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BOARD OF COUNTY COMMISSIONER'S MEETING

Monday, July 15th, 2024

224 Seminary Street

Kenansville, N.C. 28349

The Duplin County Board of Commissioners met at 6:00 p.m. on Monday, July 15th, 2024 in the Commissioners Room located at 224 Seminary Street, Kenansville, N.C.

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

Absent: Commissioner Dexter Edwards.

Also Present: Bryan Miller, County Manager; Carrie Shields, Assistant County Manager; Tim Wilson, County Attorney; Chelsey Lanier, Finance Officer; and Jasmine Savage, Administrative Specialist.

Call to Order

The meeting was called to order by Vice Chairman Garner.

Invocation and Pledge of Allegiance

Invocation was given by Reverend A.J Connors, Mayor for the Town of Warsaw. Mayor Connors then led those in attendance in the pledge of allegiance to the flag of the United States of America.

Approval of the Meeting Agenda

Vice Chairman Garner asked if the members of the Board approved the proposed meeting agenda, and if any Board Member, County Manager, Assistant County Manager, or Clerk to the Board wished to make any changes or additions to the agenda. Carrie Shields, Assistant County Manager asked to remove Chris Vernon and the closed session for personnel matters from the regular agenda.

Motion was made by Commissioner Dowe, seconded by Commissioner Branch, carried unanimously, to approve the meeting agenda with the requested changes.

Approval of the Minutes – Governing Body

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, carried unanimously to approve the minutes of the June 17th, 2024 Board of Commissioners meeting as presented.

REGULAR MEETING AGENDA

CONSENT AGENDA

Motion was made by Commissioner J. Edwards, seconded by Commissioner Dowe, carried unanimously, to approve consent agenda items as listed: Budget Amendments Journal Entry Proof; Tax and Solid Waste Releases - #21940 - #21958; Bad Debt and Deceased Write Off for Duplin County Health Department Through May 2021; Schedule a Public Hearing for August 5th, 2024 Regarding a Request from Lathan Thurman to Name a Lane at 531 Bryce

Hardison Road, Deep Run, NC; Albertson Township; Lazy Spur Lane; Accept the North Carolina Office of Rural Health SFY 2025 Community Health Grant Funds in the Amount of $150,000 and Authorize the Associated Budget Amendment; Accept ECU Health Duplin Hospital Foundation Community Benefits Grant Funds in the Amount of $15,000 and Authorize the Associated Budget Amendment; Accept Community Care of North Carolina, Inc. – Capacity Building Grant Funds in the Amount of $25,812 and Authorize the Associated Budget Amendment; Accept Supporting Women's Health Services – AA 175 Funding in the Amount of $125,000 and Authorize the Associated Budget Amendment; Reappoint Cheryl Hooks, DNP, FNP-BC as the Nurse Representative to the Duplin County Board of Health for a Three (3) Year Term Beginning July 2024 and Ending June 2027; Accept Home and Community Care Block Grant Funds in the Amount of $467,703 with a Required County Match of $51,967 for a Total of $519,670 and Authorize the Associated Budget Amendment; Approve Amendment and Renewal Contract Between Duplin County and Diamond Food Enterprises for Fiscal Year 24-25; Centennial Birthday Greeting to Ms. Andoria Middleton on the Occasion of her 101st Birthday; Award Duplin County Drinking Water Systems Asset Inventory and Assessment Project to McDavid Associates, Inc.; Approve the Stream Debris Removal Contract Between Duplin County and Daniel Steiner d/b/a Snatch-It Clearing in the Amount of $11,342 and Authorize Chairman to Sign; Approve the Limestone Creek Streamflow Rehabilitation (StRAP) Contract Between Duplin County and Daniel Steiner d/b/a/ Snatch-It Clearing in the Amount of $11,843 and Authorize Chairman to Sign; Approve Beaver Management Assistance Program Cooperative Service Agreement #23-7237-3117-RA Between Duplin County and the United States Department of Agriculture Animal and Plant Health Inspection Service (APHIS) Wildlife Services (WS) and Authorize the Chairman to Sign; Adopt Capital Project Budget Ordinance for Economic Development Commission Infrastructure Improvements and Authorize Chairman to Sign; Approve Contract for Consultant Services Hurricane Florence Hazard Mitigation Grant Program (HMGP) Expedited Acquisitions 4393-0017-R Amendment No. 3 – Additional Administrative Services due to Increase in Grant Hard Costs Between Duplin County and Insight Planning and Authorize Chairman to Sign; Accept the NC Tier II Hazardous Materials Grant Funds in the Amount of $2,500 and Authorize the Associated Budget Amendment; Reappoint Gary M. Rose as Tax Assessor and Tax Collector for a Four (4) Year Term; Reappoint Joan N. Barnette as Assistant Tax Assessor and Deputy Tax Collector for a Four (4) Year Term; and Reappoint Barbara Gail Summerlin as Deputy Tax Collector for a Four (4) Year Term; Adopt an Order Directing and Empowering Gary M. Rose, Duplin County Tax Collector, to Collect the 2024 Taxes Pursuant to NCGS 105-321(b) and Authorize Chairman to Sign; Adopt a Resolution Appointing Gary Rose, Kaytlin Burgess, Carol Jackson and Connor Wilkinson as Review Officers and Authorize Chairman to Sign; Approve Engagement Letter Between Duplin County and Greg W. Isley, CPA, PA to Provide Professional Outsourced Accounting Services and Authorize Chairman to Sign; Adopt a Resolution by the County of Duplin Authorizing Execution of Kroger Opioid Settlement and Approving the Second Supplemental Agreement for Additional Funds and Authorize Chairman to Sign.

ITEMS TO BE MADE PART OF MINUTES

Administrative Budget Amendment Journal Entry Report

AGENDA

Public Comments

No Public Comments.

End Public Comments

Vice Chairman Garner received road concerns from members of the Board or the public on behalf of the North Carolina Department of Transportation. No concerns reported.

Melissa Kennedy, E911 Addressing Project Coordinator, appeared before the Board to conduct a public hearing regarding a request from Ronald Kenan to name a lane at the 900 block of Old Wilmington Road, Wallace, NC; Island Creek Township; Ronald Ann Lane, in accordance with the Duplin County Addressing and Road Naming Ordinance.

Vice Chairman Garner opened the Public Hearing

No Public Comments.

Vice Chairman Garner closed the Public Hearing.

Motion was made by Commissioner Dowe, seconded by Commissioner Branch, carried unanimously, to name a lane at the 900 block of Old Wilmington Road, Wallace, NC; Island Creek Township; Ronald Ann Lane, in accordance with the Duplin County Addressing and Road Naming Ordinance.

Brandon McMahon, Emergency Medical Services Director, appeared before the Board to request an ordinance regulating ambulance service and granting of franchises to ambulance operators need to be adopted. QEH Transport LLC's d/b/a StellarMed Mobile Transport has requested a private ambulance transport franchise within Duplin County. This ordinance will allow QEH Transport LLC's d/b/a StellarMed Mobile Transport to transport within Duplin County.

Motion was made by Commissioner Branch, seconded by Commissioner Dowe, carried unanimously, to adopt an ordinance regulating ambulance service and granting of franchises to ambulance operators and authorize Chairman to Sign.

Laura Jones, Library Director, appeared before the Board to request acceptance of LSTA grant funds for Story Walks. The library has been awarded an LSTA Grant in the amount of $19,402 for the placement of Story Walk features in several parks and recreation locations around the county. The grant is awarded for the purchase of the apparatus and the materials to initially set up the Story Walks. There is a matching amount of $2,307 required for construction/installation costs that are not covered in the grant which can be covered using Friends of the Library funds.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Dowe, carried unanimously, to accept the LSTA Grant Funds in the amount of $19,402 with a county match of $2,307; authorize the Laura Jones, Library Director and Bryan Miller, County Manager to sign the required documents; and authorize the associated budget amendment.

Gary Rose, Tax Administrator, appeared before the Board to present a retirement plaque to Kay Nichols.

Gary Rose, Tax Administrator, appeared before the Board to present the Tax Collector's Settlement for the 2023-2024 tax year.

Motion was made by Commissioner Branch, seconded by Commissioner Dowe, carried unanimously, to approve the Tax Collector's Settlement Statement for the 2023-2024 Tax Year as presented.

Carrie Shields, Assistant County Manager, appeared before the Board to request the election of a voting delegate and alternate voting delegate to the 2024 NCACC Annual Conference. The NCACC's 117th Annual Conference Business Session will be held in Forsyth County on Saturday, August 10th, 2024 at 2:00 p.m., with each county entitled to one vote on items that come before the membership, including the election of the NCACC Second Vice President. NCACC Constitution, Article VI states: "On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its County Commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who holds elective office of an appointed position in the county whose vote is being cast and who is formally designated by the Board of County Commissioners. The provisions shall likewise govern district meetings of the Association. A County in good standing is defined as one which has paid the current year's dues."

Motion was made by Commissioner Dowe, seconded by Commissioner J. Edwards, carried unanimously, to elect Commissioner Branch as the voting delegate and Commissioner Dowe as the alternate voting delegate to the NC Association of County Commissioners 117TH, Annual Conference's business session to be held in Forsyth County on Saturday, August 10th, 2024 at 2:00 p.m.

Carrie Shields, Assistant County Manager, appeared before the Board to make announcements/comments.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Dowe, carried unanimously, to adjourn until Monday, August 5th, 2024 at 6:00 p.m. for a Commissioners Meeting at the Administrative Building located at 224 Seminary Street in Kenansville, N.C.

Jaime W. Carr
Clerk to the Board

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	189	BUA	06/17/2024	06/17/2024	070824	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	SEQ	REF2	REF3	ACCOUNT DESCRIPTION	DEBIT	CREDIT
	ACCOUNT								
1	5164	42410				T	PHARMACY		3,230.06
	10-50-5100-5164-000-42410								
2	5129	42990				T	INCENTIVES		185.48
	10-50-5100-5129-000-42990								
3	5129	42420				T	IN HOUSE LAB		289.00
	10-50-5100-5129-000-42420								
4	5129	41990				T	PROFESSIONAL SERVICES		250.00
	10-50-5100-5129-000-41990-								
5	5167	41990				T	PROFESSIONAL SERVICES		118.03
	10-50-5100-5167-000-41990								
6	5164	42013				T	LAB PROCESSING		900.00
	10-50-5100-5164-000-42013								
7	5129	43250				T	POSTAGE		150.00
	10-50-5100-5129-000-43250								
8	5164	41990				T	PROFESSIONAL SERVICES	3,230.06	
	10-50-5100-5164-000-41990								
9	5129	42600				T	OFFICE SUPPLIES	657.83	
	10-50-5100-5129-000-42600								
10	5129	42980				T	PROGRAM SUPPLIES	66.65	
	10-50-5100-5129-000-42980								
11	5167	42980				T	PROGRAM SUPPLIES	118.03	
	10-50-5100-5167-000-42980								
12	5164	42980				T	PROGRAM SUPPLIES	900.00	
	10-50-5100-5164-000-42980								
13	5129	42980				T	PROGRAM SUPPLIES	150.00	
	10-50-5100-5129-000-42980								

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	193	BUA	06/17/2024	06/17/2024	070824	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	SEQ	REF2	REF3	ACCOUNT DESCRIPTION	DEBIT	CREDIT
	ACCOUNT								
1	5164	42980				T	PROGRAM SUPPLIES		522.00
	10-50-5100-5164-000-42980								
2	5151	42980				T	PROGRAM SUPPLIES	522.00	
	10-50-5100-5151-000-42980								

2 Journals printed

Report generated: 07/11/2024 10:00
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Program ID: glcjsing

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover line item shortages

Line Item Account Number	Line Item Description	Credit Amount	Line Item Account Number	Line Item Description	Debit Amount
5164-42410	pharmacy	3,230.06	5164-41990	professional services	3,230.06
5129-42990	incentives	185.48	5129-42600	office supplies	657.83
5129-42420	in house lab	289.00	5129-42980	program supplies	66.65
5129-41990	professional services	250.00			
5167-41990	professional services	118.03	5167-42980	program supplies	118.03
5164-42013	lab processing	900.00	5164-42980	program supplies	900.00
5151-41990	professional services	129.00	5151-42980	program supplies	522.00
5151-42013	lab processing	135.00			
5151-42724	credit card charges	151.00			
5151-43520	Repairs and Maintenance Eq	107.00			
5129-43250	Postage	150.00	5129-42980	program supplies	150.00
Total		5,644.57	Total		5,644.57

5,122.57 5,122.57

Finance Signature: Chelsey Rains
Date Approved: 7/17/24

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

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

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

Brief description of why this amendment is being requested:
cover line item shortages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5164-42980	program supplies	522.00	5151-42980	program supplies	522.00
Total		522.00	Total		522.00

Finance Signature: Chelsea Price
Date Approved: 6/17/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG ACCOUNT	OBJECT PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION / LINE DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	SRC
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC ENTITY AMEND					
2024 12 S67 06/30/2024				BUA 071524C 1 2					
1	4969 45-43-4310-4969-000-39677	39677	JAIL CONSTRUCTION	SCIF Grant	06/30/2024	.00	-11,000,000.00	-11,000,000.00	
2	4969 45-43-4310-4969-000-39677	39677	JAIL CONSTRUCTION	SCIF Grant	06/30/2024	.00	-21,300,000.00	-21,300,000.00	
3	4969 45-43-4310-4969-000-38310	38310	JAIL CONSTRUCTION	INTEREST EARNED	06/30/2024	.00	-2,500,000.00	-2,500,000.00	
4	4969 45-43-4310-4969-000-41060	41060	JAIL CONSTRUCTION	CONSTRUCTION	06/30/2024	.00	32,323,875.00	32,323,875.00	
5	4969 45-43-4310-4969-000-41996	41996	JAIL CONSTRUCTION	ENGINEERING DESIGN	06/30/2024	19,304.37	2,472,125.00	2,491,429.37	
6	4969 45-43-4310-4969-000-41979	41979	JAIL CONSTRUCTION	ADMINISTRATION	06/30/2024	.00	4,000.00	4,000.00	
				** JOURNAL TOTAL			0.00		
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC ENTITY AMEND					
2025 01 99 07/16/2024				BUA 071524C 1 2					
1	4520 64-70-4520-0000-000-39969	39969	TRANSPORTATION	FUND BALANCE APPROPRIATED	07/16/2024	-34,767.00	-1,001,472.00	-1,036,239.00	
2	4520 64-70-4520-0000-000-45100	45100	TRANSPORTATION	CAPITAL OUTLAY	07/16/2024	525,000.00	1,001,472.00	1,526,472.00	
				** JOURNAL TOTAL			0.00		
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC ENTITY AMEND					
2025 01 100 07/16/2024				BUA 071524C 1 2					
1	6160 10-60-6160-0000-000-43031-	43031	Event Center	EVENT EXPENSES	07/16/2024	130,000.00	-22,008.00	107,992.00	
2	6160 10-60-6160-0000-000-45100	45100	Event Center	CAPITAL OUTLAY	07/16/2024	.00	22,008.00	22,008.00	
				** JOURNAL TOTAL			0.00		
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC ENTITY AMEND					
2025 01 140 07/16/2024				BUA 071524C 1 2					

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Program id: bgadoent

Duplin County, NC

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BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV	BUDGET	AMENDED
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND	
2025 01	140	07/16/2024			BUA 071524C	1	2	
1	4952	34596		EASTPOINT 4-H GRANT	EAST POINTCOOP EXT 4H PREV	.00	-102,015.32	-102,015.32
	10-49-4950-4952-000-34596					07/16/2024		
2	4952	34597		EASTPOINT 4-H GRANT	EASTPOINTE 4H OTHER COUNTIES	.00	-1,000.00	-1,000.00
	10-49-4950-4952-000-34597					07/16/2024		
3	4952	40121		EASTPOINT 4-H GRANT	SALARIES	.00	55,000.00	55,000.00
	10-49-4950-4952-000-40121					07/16/2024		
4	4952	40181		EASTPOINT 4-H GRANT	SOCIAL SECURITY	.00	4,266.65	4,266.65
	10-49-4950-4952-000-40181					07/16/2024		
5	4952	40182		EASTPOINT 4-H GRANT	RETIREMENT	.00	7,482.20	7,482.20
	10-49-4950-4952-000-40182					07/16/2024		
6	4952	40183		EASTPOINT 4-H GRANT	HOSPITAL INSURANCE	.00	11,522.63	11,522.63
	10-49-4950-4952-000-40183					07/16/2024		
7	4952	40184		EASTPOINT 4-H GRANT	Life Insurance	.00	28.52	28.52
	10-49-4950-4952-000-40184					07/16/2024		
8	4952	42381		EASTPOINT 4-H GRANT	EDUCATIONAL SUPPLIES	.00	14,165.32	14,165.32
	10-49-4950-4952-000-42381					07/16/2024		
9	4952	43110		EASTPOINT 4-H GRANT	TRAVEL	.00	7,000.00	7,000.00
	10-49-4950-4952-000-43110					07/16/2024		
10	4952	42600		EASTPOINT 4-H GRANT	OFFICE SUPPLIES	.00	2,650.00	2,650.00
	10-49-4950-4952-000-42600					07/16/2024		
11	4952	43111		EASTPOINT 4-H GRANT	TRAINING	.00	500.00	500.00
	10-49-4950-4952-000-43111					07/16/2024		
12	4952	44910		EASTPOINT 4-H GRANT	DUES AND SUBSCRIPTIONS	.00	100.00	100.00
	10-49-4950-4952-000-44910					07/16/2024		
13	4952	44500		EASTPOINT 4-H GRANT	INSURANCE AND BONDS	.00	100.00	100.00
	10-49-4950-4952-000-44500					07/16/2024		
14	4952	43540		EASTPOINT 4-H GRANT	SOFTWARE MAINTENANCE	.00	200.00	200.00
	10-49-4950-4952-000-43540					07/16/2024		
					** JOURNAL TOTAL		0.00	

Duplin County, NC

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BUDGET AMENDMENT JOURNAL ENTRY PROOF

CLERK: blanca.pineda

2024 12 567					
BUA 4969-39677					
06/30/2024 071524C	T	SCIF Grant	S		11,000,000.00
BUA 4969-39677					
06/30/2024 071524C	T	SCIF Grant	S		21,300,000.00
BUA 4969-38310					
06/30/2024 071524C	T	INTEREST EARNED	S		2,500,000.00
BUA 4969-41060					
06/30/2024 071524C	T	CONSTRUCTION	S	32,323,875.00	
BUA 4969-41998					
06/30/2024 071524C	T	ENGINEERING DESIGN	S	2,472,125.00	
BUA 4969-41979					
06/30/2024 071524C	T	ADMINISTRATION	S	4,000.00	
		JOURNAL 2024/12/567 TOTAL		[redacted]	[redacted]
2025 1 99					
BUA 4520-39969					
07/16/2024 071524C	T	FUND BALANCE APPROPRIATED	S		1,001,472.00
BUA 4520-45100					
07/16/2024 071524C	T	CAPITAL OUTLAY	S	1,001,472.00	
		JOURNAL 2025/01/99 TOTAL		[redacted]	[redacted]
2025 1 100					
BUA 6160-43031					
07/16/2024 071524C	T	EVENT EXPENSES	S		22,008.00
BUA 6160-45100					
07/16/2024 071524C	T	CAPITAL OUTLAY	S	22,008.00	
		JOURNAL 2025/01/100 TOTAL		[redacted]	[redacted]
2025 1 140					
BUA 4952-34596					
07/16/2024 071524C	T	EAST POINTCOOP EXT 4H PREV	S		102,015.32
BUA 4952-34597					
07/16/2024 071524C	T	EASTPOINTE 4H OTHER COUNTIES	S		1,000.00
BUA 4952-40121					
07/16/2024 071524C	T	SALARIES	S	55,000.00	
BUA 4952-40181					
07/16/2024 071524C	T	SOCIAL SECURITY	S	4,266.65	
BUA 4952-40182					
07/16/2024 071524C	T	RETIREMENT	S	7,482.20	
BUA 4952-40183					
07/16/2024 071524C	T	HOSPITAL INSURANCE	S	11,522.63	

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Grant budget

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4989-39677	SCIF Grant	11,000,000.00	4989-41060	Construction	32,323,875.00
4989-39677	SCIF Grant	21,300,000.00	4989-41996	Engineering Services	2,472,125.00
4989-38310	Interest Earned	2,500,000.00	4989-41979	Administration	4,000.00
Total		34,800,000.00	Total		34,800,000.00

Finance Signature: Chelsey Rosier
Date Approved: 10-2-24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Public Transportation
Department Head's Signature: Angel Venecia
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
Appropriate funds to cover of cost of purchasing new replacement fleet vehicles for FY22, FY23, & FY24.

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4520-39969	Fund Balance Appropriated	1,001,472.00	4520-45100	Capital Outlay	1,001,472.00
Total		1,001,472.00	Total		1,001,472.00

Finance Signature: Chelsey Rosier
Date Approved: 10-2-24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Events Center
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Increase money from Event Expense to Capital Outlay

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
6160-43031	Even Expense	22,008.00	6160-45100	Capital Outlay	22,008.00
Total		22,008.00	Total		22,008.00

Finance Signature: Chelsey Rivers
Date Approved: 7/3/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

7/5/2024

BA # _____

Duplin County
Budget Amendment

Department Title: Cooperative Extension
Department Head's Signature: Amanda Hatcher
(form can be e-mailed to Finance from Dept. Head) Amanda Hatcher

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

Brief description of why this amendment is being requested:
4-H Prevention Block Grant plus Enhancement

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4952-34586	Eastpointe 4-H Prevention	102,015.32	4952-40121	Salaries	85,000.00
4952-34597	Eastpointe 4-H Other Counties	1,000.00	4952-40181	Social Security	4,296.65
			4952-40182	Retirement	7,482.20
			4952-40183	Health Insurance	11,523.63
			4952-40184	Life Insurance	26.52
			4952-42361	Educational Supplies	14,186.32
			4952-43110	Travel	7,000.00
			4952-43690	Office Supplies	2,850.00
			4952-43111	Training	500.00
			4952-42910	Dues & Subscriptions	100.00
			4952-44590	Ins. & Bonding	100.00
			4952-43540	Computer Software	200.00
Total		103,015.32	Total		103,015.32

Finance Signature: Chelsey Rivers
Date Approved: 7/11/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

7/8/24

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	473	BUA	06/30/2024	07/01/2024	07:5	blanca.pineda	1	N	Hist	2024	

LN	REQ	CONSOL PROJ	REF1	REF2	REF3	LONG DESCRIPTION	DEBIT	CREDIT
	ACCOUNT					ACCOUNT DESCRIPTION		
1	5820 43210				T			300.00
	10-50-5820-0000-000-43210					TELEPHONE		
2	5820 42600				T		300.00	
	10-50-5820-0000-000-42600					OFFICE SUPPLIES		
						JOURNAL TOTAL	300.00	300.00
						GRAND TOTAL	300.00	300.00

1 Journals printed

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

Report generated: 07/11/2024 10:11
User: blanca.pineda
Program ID: glisejnq

BA # _____

Duplin County
Budget Amendment

Department Title: Veterans
Department Head's Signature: Laura Drakeford
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Accounts that have overdrafts

Expense code to be increased	Line Item Description	Credit Amount	Expense code to be decreased	Line Item Description	Debit Amount
5820-43210	Telephones	300.00	5820-42600	Office Supplies	300.00
Total		300.00	Total		300.00

Finance Signature
Date Approved: 07.11.24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

LL 7-8-24
CW 7-8-24

DUPLIN COUNTY
TAX AND SOLID WASTE REQUEST
RELEASE DATE JULY 15, 2024

RELEASE NUMBER	NAME	TOWNSHIP	FIRE DISTRICT 1	FIRE DISTRICT 2	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	FIRE DISTRICT 1	FIRE DISTRICT 2	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
21940	CRUZ, BLANCA	07	F-04		2023	2097164	$ 14.30	$ 0.40	$ 0.92		$ 1.56		$ 17.18	SWMH DOUBLE LISTED
21941	BLIZZARD, TROY LEE	07	F-16		2023	0661614	$ 3.22	$ 0.09	$ 0.32		$ 0.36		$ 3.99	SOLD MYT TRAILER IN JULY 2019
21942	BLIZZARD, TROY LEE	07	F-16		2023	0661614	$ 15.36	$ 0.43	$ 1.50		$ 1.73		$ 19.02	SOLD BOAT JULY 2019
21943	BLIZZARD, TROY LEE	07	F-16		2022	0661614	$ 11.66	$ 0.33	$ 1.14		$ 1.31		$ 14.44	SOLD MYT TRAILER & BOAT JULY 2019
21944	BLIZZARD, TROY LEE	07	F-16		2021	0661614	$ 12.30	$ 0.34	$ 1.20		$ 1.38		$ 15.22	SOLD MYT TRAILER & BOAT JULY 2019
21945	BLIZZARD, TROY LEE	07	F-16		2020	0661614	$ 3.58	$ 0.10	$ 0.35		$ 0.40		$ 4.43	SOLD MYT TRAILER JULY 2019
21946	CORTES, EMILIANA	13	F-22		2024	1976160	$ 264.55	$ 7.40					$ 271.95	DWMH AFTERLISTED IN ERROR
21947	CORTES, EMILIANA	13	F-22		2023	1976160	$ 280.28	$ 7.84					$ 288.12	DWMH AFTERLISTED IN ERROR
21948	DAVIS, WALTER STUART & WF TAMATHA S. DAVIS	01	F-07		2024	2229045	$ 7.87	$ 0.22	$ 0.77				$ 8.86	PROPERTY SHOULD HAVE BEEN TRANSFERRED IN 2023
21949	DAVIS, WALTER STUART & WF TAMATHA S. DAVIS	01	F-07		2023	2229045	$ 7.87	$ 0.22	$ 0.77				$ 8.86	PROPERTY SHOULD HAVE BEEN TRANSFERRED IN 2023
21950	FENNELL, CHARLES FOSTER	10	F-11		2024	2801337	$ 321.75	$ 9.00	$ 31.50				$ 362.25	SHOULD HAVE RECEIVED VETERAN'S EXEMPTION
21951	FENNELL, CHARLES FOSTER	10	F-11		2023	2801337	$ 321.75	$ 9.00	$ 31.50				$ 362.25	SHOULD HAVE RECEIVED VETERAN'S EXEMPTION
21952	JONES, DALTON KEITH & WF CONNIE M. JONES	04	F-01		2024	4575085	$ 417.56	$ 11.68	$ 29.20				$ 458.44	LAND USE-NEW APPLICATION RECEIVED-BILLED IN ERROR
21953	JONES, DALTON KEITH & WF CONNIE M. JONES	04	F-01		2023	4575085	$ 417.56	$ 11.68	$ 29.20				$ 458.44	LAND USE-NEW APPLICATION RECEIVED-BILLED IN ERROR
21954	JONES, DALTON KEITH & WF CONNIE M. JONES	04	F-01		2022	4575085	$ 417.56	$ 11.68	$ 29.20				$ 458.44	LAND USE-NEW APPLICATION RECEIVED-BILLED IN ERROR
21955	JONES, DALTON KEITH & WF CONNIE M. JONES	04	F-01		2021	4575085	$ 417.56	$ 11.68	$ 29.20				$ 458.44	LAND USE-NEW APPLICATION RECEIVED-BILLED IN ERROR
21956	PARKER GAS CO. INC. DBA/ RAPID EXCHANGE	04	F-02		2023	10005944	$ 4.36	$ 0.12	$ 0.40		$ 0.49		$ 5.37	ACCOUNT DOUBLE LISTED
21957	TYLER, HOWJA	07	F-10		2023	1001646	$ 85.09	$ 2.38	$ 8.33				$ 95.80	VALUE OF LAND ADJUSTED
21958	WELLS, KATIE	10	F-18		2024	9223760	$ 988.85	$ 27.66	$ 96.81				$ 1,113.32	CLERICAL ERROR-UNITS KEYED INCORRECTLY
	GRAND TOTAL						**$ 4,013.03**	**$ 112.25**	**$ 292.31**	**$ -**	**$ 7.23**	**$ -**	**$ 4,424.82**	

SUBMITTED BY: [signature]

FINAL APPROVAL BY: [signature]

DATE APPROVED: 7-15-2024

000337

DUPLIN COUNTY

DUPLIN COUNTY HEALTH DEPARTMENT
340 Seminary Street / PO Box 948
910-296-2130

Date: June 1, 2024

Bad Debt & Deceased Write off for Duplin County Health Department

Bad Debt Service Date Write Off: May 2021

Amount to be written off: $55,305.25

Health Director — Date: 6.13.2024

Chairman – Board of Health — Date: 13 June 2024

Chairman – County Commissioners — Date: 15 July 2024

Health Bad Debt

Service Dates as of May 31, 2021

Account	Responsible	Service	Balance
5851	Patient	07/14/2003	-50.00
2717	Patient	10/11/2006	406.00
48531	Patient	11/09/2006	411.91
4635	Patient	11/01/2007	-0.40
23983	Patient	01/25/2008	-25.00
3670	Patient	08/03/2010	-16.00
4507	Patient	09/14/2010	-40.00
9266	Patient	10/05/2012	-60.00
7031	Patient	04/09/2013	-46.00
30167	Patient	11/01/2013	-5.81
577	Patient	04/01/2014	79.00
39234	Patient	04/11/2014	-32.00
39128	Patient	11/21/2014	-10.00
577	Patient	01/20/2015	99.00
41099	Patient	02/16/2015	-172.36
32597	Patient	07/01/2015	-40.95
6603	Patient	10/01/2015	-3.00
37297	Patient	10/27/2015	-83.20
43763	Patient	11/04/2016	-3.00
43181	Patient	11/04/2016	-3.00
40405	Patient	01/17/2017	30.00
53940	Patient	07/17/2017	-68.00
14676	Patient	07/25/2017	-9.97
14676	Patient	10/03/2017	-84.00
6781	Patient	10/10/2017	0.60
5895	Patient	03/21/2018	-1.25
808	Patient	04/30/2018	-5.00
36219	Patient	08/04/2018	316.60
32460	Patient	08/21/2019	5.00
32460	Patient	09/17/2019	39.00
32460	Patient	09/25/2019	63.20
38042	Patient	06/08/2020	-5.00
56280	Patient	08/27/2020	47.00
7722	Patient	10/12/2020	5.00
63449	Patient	10/22/2020	232.00
24603	Patient	11/03/2020	2.00
64042	Patient	11/06/2020	-27.76
9721	Patient	11/12/2020	3.00
50923	Patient	12/15/2020	79.00
63357	Patient	01/05/2021	90.00
27477	Patient	01/19/2021	152.00
17408	Patient	01/22/2021	27.00
27835	Patient	01/26/2021	45.00
38879	Patient	02/02/2021	5.00
10030	Patient	02/02/2021	20.00
16190	Patient	02/03/2021	5.00
12021	Patient	02/03/2021	15.00
45801	Patient	02/03/2021	84.00
32530	Patient	02/03/2021	3.20
63802	Patient	02/03/2021	15.00
15681	Patient	02/03/2021	5.00
11258	Patient	02/03/2021	5.00
64683	Patient	02/04/2021	47.00
22340	Patient	02/04/2021	131.00
37043	Patient	02/04/2021	8.00
57714	Patient	02/04/2021	35.01

40339	Patient	02/05/2021	16.00
8366	Patient	02/08/2021	5.00
66111	Patient	02/08/2021	115.00
10110	Patient	02/08/2021	-20.00
40983	Patient	02/08/2021	57.00
24039	Patient	02/08/2021	3.00
7650	Patient	02/08/2021	165.00
59563	Patient	02/09/2021	155.00
18936	Patient	02/09/2021	3.00
66478	Patient	02/09/2021	7.48
41144	Patient	02/09/2021	31.60
37766	Patient	02/09/2021	5.00
62863	Patient	02/10/2021	24.80
36320	Patient	02/10/2021	15.00
47973	Patient	02/10/2021	15.66
63609	Patient	02/10/2021	61.00
14892	Patient	02/11/2021	5.00
37766	Patient	02/12/2021	53.20
11420	Patient	02/12/2021	93.00
999	Patient	02/12/2021	157.00
37965	Patient	02/12/2021	57.00
27835	Patient	02/15/2021	45.00
66664	Patient	02/15/2021	131.00
62909	Patient	02/15/2021	2.00
3796	Patient	02/15/2021	20.00
18584	Patient	02/15/2021	79.00
65557	Patient	02/15/2021	133.00
31959	Patient	02/16/2021	35.00
61113	Patient	02/15/2021	79.00
23825	Patient	02/15/2021	60.00
27823	Patient	02/15/2021	57.00
10530	Patient	02/16/2021	3.00
22766	Patient	02/16/2021	37.20
54347	Patient	02/16/2021	47.97
29755	Patient	02/16/2021	79.00
11613	Patient	02/16/2021	45.00
38572	Patient	02/17/2021	3.00
45587	Patient	02/17/2021	4.00
64617	Patient	02/17/2021	25.25
63802	Patient	02/17/2021	25.25
4525	Patient	02/17/2021	15.00
63920	Patient	02/17/2021	43.90
32616	Patient	02/18/2021	5.00
60976	Patient	02/18/2021	138.00
54347	Patient	02/18/2021	30.00
447	Patient	02/18/2021	123.00
8596	Patient	02/18/2021	79.00
65394	Patient	02/18/2021	174.00
60688	Patient	02/19/2021	79.00
19587	Patient	02/19/2021	138.00
8284	Patient	02/19/2021	3.00
28245	Patient	02/22/2021	25.00
63627	Patient	02/22/2021	33.00
66111	Patient	02/22/2021	90.00
15364	Patient	02/22/2021	3.60
62885	Patient	02/22/2021	5.00
21230	Patient	02/22/2021	121.00
54668	Patient	02/22/2021	7.40
50628	Patient	02/22/2021	33.60
63864	Patient	02/22/2021	177.00
10075	Patient	02/22/2021	255.25
44600	Patient	02/22/2021	147.00

50628	Patient	02/23/2021	55.00
63113	Patient	02/23/2021	209.07
62077	Patient	02/23/2021	87.25
35202	Patient	02/23/2021	148.00
52439	Patient	02/23/2021	5.00
59323	Patient	02/23/2021	57.00
19699	Patient	02/24/2021	25.00
30984	Patient	02/24/2021	27.00
67141	Patient	02/24/2021	34.00
32451	Patient	02/24/2021	16.00
38071	Patient	02/24/2021	209.00
36656	Patient	02/25/2021	203.00
42526	Patient	02/25/2021	5.00
67166	Patient	02/25/2021	5.00
66993	Patient	02/25/2021	83.80
34100	Patient	02/25/2021	605.00
34223	Patient	02/25/2021	136.00
21230	Patient	02/25/2021	142.00
42062	Patient	02/25/2021	136.00
45959	Patient	02/26/2021	152.00
999	Patient	02/26/2021	89.00
31301	Patient	02/26/2021	88.00
54347	Patient	02/26/2021	33.18
62428	Patient	02/26/2021	89.00
60950	Patient	03/01/2021	22.80
62077	Patient	03/01/2021	34.50
13940	Patient	03/01/2021	35.00
67404	Patient	03/01/2021	131.00
16136	Patient	03/01/2021	118.00
66	Patient	03/01/2021	25.00
52669	Patient	03/01/2021	81.60
4750	Patient	03/01/2021	3.00
6815	Patient	03/01/2021	20.00
37219	Patient	03/02/2021	52.00
63226	Patient	03/02/2021	5.00
36142	Patient	03/02/2021	97.00
63166	Patient	03/02/2021	79.00
34788	Patient	03/02/2021	192.00
3502	Patient	03/02/2021	137.00
63609	Patient	03/02/2021	5.00
64066	Patient	03/02/2021	25.25
38387	Patient	03/02/2021	20.00
24858	Patient	03/02/2021	183.00
19697	Patient	03/02/2021	14.00
31530	Patient	03/03/2021	84.00
36137	Patient	03/03/2021	7.01
38881	Patient	03/03/2021	220.00
63680	Patient	03/03/2021	161.60
67828	Patient	03/03/2021	131.00
45601	Patient	03/03/2021	20.00
67850	Patient	03/03/2021	20.00
3191	Patient	03/03/2021	3.00
6815	Patient	03/03/2021	20.00
24777	Patient	03/03/2021	174.00
6167	Patient	03/03/2021	20.00
36216	Patient	03/03/2021	89.00
63822	Patient	03/03/2021	99.60
63920	Patient	03/03/2021	33.60
2460	Patient	03/04/2021	3.00
35764	Patient	03/04/2021	51.20
37043	Patient	03/04/2021	42.00
46172	Patient	03/04/2021	42.00

18199	Patient	03/04/2021	4.71
24764	Patient	03/04/2021	45.00
32694	Patient	03/04/2021	155.00
39455	Patient	03/04/2021	20.00
38549	Patient	03/04/2021	145.00
27835	Patient	03/04/2021	45.00
18584	Patient	03/04/2021	79.00
63749	Patient	03/04/2021	195.00
7738	Patient	03/04/2021	22.60
63748	Patient	03/04/2021	133.00
61413	Patient	03/04/2021	107.00
23621	Patient	03/04/2021	84.00
42526	Patient	03/05/2021	51.35
884	Patient	03/05/2021	94.00
6481	Patient	03/05/2021	20.00
67963	Patient	03/05/2021	25.25
67412	Patient	03/08/2021	10.00
65496	Patient	03/08/2021	213.07
67965	Patient	03/08/2021	123.00
61330	Patient	03/08/2021	20.00
65414	Patient	03/08/2021	216.00
58473	Patient	03/08/2021	84.00
17408	Patient	03/08/2021	32.00
30625	Patient	03/08/2021	25.00
36575	Patient	03/08/2021	14.01
45156	Patient	03/08/2021	137.00
37020	Patient	03/08/2021	137.00
27835	Patient	03/08/2021	40.64
64263	Patient	03/09/2021	79.00
16619	Patient	03/09/2021	5.00
62631	Patient	03/09/2021	72.00
62032	Patient	03/09/2021	3.00
58473	Patient	03/09/2021	5.00
62718	Patient	03/09/2021	13.00
31426	Patient	03/09/2021	31.60
44480	Patient	03/09/2021	-25.25
62077	Patient	03/09/2021	100.00
65495	Patient	03/09/2021	26.00
884	Patient	03/09/2021	79.00
18199	Patient	03/09/2021	115.41
68104	Patient	03/09/2021	20.00
40941	Patient	03/09/2021	79.00
54000	Patient	03/09/2021	103.00
50620	Patient	03/09/2021	5.17
68082	Patient	03/10/2021	179.00
34205	Patient	03/10/2021	37.20
10126	Patient	03/10/2021	60.32
63912	Patient	03/10/2021	3.70
38387	Patient	03/10/2021	10.00
30700	Patient	03/10/2021	77.00
64263	Patient	03/10/2021	5.00
24319	Patient	03/10/2021	30.00
38071	Patient	03/10/2021	20.30
29863	Patient	03/10/2021	68.80
57549	Patient	03/10/2021	79.00
36007	Patient	03/10/2021	45.40
35675	Patient	03/10/2021	79.00
36811	Patient	03/10/2021	79.00
29975	Patient	03/10/2021	59.60
48014	Patient	03/10/2021	74.46
53110	Patient	03/10/2021	33.60
31106	Patient	03/10/2021	14.01

61413	Patient	03/11/2021	16.80
24990	Patient	03/11/2021	5.00
14232	Patient	03/11/2021	3.00
33730	Patient	03/11/2021	20.00
52030	Patient	03/11/2021	20.00
61910	Patient	03/11/2021	70.00
66993	Patient	03/11/2021	188.20
38981	Patient	03/11/2021	29.71
58560	Patient	03/11/2021	142.00
63411	Patient	03/12/2021	35.00
3526	Patient	03/12/2021	15.00
3930	Patient	03/12/2021	25.25
68575	Patient	03/12/2021	20.00
16226	Patient	03/12/2021	17.20
14266	Patient	03/12/2021	57.00
64430	Patient	03/12/2021	73.20
66965	Patient	03/12/2021	209.00
67008	Patient	03/12/2021	5.00
58337	Patient	03/12/2021	147.00
37978	Patient	03/15/2021	20.00
41811	Patient	03/15/2021	17.00
35780	Patient	03/15/2021	43.00
13558	Patient	03/15/2021	5.00
68085	Patient	03/15/2021	164.00
68086	Patient	03/15/2021	164.00
40080	Patient	03/15/2021	4.00
30096	Patient	03/15/2021	57.00
38886	Patient	03/15/2021	31.60
35887	Patient	03/16/2021	13.20
18056	Patient	03/16/2021	79.00
36216	Patient	03/16/2021	79.00
28272	Patient	03/16/2021	30.00
34968	Patient	03/16/2021	25.00
41008	Patient	03/16/2021	180.00
49932	Patient	03/16/2021	43.74
63822	Patient	03/16/2021	31.60
63920	Patient	03/16/2021	31.60
32359	Patient	03/16/2021	178.00
38387	Patient	03/16/2021	16.00
31807	Patient	03/16/2021	137.00
17320	Patient	03/16/2021	201.00
37965	Patient	03/17/2021	74.20
58337	Patient	03/17/2021	23.00
61851	Patient	03/17/2021	63.20
39455	Patient	03/17/2021	70.00
12545	Patient	03/17/2021	25.00
64972	Patient	03/17/2021	204.00
65495	Patient	03/17/2021	5.00
65638	Patient	03/17/2021	79.00
33123	Patient	03/17/2021	259.00
10767	Patient	03/17/2021	3.00
45587	Patient	03/17/2021	57.00
60846	Patient	03/17/2021	80.10
62403	Patient	03/17/2021	20.00
52030	Patient	03/17/2021	5.00
18534	Patient	03/17/2021	103.00
16639	Patient	03/17/2021	3.00
64118	Patient	03/17/2021	15.00
35764	Patient	03/17/2021	60.60
8660	Patient	03/17/2021	3.00
23655	Patient	03/18/2021	45.00
68575	Patient	03/18/2021	75.00

38689	Patient	03/18/2021	129.18
65404	Patient	03/18/2021	104.00
60338	Patient	03/18/2021	3.00
16356	Patient	03/18/2021	29.00
30685	Patient	03/19/2021	64.00
4778	Patient	03/19/2021	35.00
35635	Patient	03/19/2021	14.01
25210	Patient	03/19/2021	10.87
50501	Patient	03/19/2021	142.00
24741	Patient	03/18/2021	12.93
25611	Patient	03/19/2021	25.00
36388	Patient	03/19/2021	54.80
19753	Patient	03/22/2021	15.00
51840	Patient	03/22/2021	20.00
45156	Patient	03/22/2021	79.00
63817	Patient	03/22/2021	31.40
20572	Patient	03/22/2021	162.00
808	Patient	03/22/2021	5.17
34430	Patient	03/22/2021	139.00
12409	Patient	03/23/2021	123.00
68256	Patient	03/23/2021	164.00
54463	Patient	03/23/2021	25.00
35202	Patient	03/23/2021	79.00
41008	Patient	03/23/2021	79.00
63102	Patient	03/23/2021	157.00
32921	Patient	03/23/2021	157.00
30700	Patient	03/23/2021	5.00
63930	Patient	03/23/2021	95.00
41168	Patient	03/23/2021	3.00
23296	Patient	03/23/2021	137.00
20573	Patient	03/23/2021	157.00
45787	Patient	03/23/2021	185.00
49932	Patient	03/23/2021	28.00
63777	Patient	03/23/2021	61.00
16748	Patient	03/23/2021	8.00
18199	Patient	03/23/2021	30.32
3677	Patient	03/23/2021	5.00
64303	Patient	03/24/2021	5.00
1130	Patient	03/24/2021	5.00
42391	Patient	03/24/2021	78.60
33044	Patient	03/24/2021	195.00
5456	Patient	03/24/2021	143.80
2154	Patient	03/24/2021	137.00
53101	Patient	03/24/2021	79.00
34610	Patient	03/24/2021	34.60
64624	Patient	03/24/2021	124.00
63166	Patient	03/24/2021	84.00
61910	Patient	03/24/2021	20.01
23854	Patient	03/25/2021	3.00
39460	Patient	03/25/2021	3.00
59884	Patient	03/25/2021	5.00
22474	Patient	03/25/2021	15.00
60208	Patient	03/25/2021	57.00
62638	Patient	03/25/2021	98.00
63660	Patient	03/25/2021	463.00
62403	Patient	03/25/2021	85.00
17257	Patient	03/25/2021	3.00
62654	Patient	03/26/2021	7.01
51170	Patient	03/26/2021	24.16
10126	Patient	03/26/2021	102.46
6847	Patient	03/26/2021	3.00
31864	Patient	03/26/2021	126.60

