
For
Agencies Providing In-Home Services through the
Home and Community Care Block Grant for Older Adults**

As a provider of one or more of the services listed below, our agency agrees to notify all Home and Community Care Block Grant clients receiving any of the below listed services provided by this agency of their rights as a service recipient. Services in this assurance include:

- In-Home Aide
- Home Care (home health)
- Housing and Home Improvement
- Adult Day Care or Adult Day Health Care

Notification will include, at a minimum, an oral review of the information outlined below as well as providing each service recipient with a copy of the information in written form. In addition, providers of in-home services will establish a procedure to document that client rights information has been discussed with in-home services clients (e.g. copy of signed Client Bill of Rights statement).

Clients Rights information to be communicated to service recipients will include, at a minimum, the right to:

- be fully informed, in advance, about each in-home service to be provided and any change and any change in service(s) that may affect the wellbeing of the participant;
- participate in planning and changing any in-home service provided unless the client is adjudicated incompetent;
- voice a grievance with respect to service that is or fails to be provided, without discrimination or reprisal as a result of voicing a grievance;
- confidentiality of records relating to the individual;
- have property treated with respect; and
- be fully informed both orally and in writing, in advance of receiving an in-home service, of the individual's rights and obligations.

Client Rights will be distributed to, and discussed with, each new client receiving one or more of the above listed services prior to the onset of service. For all existing clients, the above information will be provided no later than the next regularly scheduled service reassessment.

Agency Name: Anson County Council on Aging

Name of Agency Administrator: Wanda Talbert

Signature: _____

(Please return this form to your Area Agency on Aging and retain a copy for your files.)

CLIENT/PATIENT RIGHTS

1. You have the right to be fully informed of all your rights and responsibilities as a client in the program.
2. You have the right to appropriate and professional care relating to your needs.
3. You have the right to be fully informed in advance about the care to be provided by the program.
4. You have the right to be fully informed in advance of any changes in the care that you are receiving and to give informed consent to the provision of the amended care.
5. You have the right to participate in determining the care that you will receive and in a change in the nature of the care as your needs change.
6. You have the right to voice your grievances with respect to care that is provided and there will be no reprisal for the grievance expressed.
7. You have the right to expect that the information you share with the agency will be held in strict confidence, to be shared only with your written consent and as it relates to the obtaining of other needed community services.
8. You have the right to expect the preservation of your privacy and respect for your personal information.
9. You have the right to receive a timely response to your request for service.
10. You shall be admitted for service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
11. You have the right to be informed of agency policies, changes, and costs for service.
12. If you are denied service solely on your inability to pay, you have the right to be referred elsewhere.
13. You have the right to honest, accurate information regarding the industry, agency, and program in particular.
14. You have the right to be fully informed about other services provided by this agency.

Services	A - Block Grant Funding			B - Required Local Match		C - Net Service Cost		D - USDA Subsidy	E - Total Funding	F - Projected HCCBG Units	G - Projected Reimbursement Rate	H - Projected HCCBG Clients	I - Projected Total Units
	Access	In-Home	Other	Total	Local Match	Service Cost	Total						
Transportation (General)	\$ 39,995	\$ 99,581	\$ -	\$ 139,576	\$ 4,444	\$ 144,020	\$ 44,439	\$ 94,581	\$ 144,439	9,496	\$ 12,711	50	3,500
In-Home Aide-Level I - HM	\$ -	\$ 99,581	\$ -	\$ 99,581	\$ 11,065	\$ 110,646	\$ -	\$ 110,646	\$ 110,646	5,549	\$ 19,940	65	5,599
Congregate Nutrition	\$ -	\$ -	\$ 79,517	\$ 79,517	\$ 8,835	\$ 88,352	\$ 5,084	\$ 93,436	\$ 93,436	6,747	\$ 13,094	100	6,778
Home Delivered Meals	\$ -	\$ 61,887	\$ -	\$ 61,887	\$ 5,876	\$ 67,763	\$ 4,073	\$ 73,636	\$ 73,636	6,469	\$ 10,630	100	6,497
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-
Total	\$ 39,995	\$ 161,468	\$ 79,517	\$ 280,980	\$ 31,220	\$ 312,200	\$ 9,558	\$ 322,156	\$ 322,156	27,611	\$ 11,315	315	22,374

HCCBG Budget

Home and Community Care Block Grant for Older Adults

County: Anson

July 1, 2020 through June 30, 2021

County Funding Plan

County Services Summary

DAAS-731 (Rev. 2/16)

Signature: Chairman/Board of Commissioners

Date

Exhibit 14A: List of Subcontractors

Region F - FY 2021

County: Anson

Provider Name:

Anson County Council On Aging

Provider Code: F005

List each subcontractor in the chart below. A subcontractor is defined as an entity that has been contracted to do a job within the scope of the service provider's grant award. The subcontractor is accountable for the same requirements as the service provider, depending on the terms of the subcontract. Subcontractors must adhere to service standard requirements by the Division of Aging and Adult Services. Do not list vendors who provide services through a 'purchase of service'. These are services which do not follow prescribed service standards and are goods or services sold equally to all consumers.

Subcontractor Name	Type Agency <i>Non-Profit</i> <i>For-Profit</i> <i>Government</i>	Subcontracted Service Name	Subcontractor Contact Name, Address & Phone Number	Scope of the Subcontract (Briefly describe any service requirements that will be delegated to the subcontractor, e.g. eligibility determination, service authorization, assessments/reassessments, preparation and delivery of meals, provision of a ride and driver/requirements, tasks on an In-Home Aide plan of care, aide competency testing, aide supervision, etc.)
Compass	For Profit	Bateman	3110 W. Pinhook Rd. Suite 201 Lafayette, LA 337-593-0433	Preparation and delivery of homedelivered and congregate meals.
ACTS	Government	ACTS	HWY 74 West Wadesboro, N.C. 28170 704-694-2596	Provide nutrition transportation to senior citizens attending the nutrition sites in Anson County.

Assurance Statement: Providers utilizing subcontractors must provide assurance that both for profit and non-profit subcontractors are compliant with state and federal regulations. These assurances are the subcontractor: A) has not been suspended or debarred (G.S. §143C-6-23; 09NCAC03M), B) has not been barred from doing business at the federal level, C) is able to produce a notarized "State Grant Certification of No Overdue Tax Debts", D) has obtained all licenses, permits, bonds and insurance necessary for carrying out HCCRG Services. In addition, all subcontractors are registered as a charitable (501(c)(3)) organization with the federal government.

Provider Signature: _____ Date: _____

Anson County Board of Commissioners

Agenda Item



From: Cary Garner

Date: May 18, 2020

Subject: Sandhills Center Quarterly Report

Presenter: None

Request:

No action required.