67928	Patient	03/26/2021	210.00
53843	Patient	03/26/2021	98.40
1511	Patient	03/26/2021	24.60
62863	Patient	03/29/2021	33.60
11047	Patient	03/29/2021	61.00
26850	Patient	03/29/2021	5.00
41811	Patient	03/29/2021	41.00
45021	Patient	03/29/2021	79.00
62452	Patient	03/29/2021	20.00
35557	Patient	03/29/2021	35.00
53110	Patient	03/29/2021	22.80
69586	Patient	03/29/2021	35.00
55531	Patient	03/29/2021	3.00
34294	Patient	03/29/2021	140.00
37978	Patient	03/30/2021	70.00
39455	Patient	03/30/2021	183.00
35274	Patient	03/30/2021	31.60
1377	Patient	03/30/2021	125.00
36216	Patient	03/30/2021	79.00
62077	Patient	03/30/2021	79.00
28556	Patient	03/30/2021	138.00
1414	Patient	03/30/2021	3.00
63822	Patient	03/30/2021	36.60
38055	Patient	03/30/2021	100.00
41374	Patient	03/30/2021	123.00
11493	Patient	03/30/2021	279.00
32451	Patient	03/30/2021	11.00
63920	Patient	03/30/2021	31.60
10859	Patient	03/30/2021	36.55
68089	Patient	03/30/2021	96.20
44698	Patient	03/30/2021	21.00
69830	Patient	03/31/2021	133.00
36042	Patient	03/31/2021	119.00
12545	Patient	03/31/2021	25.00
51007	Patient	03/31/2021	218.00
39323	Patient	03/31/2021	25.00
33285	Patient	03/31/2021	84.80
58135	Patient	03/31/2021	98.00
35497	Patient	03/31/2021	31.60
70153	Patient	03/31/2021	16.00
61787	Patient	03/31/2021	144.00
45895	Patient	03/31/2021	35.00
20573	Patient	03/31/2021	57.00
60794	Patient	03/31/2021	3.00
1154	Patient	03/31/2021	3.00
15054	Patient	04/01/2021	30.00
21277	Patient	04/01/2021	5.00
23854	Patient	04/01/2021	3.00
12938	Patient	04/01/2021	171.00
69798	Patient	04/01/2021	60.00
60575	Patient	04/01/2021	162.00
57771	Patient	04/01/2021	99.00
51589	Patient	04/01/2021	137.00
67553	Patient	04/03/2021	-40.00
67674	Patient	04/03/2021	-40.00
55618	Patient	04/05/2021	7.01
70149	Patient	04/05/2021	-25.25
9557	Patient	04/05/2021	35.00
35226	Patient	04/05/2021	7.01
70217	Patient	04/05/2021	30.00
23825	Patient	04/05/2021	20.00
68266	Patient	04/05/2021	36.00

63758	Patient	04/05/2021	211.00
36872	Patient	04/05/2021	33.22
36216	Patient	04/06/2021	79.00
69562	Patient	04/06/2021	16.00
27027	Patient	04/06/2021	79.00
44338	Patient	04/06/2021	19.00
65495	Patient	04/06/2021	53.45
52669	Patient	04/06/2021	31.60
33380	Patient	04/06/2021	15.00
41811	Patient	04/06/2021	109.80
20889	Patient	04/06/2021	35.00
57549	Patient	04/06/2021	79.00
35675	Patient	04/06/2021	97.00
70225	Patient	04/06/2021	195.00
59599	Patient	04/06/2021	144.60
729	Patient	04/06/2021	79.00
56105	Patient	04/06/2021	5.00
68877	Patient	04/06/2021	227.00
4083	Patient	04/07/2021	57.00
16748	Patient	04/07/2021	60.32
64430	Patient	04/07/2021	5.00
4757	Patient	04/07/2021	49.20
8058	Patient	04/07/2021	50.00
70345	Patient	04/07/2021	22.00
6634	Patient	04/07/2021	1.41
6196	Patient	04/07/2021	14.65
61330	Patient	04/07/2021	10.00
24858	Patient	04/07/2021	79.00
24307	Patient	04/07/2021	79.00
18743	Patient	04/07/2021	18.89
19731	Patient	04/07/2021	5.30
18199	Patient	04/07/2021	30.32
60345	Patient	04/07/2021	57.00
61693	Patient	04/07/2021	47.80
59793	Patient	04/08/2021	88.66
6727	Patient	04/08/2021	123.00
37043	Patient	04/08/2021	5.00
45762	Patient	04/08/2021	25.00
21541	Patient	04/08/2021	15.00
66	Patient	04/08/2021	25.00
52774	Patient	04/08/2021	3.00
50628	Patient	04/08/2021	22.80
68540	Patient	04/08/2021	40.00
25611	Patient	04/09/2021	25.00
2119	Patient	04/09/2021	5.00
33071	Patient	04/09/2021	22.00
62863	Patient	04/12/2021	33.60
69502	Patient	04/12/2021	125.00
33693	Patient	04/12/2021	191.00
7862	Patient	04/12/2021	128.20
70497	Patient	04/13/2021	20.00
2702	Patient	04/13/2021	3.00
4462	Patient	04/13/2021	125.25
70498	Patient	04/13/2021	25.25
36216	Patient	04/13/2021	79.00
37978	Patient	04/13/2021	209.00
35832	Patient	04/13/2021	30.00
58977	Patient	04/13/2021	3.00
60110	Patient	04/13/2021	151.00
69798	Patient	04/13/2021	36.60
22808	Patient	04/13/2021	216.00
729	Patient	04/13/2021	88.00

70502	Patient	04/13/2021	20.00
69783	Patient	04/13/2021	218.00
63822	Patient	04/13/2021	31.60
17839	Patient	04/13/2021	3.00
60846	Patient	04/13/2021	16.80
63920	Patient	04/13/2021	31.60
39455	Patient	04/13/2021	79.00
10624	Patient	04/14/2021	93.00
767	Patient	04/14/2021	107.39
33071	Patient	04/14/2021	10.00
65495	Patient	04/14/2021	5.00
60794	Patient	04/14/2021	3.00
23854	Patient	04/14/2021	3.00
40468	Patient	04/14/2021	17.20
40606	Patient	04/14/2021	163.00
30955	Patient	04/14/2021	31.60
60081	Patient	04/14/2021	31.60
14054	Patient	04/14/2021	11.40
52876	Patient	04/14/2021	79.00
63749	Patient	04/14/2021	25.25
63748	Patient	04/14/2021	25.25
65638	Patient	04/14/2021	87.25
32597	Patient	04/14/2021	75.00
33531	Patient	04/14/2021	119.00
48587	Patient	04/14/2021	31.60
70481	Patient	04/14/2021	25.00
34645	Patient	04/14/2021	162.00
70493	Patient	04/14/2021	154.00
6847	Patient	04/15/2021	3.00
53623	Patient	04/15/2021	128.00
18743	Patient	04/15/2021	3.00
20264	Patient	04/15/2021	4.71
62598	Patient	04/15/2021	79.00
23352	Patient	04/15/2021	273.00
50393	Patient	04/15/2021	62.00
34518	Patient	04/15/2021	31.60
66763	Patient	04/15/2021	174.00
8660	Patient	04/15/2021	3.00
66986	Patient	04/15/2021	57.00
31846	Patient	04/15/2021	54.00
22920	Patient	04/15/2021	25.00
69770	Patient	04/16/2021	5.17
57162	Patient	04/16/2021	5.17
70497	Patient	04/19/2021	10.00
64352	Patient	04/19/2021	5.00
12192	Patient	04/19/2021	17.97
18836	Patient	04/19/2021	20.00
36142	Patient	04/19/2021	180.01
62598	Patient	04/19/2021	79.00
50501	Patient	04/19/2021	111.00
9704	Patient	04/19/2021	157.00
40402	Patient	04/19/2021	96.00
24424	Patient	04/19/2021	2.61
44338	Patient	04/20/2021	86.45
46700	Patient	04/20/2021	24.60
729	Patient	04/20/2021	79.00
51007	Patient	04/20/2021	23.00
62909	Patient	04/20/2021	15.80
63930	Patient	04/20/2021	5.00
4873	Patient	04/20/2021	35.00
46316	Patient	04/20/2021	15.00
37735	Patient	04/20/2021	33.60

54463	Patient	04/20/2021	12.06
46609	Patient	04/20/2021	5.00
62992	Patient	04/20/2021	54.80
63822	Patient	04/20/2021	31.60
16670	Patient	04/20/2021	79.00
40422	Patient	04/20/2021	34.00
4045	Patient	04/21/2021	6.18
18743	Patient	04/21/2021	5.00
60338	Patient	04/21/2021	5.00
69710	Patient	04/21/2021	131.00
5674	Patient	04/21/2021	131.00
14763	Patient	04/21/2021	93.00
64820	Patient	04/21/2021	112.45
16619	Patient	04/21/2021	5.17
53101	Patient	04/21/2021	79.00
52774	Patient	04/21/2021	3.00
32408	Patient	04/21/2021	18.40
69826	Patient	04/21/2021	66.80
60942	Patient	04/21/2021	5.00
45762	Patient	04/21/2021	25.00
18851	Patient	04/22/2021	172.00
31437	Patient	04/22/2021	137.00
41657	Patient	04/22/2021	102.00
57162	Patient	04/22/2021	5.00
2648	Patient	04/22/2021	180.00
884	Patient	04/22/2021	14.00
50521	Patient	04/22/2021	145.00
52626	Patient	04/22/2021	110.00
64624	Patient	04/22/2021	128.00
59714	Patient	04/22/2021	50.00
43636	Patient	04/22/2021	9.75
41384	Patient	04/22/2021	94.00
36320	Patient	04/22/2021	79.00
60223	Patient	04/22/2021	3.00
30333	Patient	04/23/2021	30.00
57714	Patient	04/23/2021	35.01
18012	Patient	04/23/2021	25.25
19699	Patient	04/23/2021	29.97
70632	Patient	04/23/2021	79.00
64097	Patient	04/23/2021	84.00
70764	Patient	04/23/2021	15.00
46406	Patient	04/23/2021	20.00
6293	Patient	04/23/2021	35.00
68877	Patient	04/23/2021	14.00
60639	Patient	04/26/2021	146.00
48893	Patient	04/26/2021	31.60
21338	Patient	04/26/2021	15.00
34397	Patient	04/26/2021	94.40
62565	Patient	04/26/2021	5.00
29334	Patient	04/26/2021	103.00
1511	Patient	04/26/2021	24.60
41657	Patient	04/27/2021	11.00
31170	Patient	04/27/2021	5.00
70363	Patient	04/27/2021	148.00
729	Patient	04/27/2021	79.00
64263	Patient	04/27/2021	84.00
63226	Patient	04/27/2021	33.60
61073	Patient	04/27/2021	3.00
38055	Patient	04/27/2021	63.20
58266	Patient	04/27/2021	10.00
4873	Patient	04/27/2021	127.00
44458	Patient	04/27/2021	377.00

50393	Patient	04/27/2021	183.00
63920	Patient	04/27/2021	49.20
10615	Patient	04/27/2021	12.93
56202	Patient	04/27/2021	146.00
14232	Patient	04/27/2021	3.00
60846	Patient	04/27/2021	15.80
41324	Patient	04/27/2021	122.00
39320	Patient	04/28/2021	31.60
62718	Patient	04/28/2021	20.00
67928	Patient	04/28/2021	91.00
48893	Patient	04/28/2021	31.60
62427	Patient	04/28/2021	57.00
69826	Patient	04/28/2021	28.40
18199	Patient	04/28/2021	30.32
66482	Patient	04/28/2021	136.00
12902	Patient	04/28/2021	24.60
35137	Patient	04/28/2021	147.00
32619	Patient	04/29/2021	30.00
33187	Patient	04/29/2021	81.20
20203	Patient	04/29/2021	146.00
39829	Patient	04/29/2021	186.00
22483	Patient	04/29/2021	146.00
61187	Patient	04/29/2021	24.60
34788	Patient	04/29/2021	165.00
66966	Patient	04/29/2021	55.01
30055	Patient	04/29/2021	163.00
25051	Patient	04/29/2021	73.80
34028	Patient	04/29/2021	31.60
40381	Patient	04/29/2021	3.00
7738	Patient	04/29/2021	60.00
13713	Patient	04/29/2021	79.00
70984	Patient	04/30/2021	35.00
61073	Patient	04/30/2021	3.00
27626	Patient	04/30/2021	15.00
69985	Patient	04/30/2021	5.00
69569	Patient	04/30/2021	5.00
19542	Patient	04/30/2021	15.00
70131	Patient	04/30/2021	88.20
43923	Patient	04/30/2021	20.48
35285	Patient	04/30/2021	10.00
37735	Patient	05/03/2021	5.00
28640	Patient	05/03/2021	13.39
71002	Patient	05/03/2021	50.00
41383	Patient	05/03/2021	3.00
62576	Patient	05/03/2021	191.00
1511	Patient	05/03/2021	15.80
69783	Patient	05/03/2021	15.00
54008	Patient	05/03/2021	84.00
1191	Patient	05/03/2021	190.00
55289	Patient	05/03/2021	61.00
10794	Patient	05/03/2021	31.60
64835	Patient	05/03/2021	38.00
63967	Patient	05/04/2021	37.00
63930	Patient	05/04/2021	79.00
13936	Patient	05/04/2021	5.00
45801	Patient	05/04/2021	137.00
61105	Patient	05/04/2021	20.00
61851	Patient	05/04/2021	14.00
65638	Patient	05/04/2021	84.00
12938	Patient	05/04/2021	49.20
16190	Patient	05/04/2021	137.00
51062	Patient	05/04/2021	137.00

61104	Patient	05/04/2021	126.00
68104	Patient	05/04/2021	92.25
40281	Patient	05/04/2021	128.00
57549	Patient	05/04/2021	82.30
4521	Patient	05/04/2021	15.00
65495	Patient	05/04/2021	5.00
64820	Patient	05/04/2021	191.00
62618	Patient	05/04/2021	7.30
63920	Patient	05/04/2021	31.60
1154	Patient	05/04/2021	3.00
19688	Patient	05/05/2021	15.00
60575	Patient	05/05/2021	175.00
52774	Patient	05/05/2021	3.00
62560	Patient	05/05/2021	3.00
70632	Patient	05/05/2021	90.00
32408	Patient	05/05/2021	31.60
64352	Patient	05/05/2021	61.00
68266	Patient	05/05/2021	31.00
4816	Patient	05/05/2021	3.00
63926	Patient	05/05/2021	76.40
3323	Patient	05/05/2021	3.00
30055	Patient	05/06/2021	278.00
44338	Patient	05/06/2021	5.00
63355	Patient	05/06/2021	10.00
57549	Patient	05/06/2021	16.80
41657	Patient	05/06/2021	49.20
2196	Patient	05/06/2021	5.00
26304	Patient	05/06/2021	136.00
21650	Patient	05/06/2021	5.00
70984	Patient	05/06/2021	15.00
36981	Patient	05/06/2021	219.00
31170	Patient	05/06/2021	10.00
70537	Patient	05/06/2021	171.00
36451	Patient	05/06/2021	3.00
22483	Patient	05/06/2021	25.00
2460	Patient	05/06/2021	3.00
41657	Patient	05/07/2021	79.00
34241	Patient	05/07/2021	20.00
40239	Patient	05/07/2021	156.00
14506	Patient	05/07/2021	99.00
61073	Patient	05/07/2021	3.00
63953	Patient	05/07/2021	125.60
20329	Patient	05/07/2021	3.00
44006	Patient	05/07/2021	31.60
39207	Patient	05/10/2021	35.01
60504	Patient	05/10/2021	79.00
58473	Patient	05/10/2021	199.00
54414	Patient	05/11/2021	128.00
41657	Patient	05/11/2021	49.20
34241	Patient	05/11/2021	86.00
45496	Patient	05/11/2021	137.80
64263	Patient	05/11/2021	79.00
63967	Patient	05/11/2021	79.00
36007	Patient	05/11/2021	24.60
37978	Patient	05/11/2021	79.00
39455	Patient	05/11/2021	79.00
954	Patient	05/11/2021	5.00
60846	Patient	05/11/2021	15.80
42250	Patient	05/11/2021	84.00
54463	Patient	05/11/2021	13.05
45801	Patient	05/11/2021	79.00
63483	Patient	05/11/2021	186.00

8918	Patient	05/11/2021	3.00
884	Patient	05/11/2021	73.20
10183	Patient	05/11/2021	180.00
62718	Patient	05/12/2021	20.01
16668	Patient	05/12/2021	201.00
21445	Patient	05/12/2021	15.00
61329	Patient	05/12/2021	10.00
22786	Patient	05/12/2021	154.00
27371	Patient	05/12/2021	91.00
71051	Patient	05/12/2021	205.00
33338	Patient	05/12/2021	146.00
66250	Patient	05/12/2021	5.00
24858	Patient	05/12/2021	79.00
30096	Patient	05/12/2021	308.00
69798	Patient	05/12/2021	47.85
63802	Patient	05/12/2021	131.00
71056	Patient	05/13/2021	115.00
34518	Patient	05/13/2021	31.60
6481	Patient	05/13/2021	20.00
23391	Patient	05/13/2021	103.00
10624	Patient	05/13/2021	79.00
70223	Patient	05/13/2021	35.00
3523	Patient	05/13/2021	3.00
67963	Patient	05/13/2021	198.07
42466	Patient	05/14/2021	-25.25
45496	Patient	05/14/2021	7.80
13985	Patient	05/14/2021	61.00
3251	Patient	05/14/2021	35.00
26945	Patient	05/14/2021	5.00
28867	Patient	05/14/2021	5.00
71056	Patient	05/14/2021	79.00
53110	Patient	05/14/2021	27.20
16936	Patient	05/14/2021	79.00
52627	Patient	05/14/2021	24.00
16639	Patient	05/14/2021	3.00
51718	Patient	05/17/2021	20.00
42466	Patient	05/17/2021	5.00
53909	Patient	05/17/2021	152.00
10826	Patient	05/17/2021	5.00
71056	Patient	05/17/2021	79.00
2897	Patient	05/17/2021	6.32
56700	Patient	05/17/2021	3.00
52626	Patient	05/18/2021	148.00
41657	Patient	05/18/2021	31.60
3677	Patient	05/18/2021	5.00
54463	Patient	05/18/2021	25.00
57549	Patient	05/18/2021	33.60
67197	Patient	05/18/2021	165.00
62909	Patient	05/18/2021	15.80
17479	Patient	05/18/2021	-0.20
63967	Patient	05/18/2021	79.00
60846	Patient	05/18/2021	24.60
64430	Patient	05/18/2021	54.80
53530	Patient	05/18/2021	165.00
11136	Patient	05/19/2021	111.00
42335	Patient	05/19/2021	19.68
36137	Patient	05/19/2021	35.01
10126	Patient	05/19/2021	60.32
29975	Patient	05/19/2021	147.80
58977	Patient	05/19/2021	7.01
2120	Patient	05/19/2021	184.00
767	Patient	05/19/2021	56.17

26281	Patient	05/19/2021	47.80
38463	Patient	05/19/2021	39.20
71157	Patient	05/19/2021	153.00
40418	Patient	05/19/2021	125.00
71163	Patient	05/19/2021	50.00
62071	Patient	05/19/2021	60.32
53101	Patient	05/19/2021	82.25
26864	Patient	05/19/2021	20.00
68104	Patient	05/19/2021	84.00
50501	Patient	05/19/2021	183.00
65638	Patient	05/19/2021	79.00
11613	Patient	05/19/2021	45.00
56700	Patient	05/20/2021	3.00
34610	Patient	05/20/2021	131.40
53101	Patient	05/20/2021	34.50
16226	Patient	05/20/2021	73.60
35597	Patient	05/20/2021	68.80
43346	Patient	05/20/2021	134.92
55790	Patient	05/20/2021	3.00
35866	Patient	05/20/2021	32.80
41720	Patient	05/20/2021	3.00
57771	Patient	05/20/2021	99.00
10646	Patient	05/20/2021	5.00
34645	Patient	05/20/2021	13.00
48893	Patient	05/20/2021	54.80
71167	Patient	05/20/2021	20.00
71168	Patient	05/21/2021	20.00
68995	Patient	05/21/2021	20.00
25811	Patient	05/21/2021	25.00
50628	Patient	05/21/2021	44.80
34723	Patient	05/21/2021	28.40
36080	Patient	05/21/2021	47.40
71163	Patient	05/24/2021	10.00
63539	Patient	05/24/2021	5.00
36080	Patient	05/24/2021	48.00
19252	Patient	05/24/2021	15.00
64268	Patient	05/24/2021	100.00
1637	Patient	05/24/2021	5.00
71170	Patient	05/24/2021	115.00
45735	Patient	05/24/2021	238.00
61914	Patient	05/24/2021	20.00
2142	Patient	05/24/2021	15.00
6452	Patient	05/24/2021	43.00
22432	Patient	05/24/2021	3.00
20351	Patient	05/24/2021	179.00
31885	Patient	05/24/2021	13.00
32879	Patient	05/25/2021	57.20
41657	Patient	05/25/2021	121.20
70363	Patient	05/25/2021	79.00
71168	Patient	05/25/2021	10.00
64624	Patient	05/25/2021	89.00
64263	Patient	05/25/2021	79.00
36575	Patient	05/25/2021	14.01
29863	Patient	05/25/2021	7.40
35035	Patient	05/25/2021	84.00
70497	Patient	05/25/2021	3.75
7122	Patient	05/25/2021	10.00
33232	Patient	05/25/2021	72.80
30964	Patient	05/25/2021	37.20
40475	Patient	05/25/2021	20.00
59184	Patient	05/25/2021	35.00
7849	Patient	05/26/2021	98.00

71170	Patient	05/26/2021	79.00
18743	Patient	05/26/2021	3.00
39142	Patient	05/26/2021	89.00
14763	Patient	05/26/2021	57.00
18534	Patient	05/26/2021	137.00
70998	Patient	05/26/2021	189.25
11253	Patient	05/26/2021	67.20
64040	Patient	05/26/2021	26.01
50393	Patient	05/26/2021	79.00
45959	Patient	05/26/2021	79.00
32120	Patient	05/26/2021	50.00
59529	Patient	05/26/2021	68.40
31106	Patient	05/26/2021	14.01
50631	Patient	05/26/2021	94.80
71187	Patient	05/26/2021	140.25
70984	Patient	05/27/2021	16.00
729	Patient	05/27/2021	123.00
41720	Patient	05/27/2021	3.00
69826	Patient	05/27/2021	37.20
34567	Patient	05/27/2021	84.40
43923	Patient	05/27/2021	3.00
12846	Patient	05/27/2021	12.93
62403	Patient	05/27/2021	50.00
60338	Patient	05/28/2021	5.00
	Total to be Written Off		55,305.25



DUPLIN COUNTY ADDRESSING DEPARTMENT
209 SEMINARY ST / PO BOX 950
KENANSVILLE NC 28349

DUPLIN COUNTY

ROAD NAME PETITION for UNNAMED ROAD

1. APPLICANT INFORMATION:
   Name: Lathan and Tracy Thurman
   Address: 531 Bryce Hardison Rd.
   City/State/Zip: Deep Run NC 28525
   Telephone: Work: _____ Home: (252) 412-7793
2. MAIL DETERMINATON TO (If different than applicant information):
   Name: Same
   Address: _____
   City/State/Zip: _____
3. ROAD LOCATION: Township Albertson Range _____
   DESCRIPTION: @531 Bryce Hardison Rd Deep Ru
4. PARCEL TAX-ID: 05-164-1-
5. PROPOSED ROAD NAME: Lazy Spur Ln.
   BACKUP NAME 1: Spur Ln.
   BACKUP NAME 2: The Lazy Spur Ln.
   (NAME SHOULD BE LESS THAN 13 LETTERS)
6. SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLIN

PACEL NUMBER:	PARCEL OWNER NAME PRINT AND SIGNATURE and Ph
05-164-1-	[illegible]

The applicant hereby certifies that the signatures on this petition constitute the [illegible]

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Fire Department Approval:

Signature: _____

Print or type name: Jonathan Miller

Department Name: Albertson VFD

Date: 7/1/24

USPS Approval:

Signature: Shantisha Hage

Print or type name: Shantisha Hage

Department Name: USPS

Date: 7/1/24

Landowners, please know that if you use the 911 address assigned for your residence to receive mai your address WILL change. You will need to notify mortgage, financial, insurance and any other comp that sends you bills, important information, DMV, other institutions you may use. We will notify USP update the E911 System and the county tax record

4/9/24, 5:21 PM Mail - Tracey Kornegay - Outlook

SFY25 Community Health Grant Award Notification - Duplin County Health Department

Andrade, Liliana <liliana.andrade@dhhs.nc.gov>
Tue 4/9/2024 11:05 AM
To:Tracey Kornegay <TRACEY.S.KORNEGAY@duplincountync.com>

1 attachments (455 KB)
Sub W-9 Blank Form with Instructions (2).pdf;

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

This message was sent securely using Zix®

Thank you for your application to obtain a Community Health Grant through the Office of Rural Health. It is my pleasure to inform you that your organization has been approved for a grant award in the amount of **$150,000** each year for three years (contingent upon availability of funds and contingent upon compliance with contract requirements).

The Community Health Grant application is a competitive grant process. Each application is reviewed by a panel familiar with the health care needs of the uninsured populations across the state.

The Community Health Grant Team will be holding two **mandatory** new grant workshops on **Wednesday, July 10th and Thursday, July 17th** with the expectation of grantees attending at least one of these workshops.

In order to prepare your contract, it is necessary to complete the attached Sub W9 form. This form is due by **May 1st**.

You will receive contract documents for year one of your grant award from the Office of Rural Health via Adobe Sign within the next several weeks. Please sign the documents electronically; once all signatures have been obtained, you will receive an electronic copy of the contract for your records. Your contract must be signed on or before **June 28th** to be executed timely. If you have any questions or need additional information, please contact me at liliana.andrade@dhhs.nc.gov.

Congratulations on your award. We look forward to working with you.

Thank you,
Lily Andrade

Liliana Andrade
Community Development Specialist
Office of Rural Health
NC Department of Health and Human Services
Liliana.Andrade@dhhs.nc.gov

311 Ashe Avenue, Cooke Building
2009 Mail Service Center
Raleigh, NC 27699-2009

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NCDHHS provides essential services to improve the health, safety and well-being of all North Carolinians. Learn more about NCDHHS initiatives and priorities.

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Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

This message was secured by Zix®.

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
NC Office of Rural Health Community Health Grant - 3 year award of $150,000 each year

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5110-35118	ORH - General Care	150,000.00	5112-40121	Salaries	34,700.00
			5112-40181	Social Security	2,655.00
			5112-40182	Retirement	4,213.00
			5112-40183	Hospital Insurance	10,408.00
			5112-40184	Life Insurance	26.00
			5112-41980	Professional Services	87,550.00
			5112-43110	Travel	5,500.00
			5112-42980	Program Supplies	1,000.00
			5112-42600	Office Supplies	500.00
			5112-43250	Postage	48.00
			5112-42370	Injectables	2,000.00
			5112-43550	EMR Expenses	1,400.00
Total		150,000.00	Total		150,000.00

Finance Signature
Date Approved: _____

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

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BA # _____

Duplin County
Budget Amendment

Department Title: Health
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
budget new money for CCNC Capacity Building Grant - will be on the BOCC agenda for July 15, 2024

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
5110-35197	CCNC - Capacity Bldg Grant	25,812.00	5195-41990	Professional Services	25,812.00
Total		25,812.00	Total		25,812.00

Finance Signature
Date Approved: _____

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

7/8/2024

Division of Public Health
Agreement Addendum
FY 24-25

Duplin County Health Department
Local Health Department Legal Name

Women, Infant, and Community Wellness Section
DPH Section / Branch Name

175 Supporting Women's Health Services
Activity Number and Description

Tara Owens Shuler/919-707-5708
tara.shuler@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

06/01/2024 – 05/31/2025
Service Period

DPH Program Signature **Date**
(only required for a negotiable Agreement Addendum)

07/01/2024 – 06/30/2025
Payment Period

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ____

I. **Background:**

In Session Law 2023-14, Section 4.1, the North Carolina General Assembly established funding to be distributed to local communities to increase contraceptive access and/or to improve maternal and infant health for underserved, uninsured, or medically indigent patients. Under the Supporting Women's Health Services program, funding will be distributed to local health departments/districts to implement evidence-based strategies (EBSs) that have been proven to be an effective means to improve birth and maternal outcomes through addressing pregnancy intendedness, and/or infant or maternal mortality.

Data from the 2020 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 777 women who had recently given birth, shows that 24.8% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 16.5% were ambivalent about the pregnancy. Women who were young, black and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes.[1]

In 2021, the infant mortality rate in North Carolina was 6.8 infant deaths per 1,000 live births. The disparity ratio between non-Hispanic White and non-Hispanic African American births remained greater than twofold. The Supporting Women's Health Services program is focusing on this disparity while addressing the overall infant mortality rate.[2]

[1] 2020 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results https://schs.dph.ncdhhs.gov/data/prams/2020/intent3.html
[2] *NC Department of Health and Human Services State Center for Health Statistics, 24JAN2023*

Health Director Signature (use blue ink or verifiable digital signature) _____ Date _____

LHD to complete:
(For DPH to contact in case follow-up information is needed.)
LHD program contact name: _____
Phone and email address: _____

Signature on this page signifies you have read and accepted all pages of this document. Template rev. June 2023

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According to the 2014-2016 data, the Maternal Mortality Rate (MMR) in North Carolina is high among Black pregnant women at 27.7 deaths per 100,000 live births.[3] This rate is 1.8 times higher than the MMR among white pregnant women.[4] Such high rates are particularly concerning provided that the 2014-2016 North Carolina Maternal Mortality Review Report determined that 70% of the pregnancy-related deaths that occurred were preventable.

II. **Purpose:**
This Agreement Addendum implements the Supporting Women's Health Services program in the Duplin County Health Department to conduct at least one out of seven available EBSs, to lower the unintended pregnancy rate, overall infant mortality rate and/or the maternal mortality rate in the county.

The seven available EBSs are: Extended Clinic Hours, Satellite Clinic Locations, Birth Doula Services, Group Prenatal Care, Home Visit for Postnatal Assessment, Community Health Worker Integration, and Behavioral Health/Maternal Mental Health Providers. The Duplin County Health Department shall implement the following selected EBSs: Group Prenatal Care and Community Health Worker Integration.

III. **Scope of Work and Deliverables:**
The Local Health Department (LHD) shall:

1. Implement the following EBSs:

a. **Group Prenatal Care** — Group Prenatal Care is a model of group care where pregnant individuals, who are due at about the same time, meet with their provider and other pregnant individuals for group sessions over the course of their pregnancy. Group sessions are 90 minutes to 2 hours in length and consist of health assessments, facilitated group discussion and interactive activities and education on timely pregnancy, birth, and postpartum topics. Data supports that women have experienced positive birth outcomes and lower racial disparities for low birth weight and preterm births by participating in the group care model.

1. Program activities shall include:

a. For a new group prenatal care program:

1) Choosing to implement either the Centering Healthcare Institute (CHI) Centering Pregnancy model or the March of Dimes (MOD) Supportive Pregnancy Care model.

2) Hiring or reassigning program staff to conduct group sessions (providing health assessments, facilitating interactive group discussions, and providing education and materials on health topics).

3) Coordinating training for program staff in the selected model (CHI or MOD).

4) Conducting at least 2 groups serving pregnant individuals meeting for 10 sessions, which follows the recommended schedule of prenatal care visits

b. For an existing group prenatal care program:

1) Supporting existing program staff and/or hiring or reassigning additional program staff to conduct group sessions (providing health assessments, facilitating interactive group discussions, and providing education and materials on health topics).

[3] *NC Maternal Mortality Review Report*
[4] *NC Maternal Mortality Review Report*

2) Coordinating training for new or re-assigned program staff in the selected model.

3) Conducting at least 3 groups serving pregnant individuals meeting for 10 sessions, which follows the recommended schedule of prenatal care visits.

2. Collect data on program participants and report on an annual basis. Program participant data shall include demographic information, prenatal care visits, breastfeeding initiation and duration, delivery outcomes, and birth outcomes.

3. Develop and administer a participant satisfaction survey to evaluate services and submit an annual satisfaction survey summary report. The patient satisfaction survey should measure the patient's expectations for care and if they were met.

4. Distribute a patient experience survey to patients assessing the group prenatal care model. The survey is developed by the WICWS and a QR code and online link will be provided to the LHD to distribute to patients who volunteer to complete the survey. A summary of responses will be provided annually by the WICWS to the LHD.

b. **Integrate a Community Health Worker (CHW)** — A CHW is a trusted member of the community served and/or have a close understanding of the community served, which enables the CHW to serve as a liaison/link/intermediary between health/social services and the community. This also enables the CHW to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs are qualified to work with individuals of reproductive age, their children, and families in efforts to improve community outcomes for maternal and infant health.

1. Activities include:

a. For new sites,

1) Integrating a CHW model into at least one existing LHD evidence-based strategy or program area aimed to improve reproductive life planning and maternal and/or infant health.

2) Developing a plan for CHW integration and implementation that includes:

a) A description of the program in which CHW will be integrated

b) Scope of practice for CHW

c) Additional training to be provided to CHW.

3) Hiring at least one CHW to carry out the selected program area (Paragraph a. above).

4) Registering for NC Community Health Worker Association sponsored training, if needed. Each CHW must complete one of the training tracks within nine months of registration date.

b. For sites which started in FY24,

1) Continuing to integrate the CHW model into the identified LHD program.

2) Continuing to implement the plan outlined for CHW integration into an existing LHD program.

3) If not completed in FY24, hiring at least one CHW to carry out the selected program area.

4) If not completed in FY24, registering for the NC Community Health Worker Association sponsored training, if needed. Each CHW must complete one of the training tracks within nine months of registration date.

2. Educating pregnant and postpartum program participants about 12-month postpartum Medicaid coverage, application process for Medicaid, and re-certification for Medicaid
3. Making referrals based on participant need for resources.
4. Collect data on program participants and service deliverables and report on an annual basis. Program data shall include demographic information on clients receiving CHW services.

2. Ensure all program staff complete at least 4 hours of training (in-person or virtual) that is focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity by May 31, 2025. Documentation of training completion shall be submitted upon request to the DPH Program Contact and/or be made available for review during the monitoring visit.

3. Notify the DPH Program Contact in writing when changes occur to program staff responsible for implementing the selected EBSs, no later than 7 days after the change occurs. In the event of staff turnover, the LHD should submit a coverage plan to the DPH Program Contact outlining the plan for completing program activities during that time.

4. Participate in program webinars and meetings as required by the DPH Program Contact.

5. Participate in all evaluation and program activities as required by the DPH Program Contact.

6. Maintain the confidentiality of program participants' records and secure in locked storage.

7. Adhere to the following service quality measures:
   a. All services will be provided in a culturally and linguistically appropriate manner.
   b. Educational materials that are utilized for the program are recommended to be developed at or below the sixth-grade reading level.

IV. Performance Measures / Reporting Requirements:

1. Performance Measures

a. Group Prenatal Care

1. For sites starting in FY25, 100% of LHD will complete group prenatal care training by December 31, 2024.
2. For sites starting in FY25, at least one prenatal group shall be conducted by May 31, 2025.
3. For sites starting in FY24, at least two prenatal groups shall be conducted by May 31, 2025.
4. For sites existing prior to FY24, at least three prenatal groups shall be conducted by May 31, 2025.

b. Integrate a CHW

1. 100% of CHWs hired will get registered for the CHW training by May 31, 2025.
2. 100% of clients who engage with the CHW will be educated about 12-month postpartum Medicaid coverage, application process for Medicaid, and re-certification for Medicaid.

2. Reporting Requirements

a. Submit **Quarterly Data Reports** to the DPH Program Contact, according to the following schedule:

Reporting Interval	Report Due Dates
June – August 2024	September 15, 2024
September – November 2024	December 15, 2024
December 2024 – February 2025	March 15, 2025

(The information provided for the final quarter is to be provided as part of the Annual Program Report in Subparagraph b. below.)

The quarterly data report provides participant data to demonstrate the LHD progress for each selected EBS. Data report templates detailing what data to provide will be provided by the DPH Program Contact.

b. Submit an **Annual Program Report** to the DPH Program Contact by June 15, 2025.

The annual program report provides detailed information on program deliverables, performance outcome measures, community-level activities, and program participant data for each selected EBS. Program report templates will be provided by the DPH Program Contact.

c. Submit **Monthly Itemization Reports** (IR) that list monthly expenditures by each line item from the approved budget. An IR template will be provided to the LHD by the DPH Program Contact by June 15, 2024. The IR is to be submitted by email to the DPH Program Contact by the 20th of each month following the month expenses were incurred. If funds in the original approved budget need to be realigned, the LHD must submit a budget realignment to the DPH Program Contact. Submission of a budget realignment request must be at least 30 days before funds are requested to be realigned. No funds should be moved or expended before written approval is received from the DPH Program Contact. Budget realignments need to be submitted by April 30, 2025.

d. Submit one **annual participant satisfaction survey summary report** for each EBSs: Group Prenatal Care and Community Health Worker Integration to the DPH Program Contact by June 15, 2025. Original copies of the participant satisfaction surveys are to be available for review during every site visit.

V. Performance Monitoring and Quality Assurance:

1. The WICWS will monitor the LHD by:

a. Reviewing the required monthly IR reports to determine whether the funding is being spent appropriately. If funding does not seem appropriate, the DPH Program Contact will request documentation for expenses in question.

b. Reviewing the required quarterly data reports to determine whether the LHD is on track to meet program deliverables. If data does not demonstrate the program is moving forward, the DPH Program Contact will follow up to determine if technical assistance is needed.

c. Conducting periodic site visits as needed (minimum of one per year) as determined by the DPH Program Contact. These site visits will assess if program funds are used appropriately, and services are provided effectively through the review of fiscal and programmatic records. Prior notification will be given as to the specific fiscal and programmatic documents to be reviewed during the remote review.

d. If there are findings during the site visit that warrant corrective action, a corrective action plan (CAP) will be developed with timelines given for completion by the LHD. The CAP will be included in the site visit report and sent to the LHD within 14 days of the review. If there are no

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adverse findings during the site visit, the site visit report will be sent to the LHD within 30 days of the site visit.

2. If the LHD is deemed out of compliance with contract deliverables, the DPH Program Contact shall provide technical assistance and funds may be withheld until the LHD is back in compliance with program deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated.

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 of Public Health 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 of Public Health 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.

DocuSign Envelope ID: 8CE34367-41B9-4327-8B1C-1B4E9234D360

WicGridPrint

DPH-Aid-To-Counties | For Fiscal Year: 24/25 | Budgetary Estimate Number : 0

Activity 175		AA	133000 2B15110 2000000000	Total Allocated	Proposed Total	New Total
Service Period			08/01-06/31			
Payment Period			07/01-06/30			
01 Alamance	*	0	85,000	$0.00	85,000	85,000
01 Albemarle	*	0	150,000	$0.00	150,000	150,000
02 Alexander			0	$0.00	0	0
04 Anson			0	$0.00	0	0
02 Appalachian			0	$0.00	0	0
07 Beaufort			0	$0.00	0	0
09 Bladen			0	$0.00	0	0
10 Brunswick			0	$0.00	0	0
11 Buncombe			0	$0.00	0	0
12 Burke			0	$0.00	0	0
13 Cabarrus	*	0	150,000	$0.00	150,000	150,000
14 Caldwell			0	$0.00	0	0
16 Carteret			0	$0.00	0	0
17 Caswell			0	$0.00	0	0
18 Catawba			0	$0.00	0	0
19 Chatham			0	$0.00	0	0
20 Cherokee			0	$0.00	0	0
22 Clay			0	$0.00	0	0
23 Cleveland			0	$0.00	0	0
24 Columbus			0	$0.00	0	0
25 Craven			0	$0.00	0	0
26 Cumberland			0	$0.00	0	0
28 Dare			0	$0.00	0	0
29 Davidson			0	$0.00	0	0
30 Davie			0	$0.00	0	0
31 Duplin	*	0	125,000	$0.00	125,000	125,000
32 Durham	*	0	150,000	$0.00	150,000	150,000
33 Edgecombe			0	$0.00	0	0
07 Foothills			0	$0.00	0	0
34 Forsyth			0	$0.00	0	0
35 Franklin	*	0	115,000	$0.00	115,000	115,000
36 Gaston	*	0	130,000	$0.00	130,000	130,000
38 Graham			0	$0.00	0	0
03 Gran-Vance			0	$0.00	0	0
40 Greene			0	$0.00	0	0
41 Guilford			0	$0.00	0	0
42 Halifax			0	$0.00	0	0
43 Harnett			0	$0.00	0	0
44 Haywood			0	$0.00	0	0
45 Henderson			0	$0.00	0	0
47 Hoke			0	$0.00	0	0
48 Hyde			0	$0.00	0	0
49 Iredell			0	$0.00	0	0
50 Jackson			0	$0.00	0	0
51 Johnston			0	$0.00	0	0
52 Jones			0	$0.00	0	0
53 Lee			0	$0.00	0	0
54 Lenoir			0	$0.00	0	0
55 Lincoln			0	$0.00	0	0
56 Macon			0	$0.00	0	0
57 Madison			0	$0.00	0	0
04 M-T-W			0	$0.00	0	0
60 Mecklenburg			0	$0.00	0	0
62 Montgomery			0	$0.00	0	0
63 Moore			0	$0.00	0	0

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64 Nash			0	$0.00	0	0
65 New Hanover			0	$0.00	0	0
66 Northampton			0	$0.00	0	0
67 Onslow	*	0	150,000	$0.00	150,000	150,000
68 Orange			0	$0.00	0	0
69 Pamlico			0	$0.00	0	0
71 Pender			0	$0.00	0	0
73 Person			0	$0.00	0	0
74 Pitt			0	$0.00	0	0
75 Polk			0	$0.00	0	0
76 Randolph			0	$0.00	0	0
77 Richmond			0	$0.00	0	0
78 Robeson	*	0	150,000	$0.00	150,000	150,000
79 Rockingham			0	$0.00	0	0
80 Rowan			0	$0.00	0	0
82 Sampson	*	0	150,000	$0.00	150,000	150,000
83 Scotland			0	$0.00	0	0
84 Stanly			0	$0.00	0	0
85 Stokes			0	$0.00	0	0
86 Surry			0	$0.00	0	0
87 Swain			0	$0.00	0	0
06 Toe River			0	$0.00	0	0
88 Transylvania			0	$0.00	0	0
90 Union			0	$0.00	0	0
92 Wake			0	$0.00	0	0
93 Warren			0	$0.00	0	0
96 Wayne			0	$0.00	0	0
97 Wilkes			0	$0.00	0	0
98 Wilson	*	0	150,000	$0.00	150,000	150,000
99 Yadkin			0	$0.00	0	0
08 Yancey			0	$0.00	0	0
Totals			1,505,000	0	1,505,000	1,505,000

Signature and Date - NCPH Program Administrator: Kristen Carroll 01/29/24 | 11:53 AM EST

Signature and Date - DPH Section Chief: Belinda Pettiford 01/29/24 | 11:55 AM EST

Signature and Date - NCPH Budget Office – ATC Coordinator: 1/29/2024

Signature and Date - DPH Budget Officer: 2/6/2024

BA # _____

Duplin County
Budget Amendment

Department Title: Health
Department Head's Signature: Tracey Simmons - Komegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
New money received from the State for Supporting Women's Health - AA175

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
5110-35192	Supporting Women's Health	125,000.00	5191-40121	Salaries	81,131.00
			5191-40181	Social Security	5,500.00
			5191-40182	Retirement	7,911.00
			5191-40183	Hospital Insurance	13,220.00
			5191-40184	Life Insurance	36.00
			5191-41990	Professional Services	10,200.00
			5191-42200	food	1,000.00
			5191-42600	Office Supplies	3,802.00
			5191-43111	Training	1,500.00
			5191-44910	Dues and Subscriptions	900.00
Total		125,000.00	Total		125,000.00

Finance Signature
Date Approved: _____

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

7/8/2024

DAAS -730
(Rev. 4/2019)

Home and Community Care Block Grant for Older Adults

County Funding Plan

Identification of Agency or Office with Lead Responsibility for County Funding Plan

County -- Duplin July 1, 2024 through June 30, 2025

The agency or office with lead responsibility for planning and coordinating the County Funding Plan recommends this funding plan to the Board of Commissioners as a coordinated means to utilize community-based resources in the delivery of comprehensive aging services to older adults and their families.

Duplin County Senior Services
(Name of agency/office with lead responsibility

Authorized signature 7/15/24 (date)

Dexter B. Edwards, Chairman, Duplin Board of Commissioners
(Type name and title of signatory agent)

CERTIFICATION OF THE AVAILABILITY OF REQUIRED NON-FEDERAL MATCH FOR HOME & COMMUNITY CARE BLOCK GRANT

County: Duplin
SFY: FY 24-25

The following required 10% match will be used to match the Home & Community Care Block grant and will not be used to match any other federal or state funds during the contract period:

Older American's Act funding	$ 467,703
Required 10% Match	$ 51,967
Total Budget	$ 519,670

☑ Cash Match ☑ In-Kind
(Check one)

If cash match, list source and value of match: Duplin County Cash Match - $25,985

If in-kind match, list source and value of match: Audit Expense, Office Expense, Other Personnel - $25,982

Note: Match, whether in-kind or cash, cannot be from another federal or state source.

(Authorized signature)

Chairman, Board of Commissioners
(Title)

July 15, 2024
(Date)

Community Benefits Grant Awards

Fife, Tom <Tom.Fife@ecuhealth.org>

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

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

Hi Tracey,
Congratulations! I am pleased to tell you that your application for a 2024-2025 Community Benefits Grant has been approved in the amount of $15,000.

We will be having a meeting for the distribution of grant checks on Thursday, July 11 at 2 pm in the Boardroom of ECU Health Duplin Hospital. Either you or a representative authorized to represent your organization needs to be present to accept the check and to sign a grant agreement form.

Please let me know if you have any questions. I look forward to seeing you and presenting your grant award!

Best,
Tom

Tom Fife
Foundation Executive Director
ECU Health Duplin Hospital

BA #_____

Duplin County
Budget Amendment

Department Title: Health
Department Head's Signature: Tracey Skarnons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
New money received from ECU Health Duplin Hospital Foundation Grant

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
5110-35132	Grant - Vidant Health Diabetic	15,000.00	5136-42420	In house labs	3,500.00
			5136-42013	Lab processing	4,000.00
			5136-42980	Program supplies	6,850.00
			5136-42370	Injectables	1,000.00
			5136-43250	postage	150.00
			5136-42600	office supplies	500.00
Total		15,000.00	Total		15,000.00

Finance Signature
Date Approved:

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

6/24/2024

CCNC Capacity Building Grant Award Notification

Randy Barrington <rbarrington@communitycarenc.org>

Fri 6/21/2024 4:57 PM

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

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

This message was sent securely using Zix®

Community Care
OF NORTH CAROLINA

Sent on behalf of Dr. Tom Wroth, CEO of Community Care of North Carolina

June 21, 2024

Dear **Duplin County Health Department**:

I am pleased to inform you that Community Care of North Carolina, Inc. ("CCNC") has awarded your practice a one-time capacity building grant in the amount of **$25,812.00** which represents $13.50 per member as calculated based on your total April 2024 attribution of **1,912 members** as reported in the member files provided to CCNC by each of the Medicaid Prepaid Health Plans (PHP) for that month. As attribution rates vary from month to month, this attribution data was the most current and accurate data available. If your practice is a multi-site organization, please note that individual payments will be made at the location level.

Please note, this Capacity Grant Award letter is being sent to you as the Primary Business Contact for your practice and we encourage you to share with others in your organization that may need official notification of the grant.

The purpose of this grant is to further CCNC's charitable mission to improve the health and quality of life of all North Carolinians by building and supporting better community-based health care delivery systems and should be applied consistently therewith. Acceptable uses for these funds include, but are not limited to:

- Expanding access to care for the increasing Medicaid expansion population
- Offering extended hours and open access scheduling
- Purchasing equipment (e.g. vaccine storage, A1C machines, technology)
- Hiring staff to manage quality improvement
- Improving workflows to close care gaps and quality gaps
- Employing certified coder/risk coder
- Ensuring timely transitional care visits and care management referrals
- Other activities to drive value-based care performance improvement

Consistent with CCNC's tax-exempt status, grant funds may not be used for lobbying or partisan political activities.

This grant period will be one (1) year and the award will be made in a single payment by EFT, labeled "**Capacity Bldg Grant 2024**" on or before June 28, 2024. Your acceptance of these funds will constitute your agreement to use the funds for capacity-building purposes, such as those described above. Any funds remaining at the end of the grant period must be used for value-based care capacity building purposes.

Thank you for all that you continue to do for the health and quality of life of your patients.

Sincerely,

Tom Wroth, MD, MPH
President and CEO
Community Care of North Carolina, Inc.

Who is CCNC? Watch these short videos to find out.
CCPN: Providing Value to Independent Primary Care – See How
Accountability • Collaboration • Excellence • Innovation • Health Equity and Access

The content of this message and any attachments are intended solely for the use of the individual or entity to whom it is addressed and may contain proprietary or confidential information.
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Home and Community Care Block Grant for Older Adults

DUPLIN COUNTY SENIOR SERVICES
213 SEMINARY ST., KENANSVILLE
P. O. BOX 928

County Funding Plan

Provider Services Summary

DAAS-732
County: DUPLIN
Budget Period: July 2024 through June 2025
Revision #: Date:

Services	Serv. Delivery (Check One) Direct	Purchase	A Block Grant Funding: Access	In-Home	Other	Total	B Required Local Match	C Net Service Cost	D NSIP Subsidy	E Total Funding	F Projected HCCBG Units	G Projected Reimburse Rate*	H Projected HCCBG Clients	I Projected Total Units
Congregate Nutrition			$ -	$ -	$ 147,103	$ 147,103	$ 16,345	$ 163,448	$ 18,638	$ 182,086	22,276	$ 7.3375	300	23,298
Home Delivered Meals			$ -	$ 115,000	$ -	$ 115,000	$ 12,778	$ 127,778	$ 11,600	$ 139,378	14,477	$ 8.8261	85	14,500
Housing & Home Improvement			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
In-Home Aide-Level I - Home Management			$ -	$ 145,000	$ -	$ 145,000	$ 16,111	$ 161,111	$ -	$ 161,111	7,438	$ 21.6596	125	7,900
Transportation (General)			$ 60,600	$ -	$ -	$ 60,600	$ 6,733	$ 67,333	$ -	$ 67,333	3,765	$ 17.8858	20	3,773
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
0			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -		-
Total			$ 60,600	$ 260,000	$ 147,103	$ 467,703	$ 51,967	$ 519,670	$ 30,238	$ 549,908	47,956		530	49,471

*Adult Day Care & Adult Day Health Care Proj. Service Cost/Rate

	ADC	ADHC
Daily Care	$33.07	$ 40.00
Administrative		
Proj. Reimbursement Rate	$33.07	$ 40.00
Administrative %	0.00%	0.00%

Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.

Melissa S Brown, Director 7/15/2024
Authorized Signature, Title Date
Community Service Provider

7/15/2024
Signature, County Finance Officer Date

7/15/2024
Signature, Chairman, Board of Commissioners Date

Home and Community Care Block Grant for Older Adults

DAAS-731 (Rev. 2/16)

County Funding Plan

County - Duplin
July 2024 - June 2025

County Services Summary

Services	A Block Grant Funding: Access	In-Home	Other	Total	B Required Local Match	C Net Service Cost	D NSIP Subsidy	E Total Funding	F Projected HCCBG Units	G Projected Reimbursement Rate	H Projected HCCBG Clients	I Projected Total Units
Congregate			147103	\\\\\\\\\\	16345	163448	18638	182086	22276	7.3375	300	23298
Home Delivered		115000		\\\\\\\\\\	12778	127778	11600	139378	14477	8.8261	85	14500
Housing Home Imp.				\\\\\\\\\\	0	0		0			0	
In Home Aide I		145000		\\\\\\\\\\	16111	161111		161111	7438	21.6596	125	7900
Transportation - G	60600			\\\\\\\\\\	6733	67333		67333	3765	17.8858	20	3773
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
				\\\\\\\\\\	0	0		0				
Total	60600	260000	147103	467703	51967	519670	30238	549908	47956	\\\\\\\\\\	530	49471

7-15-24
Signature, Chairman, Board of Commissioners Date

July 1, 2024 through June 30, 2025

Home and Community Care Block Grant for Older Adults
Agreement for the Provision of County-Based Aging Services

This Agreement, entered into as of this 15th day of July, 2024, by and between the County of Duplin (hereinafter referred to as the "County") and the Eastern Carolina Council Area Agency on Aging, (hereinafter referred to as the "Area Agency").

Witnesseth That:

WHEREAS, the Area Agency and the County agree to the terms and conditions for provision of aging services in connection with activities financed in part by Older Americans Act grant funds, provided to the Area Agency from the United States Department of Health and Human Services through the North Carolina Division of Aging and Adult Services (DAAS) and state appropriations made available to the Area Agency through the North Carolina Division of Aging and Adult Services, as set forth in a) this document, b) the County Funding Plan, as reviewed by the Area Agency and the Division of Aging and Adult Services, c) the Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers, d) the Division of Aging and Adult Services Service Standards, and, e) the Division of Aging and Adult Services Community Service Providers Monitoring Guidelines.

NOW THEREFORE, in consideration of these premises, and mutual covenants and agreements hereinafter contained, the parties hereto agree as follows:

1. As provided in the Area Plan, community service providers specified by the County to encourage maximum collocation and coordination of services for older persons are as follows:

   Duplin County Senior Services _____ _____
   _____ _____
   _____ _____
   _____ _____
   _____ _____
   _____ _____

   The Community Service Provider(s), shall be those specified in the County Funding Plan on the Provider Services Summary format(s) (DAAS-732) for the period ending June 30 for the year stated above.

2. Availability of Funds. The terms set forth in this Agreement for payment are contingent upon the receipt of Home and Community Care Block Grant funding by the Area Agency.

3. Grant Administration.

The grant administrator for the Area Agency shall be: Heather O'Connor, Human Services Director. The grant administrator for the County shall be: Bryan Miller, County Manager. It is understood and agreed that the grant administrator for the County shall represent the County in the performance of this Agreement. The County shall notify the Area Agency in writing if the administrator changes during the grant period. Specific responsibilities of the grant administrator for the County are provided in paragraph seven (7) of this Agreement.

4. Services authorized through the County Funding Plan, as specified on the Provider Services Summary format(s) (DAAS-732) are to commence no later than July 1 of the state fiscal year and shall be undertaken and pursued in such sequence as to assure their expeditious completion. All services required hereunder shall be completed on or before the end of the Agreement period, June 30 of the state fiscal year.

5. Assignability and Contracting. The County shall not assign all or any portion of its interest in this Agreement. Any purchase of services with Home and Community Care Block Grant for Older Adults funding shall be carried out in accordance with the procurement and contracting policy of the community services provider or, where applicable, the Area Agency, which does not conflict with procurement and contracting requirements contained in 45 CFR Part 75, Subpart D-Post Federal Award Requirements, Procurement Standards. Federal funds shall not be awarded to any subrecipients who have been suspended or debarred by the Federal government. In addition, Federal funds may not be used to purchase goods or services costing over $100,000 from a vendor that has been suspended or debarred from Federal grant programs.

6. Compensation and Payments to the County. The County shall be compensated for the work and services actually performed under this Agreement by payments to be made monthly by the Area Agency. Total reimbursement to the community service providers under this Agreement may not exceed the grand total of Block Grant funding, as specified on the Provider Services Summary format (DAAS-732).

   a. Interim Payments to the County

      Upon receipt of a written request from the County, the Division of Aging and Adult Services, through the Area Agency, will provide the County Finance Officer with an interim payment equivalent to seventy percent (70%) of one-twelfth (1/12) of the County's Home and Community Care Block Grant allocation by the 22nd of each month.

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b. Reimbursement of Service Costs

Reimbursement of service costs are carried out as provided in Section 3 of the N.C. Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers, revised February 17, 1997.

c. Role of the County Finance Director

The County Finance Director shall be responsible for disbursing Home and Community Care Block Grant Funding to Community Service Providers in accordance with procedures specified in the N.C. Division of Aging and Adult Services Home and Community Care Block Grant Manual for Community Service Providers, revised February 17, 1997.

d. Payment of Administration on Aging Nutrition Services Incentive Program (NSIP) Subsidy

NSIP subsidy for congregate and home delivered meals will be disbursed by the Division of Aging and Adult Services through the Area Agency to the County on a monthly basis, subject to the availability of funds as specified in Section 3 of the N.C. Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Services Providers.

If through the U.S. Department of Agriculture Area Agency on Aging Elections Project, the County elects to receive a portion of its USDA entitlement in the form of surplus commodity foods in lieu of cash, the Area Agency will notify the County in writing of its community valuation upon notification from the Division of Aging and Adult Services. The delivery of commodity and bonus foods is subject to availability. The County will not receive cash entitlement in lieu of commodities that are unavailable or undelivered during the Agreement period.

7. Reallocation of Funds and Budget Revisions. Any reallocation of Block Grant funding between counties shall be voluntary on the part of the County and shall be effective only for the period of the Agreement. The reallocation of Block Grant funds between counties will not affect the allocation of future funding to the County. If during the performance period of the Agreement, the Area Agency determines that a portion of the Block Grant will not be expended, the grant administrator for the County shall be notified in writing by the Area Agency and given the opportunity to make funds available for reallocation to other counties in the Planning and Service Area or elsewhere in the state.

The County may authorize community service providers to implement budget revisions which do not cause the County to fall below minimum budgeting requirements for access, in-home, congregate, and home delivered meals services, as specified in Division of Aging and Adult Services budget instructions issued to the County. If a budget revision will cause the County to fall below minimum budgeting requirements for any of the aforementioned services, as specified in Division of Aging and Adult Services budgeting instructions issued to the County, the grants administrator for the County shall obtain written approval for the revision from the

Area Agency prior to implementation by the community service provider, so as to assure that regional minimum budgeting requirements for the aforementioned services will be met.

Unless community services providers have been given the capacity to enter data into the Aging Resources Management System (ARMS), Area Agencies on Aging are responsible for entering amended service data into the Division of Aging and Adult Services Management Information System, as specified in the N.C. Division of Aging and Adult Services Home and Community Care Block Grant Procedures Manual for Community Service Providers.

8. Monitoring. This Agreement will be monitored to assure that services are being provided as stated in the Division of Aging and Adult Service Monitoring Policies and Procedures at http://www.ncdhhs.gov/aging/monitor/mpolicy.htm.

The monitoring of services provided under this Agreement shall be carried out by the Area Agency on Aging in accordance with its Assessment Plan and as specified in Sec. 308 of the AAA Policies and Procedures Manual. Counties and community service providers will receive a written report of monitoring findings in accordance with procedures established in Section 308.4. Any areas of non-compliance will be addressed in a written corrective action plan with the community service provider.

9. Disputes and Appeals. Any dispute concerning a question of fact arising under this Agreement shall be identified to the designated grants administrator for the Area Agency. In accordance with Lead Regional Organization (LRO) policy, a written decision shall be promptly furnished to the designated grants administrator for the County.

The decision of the LRO is final unless within twenty (20) days of receipt of such decision the Chairman of the Board of Commissioners furnishes a written request for appeal to the Director of the North Carolina Division of Aging and Adult Services, with a copy sent to the Area Agency. The request for appeal shall state the exact nature of the complaint. The Division of Aging and Adult Services will inform the Chairman of the Board of Commissioners of its appeal procedures and will inform the Area Agency that an appeal has been filed. Procedures thereafter will be determined by the appeals process of the Division of Aging and Adult Services. The state agency address is as follows:

Director
North Carolina Division of Aging and Adult Services
693 Palmer Drive
2101 Mail Service Center
Raleigh, North Carolina 27699-2101

10. Termination for Cause. If through any cause, the County shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or the County has or shall violate any of the covenants, agreements, representations or stipulations of this Agreement, the Area Agency shall have the right to terminate this Agreement by giving the Chairman of the Board of Commissioners written notice of such termination no fewer than fifteen (15) days prior to the

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effective date of termination. In such event, all finished documents and other materials collected or produced under this Agreement shall at the option of the Area Agency, become its property. The County shall be entitled to receive just and equitable compensation for any work satisfactorily performed under this Agreement.

11. Audit. The County agrees to have an annual independent audit in accordance with North Carolina General Statutes, North Carolina Local Government Commission requirements, Division of Aging and Adult Services Program Audit Guide for Aging Services and Federal Office of Budget and Management (OMB) Uniform Guidance 2 CFR Part 200.

Community service providers, as specified in paragraph one (1), who are not units of local government or otherwise subject to the audit and other reporting requirements of the Local Government Commission are subject to audit and fiscal reporting requirements, as stated in NC General Statute 143C-6-22 and 23 and OMB Uniform Guidance CFR 2 Part 200, where applicable. Applicable community service providers must send a copy of their year-end financial statements, and any required audit, to the Area Agency on Aging. Home and Community Care Block Grant providers are not required to submit Activities and Accomplishments Reports. For-profit corporations are not subject to the requirements of OMB Uniform Guidance 2 CFR Part 200, but are subject to NC General Statute 143C-6-22 and 23 and Yellow Book audit requirements, where applicable.

Federal funds may not be used to pay for **a Single or Yellow Book audit** unless it is a federal requirement. **State funds** will not be used to pay for a **Single or Yellow Book** audit if the provider receives less than $500,000 in state funds. The Department of Health and Human Services will provide confirmation of federal and state expenditures at the close of the state fiscal year. Information on audit and fiscal reporting requirements in accordance with Administrative Code 09 NCAC 03M can be found at https://www.osbm.nc.gov/stewardship-services/grants/grant-recipients

The following chart provides a summary of reporting requirements under NCGS 143C-6-22 and 23 and OMB Uniform Guidance 2 CFR Part 200 based upon funding received and expended during the service provider's fiscal year.

Annual Expenditures	Report Required to AAA	Allowable cost for reporting
• Less than $25,000 in state or federal funds	Certification form and State Grants Compliance Reporting <$25,000 (Item #11, Activities and Accomplishments) does not have to be completed) OR Audited Financial Statements in compliance with GAO/GAS (i.e., Yellow Book).	N.A.

Annual Expenditures	Report Required to AAA	Allowable cost for reporting
• Greater than $25,000 and less than $500,000 in state funds or $750,000 in federal funds.	Certification form and Schedule of Grantee Receipts >$25,000 and Schedule of Receipts and Expenditures OR Audited Financial Statements in compliance with GAO/GAS (i.e., Yellow Book)	N.A.
• $500,000+ in state funds but federal pass through in an amount less than $750,000.	Audited Financial Statement in compliance with GAO/GAS (i.e., Yellow Book)	May use state funds, but not federal funds.
• $500,000+ in state funds and $750,000+ in federal pass through funds.	Audited Financial Statement in compliance with OMB Uniform Guidance 2 CFR Part 200 (i.e., Single Audit)	May use state and federal funds.
• Less than $500,000 in state funds and $750,000+ in federal pass through funds	Audited Financial Statement in compliance with OMB Uniform Guidance 2 CFR Part 200 (i.e., Single Audit)	May use federal funds, but not state funds.

12. Audit/Assessment Resolutions and Disallowed Cost. It is further understood that the community service providers are responsible to the Area Agency for clarifying any audit exceptions that may arise from any Area Agency assessment, county or community service provider single or financial audit, or audits conducted by the State or Federal Governments. In the event that the Area Agency or the Department of Health and Human Services disallows any expenditure made by the community service provider for any reason, the County shall promptly repay such funds to the Area Agency once any final appeal is exhausted in accordance with paragraph nine (9).

The only exceptions are if the Area Agency on Aging is designated as a community service provider through the County Funding Plan or, if as a part of a procurement process, the Area Agency on Aging enters into a contractual agreement for service provision with a provider which is in addition to the required County Funding Plan formats. In these exceptions, the Area Agency is responsible for any disallowed costs. The County or Area Agency on Aging can recoup any required payback from the community service provider in the event that payback is due to a community service provider's failure to meet OMB Uniform Guidance CFR 2 Part 200, 45 CFR Part 1321 or state eligibility requirements as specified in policy.

13. Indemnity. The County agrees to indemnify and save harmless the Area Agency, its agents, and employees from and against any and all loss, cost, damages, expenses, and liability arising out of performance under this Agreement to the extent of errors or omissions of the County.

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14. Equal Employment Opportunity and Americans With Disabilities Act Compliance. Both the County and community service providers, as identified in paragraph one (1), shall comply with all federal and state laws relating to equal employment opportunity and accommodation for disability.

15. Data to be Furnished to the County. All information which is existing, readily available to the Area Agency without cost and reasonably necessary, as determined by the Area Agency's staff, for the performance of this Agreement by the County shall be furnished to the County and community service providers without charge by the Area Agency. The Area Agency, its agents and employees, shall fully cooperate with the County in the performance of the County's duties under this Agreement.

16. Rights in Documents, Materials and Data Produced. The County and community service providers agree that at the discretion of the Area Agency, all reports and other data prepared by or for it under the terms of this Agreement shall be delivered to, become and remain, the property of the Area Agency upon termination or completion of the work. Both the Area Agency and the County shall have the right to use same without restriction or limitation and without compensation to the other. For the purposes of this Agreement, "data" includes writings, sound recordings, or other graphic representations, and works of similar nature. No reports or other documents produced in whole or in part under this Agreement shall be the subject of an application for copyright by or on behalf of the County.

17. Interest of the Board of Commissioners. The Board of Commissioners covenants that neither the Board of Commissioners nor its agents or employees presently has an interest, nor shall acquire an interest, direct or indirect, which conflicts in any manner or degree with the performance of its service hereunder, or which would prevent, or tend to prevent, the satisfactory performance of the service hereunder in an impartial and unbiased manner.

18. Interest of Members of the Area Agency, Lead Regional Organization, and Others. No officer, member or employee of the Area Agency or Lead Regional Organization, and no public official of any local government which is affected in any way by the Project, who exercises any function or responsibilities in the review or approval of the Project or any component part thereof, shall participate in any decisions relating to this Agreement which affects his personal interest or the interest of any corporation, partnership or association in which he is, directly or indirectly, interested; nor shall any such persons have any interest, direct or indirect, in this Agreement or the proceeds arising there from.

19. Officials not to Benefit. No member of or delegate to the Congress of the United States of America, resident Commissioner or employee of the United States Government, shall be entitled to any share or part of this Agreement or any benefits to arise here from.

20. Prohibition Against Use of Funds to Influence Legislation. No part of any funds under this Agreement shall be used to pay the salary or expenses of any employee or agent acting on

behalf of the County to engage in any activity designed to influence legislation or appropriations pending before Congress.

21. Confidentiality and Security. Any client information received in connection with the performance of any function of a community service provider or its subcontractors under this Agreement shall be kept confidential. The community service provider acknowledges that in receiving, storing, processing, or otherwise handling any confidential information, the agency and any subcontractors will safeguard and not further disclose the information except as provided in this Agreement and accompanying documents.

22. Record Retention and Disposition. All state and local government agencies, nongovernmental entities, and their subrecipients, including applicable vendors, that administer programs funded by federal sources passed through the NC DHHS and its divisions and offices are expected to maintain compliance with the NC DHHS record retention and disposition schedule (https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention). In addition, the NC Department of Natural and Cultural Resources has developed a General Records Schedule for Local Government Agencies as well as individual retention and disposition schedules for local government agencies like county social service agencies and local health departments. Those schedules are posted at https://archives.ncdcr.gov/government/local.

Retention requirements apply to the community service providers funded under this Agreement to provide Home and Community Care Block Grant services. By funding source and state fiscal year, the NC DHHS record retention schedule lists the earliest date that grant records in any format may be destroyed. The State Archives provides information about destroying confidential data and authorized methods of record destruction (paper and electronic) at https://archives.ncdcr.gov/government/records-management-tools/faq#how-can-i-destroy-records.

The NC DHHS record retention schedule is based on federal and state regulations and pertains to the retention of all financial and programmatic records, supporting documents, statistical records, and all other records supporting the expenditure of a federal grant award. Records legally required for ongoing official proceedings, such as outstanding litigation, claims, audits, or other official actions, must be maintained for the duration of that action, notwithstanding the instructions of the NC DHHS record retention and disposition schedule.

In addition to record retention requirements for records in any format, the long-term and/or permanent preservation of electronic records require additional commitment and active management by agencies. The community service provider will comply with all policies, standards, and best practices published by the Division of Aging and Adult Services regarding the creation and management of electronic records.

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23. Applicable Law. This Agreement is executed and is to be performed in the State of North Carolina, and all questions of interpretation and construction shall be construed by the laws of such State.

In witness whereof, the Area Agency and the County have executed this Agreement as of the day first written above.

Duplin County

Attest:

Jamie W. Carr

By: _____
Chairman, Board of Commissioners

Area Agency

Attest:

_____
Area Agency Director

By: _____
Executive Director,
Lead Regional Organization

Provision for payment of the monies to fall due under this Agreement within the current fiscal year have been made by appropriation duly authorized as required by the Local Government Budget and Fiscal Control Act.

By: _____
FINANCE OFFICER, Lead Regional Organization

NORTH CAROLINA
DUPLIN COUNTY

AMENDMENT AND RENEWAL

This Amendment is made and entered into this 15th day of July, 2024 by and between the **County of Duplin** (hereinafter **"County"**) and **Diamond Food Enterprises** (hereinafter **"Contractor"**), collectively referred to as **"Parties"**.

WITNESSETH:

THAT WHEREAS, the Parties previously entered into a food services contract dated June 5, 2023 (hereinafter the "Original Agreement");

WHEREAS, the Original Agreement, inclusive of a document labeled as Attachment 1 which specified the precise services to be provided by Contractor, indicated that compensation would be paid to Contractor in an amount not to exceed $167,700.00 unless additional grant funding was obtained;

WHEREAS, the parties subsequently executed an Amendment to the Original Contract reflecting a change in the maximum total compensation payable under the Original Agreement;

WHEREAS, the Original Agreement was for a term from July 1, 2023 through June 30, 2024 but could be renewed for two additional one-year terms upon mutual agreement of the parties;

WHEREAS, the parties have renewed the Original Agreement for a term of July 1, 2024 through June 30, 2025;

WHEREAS, the Original Agreement indicates that it may be amended only by written mutual agreement of the parties: and

WHEREAS, the Parties desire to amend and renew the Original Agreement, while keeping in effect all terms and conditions of the Original Agreement not inconsistent with the terms and conditions set forth below.

NOW THEREFORE, for and in consideration for the mutual covenants and agreements made herein, the parties agree to amend the Original Agreement as follows:

1. Section 3. PAYMENT TO CONTRACTOR is hereby amended to reflect a total compensation amount not to exceed $159,136.00.

2. Except for the changes made herein, the Original Agreement and Attachment 1 shall remain in full force and effect to the extent not inconsistent with this Amendment. In the event that there is a conflict between the Original Agreement and this Amendment, this Amendment shall control.

IN WITNESS WHEREOF, the Parties have expressed their agreement to these terms by causing this Amendment to be executed by their duly authorized office or agent. This Amendment shall be effective as of the date herein.

DIAMOND FOOD ENTERPRISES

By: _____
Printed Name Steve Lambros
Title: President, Diamond Food Enterprises

DUPLIN COUNTY

By: Melissa S. Brown
Printed Name Melissa S. Brown
Title: Director, Senior Services

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

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

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

July 15th, 2024

Ms. Andoria Kenan Middleton
1206 Brook Quinn Road
Rose Hill, N.C. 28458

Dear Ms. Middleton:

Happy Birthday! We consider it a special privilege to honor you on your 101st birthday.

We feel sure that you have enriched the lives of many persons over the years with your wisdom, strength and guidance. We do appreciate the contributions that you have made to help make our county a better place to live.

It is our sincere desire that God will continue to bless you, and that you will have the power to press forward and have many more birthdays.

Sincerely,

Elwood Garner, Vice Chairman
Duplin County Board of Commissioners

Duplin County RFQ Scoring Matrix

20 Point Maximum on Each Scoring Component

COMPETITOR NAME	Qualification Competence & Reputation	Capability to Meet Project Requirements	Present & Project Workload of Firm	Related Experience on Similar Projects	Recent & Current Work Familiarity	TOTALS
McDavid Associates	20	20	20	20	20	100
TRC	20	20	15	20	10	85

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NORTH CAROLINA

DUPLIN COUNTY

CONTRACT FOR STREAM DEBRIS REMOVAL

THIS CONTRACT is made, and entered into this the **15th** day of **July 2024**, by and between the **COUNTY of DUPLIN**, a political subdivision of the State of North Carolina, (hereinafter referred to as "COUNTY"), and, _Daniel Steiner d/b/a Snatch-it Clearing, a corporation duly authorized to do business in the State of North Carolina, (hereinafter referred to as "CONTRACTOR").

For and in consideration of mutual promises to each as herein after set forth, the parties hereto do mutually agree as follows:

1. **SCOPE OF SERVICES.** The County has been appropriated funds for a Stream Debris Removal Project on White Oak Branch Creek in Duplin County. The stream debris removal shall consist of removal and disposition of trees, logs, stumps, snags, shrubs, brush, aquatic weeds and other obstructions from the flow area of the natural or excavated channel. The debris removed shall be placed a minimum of 20 feet from the edge of the stream and on the same side that it originated.

   It is expressly agreed that, in addition, the following trees must be removed.
   - Any tree that is leaning over the channel at an angle greater than 30 degrees of vertical and are dead or severely undercut.
   - Any tree with damaged root systems.
   - Any tree that is relying upon adjacent vegetation for support and may fall into the channel within one year and create blockage to flow.

   Contractor timely responded to the County's REQUEST FOR PROPOSALS FOR STREAM DEBRIS REMOVAL (CLEARING AND SNAGGING) WITHIN THE WHITE OAK BRANCH CREEK PROJECTS, DUPLIN COUNTY, NORTH CAROLINA, and was selected to remove stream debris in **White Oak Branch Creek** (see **ATTACHMENT A** which is incorporated herein and made a part of this Contract). It is agreed by the parties that the Contractor will perform the work in accordance with General Specifications, Other Specifications, Guidelines, Provisions, and Descriptions & Specifications as set forth and referenced in **ATTACHMENT B** *Clearing and Snagging Project* and **ATTACHMENT C** *USDA-NRCS NC Supplement S-326-1 Technical Guide Section IV, Clearing and Snagging Specifications, which are incorporated herein and made a part of this Contract.*

   Work shall not be deemed completed under this Contract unless and until approved by the Duplin County Soil and Water Conservation Department and an inspector from the North Carolina Division of Soil and Water Conservation. Inspection of work at Contractor's request shall be promptly completed and assessment of Contractor's compliance shall be made in good faith.

2. **DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION.**

   2.1 This Contract shall commence on the date first written above (hereinafter "Commencement Date"). The Contractor shall notify the Owner in writing not less than five (5) days before commencing the Work.

   2.2 The Contractor shall achieve Substantial Completion of the entire Work no later than October 31, 2024. In view of the difficulty of estimating damages to the County by reason of the failure of the Contractor to complete the work herein proposed within the

time limit herein proposed, or within such further time as same may be extended upon mutual written agreement of the parties, the County shall be and hereby is authorized to deduct and retain out of the moneys which may be due or become due to Contractor the sum of TWO HUNDRED DOLLARS ($200.00) per day for each and every calendar day that the work may be incomplete beyond October 31, 2024, which sum per day is hereby agreed upon, fixed and determined by the parties hereto as the ascertained and liquidated damages that the County will suffer by reason of such default. Any adjustment to the October 31, 2024 contract completion date must be made in writing by the Duplin County Soil and Water Department.

3. **PAYMENT TO CONTRACTOR.** Contractor shall receive from the County a sum not to exceed Dollars **$11,342.00**, as full compensation for the provision of services provided under this Contract, subject to deductions as provided in the Contract Documents. Any addition to the contract price must be mutually agreed upon in writing. The County agrees to pay for services, satisfactorily performed, in accordance with the Contract Documents. Payments will be processed promptly upon receipt and approval of the invoice by COUNTY. Contractor shall furnish a Form W-9 Taxpayer Identification, a copy of which shall be attached hereto.

   Items of work will be completed as prioritized by Duplin Soil and Water Conservation staff. Payment for completed items may be made by submitting invoices. No partial payments will be issued for partially completed work items.

   No payment(s) shall be due under this Contract unless and until the section of work purportedly completed by Contractor has been approved by the Duplin County Soil and Water Conservation Department and an inspector from the North Carolina Division of Soil and Water Conservation. Payment shall further be contingent on the conditions set forth below.

4. **CONTRACTOR'S RESPONSIBILITIES.** The Contractor shall:

   Complete the clearing and snagging project as described in **ATTACHMENT B** *Clearing and Snagging Project* and **ATTACHMENT C** *USDA-NRCS NC Supplement S-326-1 Technical Guide Section IV, Clearing and Snagging Specifications, which are incorporated herein and made a part of this Contract.* Contractor shall further satisfy each of the following conditions:

   4.1 Provide any lien waiver requested by the County, prior to final payment from the County; and

   4.2 Obtain written approval of the satisfactory completion of the work as set forth herein from both the Duplin County Soil & Water Conservation representative and the North Carolina Division of Soil and Water Conservation; and

   4.3 The work as listed above and contemplated herein shall be performed in a workman-like manner and must be approved by both a representative of the Duplin County Soil and Water Conservation Department and North Carolina Division of Soil and Water Conservation prior to completion and certification of work or payment being made; and

   4.4 Adhere to the specifications, guidelines and provisions included in this Contract and all attachments thereto;

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4.5 Provide County with updated and current lists of all employees, vehicles, and equipment being used to perform work under this Contract. County shall be immediately notified of any changes to these lists; and

4.6 Contractor is expressly prohibited from using subcontractors without first obtaining written permission and authorization from County.

5. **INDEPENDENT CONTRACTOR.** COUNTY and CONTRACTOR agree that CONTRACTOR is an independent contractor and shall not represent itself as an agent or employee of COUNTY for any purpose in the performance of CONTRACTOR's duties under this Contract. Accordingly, CONTRACTOR shall be responsible for payment of all federal, state and local taxes as well as business license fees arising out of CONTRACTOR's activities in accordance with this Contract. For purposes of this Contract taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

   CONTRACTOR, as an independent contractor, shall perform the Services required hereunder in a professional and workmanlike manner in accordance with the standards of applicable professional organizations and licensing agencies.

6. **INDEMNITY AND HOLD HARMLESS.** To the fullest extent permitted by laws and regulations, CONTRACTOR shall indemnify and hold harmless the COUNTY and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential arising out of or resulting from CONTRACTOR's performance of this Contract or the actions of the CONTRACTOR or its officials, employees, or contractors under this Contract or under contracts entered into by the CONTRACTOR in connection with this Contract. This indemnification and hold harmless agreement shall survive the termination of this Contract.

7. **INSURANCE AND BONDS.**

   7.1 CONTRACTOR'S LIABILITY INSURANCE. Contractor shall purchase from and maintain in a company or companies lawfully authorized to do business in North Carolina such insurance as will protect the Contractor from claims set forth below which may arise out of or result from the Contractor's operations under the Contract and for which the Contractor may be legally liable, whether such operations be by the Contractor or by a subcontractor or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable:

   claims under workers' compensation, disability benefit and other similar employee benefit acts which are applicable to the work to be performed;

   claims for damages because of bodily injury, occupational sickness or disease, or death of the Contractor's employees;

   claims for damages because of bodily injury, sickness or disease, or death of any person other than the Contractor's employees;

   claims for damages insured by usual personal injury liability coverage which are sustained by a person as a result of an offense directly or indirectly related to employment of such person by the Contractor, or by another person;

   claims for damages, other than to the Work itself, because of injury to or destruction of tangible property, including loss of use resulting therefrom;

   claims for damages because of bodily injury, death of a person or property damage arising out of ownership, maintenance or use of a motor vehicle; and

   claims involving contractual liability insurance applicable to the Contractor's obligations under Article 3 of the General Conditions.

7.2 The insurance required as stated above shall be written for not less than the limits of liability specified in the Contract Documents or required by law, whichever coverage is greater. Coverage, whether written on an occurrence or claims made basis, shall be maintained without interruption from date of commencement of the Work until date of final payment and termination of any coverage required to be maintained after final payment. Under no circumstance shall the insurance overage maintained by Contractor be less than the following:

   $1,000,000 per occurrence /$2,000,000 aggregate --- Bodily Injury Liability, and
   $100,000 --- Property Damage Liability, or

   $1,000,000 per occurrence /$2,000,000 aggregate---Combined Single Limit Bodily Injury and Property Damage

   $500,000 --- Workers' Compensation

7.3 Certificates of Insurance acceptable to the County shall be filed with the County prior to commencement of the Work. The Certificates and the insurance policies shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the County. If any of the foregoing insurance coverage is required to remain in force after final payment and are reasonably available, an additional certificate evidencing continuation of such coverage shall be submitted with the Final Application for Payment. Information concerning reduction of coverage shall be furnished by the Contractor with reasonable promptness in accordance with the Contractor's information and belief.

7.4 BUILDER'S ALL RISK COVERAGE. Unless otherwise provided the Contractor shall purchase and maintain, in a company or companies lawfully authorized to do business in North Carolina, Builder's All Risk Coverage, in an amount equal to 100% of the Contract Sum under this Agreement.

7.5 PERFORMANCE BOND AND PAYMENT BOND. The Contractor shall furnish bonds, in an amount not less than 100 percent (100%) of the original contract price, covering the faithful performance of the Contract and payment of obligations arising thereunder as stipulated in bidding requirements or required by North Carolina law.

   Upon the request of any person or entity appearing to be a potential beneficiary of bonds covering payment of obligations arising under the Contract, the Contractor shall promptly furnish a copy of the bonds or shall permit a copy to be made.

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8. **LICENSURE, CERTIFICATION, AND REGISTRATION OF PERSONNEL.** All personnel provided or made available by Contractor to render services hereunder shall be licensed, certified or registered, as appropriate, in their respective areas of expertise as required by applicable North Carolina law.

9. **CONFIDENTIALITY.** All data and information, both written and verbal, furnished to Contractor by County shall be regarded as confidential, shall remain the sole property of County and shall be held in confidence and safekeeping by Contractor for the sole use of the parties and Contractor under the terms of this Agreement. Contractor agrees that its officers, employees and agents will not disclose to any person, firm or entity other than County or County's designated legal counsel, accountants or practice management consultants any information about County, its practice or billing.

10. **HEALTH AND SAFETY.** CONTRACTOR shall be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.

11. **NON-DISCRIMINATION IN EMPLOYMENT.** CONTRACTOR shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. CONTRACTOR shall take affirmative action to ensure that qualified applicants are employed and that employees are treated fairly and legally during employment with regard to their age, sex, race, creed, national origin, or disability. In the event CONTRACTOR is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY, and CONTRACTOR may be declared ineligible for further COUNTY contracts.

12. **GOVERNING LAW.** This Contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Contract shall be brought in the General Court of Justice in the County of Duplin and the State of North Carolina.

13. **TERMINATION OF CONTRACT.** This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period shall begin upon receipt of the notice of termination. Such a termination does not bar either party from pursuing a claim for damages for breach of the contract.

    This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties shall be entitled to such additional rights and remedies as may be allowed by relevant law.

    Termination of this Contract, either with or without cause, shall not form the basis of any claim for loss of anticipated profits by either party

    CONTRACTOR shall be deemed to be in default of this Contract for any of the following reasons:

    i. Failure to furnish materials or execute work in accordance with the provisions of this Agreement;

    ii. Failure to proceed with or complete the work within the time limit specified in this Agreement;
    iii. Death and/or Corporation or Partnership dissolution;
    iv. Insolvency;
    v. Bankruptcy; or
    vi. Failure to provide proof of continued required general liability and/or workers' compensation insurance (note: any lapse of insurance this Contract terminates).

    The examples of default set forth above are not all-inclusive and should in no way be construed to limit the County's right to allege and assert other instances of default by Contractor. Contractor shall be responsible for any and all costs and damages of the OWNER resulting from said default.

14. **SUCCESSORS AND ASSIGNS.** CONTRACTOR shall not assign its interest in this Contract without the written consent of COUNTY. CONTRACTOR has no authority to enter into contracts on behalf of COUNTY.

15. **COMPLIANCE WITH LAWS.** CONTRACTOR represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract shall be carried out in strict compliance with all Federal, State, or local laws.

16. **E-VERIFY.** As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the County.

17. **IRAN DIVESTMENT ACT.** CONTRACTOR certifies that they are not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4. Individuals or companies on the Final Divestment List are ineligible to contract or subcontract with Local Government Units. (G.S. 143C-6A-6(a).) It is the responsibility of each vendor or contractor to monitor compliance with this restriction. Contracts valued at less than $1,000.00 are exempt from this restriction.

18. **DIVESTMENT FROM COMPANIES THAT BOYCOTT ISRAEL.** The vendor or contractor certifies that it has not been designated by the North Carolina State Treasurer as a company engaged in the boycott of Israel pursuant to N.C.G.S. 147-86.81. It is the responsibility of each vendor or contractor to monitor compliance with this restriction. Contracts valued at less than $1,000.00 are exempt from this restriction.

19. **GOOD STANDING WITH COUNTY.** CONTRACTOR certifies that it is not delinquent on any taxes, fees, or other debt owed by CONTRACTOR to COUNTY. CONTRACTOR covenants and agrees to remain current on any taxes, fees, or other debt owed by CONTRACTOR to COUNTY during the Term of this Contract.

20. **NOTICES.** All notices which may be required by this contract or any rule of law shall be effective when received by certified mail sent to the following addresses:

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COUNTY OF DUPLIN
ATTN: Bryan Miller, County Manager
PO Box 950
Kenansville, NC 28349

CONTRACTOR
ATTN: Daniel Steiner
Snatch-it Clearing
206 Old NC 24 HWY
Beulaville, NC 28518

21. **AUDIT RIGHTS.** For all Services being provided hereunder, COUNTY shall have the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of the Services. Audits shall take place at times and locations mutually agreed upon by both parties. Notwithstanding the foregoing, CONTRACTOR must make the materials to be audited available within one (1) week of the request for them.

22. **COUNTY NOT RESPONSIBLE FOR EXPENSES.** COUNTY shall not be liable to CONTRACTOR for any expenses paid or incurred by CONTRACTOR, unless otherwise agreed in writing.

23. **ANNUAL APPROPRIATIONS AND FUNDING.** This Agreement may be subject to the annual appropriation of funds by the Duplin County Commissioners. Notwithstanding any provision herein to the contrary, in the event that funds are not appropriated for this Agreement, then County shall be entitled to immediately terminate this Agreement, without penalty or liability, except the payment of all contract fees due under this Agreement up to and through the last day of service.

24. **EQUIPMENT.** CONTRACTOR shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide Services hereunder, unless otherwise agreed in writing.

25. **ENTIRE CONTRACT.** This Contract, including attachments, shall constitute the entire understanding between COUNTY and CONTRACTOR and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties. No amendment, modification, or alteration of the terms hereof shall be binding unless the same be in writing, dated subsequent to the date hereof, and duly executed by the parties hereto.

26. **HEADINGS.** The subject headings of the sections are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This Contract shall be deemed to have been drafted by both parties and no interpretation shall be made to the contrary.