Background:

Sandhills Center is required to report quarterly financials to the local governing bodies. Staff is unable to comment or explain on the content of their report however, if the Board of Commissioners has any questions or would like further information, staff will be happy to have it addressed in further detail.

Financial Impact:

None, reporting only.

Supporting Documentation:

Please see attached report.



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

May 13, 2020

Mr. Cary Garner
Anson County Finance Officer
Anson County Courthouse
101 S. Green Street, Suite 205
Wadesboro, NC 28170

Dear Mr. Garner:

Attached you will find a copy of the Sandhills Center Quarterly Fiscal Report for the period March 31, 2020. This required State Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DHHS) Report has been sent, on a quarterly basis, to each of the County Managers and County Commissioners in the Sandhills Area for a number of years. Please note that a revision to G.S. 122C-117(c), enacted by the 2006 General Assembly, requires that this Report be sent directly to each County Finance Officer. More specifically, the revised Statute requires that: "The County Finance Officer shall provide the Quarterly Report to the Board of County Commissioners at the next regularly scheduled meeting of the Board."

A review of the attached March 31, 2020, Quarterly Fiscal Report indicates the following:

Actual Revenue = \$ 259,575,374
Actual Expenditure = \$ 256,272,044
Revenue in Excess of Expenditure = \$ 3,303,330

The Revenue in Excess of Expenditures is largely driven by NC DHHS distribution of remaining State funded payments for services in response to COVID-19. As the services provided by this funding is billed, the Revenue in Excess of Expenditures is expected to decrease.

Should you have any questions on this Quarterly Fiscal Report, please feel free to contact myself or Kelly Patterson (Finance Director).

Thank you for your assistance in addressing the requirements of our fiscal reporting requirements.

Sincerely,

Victoria Whitt
Chief Executive Officer

Attachment


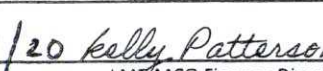

cc: Barron Monroe, Anson County Manager
Ross Streater, Anson County Commissioner

P.O. Box 9, West End, NC 27376
24-Hour Access to Care Line: 1-800-256-2452
TTY: 1-866-518-6778 or 711
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,
Moore, Randolph & Richm 47 counties



**Sandhills Center
Fiscal Monitoring Report
For the 9 Months Ending March 2020**

Item	Medicaid		State		Total
	Budget 2019-2020	Actual Year To Date	Budget 2019-2020	Actual Year To Date	
Revenues					
Medicaid Pass Thru	0	0	15,000	0	-
Budgeted Fund Balance					
Other Local			473,259	353,464	353,464
Total Local Funds	0	0	488,259	353,464	353,464
County Appropriations (by County Including ABC Funds)					
Anson	0	0	55,000	41,250	41,250
Guilford			9,674,000	7,255,502	7,255,502
Harnett			199,679	199,679	199,679
Hoke			58,000	60,949	60,949
Lee			240,000	180,000	180,000
Montgomery			60,775	45,581	45,581
Moore			208,857	208,857	208,857
Randolph			844,000	633,010	633,010
Richmond			132,525	99,396	99,396
Total County Funds	0	0	11,472,836	8,724,224	8,724,224
Local Management Entity Systems Admin	0	0	360,412	347,599	347,599
Medicaid General Admin	14,816,998	10,836,181			10,836,181
Medicaid Mental Health/Substance Abuse Treatment Planning	4,505,915	3,167,182			3,167,182
Medicaid Intellectual/Developmental Disabilities Treatment Planning	7,021,488	5,171,037			5,171,037
Division of Medical Assistance Risk Reserve Funding	5,528,731	4,406,448			4,406,448
Division of Mental Health/Intellectual Disabilities/ Substance Abuse Services			38,485,283	37,301,751	37,301,751
Division of Medical Assistance Medicaid Capitation Funding	244,563,397	183,780,585			183,780,585
All Other State/Federal Funding			8,042,742	5,486,901	5,486,901
Total State and Federal Funds	276,436,529	207,361,434	46,888,437	43,136,251	250,497,685
Fund Balance	7,662,954		4,242,780	0	
Total Revenues	284,099,483	207,361,434	63,092,312	52,213,940	259,575,374
Expenditures					
Local Management Entity Systems Admin			5,076,451	3,080,566	3,080,566
Intergovernmental Transfer	1,956,427	1,484,204			1,484,204
Medicaid General Admin	19,436,831	12,591,119			12,591,119
Medicaid Mental Health/Substance Abuse Treatment Planning	5,355,516	4,654,936			4,654,936
Medicaid Intellectual/Developmental Disabilities Treatment Planning	7,258,581	5,037,779			5,037,779
Medicaid Risk Reserve	5,528,731	0			0
Medicaid Provider Payments	244,563,397	187,872,632			187,872,632
State/Local Provider Payments			49,973,119	36,063,906	36,063,906
All Other State/Federal Provider Payments			8,042,742	5,486,901	5,486,901
Total Expenditures	284,099,483	211,640,671	63,092,312	44,631,373	256,272,044
Change in Cash Balance		-4,279,236		7,582,566	3,303,330


 Date 5/12/20

 LME/MCO Finance Director Date 5/12/2020

 Area Board Chair Date 5-12-2020

Anson County Board of Commissioners

Agenda Item



From: Evonne Burr
Health Department

Date: 5/12/2020

Subject: Budget Amendment for COVID-19

Presenter: No presenter needed

Request:

Make a motion to...accept the COVID-19 funding from the state. Per the agreement addendum Anson County will receive \$61,862.

Background:

On March 6, 2020, the President of the United States signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) (Coronavirus Supplemental). This Act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). To support governmental public health emergency response to COVID-19, the Centers for Disease Control and Prevention (CDC) has activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response (www.cdc.gov/phpr/readiness/funding-crisis.htm). CDC is awarding funding, totaling \$569,822,380, under Components A and B to eligible jurisdictions that are on the approved but unfunded (ABU) list for CDC-RFA-TP18-1802 to provide resources to prevent, prepare for, and respond to COVID-19. This funding is intended for state, local, territorial, and tribal health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. These funds are in addition to funds CDC previously awarded to select jurisdictions for COVID-19 response activities.

The Division of Public Health (DPH), Public Health Preparedness & Response (PHP&R) Branch, is making an allocation of these funds available to all local health departments through the "CDC-RFATP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding" to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

Financial Impact:

Helping Local Health Departments with necessary items or things for COVID-19, funding given by state means less from the county.

Supporting Documentation:

Attached



County of Anson

Budget Amendment Request



Prior to processing, all **Budget Amendment Requests** must be accompanied by supporting documentation such as an approved Contract, Funding Authorization, etc.

Department Health Date 5/12/2020
 Increase Current Funding (Y or N) Y New Funded Program (Y or N) Y

If Applicable:

Name of Funded Program COVID-19

Funding Agency Epidemiology/PH Preparedness \$ Funding \$ 61,862.00 % Funding

Check Agency Funding: Federal State
 Federal Passed thru State X Other

Grant # 619 Award Period January 20, 2020 - May 31, 2020

County Match (Y or N) N \$ Match % Match

General Ledger Accounting Information

FB Appropriation (Y or N) (If Yes, Complete B only. If No, Complete A & B)

A. Revenues - Increase (Decrease)

Description	Account #	Amount
Bioterrorism	11-51-00-3405	\$61,862

Revenue Total: \$61,862

B. Expenses - Increase (Decrease)

Description	Account #	Amount
Salaries	11-51-22-4121	\$15,000
FICA	11-51-22-4181	\$5,000
Retirement	11-51-22-4182	\$5,000
Group Insurance	11-51-22-4183	\$1,862
Medical Supplies	11-51-22-4239	\$35,000

Expense Total: \$61,862

New Funded Programs will not have an existing Revenue & Expense. Please contact Finance on all New Funded Programs upon submitting request.

Cronne Burr
 Dept. Head Signature

5/12/2020
 Date

 Finance Officer Approval/Date

Division of Public Health Agreement Addendum FY 19-20

Anson County Health Department	Epidemiology / PH Preparedness & Response
Local Health Department Legal Name	DPH Section / Branch Name
619 COVID-19 Crisis Response	Wayne Mixon, (919) 546-1831
Activity Number and Description	DPH Program Contact
	(name, phone number, and email)
01/20/2020 – 05/31/2020	DPH Program Signature
Service Period	Date
02/01/2020 – 06/30/2020	(only required for a <u>negotiable</u> agreement addendum)
Payment Period	
<input checked="" type="checkbox"/> Original Agreement Addendum <input type="checkbox"/> Agreement Addendum Revision # _____	

I. Background:
 On March 6, 2020, the President of the United States signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) (Coronavirus Supplemental). This Act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19).

To support governmental public health emergency response to COVID-19, the Centers for Disease Control and Prevention (CDC) has activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response (www.cdc.gov/phpr/readiness/funding-crisis.htm). CDC is awarding funding, totaling \$569,822,380, under Components A and B to eligible jurisdictions that are on the approved but unfunded (ABU) list for CDC-RFA-TP18-1802 to provide resources to prevent, prepare for, and respond to COVID-19. This funding is intended for state, local, territorial, and tribal health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. These funds are in addition to funds CDC previously awarded to select jurisdictions for COVID-19 response activities.

The Division of Public Health (DPH), Public Health Preparedness & Response (PHP&R) Branch, is making an allocation of these funds available to all local health departments through the “CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding” to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

Health Director Signature (use blue ink)	04/22/2020 Date
--	--------------------

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>Evonne Burr</u>
	Phone number with area code: <u>704-994-3328</u>
	Email address: <u>eburr@co.anson.nc.us</u>

II. Purpose:

This Activity is for the Local Health Department to work to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19) by carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

III. Scope of Work and Deliverables:

All of the activities the Local Health Department performs under this Agreement Addenda shall be informed by the NC DHHS COVID-19 Guidance for Health Care Providers and Local Health Departments.¹ The Local Health Department (LHD) shall:

1. Implement and scale-up **laboratory testing and data collection to enable identification and tracking of COVID-19 cases** in the community with emphasis placed on priority populations as defined in NC DHHS guidance² to include health care workers, first responders, persons in high-risk congregate settings, and persons at a higher risk of severe illness, and immediate implementation of real-time reporting to PHP&R. This shall be accomplished by conducting one or more of the following activities:
 - a. Expand testing access in the community with a focus on persons who may expose vulnerable people.
 - b. Conducting surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death.
 - c. Conducting surveillance to monitor virologic and disease activity in the community and healthcare settings, with emphasis on expanding contact tracing for high risk populations using traditional and non-traditional methods.
 - d. Implementing routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements.
 - e. Establishing or enhancing core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, and reporting.
 - f. Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g., school closures and cancellation of mass gatherings).
 - g. Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g., shortages of personal protective equipment).
2. Write a brief **COVID-19 community intervention implementation plan** and upload it by May 31, 2020 to the COVID-19/Agreement Addendum/County Submissions/CountyName folder at <https://ncconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx>. The naming convention for this plan shall be, "CountyName-Community Plan" (for example: Wake-Community Plan).

This plan shall describe how the LHD will achieve the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts. The LHD shall use its

¹ <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#all-guidance-for-health-care-providers-and-local-health-departments>

² <https://files.nc.gov/ncdhhs/documents/files/covid-19/COVID-19-Provider-Guidance-Final.pdf>

current Pan Flu Plan as a template and create a COVID-19 Community Intervention Implementation Plan that shall address how the LHD will accomplish the following tasks, with emphasis on addressing high-risk congregate settings such as long-term care facilities, homeless shelters, correctional facilities, and migrant farmworker camps:

- a. Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities.
 - b. Plan and adapt for disruption caused by community spread and implement interventions to prevent further spread.
 - c. Ensure healthcare system response is an integrated part of community interventions.
 - d. Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.
3. Summarize the LHD's COVID-19 community intervention implementation plan into a **COVID-19 community intervention executive summary** and upload it by May 31, 2020 to the COVID-19/Agreement Addendum/County Submissions/CountyName folder at <https://ncconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx>. The naming convention for this executive summary shall be, "CountyName-Executive Summary" (For example: Wake-Executive Summary).