27. **EXISTENCE.** CONTRACTOR warrants that it is a corporation duly organized, validly existing, and in good standing under the laws of the State of North Carolina and is duly qualified to do business in the State of North Carolina and has full power and authority to enter into and fulfill all the terms and conditions of this contract.

28. **AUTHORITY.** By execution hereof, the person signing for CONTRACTOR below certifies that he/she has read this Contract and that he/she is duly authorized to execute this Contract on behalf of the CONTRACTOR.

IN TESTIMONY WHEREOF, the parties have expressed their agreement to these terms by causing this Service Contract to be executed by their duly authorized office or agent.

Reviewed by Department Head
By: Billy W. Ivey
Printed Name: Billy W. Ivey
Title: Soil & Conservation Director
Date: 6/26/24

CONTRACTOR
By: G. Daniel Steiner Jr.
Printed Name: G. Daniel Steiner Jr.
Title: Owner
Date: 6-26-24

DUPLIN County
By: Elwood Garner
Printed Name: Elwood Garner
Title: Vice-Chairman
Date: 15 July 2024

DUPLIN County
This instrument has been pre-audited in the manner required by the Local Government and Fiscal Control Act.
Audrey Damian
Duplin County Finance Officer

ATTACHMENTS to follow

000367

Whiteoak Branch

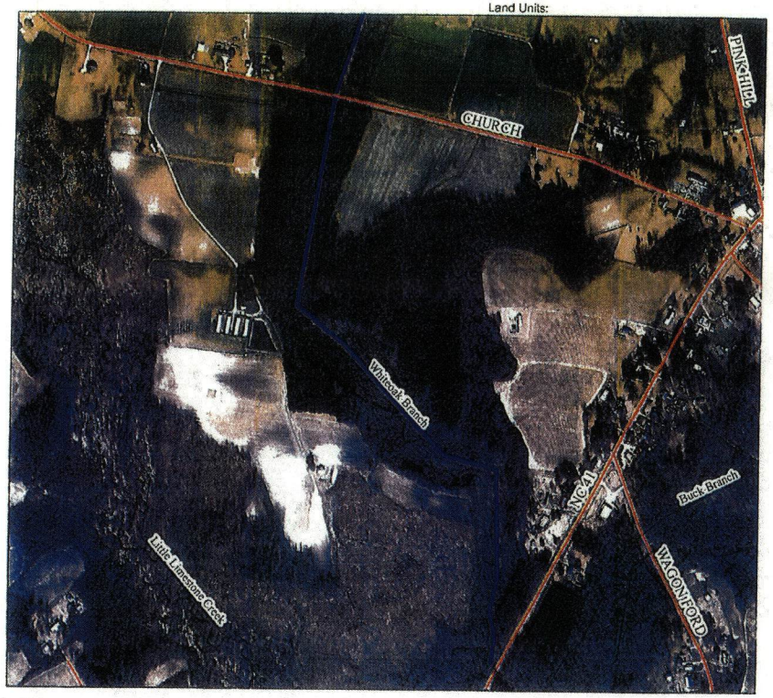
Date:3/27/24

Customer(s):
District: DUPLIN SOIL & WATER CONSERVATION DISTRICT

Total Wettable Acres: N/A

Field Office: KENANSVILLE SERVICE CENTER
Agency: Duplin Soil & Water
Assisted By:

Land Units:



Legend

- ROADS
- <all other values>

FENAME

- Whiteoak Branch

DUPLIN COUNTY SOIL & WATER

660 0 660 1,320 Feet

N

Whiteoak Branch

Date:4/8/2024

Field Office: KENANSVILLE SERVICE CENTER
Agency: Duplin Soil & Water
Assisted By:

Land Units:

Customer(s):
District: DUPLIN SOIL & WATER CONSERVATION DISTRICT

Total Wettable Acres:

Legend

- ROADS

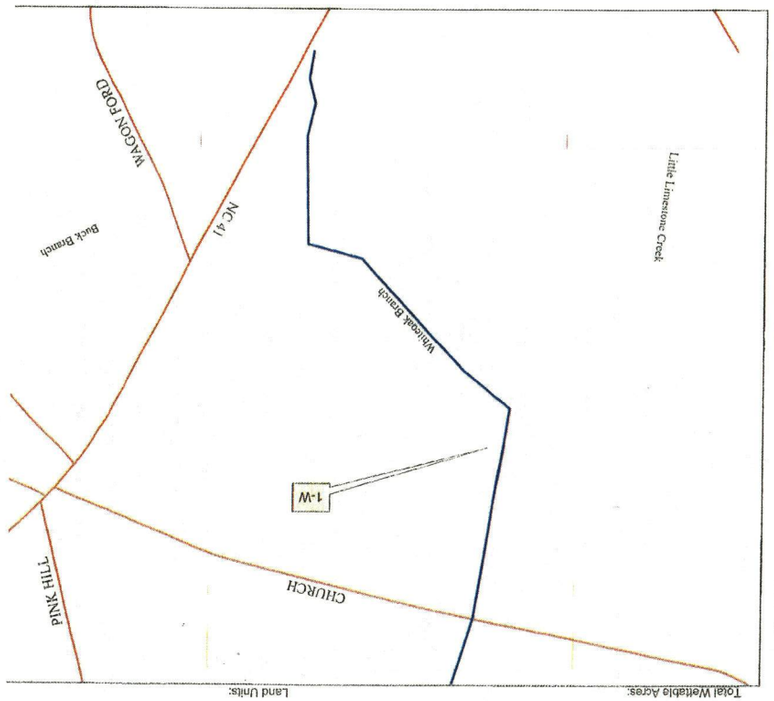
FENAME

- Whiteoak Branch

DUPLIN COUNTY SOIL & WATER

660 0 660 1,320 Feet

N



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NORTH CAROLINA

DUPLIN COUNTY

CONTRACT FOR STREAM DEBRIS REMOVAL - StRAP FUNDING

THIS CONTRACT is made, and entered into this the **_15th___** day of **_July__ 2024**, by and between the **COUNTY of DUPLIN**, a political subdivision of the State of North Carolina, (hereinafter referred to as "COUNTY"), and, **Daniel Steiner Jr. d/b/a Snatch-it Clearing**, a corporation duly authorized to do business in the State of North Carolina, (hereinafter referred to as "CONTRACTOR").

For and in consideration of mutual promises to each as herein after set forth, the parties hereto do mutually agree as follows:

SCOPE OF SERVICES. The County has been appropriated funds for the Streamflow Rehabilitation Program (**StRAP**) on Limestone Creek in Duplin County. The stream debris removal shall consist of removing and disposition of Privets, trees, logs, stumps, snags, shrubs, brush, aquatic weeds and other obstructions from the flow area of the natural or excavated channel. Contractors shall be responsible for complying with all applicable permitting requirements. All debris removed from stream or stream area must be removed from the 100-year floodplain or processed in a manner that the debris would not pose a risk of blockage or significant impairment of normal streamflow during a subsequent flood event. Processing of debris includes cabling or strapping in a secured manner outside the immediate stream area (minimum of 30 ft. from top of the stream bank) Chipping and spreading on bank or travel way of lateral HB-1

It is expressly agreed that, in addition, the following trees must be removed:

- Any tree that is leaning over the channel at an angle greater than 30 degrees of vertical and are dead or severely undercut.
- Any tree with damaged root systems.
- Any tree that is relying upon adjacent vegetation for support and may fall into the channel within one year and create blockage to flow.

Contractor timely responded to the County's REQUEST FOR PROPOSALS FOR STREAM DEBRIS REMOVAL (CLEARING AND SNAGGING) WITHIN LIMESTONE CREEK WATERSHED LATERAL HB-1, DUPLIN COUNTY, NORTH CAROLINA, and was selected to remove stream debris in **LIMESTONE CREEK WATERSHED LATERAL HB-1** (see **ATTACHMENT A** which is incorporated herein and made a part of this Contract). It is agreed by the parties that the Contractor will perform the work in accordance with General Specifications, Other Specifications, Guidelines, Provisions, and Descriptions & Specifications as set forth and referenced in **ATTACHMENT B** *Clearing and Snagging Project* and **ATTACHMENT C** *USDA-NRCS NC Supplement S-326-1 Technical Guide Section IV, Clearing and Snagging Specifications, which are incorporated herein and made a part of this Contract.*

Work shall not be deemed completed under this Contract unless and until approved by the Duplin County Soil and Water Conservation Department and an inspector from the North Carolina Division of Soil and Water Conservation. Inspection of work at Contractor's request shall be promptly completed and assessment of Contractor's compliance shall be made in good faith.

1. **DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION.**

1.1 This Contract shall commence on the date first written above (hereinafter "Commencement Date"). The Contractor shall notify the Owner in writing not less

"Commencement Date"). The Contractor shall notify the Owner in writing not less than five (5) days before commencing the Work.

2.1 The Contractor shall achieve Substantial Completion of the entire Work no later than October 31, 2024. In view of the difficulty of estimating damages to the County by reason of the failure of the Contractor to complete the work herein proposed within the time limit herein proposed, or within such further time as same may be extended upon mutual written agreement of the parties, the County shall be and hereby is authorized to deduct and retain out of the moneys which may be due or become due to Contractor the sum of TWO HUNDRED DOLLARS ($200.00) per day for each and every calendar day that the work may be incomplete beyond October, 31, 2024, which sum per day is hereby agreed upon, fixed and determined by the parties hereto as the ascertained and liquidated damages that the County will suffer by reason of such default. Any adjustment to the October, 31, 2023 contract completion date must be made in writing by the Duplin County Soil and Water Department.

3. **PAYMENT TO CONTRACTOR.** Contractor shall receive from the County a sum not to exceed **eleven thousand eight hundred forty-three dollars and no cents ($_11,843.00_)**, as full compensation for the provision of services provided under this Contract, subject to deductions as provided in the Contract Documents. Any addition to the contract price must be mutually agreed upon in writing. The County agrees to pay for services, satisfactorily performed, in accordance with the Contract Documents. Payments will be processed promptly upon receipt and approval of the invoice by COUNTY. Contractor shall furnish a Form W-9 Taxpayer Identification, a copy of which shall be attached hereto.

Items of work will be completed as prioritized by Duplin Soil and Water Conservation staff. Payment for completed items may be made by submitting invoices. No partial payments will be issued for partially completed work items.

No payment(s) shall be due under this Contract unless and until the section of work purportedly completed by Contractor has been approved by the Duplin County Soil and Water Conservation Department and an inspector from the North Carolina Division of Soil and Water Conservation. Payment shall further be contingent on the conditions set forth below.

4 **CONTRACTOR'S RESPONSIBILITIES**. The Contractor shall:

Complete the clearing and snagging project as described in **ATTACHMENT B** *Clearing and Snagging Project* and **ATTACHMENT C** *USDA-NRCS NC Supplement S-326-1 Technical Guide Section IV, Clearing and Snagging Specifications, which are incorporated herein and made a part of this Contract.* Contractor shall further satisfy each of the following conditions:

4.1 Provide any lien waiver requested by the County, prior to final payment from the County; and

4.2 Obtain written approval of the satisfactory completion of the work as set forth herein from both the Duplin County Soil & Water Conservation representative and the North Carolina Division of Soil and Water Conservation; and

4.3 The work as listed above and contemplated herein shall be performed in a workman-like manner and must be approved by both a representative of the Duplin County Soil and Water Conservation Department and North Carolina Division of Soil and Water

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Conservation prior to completion and certification of work or payment being made; and

4.4 Adhere to the specifications, guidelines and provisions included in this Contract and all attachments thereto;

4.5 Provide County with updated and current lists of all employees, vehicles, and equipment being used to perform work under this Contract. County shall be immediately notified of any changes to these lists; and

4.6 Contractor is expressly prohibited from using subcontractors without first obtaining written permission and authorization from County.

5 **INDEPENDENT CONTRACTOR.** COUNTY and CONTRACTOR agree that CONTRACTOR is an independent contractor and shall not represent itself as an agent or employee of COUNTY for any purpose in the performance of CONTRACTOR's duties under this Contract. Accordingly, CONTRACTOR shall be responsible for payment of all federal, state and local taxes as well as business license fees arising out of CONTRACTOR's activities in accordance with this Contract. For purposes of this Contract taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

CONTRACTOR, as an independent contractor, shall perform the Services required hereunder in a professional and workmanlike manner in accordance with the standards of applicable professional organizations and licensing agencies.

6 **INDEMNITY AND HOLD HARMLESS.** To the fullest extent permitted by laws and regulations, CONTRACTOR shall indemnify and hold harmless the COUNTY and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential arising out of or resulting from CONTRACTOR's performance of this Contract or the actions of the CONTRACTOR or its officials, employees, or contractors under this Contract or under contracts entered into by the CONTRACTOR in connection with this Contract. This indemnification and hold harmless agreement shall survive the termination of this Contract.

7 **INSURANCE AND BONDS.**

7.1 CONTRACTOR'S LIABILITY INSURANCE. Contractor shall purchase from and maintain in a company or companies lawfully authorized to do business in North Carolina such insurance as will protect the Contractor from claims set forth below which may arise out of or result from the Contractor's operations under the Contract and for which the Contractor may be legally liable, whether such operations be by the Contractor or by a subcontractor or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable:

claims under workers' compensation, disability benefit and other similar employee benefit acts which are applicable to the work to be performed;

claims for damages because of bodily injury, occupational sickness or disease, or death of the Contractor's employees;

claims for damages because of bodily injury, sickness or disease, or death of any person other than the Contractor's employees;

claims for damages insured by usual personal injury liability coverage which are sustained by a person as a result of an offense directly or indirectly related to employment of such person by the Contractor, or by another person;

claims for damages, other than to the Work itself, because of injury to or destruction of tangible property, including loss of use resulting therefrom;

claims for damages because of bodily injury, death of a person or property damage arising out of ownership, maintenance or use of a motor vehicle; and

claims involving contractual liability insurance applicable to the Contractor's obligations under Article 3 of the General Conditions.

7.2 The insurance required as stated above shall be written for not less than the limits of liability specified in the Contract Documents or required by law, whichever coverage is greater. Coverage, whether written on an occurrence or claims made basis, shall be maintained without interruption from date of commencement of the Work until date of final payment and termination of any coverage required to be maintained after final payment. Under no circumstance shall the insurance overage maintained by Contractor be less than the following:

$1,000,000 per occurrence /$2,000,000 aggregate --- Bodily Injury Liability, and $100,000 --- Property Damage Liability, or

$1,000,000 per occurrence /$2,000,000 aggregate---Combined Single Limit Bodily Injury and Property Damage

$500,000 --- Workers' Compensation

7.3 Certificates of Insurance acceptable to the County shall be filed with the County prior to commencement of the Work. The Certificates and the insurance policies shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the County. If any of the foregoing insurance coverage is required to remain in force after final payment and are reasonably available, an additional certificate evidencing continuation of such coverage shall be submitted with the Final Application for Payment. Information concerning reduction of coverage shall be furnished by the Contractor with reasonable promptness in accordance with the Contractor's information and belief.

7.4 BUILDER'S ALL RISK COVERAGE. Unless otherwise provided the Contractor shall purchase and maintain, in a company or companies lawfully authorized to do business in North Carolina, Builder's All Risk Coverage, in an amount equal to 100% of the Contract Sum under this Agreement.

7.5 PERFORMANCE BOND AND PAYMENT BOND. The Contractor shall furnish bonds, in an amount not less than 100 percent (100%) of the original contract price,

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covering the faithful performance of the Contract and payment of obligations arising thereunder as stipulated in bidding requirements or required by North Carolina law.

Upon the request of any person or entity appearing to be a potential beneficiary of bonds covering payment of obligations arising under the Contract, the Contractor shall promptly furnish a copy of the bonds or shall permit a copy to be made.

8 **LICENSURE, CERTIFICATION, AND REGISTRATION OF PERSONNEL.** All personnel provided or made available by Contractor to render services hereunder shall be licensed, certified or registered, as appropriate, in their respective areas of expertise as required by applicable North Carolina law.

9 **CONFIDENTIALITY.** All data and information, both written and verbal, furnished to Contractor by County shall be regarded as confidential, shall remain the sole property of County and shall be held in confidence and safekeeping by Contractor for the sole use of the parties and Contractor under the terms of this Agreement. Contractor agrees that its officers, employees and agents will not disclose to any person, firm or entity other than County or County's designated legal counsel, accountants or practice management consultants any information about County, its practice or billing.

10 **HEALTH AND SAFETY.** CONTRACTOR shall be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.

11 **NON-DISCRIMINATION IN EMPLOYMENT.** CONTRACTOR shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. CONTRACTOR shall take affirmative action to ensure that qualified applicants are employed and that employees are treated fairly and legally during employment with regard to their age, sex, race, creed, national origin, or disability. In the event CONTRACTOR is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY, and CONTRACTOR may be declared ineligible for further COUNTY contracts.

12 **GOVERNING LAW.** This Contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Contract shall be brought in the General Court of Justice in the County of Duplin and the State of North Carolina.

13 **TERMINATION OF CONTRACT.** This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period shall begin upon receipt of the notice of termination. Such a termination does not bar either party from pursuing a claim for damages for breach of the contract.

This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties shall be entitled to such additional rights and remedies as may be allowed by relevant law.

Termination of this Contract, either with or without cause, shall not form the basis of any claim for loss of anticipated profits by either party

CONTRACTOR shall be deemed to be in default of this Contract for any of the following reasons:

i. Failure to furnish materials or execute work in accordance with the provisions of this Agreement;
ii. Failure to proceed with or complete the work within the time limit specified in this Agreement;
iii. Death and/or Corporation or Partnership dissolution;
iv. Insolvency;
v. Bankruptcy; or
vi. Failure to provide proof of continued required general liability and/or workers' compensation insurance (note: any lapse of insurance this Contract terminates).

The examples of default set forth above are not all-inclusive and should in no way be construed to limit the County's right to allege and assert other instances of default by Contractor. Contractor shall be responsible for any and all costs and damages of the OWNER resulting from said default.

14 **SUCCESSORS AND ASSIGNS.** CONTRACTOR shall not assign its interest in this Contract without the written consent of COUNTY. CONTRACTOR has no authority to enter into contracts on behalf of COUNTY.

15 **COMPLIANCE WITH LAWS.** CONTRACTOR represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract shall be carried out in strict compliance with all Federal, State, or local laws.

16 **E-VERIFY**. As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the County.

17 **IRAN DIVESTMENT ACT.** CONTRACTOR certifies that they are not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4. Individuals or companies on the Final Divestment List are ineligible to contract or subcontract with Local Government Units. (G.S. 143C-6A-6(a).) It is the responsibility of each vendor or contractor to monitor compliance with this restriction. Contracts valued at less than $1,000.00 are exempt from this restriction.

18 **DIVESTMENT FROM COMPANIES THAT BOYCOTT ISRAEL.** The vendor or contractor certifies that it has not been designated by the North Carolina State Treasurer as a company engaged in the boycott of Israel pursuant to N.C.G.S. 147-86.81. It is the responsibility of each vendor or contractor to monitor compliance with this restriction. Contracts valued at less than $1,000.00 are exempt from this restriction.

19 **GOOD STANDING WITH COUNTY**. CONTRACTOR certifies that it is not delinquent on any taxes, fees, or other debt owed by CONTRACTOR to COUNTY. CONTRACTOR covenants and agrees to remain current on any taxes, fees, or other debt owed by CONTRACTOR to COUNTY during the Term of this Contract.

20 **NOTICES.** All notices which may be required by this contract or any rule of law shall be effective when received by certified mail sent to the following addresses:

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COUNTY OF DUPLIN
ATTN: Bryan Miller, County Manager
PO Box 950
Kenansville, NC 28349

Contractor
ATTN: Daniel Steiner
Snatch-it Clearing
206 Old NC 24 HWY
Beulaville, NC 28518

21 **AUDIT RIGHTS.** For all Services being provided hereunder, COUNTY shall have the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of the Services. Audits shall take place at times and locations mutually agreed upon by both parties. Notwithstanding the foregoing, CONTRACTOR must make the materials to be audited available within one (1) week of the request for them.

22 **COUNTY NOT RESPONSIBLE FOR EXPENSES.** COUNTY shall not be liable to CONTRACTOR for any expenses paid or incurred by CONTRACTOR, unless otherwise agreed in writing.

23 **ANNUAL APPROPRIATIONS AND FUNDING.** This Agreement may be subject to the annual appropriation of funds by the Duplin County Commissioners. Notwithstanding any provision herein to the contrary, in the event that funds are not appropriated for this Agreement, then County shall be entitled to immediately terminate this Agreement, without penalty or liability, except the payment of all contract fees due under this Agreement up to and through the last day of service.

24 **EQUIPMENT.** CONTRACTOR shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide Services hereunder, unless otherwise agreed in writing.

25 **ENTIRE CONTRACT.** This Contract, including attachments, shall constitute the entire understanding between COUNTY and CONTRACTOR and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties. No amendment, modification, or alteration of the terms hereof shall be binding unless the same be in writing, dated subsequent to the date hereof, and duly executed by the parties hereto.

26 **HEADINGS.** The subject headings of the sections are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This Contract shall be deemed to have been drafted by both parties and no interpretation shall be made to the contrary.

27 **EXISTENCE.** CONTRACTOR warrants that it is a corporation duly organized, validly existing, and in good standing under the laws of the State of North Carolina and is duly qualified to do business in the State of North Carolina and has full power and authority to enter into and fulfill all the terms and conditions of this contract.

28 **AUTHORITY.** By execution hereof, the person signing for CONTRACTOR below certifies that he/she has read this Contract and that he/she is duly authorized to execute this Contract on behalf of the CONTRACTOR.

IN TESTIMONY WHEREOF, the parties have expressed their agreement to these terms by causing this Service Contract to be executed by their duly authorized office or agent.

Reviewed by Department Head

By: Billy W Ivey

Printed Name: Billy W. Ivey

Title: Soil + Conservation Director

Date: 6/26/24

CONTRACTOR

By: D. Daniel Steiner Jr

Printed Name: D. Daniel Steiner Jr

Title: Owner

Date: 6-26-24

DUPLIN County

By:

Printed Name: Elwood Garner

Title Vice-Chairman

Date: 15 July 2024

DUPLIN County

This instrument has been pre-audited in the manner required by the Local Government and Fiscal Control Act.

Duplin County Finance Officer

ATTACHMENTS to follow

000372

Watershed Lateral Repair HB1

Date:4/8/2024

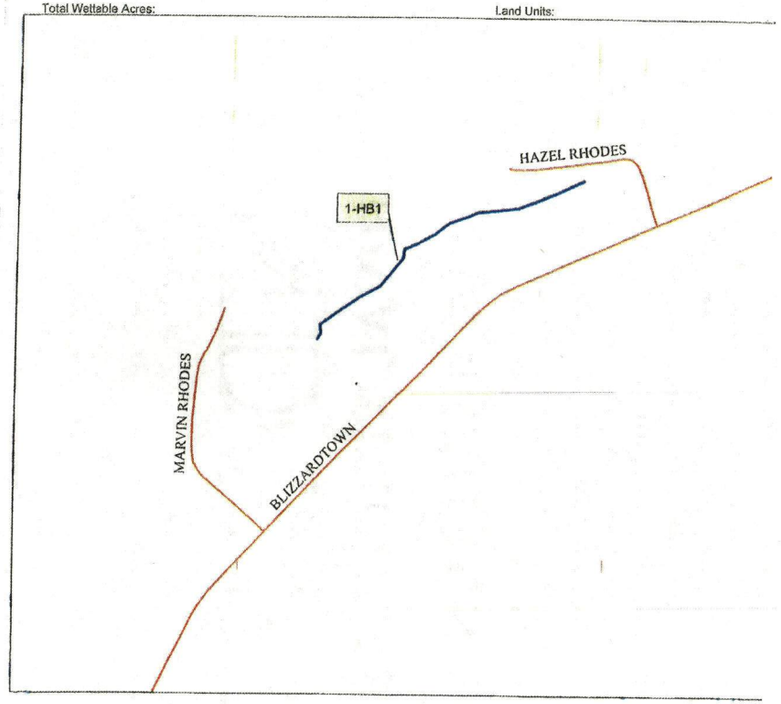
Customer(s):

District: DUPLIN SOIL & WATER CONSERVATION DISTRICT

Total Wettable Acres:

Field Office: KENANSVILLE SERVICE CENTER
Agency: Duplin Soil & Water
Assisted By:

Land Units:



DUPLIN COUNTY SOIL & WATER CONSERVATION DISTRICT
Yours for Life

Legend
ROADS

660 0 660 1,320 Feet

N

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Watershed Lateral Repair HB1

Date:3/27/24

Field Office: KENANSVILLE SERVICE CENTER
Agency: Duplin Soil & Water
Assisted By:

Land Units:

Customer(s):

District: DUPLIN SOIL & WATER CONSERVATION DISTRICT

Total Wettable Acres: N/A



DUPLIN COUNTY SOIL & WATER CONSERVATION DISTRICT
Yours for Life

Legend
ROADS

420 0 420 840 Feet

N

000373

North Carolina Beaver Management Assistance Program

Policies and Procedures Summary for Counties

The NC Beaver Management Assistance Program (BMAP) provides beaver damage management through a combination of fully funded and cost-share services in which state and federal agencies, counties, and individual landholders work together to address problems caused by beaver. Each year counties can opt into the program at their preferred participation level. More information about the program can be found online at www.ncwildlife.org/bmap.

Program Administration

Beaver damage management services are provided directly by USDA-Wildlife Services (WS). WS and the NC Wildlife Resources Commission (WRC) share responsibility for administering the program under the direction of the Beaver Damage Control Advisory Board (NC Statute 113-291.10). The program has been serving North Carolina citizens since 1993.



Cooperative Cost-Share

In participating counties, landholders experiencing beaver damage can receive BMAP services at a reduced cost-share rate. The cost of these services is shared between the landholder, participating counties, WS and the WRC. The roles of each entity are as follows:

Participating Counties

Counties that opt into the program must contribute a $6,000 baseline participation fee that is used to provide beaver damage management services to landholders at the reduced cost-share rate. BMAP services provided on state highways, roads, and bridges are funded separately out of NCDOT's maintenance budget, at no cost to counties. Each county typically receives 60–84 site visits in a year (29-43 DOT, 31-41 non-DOT). The number of site visits varies based on demand for services and availability of funding/personnel. Counties may arrange to receive expanded services by agreement with WS.

All NC counties receive a written letter each January inviting them to participate in the program. To participate in the upcoming state fiscal year (July 1 – June 30), each county must:

- Provide written notification of their intent to participate no later than May 1 of each year.
- Establish a cooperative service agreement with WS no later than June 1 of each year.
- Submit payment of the $6,000 participation fee to WS no later than July 31 of each year.
- Identify a BMAP liaison who collaborates with WS personnel throughout the year to prioritize requests and facilitate BMAP service in that county.

Landholders

In participating counties, landholders will:

- Request assistance with beaver damage issues through the county BMAP liaison or directly through WS personnel assigned to that area.
- Sign a cooperative service agreement (CSA) and a work initiation document giving written permission for WS to conduct this work on their lands.
- Provide funds according to the CSA for work conducted by WS personnel. Landholder cost-share fees are $25 per visit (up to 15 visits per year) and $150 per dam removed. An initial consultation is provided free of charge. Landowners are also provided guidance on addressing beaver damage themselves at no charge.

USDA Wildlife Services

WS implements the program by providing beaver damage management services directly to landholders, and:

- Notifies counties of their eligibility to participate no later than January 31 of each year.
- Hires and supervises professional wildlife specialists to conduct beaver damage management activities throughout the state.
- Maintains records of rendered services and expenses throughout the year.
- Reports annually on all BMAP activities to the WRC.
- Provides technical assistance regarding beaver damage management and non-lethal options for beaver damage control at no cost.

Wildlife Resources Commission

WRC provides annual funding to be distributed for beaver damage management services among participating counties. Funds are distributed based on how many counties participate each year. For example, WRC contributed $385,000 from its general funds (license revenues) in FY 2023-24 and 56 counties chose to participate in BMAP, so each of these counties gained access to around $6,875 in beaver damage management services in addition to the participation fee, totaling $12,875 in services.

Prioritizing Requests for Assistance

Requests for assistance are generally addressed on a first-come, first-served basis with top priority placed on services that address threats to public health and safety, particularly along highway rights-of-way. DOT agreements are always prioritized in emergency situations, defined as when water is going over roads or water is threatening to reach the road within the next twenty-four hours. In general, the following priority rankings are observed when responding to requests for assistance:

1) State highways, roads and bridges
2) County-owned property in participating counties
3) Private property in participating counties
4) City/municipality-owned property in participating counties
5) Other property (e.g., publicly traded corporations)

Landholder Guarantee

BMAP activities are guaranteed for 30 days following the completion of a project. If a problem recurs within the guarantee period, the project is reworked at no additional charge.



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United States Department of Agriculture

Animal and Plant Health Inspection Service

Wildlife Services

North Carolina State Office
6213-E Angus Dr.
Raleigh, NC 27617

June 20, 2024

County of Duplin

RE: BMAP Participation Fees

Dear Mr. Miller:

We received your Notice of Intent to participate in the Beaver Management Assistance Program (BMAP). We sincerely appreciate your business.

To provide clear communication and transparency between the County and USDA, there is an administrative mandate by USDA to enter into a Cooperative Service Agreement (CSA), which will show how the funds are being used towards BMAP services from July 1, 2024 through June 30, 2025.

Please return the signed CSA enclosed with a check for $6000 made to U.S.D.A. by August 1, 2024 to the following mailing address:

USDA Wildlife Services, PO Box 80395, Raleigh, NC 27623-0395

If you wish to discuss alternative payment methods (i.e. credit card, ACH), please contact Catherine Saunders at (919) 326-6917. An invoice has been provided to accommodate your billing process needs.

If you have any questions about this CSA, please feel free to contact me at (919) 326-6924 or email at steven.h.smith@usda.gov .

Sincerely,

Steven H Smith
State Director

(Enclosures 2)

Version 7/2019

WS Agreement Number: 24-7237-7061 -RA
WBS: AP.RA.RX37.72.1061
Cooperator PO, if applicable: _____

COOPERATIVE SERVICE AGREEMENT
between
COUNTY OF DUPLIN
and
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE (APHIS)
WILDLIFE SERVICES (WS)

ARTICLE 1

The purpose of this agreement is to cooperate in a wildlife damage management project as described in the attached Work Plan.

ARTICLE 2

APHIS-WS has statutory authority under the Acts of March 2, 1931, 46 Stat. 1468-69, 7 U.S.C. §§ 8351-8352, as amended, and December 22, 1987, Public Law No. 100-202, § 101(k), 101 Stat. 1329-331, 7 U.S.C. § 8353. , to cooperate with States, local jurisdictions, individuals, public and private agencies, organizations, and institutions while conducting a program of wildlife services involving mammal and bird species that are reservoirs for zoonotic diseases, or animal species that are injurious and/or a nuisance to, among other things, agriculture, horticulture, forestry, animal husbandry, wildlife, and human health and safety.

ARTICLE 3

APHIS-WS and the Cooperator agree:

1. The Cooperator will provide payment [billing option; choose one only: In advance _] to "USDA, APHIS" in the amount of $ 6,000.00 .
2. The performance of wildlife damage management actions by APHIS-WS under this agreement is contingent upon a determination by APHIS-WS that such actions are in compliance with the National Environmental Policy Act, Endangered Species Act, and any other applicable federal statutes. APHIS-WS will not make a final decision to conduct requested wildlife damage management actions until it has made the determination of such compliance.
3. Nothing in this agreement shall prevent APHIS-WS from entering into separate agreements with any other organization or individual for the purpose of providing wildlife damage management services exclusive of those provided for under this agreement.
4. The Cooperator certifies that APHIS-WS has advised the Cooperator there may be private sector service providers available to provide wildlife damage management services that the Cooperator is seeking from APHIS-WS.
5. The performance of wildlife damage management actions by APHIS-WS under this agreement is contingent upon a determination by APHIS-WS that such actions are in compliance with the National Environmental Policy Act, Endangered Species Act, and any other applicable federal statutes. APHIS-WS will not make a final decision to conduct requested wildlife damage management actions until it has made the determination of such compliance.
6. The cooperating parties agree to coordinate with each other before responding to media requests on work associated with this project.

ARTICLE 4

This agreement is contingent upon the passage by Congress of an appropriation from which expenditures may be legally met and shall not obligate APHIS-WS upon failure of Congress to so appropriate. This agreement also may be reduced or terminated if Congress only provides APHIS-WS funds for a finite period under a Continuing Resolution.

ARTICLE 5

Pursuant to Section 22, Title 41, United States Code, no member of or delegate to Congress shall be admitted to any share or part of this agreement or to any benefit to arise there from.

ARTICLE 6

APHIS-WS assumes no liability for any actions or activities conducted under this agreement except to the extent that recourse or remedies are provided by Congress under the Federal Tort Claims Act (28 USC 1346(b), 2401(b), 2671-2680). This agreement is not a procurement contract (31 U.S.C. 6303), nor is it considered a grant (31 U.S.C. 6304). In this agreement, APHIS-WS provides goods or services on a cost recovery basis to nonfederal recipients, in accordance with all applicable laws, regulations and policies.

This agreement shall become effective 07/01/24 , and shall continue until 06/30/25 . This agreement may be amended or terminated at any time by mutual agreement of the parties in writing. Further, in the event the Cooperator does not, for any reason, provide necessary funds, APHIS-WS is relieved of the obligation to provide services under this agreement.

As required by Debt Collection Improvement Act of 1996:
Cooperator's Tax ID No. (OTCS N/A): _____
APHIS-WS's Tax ID: 41-0696271

Cooperator: Duplin County - Bryan Miller
165 Agriculture Drive, Suite B
Kenansville, NC 28349

USDA APHIS WS
PO Box 80395
Raleigh, NC 27623-0395

Cooperator's Signature Date

Steven H Smith, State Director Date

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Version 7/2019

WS Agreement Number: 24-7237-7061 -RA
WBS: AP.RA.RX37.72.1061
Cooperator PO, if applicable:

WORK PLAN

Wildlife Species: Beaver

Description of Damage: The Cooperator has requested that APHIS WS reduce or eliminate property damage and/or threats to human health and safety caused by beaver and their activities as part of NC Beaver Management Assistance Program (BMAP).

Location: Projects assigned by the County within the County.

Services Provided: Techniques which may be used to address beaver damage include lethal removal of beaver using traps, snares, and shooting. Non-lethal techniques such as installation of exclusion devices to prevent the beaver from gaining access to resources may also be used. To alleviate flooding, beaver dams may be removed using hand tools or explosives and/or water control devices such as Clemson Beaver Pond Leveler may be installed. Incidental takes of muskrat and nutria caught under a beaver agreement will be counted as target species. The Cooperator acknowledges that he/she has been informed of and clearly understands the methods and manner in which the management materials and devices will be used and of the possible hazards associated with their use.

FINANCIAL PLAN

Cost Element		Full Cost
Personnel Compensation		$ 3,990.00
Travel		$ 0.00
Vehicle Usage		$ 300.00
Supplies and Equipment		$ 429.00
Subtotal (Direct Charges)		$ 4,719.00
Pooled Job Costs [for non-Over-the Counter projects]	11.00%	$ 519.00
Indirect Costs	16.15%	$ 762.00
Agreement Total		$ 6,000.00
The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement, but may not exceed $ 6,000.00		

Financial Point of Contact (*for billing questions and invoicing*):

Cooperator Name, Address, Phone Number, Email	USDA APHIS WS
Duplin County	Attn: Catherine Saunders
Attn: Bryan Miller	PO Box 80395
165 Agriculture Drive, Suite B	Raleigh, NC 27623-0395
Kenansville, NC 28349	(919) 326-6917
bryan.miller@duplincountync.com	catherine.d.saunders@usda.gov

☑ Rural ☐ Urban > 50,000

USDA
United States Department of Agriculture

Animal and Plant Health Inspection Service
Wildlife Services
North Carolina
PO Box 80395
Raleigh, NC 27623-0395

Invoice Date: July 1, 2024

Duplin County
Attn: Bryan Miller
165 Agriculture Drive, Suite B
Kenansville, NC 28349

Dear Mr. Miller:

Listed below is the amount of the enrollment fee for Duplin County to participate in the Beaver Management Assistance Program (BMAP) for the period of July 1, 2024 through June 30, 2025.

Quantity	Unit	Description	Amount
1	Year 2024-2025	Beaver Management Assistance Program (BMAP)	$6,000

Make checks or money order payable to: USDA

Return check to: USDA APHIS WS
PO Box 80395
Raleigh, NC 27623-0395

If you have any questions or need to pay by credit card or ACH, please contact Catherine Saunders at (919) 326-6917.

An Equal Opportunity Provider and Employer

000376

(7/2019 version)

WS Agreement Number: 24-7237-3117-RA
WBS: AP.RA.RX37.72.0201

COOPERATIVE SERVICE AGREEMENT
between
DUPLIN COUNTY
and
UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE (APHIS)
WILDLIFE SERVICES (WS)

ARTICLE 1 – PURPOSE

The purpose of this Cooperative Service Agreement is to provide Duplin County, North Carolina residents and others beaver damage management services following Beaver Management Assistance Program (BMAP) Policies and Procedures (Appendix 1) to reduce or eliminate property damage and threats to human health and safety caused by beaver activities. Work will be conducted in Duplin County. These services will be provided above and beyond that received through the County's participation in the BMAP.

ARTICLE 2 – AUTHORITY

APHIS-WS has statutory authority under the Acts of March 2, 1931, 46 Stat. 1468-69, 7 U.S.C. §§ 8351-8352, as amended, and December 22, 1987, Public Law No. 100-202, § 101(k), 101 Stat. 1329-331, 7 U.S.C. § 8353, to cooperate with States, local jurisdictions, individuals, public and private agencies, organizations, and institutions while conducting a program of wildlife services involving mammal and bird species that are reservoirs for zoonotic diseases, or animal species that are injurious and/or a nuisance to, among other things, agriculture, horticulture, forestry, animal husbandry, wildlife, and human health and safety.

ARTICLE 3 - MUTUAL RESPONSIBILITIES

The cooperating parties mutually understand and agree to/that:

1. APHIS-WS shall perform services set forth in the Work Plan, which is attached hereto and made a part hereof. The parties may mutually agree in writing, at any time during the term of this agreement, to amend, modify, add or delete services from the Work Plan.

2. The Cooperator certifies that APHIS-WS has advised the Cooperator there may be private sector service providers available to provide wildlife damage management (WDM) services that the Cooperator is seeking from APHIS-WS.

3. There will be no equipment with a procurement price of $5,000 or more per unit purchased directly with funds from the cooperator for use on this project. All other equipment purchased for the program is and will remain the property of APHIS-WS.

4. The cooperating parties agree to coordinate with each other before responding to media requests on work associated with this project.

ARTICLE 4 - COOPERATOR RESPONSIBILITIES

Cooperator agrees:

1. To designate the following as the authorized representative who shall be responsible for collaboratively administering the activities conducted in this agreement;
   Cooperator Name, Address, Phone Number, Email
   Duplin County
   PO Box 910
   Kenansville, NC 28349
   Attn: Bryan Miller, County Manager

2. To authorize APHIS-WS to conduct direct control activities as defined in the Work Plan. APHIS-WS will be considered an invitee on the lands controlled by the Cooperator. Cooperator will be required to exercise reasonable care to warn APHIS-WS as to dangerous conditions or activities in the project areas.

3. To reimburse APHIS-WS for costs, not to exceed the annually approved amount specified in the Financial Plan. If costs are projected to exceed the amount reflected in the Financial Plan, the agreement with amended Work Plan and Financial Plan shall be formally revised and signed by both parties before services resulting in additional costs are performed. The Cooperator agrees to pay all costs of services submitted via an invoice from APHIS-WS within 30 days of the date of the submitted invoice(s). Late payments are subject to interest, penalties, and administrative charges and costs as set forth under the Debt Collection Improvement Act of 1996.

4. To provide a Tax Identification Number or Social Security Number in compliance with the Debt Collection Improvement Act of 1996.

5. As a condition of this agreement, the Cooperator ensures and certifies that it is not currently debarred or suspended and is free of delinquent Federal debt.

6. To notify APHIS-WS verbally or in writing as far in advance as practical of the date and time of any proposed meeting related to the program.

7. The Cooperator acknowledges that APHIS-WS shall be responsible for administration of APHIS-WS activities and supervision of APHIS-WS personnel.

8. To obtain the appropriate permits for removal activities for beaver and list USDA, APHIS, Wildlife Services as subpermitees.

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ARTICLE 5 – APHIS-WS RESPONSIBILITIES

APHIS-WS Agrees:

1. To designate the following as the APHIS-WS authorized representative who shall be responsible for collaboratively administering the activities conducted in this agreement.

   USDA, APHIS, WS

   Attn: Steven H Smith, State Director

   PO Box 80395

   Raleigh, NC 27623-0395

2. To conduct activities at sites designated by Cooperator as described in the Work and Financial Plans. APHIS-WS will provide qualified personnel and other resources necessary to implement the approved WDM activities delineated in the Work Plan and Financial Plan of this agreement.

3. That the performance of wildlife damage management actions by APHIS-WS under this agreement is contingent upon a determination by APHIS-WS that such actions are in compliance with the National Environmental Policy Act, Endangered Species Act, and any other applicable federal statutes. APHIS-WS will not make a final decision to conduct requested wildlife damage management actions until it has made the determination of such compliance.

4. To deposit $185,000 as specified in the Financial Plan upon execution of this Cooperative Service Agreement for services agreed upon and specified in the Work Plan. Authorized auditing representatives of the Cooperator shall be accorded reasonable opportunity to inspect the accounts and records of APHIS-WS pertaining to such claims for reimbursement to the extent permitted by Federal law and regulations.

ARTICLE 6 – CONTINGENCY STATEMENT

This agreement is contingent upon the passage by Congress of an appropriation from which expenditures may be legally met and shall not obligate APHIS-WS upon failure of Congress to so appropriate. This agreement may also be reduced or terminated if Congress only provides APHIS-WS funds for a finite period under a Continuing Resolution.

ARTICLE 7 – NON-EXCLUSIVE SERVICE CLAUSE

Nothing in this agreement shall prevent APHIS-WS from entering into separate agreements with any other organization or individual for the purpose of providing wildlife damage management services exclusive of those provided for under this agreement.

ARTICLE 8 – CONGRESSIONAL RESTRICTIONS

Pursuant to Section 22, Title 41, United States Code, no member of or delegate to Congress shall be admitted to any share or part of this agreement or to any benefit to arise therefrom.

ARTICLE 9 – LAWS AND REGULATIONS

This agreement is not a procurement contract (31 U.S.C. 6303), nor is it considered a grant (31 U.S.C. 6304). In this agreement, APHIS-WS provides goods or services on a cost recovery basis to nonfederal recipients, in accordance with all applicable laws, regulations and policies.

ARTICLE 10 – LIABILITY

APHIS-WS assumes no liability for any actions or activities conducted under this agreement except to the extent that recourse or remedies are provided by Congress under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2401(b), and 2671-2680).

ARTICLE 11 – NON-DISCRIMINATION CLAUSE

The United States Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. Not all prohibited bases apply to all programs.

ARTICLE 12 – E-VERIFY REQUIREMENTS

If this agreement is subject to NCGS 143-133.3, the APHIS WS agrees that its hiring practices include the use of E-Verify; as a Federal Agency, APHIS WS is not subject to requirements of Article 2 of Chapter 64 of the NCGS.

ARTICLE 13 - DURATION, REVISIONS, EXTENSIONS, AND TERMINATIONS

This agreement shall become effective on July 1, 2024 and shall continue through June 30, 2025, not to exceed five years. This Cooperative Service Agreement may be amended by mutual agreement of the parties in writing. The Cooperator must submit a written request to extend the end date at least 10 days prior to expiration of the agreement. Also, this agreement may be terminated at any time by mutual agreement of the parties in writing, or by one party provided that party notifies the other in writing at least 60 days prior to effecting such action. Further, in the event the Cooperator does not provide necessary funds, APHIS-WS is relieved of the obligation to provide services under this agreement.