This executive summary shall describe a brief statement of the problems or proposals covered, background information, analysis and conclusions regarding how the LHD will meet the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

4. **Identify and address additional response needs through one or more of the allowable activities** from the list of Domains and Categories below, with examples of such activities provided in Appendix 2 of the attached "CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public health Crisis Response, COVID-19 Crisis Response Cooperative Agreement - Components A and B Supplemental Funding Interim Guidance" document dated March 15, 2020 ("CDC Interim Guidance document");
- a. Domain 1: Incident Management for Early Crisis Response.
 - i. Emergency Operations and Coordination
 - ii. Responder Safety and Health
 - iii. Identification of Vulnerable Populations
 - b. Domain 2: Jurisdictional Recovery.
 - c. Domain 3: Information Management.
 - i. Information Sharing, with emphasis on infection control policies and proper use of personal protective equipment (PPE)
 - ii. Emergency Public Information and Warning and Risk Communication, with emphasis on expanding communications and public education campaigns including digital platforms and call lines
 - d. Domain 4: Countermeasures and Mitigation.
 - i. Nonpharmaceutical Interventions
 - ii. Quarantine and Isolation Support, with emphasis on isolation and quarantine of identified cases in high risk populations
 - iii. Distribution and Use of Medical Material

- e. Domain 5: Surge Management.
 - i. Surge Staffing
 - ii. Public Health Coordination with Healthcare Systems
 - iii. Infection Control
- f. Domain 6: Biosurveillance.
 - i. Public Health Surveillance and Real-time Reporting
 - ii. Public Health Laboratory Testing, Equipment, Supplies and Shipping
 - iii. Data Management

IV. **Performance Measures/Reporting Requirements:**

The Local Health Department shall:

1. Provide data as requested by PHP&R that supports reporting the performance measures and deliverables from the CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement - Components A and B Supplemental Funding. The CDC will determine the essential data elements by April 15, 2020. Upon receiving this information from the CDC, PHP&R will communicate it to the LHDs via email with delivery/read verification.
2. Submit the following updates and reports to PHP&R:
 - a. Monthly updates to the COVID TP18-1802 Awardee Spend Plan (Excel spreadsheet).
 - i. These updates are to be uploaded in the COVID-19/Agreement Addendum/County Submissions/CountyName folder, located at <https://nccconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx> at no later than thirty days after each month ends. The naming convention for these files shall be, "CountyName-MonthOfReport Spend Plan" (for example: Wake-April Spend Plan).
 - ii. This spreadsheet is available for download and it resides in the COVID-19/Agreement Addendum folder of the Preparedness Coordinator forum, located at: <https://nccconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx>
 - b. Monthly Expenditure Monitoring Reports (EMRs) are due via email (phpr.sgm@dhhs.nc.gov) to the PHP&R Program Manager no later than thirty days after the month ends.
3. Provide all plans and documents for review by PHP&R staff when requested. Plans and other documents must be consistent with state and federal requirements and must be specific to your local public health area.

V. **Performance Monitoring and Quality Assurance:**

PHP&R will provide technical support to the Local Health Department to meet the required and allowable activities defined in the CDC Interim Guidance document. Templates and best practices will be provided as needed on an ongoing basis. PHP&R staff will maintain open communication with the Local Health Department and will therefore, receive and respond to all questions related to the COVID-19 Crisis Response Cooperative Agreement.

PHP&R's Subrecipient Grants Monitor or PHP&R Program Manager's designee will review reports and may schedule and conduct on-site visits with the Local Health Department to assess compliance with CDC grant and Agreement Addendum requirements, financials, and/or provide consultative assistance.

Inadequate performance on the part of the Local Health Department directly impacts the capacity of North Carolina's ability in overall preparedness. In the event that performance is deemed inadequate or non-compliant, PHP&R reserves the right to identify the county as "high risk," which may result in a reduction or suspension of funds.

While not necessarily an indicator of inadequate performance, a Local Health Department's inability to spend allocated funds will result in an assessment and potential recall of funds for re-allocation to other local health departments.

VI. **Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. Unallowable costs:
 - a. Research
 - b. Clinical care except as provided above in connection with Domain 4 activities.
 - c. Publicity and propaganda (lobbying). Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - i. publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - ii. the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

Detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients can be found under Additional Requirement 12: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
 - d. All unallowable costs cited in CDC-RFA-TP18-1802 remain in effect, unless specifically amended in the CDC Interim Guidance document, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
3. PHP&R will distribute funds to the Local Health Department in amounts based on a formula developed to maximize COVID-19 prevention and mitigation actions to protect the citizens of North Carolina. Funds will be distributed through the Controller's Office based on standard DPH procedures. It is anticipated that the level of funding provided through this Agreement Addendum

will not be enough to support all of the activities that a Local Health Department will undertake and that other resources may be necessary to meet the requirements.

4. Overlap in Projects, Budget Items, or Commitment of Effort
 - a. Funds cannot be used to supplant existing federal funds awarded by other federal sources.
 - b. Funds cannot be used to match funding on other federal awards.
5. PHP&R reserves the right to review any expenditure that is not in line with the purpose and scope of the funding source. After review of the expenditure PHP&R may reject the expenditure and then require the Local Health Department to further justify or to pay back the expense.

Supplement reason: In AA+BE or AA+BE Rev -OR- -

CFDA #: 93.354 Federal awd date: 3/16/20 Is award R&D? no FAIN: NU90TP922104 Total amount of fed awd: \$ 13,820,515

CFDA name: Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
 Fed award project description: North Carolina's Cooperative Agreement for Emergency Response: Public Health Crisis Response
 Fed awarding agency: DHH, Centers for Disease Control and Prevention Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	128,163	128,163	Jackson	019728518	70,554	70,554
Albemarle	130537822	125,566	125,566	Johnston	097599104	143,714	143,714
Alexander	030495105	67,966	67,966	Jones	095116935	54,783	54,783
Anson	847163029	61,862	61,862	Lee	067439703	78,555	78,555
Appalachian	780131541	95,074	95,074	Lenoir	042789748	76,669	76,669
Beaufort	091567776	72,269	72,269	Lincoln	086869336	89,753	89,753
Bladen	084171628	66,214	66,214	Macon	070626825	66,934	66,934
Brunswick	091571349	114,310	114,310	Madison	831052873	60,489	60,489
Buncombe	879203560	172,455	172,455	MTW	087204173	68,611	68,611
Burke	883321205	92,873	92,873	Mecklenburg	074498353	560,503	560,503
Cabarrus	143408289	148,104	148,104	Montgomery	025384603	62,956	62,956
Caldwell	948113402	89,069	89,069	Moore	050988146	96,620	96,620
Carteret	058735804	83,161	83,161	Nash	050425677	97,714	97,714
Caswell	077846053	61,107	61,107	New Hanover	040029563	158,938	158,938
Catawba	083677138	124,338	124,338	Northampton	097594477	59,671	59,671
Chatham	131356607	84,834	84,834	Onslow	172663270	143,221	143,221
Cherokee	130705072	63,732	63,732	Orange	139209659	118,283	118,283
Clay	145058231	55,468	55,468	Pamlico	097600456	56,266	56,266
Cleveland	879924850	96,503	96,503	Pender	100955413	79,161	79,161
Columbus	040040016	76,466	76,466	Person	091563718	68,860	68,860
Craven	091564294	98,592	98,592	Pitt	080889694	133,699	133,699
Cumberland	123914376	205,618	205,618	Polk	079067930	60,101	60,101
Dare	082358631	67,354	67,354	Randolph	027873132	117,585	117,585
Davidson	077839744	128,846	128,846	Richmond	070621339	71,201	71,201
Davie	076526651	70,158	70,158	Robeson	082367871	111,728	111,728
Duplin	095124798	78,037	78,037	Rockingham	077847143	93,034	93,034
Durham	088564075	195,954	195,954	Rowan	074494014	116,514	116,514
Edgecombe	093125375	74,731	74,731	RPM	782359004	0	0
Foothills	782359004	103,846	103,846	Sampson	825573975	80,061	80,061
Forsyth	105316439	226,512	226,512	Scotland	091564146	66,766	66,766
Franklin	084168632	81,902	81,902	Stanly	131060829	79,705	79,705
Gaston	071062186	153,665	153,665	Stokes	085442705	71,798	71,798
Graham	020952383	54,074	54,074	Surry	077821858	84,350	84,350
Granville-Vance	063347626	99,938	99,938	Swain	146437553	56,774	56,774
Greene	091564591	59,862	59,862	Toe River	113345201	74,267	74,267
Guilford	071563613	300,641	300,641	Transylvania	030494215	66,471	66,471
Halifax	014305957	74,181	74,181	Union	079051637	159,040	159,040
Harnett	091565986	112,466	112,466	Wake	019625961	551,988	551,988
Haywood	070620232	79,475	79,475	Warren	030239953	59,512	59,512
Henderson	085021470	104,813	104,813	Wayne	040036170	108,493	108,493
Hoke	091563643	75,326	75,326	Wilkes	067439950	82,793	82,793
Hyde	832526243	52,439	52,439	Wilson	075585695	88,439	88,439
Iredell	074504507	133,835	133,835	Yadkin	089910624	67,871	67,871

DPH-Aid-To-Counties

For Fiscal Year: 19/20

Budgetary Estimate Number : 0

Activity 619	AA	1264 2680 CP	Proposed Total	New Total
Service Period		01/20-06/30		
Payment Period		02/20-07/31		
01 Alamance	* 1	128,163	128,163	128,163
D1 Albemarle	* 1	125,566	125,566	125,566
02 Alexander	* 1	67,966	67,966	67,966
04 Anson	* 1	61,862	61,862	61,862
D2 Appalachian	* 1	95,074	95,074	95,074
07 Beaufort	* 1	72,269	72,269	72,269
09 Bladen	* 1	66,214	66,214	66,214
10 Brunswick	* 1	114,310	114,310	114,310
11 Buncombe	* 1	172,455	172,455	172,455
12 Burke	* 1	92,873	92,873	92,873
13 Cabarrus	* 1	148,104	148,104	148,104
14 Caldwell	* 1	89,069	89,069	89,069
16 Carteret	* 1	83,161	83,161	83,161
17 Caswell	* 1	61,107	61,107	61,107
18 Catawba	* 1	124,338	124,338	124,338
19 Chatham	* 1	84,834	84,834	84,834
20 Cherokee	* 1	63,732	63,732	63,732
22 Clay	* 1	55,468	55,468	55,468
23 Cleveland	* 1	96,503	96,503	96,503
24 Columbus	* 1	76,466	76,466	76,466
25 Craven	* 1	98,592	98,592	98,592
26 Cumberland	* 1	205,618	205,618	205,618
28 Dare	* 1	67,354	67,354	67,354
29 Davidson	* 1	128,846	128,846	128,846
30 Davie	* 1	70,158	70,158	70,158
31 Duplin	* 1	78,037	78,037	78,037
32 Durham	* 1	195,954	195,954	195,954
33 Edgecombe	* 1	74,731	74,731	74,731
D7 Foothills	* 1	103,846	103,846	103,846
34 Forsyth	* 1	226,512	226,512	226,512
35 Franklin	* 1	81,902	81,902	81,902
36 Gaston	* 1	153,665	153,665	153,665
38 Graham	* 1	54,074	54,074	54,074
D3 Gran-Vance	* 1	99,938	99,938	99,938
40 Greene	* 1	59,862	59,862	59,862
41 Guilford	* 1	300,641	300,641	300,641
42 Halifax	* 1	74,181	74,181	74,181
43 Harnett	* 1	112,466	112,466	112,466
44 Haywood	* 1	79,475	79,475	79,475
45 Henderson	* 1	104,813	104,813	104,813
46 Hertford	* 1	0	0	0
47 Hoke	* 1	75,326	75,326	75,326
48 Hyde	* 1	52,439	52,439	52,439
49 Iredell	* 1	133,835	133,835	133,835
50 Jackson	* 1	70,554	70,554	70,554

51 Johnston	* 1	143,714	143,714	143,714
52 Jones	* 1	54,783	54,783	54,783
53 Lee	* 1	78,555	78,555	78,555
54 Lenoir	* 1	76,669	76,669	76,669
55 Lincoln	* 1	89,753	89,753	89,753
56 Macon	* 1	66,934	66,934	66,934
57 Madison	* 1	60,489	60,489	60,489
D4 M-T-W	* 1	68,611	68,611	68,611
60 Mecklenburg	* 1	560,503	560,503	560,503
62 Montgomery	* 1	62,956	62,956	62,956
63 Moore	* 1	96,620	96,620	96,620
64 Nash	* 1	94,714	94,714	94,714
65 New Hanover	* 1	158,938	158,938	158,938
66 Northampton	* 1	59,671	59,671	59,671
67 Onslow	* 1	143,221	143,221	143,221
68 Orange	* 1	118,283	118,283	118,283
69 Pamlico	* 1	56,266	56,266	56,266
71 Pender	* 1	79,161	79,161	79,161
73 Person	* 1	68,860	68,860	68,860
74 Pitt	* 1	133,699	133,699	133,699
75 Polk	* 1	60,101	60,101	60,101
76 Randolph	* 1	117,585	117,585	117,585
77 Richmond	* 1	71,201	71,201	71,201
78 Robeson	* 1	111,728	111,728	111,728
79 Rockingham	* 1	93,034	93,034	93,034
80 Rowan	* 1	116,514	116,514	116,514
D5 R-P-M	* 1	0	0	0
82 Sampson	* 1	80,061	80,061	80,061
83 Scotland	* 1	66,766	66,766	66,766
84 Stanly	* 1	79,705	79,705	79,705
85 Stokes	* 1	71,798	71,798	71,798
86 Surry	* 1	84,350	84,350	84,350
87 Swain	* 1	56,774	56,774	56,774
D6 Toe River	* 1	74,267	74,267	74,267
88 Transylvania	* 1	66,471	66,471	66,471
90 Union	* 1	159,040	159,040	159,040
92 Wake	* 1	551,988	551,988	551,988
93 Warren	* 1	59,412	59,412	59,412
96 Wayne	* 1	108,493	108,493	108,493
97 Wilkes	* 1	82,793	82,793	82,793
98 Wilson	* 1	88,439	88,439	88,439
99 Yadkin	* 1	67,871	67,871	67,871
Totals		9,123,144	9,123,144	9,123,144