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In accordance with the Debt Collection Improvement Act of 1996, the Department of Treasury requires a Taxpayer Identification Number for individuals or businesses conducting business with the agency.

Cooperator's Tax ID No.: 56-6000296
APHIS-WS's Tax ID: 41-0696271

DUPLIN COUNTY

15 July 2024

Elwood Garner, Vice Chairman — Date
PO Box 910
Kenansville, NC 28349

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

Steven H Smith, State Director — Date
PO Box 80395
Raleigh, NC 27623-0395

Keith P Wehner, Director, Eastern Region — Date
920 Main Campus Drive, Suite 200
Raleigh, NC 27606

WORK PLAN

In accordance with the Cooperative Service Agreement between Duplin County and the United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Wildlife Services (WS), this Work Plan sets forth the objectives, activities and budget of this project during the period of this agreement.

Location

Duplin County, NC

X Rural __ Urban > 50,000

Program Objective

Duplin County requested assistance in managing beaver damage problems in addition to those services provided under the Beaver Management Assistance Program to further alleviate increased flooding problems, property damage, and protect human health and safety on lands identified by Duplin County.

Plan of Action

APHIS-Wildlife Services will use an integrated pest management approach to manage beaver damage throughout Duplin County to help reduce property damage and protect human health and safety.

Residents of Duplin County will receive prompt technical assistance, direct beaver control measures, educational workshops and programs as requested, and liaison with regulatory agencies. Liaison with federal and state regulatory will be for the purposes of consultation on endangered and threatened species, wildlife management and ecology, permits to take wildlife as necessary, and state and federal laws and regulations. Details of planned activities are attached as Appendix 1, North Carolina Beaver management Assistance Program Policies and Procedures, FY 2023.

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FINANCIAL PLAN

Cost Element		Full Cost
Personnel Compensation		$127,997
Vehicles		$10,000
Supplies and Materials		$7,500
Subtotal (Direct Charges)		$145,497
Pooled Job Costs	11.00%	$16,005
Indirect Costs	16.15%	$23,498
Agreement Total		$185,000
The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement but may not exceed $185,000.		

Financial Point of Contact *(for billing questions and invoicing)*:

Cooperator Name, Address, Phone Number, Email	APHIS-WS State Office Name, Address, Phone Number, Email
Duplin County	USDA APHIS WS
PO Box 910	PO Box 80395
Kenansville, NC 28349	Raleigh, NC 27623-0395
(910) 296-2120	(919) 326-6917
Billy.ivey@duplincountync.com	catherine.d.saunders@usda.gov
Attn: Billy Ivey	Attn: Catherine Saunders, Budget Analyst

DUP0379

CAPITAL PROJECT ORDINANCE

BE IT ORDAINED by the Board of Commissioners of the County of Duplin, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statues of North Carolina, the following Capital project ordinance is hereby adopted:

Section 1: The project authorized is the Economic Development Commission infrastructure improvements, including but not limited to, product development and anticipated project budget shortfalls in the Directed Grant Regional Economic Development Reserve (Fund 4992-EDC State Reserve)

Section 2: The officers of this unit are hereby directed to proceed with the capital project within the terms of the budget contained herein.

Section 3: The following amounts are appropriated for the project:

Line Item	Description	Appropriation
4992-41040	Engineering Services	$1,800,000.00
4992-41060	Construction	$9,570,000.00
4992-49910	Contingency	$600,000.00
4992-43300	Utilities	$25,000.00
4992-43990	Permits	$5,000.00
Total		**$12,000,000.00**

Section 4: The following revenues are anticipated to be available to complete this project:

Line Item	Description	Appropriation
4992-34980	EDC State Reserve	$12,000,000.00
Total		**$12,000,000.00**

Section 5: The finance officer is hereby directed to maintain within the Capital Project Fund sufficient specific detailed accounting records.

Section 6: Funds may be advanced from the General Fund for the purpose of making payments as due.

Section 7: The budget officer is directed to include project revenue and expenditures in the budget report to the board.

Section 8: Copies of the capital project ordinance shall be made available to the budget officer and the finance officer for direction in carrying out this project.

Adopted, this 15 day of July, 2024

Elwood Garner
Vice-Chairman
Board of Commissioners

Jamie W. Carr
Clerk to the Board of Commissioners

ATTEST: (seal)

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BA # _____ Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Allocate funds to appropriate budget lines per guidelines of EDC State Reserve Grant funds

Revenues	Line Item Description	Amount	Expenses	Line Item Description	Amount
4992-34980	EDC State Reserve	12,000,000.00	4992-41040	Engineering Services	1,800,000.00
			4992-41060	Construction	9,570,000.00
			4992-41990	Contingency	800,000.00
			4992-43300	Utilities	25,000.00
			4992-43980	Permits	5,000.00
Total		12,000,000.00	Total		12,000,000.00

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

7/1/2024

CONTRACT FOR CONSULTANT SERVICES
HURRICANE FLORENCE HAZARD MITIGATION GRANT PROGRAM (HMGP)
EXPEDITED ACQUISITIONS 4393-0017-R
AMENDMENT NO. 3 – ADDITIONAL ADMINISTRATIVE SERVICES DUE TO INCREASE IN GRANT HARD COSTS

WHEREAS, DUPLIN COUNTY, NORTH CAROLINA, hereinafter called the County, and Holland Consulting Planners, Inc., entered into a Contract for Consultant Services (Contract) dated January 28, 2020, to provide administrative and management services for the Hurricane Florence Hazard Mitigation Grant Program, Expedited Acquisitions Project (4393-0017-R); and

WHEREAS, Holland Consulting Planners, Inc. (HCP), and INSIGHT PLANNING & DEVELOPMENT, LLC (Insight), subsequently entered into an Assumption Agreement on December 1, 2020, whereby all HCP rights, title and interest, and contracts were assigned to Insight; and

WHEREAS, the actual acquisition hard costs exceeded the original estimated acquisition hard costs by $766,559.00 and a Supplemental HMGP Agreement has been executed to add these additional costs to the Hurricane Florence Hazard Mitigation Grant Program (4394-0017-R); and

WHEREAS, North Carolina Emergency Management has notified the County that due to the increased acquisition hard costs, additional management costs of $38,327.95 have been approved for the Grant; therefore,

THE CONTRACT FOR CONSULTANT SERVICES for administrative and management services for the Hurricane Florence Hazard Mitigation Grant Program (HMGP), Expedited Acquisitions Project, dated January 28, 2020, between DUPLIN COUNTY, NORTH CAROLINA, and HOLLAND CONSULTING PLANNERS, INC., which party has subsequently transferred contractual interest to INSIGHT PLANNING & DEVELOPMENT, LLC, hereinafter called the Consultant, is hereby amended as follows:

The AFOREMENTIONED CONTRACT between the County and Insight is hereby amended to increase the contract amount by $38,327.95 for the additional management costs for the acquisition of the residential properties.

All other provisions of this Amendment remain as stated in the original Contract, to the extent that responsibilities originally stated for Holland Consulting Planners, Inc., are currently assumed by Insight.

The County and the Consultant each binds himself, his partners, successors, executors, administrators and assigns to the other party to the agreements, and to the partners, successors, executors, administrators, and assigns of each other party in respect to all covenants of the Amended Contract.

The County and the Consultant hereby agree to the full performance of the covenants contained herein.

[Signature page to follow]

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IN WITNESS HEREOF, they have executed this Amendment, this 15 day of July, 2024.

INSIGHT PLANNING & DEVELOPMENT, LLC

C. Ryan Cox, President

Witness

DUPLIN COUNTY, NC

Elwood Garner, Vice-Chair

Jaime Carr, Clerk to the Board

This contract has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

Finance Officer

7/18/24
Date

(SEAL)

DocuSign Envelope ID: 47BCF9E6-56E5-4FA8-87B8-5D9D83BBF16B

North Carolina Department of Public Safety
Emergency Management

Roy Cooper, Governor
Eddie M. Buffaloe, Jr., Secretary

William C. Ray, Director

June 2, 2022

Elizabeth Stalls
Duplin County Planner
PO Box 950
Kenansville, NC 28349

Reference: Hazard Mitigation Grant Program (HMGP) Project 4393-0017-R Duplin County: Acquisition of Seventeen (17) Residential Structures Expedited –Additional Sub-Recipient Management Cost Funding

Dear Ms. Stalls,

North Carolina Emergency Management (NCEM) Hazard Mitigation (HM) is pleased to inform you that an additional $38,327.95 of sub-recipient management costs (SRMC) for the project referenced above is approved. This brings Duplin County's total SRMC funding for this project to $130,246.95. The additional management cost is being updated in EMGrants for your project.

The approved cost increase provides funds to support the demolition work the county must complete, which was not completed by the end of the Public Assistance (PA) funded work which ended on September 14, 2021.

In order to receive the county's SRMC, you must submit your reimbursement request in EMGrants. Please remember proper documentation must accompany the request for reimbursement. Proper documentation must show who worked on the project, the number of hours they worked, their weighted rate of pay per hour, the property address and activity worked. If you are using management costs to pay a consultant to assist in the completion of your project, then the consultant must also provide their time spent in a management role for you and justify their time as specified for a sub-applicant's employee time. Subrecipients will be reimbursed up to 5% of submitted **ACTUAL** costs expensed. Final adjustments to management costs will be made at closeout when the total award amount is determined based on actual costs to complete the scope of work.

As soon as we receive your reimbursement request, which must be a minimum of $500 for this office to process, we will review submitted documentation. If any discrepancies, you will be contacted to correct. Otherwise, we will approve as expeditiously as possible to reimburse your expenses.

Please contact your assigned Project Manager from the HM office if you have any questions.

Steve McGugan
Steve McGugan
State Hazard Mitigation Officer
Assistant Director / Hazard Mitigation Chief
North Carolina Emergency Management
North Carolina Department of Public Safety

Mailing Address:
4238 Mail Service Center
Raleigh, NC 27699-4238
www.ncdps.gov/ncem

Office Location:
200 Park Offices Drive
Suite 100
Durham, NC 27713

An Equal Opportunity Employer

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BA # _____ Duplin County
Budget Amendment

Department Title: Emergency Management
Department Head's Signature: BSMJ
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
Increased funding for Hurricane Florence Expedited Acquisions 4393-0017 from NCEM for grant management services.

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4933-34824	Disaster Recover	38,327.95	4933-42901	Soft Cost	38,327.95
Total		38,327.95	Total		38,327.95

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

7/12/2024

DocuSign Envelope ID: DDC03F80-7B43-4226-AB09-8265C17C2E08

For Official Use Only

North Carolina Department of Public Safety
Emergency Management
Roy Cooper, Governor
Eddie M. Buffaloe Jr., Secretary
William C. Ray, Director

NC Tier II Competitive Grant
Fiscal Year 2024

Memorandum of Agreement (MOA)
between

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

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

MOA #: 2471027 **Award amount:** $2,500.00
Period of performance: January 1, 2024 to January 31, 2025
Cost center: 102646-1908064- 56900001-0000000-0000-0000000000

1. **Purpose**
This grant award supports the hazardous material preparedness activities of Local Emergency Planning Committees (LEPCs) as defined in the Emergency Planning and Community Right-to-Know Act (EPCRA). These funds are to be used by your county's or region's LEPC for hazardous materials emergency response planning, training, and related exercises. See Attachment 1 for a description of the approved scope of work for this grant. The scope of work is the approved Application as submitted by RECIPIENT with any amendments approved by GRANTOR.

2. **Authority**
In accordance with the provisions of N.C.G.S. §166A-29.1, North Carolina Emergency Management hereby awards to RECIPIENT a grant in the amount shown above. Tier II grants are funded by NC annual hazardous materials facility fees collected each year per N.C.G.S. 166A-29.1(f)(3). The funds awarded under this grant must be used in compliance with all applicable federal, state, local and tribal laws and regulations, including N.C.G.S. §§ 143C-6-21, 143C-6-22, 143C-6-23 and 09 NCAC 03M. By accepting this award, RECIPIENT agrees to use these funds in a manner consistent with all applicable laws and regulations.

3. **Execution**
The original signed copy of this MOA must be signed by the Official(s) authorized to sign below and returned to North Carolina Emergency Management no later than 45 days after the MOA has been submitted for execution. This MOA shall be effective upon return of execution from RECIPIENT and final approval by GRANTOR. Upon final approval of this MOA by GRANTOR, the period of performance (POP) for this grant is January 1, 2023 – January 31, 2024. Grant funds will be disbursed upon receipt of evidence that funds have been invoiced, products or services received, and proof of payment is provided. RECIPIENT understands and agrees that:

A. Total funding level available under this MOA will not exceed the awarded amount, $2,500.00. RECIPIENT acknowledges that they are further prohibited from sub-granting these funds. Attachment 1 provides scope of work and payment amounts to be paid to RECIPIENT.

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B. Pursuant to N.C.G.S 143C-1-1, RECIPIENT understands and agrees that funding shall be subject to the availability of appropriated funds. However, in the event of MOA termination due to lack of adequate appropriated funds, GRANTOR will ensure that it will pay for services and goods acquired and obligated on or before the end of POP.

C. RECIPIENT must meet all funding requirements contained herein. Non-compliance may result in denial of reimbursement request(s) or suspension/revocation of grant funds awarded for this project. See also paragraph 6 below regarding compliance.

4. **Compensation**
GRANTOR agrees that it will pay RECIPIENT complete and total compensation for the services to be rendered by RECIPIENT. Payment to RECIPIENT for expenditures under this Memorandum of Agreement (MOA) will be reimbursed after RECIPIENT's cost report, detailed invoices, and proof of payment are submitted and approved for eligible expenses, and goods and/or services have been received. Cost report form to request reimbursement will be provided to RECIPIENT by GRANTOR. These documents must be submitted no later than February 29, 2024.

5. **Conditions**
The funds awarded under this grant must only be used by your county's or region's LEPC for the purposes of hazardous materials emergency response planning, training and exercises, as mandated in N.C.G.S.§ 166A-29.1. Furthermore, the use of these funds must meet one or more of the follow criteria:

A. Support costs incurred facilitating LEPC meetings (e.g. printing, general office supplies, food and non-alcoholic beverages)

B. Support regional LEPC meetings and collaboration

C. Enhance LEPC outreach efforts or produce promotional materials

D. Host or support local and regional LEPC conferences

E. Create or update hazardous material emergency response plans

F. Support local or regional hazardous materials response exercises

G. Support purchases of items for use in hazardous materials emergency response planning, training and exercises.

Purchases of items must be pre-approved in writing by the NCEM Hazardous Materials Group (NCEM hazardous materials group).

H. Under no circumstances are the following items eligible for funding under this grant:
- Salaries or benefits for any employee
- Unmanned vehicles
- Support for programs not focused on hazardous materials preparedness

Funding is contingent upon completion of all funding requirements. Grant funds must be used to supplement existing federal, state and local funds for program activities and must not replace (supplant) those funds that have been appropriated for the same purpose. Jurisdictions must provide assurances and certifications as to non-supplanting and the existence of proper administrative/financial procedures as requested. The following conditions must be adhered to during the entire duration of the grant program:

I. RECIPIENT must:
i. Have and maintain a current Unique Entity Identifier created in the System for Award Management (SAM). Current SAM registrants have already been assigned their Unique Entity Identifier and can view it within SAM.
ii. Ensure their organization is registered with SAM. Every applicant is required to have their name, address and EIN up to date in SAM. SAM information can be found at http://www.sam.gov. After April 4, 2022, the Unique Entity Identifier in SAM becomes the official identifier for doing business with the U.S. Government.
iii. Complete any procurements, expenditures, and receipt of goods or services within the POP.

iv. No Match Requirement. RECIPIENT is not required to provide matching funds in cash or in-kind for this award.
v. Submit requests for reimbursement on cost report form with all required documentation attached to hazmatgrants@ncdps.gov and copy designated NCEM grant manager. Once GRANTOR is satisfied that RECIPIENT has provided all required documentation, the reimbursement request can be processed for payment. The distributions of funds will be coded to cost center 1506-8064 in the North Carolina Accounting System (NCAS).

J. Required Documents/Forms. RECIPIENT must submit the following documents to GRANTOR (hazmatgrants@ncdps.gov) upon execution of this MOA. This is not required if RECIPIENT has previously submitted these documents to GRANTOR for this or any other grant; however, if any of these documents are not current, RECIPIENT must submit updated document(s):
i. W-9 (09 NCAC 03M .0202)
ii. Electronic Payment / Vendor Verification Form (09 NCAC 03M .0202)
iii. Conflict of Interest Policy (G.S. 143C-6-23.(b))
iv. Sworn (Notarized) No Overdue Tax Debt Certification (G.S. 143C-6-23.(c))
v. Procurement policy

6. **Compliance**
RECIPIENT shall comply with applicable federal, state, local and/or tribal statutes, regulations, ordinances, licensing requirements, policies, guidelines, reporting requirements, certifications and other regulatory matters for the conduct of its business and purchase requirements performed under this MOA. RECIPIENT shall be wholly responsible for the purchases made under this MOA and for the supervision of its employees and assistants.

Failure to comply with the specified terms and conditions of this MOA may result in the return of funds and any other remedy for noncompliance specified in 2 CFR 200.339 (incorporated by reference in this MOA), and/or termination of the award per 09 NCAC 03M.0801 and 2 CFR 200.340 (incorporated by reference in this MOA). Additional conditions may also be placed on RECIPIENT for noncompliance with the specified terms and conditions of this MOA, including (but not limited to) additional monitoring and possible placement of RECIPIENT on the Suspension of Funding List (SOFL) maintained by the State Office of State Budget & Management (OSBM).

7. **Responsibilities**
GRANTOR:
A. GRANTOR shall provide funding to RECIPIENT to perform the activities as described herein.

B. GRANTOR shall conduct a review of the project to ensure that it is in accordance with all grant requirements.

RECIPIENT:
A. This MOA must be signed and returned to GRANTOR within 45 days after RECIPIENT receives notice of this award.

B. RECIPIENT understands and acknowledges required compliance with all statutory provisions outlined in N.C.G.S. 143C-6-23 (State grant funds: administration; oversight and reporting requirements) and 09 NCAC 03M .0205 (MINIMUM REPORTING REQUIREMENTS FOR RECIPIENTS).

C. Requests for Reimbursement (RFR). GRANTOR will reimburse RECIPIENT for eligible costs as discussed in **Attachment 2: Allowable expenditures**. RECIPIENT must take possession of all purchased items and receive any grant-eligible service prior to seeking reimbursement from the GRANTOR. RECIPIENT must submit request for reimbursement within 60 days of payment of invoice. RFR submitted more than 30 days after RECIPIENT payment of invoice may be denied. RFR must include sufficient documentation that approved expenditures have been properly invoiced and paid by RECIPIENT, and that the products and/or services have in fact been received by RECIPIENT. RFRs must be submitted using a cost report form (provided by GRANTOR) and a summary listing of invoices completed by RECIPIENT. See paragraph 4 above.

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D. Funds Management. RECIPIENT agrees that funds paid through this grant shall be accounted for in a separate fund and accounting structure within RECIPIENT's central accounting and grant management system. RECIPIENT agrees to manage all accounts payable disbursements, check register disbursements and related transactions in a detailed manner that supports fully transparent accounting of all financial transactions associated with the funding for this grant.
   i. Expenditures for travel mileage, meals, lodging and other travel expenses incurred in the performance of this grant shall be reasonable and supported by documentation. State rates should be used as guidelines. International travel shall not be eligible under this MOA.
   ii. If eligible, RECIPIENT shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to N.C.G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reported expenditures.

E. Closeout Reporting Requirements. Following the principles of 2 CFR 200.344, RECIPIENT must submit to GRANTOR, no later than 30 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the grant award and this MOA. This includes, but is not limited to, copies of after-action reports, including class roster, from any training or exercises funded by this grant. It also includes copies of any deliverables purchased with these grant funds such as plan rewrites, commodity flow studies, and HazMat risk assessments. GRANTOR notifies RECIPIENT upon completion of grant closeout.

   This includes, at a minimum:
   i. A complete accounting of how all grant funds were used.
   ii. A Certification stating the funds were used for the purpose appropriated.
   iii. A closeout letter indicating that the approved scope of work is complete.
   iv. Any other closeout documentation requested by GRANTOR.
   v. RECIPIENT agrees that all program activity results information reported shall be subject to review and authentication and RECIPIENT will provide access to work papers, receipts, invoices and reporting records, if requested by GRANTOR, as GRANTOR executes any audit internal audit responsibilities.
   vi. Once the complete final performance and financial status report package has been received and evaluated by GRANTOR, RECIPIENT will receive official notification of MOA close-out from GRANTOR.
   vii. The notification will inform RECIPIENT that GRANTOR is officially closing the MOA and retaining all MOA files and related material for a period of five (5) years or until all audit exceptions have been resolved, whichever is longer.

F. Procurement. RECIPIENT shall utilize State of North Carolina and/or local procurement policies and procedures for the expenditure of funds, and conform to applicable state standards identified in N.C.G.S. Chapter 143, Article 3, Purchases & Contracts.

   If RECIPIENT utilizes local procurement policies, RECIPIENT is required to submit a copy of the applicable policies they followed and demonstrate that they complied with those policies, including competition as required.

   RECIPIENT is required to check the federal System for Awards Management (SAM), https://sam.gov/content/exclusions and the State Debarred Vendors Listing, https://ncadmin.nc.gov/documents/nc-debarred-vendors, to verify that all vendors and contractors have not been suspended or debarred from doing business with the federal or state government.

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

G. RECIPIENT shall have sole responsibility for the ownership, maintenance, insurance, upkeep, and replacement of any items procured pursuant to this MOA. Unless otherwise directed by GRANTOR,

RECIPIENT may keep or dispose of any items purchased with grant funds when the items are no longer needed by RECIPIENT.

H. Property and Equipment. Property and equipment purchased with these grant funds shall be titled to RECIPIENT, and RECIPIENT shall be responsible for the custody and care of any property and equipment purchased with grant funds furnished for use in connection with this MOA. GRANTOR will not be held responsible for any property purchased under this MOA. RECIPIENT must utilize all property and equipment as intended in their project application to GRANTOR.

I. Indirect Costs. No indirect costs will be charged to this award.

J. The purchase or acquisition of any additional materials, equipment, accessories or supplies, or the provision of any training, exercise or work activities beyond that identified in this MOA, shall be the sole responsibility of RECIPIENT and shall not be reimbursed under this MOA.

K. Conflict of Interest. Per N.C.G.S. § 143C-6-23(b), RECIPIENT is required to file with GRANTOR a copy of RECIPIENT's policy addressing conflicts of interest that may arise involving the grantee's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the grantee's employees or members of its board or other governing body, from the grantee's disbursing of State funds, and shall include actions to be taken by the grantee or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. **The policy shall be filed before GRANTOR may disburse any grant funds.**

   In conjunction with providing the conflict-of-interest policy to GRANTOR, RECIPIENT must disclose in writing to GRANTOR, and attempt to avoid, any real or potential conflict of interest that may arise during the administration of this grant award.

   This includes RECIPIENT's responsibility to maintain written standards of conduct covering conflicts of interest and governing the actions of their employees engaged in the selection, award, and administration of contracts or subgrants. No employee, officer, or agent may participate in the selection, award, or administration of a contract or subgrant supported by this grant award if he or she has a real or apparent conflict of interest. Such conflicts of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract or subgrant. The officers, employees, and agents of RECIPIENT may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts or subgrants. RECIPIENT may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value.

   The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of RECIPIENT. RECIPIENT must disclose violations in writing to GRANTOR, and attempt to avoid, any real or potential conflicts of interest with respect to procurement, contracting, and subcontracting with funds provided under this grant award. Upon request, RECIPIENT must also provide a copy of their standards of conduct policy covering conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award.

L. Travel. RECIPIENT must have an acceptable local travel regulation plan or accept the state travel regulations.

M. Records Retention for Auditing & Monitoring. RECIPIENT acknowledges and agrees that, from and after the date of execution of this MOA and for five (5) years following its termination, the books, records, documents and facilities of RECIPIENT are subject to being audited, inspected and monitored at any time by GRANTOR upon its request (whether in writing or otherwise). RECIPIENT further agrees to provide GRANTOR staff and staff of the Office of State Auditor with

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access to financial and accounting records to support internal audit, financial reporting and related requirements.

N. Advertising. RECIPIENT agrees not to use the existence of this grant award or the name of GRANTOR as part of any commercial advertising, without prior written approval of GRANTOR.

8. **Regulation**
The funds awarded under this grant must be used in compliance with all applicable state and federal laws to include compliance with N.C.G.S. §§ 143C-6-22, 143C-6-23 and 09 NCAC 03M. By accepting this payment, RECIPIENT agrees to use these funds in a manner consistent with state and federal laws and regulations.

9. **Taxes**
RECIPIENT shall be considered to be an independent RECIPIENT and as such shall be responsible for ALL taxes. There shall be no reimbursement for taxes incurred by RECIPIENT under this grant.

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

10. **Warranty**
As an independent recipient, RECIPIENT will hold GRANTOR harmless for any liability and personal injury that may occur from or in connection with the performance of this MOA to the extent permitted by the North Carolina Tort Claims Act. Nothing in this MOA, express or implied, is intended to confer on any other person any rights or remedies in or by reason of this MOA. This MOA does not give any person or entity other than the parties hereto any legal or equitable claim, right or remedy. This MOA is intended for the sole and exclusive benefit of the parties hereto. This MOA is not made for the benefit of any third person or persons. No third party may enforce any part of this MOA or shall have any rights hereunder. This MOA does not create, and shall not be construed as creating, any rights enforceable by any person not a party to this MOA. Nothing herein shall be construed as a waiver of the sovereign immunity of the State of North Carolina. Nothing in this MOA is intended to conflict with current laws or regulations of the State of North Carolina, Department of Public Safety, North Carolina Emergency Management, or RECIPIENT. If a term of this MOA is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOA shall remain in full force and effect.

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

If RECIPIENT is a unit of local government in North Carolina, RECIPIENT may be subject to the audit and reporting requirements in N.C.G.S. 159-34, Local Government Finance Act – Annual Independent Audit, rules and regulations. Such audit and reporting requirements are set by the Local Government Commission (*see* Local Government Commission for more information). See also 20 NCAC 03 (Local Government Commission). **Government entities including counties and local governments are generally subject to the audit requirements of the Local Government Commission.**

12. **Points of contact**
To provide consistent and effective communication between GRANTOR and RECIPIENT, each party shall appoint a Principal Representative(s) to serve as its central point of contact responsible for coordinating and implementing this MOA. The Department of Public Safety, North Carolina Emergency Management contacts shall be State Hazardous Materials Manager, Grants Management Branch staff, and NCEM Field Branch staff. RECIPIENT's contact shall be the person(s) designated by the RECIPIENT.

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

14. **Contracting/subcontracting**
If RECIPIENT contracts/subcontracts any or all purchases or services under this MOA, then RECIPIENT agrees to include in the contract/subcontract agreement that the contractor/subcontractor is bound by the terms and conditions of this MOA. RECIPIENT and any contractor/subcontractor agree to include in the contract/subcontract that the contractor/subcontractor shall hold GRANTOR harmless against all claims of whatever nature arising out of the contractor/subcontractor performance of work under this MOA. **If RECIPIENT contracts/subcontracts any or all purchases or services required under this MOA, a copy of the executed contract/subcontract agreement must be forwarded to GRANTOR.** A contractual arrangement shall in no way relieve RECIPIENT of its responsibilities to ensure that all funds issued pursuant to this grant be administered in accordance with all state and federal requirements.

RECIPIENT shall remain an independent recipient and as such shall be wholly responsible for the scope of work to be performed under this MOA and for the supervision of their employees and assistants.

RECIPIENT represents that it has, or will secure at its own expense, all personnel required in performing the services under this MOA. Such employees shall not be employees of, or have any individual contractual relationship with, GRANTOR. RECIPIENT shall be responsible for compliance with all laws, ordinances, codes, rules, regulations, licensing requirements and other regulatory matters that are applicable to the conduct of his business and work performance under this MOA, including those of federal, state, and local agencies having appropriate jurisdiction.

RECIPIENT acknowledges and agrees that, in its conduct under this Contract and in connection with all expenditures of grant funds made by it, it shall comply with the cost principles enunciated in the Code of Federal Regulations, 2 CFR, Part 200.

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

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

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

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

19. **Modification**
This MOA may be amended only by written amendments duly executed by RECIPIENT and GRANTOR.

20. **Termination**
The terms of this MOA, as modified with the consent of all parties, will remain in effect until the end of the POP. Any grant funds not expended by the end of the POP will be automatically deobligated. Prior to the end of the POP, either party may terminate this MOA upon thirty (30) days advance written notice to the other party.

The POP may only be extended upon approval by NCEM Hazardous Materials Group and the issuance of the Grant Adjustment Notice.

21. **Terms of agreement**

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This MOA shall be effective upon return of execution from RECIPIENT and final approval by GRANTOR. Upon final approval of this MOA by GRANTOR, the POP for this grant is January 1, 2023 – January 31, 2024.

Regardless of actual execution date, this MOA shall be in effect from the start of the POP to the end of the POP.

22. **Certification of eligibility - Under the Iran Divestment Act**
Pursuant to N.C.G.S. §147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. § 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, N.C.G.S. § 147-86.55 et seq.* requires that each vendor, prior to contracting with the State certifies, and the undersigned on behalf of the Vendor does hereby certify, to the following:
   A. That the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran
   B. That the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List
   C. That the undersigned is authorized by the Vendor to make this Certification.

   The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address: https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-divestment-Act-resources.aspx and will be updated every 180 days. For questions about the Department of State Treasurer's Iran Divestment Policy, direct questions to (919) 814-4000.

23. **Attachments**
All attachments to this MOA are incorporated as if set out fully herein.

In the event of any inconsistency or conflict between the language of this MOA and the attachment hereto, the language of the MOA shall be controlling, but only to the extent of such conflict or inconsistency.

This MOA includes the following attachments:
- Approved application as **Attachment 1**.
- Allowable expenditures as **Attachment 2.**

AUTHORIZED SIGNATURE WARRANTY

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

For GRANTOR:

By: DocuSigned by: William Ray — **Date:** 4/23/2024 | 10:28:16 EDT

William C. Ray, Director & Deputy
Homeland Security Advisor
North Carolina Department of Public Safety
Division of Emergency Management

For RECIPIENT:

By: DocuSigned by: — **Date:** 4/24/2024 | 08:05:17 EDT

By: DocuSigned by: Chelsey Lanier — **Date:** 4/24/2024 | 16:38:42 EDT

By: _____ **Date:** _____

Approved as to Form:

By: DocuSigned by: Will Polk — **Date:** 4/22/2024 | 14:51:38 EDT

William Polk, Deputy General Counsel

Reviewed for the North Carolina Department of Public Safety to fulfill the purposes of the DHS Homeland Security Grant Program

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BA # _____

Duplin County
Budget Amendment

Department Title: Emergency Management
Department Head's Signature: BSMJ
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
NC Emergency Management Tier II grant for hazardous materials allocated to pay for a hazardous materials response plan.

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4330-34352	NC Tier II Noncompetitive Grar	2,500.00	4330-41990	Professional Services	2,500.00
Total		2,500.00	Total		2,500.00

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

7/12/2024

State of North Carolina

County of Duplin

To: Gary M. Rose, Duplin County Tax Collector

You are hereby authorized, empowered, and commanded to collect the taxes set forth in the tax records filed in the office of Duplin County and in the tax receipts herewith delivered to you, in the amounts and from the taxpayers likewise therein set forth. Such taxes are hereby declared to be a first lien upon all real property of the respective taxpayers in the County of Duplin, and this order shall be a full and sufficient authority to direct, require and enable you to levy on and sell any real or personal property of such taxpayers, for and on account thereof, in accordance with law.

Witness my hand and official seal this 15th day of July, 2024.

_____(Seal)
Vice-Chairman, Board of Commissioners of Duplin County

Attest:

_____
Clerk of Board of Commissioners of Duplin County

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RESOLUTION 2024-30

County of Duplin

Office of the County Commissioners

RESOLUTION APPOINTING REVIEW OFFICERS

WHEREAS, S.L. 1997-309 (S875) makes a number of significant changes in the procedures for the recording maps and plats; and

WHEREAS, the main purpose of the law is to transfer the responsibility for reviewing plats to determine whether they meet recording requirements from the Register of Deeds to a Review Officer; and

WHEREAS, G.S. 47-30.2 requires the Board of County commissioners in each County, by resolution, to appoint a person to serve as Review Officer to review each plat before it is recorded and certify that it meets the statutory requirements for recording; and

WHEREAS, it is the desire of the Duplin County Board of Commissioners to insure an expeditious review of all maps and plats as required by G.S. 47-30.2 before they are presented to the Register of Deeds for recording.

NOW THEREFORE, BE IT RESOLVED, effective July 16, 2024, that Gary M. Rose, Tax Administrator of Duplin County, and Kaytlin Burgess, Carol Jackson, and Connor Wilkinson are hereby appointed to perform all responsibilities as required for Review Officer under the appropriate North Carolina General Statutes.

BE IT FURTHER RESOLVED, that any other persons having been appointed Review Officer for Duplin County as required by G.S. 47-30.2, prior to this resolution, are no longer authorized to perform these responsibilities; and

BE IT FURTHER RESOLVED, that a copy of this resolution, designation of Review Officer, be recorded in the Duplin County Register of Deeds Office and indexed in the name of the Review Officers.

This is the 15th day of July, 2024.

Elwood Garner, Vice-Chairman
Duplin County Board of Commissioners

ATTEST:

Jaime W. Carr
Clerk to the Board

Greg W. Isley, CPA, PA
Certified Public Accountant

Mailing Address
9650 Strickland Road
Suite 103-270
Raleigh, NC 27615

July 6, 2024

Duplin County
224 Seminary Street
PO Box 950
Kenansville, NC 28349

Attention: Chelsey Lanier, Finance Officer

This letter is to confirm our understanding of the terms and objectives of this engagement and the nature and limitations of the services that will be provided by Greg W Isley, CPA, PA ("Firm").

The purpose of our engagement is to provide professional outsourced accounting services to Duplin County ("the County") beginning in July 2023.

This engagement is not a preparation, compilation, review or audit engagement whereby any form of assurance will be provided on the County's financial statements. It is our understanding that management has designated qualified individuals with the necessary expertise, preferably within senior management, to be responsible and accountable for overseeing our services as part of this engagement. By your signature below, you acknowledge that management agrees to evaluate the adequacy of, and accept responsibility for, the results of all the services performed as part of this agreement.

Our fees for this engagement shall be billed at our current rates which are at this time $210/hour for my time, $170/hour for my Partner of Rural Government Services, $150/hour for each of my finance officer level staff and $120/hour for my accounting associates, plus direct expenses (mileage/hotel/meals). Travel time will be billed at fifty percent of the stated rate. We understand the maximum billing under this contract is $60,000; therefore, we will cease work on this contract if or when our billings reach $60,000 unless an amendment occurs to increase the maximum billing under this contact. Payment for services is due when rendered and interim billings will be submitted as work progresses and expenses incurred. Invoices will be rendered every two weeks and are payable upon presentation.

In the event the County hires a contractor/employee of the Firm, the County agrees to pay the firm a one-time fee of 25% of the annual compensation the County has offered to the contractor/employee. This fee will not be limited by the maximum billing threshold in the previous paragraph.

In addition, in the event our firm or any of its employees or agents is called as a witness or requested to provide any information (whether oral, written, or electronic) in any judicial, quasi-judicial, or administrative hearing or trial regarding information or communications that you have provided to this firm, or any documents and work papers prepared by Greg W Isley, CPA, PA in accordance with the terms of this agreement, you agree to pay any and all reasonable expenses, including fees and costs for our time at the rates specified in our engagement letter, as well as any legal or other fees that we incur as a result of such appearance or production of documents.

In connection with this engagement, we may communicate with you or others via email transmission. We take reasonable measures to secure your confidential information in our email transmissions, including password protecting confidential documents. However, as email can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom it is directed and only to such parties, we cannot guarantee or warrant that email from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of email transmissions, or for the unauthorized use or failed delivery of email transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of

9205 Baileywick Road, Suite 101
Raleigh, NC 27615
P: 919-676-1998 • F: 919-676-1749

103 Millstone Drive, Suite B
Hillsborough, NC 27278
P: 919-732-6333 • F: 919-732-0914

3200 Fairhill Drive, Suite 108
Raleigh, NC 27612
P: 919-881-0057 • F: 919-881-0067

www.gisleycpa.com

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confidential or proprietary information.

Unless you indicate otherwise, our firm may transmit confidential information that you provided us to third parties in order to facilitate delivering our services to you. We have secured confidentiality agreements with all our service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have the appropriate procedures in place to prevent the unauthorized release of confidential information to others. We will remain responsible for the work provided by any third-party service providers used under this agreement. By your signature below, you consent to having confidential information transmitted to entities outside the firm. Please feel free to inquire if you would like additional information regarding the transmission of confidential information to entities outside the firm.

It is our policy to keep records related to this engagement for five years. However, Greg W Isley CPA, PA does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies.

By your signature below, you acknowledge and agree that upon the expiration of the five-year period, Greg W Isley, CPA PA shall be free to destroy our records related to this engagement.

We appreciate the opportunity to be of service to you and believe this letter correctly expresses the significant terms of our engagement. If you have any questions please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to me.

Cordially,

Greg W Isley, CPA, PA

Greg W Isley
President

This letter correctly sets forth our understanding.

Acknowledged and agreed on behalf of Duplin County, North Carolina by:

Name: Elwood Garner

Title: Vice-Chairman

Date: 15 July 2024

RESOLUTION 2024-29

County of Duplin

Office of the County Commissioners

RESOLUTION BY THE COUNTY OF DUPLIN
AUTHORIZING EXECUTION OF KROGER OPIOID SETTLEMENT AND APPROVING THE SECOND SUPPLEMENTAL AGREEMENT FOR ADDITIONAL FUNDS

WHEREAS, the opioid overdose epidemic has taken the lives of more than 37,000 North Carolinians since 2000; and

WHEREAS, the COVID-19 pandemic has compounded the opioid overdose crisis, increasing levels of drug misuse, addiction, and overdose death; and

WHEREAS, the Centers for Disease Control and Prevention estimates the total economic burden of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement; and

WHEREAS, certain counties and municipalities in North Carolina joined with thousands of local governments across the country to file lawsuits against opioid manufacturers, pharmaceutical distribution companies, and chain drug stores to hold those companies accountable for their misconduct; and

WHEREAS, a settlement has been reached in litigation against the Kroger Co. ("Kroger") as well as its subsidiaries, affiliates, officers, and directors named in the Kroger Settlement; and

WHEREAS, representatives of local North Carolina governments, the North Carolina Association of County Commissioners, and the North Carolina Department of Justice have negotiated and prepared a Second Supplemental Agreement for Additional Funds (SAAF-2) to provide for the equitable distribution of the proceeds of these settlements; and

WHEREAS, by joining the settlements and approving the SAAF-2, the state and local governments maximize North Carolina's share of opioid settlement funds to ensure the needed resources reach communities, as quickly, effectively, and directly as possible; and

WHEREAS, it is advantageous to all North Carolinians for local governments, including Duplin County and its residents, to sign onto the settlements and SAAF-2 and demonstrate solidarity in response to the opioid overdose crisis, and to maximize the share of opioid settlement funds received both in the state and this county to help abate the harm; and

WHEREAS, the SAAF-2 directs substantial resources over multiple years to local governments on the front lines of the opioid overdose epidemic while ensuring that these resources are used in an effective way to address the crisis;

NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners of Duplin County hereby authorizes the County Manager or County Attorney to execute all documents necessary to enter into opioid settlement agreements with Kroger, to execute the SAAF-2, and to provide such documents to Rubris, the Implementation Administrator.

Adopted this the 15th day of July 2024.