Sign and Date - DPH Program Administrator <i>Wynne M. ...</i> 4.6.2020	Sign and Date - DPH Section Chief <i>PK</i> 4/6/20
Sign and Date - DPH Contracts Officer <i>...</i> 4/6/2020	Sign and Date - DPH Budget Officer <i>Pat ...</i> 04/06/2020

Anson County Board of Commissioners

Agenda Item



From: Evonne Burr
Health Department

Date: 5-20-2020

Subject: Budget Amendment - #403 WIC

Presenter: None

Request:

Make a motion to...approve the special time funds from the state for the WIC program to purchase laptops for staff members.

Background:

This is a special time limited funds to the Local Health Department to acquire approved equipment or services during this COVID19 pandemic.

Financial Impact:

No financial impact will be to the county; all state money will be used to purchase the laptops.

Supporting Documentation:

Attached



County of Anson

Budget Amendment Request



Prior to processing, all **Budget Amendment Requests** must be accompanied by supporting documentation such as an approved Contract, Funding Authorization, etc.

Department Health Date 5/19/2020

Increase Current Funding (Y or N) Y New Funded Program (Y or N) _____

If Applicable:

Name of Funded Program WIC

Funding Agency Women' and Children's Health \$ Funding \$ 3,812.00 % Funding _____

Check Agency Funding: Federal _____ State _____

Federal Passed thru State X Other _____

Grant # 403 Award Period June 1, 2019 - May 31, 2020

County Match (Y or N) N \$ Match _____ % Match _____

General Ledger Accounting Information

FB Appropriation (Y or N) _____ (If Yes, Complete B only. If No, Complete A & B)

A. Revenues - Increase (Decrease)

Description	Account #	Amount
WIC Client Services	11-51-00-3400	\$3,812

Revenue Total: \$3,812

B. Expenses - Increase (Decrease)

Description	Account #	Amount
Office Supplies	11-51-69-4261	\$3,812

Expense Total: \$3,812

New Funded Programs will not have an existing Revenue & Expense. Please contact Finance on all New Funded Programs upon submitting request.

Cronne Burr
Dept. Head Signature

5/20/2020
Date

Finance Officer Approval/Date

Division of Public Health Agreement Addendum FY 19-20

Page 1 of 2

Anson County Health Department
Local Health Department Legal Name

Women's and Children's Health Section /
Nutrition Services Branch
DPH Section / Branch Name

403 WIC
Activity Number and Description

Lisa D. Dupree, (919) 707-5807
Lisa.Dupree@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

06/01/2019 – 05/31/2020
Service Period

DPH Program Signature Date
(only required for a negotiable agreement addendum)

07/01/2019 – 06/30/2020
Payment Period

- Original Agreement Addendum
 Agreement Addendum Revision # 2

I. **Background:**
No change.

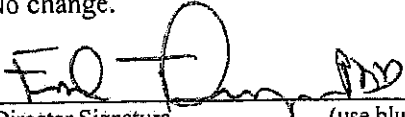
II. **Purpose:**
This Agreement Addendum Revision #2 awards special time-limited funds to the Local Health Department to acquire approved equipment or services as described in Section III below.

III. **Scope of Work and Deliverables:**
As of April 20, 2020, this Agreement Addendum Revision #2 adds Paragraph B.12, as follows:

12. Deliverable #12 – Special Funding for Equipment or Approved Services for the Local Health Department's response to the COVID19 pandemic.
In order to further enhance its ability to continue with the objective of the Special Supplemental Nutrition Program for WIC, the Local Health Department shall use the funds provided under this Agreement Addendum Revision #2 to acquire equipment or services, as has been approved by the Nutrition Services Branch in April 2020. This will assist the Local Health Department respond to the increasing demand for services and the provision of remote services during the COVID-19 pandemic.

IV. **Performance Measures/Reporting Requirements:**
No change.

V. **Performance Monitoring and Quality Assurance:**
No change.


Health Director Signature (use blue ink)

09/18/2020
Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>Donna Allen</u>
	Phone number with area code: <u>704-994-3349</u>
	Email address: <u>dwallen@co.anson.nc.us</u>

Signature on this page signifies you have read and accepted all pages of this document.

Revised July 2018

VI. Funding Guidelines or Restrictions:

As of April 20, 2020, this Agreement Addendum Revision #2 changes Paragraph H, as follows:

- H. Final expenditures for special funds must be entered into the Aid-to-Counties System no later than June 15, 2020. This funding is delineated by the code "GA" and shall be used for the purchase of approved special funding equipment and services during the period of April 20, 2020 through May 31, 2020.

Activity 403	AA	13A2	13A2	13A2	13A2	13A2	13A2	13A2	13A2	Proposed	New
		5403	5403	5404	5404	5405	5405	5409	5409		
Service Period		10/01-05/31	06/01-12/31	10/01-05/31	06/01-10/31	10/01-05/31	06/01-10/31	10/01-05/31	06/01-10/31		
Payment Period		11/01-06/30	07/01-01/31	11/01-06/30	07/01-11/30	11/01-06/30	07/01-11/30	11/01-06/30	07/01-11/30		
01 Alamance			0	0	0	0	0	0	0	0	757,810
D1 Albemarle	* 3	10,620	0	0	0	0	0	0	0	10,620	767,915
02 Alexander		0	0	0	0	0	0	0	0	0	142,164
04 Anson	* 2	3,812	0	0	0	0	0	0	0	3,812	158,848
D2 Appalachian	* 2	8,358	0	0	0	0	0	0	0	8,358	309,912
07 Beaufort	* 2	2,850	0	0	0	0	0	0	0	2,850	281,820
09 Bladen	* 2	3,000	0	0	0	0	0	0	0	3,000	214,062
10 Brunswick		0	0	0	0	0	0	0	0	0	505,342
11 Buncombe		0	0	0	0	0	0	0	0	0	826,942
12 Burke		0	0	0	0	0	0	0	0	0	467,966
13 Cabarrus	* 2	3,962	0	0	0	0	0	0	0	3,962	611,361
14 Caldwell	* 2	8,241	0	0	0	0	0	0	0	8,241	338,703
16 Carteret		0	0	0	0	0	0	0	0	0	245,158
17 Caswell		0	0	0	0	0	0	0	0	0	105,088
18 Catawba	* 2	18,797	0	0	0	0	0	0	0	18,797	756,990
19 Chatham		0	0	0	0	0	0	0	0	0	0
20 Cherokee	* 2	3,990	0	0	0	0	0	0	0	3,990	148,886
22 Clay		0	0	0	0	0	0	0	0	0	51,224
23 Cleveland	* 2	20,812	0	0	0	0	0	0	0	20,812	566,504
24 Columbus		0	0	0	0	0	0	0	0	0	316,572
25 Craven	* 2	3,901	0	0	0	0	0	0	0	3,901	578,101
28 Cumberland		0	0	0	0	0	0	0	0	0	2,527,074
28 Dare		0	0	0	0	0	0	0	0	0	119,104
29 Davidson		0	0	0	0	0	0	0	0	0	664,855
30 Davie		0	0	0	0	0	0	0	0	0	160,578
31 Duplin	* 3	4,334	0	0	0	0	0	0	0	4,334	498,439
32 Durham		0	0	0	0	0	0	0	0	0	0
33 Edgecombe		0	0	0	0	0	0	0	0	0	348,374
D7 Foothills	* 2	5,739	0	0	0	0	0	0	0	5,739	515,754
34 Forsyth		0	0	0	0	0	0	0	0	0	1,872,272
35 Franklin		0	0	0	0	0	0	0	0	0	232,424
36 Gaston		0	0	0	0	0	0	0	0	0	784,509
38 Graham	* 2	1,748	0	0	0	0	0	0	0	1,748	59,366
D3 Gran-Vance	* 2	4,168	0	0	0	0	0	0	0	4,168	492,234
40 Greene	* 2	2,349	0	0	0	0	0	0	0	2,349	155,176
41 Guilford		0	0	0	0	0	0	0	0	0	2,492,315
42 Halifax		0	0	0	0	0	0	0	0	0	305,316
43 Harnett		0	0	0	0	0	0	0	0	0	623,700
44 Haywood	* 2	4,455	0	0	0	0	0	0	0	4,455	261,499
45 Henderson	* 2	1,510	0	0	0	0	0	0	0	1,510	396,182
46 Hertford		0	0	0	0	0	0	0	0	0	0
47 Hoke		0	0	0	0	0	0	0	0	0	375,491
48 Hyde		0	0	0	0	0	0	0	0	0	22,592
49 Iredell		0	0	0	0	0	0	0	0	0	642,906
50 Jackson		0	0	0	0	0	0	0	0	0	165,319
51 Johnston		0	0	0	0	0	0	0	0	0	715,890
52 Jones		0	0	0	0	0	0	0	0	0	49,401
53 Lee		0	0	0	0	0	0	0	0	0	344,586
54 Lenoir	* 2	1,285	0	0	0	0	0	0	0	1,285	365,251
55 Lincoln	* 2	589	0	0	0	0	0	0	0	589	312,385
56 Macon		0	0	0	0	0	0	0	0	0	187,580
57 Madison	* 2	3,347	0	0	0	0	0	0	0	3,347	88,880
D4 M-T-W		0	0	0	0	0	0	0	0	0	256,603
60 Mecklenburg		0	0	0	0	0	0	0	0	0	3,814,254
62 Montgomery	* 2	900	0	0	0	0	0	0	0	900	170,351
63 Moore	* 2	4,236	0	0	0	0	0	0	0	4,236	363,374
64 Nash		0	0	0	0	0	0	0	0	0	551,430

65 New Hanover	2	6,342	0	0	0	0	0	0	0	6,342	636,222
66 Northampton		0	0	0	0	0	0	0	0	0	113,344
67 Onslow		0	0	0	0	0	0	0	0	0	0
68 Orange		0	0	0	0	0	0	0	0	0	1,441,044
69 Pamlico		0	0	0	0	0	0	0	0	0	0
71 Pender	2	480	0	0	0	0	0	0	0	480	342,413
73 Person		0	0	0	0	0	0	0	0	0	200,710
74 Pitt	2	8,162	0	0	0	0	0	0	0	8,162	888,430
75 Polk	2	3,491	0	0	0	0	0	0	0	3,491	88,931
76 Randolph	2	6,246	0	0	0	0	0	0	0	6,246	674,009
77 Richmond		0	0	0	0	0	0	0	0	0	323,458
78 Robeson	2	500	0	0	0	0	0	0	0	500	847,428
79 Rockingham		0	0	0	0	0	0	0	0	0	396,396
80 Rowan		0	0	0	0	0	0	0	0	0	481,140
D5 R-P-M		0	0	0	0	0	0	0	0	0	50,358
82 Sampson		0	0	0	0	0	0	0	0	0	356,994
83 Scotland		0	0	0	0	0	0	0	0	0	823,532
84 Stanly		0	0	0	0	0	0	0	0	0	294,942
85 Stokes	2	1,307	0	0	0	0	0	0	0	1,307	173,486
86 Surry	2	14,065	0	0	0	0	0	0	0	14,065	577,312
87 Swain		0	0	0	0	0	0	0	0	0	65,569
D6 Toe River	2	4,449	0	0	0	0	0	0	0	4,449	259,487
88 Transylvania		0	0	0	0	0	0	0	0	0	128,396
90 Union	2	4,244	0	0	0	0	0	0	0	4,244	622,595
92 Wake		0	0	0	0	0	0	0	0	0	2,938,853
93 Warren		0	0	0	0	0	0	0	0	0	108,091
96 Wayne	2	449	0	0	0	0	0	0	0	449	864,972
97 Wilkes		0	0	0	0	0	0	0	0	0	329,274
98 Wilson	2	1,000	0	0	0	0	0	0	0	1,000	520,468
99 Yadkin		0	0	0	0	0	0	0	0	0	196,998
Totals		173,538	0	0	0	0	0	0	0	173,538	43,196,442

Sign and Date - DPH Program Administrator

Kimberly D. Lovendubini 5/6/20

Sign and Date - DPM Contracts Office

Gregorio Stuart 5/7/2020

Sign and Date - DPH Section Chief

Shirley B. [Signature] as delegated by Kelly King 5/6/2020

Sign and Date - DPH Budget Officer

Pamela J. Allen 5/6/2020

Supplement reason: In AA+BE or AA+BE Rev -OR- -

CFDA #: 10.557 Federal awd date: 10/1/18 Is award R&D? no FAIN: 205NC705W1003 Total amount of fed awd: \$ 57,922,492