Elwood Garner, Vice-Chairman
Duplin County Board of Commissioners

ATTEST:

Jaime W. Carr
Clerk to the Board

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Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	260	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	PROJECT	REF1	REF2	REF3	JNL DESCRIPTION	DEBIT	CREDIT
1	5606 42600 10-50-5600-5606-000-42600				T	OFFICE SUPPLIES		75.00
2	5606 43910 10-50-5600-5606-000-43910				T	MARKETING	75.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	261	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	PROJECT	REF1	REF2	REF3	JNL DESCRIPTION	DEBIT	CREDIT
1	5129 42600 10-50-5100-5129-000-42600				T	OFFICE SUPPLIES		400.00
2	5129 42013 10-50-5100-5129-000-42013				T	LAB PROCESSING	400.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	262	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	PROJECT	REF1	REF2	REF3	JNL DESCRIPTION	DEBIT	CREDIT
1	4310 42600 10-43-4310-0000-000-42600				T	OFFICE SUPPLIES		500.00
2	4320 41990 10-43-4310-4320-000-41990				T	PROFESSIONAL SERVICES		6,000.00
3	4310 42940 10-43-4310-0000-000-42940				T	CANINE EXPENSE	500.00	
4	4320 42100 10-43-4310-4320-000-42100				T	HOUSEKEEPING	6,000.00	

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	263	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	PROJECT	REF1	REF2	REF3	JNL DESCRIPTION	DEBIT	CREDIT
1	4270 43530 10-41-4100-4270-000-43530				T	REPAIRS VEHICLES		100.00
2	4270 43530 10-41-4100-4270-000-43530				T	REPAIRS VEHICLES		55.20
3	4270 42120 10-41-4100-4270-000-42120				T	UNIFORMS	100.00	
4	4270 43110 10-41-4100-4270-000-43110				T	TRAVEL	55.20	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	270	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	PROJECT	REF1	REF2	REF3	JNL DESCRIPTION	DEBIT	CREDIT
1	5110 40121 10-50-5100-5110-000-40121				T	SALARIES		5,000.00
2	5110 43510 10-50-5100-5110-000-43510				T	REPAIRS BUILDING AND GROUNDS	5,000.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	286	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	PROJECT	REF1	REF2	REF3	JNL DESCRIPTION	DEBIT	CREDIT
1	4260 40121 10-41-4100-4260-000-40121				T	SALARIES		1,000.00
2	4260 40183 10-41-4100-4260-000-40183				T	HOSPITAL INSURANCE		2,000.00
3	4111 44500 10-41-4100-4111-000-44500				T	INSURANCE AND BONDS		6,700.00
4	4160 43510 10-41-4100-4160-000-43510				T	REPAIRS BUILDING AND GROUNDS	9,000.00	
5	4160 42100 10-41-4100-4160-000-42100				T	HOUSEKEEPING	700.00	

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	287	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4210	41860				T			2,516.00
	10-41-4100-4210-000-41860						WORKERS COMPENSATION		
2	4211	44910				T			2,500.00
	10-41-4100-4211-000-44910						DUES AND SUBSCRIPTIONS		
3	4211	41990				T			2,184.00
	10-41-4100-4211-000-41990						PROFESSIONAL SERVICES		
4	4210	40121				T		7,200.00	
	10-41-4100-4210-000-40121						SALARIES		
							JOURNAL TOTAL	9,716.00	9,716.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	288	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4130	40183				T			6,864.00
	10-41-4100-4130-000-40183						HOSPITAL INSURANCE		
2	4130	43110				T		364.00	
	10-41-4100-4130-000-43110						TRAVEL		
3	4130	44300				T		350.00	
	10-41-4100-4130-000-44300						RENT		
4	4130	44500				T		6,150.00	
	10-41-4100-4130-000-44500						INSURANCE AND BONDS		
							JOURNAL TOTAL	7,364.00	7,364.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	289	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4210	40183				T			9,000.00
	10-41-4100-4210-000-40183						HOSPITAL INSURANCE		
2	4210	40121				T		9,000.00	
	10-41-4100-4210-000-40121						SALARIES		
							JOURNAL TOTAL	9,000.00	9,000.00

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	290	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4210	40183				T			8,000.00
	10-41-4100-4210-000-40183						HOSPITAL INSURANCE		
2	4210	40121				T		8,000.00	
	10-41-4100-4210-000-40121						SALARIES		
							JOURNAL TOTAL	8,000.00	8,000.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	291	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4210	44300				T			2,090.00
	10-41-4100-4210-000-44300						RENT		
2	4210	41990				T		690.00	
	10-41-4100-4210-000-41990						PROFESSIONAL SERVICES		
3	4210	42600				T		100.00	
	10-41-4100-4210-000-42600						OFFICE SUPPLIES		
4	4210	43110				T		1,000.00	
	10-41-4100-4210-000-43110						TRAVEL		
5	4210	43540				T		100.00	
	10-41-4100-4210-000-43540						SOFTWARE MAINTENANCE		
6	4210	44910				T		200.00	
	10-41-4100-4210-000-44910						DUES AND SUBSCRIPTIONS		
							JOURNAL TOTAL	2,090.00	2,090.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	292	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4370	43300				T			153.30
	10-43-4330-4370-000-43300						UTILITIES		
2	4370	43520				T			275.00
	10-43-4330-4370-000-43520						REPAIRS & MAINTENANCE EQUIPME		
3	4370	42120				T			406.17
	10-43-4330-4370-000-42120						UNIFORMS		

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	292	BUA	06/20/2024	06/20/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT		ACCOUNT DESCRIPTION			
4	4370 43540	T				387.95
	10-43-4330-4370-000-43540		SOFTWARE MAINTENANCE			
5	4370 43530	T				2,361.64
	10-43-4330-4370-000-43530		REPAIRS VEHICLES			
6	4370 41974	T				1,000.00
	10-43-4330-4370-000-41974		BILLING SOFTWARE/HARDWARE			
7	4370 42724	T			153.30	
	10-43-4330-4370-000-42724		CREDIT CARD CHARGES			
8	4370 43110	T			275.00	
	10-43-4330-4370-000-43110		TRAVEL			
9	4370 42600	T			406.17	
	10-43-4330-4370-000-42600		OFFICE SUPPLIES			
10	4370 44300	T			387.95	
	10-43-4330-4370-000-44300		RENT			
11	4370 42490	T			2,361.64	
	10-43-4330-4370-000-42490		VEHICLE SUPPLIES			
12	4370 43250	T			1,000.00	
	10-43-4330-4370-000-43250		POSTAGE			

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	391	BUA	06/26/2024	06/26/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT		ACCOUNT DESCRIPTION			
1	5114 42600	T				500.00
	10-50-5100-5114-000-42600		OFFICE SUPPLIES			
2	5124 42980	T				300.00
	10-50-5100-5124-000-42980-		PROGRAM SUPPLIES			
3	5124 43110	T				80.00
	10-50-5100-5124-000-43110		TRAVEL			
4	5129 42600	T				300.00
	10-50-5100-5129-000-42600		OFFICE SUPPLIES			
5	5151 42980	T				500.00
	10-50-5100-5151-000-42980		PROGRAM SUPPLIES			
6	5163 42600	T				100.00
	10-50-5100-5163-000-42600		OFFICE SUPPLIES			
7	5164 42980	T				380.00
	10-50-5100-5164-000-42980		PROGRAM SUPPLIES			

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	391	BUA	06/26/2024	06/26/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT		ACCOUNT DESCRIPTION			
8	5167 42600	T				300.00
	10-50-5100-5167-000-42600		OFFICE SUPPLIES			
9	5167 42980	T				100.00
	10-50-5100-5167-000-42980		PROGRAM SUPPLIES			
10	5167 42990	T				1,950.00
	10-50-5100-5167-000-42990		INCENTIVES			
11	5167 42724	T				270.00
	10-50-5100-5167-000-42724		CREDIT CARD CHARGES			
12	5114 42980	T				200.00
	10-50-5100-5114-000-42980		PROGRAM SUPPLIES			
13	5164 43250	T				200.00
	10-50-5100-5164-000-43250		POSTAGE			
14	5164 44910	T				42.34
	10-50-5100-5164-000-44910		DUES AND SUBSCRIPTIONS			
15	5164 43520	T				82.50
	10-50-5100-5164-000-43520		REPAIRS & MAINTENANCE EQUIPME			
16	5151 41990	T				95.00
	10-50-5100-5151-000-41990		PROFESSIONAL SERVICES			
17	5151 42420	T				80.00
	10-50-5100-5151-000-42420		IN HOUSE LAB			
18	5151 42724	T				54.00
	10-50-5100-5151-000-42724		CREDIT CARD CHARGES			
19	5151 43520	T				70.00
	10-50-5100-5151-000-43520		REPAIRS & MAINTENANCE EQUIPME			
20	5164 42370	T				2,630.00
	10-50-5100-5164-000-42370		INJECTABLES			
21	5113 43550	T			499.00	
	10-50-5100-5113-000-43550		EMR EXPENSE & INCENTIVES			
22	5114 43550	T			499.00	
	10-50-5100-5114-000-43550		EMR EXPENSE & INCENTIVES			
23	5124 43550	T			499.00	
	10-50-5100-5124-000-43550		EMR EXPENSE & INCENTIVES			
24	5129 43550	T			499.00	
	10-50-5100-5129-000-43550		EMR EXPENSE & INCENTIVES			
25	5151 43550	T			499.00	
	10-50-5100-5151-000-43550		EMR EXPENSE & INCENTIVES			
26	5163 43550	T			499.00	
	10-50-5100-5163-000-43550		EMR EXPENSE & INCENTIVES			
27	5164 43550	T			499.00	
	10-50-5100-5164-000-43550		EMR EXPENSE & INCENTIVES			
28	5167 43550	T			499.00	
	10-50-5100-5167-000-43550		EMR EXPENSE & INCENTIVES			

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	391	BUA	06/26/2024	06/26/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
29	5113	43110				T			
	10-50-5100-5113-000-43110						TRAVEL	119.90	
30	5113	43250				T			
	10-50-5100-5113-000-43250						POSTAGE	16.55	
31	5114	42500				T			
	10-50-5100-5114-000-42500						VEHICLE GASOLINE	15.44	
32	5124	41990				T			
	10-50-5100-5124-000-41990						PROFESSIONAL SERVICES	50.87	
33	5124	42500				T			
	10-50-5100-5124-000-42500						VEHICLE GASOLINE	118.22	
34	5124	43250				T			
	10-50-5100-5124-000-43250						POSTAGE	16.71	
35	5129	43310				T			
	10-50-5100-5129-000-43510						REPAIRS BUILDING AND GROUNDS	23.11	
36	5151	43250				T			
	10-50-5100-5151-000-43250						POSTAGE	7.49	
37	5163	42980				T			
	10-50-5100-5163-000-42980						PROGRAM SUPPLIES	429.02	
38	5163	43250				T			
	10-50-5100-5163-000-43250						POSTAGE	28.30	
39	5163	43520				T			
	10-50-5100-5163-000-43520						REPAIRS & MAINTENANCE EQUIPME	425.00	
40	5167	41990				T			
	10-50-5100-5167-000-41990						PROFESSIONAL SERVICES	88.21	
41	5167	43110				T			
	10-50-5100-5167-000-43110						TRAVEL	526.53	
42	5164	41990				T			
	10-50-5100-5164-000-41990						PROFESSIONAL SERVICES	2,376.49	
							JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	395	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	6110	41990				T			
	10-60-6110-0000-000-41990						PROFESSIONAL SERVICES		1,600.00
2	6110	41990				T			
	10-60-6110-0000-000-41990						PROFESSIONAL SERVICES		600.00

Report generated: 07/11/2024 10:10
User: blanca.pineda
Program ID: glcjelnq

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	395	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
3	6110	41990				T			
	10-60-6110-0000-000-41990						PROFESSIONAL SERVICES		500.00
4	6110	43520				T			
	10-60-6110-0000-000-43520						REPAIRS & MAINTENANCE EQUIPME		600.00
5	6110	45600				T			
	10-60-6110-0000-000-45600						BOOKS	1,600.00	
6	6110	42980				T			
	10-60-6110-0000-000-42980						PROGRAM SUPPLIES	600.00	
7	6110	43222				T			
	10-60-6110-0000-000-43222						TELEPHONE ELECTRONIC ACCESS	500.00	
8	6110	43110				T			
	10-60-6110-0000-000-43110						TRAVEL	600.00	
							JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	396	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	6160	42120				T			
	10-60-6160-0000-000-42120-						UNIFORMS		96.00
2	6160	42120				T			
	10-60-6160-0000-000-42120-						UNIFORMS		200.00
3	6160	42120				T			
	10-60-6160-0000-000-42120-						UNIFORMS		200.00
4	6160	43031				T			
	10-60-6160-0000-000-43031-						EVENT EXPENSES		3,500.00
5	6160	43031				T			
	10-60-6160-0000-000-43031-						EVENT EXPENSES		750.00
6	6160	43031				T			
	10-60-6160-0000-000-43031-						EVENT EXPENSES		800.00
7	6160	43031				T			
	10-60-6160-0000-000-43031-						EVENT EXPENSES		400.00
8	6160	43031				T			
	10-60-6160-0000-000-43031-						EVENT EXPENSES		4,000.00
9	6160	42600				T			
	10-60-6160-0000-000-42600-						OFFICE SUPPLIES	96.00	
10	6160	47320				T			
	10-60-6160-0000-000-47320-						SALES TAXEVENTS CENTER	200.00	

Report generated: 07/11/2024 10:10
User: blanca.pineda
Program ID: glcjelnq

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	396	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
11	6160 43530 10-60-6160-0000-000-43530-	T	REPAIRS VEHICLES	200.00		
12	6160 42700 10-60-6160-0000-000-42700-	T	CONCESSION EXPENSE	3,500.00		
13	6160 43540 10-60-6160-0000-000-43540	T	SOFTWARE MAINTENANCE	750.00		
14	6160 40182 10-60-6160-0000-000-40182-	T	RETIREMENT	800.00		
15	6160 40181 10-60-6160-0000-000-40181-	T	SOCIAL SECURITY	400.00		
16	6160 43300 10-60-6160-0000-000-43300-	T	UTILITIES	4,000.00		

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	397	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	6160 43031 10-60-6160-0000-000-43031-	T	EVENT EXPENSES			9,000.00
2	6160 43031 10-60-6160-0000-000-43031-	T	EVENT EXPENSES			900.00
3	6160 40121 10-60-6160-0000-000-40121-	T	SALARIES	9,000.00		
4	6160 43300 10-60-6160-0000-000-43300-	T	UTILITIES	900.00		

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	398	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	6160 43031 10-60-6160-0000-000-43031-	T	EVENT EXPENSES			7,000.00

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	398	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
2	6160 43300 10-60-6160-0000-000-43300-	T	UTILITIES	7,000.00		

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	399	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	4270 41860 10-41-4100-4270-000-41860	T	WORKERS COMPENSATION			256.20
2	4270 41860 10-41-4100-4270-000-41860	T	WORKERS COMPENSATION			256.20
3	4270 42100 10-41-4100-4270-000-42100	T	HOUSEKEEPING	256.20		
4	4270 43540 10-41-4100-4270-000-43540	T	SOFTWARE MAINTENANCE	256.20		

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	400	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	4250 42100 10-41-4100-4250-000-42100-	T	HOUSEKEEPING			50.00
2	4250 42981 10-41-4100-4250-000-42981	T	PARTS & SUPPLIES			600.00
3	4250 40184 10-41-4100-4250-000-40184	T	Life Insurance	50.00		
4	4250 40183 10-41-4100-4250-000-40183	T	HOSPITAL INSURANCE	600.00		

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	401	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	7401	42600				T			500.00
	66-70-7400-7401-000-42600						OFFICE SUPPLIES		
2	7401	42980				T			2,000.00
	66-70-7400-7401-000-42980						PROGRAM SUPPLIES		
3	7401	43542				T			4,000.00
	66-70-7400-7401-000-43542						REPAIRS COLLECTION SITES		
4	7401	42600				T			300.00
	66-70-7400-7401-000-42600						OFFICE SUPPLIES		
5	7401	42490				T		500.00	
	66-70-7400-7401-000-42490						VEHICLE SUPPLIES		
6	7401	43300				T		2,000.00	
	66-70-7400-7401-000-43300						UTILITIES		
7	7401	40181				T		4,000.00	
	66-70-7400-7401-000-40181						SOCIAL SECURITY		
8	7401	43210				T		300.00	
	66-70-7400-7401-000-43210						TELEPHONE		
							JOURNAL TOTAL	7,300.00	7,300.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	402	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	7100	43250				T			325.00
	61-70-7100-0000-000-43250						POSTAGE		
2	7100	44910				T		325.00	
	61-70-7100-0000-000-44910						DUES AND SUBSCRIPTIONS		
							JOURNAL TOTAL	325.00	325.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	403	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4952	40183				T			100.00
	10-49-4950-4952-000-40183						HOSPITAL INSURANCE		

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	403	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
2	4952	43110				T		100.00	
	10-49-4950-4952-000-43110						TRAVEL		
							JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	404	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	5129	42600				T			159.00
	10-50-5100-5129-000-42600						OFFICE SUPPLIES		
2	5129	42980				T			200.00
	10-50-5100-5129-000-42980						PROGRAM SUPPLIES		
3	5167	42600				T			438.00
	10-50-5100-5167-000-42600						OFFICE SUPPLIES		
4	5129	41990				T		16.00	
	10-50-5100-5129-000-41990-						PROFESSIONAL SERVICES		
5	5113	41990				T		92.00	
	10-50-5100-5113-000-41990						PROFESSIONAL SERVICES		
6	5114	41990				T		167.00	
	10-50-5100-5114-000-41990-						PROFESSIONAL SERVICES		
7	5164	41990				T		167.00	
	10-50-5100-5164-000-41990						PROFESSIONAL SERVICES		
8	5167	41990				T		355.00	
	10-50-5100-5167-000-41990						PROFESSIONAL SERVICES		
							JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	405	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	7132	43510				T			9,750.00
	61-70-7100-7132-000-43510						REPAIRS BUILDING AND GROUNDS		
2	7100	41990				T		9,750.00	
	61-70-7100-0000-000-41990						PROFESSIONAL SERVICES		
							JOURNAL TOTAL	0.00	0.00

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	411	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	ACCOUNT DESCRIPTION			
1	7135 43510 61-70-7100-7135-000-43510	T	REPAIRS BUILDING AND GROUNDS		7,500.00
2	7136 43510 61-70-7100-7136-000-43510	T	REPAIRS BUILDING AND GROUNDS		400.00
3	7136 43510 61-70-7100-7136-000-43510	T	REPAIRS BUILDING AND GROUNDS		800.00
4	7136 43510 61-70-7100-7136-000-43510	T	REPAIRS BUILDING AND GROUNDS		800.00
5	7100 42500 61-70-7100-0000-000-42500	T	VEHICLE GASOLINE	7,500.00	
6	7100 43510 61-70-7100-0000-000-43510	T	REPAIRS BUILDING AND GROUNDS	400.00	
7	7100 43530 61-70-7100-0000-000-43530	T	REPAIRS VEHICLES	800.00	
8	7133 41990 61-70-7100-7133-000-41990	T	PROFESSIONAL SERVICES	800.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	413	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	ACCOUNT DESCRIPTION			
1	7134 43510 61-70-7100-7134-000-43510	T	REPAIRS BUILDING AND GROUNDS		3,500.00
2	7134 43510 61-70-7100-7134-000-43510	T	REPAIRS BUILDING AND GROUNDS		3,500.00
3	7136 43510 61-70-7100-7136-000-43510	T	REPAIRS BUILDING AND GROUNDS		2,500.00
4	7131 43300 61-70-7100-7131-000-43300	T	UTILITIES	3,500.00	
5	7130 43300 61-70-7100-7130-000-43300	T	UTILITIES	3,500.00	
6	7100 41990 61-70-7100-0000-000-41990	T	PROFESSIONAL SERVICES	2,500.00	

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	415	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	ACCOUNT DESCRIPTION			
1	4230 43540 10-41-4100-4230-000-43540-	T	SOFTWARE MAINTENANCE		800.00
2	4230 43530 10-41-4100-4230-000-43530	T	REPAIRS VEHICLES	800.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	416	BUA	06/27/2024	06/27/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	ACCOUNT DESCRIPTION			
1	6144 42600 10-60-6140-6144-000-42600-	T	OFFICE SUPPLIES		1.10
2	6144 40184 10-60-6140-6144-000-40184	T	Life Insurance		2.38
3	6144 40184 10-60-6140-6144-000-40184	T	Life Insurance		16.26
4	6144 40181 10-60-6140-6144-000-40181-	T	SOCIAL SECURITY	1.10	
5	6144 40181 10-60-6140-6144-000-40181-	T	SOCIAL SECURITY	2.38	
6	6144 40182 10-60-6140-6144-000-40182-	T	RETIREMENT	16.26	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	469	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT	ACCOUNT DESCRIPTION			
1	5165 42420 10-50-5100-5165-000-42420	T	IN HOUSE LAB		270.00
2	5165 42600 10-50-5100-5165-000-42600	T	OFFICE SUPPLIES		157.74
3	5165 42980 10-50-5100-5165-000-42980	T	PROGRAM SUPPLIES		38.00

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	469	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	ACCOUNT	OBJECT	PROJ	REC	REF1	REF2	T	LINE DESCRIPTION	DEBIT	CREDIT
		ACCOUNT							ACCOUNT DESCRIPTION		
4	5165	43510						T			41.91
		10-50-5100-5165-000-43510							REPAIRS BUILDING AND GROUNDS		
5	5165	43520						T			273.56
		10-50-5100-5165-000-43520							REPAIRS & MAINTENANCE EQUIPME		
6	5165	43540						T			217.49
		10-50-5100-5165-000-43540							SOFTWARE MAINTENANCE		
7	5165	44300						T			625.61
		10-50-5100-5165-000-44300							RENT		
8	5165	44500						T			25.18
		10-50-5100-5165-000-44500							INSURANCE AND BONDS		
9	5165	41990						T		771.05	
		10-50-5100-5165-000-41990							PROFESSIONAL SERVICES		
10	5165	43110						T		108.35	
		10-50-5100-5165-000-43110							TRAVEL		
11	5165	43210						T		307.07	
		10-50-5100-5165-000-43210							TELEPHONE		
12	5165	43250						T		437.73	
		10-50-5100-5165-000-43250							POSTAGE		
13	5165	43300						T		25.29	
		10-50-5100-5165-000-43300							UTILITIES		
									JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	470	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	ACCOUNT	OBJECT	PROJ	REC	REF1	REF2	T	LINE DESCRIPTION	DEBIT	CREDIT
		ACCOUNT							ACCOUNT DESCRIPTION		
1	5605	41860						T			20.00
		10-50-5600-5605-000-41860							WORKERS COMPENSATION		
2	5601	43110						T			30.00
		10-50-5600-5601-000-43110							TRAVEL		
3	5619	41860						T			52.00
		10-50-5600-5619-000-41860							WORKERS COMPENSATION		
4	5605	41999						T		20.00	
		10-50-5600-5605-000-41999							MANAGEMENT INFO SYSTEM		
5	5601	42600						T		30.00	
		10-50-5600-5601-000-42600							OFFICE SUPPLIES		
6	5619	40183						T		52.00	
		10-50-5600-5619-000-40183							HOSPITAL INSURANCE		
									JOURNAL TOTAL	0.00	0.00

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	471	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	ACCOUNT	OBJECT	PROJ	REC	REF1	REF2	T	LINE DESCRIPTION	DEBIT	CREDIT
		ACCOUNT							ACCOUNT DESCRIPTION		
1	5110	43510						T			4,803.70
		10-50-5100-5110-000-43510							REPAIRS BUILDING AND GROUNDS		
2	5114	42370						T			3,196.30
		10-50-5100-5114-000-42370							INJECTABLES		
3	5164	42410						T		8,000.00	
		10-50-5100-5164-000-42410							PHARMACY		
									JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	472	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	ACCOUNT	OBJECT	PROJ	REC	REF1	REF2	T	LINE DESCRIPTION	DEBIT	CREDIT
		ACCOUNT							ACCOUNT DESCRIPTION		
1	5111	43540						T			410.43
		10-50-5100-5111-000-43540							SOFTWARE MAINTENANCE		
2	5113	42370						T			5,900.48
		10-50-5100-5113-000-42370							INJECTABLES		
3	5113	42420						T			615.84
		10-50-5100-5113-000-42420							IN HOUSE LAB		
4	5114	42370						T			1,834.00
		10-50-5100-5114-000-42370							INJECTABLES		
5	5164	42410						T		8,760.75	
		10-50-5100-5164-000-42410							PHARMACY		
									JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	474	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	SRC	ACCOUNT	OBJECT	PROJ	REC	REF1	REF2	T	LINE DESCRIPTION	DEBIT	CREDIT
		ACCOUNT							ACCOUNT DESCRIPTION		
1	4111	44500						T			7,008.00
		10-41-4100-4111-000-44500							INSURANCE AND BONDS		
2	4210	44300						T			2,000.00
		10-41-4100-4210-000-44300							RENT		
3	4210	40181						T		933.00	
		10-41-4100-4210-000-40181							SOCIAL SECURITY		

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	474	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT		T	ACCOUNT DESCRIPTION		
4	4210 40182	10-41-4100-4210-000-40182	T	RETIREMENT	2,265.00	
5	4210 43110	10-41-4100-4210-000-43110	T	TRAVEL	1,000.00	
6	4210 43111	10-41-4100-4210-000-43111	T	TRAINING	400.00	
7	4260 43510	10-41-4100-4260-000-43510	T	REPAIRS BUILDING AND GROUNDS	3,000.00	
8	4260 42982	10-41-4100-4260-000-42982	T	SHOP/PROGRAM SUPPLIES	1,410.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	475	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT		T	ACCOUNT DESCRIPTION		
1	4111 44500	10-41-4100-4111-000-44500	T	INSURANCE AND BONDS		9,000.00
2	4260 43510	10-41-4100-4260-000-43510	T	REPAIRS BUILDING AND GROUNDS	9,000.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	476	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT		T	ACCOUNT DESCRIPTION		
1	4111 44500	10-41-4100-4111-000-44500	T	INSURANCE AND BONDS		8,500.00
2	4260 43510	10-41-4100-4260-000-43510	T	REPAIRS BUILDING AND GROUNDS	8,500.00	

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	477	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT		T	ACCOUNT DESCRIPTION		
1	4520 43530	64-70-4520-0000-000-43530	T	REPAIRS VEHICLES		850.00
2	4520 43510	64-70-4520-0000-000-43510	T	REPAIRS BUILDING AND GROUNDS	150.00	
3	4520 42600	64-70-4520-0000-000-42600	T	OFFICE SUPPLIES	500.00	
4	4520 42100	64-70-4520-0000-000-42100	T	HOUSEKEEPING	200.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	478	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT		T	ACCOUNT DESCRIPTION		
1	6160 43031	10-60-6160-0000-000-43031-	T	EVENT EXPENSES		100.00
2	6160 44026	10-60-6160-0000-000-44026	T	Event Exp-Concert	100.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	479	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ACCOUNT		T	ACCOUNT DESCRIPTION		
1	4991 40183	10-49-4950-4991-000-40183	T	HOSPITAL INSURANCE		10.14
2	4991 40121	10-49-4950-4991-000-40121	T	SALARIES	10.10	
3	4991 40181	10-49-4950-4991-000-40181	T	SOCIAL SECURITY	.04	

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	480	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	TYP
	ACCOUNT						ACCOUNT DESCRIPTION			
1	4230	42600				T			2,000.00	
	10-41-4100-4230-000-42600						OFFICE SUPPLIES			
2	4230	41990				T		2,000.00		
	10-41-4100-4230-000-41990						PROFESSIONAL SERVICES			
							JOURNAL TOTAL	2,000.00	2,000.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	493	BUA	06/30/2024	07/01/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	TYP
	ACCOUNT						ACCOUNT DESCRIPTION			
1	4250	43510				T			1,000.00	
	10-41-4100-4250-000-43510						REPAIRS BUILDING AND GROUNDS			
2	4250	43510				T			500.00	
	10-41-4100-4250-000-43510						REPAIRS BUILDING AND GROUNDS			
3	4250	43520				T		1,000.00		
	10-41-4100-4250-000-43520						REPAIRS & MAINTENANCE EQUIPME			
4	4250	43300				T		500.00		
	10-41-4100-4250-000-43300						UTILITIES			
							JOURNAL TOTAL	1,500.00	1,500.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	566	BUA	06/30/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	TYP
	ACCOUNT						ACCOUNT DESCRIPTION			
1	6144	40183				T			830.55	
	10-60-6140-6144-000-40183-						HOSPITAL INSURANCE			
2	6144	40182				T			16.26	
	10-60-6140-6144-000-40182-						RETIREMENT			
3	6144	40184				T			.39	
	10-60-6140-6144-000-40184						Life Insurance			
4	6144	40121				T		830.55		
	10-60-6140-6144-000-40121-						SALARIES			
5	6144	40121				T		16.26		
	10-60-6140-6144-000-40121-						SALARIES			

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	566	BUA	06/30/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	TYP
	ACCOUNT						ACCOUNT DESCRIPTION			
6	6144	40121				T			.39	
	10-60-6140-6144-000-40121-						SALARIES			
							JOURNAL TOTAL	1,847.20	1,847.20	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	568	BUA	06/30/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	TYP
	ACCOUNT						ACCOUNT DESCRIPTION			
1	7133	42950				T			3,500.00	
	61-70-7100-7133-000-42950						CHEMICALS			
2	7135	42950				T			1,970.00	
	61-70-7100-7135-000-42950						CHEMICALS			
3	7132	43510				T			1,910.00	
	61-70-7100-7132-000-43510						REPAIRS BUILDING AND GROUNDS			
4	7100	42980				T			2,370.00	
	61-70-7100-0000-000-42980						PROGRAM SUPPLIES			
5	7100	41990				T		3,500.00		
	61-70-7100-0000-000-41990						PROFESSIONAL SERVICES			
6	7100	41990				T		1,970.00		
	61-70-7100-0000-000-41990						PROFESSIONAL SERVICES			
7	7100	41990				T		1,910.00		
	61-70-7100-0000-000-41990						PROFESSIONAL SERVICES			
8	7100	41990				T		2,370.00		
	61-70-7100-0000-000-41990						PROFESSIONAL SERVICES			
							JOURNAL TOTAL	13,720.00	13,720.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	569	BUA	06/30/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	TYP
	ACCOUNT						ACCOUNT DESCRIPTION			
1	7134	43510				T			2,000.00	
	61-70-7100-7134-000-43510						REPAIRS BUILDING AND GROUNDS			
2	7135	43510				T			978.00	
	61-70-7100-7135-000-43510						REPAIRS BUILDING AND GROUNDS			

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YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	569	BUA	06/30/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
3	7100 43540 61-70-7100-0000-000-43540		T	SOFTWARE MAINTENANCE	2,000.00	
4	7100 43540 61-70-7100-0000-000-43540		T	SOFTWARE MAINTENANCE	978.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	570	BUA	06/30/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	7133 43510 61-70-7100-7133-000-43510		T	REPAIRS BUILDING AND GROUNDS		3,029.40
2	7100 43540 61-70-7100-0000-000-43540		T	SOFTWARE MAINTENANCE	3,029.40	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	587	BUA	06/30/2024	07/11/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	4130 40121 10-41-4100-4130-000-40121		T	SALARIES		9,191.60
2	4130 41990 10-41-4100-4130-000-41990		T	PROFESSIONAL SERVICES	9,000.00	
3	4130 43110 10-41-4100-4130-000-43110		T	TRAVEL	191.60	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	588	BUA	06/30/2024	07/11/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		

Duplin County, NC munis

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	588	BUA	06/30/2024	07/11/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	4130 40121 10-41-4100-4130-000-40121		T	SALARIES		9,500.00
2	4130 41990 10-41-4100-4130-000-41990		T	PROFESSIONAL SERVICES	9,500.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	589	BUA	06/30/2024	07/11/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	4130 40121 10-41-4100-4130-000-40121		T	SALARIES		2,318.25
2	4111 44500 10-41-4100-4111-000-44500		T	INSURANCE AND BONDS		7,000.00
3	4130 41990 10-41-4100-4130-000-41990		T	PROFESSIONAL SERVICES	2,318.25	
4	4260 43300 10-41-4100-4260-000-43300		T	UTILITIES	3,600.00	
5	4260 43510 10-41-4100-4260-000-43510		T	REPAIRS BUILDING AND GROUNDS	3,400.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	12	590	BUA	06/30/2024	07/11/2024	071524	blanca.pineda	1	N	Hist	2024	

	ACCOUNT			ACCOUNT DESCRIPTION		
1	4111 44500 10-41-4100-4111-000-44500		T	INSURANCE AND BONDS		2,247.82
2	4160 40182 10-41-4100-4160-000-40182		T	RETIREMENT	252.00	
3	4260 43510 10-41-4100-4260-000-43510		T	REPAIRS BUILDING AND GROUNDS	1,995.82	

Duplin County, NC

munis

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2025	01	101	BUA	07/08/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2025	

LN	ORG	OBJECT	PROJ	SCHL	REF1	REF2	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	5167	42980							400.00
	10-50-5100-5167-000-42980					T	PROGRAM SUPPLIES		
2	5167	43520						400.00	
	10-50-5100-5167-000-43520					T	REPAIRS & MAINTENANCE EQUIPME		
							JOURNAL TOTAL	400.00	400.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2025	01	102	BUA	07/08/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2025	

LN	ORG	OBJECT	PROJ	SCHL	REF1	REF2	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	5111	43110							1,500.00
	10-50-5100-5111-000-43110					T	TRAVEL		
2	5111	43530						1,500.00	
	10-50-5100-5111-000-43530					T	REPAIRS VEHICLES		
							JOURNAL TOTAL	1,500.00	1,500.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2025	01	103	BUA	07/08/2024	07/08/2024	071524	blanca.pineda	1	N	Hist	2025	

LN	ORG	OBJECT	PROJ	SCHL	REF1	REF2	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	5123	42980							2,000.00
	10-50-5100-5123-000-42980					T	PROGRAM SUPPLIES		
2	5123	42500							1,500.00
	10-50-5100-5123-000-42500-					T	VEHICLE GASOLINE		
3	5123	43110							1,000.00
	10-50-5100-5123-000-43110					T	TRAVEL		
4	5123	42600							400.00
	10-50-5100-5123-000-42600					T	OFFICE SUPPLIES		
5	5123	43520						4,900.00	
	10-50-5100-5123-000-43520					T	REPAIRS & MAINTENANCE EQUIPME		
							JOURNAL TOTAL	4,900.00	4,900.00

Duplin County, NC

munis

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2025	01	134	BUA	07/11/2024	07/11/2024	071524	blanca.pineda	1	N	Hist	2025	

LN	ORG	OBJECT	PROJ	SCHL	REF1	REF2	LINE DESCRIPTION	DEBIT	CREDIT
	ACCOUNT						ACCOUNT DESCRIPTION		
1	4230	43520							1,200.00
	10-41-4100-4230-000-43520					T	REPAIRS & MAINTENANCE EQUIPME		
2	4230	43250						1,200.00	
	10-41-4100-4230-000-43250					T	POSTAGE		
							JOURNAL TOTAL	1,200.00	1,200.00
							GRAND TOTAL	11,000.00	11,000.00

52 Journals printed

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

BA # _____

Duplin County
Budget Amendment

Department Title: Senior Services
Department Head's Signature: Melisa S. Brown
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Transfer funds in the shred-grant budget to cover the partial advertisement cost associated with the event.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5606-42600	Office Supplies	75.00	5606-43910	Marketing	75.00
Total		75.00	Total		75.00

Finance Signature
Date Approved: 4/11/19

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover outside lab expenses

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5129-42600	office supplies	400.00	5129-42013	lab processing	400.00
Total		400.00	Total		400.00

Finance Signature
Date Approved: 4/11/19

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000403

BA # _____

Duplin County
Budget Amendment

Department Title: Sheriff's Office
Department Head's Signature: Brita Reese Business Officer
(form can be e-mailed to Finance from Dept. Head) Stephen Stokes, Sheriff (ph)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 or any changes to revenue must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover Shortage in line

Line Item to DECREASE	Line Item Description	Credit Amount	Line Item to INCREASE	Line Item Description	Debit Amount
4310-42600	Office Supplies	500.00	4310-42940	Canine Expense	500.00
4320-41890	Professional Services	6,000.00	4320-42100	House Keeping	6,000.00
Total		6,500.00	Total		6,500.00

Finance Signature: Chelsey Lanier
Date Approved: 10/19/2024

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Housekeeping
Department Head's Signature: Craig Hatcher/Regenia B. Kennon
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Budget Amendment to cover line item overage and budget line item for the remainder of the fiscal year 2023-2024.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4270-43530	Repairs Vehicle	100	4270-42120	Uniforms	100
4270-43530	Repairs Vehicle	55.20	4270-43110	Travel	55.20
Total		155.20	Total		155.20

Finance Signature: Chelsey Lanier
Date Approved: 10/19/2024

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

407000

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover fire alarm panel

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5110-40121	Salaries	5,000.00	5110-43510	repairs buidlings and grounds	5,000.00
Total		5,000.00	Total		5,000.00

Finance Signature: Chelsey Ponier
Date Approved: 6/14/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4260-40121	Salaries	1,000.00	4160-43510	Repairs Buildings & Grounds	9,000.00
4260-40183	Hospital Insurance	2,000.00	4160-42100	Housekeeping	700.00
4111-44500	Insurance & Bonds	6,700.00			
Total		9,700.00	Total		9,700.00

Finance Signature: Chelsey Ponier
Date Approved: 6/14/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000405

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4210-41860	Workers Compensation	2,516.00	4210-40121	Salaries	7,200.00
4211-44910	Dues & Subscriptions	2,500.00			
4211-41990	Professional Services	2,184.00			
Total		7,200.00	Total		7,200.00

Finance Signature
Date Approved: 10/19/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4130-40183	Hospital Insuance	6,864.00	4130-43110	Travel	364.00
			4130-44300	Rent	350.00
			4130-44500	Insurance & Bonds	6,150.00
Total		6,864.00	Total		6,864.00

Finance Signature
Date Approved: 10/19/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

000406

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4210-40183	Hospital Insurance	9,000.00	4210-40121	Salaries	9,000.00
Total		9,000.00	Total		9,000.00

Finance Signature: Audrey Ponis
Date Approved: 10/19/21

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4210-40183	Hospital Insurance	8,000.00	4210-40121	Salaries	8,000.00
Total		8,000.00	Total		8,000.00

Finance Signature: Audrey Ponis
Date Approved: 10/19/21

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

000407

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4210-44300	Rent	2,090.00	4210-41990	Professional Services	890.00
			4210-42600	Office Supplies	100.00
			4210-43110	Travel	1,000.00
			4210-43540	Software Maintenance	100.00
			4210-44910	Dues & Subscriptions	200.00
Total		2,090.00	Total		2,090.00

Finance Signature: Chelsey Ramos
Date Approved: 6/20/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: EMS
Department Head's Signature: Brandon McMahan
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To Cover over spent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4370-43300	Utilities	153.30	4370-42724	Credit Card Charges	153.30
4370-43520	Repairs and Maintenance Eq.	275.00	4370-43110	Travel	275.00
4370-42120	Uniforms	406.17	4370-42600	Office Supplies	406.17
4370-43540	Software Maintenance	387.95	4370-44300	Rent	387.95
4370-43530	Repairs Vehicles	2,361.64	4370-42490	Vehicle Supplies	2,361.64
4370-41974	Billing Software/Hardware	1,000.00	4370-43250	Postage	1,000.00
Total		4,584.06	Total		4,584.06

Finance Signature: Chelsey Ramos
Date Approved: 6/20/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

8070008

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
to cover invoices and line item shortages

[illegible]	Line Item Description	Credit Amount	[illegible]	Line Item Description	Debit Amount
5114-42800	office supplies	500.00	5113-43550	EMR Expenses	499.00
~~5114-43540~~	~~software maintenance~~	~~300.00~~	5114-43550	EMR Expenses	499.00
5124-42980	program supplies	300.00	5124-43550	EMR Expenses	499.00
5124-43110	travel	80.00	5129-43550	EMR Expenses	499.00
5129-42600	office supplies	300.00	5151-43550	EMR Expenses	499.00
5151-42980	program supplies	500.00	5163-43550	EMR Expenses	499.00
5163-42600	office supplies	100.00	5164-43550	EMR Expenses	499.00
5164-42980	program supplies	360.00	5167-43550	EMR Expenses	499.00
5167-42600	office supplies	300.00	5113-43110	travel	119.90
5167-42980	program supplies	100.00	5113-43250	postage	16.55
5167-42990	incentives	1,950.00	5114-42500	vehicle gasoline	16.44
5167-42724	credit card charges	270.00	5124-41990	professional services	50.87
5114-42980	program supplies	200.00	5124-42500	vehicle gasoline	118.22
5164-43250	postage	200.00	5124-43250	postage	16.71
5164-44910	dues and subscriptions	42.34	~~5129-43300~~	utilities	~~29.84~~
5164-43520	repairs and maint eq	82.50	5129-43510	repairs B&G	23.11
5151-41980	professional services	95.00	5151-43250	postage	7.49
5151-42420	in-house lab	80.00	5163-42980	program supplies	429.02 ~~487.99~~
5151-42724	credit card charges	54.00	5163-43250	postage	28.30 ~~85.27~~
5151-43520	repairs and maint eq	70.00	5163-43520	repairs and maint equipment	425.00
5164-42370	injectables	2,630.00	5167-41990	professional services	~~58.21~~ ~~27.92~~
			5167-43110	travel	526.53
			5164-41990	professional services	~~2,630.00~~
					2,376.49
Total		~~8,533.84~~	Total		~~8,533.84~~
		8,233.84			8,233.84

Finance Signature: Chelsey Ponion
Date Approved: 9/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000409

BA # _____

Duplin County
Budget Amendment

Department Title: Library
Department Head's Signature: Laura Jones
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:

Moving money to cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6110-41990	Professional Services	$ 1,600.00	6110-45600	Books	1,600.00
6110-41990	Professional Services	600.00	6110-42980	Program Supplies	600.00
6110-41990	Professional Services	500.00	6110-43222	Telephone Electronic Access	500.00
6110-43520	Repairs and Maintenance	600.00	6110-43110	Travel	600.00
Total		3,300.00	Total		3,300.00

Finance Signature: Chelsey Ramos
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Events Center
Department Head's Signature
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:

Increase money from Uniforms to Sales Tax events center, Repairs Vehicles, and Office Supplies. Event Expense to Concession Expense, Software Maintenance, Retirement, Social Security, Utilities

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6160-42120	Uniforms	96.00	6160-42600	Office Supplies	96.00
6160-42120	Uniforms	200.00	6160-47320	Sales Tax Events Center	200.00
6160-42120	Uniforms	200.00	6160-43530	Repairs Vehicles	200.00
6160-43031	Event Expenses	3,500.00	6160-42700	Concession Expenses	3,500.00
6160-43031	Event Expenses	750.00	6160-43540	Sofware Maintenane	750.00
6160-43031	Event Expenses	800.00	6160-40181 2	Retirement 401K2	800.00
6160-43031	Event Expenses	400.00	6160-40181	Social Security	400.00
6160-43031	Event Expenses	4,000.00	6160-43300	Utilites	4,000.00
Total		9,946.00	Total		9,946.00

Finance Signature: Chelsey Ramos
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000410

BA # _____

Duplin County
Budget Amendment

Department Title: Events Center
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Increase money from Event Expenses to Utilites, and Salaries

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
6160-43031	Event Expenses	9,000.00	6160-40121	Salaries	9,000.00
6160-43031	Event Expenses	900.00	6160-43300	Utilities	900.00
Total		9,900.00	Total		9,900.00

Finance Signature: Chelsey Ramos
Date Approved: 6/26/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Events Center
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Increase money from Event Expense to Utilities

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
6160-43031	Event Expenses	7,000.00	6160-43300	Utilites	7,000.00
Total		7,000.00	Total		7,000.00

Finance Signature: Chelsey Ramos
Date Approved: 6/26/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

000411

BA # _____

Duplin County
Budget Amendment

Department Title: Housekeeping
Department Head's Signature: Craig Hatcher/Regenia B. Kennon
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:

Budget Amendment to cover line item overage and budget line item for the remainder of the fiscal year 2023-2024.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4270-41860	Workers Compensation	256.2	4270-42100	Housekeeping	256.2
4270-41860	Workers Compensation	256.20	4270-43540	Software Maintenance	256.2
Total		512.40	Total		512.40

Finance Signature: Chelsey Ramon
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Garage
Department Head's Signature
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4250-49100	House Keeping	50.00	4250-40184	Life Insurance	50.00
4250-42961	Parts & Supplies	600.00	4250-40185	Hospital Insurance	600.00
Total		0.00	Total		0.00

Finance Signature: Chelsey Ramon
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000412

BA # _____

Duplin County
Budget Amendment

Department Title: Collections
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:

To cover negative balances

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
7401-42600	Office Supplies	500.00	7401-43100	Vehicle Supplies	500.00
7401-44900	Program Supplies	2,000	7401-43300	Utilities	2,000.00
7401-43510	Repairs & Maintenance	4,000	7401-44001	Social Security	4,000.00
7401-42600	Office Supplies	300.00	7401-43210	Telephone	300.00
Total		0.00	Total		0.00

Chelsey Ramos

Finance Signature
Date Approved: 6/26/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:

To pay invoice

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
7100-43250	Postage	325.00	7100-44910	Dues & Subscriptions	325.00
Total		325.00	Total		325.00

Chelsey Ramos

Finance Signature
Date Approved: 6/26/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

000413

BA # _____

Duplin County
Budget Amendment

Department Title: Cooperative Extension
Department Head's Signature: Amanda Hatcher
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To cover travel

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4952-40183	Hospital Insurance	100.00	4952-43110	Travel	100.00
Total		100.00	Total		100.00

Finance Signature: Chelsey Rainer
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover invoices going over for payment

~~Expense code to DECREASE~~	Line Item Description	Credit Amount	~~Expense code to INCREASE~~	Line Item Description	Debit Amount
5128-42600	office supplies	159 ~~310.00~~	5129-41990	professional services	16 ~~167.00~~
5129-42980	program supplies	200.00	5113-41990	professional services	92 ~~167.00~~
5167-42600	office supplies	438 ~~500.00~~	5114-41990	professional services	167.00
			5164-41990	professional services	167.00
			5167-41990	professional services	355 ~~167.00~~
			~~5183-41990~~	~~professional services~~	~~138 176.00~~
			~~5114-43110~~	~~travel~~	~~50.00~~
			~~5164-43110~~	~~travel~~	~~50.00~~
Total		~~1,110.00~~ 797 ~~889~~	Total		~~1,110.00~~ 797

Finance Signature: Chelsey Rainer
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000417

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To cover expenses on over spent accounts

	Line Item Description	Credit Amount		Line Item Description	Debit Amount
7132-43510	Repairs Bldgs & Grounds	9,750.00	7100-41990	Professional Services	9,750.00
Total		9,750.00	Total		9,750.00

Finance Signature: Chelsey Rainer
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To cover expenses on over spent accounts

	Line Item Description	Credit Amount		Line Item Description	Debit Amount
7135-43510	Repairs Bldgs & Grounds	7,500.00	7100-42500	Vehicle Gasoline	7,500.00
7136-43510	Repairs Bldgs & Grounds	400.00	7100-43510	Repairs Bldgs & Grounds	400.00
7136-43510	Repairs Bldgs & Grounds	800.00	7100-43530	Repairs Vehicles	800.00
7136-43510	Repairs Bldgs & Grounds	800.00	7133-41990	Professional Services	800.00
Total		9,500.00	Total		9,500.00

Finance Signature: Chelsey Rainer
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000415

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To cover expenses on over spent accounts

	Line Item Description	Credit Amount		Line Item Description	Debit Amount
7134-43540	Repairs Bldgs & Grounds	3,500.00	7131-43300	Utilities	3,500.00
7134-43510	Repairs Bldgs & Grounds	3,500.00	7130-43300	Utilities	3,500.00
7136-43510	Repairs Bldgs & Grounds	2,500.00	7100-41990	Professional Services	2,500.00
Total		9,500.00	Total		9,500.00

Finance Signature: Chelsey Rivera
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: IT Director
Department Head's Signature: Frankie Herring
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To cover Repairs Vehicles.