CFDA Special Supplemental Nutrition Program for name: Women, Infants and Children
 Fed award project description: Women, Infants & Children (2 Year)
 Fed awarding agency: USDA, Food and Nutrition Service
 Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	10,620	767,915	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Anson	847163029	3,812	158,848	Lee	067439703	=	=
Appalachian	780131541	8,358	309,912	Lenoir	042789748	1,285	365,251
Beaufort	091567776	2,650	281,820	Lincoln	086869336	589	312,395
Bladen	084171628	3,000	214,068	Macon	070626825	=	=
Brunswick	091571349	=	=	Madison	831052873	3,347	88,880
Buncombe	879203560	=	=	MTW	087204173	=	=
Burke	883321205	=	=	Mecklenburg	074498353	=	=
Cabarrus	143408289	3,962	611,361	Montgomery	025384603	900	170,351
Caldwell	948113402	8,241	338,703	Moore	050988146	4,236	363,374
Carteret	058735804	=	=	Nash	050425677	=	=
Caswell	077846053	=	=	New Hanover	040029563	6,342	638,222
Catawba	083677138	18,797	756,990	Northampton	097594477	=	=
Chatham	131356607	=	=	Onslow	172663270	=	=
Cherokee	130705072	3,990	148,886	Orange	139209659	=	=
Clay	145058231	=	=	Pamlico	097600456	=	=
Cleveland	879924850	20,812	566,504	Pender	100955413	480	342,413
Columbus	040040016	=	=	Person	091563718	=	=
Craven	091564294	3,901	578,101	Pitt	080889694	8,162	888,430
Cumberland	123914376	=	=	Polk	079067930	3,491	88,931
Dare	082358631	=	=	Randolph	027873132	6,246	674,005
Davidson	077839744	=	=	Richmond	070621339	=	=
Davie	076526651	=	=	Robeson	082367871	500	847,428
Duplin	095124798	\$4,3340	\$498,439	Rockingham	077847143	=	=
Durham	088564075	=	=	Rowan	074494014	=	=
Edgecombe	093125375	=	=	RPM	782359004	=	=
Foothills	782359004	5,739	515,754	Sampson	825573975	=	=
Forsyth	105316439	=	=	Scotland	091564146	=	=
Franklin	084168632	=	=	Stanly	131060829	=	=
Gaston	071062186	=	=	Stokes	085442705	1,307	173,486
Graham	020952383	1,748	59,366	Surry	077821858	14,065	577,312
Granville-Vance	063347626	4,168	492,234	Swain	146437553	=	=
Greene	091564591	2,349	155,176	Toe River	113345201	4,449	259,487
Guilford	071563613	=	=	Transylvania	030494215	=	=
Halifax	014305957	=	=	Union	079051637	4,244	622,595
Harnett	091565986	=	=	Wake	019625961	=	=
Haywood	070620232	4,455	261,499	Warren	030239953	=	=
Henderson	085021470	1,510	396,182	Wayne	040036170	449	864,972
Hoke	091563643	=	=	Wilkes	067439950	=	=
Hyde	832526243	=	=	Wilson	075585695	1,000	520,468
Iredell	074504507	=	=	Yadkin	089910624	=	=

Anson County Board of Commissioners

Agenda Item



From: Roslynn K. Ingram

Date: May 22, 2020

Subject: 2021 County Holiday Schedule

Presenter: None

Request:

Consent agenda request to approve the 2021 Anson County Holiday schedule to match the State schedule.

Background:

Financial Impact:

Supporting Documentation:

2021 North Carolina State Holiday Schedule Attached

2021 Holiday Schedule

Holiday	Observance Date	Day of Week
New Year's Day	January 1, 2021	Friday
Martin Luther King, Jr. Birthday	January 18, 2021	Monday
Good Friday	April 2, 2021	Friday
Memorial Day	May 31, 2021	Monday
Independence Day	July 5, 2021	Monday
Labor Day	September 6, 2021	Monday
Veterans Day	November 11, 2021	Thursday
Thanksgiving	November 25 & 26, 2021	Thursday & Friday
Christmas	December 23, 24 & 27, 2021	Thursday, Friday & Monday

Anson County Board of Commissioners

Agenda Item



From: Denise Cannon, Clerk to the Board

Date: April 30, 2020

Subject: Public Addresses to the Board

Presenter: Public (if any)

Request:

Hear from members of the public who signed up to speak.

Background:

There shall be a time set aside at each regular meeting of the Board for public comment. This total time shall not exceed 30 minutes. Each citizen or group who wishes to speak during this time must sign up on a sign-up sheet, giving their name, the organization they represent (if any), address and the subject matter they wish to discuss prior to the start of the meeting. Only the person requesting the presentation may speak, unless otherwise permitted by the Chairman. The Chairman may recognize any citizen to speak to the Board during the course of any meeting if deemed appropriate by the Chairman. A majority vote by the Board may overrule the Chairman if a vote is requested. Each citizen shall be allowed three (3) minutes for their presentation unless the Board, by consensus, grants a greater amount of time. A speaker representing a group of individuals may be allowed five (5) minutes for their presentation. Each speaker, during the Public Comment period, shall be limited to one appearance at each regular meeting of the Board. All citizens are expected to follow proper decorum and shall not use profanity nor defamatory speech. The public is expected to remain seated except when leaving the room, or unless specifically requested by the Chairman of the Board to approach the podium. Only presenters listed on the agenda, or recognized by the Chairman, will be called to the podium to address the Board.

Commissioners are expected not to comment on matters brought to the Board during this time, but to delay action or comment until staff has had an opportunity to research the subject matter and to report necessary and relevant information to all members of the Board.

Financial Impact:

No known financial impact.

Supporting Documentation:

None.

Anson County Board of Commissioners

Agenda Item



From: Denise Cannon, Clerk to the Board

Date: May 27, 2020

Subject: County Manager's Report

Presenter: Barron Monroe II, County Manager

Request:

To discuss the following items:

- a. DSS Update (C.F. Smith)
- b. Budget Update
 - Public Hearing

Background:

To hear from the County Manager.

Financial Impact:

No known financial impact.

Supporting Documentation:

Anson County Board of Commissioners

Agenda Item



From: Denise Cannon, Clerk to the Board

Date: May 27, 2020

Subject: Chairman's Report

Presenter: Chairman Ross Streater

Request:

To discuss the following items:

Background:

To hear from the Chairman

Financial Impact:

No known financial impact.

Supporting Documentation:

None.

Anson County Board of Commissioners

Agenda Item



From: Denise Cannon, Clerk to the Board

Date: May 27, 2020

Subject: Commissioners Concerns, Petitions, Announcements, and Comments

Presenter: Board Members (if any)

Request:

No action needed.

Background:

To hear information from Board members.

Financial Impact:

No known financial impact.

Supporting Documentation:

None.