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
4230-43540	Software Maintenance	800.00	4230-43530	Repairs Vehicles	800.00
Total		800.00	Total		800.00

Finance Signature: Chelsey Rivera
Date Approved: 6/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000416

BA # _____

Duplin County
Budget Amendment

Department Title: Museum
Department Head's Signature: [signature] June 26, 2023
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
This BA is being made in order to balance the NC Science Grant and have all its line items brought to $0.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6144-42600	Office Supplies	1.10	6144-40181	Social Security	1.10
6144-40184	Life Insurance	2.38	6144-40181	Social Security	2.38
6144-40184	Life Insurance	16.26	6144-40182	Retirement	16.26
Total		19.74	Total		19.74

Finance Signature
Date Approved: [signature] 6/27/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Komegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover invoices going over for payment

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5165-42420	in house lab	270.00	5165-41990	professional services	771.05
5165-42600	office supplies	157.74	5165-43110	travel	108.35
5165-42980	program supplies	38.00	5165-43210	telephone	307.07
5165-43510	repairs building and grounds	41.91	5165-43250	postage	437.73
5165-43520	repairs - equipment	273.56	5165-43300	utilities	25.29
5165-43540	software maintenance	217.48			
5165-44300	rent	625.81			
5165-44500	insurance	25.18			
Total		1,649.49	Total		1,649.49

Finance Signature
Date Approved: [signature] 6/27/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000417

BA # _____

Duplin County
Budget Amendment

Department Title: Senior Services
Department Head's Signature: Melisa S. Brown
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Transfer funds in various budgets to cover overages ending fiscal year 23-24.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5605-41860	Workers Compensation	20.00	5605-41999	MIS	20.00
5601-43110	Travel	30.00	5601-42600	Office Supplies	30.00
5619-41860	Workers Compensation	52.00	5619-40183	Hospital Insurance	52.00
Total		102.00	Total		102.00

Finance Signature
Date Approved: Aubrey Ponier 10/27/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
to cover line item shortages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5110-43510	repairs B & G	$ 4,803.70	5164-42410	pharmacy	8,000.00
5114-42370	injectables	3,196.30			
Total		8,000.00	Total		8,000.00

Finance Signature
Date Approved: Aubrey Ponier 10/27/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BM0418

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
to cover line item shortages

Expense code to increase	Line Item Description	Credit Amount	Expense code to decrease	Line Item Description	Debit Amount
5111-43540	software maint	$ 410.43	5164-42410	pharmacy	8,760.75
5113-42370	injectables	$ 5,900.48			
5113-42420	in house lab	$ 615.84			
5114-42370	injectables	$ 1,834.00			
Total		8,760.75	Total		8,760.75

Finance Signature: Chelsey Ramos 10/27/25
Date Approved:

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to decrease	Line Item Description	Credit Amount	Expense code to increase	Line Item Description	Debit Amount
4111-44500	Insurance & Bonds	7,008.00	4210-40181	Social Security	933.00
4210-44300	Rent	2,000.00	4210-40182	Retirement	2,265.00
			4210-43110	Travel	1,000.00
			4210-43111	Training	400.00
			4260-43510	Repairs Building & Grounds	3,000.00
			4260-42982	Shop/Program Supplies	1,410.00
Total		9,008.00	Total		9,008.00

Finance Signature: Chelsey Ramos 10/27/25
Date Approved:

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000419

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4111-44500	Insurance & Bonds	9,000.00	4260-43510	Repairs Building & Grounds	9,000.00
Total		9,000.00	Total		9,000.00

Finance Signature: Audrey Pomier
Date Approved: 6/27/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4111-44500	Insurance & Bonds	8,500.00	4260-43510	Repairs Building & Grounds	8,500.00
Total		8,500.00	Total		8,500.00

Finance Signature: Audrey Pomier
Date Approved: 6/27/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Public Transportation
Department Head's Signature: Angel Venecia
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
move funds to cover year end expenses and overages

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
4520-43530	Repairs Vehicles	850.00	4520-43510	Repairs Bldg/Mtnc	150.00
			4520-42600	Office Supplies	500.00
			4520-42100	Housekeeping	200.00
Total		850.00	Total		850.00

Finance Signature: Chelsey Ramirez
Date Approved: 12-7-24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Events Center
Department Head's Signature:
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Increase money from Event Expense to Event Exp-Concert

[redacted]	Line Item Description	Credit Amount	[redacted]	Line Item Description	Debit Amount
6160-43031	Event Expenses	100.00	6160-42031	Event Exp Concert	100.00
			4926		
Total		100.00	Total		100.00

Finance Signature: Chelsey Ramirez
Date Approved: 12/30/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

009421

BA # _____

Duplin County
Budget Amendment

Department Title: Cooperative Extension

Department Head's Signature: Amanda Hatcher 6/28

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

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

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

Brief description of why this amendment is being requested:

Finalizing some grant accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4991-40183	Hospital Insurance	10.14	4991-40121	Salaries	10.10
			4991-40181	Educational Supplies	0.04
Total		10.14	Total		10.14

Finance Signature: Chelsey Rainer
Date Approved: 6/27/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: IT Director

Department Head's Signature: Frankie Herring

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

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

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

Brief description of why this amendment is being requested:

To cover Professional Services

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4230-42600	Office Supplies	2,000.00	4230-41990	Professional Services	2,000.00
Total		2,000.00	Total		2,000.00

Finance Signature: Chelsey Rainer
Date Approved: 6/30/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000422

BA # _____ Duplin County
Budget Amendment

Department Title: Garage
Department Head's Signature: [signature]
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Cover 2024 balances

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4250-4350	Building Ground	1,000	4250-4500	Repair's & Maint	1,000
4250-4510	Building Grounds	500.00	4250-4300	Utilities	500.00
Total		0.00	Total		0.00

Finance Signature: Chelsey Ramos
Date Approved: 6/27/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____ Duplin County
Budget Amendment

Department Title: Museum
Department Head's Signature: [signature] 6/27/2024
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To balance the NC Science Museums Grant Program Budget for the end of Fiscal Year 2024.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6144-40183	Hospital Insurance	$830.55	6144-40121	Salaries	$830.55
6144-40182	Retirement	$16.26	6144-40121	Salaries	$16.26
6144-40184	Life Insurance	$0.39	6144-40121	Salaries	$0.39
Total		$847.20	Total		$847.20

Finance Signature: Chelsey Ramos
Date Approved: 6/28/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000423

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
PFAS Testing for Lawsuit

Expense Acct. #	Line Item Description	Credit Amount	Revenue Acct. #	Line Item Description	Debit Amount
7133-42950	Chemicals	3,500.00	7100-41990	Professional Services	3,500.00
7135-42950	Chemicals	1,970.00	7100-41990	Professional Services	1,970.00
7132-43510	Repairs	1,910.00	7100-41990	Professional Services	1,910.00
7100-42980	Program Supplies	2,370.00	7100-41990	Professional Services	2,370.00
Total		9,750.00	Total		9,750.00

Finance Signature: Chelsey Ramon
Date Approved: 6/30/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
to cover cost of software maintenance

Expense Acct. #	Line Item Description	Credit Amount	Revenue Acct. #	Line Item Description	Debit Amount
7134-43510	Repairs	2,000.00	7100-43540	Software Maintence	2,000.00
7135-43510	Repairs	978.00	7100-43540	Software Maintence	978.00
Total		2,978.00	Total		2,978.00

Finance Signature: Chelsey Ramon
Date Approved: 6/30/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000424

BA # _____

Duplin County
Budget Amendment

Department Title: Water Department
Department Head's Signature: Jeffery Williams
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
to cover cost of software maintenance

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
7133-43510	Repairs	~~9,750.00~~ 5,028.4	7100-43540	Software Maintenance	~~9,750.00~~ 5,028.4
Total		9,750.00	Total		9,750.00

Finance Signature: Chelsey Ponion
Date Approved: 6/30/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4130-40121	Salaries	9,191.60	4130-41990	Professional Services	9,000.00
			4130-43110	Travel	191.60
Total		9,191.60	Total		9,191.60

Finance Signature: Chelsey Ponion
Date Approved: 7/18/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4130-40121	Salaries	9,500.00	4130-41990	Professional Services	9,500.00
Total		9,500.00	Total		9,500.00

Finance Signature
Date Approved: 7/8/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4130-40121	Salaries	2,318.25	4130-41990	Professional Services	2,318.25
4111-44500	Insurance & Bonds	7,000.00	4260-43300	Utilities	3,600.00
			4260-43510	Repairs Building & Grounds	3,400.00
Total		9,318.25	Total		9,318.25

Finance Signature
Date Approved: 7/8/24

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

000426

BA # _____

Duplin County
Budget Amendment

Department Title: Finance
Department Head's Signature: _____
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
Overspent accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
			4160-40182	Retirement	252.00
4111-44500	Insurance & Bonds	2,247.82			
			4260-43510	Repairs Building & Grounds	1,995.82
Total		2,247.82	Total		2,247.82

Finance Signature: Chelsey Ramirez
Date Approved: 7/18/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
annual service of the OAE Hearing screening set

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5167-42960	Program Supplies	400.00	5167-43520	Repairs and Maint Equipment	400.00
Total		400.00	Total		400.00

Finance Signature: Chelsey Ramirez
Date Approved: 7/18/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

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BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover repairs to Environmental Health vehicle

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5111-43110	travel	1,500.00	5111-43530	Vehicle Repairs	1,500.00
Total		1,500.00	Total		1,500.00

Chelsey Ramos

Finance Signature
Date Approved: 7/8/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department
Department Head's Signature: Tracey Simmons - Kornegay / Billie Jo Dunn
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
cover the repairs for fire alarm panel

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5123-42980	program supplies	2,000.00	5123-43520	equipment repairs	4,900.00
5123-42500	vehicle gasoline	1,500.00			
5123-43110	travel	1,000.00			
5123-42600	office supplies	400.00			
Total		4,900.00	Total		4,900.00

Chelsey Ramos

Finance Signature
Date Approved: 7/8/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

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BA # _____

Duplin County
Budget Amendment

Department Title: IT Director
Department Head's Signature: Frankie Herring
(form can be e-mailed to Finance from Dept. Head)

Manager can only approve the moving of budgeted expense under 10,000
Expenditure requests over 10,000 must be approved by Board of Commissioners

Brief description of why this amendment is being requested:
To cover Postage

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4230-43520	Repairs & Maintenance	1,200.00	4230-43250	Postage	1,200.00
Total		1,200.00	Total		1,200.00

Finance Signature: Chelsey Ramos
Date Approved: 7/11/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

DUPLIN COUNTY ADDRESSING DEPARTMENT
209 SEMINARY ST / PO BOX 950
KENANSVILLE NC 28349

DUPLIN COUNTY

ROAD NAME PETITION for UNNAMED ROAD

1. APPLICANT INFORMATION:
   Name: Ronald Kenan
   Address: 113 Log Cabin East
   City/State/Zip: Teachey NC. 28464
   Telephone: Work: 910-289-0483 Home: _____
2. MAIL DETERMINATON TO (If different than applicant information):
   Name: Ronald Kenan
   Address: 498 Corinth Church Rd
   City/State/Zip: Rose Hill N.C. 28458
3. ROAD LOCATION: Township Island Creek Range _____
   DESCRIPTION: @900 Block of Old Wilmington Rd
4. PARCEL TAX-ID: 1065579 PG 199-137 09-4887
5. ~~PROPOSED~~ ROAD NAME: Ronald Ann LN
   BACKUP NAME 1: R+A LN R + A LN
   BACKUP NAME 2: Kenan LN
   (NAME SHOULD BE LESS THAN 13 LETTERS)
6. SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLIN

PACEL NUMBER:	PARCEL OWNER NAME PRINT AND SIGNATURE and Ph	
1065579	Ronald Kenan	Kenan
1065589	Ronald Kenan	Kenan
1065577	Ronald Kenan	Kenan
1065579	Ronald Kenan	Kenan

08/20

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Fire Department Approval:

Signature: Taylor Johnson

Print or type name: Taylor Johnson

Department Name: Wallace Fire Dept

Date: 6/6/24

USPS Approval:

Signature: Kaye Griffin

Print or type name: Kaye Griffin

Department Name: USPS Wallace

Date: June 6, 2024

Landowners, please know that if you use the 911 address assigned for your residence to receive ma your address WILL change. You will need to notify mortgage, financial, insurance and any other com that sends you bills, important information, DMV, other institutions you may use. We will notify USP update the E911 System and the county tax recor



Instructions for what to do with attachments once approved:

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

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STELLARMED
MOBILE TRANSPORT

March 27, 2024

Mr. Brandon McMahon
Director of Emergency Medical Services
Duplin County EMS
209 Seminary St.
Kenansville, NC 28349

Dear Mr. Brandon McMahon,

I am writing to express QEH Transport LLC's (d/b/a StellarMed Mobile Transport) intention to obtain a franchise agreement with Duplin County. This partnership between StellarMed Mobile Transport and Duplin County EMS offers numerous benefits for both parties:

1. Enhanced Service Coverage: Leveraging StellarMed Mobile Transport's resources, personnel, and ambulances during periods of increased call volumes allows Duplin County EMS to expand its service coverage effectively.

2. Improved Response Times: With additional ambulances dedicated to Duplin County and 24/7 availability, response times for non-emergency transport can be significantly reduced, ensuring prompt access to medical care for patients.

3. Increased Efficiency: StellarMed Mobile Transport's operational model, including 12-hour rotating shifts and adequate staffing, enhances operational efficiency, allowing Duplin County EMS to meet transport demand effectively.

4. Cost Savings: By partnering with StellarMed Mobile Transport, Duplin County EMS can potentially achieve cost savings in various areas, such as equipment maintenance, personnel training, and administrative overhead.

5. Collaborative Approach: The partnership fosters a collaborative approach between the two organizations, enabling seamless cooperation to meet the needs of the community and enhance the overall healthcare system in Duplin County.

At StellarMed Mobile Transport, we believe that everyone has the right to safe, professional, and reliable transport services, especially when accessing essential medical care. Our vision is to become the premier transport provider across North Carolina, enhancing the well-being of individuals and communities we serve.

Our mission is to provide safe, compassionate, and efficient transportation solutions that prioritize the comfort and dignity of our passengers. Guided by our core values of compassion, safety, integrity, excellence, collaboration, and continuous improvement, we aim to exceed expectations and improve the quality of life for those in need of non-emergent medical transport.

STELLARMED
MOBILE TRANSPORT

Our founder, Dr. Arin Piramzadian, is a board-certified Emergency Medicine Physician with over 12 years of experience. Driven by a deep commitment to patient care, Dr. Piramzadian saw the necessity for a transportation service that goes above and beyond the ordinary. That's why our team consists of certified EMTs who are not only highly skilled but also dedicated to ensuring the safety and comfort of our patients.

StellarMed Mobile Transport operates 24 hours a day, 7 days a week, providing you with the peace of mind that comes from knowing your patients or residents are in the hands of professionals who genuinely care about their well-being. We offer a level of service that you can rely on, whether you represent a healthcare facility or an assisted living community.

Enclosed, please find the franchise application for StellarMed Mobile Transport. We are applying for non-emergency BLS transport services in Duplin County, with the ability to provide emergency 911 BLS backup based on unit availability and requests.

Response to Duplin County will be conducted from 4355 Gum Branch Road, Jacksonville, NC 28540. Personnel will be dispatched via ambulance assigned cell phone and/or radio We will ensure adequate staffing to cover requests 24/7 to include full and part-time personnel. We will be operating 12-hour rotating shifts.

Based on availability, the average response time from station to the requesting agency will be 40-90 minutes for non-emergency transport.

Administration and Dispatch can be accessed at any time by contacting the office or through our website.

Thank you for considering StellarMed Mobile Transport as your partner in ensuring the safe and comfortable transit of patients in our community. Should you require any further information or assistance, please do not hesitate to contact me directly at zach.hierl@stellarmed.care or 910-382-5118 (mobile).

Sincerely,

Zachary Hierl, Paramedic, FP-C
Chief – EMS Division
StellarMed Mobile Transport

4355 B Gum Branch Rd. • Jacksonville, NC 28540 • 910.968.0040

000435
000431

DUPLIN COUNTY
AN ORDINANCE REGULATING AMBULANCE SERVICE AND GRANTING OF FRANCHISES TO AMBULANCE OPERATORS

An ordinance governing the granting of franchises for ambulance services and other pre-hospital emergency medical services. The County of Duplin Board of Commissioners does ordain the following:

SECTION I. DEFINITIONS

Unless the context otherwise requires, the following definitions shall apply in the interpretation and enforcement of this ordinance:

1.1 AMBULANCE

The term "Ambulance" means any privately or publicly owned motor vehicle, aircraft, or vessel that is specially designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated for the transportation on the streets or highways, waterways or airways of this State of persons who are sick, injured, wounded, or otherwise incapacitated and helpless.

1.2 AMBULANCE ATTENDANT

The term "Ambulance Attendant" means an individual who has completed a training program in emergency medical care and first aid approved by the North Carolina Department of Human Resources and has been certified as an ambulance attendant by the Department of Human Resources, Office of Emergency Medical Services.

1.3 EMERGENCY MEDICAL TECHNICIAN

The term "Emergency Medical Technician" means an individual who has completed a training program in emergency medical care at least equal to the National Standard Training Program for Emergency Medical Technicians as defined by the United States Department of Transportation and has been certified as an Emergency Medical Technician by the Department.

1.4 AMBULANCE PROVIDER

The term "Ambulance Provider" means an individual, firm, corporation or association who engages or professes to engage in the business or service of transporting patients in an ambulance.

1.5 APPROVED

The term "Approved" shall mean approved by the North Carolina Medical Care Commission pursuant to the latter's rules and regulations promulgated under N. C. General Statutes 143B-165.

1.6 SECONDARY AMBULANCE PROVIDER

The term "Secondary Ambulance Provider" shall mean the system of personnel and equipment meeting the same criteria as a primary ambulance provider, but not normally dispatched on first call response.

1.7 COUNTY

The term "county" shall mean the County of Duplin Board of Commissioners or their designated representative.

1.8 DISPATCHER

The term "Dispatcher" shall mean a person who is available at all times to receive requests for emergency services, to dispatch emergency services, and to advise local law enforcement agencies and emergency medical facilities of any existing or threatened emergency.

1.9 EMERGENCY

The terms "Emergency" and "Emergency Transportation Service" shall mean the use of an ambulance, its equipment and personnel to provide medical care and transportation of a patient who is in need of immediate medical treatment in order to prevent loss of life or further aggravation or physiological or psychological illness or injury.

1.10 FIRST RESPONDER

The term "First Responder" shall mean an organization with personnel trained in emergency medical care that is dispatched to the scene of a medical emergency for the primary purpose of providing emergency medical assistance to a patient until the ambulance and additional medical aid arrives.

1.11 FRANCHISE

The term "Franchise" shall mean a permit issued by the County to a person for the operation of an ambulance service.

1.12 FRANCHISEE

The term "franchisee" shall mean any person having been issued a franchise by the

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County for the operation of an ambulance service.

1.13 LICENSE

The term "License" shall mean any driver's license or permit to operate a motor vehicle issued under or granted by the laws of the State of North Carolina.

1.14 NON-EMERGENCY TRANSPORTATION SERVICES

The term "Non-Emergency Transportation Service" shall mean the operation of an ambulance for any purpose other than transporting emergency patients.

1.15 OPERATOR

The term "Operator" shall mean a person in actual physical control of an ambulance which is in motion or which has the engine running.

1.16 OWNER

The term "Owner" shall mean a person or entity who owns an ambulance.

1.17 PATIENT

The term "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless such that the need for some medical assistance might be anticipated while being transported to or from a medical facility.

1.18 PERSON

The term "Person" shall mean any individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind, including, any governmental agency other than the United States.

1.19 RESCUE

The term "Rescue" shall mean situations where the victim cannot escape an area through the normal exit or under his own power.

SECTION II. FRANCHISE REQUIRED

2.1 No person either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of emergency and /or non-emergency transportation of patients within the County of Duplin unless the person holds a valid permit for each ambulance used in such business or service issued by the North Carolina Department of Human Resources, Office of Emergency Medical Services, and has been granted a franchise for the operation of such business or service by the County pursuant to this Ordinance.

2.2 No person shall drive an ambulance, attend a patient in one, or permit one to be operated when transporting a patient within the County of Duplin unless he or she holds a currently valid certificate as an Medical Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, or Emergency Medical Technician-Paramedic issued by the North Carolina Department of Human Resources, Office of Emergency Medical Service.

2.3 NO FRANCHISE SHALL BE REQUIRED FOR:

(A) Any entity rendering assistance to a franchised ambulance service in the case of a major catastrophe, mutual aid or emergency with which the services franchised by the County of Duplin are insufficient or unable to cope; or,

(b) Any entity operated from a location or headquartered outside of the County of Duplin in order to transport patients who are picked up beyond the limits of the County of Duplin, to facilities located within the County of Duplin, or to pick up patients within the County of Duplin for transporting to locations outside the County of Duplin; or,

(c) Ambulances owned and operated by an agency of the United States Government.

(d) Ambulance transportation by a specialty care transport program operated by a hospital or Skilled Nursing facility that is physically located within the geographic limits of Duplin County.

SECTION III. APPLICATION FOR AMBULANCE FRANCHISE

3.1 Application for a franchise to operate ambulances in the County of Duplin shall be made by the ambulance provider upon such forms as may be prepared or prescribed by the County and shall contain:

(a) The name and address of the ambulance provider and the owner of the ambulances(s);

(b) The trade or other fictitious names, if any, under which the applicant does business, along with a certified copy of an assumed name certificate stating such name or articles of incorporation stating such name;

(c) A resume of the training and experience of the applicant in the transportation and care of patients;

(d) A full description of the type and level of service to be provided including the location of the place or places from which it is intended to operate, the manner in which the public will be able to obtain assistance and how the vehicles will be dispatched. An audited financial statement of the applicant as the same pertains to the operations in the County of Duplin, said financial statement to be in such form and such detail as may be required by the County;

(e) A description of the applicant's capability to provide twenty-four (24) hour coverage, seven (7) days per week for the district covered by the franchise applied for, and an accurate estimate of the minimum and maximum times for a response to calls within such district; and

(f) Any information the county shall deem reasonable necessary for a fair determination of the capability of the applicant to provide ambulance services in the County of Duplin in accordance with the requirements of State Laws and the provisions of these regulations.

SECTION IV. GRANTING OF FRANCHISE

4.1 Prior to accepting applications for the operation of an ambulance service, the Board of Commissioners may designate specific service areas as franchise districts. Said districts will be established using criteria that includes: geographic size, road access, the location of existing medical transportation services, population, and response time. The county shall have the authority to redistrict or rearrange existing districts at any time at their discretion.

4.2 An applicant may apply for a franchise to operate either emergency transportation service or non-emergency transportation service or both. If both types of service are to be provided, separate applications must be filed for each type.

4.3 Upon receipt of an application for a franchise, the County shall schedule a time and place for hearing the applicant. Within thirty (30) days after hearing, the County shall cause such investigation as it may deem necessary to be made of the applicant and his proposed operations.

4.4 A franchise may be granted if the County finds that:

(a) The applicant shows a reasonable effort to meet state standards and standards outlined in the franchise ordinance.

(b) The proposed service will fit within the existing service so as not to adversely affect the level of services or operations of other franchises to render service.

(c) A need exists for the proposed service in order to improve the level of ambulance services available to residents of the county and that this is a reasonable and cost effective manner of meeting the need.

4.5 The county may limit the number of ambulance franchises awarded consistent with the needs of the community. The county expressly reserves the right to amend, suspend, or revoke a franchise for any reason.

SECTION V. TERM OF FRANCHISE

5.1 The County may issue a franchise hereunder to an ambulance provider, to be valid for a term to be determined by the county, provided that either party as its option, may terminate the franchise upon sixty (60) days prior written notice to the other party. After a notice of service termination is given, the ambulance provider may reapply for a franchise if continued service is desired.

5.2 Upon suspension, revocation, or termination of a franchise granted hereunder, such franchised ambulance service immediately shall cease operations. Upon suspension, revocation or termination of a driver's license or Medical Responder's certificate, or Emergency Medical Technician certificate, such persons shall cease to drive an ambulance or provide medical care in conjunction with an ambulance service, or attend an ambulance. The franchise shall not permit such an individual to drive an ambulance or provide medical care in conjunction with the ambulance service.

5.3 Each franchised ambulance service shall comply at all times with the requirements of this ordinance, the franchise granted hereunder, and all applicable state and local laws relating to health, sanitation, safety, equipment, and ambulance design and all other laws and ordinances.

5.4 Prior approval of the County shall be required where ownership or control of more than ten (10%) percent or more of such right of control, singularly or collectively, at the date of the franchise. By its acceptance of the franchise, the franchisee specifically agrees that any such acquisition occurring without prior approval of the County shall constitute a violation of the franchise by the franchisee and shall be cause for termination at the option of the County.

5.5 Any change of ownership of a franchised ambulance service without the approval of the County shall terminate the franchise and shall require a new application and a new franchise and conformance with all the requirements of this Ordinance as upon original franchising.

5.6 No franchise may be sold, assigned, mortgaged, or otherwise transferred without the approval of the County; and a finding of conformance with all requirements of this ordinance as upon original franchising. Each franchised ambulance service, its

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equipment and the premises designated in the application and all records relating to its maintenance and operation, as such, shall be open to inspection by the State, the county, or their designated representatives.

5.7 A franchise may not be defaced, removed, or obliterated.

SECTION VI. STANDARDS FOR DRIVERS AND ATTENDANTS

6.1 Standards for drivers and attendants as developed by the North Carolina Medical Care Commission as requirements for certification of ambulance attendants and emergency medical technician pursuant to Article 26, Chapter 130-233, and Article 67, Chapter 143, of the General Statutes of North Carolina, and shall be applied and the same are incorporated herein by reference.

SECTION VII. STANDARDS FOR VEHICLES AND EQUIPMENT

7.1 Vehicle and equipped standards as developed by the North Carolina Medical Care Commission pursuant to Article 26, Chapter 130, and Article 56, Chapter 143, of the General Statutes of North Carolina, and shall be applied and the same are incorporated herein by reference.

SECTION VIII. STANDARDS FOR COMMUNICATIONS

8.1 Each ambulance vehicle shall be equipped with an operational two-way radio capable of establishing good quality voice communications from within the geographic confines of the County to each hospital(s) emergency department in the County in which the ambulance is based. Each ambulance vehicle shall be equipped with two-way radio capable of establishing good quality voice communications from within the geographic confines of the county in which the ambulance dispatching agency within the County.

8.2 Each ambulance provider shall maintain current authorizations of Federal Communication Commission licenses for all frequencies and radio transmitters operated by that provider. Copies of all authorizations and licenses shall be on display and available for inspection per Federal Communication Commission's Rules and Regulations.

8.3 Each base of operations must have at least one open telephone line. Telephone numbers must be registered with each law enforcement agency and communication center in the County of Duplin.

SECTION IX. INSURANCE

9.1 No ambulance franchise shall be issued under this Ordinance, nor shall such franchise be valid after issuance, nor shall any ambulance be operated in the County of Duplin unless the franchisee has at all times in force and effect insurance coverage, issued by an insurance company licensed to do business in the State of North Carolina, for each and every ambulance owned and or operated by or for the ambulance service providing for the payment of damages:

(a) In the sum of $1,000,000.00 for injury to or death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed on him by law, regardless of whether the ambulance was being driven by the owner or his agency; and,

(b) In the sum of $500,000.00 for the loss of or damage to the property of another, including personal property, under like circumstances, in sums as may be required by the State or as approved by the County of Duplin.

(c) Each ambulance provider shall have Workers' Compensation Insurance at all times as required by the State of North Carolina.

SECTION X. RECORDS

10.1 Each franchisee shall maintain the following records:

(a) Record of Dispatch - shall show time call was received, time ambulance dispatched, time arrived on scene, time arrived at destination, time in service, and time returned to base.

(b) Trip Record - shall state all information required in Section (a) in addition to information on a form approved by the County. The trip record shall be so designed as to provide the patient with a copy thereof containing all required information. A copy of the trip record may serve as a receipt for any charges paid.

SECTION XI. RATES AND CHARGES

11.1 Each franchisee shall submit a schedule of rates to the county for approval and shall not charge more nor less than the approved rates without specific approval by the County.

11.2 No ambulance service shall attempt to collect rates on emergency calls until the patient has reached the point of destination, has received medical attention and is in a condition deemed by the physician fit to consult with the ambulance service, but such service may attempt to collect rates with family or guardian of the patient once the patient is in the process of receiving medical attention.

11.3 On non-emergency calls, or calls where a person requires transportation to a non-emergency facility, attempts to collect payment can be made before the ambulance

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begins its trip.

SECTION XII. ENFORCEMENT & VIOLATIONS OF ORDINANCE

12.1 **Enforcement**. The Duplin County Emergency Medical Services Department (hereinafter the "Department") shall be the enforcing agency for the regulation contained in this Ordinance. Such office will:

(a) Receive all franchise proposals from potential Providers;

(b) Study each proposal for conformance to this Ordinance;

(c) Present any and franchise proposals from potential Providers to the Duplin County Board of County Commissioners with any recommendations from said Department;

(d) Award the franchises(s) to any and all approved Providers;

(e) Inspect the premises, vehicles, equipment, and personnel of franchisees to assure compliance to this Ordinance and perform any other inspections that may be required;

(f) Recommend to the Board of Commissioners the temporary or permanent suspension of a franchise in the event of noncompliance with the franchise terms of this Ordinance;

(g) Recommend the imposition of civil penalties as provided therein;

(h) Insure by cooperative agreement with other ambulance services the continued service in a district where an ambulance service franchise has been suspended;

(i) Receive monthly reports from ambulance services and consolidate the same into a quarterly summary for review by the Department and the County;

(j) Receive and review complaints from the public, other enforcing agencies, and ambulance services regarding franchise infractions.

(k) Obtain corrective action for any violations of the franchise;

(l) Recommend improvements to the County which will insure better medical transportation;

(m) Maintain all records required by this Ordinance and other applicable County regulations; and

(n) Perform such of the above functions as may be requested by any municipality within the County of Duplin.

12.2 **Violations of Ordinance.**

1. Any act constituting a violation of the provisions of this Ordinance or a failure to comply with any of its requirements shall subject the offender to a civil penalty of $500.00. If the offender fails to remedy the violation and pay any civil penalty within ten (10) days after being cited for said violation (or within the time prescribed by a citation if it provides for a longer period of time than ten days), the civil penalty may be recovered in a civil action in the nature of a debt. Civil penalties begin to accrue from the date of the first notice of violation.

2. This Ordinance may also be enforced by any appropriate equitable action authorized by law, including injunctive relief, whether or not there is an adequate remedy at law.

3. Each day that any violation continues, regardless of the date of notice, shall be considered a separate offense for purposes of the penalties and remedies specified in this section. In such an event, civil penalties begin to accrue from the date of the first notice of violation. For continuing violations, the initial citation and requirement that the civil penalty be paid within the time prescribed therein shall be the only notice required to be given; and shall be deemed to be an on-going citation and notice for continuing violations after the date of the citation.

4. Any one, all, or any combination of the foregoing penalties and remedies may be used to enforce this Ordinance.

5. Violations of the provisions of this Ordinance or failure to comply with any of its requirements shall not constitute a misdemeanor as provided in N.C. Gen. Stat.§ 14-4, unless any specific penalty set forth elsewhere provides to the contrary.

12.3 **Alternatives for Enforcement.** In addition to the provisions of this section, any provision of this Ordinance or other ordinance of the county may be enforced by any one or more of the remedies authorized by N.C. Gen. Stat. §153A-123, excluding misdemeanor charges as provided in N.C. Gen. Stat. § 14-4, unless any specific penalty set forth elsewhere provides to the contrary.

SECTION XIII. MISCELLANEOUS

13.1 The County may inspect a franchisee's records, premises, and equipment at any time in order to insure compliance with this Ordinance and any franchise granted hereunder.

14.1 The Board of Commissioner of the County of Duplin may, through appropriate actions, amend or expand this Ordinance to include other emergency departments or agencies as deemed necessary.

SECTION XV. EFFECTIVE DATE

This Ordinance shall become effective and be in full force form and after the 15th, day of July, 2024. Upon execution of this Ordinance any and all previous Ordinances Regulating Ambulance Franchises in Duplin County shall be automatically repealed.

s/ _____
Elwood Garner
Vice-Chairman
Duplin County Board of Commissioners

ATTEST: s/ _____
Jaime W. Carr
Clerk to the Board

State of North Carolina
Department of the Secretary of State

SOSID: 2673597
Date Filed: 7/24/2023 7:43:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2023 202 00968

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: QRH transport LLC
(See Item 1 of the instructions for appropriate entity designation)

2. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both by checking all applicable boxes.) Note: **This document must be signed by all persons listed.**

Name	Business Address	Capacity
Arin Piramzadian - 2101 Lenox St. Jacksonville NC, 28546-8439 United States		☒ Member ☒ Organizer
		☐ Member ☐ Organizer
		☐ Member ☐ Organizer

3. The name of the initial registered agent is: Arin Piramzadian

4. The street address and county of the initial registered agent office of the limited liability company is:

Number and Street 2102 Lenox St

City Jacksonville State: NC ZipCode: 28546-8439 County: Onslow

5. The mailing address, if different from the street address, of the initial registered agent office is:

Number and Street _____

City _____ State: NC ZipCode: _____ County: _____

6. Principal office information: (Select either a or b.)

a. ☐ The limited liability company has a principal office.

The principal office telephone number: _____

The street address and county of the principal office of the limited liability company is:

Number and Street: _____

City: _____ State: ____ Zip Code: _____ County: _____

BUSINESS REGISTRATION DIVISION P.O. BOX 29622 Raleigh, NC 27626-0622
(Revised August, 2017) *Form L-01*

000437

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2023 JUN 13 03:28:04 PM
BK:38185 PG:250-258
FEE:$26.00
INSTRUMENT # 2023065582

BAKERFR



RETURNED TO CUSTOMER

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:
   StellarMed Mobile StellarMed Transport
   StellarMed Mobile Transport
   (You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:
   StarMed Urgent + Family Care, P.A 1630182
   (Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: Healthcare

4. The street address of the principal place of business is: (PO Boxes are not acceptable)
   4001 Tuckaseegee Road Charlotte, NC 28208

5. The mailing address, if different from the street address, is:
   4024 Triangle Drive Charlotte, NC 28208

6. The counties where the assumed business name will be used to engage in business are:
   ■ All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above, this 12 day of June, 2023.

Signature:

Printed/Typed Name: Arin Piramzadian

Title: Member
(See instructions for who must sign for various business entity types.)

Assumed Business Name Certificate 10.03.17

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2023 SEP 21 09:19:27 PM
BK:38308 PG:135-38
FEE:$26.00
INSTRUMENT # 2023080785

GOMILLIONT



AMENDMENT OF ASSUMED BUSINESS NAME CERTIFICATE (NCGS 66-71.7)

(Please print legibly.)

1. The assumed business name previously registered is:
   StellarMed Mobile Transport
2. The real name of the person or entity engaging in business under the assumed business name is: StarMed Urgent + Family Care PA SOSID-1630182
   (Corporations, LLC's, limited partnerships must provide their NC SOSID number with the exact name they registered with the Secretary of State's office. Go to www.sosnc.gov/br/search to look up this information.)
3. The book and page number of the initial filing that is being amended is: Book 38185, Page 250.
4. The identification number assigned to the assumed business name by the Secretary of State (SOS ID) is: 2053293 (Go to www.sosnc.gov/abn/search to look up this number.)
5. The current mailing address of the business: 4024 Triangle Dr Charlotte, NC 28208
6. The certificate of assumed business name should be amended by changing the following information:
   (Check all that apply and provide new information in the space provided below.):
   - ☐ Change assumed business name
   - ☒ Add real name of person engaging in business under assumed business name
   - ☒ Delete real name of person engaging in business under assumed business name
   - ☐ Change nature of business
   - ☐ Change street address of principal place of business
   - ☒ Change mailing address
   - ☐ Add counties where assumed business name will be used to engage in business
   - ☐ Delete counties where assumed business name will be used to engage in business 4024 Triangle Dr
7. Provide new information here: ☐ Add/☒ Delete/☐ Change StarMed Urgent + Family Care PA Charlotte, NC 28208
   (SOSID: 2187951)
   ☒ Add/☐ Delete/☐ Change QRA Transport LLC 3640 Arrow Rd Charlotte, NC 28269
   (Attach additional pages if needed.)

This certificate is signed by the owner/legal representative of the person named above, this 18 day of September, 2023.

Signature:

Title: Officer
(See instructions for who must sign for various business entity types.)

Amendment of ABN Certificate 03.06.18

000438

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/27/2024

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	CONTACT NAME: Sam Horley	
Sentinel Risk Advisors LLC	PHONE (A/C, No, Ext): (919) 926-4623	FAX (A/C, No): (919) 926-4664
4700 Six Forks Road	E-MAIL ADDRESS: shorley@sentinelrs.com	
Suite 200	INSURER(S) AFFORDING COVERAGE	NAIC #
Raleigh NC 27609	INSURER A: Western World Insurance Co	13188
INSURED	INSURER B: National Indemnity Co.	20087
RLTS Vehicle LLC, DBA: StellarMed Mobile Transport	INSURER C:	
4024 Triangle Drive	INSURER D:	
	INSURER E:	
Charlotte NC 28208	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2432717708 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR			NPP6052001	03/10/2024	03/10/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ INCLUDED
	OTHER:							$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			70APB117365	03/10/2024	03/10/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Underinsured Motorist	$ 100,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE						EACH OCCURRENCE	$
							AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 4355 Gum Branch Rd, Suite B, Jacksonville, NC 28540

CERTIFICATE HOLDER	CANCELLATION
Specific EMS Billing & RCM	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

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[X] Western World Insurance Company [ ] Tudor Insurance Company [ ] Stratford Insurance Company

GENERAL CHANGE ENDORSEMENT

Attaching to and forming a part of:

Policy #: NPP6052001 Effective Date of Policy: 03/10/2024

Endorsement #: 3 Effective Date of Endorsement: 03/10/2024

Insured: RLTS Vehicle LLC

DBA StellarMed Mobile Transport

Additional Premium $ 176.00 Return Premium $

The following change(s) is/are made in this policy:

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF $160.00 + $16.00 TERRORIMS PREMIUM, IT IS HEREBY AGREED THAT THE GENERAL AGGREGATE LIMIT OF INSURANCE, IS AMENDED ON THE COMMERCIAL LIABILITY COVERAGE PART DECLARATIONS FORM WW232(01/12), TO READ AS FOLLOWS:

GENERAL AGGREGATE LIMIT CHANGED TO $3,000,000 IN LIEU OF $2,000,000

Location P1/B1: Limits of Insurance (99999), Basis Flat Charge, Exposure 1, All Other Premium $160.00, A/P $160.00

terrorism premium $16.00
state tax $8.80
stamp fee $0.53

North Carolina Premium: $160.00 + $16.00 tria premium
Fees:
Surplus Lines Tax: $8.80
Stamping Fee: $0.53

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Dated: 03/20/2024

Agent No. 09308

Authorized Agent

INSURED

WW483 (05/23)

000439

STOCK COMPANY

WESTERN WORLD
An AIG company

COMMERCIAL LINES POLICY

POLICY NUMBER: NPP6052001

Prior Policy Number: NPP8830573

☒ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

SLA# 1000335293

COMMON POLICY DECLARATIONS

Agent/Broker #09308

Named Insured and Mailing Address:

RLTS Vehicle LLC

NO FLAT CANCELLATION

DBA StellarMed Mobile Transport
4024 Triangle Drive

CHARLOTTE, NC 28208

Producer:

AmWins Access Insurance Services, Inc.
4725 Piedmont Row Drive

Charlotte, NC 28210

Policy Period: (Mo./Day/Yr.)

From: 03/10/2024 To:03/10/2025 12:01 AM, standard time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	Commercial Property Coverage Part	$ NOT COVERED
	Commercial General Liability Coverage Part	$ 3,486.00
	Commercial Auto Coverage Part	$ NOT COVERED
		$
		$
		$
Other Coverages:	Terrorism Risk Insurance Act	$ 348.00
		$
		$
		$
	TOTAL ADVANCE PREMIUM	$ 3,837.00
	Amwins Service Fee	$ 200.00
	Surplus Lines Tax Total	$ 191.85
	Stamping Fee Total	$ 11.51
		$
		$
		$
	GRAND TOTAL	$ 4,240.36

Forms and endorsements applying to this policy and attached at time of issue:

See Applicable Schedule Of Forms And Endorsements

WW230 (06/17)

INSURED

Extended Declarations Page

ISSUED BY: , AmWINS Access Insurance Services LLC

NAMED INSURED: RLTS Vehicle LLC

POLICY NUMBER: NPP6052001

POLICY PERIOD: 03/10/2024 To 03/10/2025

STATE SURPLUS LINES REQUIRED WORDING:

The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

Surplus Lines Licensee Name: AmWINS Access Ins Services, LLC

000440

SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:	NAMED INSURED
MPP6052001	RLTS Vehicle LLC DBA StellarMed Mobile Transport

Form/Endorsement No./Edition Date	Title (Note- Titles are indications only. See actual form for correct name.)
NTCFR01(10_20)	NOTICE OF POLICYHOLDERS FRAUD NOTICE
WW230(06_17)	COMMON POLICY DECLARATIONS
WW497(01_18)	NOTICE - CLAIM REPORTING
WW232(01_12)	COMMERCIAL LIABILITY COVERAGE PART DECLARATIONS
WW22W(10_22)	SERVICE OF SUIT
IL0017(11_98)	COMMON POLICY CONDITIONS
IL0021(09_08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
ILP001(01_04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS
WW183(05_12)	MINIMUM-EARNED PREMIUM
WW218(01_13)	MAXIMUM LIMIT OF LIABILITY
WW1(06_12)	DEDUCTIBLE ENDORSEMENT
WW13(06_12)	CLASSIFICATION LIMITATION
WW168(08_23)	CANCELLATION AND PREMIUM AUDIT CHANGES
WW192(04_13)	PREMIUM BASIS ENDORSEMENT
WW397(11_10)	WAR LIABILITY EXCLUSION
WW401(08_19)	TOTAL AND ABSOLUTE ASBESTOS EXCLUSION
WW424(09_10)	EXCL OF NUCLEAR/BIO/CHEM INJURY OR DAMAGE
WW456(01_12)	COMMERCIAL GENERAL LIABILITY AMENDATORY ENDORSEMENT
WW529(11_21)	COMMUNICABLE DISEASE EXCLUSION
WW534(08_23)	AMENDMENT OF EMPLOYERS LIABILITY EXCLUSION
WW536(08_23)	EXCLUSION - INJURY TO CONTRACTORS, SUBCONTRACTORS
WW541(09_23)	PER - AND POLYFLUOROALKYL SUBSTANCES (PFAS) EXCLUSION
CG0001(04_13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2107(05_14)	EXCL-ACCESS OR DISCL OF CONFIDENTIAL OR PERSONAL INFO
CG2111(06_15)	EXCLUSION - UNMANNED AIRCRAFT COVERAGE B ONLY
CG2136(03_05)	EXCLUSION - NEW ENTITIES
CG2147(12_07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167(12_04)	FUNGI OR BACTERIA EXCLUSION
CG2426(04_13)	AMENDMENT OF INSURED CONTRACT DEFINITION
TRIA0003(01_21)	EXCLUSION OF CERTIFIED NUCLEAR BIOLOGICAL CHEMICAL OR RAI
WW538(09_23)	HUMAN TRAFFICKING EXCLUSION

ADDITIONAL FORMS AND ENDORSEMENTS

INSURED

State of North Carolina

Office of Emergency Medical Services

Medical Care Commission

Department of Health and Human Services
Division of Health Service Regulation

Having met the requirements of North Carolina General Statue 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.

QEH Transport LLC dba StellarMed Mobile Transport

is hereby issued an EMS Agency License

This License, Number 3050, expires the last day of June, 2029

Division of Health Service Regulation

Office of Emergency Medical Services

T7000

QEH Transport LLC dba StellarMed Mobile Transport

Update Status

General Information

Physical Address:

4355 B Gum Branch Road
Jacksonville, NC 28540
Onslow County
Latitude/Longitude Point: 34.8173286,-77.456062

Mailing Address:

4355 B Gum Branch Road
Jacksonville, NC 28540
Onslow County
Latitude/Longitude Point: 34.8173286,-77.456062

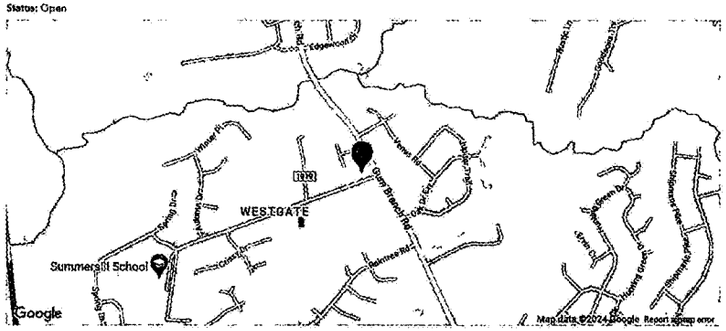
Primary Phone:

Secondary Phone: 980-433-0233

Fax:

Website: StellarMed.care

Status: Open



Last Updated:

Properties

Agency Number: 0678031

EMS Agency Service Area County(ies):

Vendors:

SMAT Team Site: No

Associated System(s):

- System:Onslow, Region: East

Metropolitan Statistical Area:

Services

StellarMed Employee Roster

Employee	Primary job title	Start Date
Blake Davis	Assistant Chief - Operations Manager	07/31/2023
Zachary Hierl	Chief - EMS Division	07/31/2023
Andrew Chrisco	Dispatcher	08/28/2023
Rhoda Mack	Dispatcher	02/03/2024
Erica O'Connor	Dispatcher	07/31/2023
Amber Richey	Dispatcher	02/06/2024
Jennifer Cordova	EMT	12/01/2023
Mcculla Curry	EMT	07/31/2023
Hunter Davis	EMT	01/12/2024
Bailey Fisher	EMT	01/12/2024
Santiago Gonzalez	EMT	01/01/2024
Holly Hunter	EMT	12/01/2023
April Kelly	EMT	01/01/2024
Mae Larimer	EMT	08/27/2023
Owen Leaver	EMT	08/28/2023
Cassidy Lippold	EMT	12/01/2023
Carolyn Murray	EMT	07/31/2023
Asheston Parker	EMT	08/25/2023
Sonya Parks	EMT	08/28/2023
Cheyenne Railsback	EMT	07/31/2023
Jasmine Root	EMT	07/31/2023
Alexandria Spagnoli	EMT	02/06/2024
Tammie Watkins	EMT	09/04/2023
Kimberly Wilkins	EMT	03/11/2024

STELLARMED MOBILE TRANSPORT ROSTER

First Name	Middle Name	Last Name	State Office Ident No	Job Titles	Certification	Exp Date
Jennifer	Marie	Godova	P5409937	EMS Technician	Emergency Medical Technician	3/31/2025
McCulla	Annette	Curry	P5522522	EMS Technician	Emergency Medical Technician	3/31/2025
Blake	J	Bolya	P0244952	Assistant Chief		
Hunter	Van	Davis	P5537512	EMS Technician	Emergency Medical Technician	2/28/2026
Bailey	Ryan	Fisher	P5537217	EMS Technician	Emergency Medical Technician	1/23/2027
Santiago		Gonzalez	P5537739	EMS Technician	Emergency Medical Technician	8/31/2027
Zachary	Tyson	Hart	P0761733	Agency Liaison/Communications Chief	Paramedic	7/1/2025
Holly	Nicole	Hunter	P5410061	EMS Technician	Emergency Medical Technician	8/31/2025
Mike		Lattimer	P5514144	EMS Technician	Emergency Medical Technician	6/30/2027
Owen	Calvert	Leaver	P5464771	EMS Technician	Advanced Emergency Medical Technician	2/28/2027
Cassidy	Eden	Lippold	P5441682	EMS Technician	Emergency Medical Technician	5/31/2026
Carolyn	Jo	Murray	P1225990	EMS Technician	Emergency Medical Technician	1/31/2028
Erica	Francois	O'Connor	P5537[illegible]	EMS Technician	Emergency Medical Technician	2/29/2028
Ashtston	Noland	Parker	P0299611	EMS Technician	Emergency Medical Technician	5/1/2025
Sonya	Jeanette	Parks	P5462109	EMS Technician	Emergency Medical Technician	6/30/2026
Arin		Piramzadian	P5522122	Medical Director, CEO		
Chayenne		Railsback	P5528011	EMS Technician	Emergency Medical Technician	6/30/2026
Jasmine	Delaine	Root	P5553534	EMS Technician	Emergency Medical Technician	6/30/2027
Alexandria	Elizabeth	Speagnoli	P5485133	EMS Technician	Emergency Medical Technician	8/31/2026
April	Damaris	Villa-Kelly	P5539310	EMS Technician	Emergency Medical Technician	2/29/2028
Tammie	Shyonia	Walker	P5533823	EMS Technician	Emergency Medical Technician	1/31/2025
Kimberly	Marie	Wilkins	P5533820	EMS Technician	Emergency Medical Technician	1/31/2025

ARIN PIRAMZADIAN, D.O. FACOEP, MSHCA-HCL, MRO, CPMA
CHIEF MEDICAL OFFICER
BOARD CERTIFIED IN EMERGENCY MEDICINE
(765) 514-1996
EMAIL: PIRAMZADIANMEDICAL@GMAIL.COM

EDUCATION

Touro University College of Osteopathic Medicine Vallejo, CA
Doctor of Osteopathic Medicine, 8/2006-6/2010

Valparaiso University, Indiana
Master's in Healthcare Administration - Healthcare Leadership 8/2018- 8/2019

American Academy of Professional Coders
Certified Professional Medical Auditor 5/2019-10/2019

American College of Occupational and Environmental Medicine
Certified Medical Review Officer 10/2019

Stony Brook University, Stony Brook, NY
Bachelor of Science in Biology, Summa Cum Laude 8/2001- 5/2005

INTERNSHIP AND RESIDENCY

Doctors Hospital Columbus, OH
Emergency Medicine Resident, 7/2010 – 7/2014
Doctors Hospital is a 256-bed community hospital with 83,000 ED visits per year. As a senior resident, responsibilities included supervising medical students and interns in the Emergency Department. Residency training includes Grant Medical Center, a Level 1 Trauma Center with 392-beds and 80,000 ED visits per year and Nationwide Children's Hospital the only Level 1 Pediatric Trauma Center in Central Ohio with 420-beds and 80,000 ED visits per year.

ADMINISTRATIVE EMPLOYMENT

StatMed Family and Urgent Care
Chief Medical Officer and Owner, 6/2019 – Current
StatMed provides Urgent and Family Practice Care services in Charlotte, NC.
Providing medical oversight, education and compliance
CLIA Certified Lab Physician
During the COVID-19 pandemic, StatMed established itself as a leading healthcare entity in testing, treating, vaccinations and research. Through a contract with NCDHHS, 1,000,000+ tests were performed and 400,000+ vaccinations were administered throughout 37 counties in the state of NC.
Providing mAb treatment centers to decrease death related to COVID-19

CLINICAL EMPLOYMENT

Alteon Health
Emergency Medicine Physician, 4/2019-Current
Travel Team Physician credentialed at 4 Bon Secour Emergency Departments in Virginia

Novant Medical Center
Emergency Medicine Physician, 3/2019-Current
Travel Physician for ApolloMD working at multiple sites throughout N.C.
Novant Health Kernersville Medical Center has 33,000 ED visits per year
Novant Health Thomasville Medical Center has 33,500 ED visits per year
Novant Health Clemmons Medical Center has 21,000 ED visits per year

Maria Parham Health Henderson and Maria Parham Health Franklin Duke Life Point
Emergency Medicine Physician, 10/2018-Current
Lead Staff physician for ApolloMD working at Maria Parham Franklin in N.C.
Maria Parham Henderson has 35,000 ED visits per year

Southeastern Regional Medical Center
Emergency Medicine Physician, 9/2018-Current
Staff physician for ApolloMD working at Southeastern Medical Center in Lumberton, NC, 68,000 ED visits per year
Supervising and teaching Medical Students and Residents

Onslow Memorial Hospital
Emergency Medicine Physician, 7/2014 – 8/2018
Onslow Memorial Hospital is a general medical and surgical hospital in Jacksonville, NC, with 144 beds with 64,000 ED visits per year. The hospital had a total of 8,000 admissions. Its physicians performed 1,640 inpatient and 3,789 outpatient surgeries.
Consistently have seen the highest volume of patients per month since 1/2015.
Average RVU/hr 11.85 vs group average of 8.55
Average 3.05 patients per hour vs group average of 2.14
Consistently top patient satisfaction scores
Team Leader of Sepsis Committee, Stroke Committee, Patient Flow Committee and Onslow Blood and Tissue Committee

ACADEMIC APPOINTMENTS

Coastal Carolina Community College
Adjunct Professor 3/2019 – current
Teaching paramedic students in the field of Emergency Medicine
Planning and creating lectures, in-class discussions, and assignments
Collaborating with colleagues on course curriculum
Advising students on how to be successful in their future positions
Staying updated on innovations and changes within Emergency Medicine Services

Eastern Carolina University

PROFESSIONAL MEMBERSHIPS AND LICENSURE
Board Certification: AOBEM 3/2016-12/2026
American Osteopathic Association, member since 2010
American College of Emergency Physicians, member since 2010
American College of Osteopathic Emergency Medicine, member since 2010
Ohio State Medical Board License issued 10/18/2012 Active 4/1/2022 #34.010723
North Carolina State Board License issued 3/17/2014 Active 9/17/2021 #2014-00478
South Carolina State Board License issued 6/30/2018 Active 6/30/2023 #DO52098
Virginia Active State Board License issued 7/6/2018 Active 9/30/2020 #0102205342
Texas Medical Board License issued 8/31/2018 Active 8/31/2023 #R8463
New York State Board License issued 1/9/2020 Active 12/31/2021 #302650
ACLS/BLS/PALS Certified
ATLS Certified 7/15/2022
ACLS/BLS/PALS Instructor Expiration 1/2022
North Carolina Medical Society, member 2015-current
American Academy of Professional Coders 2019-current
COMLEX Level 3 Passed 2010-12-17
COMLEX Level 2 CE Passed 2009-07-15
COMLEX Level 2 PE Passed 2009-08-18
COMLEX Level 1 Passed 2008-06-30

Press Mentions

FOX 8 Charlotte healthcare workers start to get 2nd dose of COVID vaccine, providers frustrated saying, "We just don't have enough."
FOX 8 · April 15th, 2021

WCNC Vaccine appointments in Mecklenburg Co. back on track after winter weather threatens shipment delays
WCNC · April 15th, 2021

WCNC Mecklenburg County, Atrium Health, Novant Health pausing Johnson & Johnson COVID-19 vaccinations
WCNC · April 15th, 2021

WCNC-TV 'It Helped Me Out Tremendously' | COVID-19 Long Hauler Says Vaccine Got Rid of Lasting Symptoms
WCNC-TV · April 12th, 2021

Mom's Breast Milk, Doctors Say
news.meredithmg.com · April 10th, 2021

Charlotte Observer Looking for a COVID Vaccine in Charlotte? The Search Will Get Easier with More Supply Charlotte Observer · April 10th, 2021

ABC13 North Carolina clinic chosen as part of Moderna's vaccine trial for children
ABC13 · April 7th, 2021

ABC 15 news · March 9th, 2021

WCNC North Carolina mom passes antibodies on to son through breast milk
WCNC · February 26th, 2021

WBTV StarMed, other healthcare groups prepare while they wait for COVID-19 vaccine allocation
WBTV · February 10th, 2021

WCNC charlotte Botox specialists trained to 'draw up everything' are being used to get extra doses of COVID-19 vaccine per vial

WCNC charlotte · February 10th, 2021
Channel 12 Hundreds of residents given the opportunity to receive the COVID-19 Vaccine
Channel 12 · February 9th, 2021

JD news First private practice clinic gets their shot at vaccinating Onslow residents
JD news · February 9th, 2021

ABC 12 Health care facilities partner for COVID-19 vaccine clinics
ABC 12 · February 4th, 2021

ABC 12 Two is better than one: Local doctor recommends double-masking to protect against virus
ABC 12 · February 1st, 2021

ABC 12 COVID-19 variant found in Onslow County following NCDHHS analysis
ABC 12 · January 30th, 2021

WCNC Extra doses of Pfizer vaccine discovered, but not all of them are getting used
WCNC · January 30th, 2021

WITN NC doctor addresses common vaccine concerns
WITN · January 19th, 2021

Fox46 news New COVID travel guidelines for passengers traveling to the U.S.
Fox46 news · January 19th, 2021

WCTI news Jacksonville doctor shares his experience with Moderna vaccine
WCTI news · January 19th, 2021

WCNC news 'It was the most incredible feeling in the world' | Doctor confirms he has antibodies after receiving COVID-19 vaccine
WCNC news · January 19th, 2021

CBS17.com NC doctor puts COVID vaccine dose to the test
CBS17.com · January 6th, 2021

WCNC StarMed waits and hopes to be part of vaccine rollout
WCNC · December 31st, 2020

WITN North Carolina's uphill battle to build vaccine trust

References

Will McCammon D.O.
Emergency Department Medical Director Southeastern Regional Medical Center
300 W 27th St, Lumberton, NC 28358
(910) 671-5000
will@mccammon.name

Richard Benson M.D.
Emergency Department Medical Director Maria Parham
566 Ruin Creek Road Henderson, NC 27536
(909) 997-0836
Rbenson09@email.mmc.edu

James Garrett M.D.
Emergency Department Medical Director Onslow Memorial
317 Western Boulevard Jacksonville, N.C. 28540
(910) 389-5544
Jgarrett2@ec.rr.com

Holly Thompson M.D.
Emergency Medicine Physician
(814) 571-8515
Docholly2@gmail.com

Randy Schilsky D.C.
Founder and Former CEO of MedFirst
312 Dolphin Dr, Jacksonville, NC 28546
(910) 347-4033
rschilsky@gmail.com

Brian Shields D.O.
Emergency Medicine Physician
317 Western Boulevard Jacksonville, N.C. 28540
(931) 980-5213
Brisoccer77@yahoo.com

Benjamin Liss M.D.
Emergency Medicine Physician
(717) 309-9840
BenLiss05@gmail.com

Justin Daughtry D.O.
Emergency Medicine Physician
317 Western Boulevard Jacksonville, N.C. 28540
(919) 280-3843
Justin.daughtry@gmail.com

EXHIBIT

MR. Zachary Tyson Hierl
273 Core Rd
Richlands, NC 28574 United States
Mobile: 910-382-5118
Email: zhierlmedic@gmail.com

Work Experience

Naval Medical Center Camp Lejeune
10/2018 - Present
Title: Critical Care Paramedic
Duties, Accomplishments and Related Skills:
- Functions as the training officer, NC Office of EMS agency representative, quality assurance / quality improvement officer, senior field training officer, and administrative officer for critical care team.
- Authors standard operating procedures in accordance with instruction from division officer and medical director.
- Authors protocols in accordance with guidance and instruction from division officer and medical director.
- Developed competency-based orientation program to ensure consistent and standard objective orientation standards for all team members.
- Certified Emergency Vehicle Operator's Course Instructor and AHA BLS, ACLS, and PALS instructor.
-Serves as a critical care paramedic on a specialty care team (SCT), providing specialized care utilizing critical care skills and intensive observational monitoring techniques to assess patient condition and provide an advanced level of specialized care to all critically ill patients (surgical, medical, and pediatrics). Such patients are either recovering from major surgery or are characterized by the presence of real or potential life-threatening health problems due to the requirement for continuous intervention to prevent complications and restore health.
- Conducts long distance inter-facility critical care patient transfers to higher level of care hospitals and medical centers. These patients may be on mechanical ventilators; have multiple intravenous (IV) infusion pumps delivering medications; have chest tubes in place; or be pregnant. During this time, the critical care paramedic is typically the sole care provider and will have only intermittent ability to contact medical control for assistance.
- Administers critical care drugs as necessary, oxygen, intravenous (IV) fluids, blood transfusions and all types of medications during emergent events by various routes.
- Operates specialized medical equipment such as resuscitators, defibrillators, electrocardiographs, intravenous pumps, rapid intravenous infusers, and ventilation devices.
- Performs complex or potentially life-threatening procedures such as Rapid Sequence Induction, cardioversion and surgical cricothyrotomy and performs procedures to specimens and transports to lab as required.
- Conducts an independent and complete preliminary assessment of the patient and implements proper plan of care after identifying and interpreting life-threatening conditions by initiating lifesaving measures.
- Once at the MTF, transfers patients to the emergency department or other specialized care area

Duties, Accomplishments and Related Skills:
- Conduct classroom and lab instruction following the National Registry guidelines.
- Assist with the instruction of practical applications and lecture, evaluate students for skills proficiency, ensure the course material is taught in accordance with the established syllabi, prepare students for the North Carolina and the National Registry EMT exam and provide classroom preparation.
-Update, communicate and follow course syllabus content in accordance with directions provided and administrative guidance.
-Utilize College technology for the delivery of instruction and completion of operational processes; this includes but is not limited to the College's learning management system, email and calendaring solution, document management system(s), student information system, and employee portals.
-Successfully prepare, manage, and deliver course content to achieve course objectives, accommodate diverse
learning styles and meet administrative requirements. When applicable, ensure laboratories are appropriately stocked with required supplies and equipment is in safe operating order.
-Actively engage students and provide prompt feedback in an objective, respectful,
and effective manner. Facilitate a positive, student-centered, and professional environment among students, faculty, and staff.

Onslow County Emergency Medical Services
10/2013 - 02/2020
Title: Paramedic
Duties, Accomplishments and Related Skills:
- Assistant Captain of Onslow County Swiftwater Rescue Team and Dive Team.
- Uniform and Public Relations Committee Chair. Negotiated multiple contracts using data and need to improve cost and effectiveness of Onslow County EMS uniforms and engaged multiple local and national news outlets as the public relations representative for EMS.
- Respond to primary 911 calls in a system that executes over 20,000 calls annually.
- Respond to a variety of both Medical and Trauma patients.
- Provide lifesaving interventions such as surgical airways, endotracheal intubation, surgical cricothyrotomy,
Cardiopulmonary Resuscitation, needle thoracostomy, and defibrillation.
- Interpret cardiac rhythms, identify, and treat life threatening rhythms.
- Identify and treat active heart attacks (myocardial infarction).
- Administer proper wound care treatments up to applying a tourniquet.
- Administer lifesaving medications to treat medical and trauma related emergencies.
- Operate within scope of practice to take primary care of, treat, and transport those patients who require basic and/or advanced life support.
- Operate emergency vehicle using due regard for the safety of those around.
- Maintains all certifications and continuing education requirements to keep state credentials current.
- Determining advanced medical techniques based on the diagnosis of the patient.
- Transmitting location of information about the body.
- Understand the legal consideration of emergency care while maintaining the standards of care.
- Utilizes emergency and patient transport vehicle characteristics to safely operate these vehicles

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United States Marine Corps – School of Infantry East, Infantry Training Battalion
04/2007 - 01/2008
Hours per week: 50
Title: Sergeant (E-5) Battalion Logistics NCO Duties, Accomplishments and Related Skills:
- Managed logistics and acquisitions for five infantry training companies responsible for training over 6,000 students annually.
-Maintained the daily upkeep and maintenance in five triple story barracks.
- Tracked over 100 work requests for repairs and modifications ensuring tasks accomplished in a timely manner.
- Represented the Battalion Commander as his Battalion Substance Abuse Coordinator, Battalion Safety Officer, and Hazardous Material/ Hazardous Waste Site Manager ensuring compliance with all requirements.
- Purchased and maintained accountability of over 2 million dollars of supplies and equipment.
Awards:
Good Conduct Medal, 2007

United States Marine Corp – Charlie Company, Infantry Training Battalion East
07/2006 - 04/2007
Title: Sergeant (E-5) Combat Instructor
Duties, Accomplishments and Related Skills:
- Educated and trained 400 Marines into their specific field of Infantry Riflemen.
- Supervised 36 live fire ranges without incident.
- Supervised 400 Marines in their day-to-day routine.

United States Marine Corps – 1st Battalion, 2nd Marines, 2d Marine Regiment
04/2004 - 07/2006
Title: Corporal (E-4) Infantry Rifleman / Police Sergeant / Company Clerk
Duties, Accomplishments and Related Skills:
- Served as Watch Chief while deployed to Iraq, maintaining manifests of all patrols and supervising/coordinating routes, and required logistical needs for each patrol.
- Managed the company database of over 200 Marines.
- Assisted the Company First Sergeant in creating rosters for training and accountability.
- Served as Company Clerk support administrative needs for the company of over 200 Marines.
- Assisted the Company Gunnery Sergeant with all Logistical support while deployed.
- Maintained the barracks and reported any discrepancies to company Gunnery Sergeant.
- Deployed as advanced party to set up sites and facilities for the main body of the unit.
- Served as an Assistant Convoy Commander while deployed, delivering supplies and support to various security outposts.
-Conducted operations in support of Operation Iraqi Freedom including Convoy Operations, Security Sweeps, Vehicle Checkpoints, and other operations.
Awards:
- Good Conduct Medal, 2004
- Certificate of Commendation, 2005, 2006

Critical Care Emergency Medical Transport Program (Student 81506)

Coastal Carolina Community College Jacksonville, NC United States Technical or Occupational Certificate 12/2012
Relevant Coursework, Licenses and Certifications:
NC EMT-Paramedic (P076173)

Job Related Training

Certifications
International Board of Specialty Certifications – Flight Paramedic – Certified (Cert: 10936)
NC Paramedic (State ID P076173)
Basic Life Support Instructor (Instructor ID 04210947712)
Advanced Cardiac Life Support Instructor (Instructor ID 04210947712)
Pediatric Advanced Life Support Instructor (Instructor ID 04210947712)
CEVO Course Instructor
Prehospital Trauma Life Support
Neonatal Resuscitation Program
Basic Life Support
Advanced Cardiac Life Support
Pediatric Advanced Life Support
Pediatric Education for Prehospital Providers
Public Safety Diver
Swiftwater Rescue Technician - Advanced
Dive Medic, 2013
Emergency Driving Course, CEVO
NAUI Advanced Rescue Diver, 2012
NAUI AED, CPR, BBP, SFA, E-O2, Aquatic Injuries, 2011
NAUI Advanced Scuba Diver, 2011
NAUI EANx Diver, 2011

Additional Education and Training

Priority Ambulance Leadership Foundation – EMS Leaders of Tomorrow Program Class of 2022
Executive level leadership and management program where students receive an intensive training experience delivered in four modules over the course of a year at various locations throughout the country, including Knoxville, TN; Indianapolis, IN; Atlanta, GA; and Scottsdale, AZ. The curriculum provides in-depth, practical instruction on multiple tracks, including human resources management, customer service, community relations, marketing, business development, government affairs, EMS system management and design, documentation, finance, budgeting, revenue cycle management, information technology, communications technology, fleet management and maintenance, logistics, clinical, and compliance performance, safety, risk management and legal considerations.
EMS Officer I Course – College of the Albemarle – 2019
Coastal Carolina Community College- EMT-Paramedic Program, 2012

000447

monitoring systems in the Command Operations Center, advanced room clearing tactics, weapons employment and lethal / less than lethal force options, communications procedures, and post standing procedures. Conducted operations on land and sea to protect personnel and equipment from fire, theft, and terrorism. Enforced laws and regulations on various installations and provided written reports on short comings of an installation's emplaced physical security. Multiple award expert rifle and pistol marksman. Marksmanship coach and small arms weapons instructor. 2 Combat deployments.

Safety –School trained safety officer. Conducted monthly safety inspections. Knowledge of laser, mechanical, occupational health, operational risk management, traffic, material storage, and various other types of safety measures / requirements. Knowledge of OSHA and other federal regulations

Hazardous Materials – Supervised the proper storage, handling, and disposal of potential hazardous substances while working as the Battalion Level Hazardous Materials / Hazardous Waste Site Manager

Computer Knowledge – Effective with Microsoft Word, Excel, and Power Point. Limited knowledge of Access.

Additional Skills and Accomplishments

Valuable supervisor and mentor who can work in a group or as an individual to meet deadlines. Possesses the required mindset to adapt and overcome obstacles on the path to mission accomplishment.
Tireless work ethic, dedicated and Loyal
Navy Achievement Medal, 2009, Good Conduct Medal, 2004 and 2007, Certificate of Commendation, 2005, 2006, 2009, 2009
Paramedic of the Quarter 2017
Paramedic of the Year 2017

STELLARMED
MOBILE TRANSPORT

StellarMed Mobile Transport
Fee Schedule

Type	Fee
BLS Non-Emergent (i.e. hospital discharge, transport to appointments, etc.)	$550.00 flat rate
BLS Emergent (i.e. transport to an emergency room)	$765.00 flat rate
BLS Mileage	$11.50 per mile
Wheelchair Van	$50.00 flat rate
Wheelchair Van Mileage	$5.25 per mile

These prices are based on self pay with no insurance and no facility contract agreement.

Wheelchair transport is always assumed to be self pay unless otherwise noted.

4355 Gum Branch Rd. • Jacksonville, NC 28540 • 910.968.0040

000448

SLNC State Library of North Carolina

NC Research Library Support Talking Books
statelibrary.ncdcr.gov

06/06/2024

Laura Jones
Director
Duplin County Library
107 Bowden Drive
Kenansville, NC 28349

Re: 2024-2025 EZ Grant Application - Story Walk around the county with Me!

Dear Laura,

Congratulations! The State Library is pleased to inform you that this application has been approved for funding in the amount of **$19,402.00**, with a $2,307.00 match contingent on budget changes. Construction costs are unallowable and have been removed from the overall cost of project. Please submit a revised budget in the GMS; an example budget is available in the GMS.

A public announcement of all 2024-2025 LSTA grant awards will be made today and grant awards will be listed online at https://statelibrary.ncdcr.gov/services-libraries/grants-libraries/lsta-grant-information.

To make it easier for signatures to be gathered in a timely fashion, agreements are sent via DocuSign. How DocuSign works: the Library Director receives the documentation first, then after checking the cover page for accuracy and filling in any missing information, attach any other necessary documents, and then sign the agreement. The agreement is then automatically sent to the 2nd signer, which is the Local Government or Institutional Representative for the awarded library.

Once that person signs, the agreement package is then sent automatically to the State Librarian for execution. Once the State Librarian has signed, all parties receive a completed copy from DocuSign. Please keep this for your records, you will not receive a copy in the mail. LSTA Staff will then email the Project Manager a notification that spending may begin, which includes important information about administering the grant, and any necessary attachments.

Keep in mind that:

- The library's authorized representatives AND the State Librarian must sign the Grant Agreement for the grant to be considered fully executed; thereby completing the awarding of funds. Funds cannot be encumbered or spent until you have been notified that spending may begin.
- The Project Manager is the primary contact between your library and the State Library for the life of the project. It is expected that when questions arise about expenditures, reimbursements, reporting, and anything else related to the grant, the Project Manager will be the State Library's primary point of contact. It is the library's responsibility to notify the State Library of changes in Project Manager information.

Roy Cooper, Governor
D. Reid Wilson, Secretary
Michelle Underhill, State Librarian

Physical Address
109 East Jones Street
Raleigh, NC 27601
(919) 814-6780

Mailing Address
4640 Mail Service Center
Raleigh, NC 27699-4600

- You are required to credit IMLS and the State Library (see statement below) in all related purchases, publications, and activities in conjunction with the use of the grant funds.
"This grant is made possible by funding from the federal Institute of Museum and Library Services (IMLS) under the provisions of the Library Services and Technology Act (LSTA) as administered by the State Library of North Carolina, a division of the Department of Natural and Cultural Resources (IMLS grant number LS-256834-OLS-24)."

Please let me know if you have any questions.

Sincerely,

Catherine Prince, Federal Programs Consultant

JUN 20

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SLNC
statelibrary.ncdcr.gov

SLNC Budget Form

Use the **budget instructions** to help categorize costs.

1. Salaries/Wages/Fringe

Title of Position and FTE	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

2. Consultant Fees

Name of Consultant	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

3. Travel, library staff only

To/From and Purpose	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

4. Supplies

Item Group similar items together by row	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
Aluminum Post stations for story walk	$ 1,947.00	$ 17,510.74	$ 19,457.74			$ 0.00			$ 0.00
Concrete and rebar for install	$ 60.00	$ 540.41	$ 600.41			$ 0.00			$ 0.00
Books and materials	$ 300.00	$ 1,350.00	$ 1,650.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Subtotal	$ 2,307.00	$ 19,401.15	$ 21,708.15	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

5. Equipment

Item	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

6. Services

Name of Provider	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

7. Total Direct Costs

	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
Subtotals (1-7)	$ 2,307.00	$ 19,401.15	$ 21,708.15	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

8. Indirect Costs

- (●) The library chooses not to include Indirect Costs
- ( ) The library chooses a rate not to exceed 10% of modified total Direct Costs (MTDC)
- ( ) The library has a rate of _____% that has been negotiated with a federal agency.

Rate and Base	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
			$ 0.00			$ 0.00			$ 0.00
			$ 0.00			$ 0.00			$ 0.00
Indirect Costs Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	€ 0.000

9. Total Project Costs

	Year 1			Year 2 (Project Grant only)			Year 3 (Project Grant only)		
	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds	Matching Funds	LSTA Funds	Total Funds
Total Costs (7+8)	$ 2,307.00	$ 19,401.15	$ 21,708.15	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

10. Matching Calculator

	Year 1		Year 2 (Project Grant only)		Year 3 (Project Grant only)	
	Budgeted Match	Required Match	Budgeted Match	Required Match	Budgeted Match	Required Match
Match Amounts	10.6%	**10% or 25%**	0.0%	**33%**	0.0%	**50%**

Story Walks consist of permanent fixtures in public recreational spaces featuring story book pages in sequence throughout the trail. The library is responsible for changing out the story several times a year to keep the activity engaging for participants.

With this grant we will focus on installing Story Walks in Albertson, Beulaville, Faison, Kenansville, Rose Hill and Warsaw with permission and an agreement with each municipality. Kits will be purchased with grant funds ($19,402). The installation will be completed using required matching funds ($2,307 from library trust accounts). Local scout troops will be engaged to complete the installation.



BA # _____

Duplin County
Budget Amendment

Department Title: Library
Department Head's Signature: Laura C Jones
(form can be e-mailed to Finance from Dept. Head)

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

Brief description of why this amendment is being requested:
Award: $19,402.00 LSTA Grant for Story Walks to be installed in several recreation locations around the county

Revenue code	Line Item Description	Amount	Expense code	Line Item Description
6110-38405		19,402.00	6121-38405	
Total		19,402.00	Total	

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

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Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: County

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$32,201,811.08	$0.00	$32,201,811.08	$31,150,282.17	$1,051,528.91
2022	$31,277,978.36	$912,177.99	$0.00	$469,123.49	$443,054.50
2021	$29,981,126.23	$442,898.09	$0.00	$166,812.71	$276,085.38
2020	$29,616,785.74	$260,928.06	$0.00	$82,643.95	$178,284.11
2019	$29,495,753.25	$183,038.58	$0.00	$46,409.02	$136,629.56
2018	$27,815,723.11	$130,259.35	$0.00	$27,020.28	$103,239.07
2017	$26,061,494.49	$89,040.10	$0.00	$7,942.86	$81,097.24
2016	$26,662,788.38	$51,667.30	$0.00	$6,064.26	$45,603.04
2015	$26,261,577.61	$28,526.39	$0.00	$3,153.91	$25,372.48
2014	$25,723,174.80	$23,103.59	$0.00	$2,293.93	$20,809.66
	Total	$2,101,639.45	$32,201,811.08	$31,961,746.58	$2,341,703.95

Payments	$31,935,910.54
Releases	$754,086.57
Refunds	$-436,758.44
Returned Checks	$-25,085.24
Adjustments	$-19,333.08
Fine and Forfeitures	$-22,059.92
Discounts	$464,190.21
Overpayments	$-53,603.02
Cost	$-14,149.56
Interest	$-239,210.72
Penalty	$-101,285.68
Prepayments 2023	$-48,264.74
Prepayments 2024	$-234,774.20
Prior Year Collections	$2,083.86
Total	$31,961,746.58

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Capital Fund

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$900,208.10	$0.00	$900,208.10	$870,943.64	$29,264.46
2022	$874,550.57	$25,444.95	$0.00	$13,086.72	$12,358.23
2021	$836,928.16	$11,797.04	$0.00	$4,619.34	$7,177.70
2020	$827,613.12	$6,823.45	$0.00	$2,248.49	$4,574.96
2019	$816,333.53	$4,522.45	$0.00	$1,257.73	$3,264.72
2018	$0.00	$-16.35	$0.00	$0.00	$-16.35
2017	$0.00	$-6.72	$0.00	$0.00	$-6.72
	Total	$48,564.82	$900,208.10	$892,155.92	$56,617.00

Payments	$883,539.01
Releases	$17,303.99
Refunds	$-6,922.68
Returned Checks	$-696.63
Adjustments	$-46.82
Fine and Forfeitures	$0
Discounts	$4,841.79
Overpayments	$0
Cost	$0
Interest	$-5,862.74
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$892,155.92

000453

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Solid Waste

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$2,024,322.50	$0.00	$2,024,322.50	$1,806,914.15	$217,408.35
2022	$1,941,641.90	$211,487.42	$0.00	$80,688.52	$130,798.90
2021	$1,569,792.60	$103,935.32	$0.00	$25,825.27	$78,110.05
2020	$1,540,060.20	$76,711.30	$0.00	$13,490.21	$63,221.09
2019	$1,541,897.40	$59,488.46	$0.00	$9,720.82	$49,767.64
2018	$1,532,207.04	$46,799.03	$0.00	$5,571.46	$41,227.57
2017	$1,542,327.50	$36,889.32	$0.00	$3,336.64	$33,352.68
2016	$1,540,259.78	$30,579.81	$0.00	$3,976.62	$26,603.19
2015	$1,542,704.06	$25,063.14	$0.00	$3,534.57	$21,528.57
2014	$1,564,671.06	$19,125.99	$0.00	$1,059.65	$18,066.34
	Total	$609,879.79	$2,024,322.50	$1,954,117.91	$680,084.38

Payments	$1,913,621.14
Releases	$91,851.60
Refunds	$-19,077.64
Returned Checks	$-1,019.50
Adjustments	$-17,047.35
Fine and Forfeitures	$0
Discounts	$23,187.86
Overpayments	$0
Cost	$0.00
Interest	$-37,578.22
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$180.00
Total	$1,954,117.91

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Oakwolfe Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$73,604.43	$0.00	$73,604.43	$71,494.44	$2,109.99
2022	$71,334.33	$1,449.53	$0.00	$602.14	$847.39
2021	$71,299.35	$710.09	$0.00	$239.96	$470.13
2020	$71,846.96	$382.37	$0.00	$105.09	$277.28
2019	$58,602.55	$36.92	$0.00	$41.82	$-4.90
2018	$57,922.52	$138.45	$0.00	$11.79	$126.66
2017	$57,258.01	$133.32	$0.00	$0.25	$133.07
2016	$50,603.99	$98.07	$0.00	$0.25	$97.82
2015	$59,190.04	$60.15	$0.00	$0.00	$60.15
2014	$48,161.58	$44.65	$0.00	$13.35	$31.30
	Total	$3,053.55	$73,604.43	$72,509.09	$4,148.89

Payments	$70,846.52
Releases	$516.16
Refunds	$-51.94
Returned Checks	$-17.60
Adjustments	$-25.90
Fine and Forfeitures	$0
Discounts	$1,587.79
Overpayments	$0
Cost	$0.00
Interest	$-345.94
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.00
Total	$72,509.09

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Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Glisson Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$160,583.54	$0.00	$160,583.54	$156,688.26	$3,895.28
2022	$158,925.15	$3,144.39	$0.00	$1,700.46	$1,443.93
2021	$155,509.45	$1,202.99	$0.00	$495.20	$707.79
2020	$162,655.98	$830.80	$0.00	$418.00	$412.80
2019	$164,941.81	$509.64	$0.00	$254.74	$254.90
2018	$149,459.24	$445.47	$0.00	$197.48	$247.99
2017	$134,552.02	$200.36	$0.00	$27.85	$172.51
2016	$126,633.41	$127.40	$0.00	$5.54	$121.86
2015	$137,152.17	$73.23	$0.00	$3.18	$70.05
2014	$108,483.22	$54.69	$0.00	$2.35	$52.34
	Total	$6,588.97	$160,583.54	$159,793.06	$7,379.45

Payments	$155,618.67
Releases	$4,185.67
Refunds	$-111.16
Returned Checks	$-10.21
Adjustments	$-43.07
Fine and Forfeitures	$0
Discounts	$1,054.70
Overpayments	$0
Cost	$0.00
Interest	$-902.38
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.84
Total	$159,793.06

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Sarecta Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$91,750.21	$0.00	$91,750.21	$90,179.56	$1,570.65
2022	$92,923.62	$1,636.46	$0.00	$850.77	$785.69
2021	$90,979.86	$1,133.82	$0.00	$409.90	$723.92
2020	$91,402.84	$513.59	$0.00	$308.01	$205.58
2019	$89,254.83	$328.45	$0.00	$83.97	$244.48
2018	$84,943.97	$173.20	$0.00	$21.02	$152.18
2017	$95,503.31	$85.14	$0.00	$2.10	$83.04
2016	$85,022.20	$28.00	$0.00	$0.01	$27.99
2015	$104,126.88	$22.70	$0.00	$0.00	$22.70
2014	$91,508.88	$16.71	$0.00	$0.00	$16.71
	Total	$3,938.07	$91,750.21	$91,855.34	$3,832.94

Payments	$89,906.44
Releases	$1,088.74
Refunds	$-588.13
Returned Checks	$0.00
Adjustments	$-13.92
Fine and Forfeitures	$0
Discounts	$1,985.23
Overpayments	$0
Cost	$0.00
Interest	$-523.02
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.00
Total	$91,855.34

000455

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: East Duplin Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$108,315.30	$0.00	$108,315.30	$103,322.91	$4,992.39
2022	$103,068.98	$4,469.41	$0.00	$2,221.98	$2,247.43
2021	$100,843.54	$1,989.15	$0.00	$712.30	$1,276.85
2020	$96,392.83	$987.90	$0.00	$345.37	$642.53
2019	$89,760.43	$481.78	$0.00	$99.50	$382.28
2018	$86,238.11	$418.33	$0.00	$19.19	$399.14
2017	$81,409.06	$206.45	$0.00	$14.20	$192.25
2016	$74,226.98	$135.80	$0.00	$32.12	$103.68
2015	$132,618.05	$78.30	$0.00	$21.06	$57.24
2014	$70,526.97	$51.94	$0.00	$21.57	$30.37
	Total	$8,819.06	$108,315.30	$106,810.20	$10,324.16

Payments	$104,450.79
Releases	$811.99
Refunds	$-96.31
Returned Checks	$0.00
Adjustments	$-28.43
Fine and Forfeitures	$0
Discounts	$2,582.70
Overpayments	$0
Cost	$0.00
Interest	$-910.54
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.00
Total	$106,810.20

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Fountaintown Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$32,519.42	$0.00	$32,519.42	$31,449.31	$1,070.11
2022	$30,778.82	$735.21	$0.00	$372.92	$362.29
2021	$29,907.22	$318.85	$0.00	$93.39	$225.46
2020	$29,851.96	$153.33	$0.00	$59.37	$93.96
2019	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$1,207.39	$32,519.42	$31,974.99	$1,751.82

Payments	$31,163.04
Releases	$146.19
Refunds	$-44.81
Returned Checks	$0.00
Adjustments	$-0.38
Fine and Forfeitures	$0
Discounts	$879.75
Overpayments	$0
Cost	$0.00
Interest	$-168.80
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$31,974.99

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Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Albertson Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$103,336.01	$0.00	$103,336.01	$100,877.10	$2,458.91
2022	$96,481.58	$3,406.08	$0.00	$2,046.80	$1,359.28
2021	$95,884.83	$1,368.05	$0.00	$740.84	$627.21
2020	$93,280.38	$1,073.93	$0.00	$250.21	$823.72
2019	$88,479.71	$653.48	$0.00	$188.89	$464.59
2018	$79,866.79	$483.28	$0.00	$85.84	$397.44
2017	$78,525.82	$222.13	$0.00	$77.41	$144.72
2016	$64,090.12	$67.70	$0.00	$9.48	$58.22
2015	$66,076.82	$73.07	$0.00	$3.89	$69.18
2014	$60,527.20	$53.74	$0.00	$1.50	$52.24
	Total	$7,401.46	$103,336.01	$104,281.96	$6,455.51

Payments	$101,811.67
Releases	$2,390.31
Refunds	$-345.83
Returned Checks	$-4.70
Adjustments	$-197.57
Fine and Forfeitures	$0
Discounts	$1,595.27
Overpayments	$0
Cost	$0.00
Interest	$-967.39
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.00
Total	$104,281.96

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Stacy Britt Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$207,020.97	$0.00	$207,020.97	$200,110.32	$6,910.65
2022	$197,078.06	$7,223.39	$0.00	$3,070.16	$4,153.23
2021	$190,738.87	$5,001.49	$0.00	$1,741.84	$3,259.65
2020	$182,615.20	$2,760.64	$0.00	$231.97	$2,528.67
2019	$183,389.48	$2,473.14	$0.00	$170.19	$2,302.95
2018	$153,361.45	$1,890.08	$0.00	$141.90	$1,748.18
2017	$161,844.66	$1,521.31	$0.00	$35.64	$1,485.67
2016	$139,669.71	$1,275.43	$0.00	$0.00	$1,275.43
2015	$153,710.70	$115.06	$0.00	$1.58	$113.48
2014	$107,351.07	$90.80	$0.00	$2.10	$88.70
	Total	$22,351.34	$207,020.97	$205,505.70	$23,866.61

Payments	$203,433.82
Releases	$1,313.79
Refunds	$-443.09
Returned Checks	$0.00
Adjustments	$-89.59
Fine and Forfeitures	$0
Discounts	$2,835.21
Overpayments	$0
Cost	$0.00
Interest	$-1,549.18
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$4.74
Total	$205,505.70

000457

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Franklin Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$37,674.87	$0.00	$37,674.87	$35,337.37	$2,337.50
2022	$35,574.68	$1,494.91	$0.00	$922.68	$572.23
2021	$32,879.36	$736.00	$0.00	$509.75	$226.25
2020	$25,934.13	$67.88	$0.00	$0.40	$67.48
2019	$22,974.53	$103.25	$0.00	$0.40	$102.85
2018	$22,684.45	$87.29	$0.00	$0.40	$86.89
2017	$21,557.72	$44.27	$0.00	$0.71	$43.56
2016	$21,710.37	$35.43	$0.00	$7.00	$28.43
2015	$23,775.07	$26.61	$0.00	$22.48	$4.13
2014	$17,926.18	$8.61	$0.00	$4.39	$4.22
	Total	$2,604.25	$37,674.87	$36,805.58	$3,473.54

Payments	$36,505.47
Releases	$453.93
Refunds	$-136.07
Returned Checks	$-58.24
Adjustments	$-14.17
Fine and Forfeitures	$0
Discounts	$421.60
Overpayments	$0
Cost	$0.00
Interest	$-366.94
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.00
Total	$36,805.58

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Northeast Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$269,158.22	$0.00	$269,158.22	$264,615.80	$4,542.42
2022	$263,216.45	$3,536.46	$0.00	$1,389.36	$2,147.10
2021	$261,065.22	$2,130.41	$0.00	$494.14	$1,636.27
2020	$260,851.22	$901.32	$0.00	$243.45	$657.87
2019	$209,473.73	$917.58	$0.00	$156.04	$761.54
2018	$163,447.67	$215.46	$0.00	$70.50	$144.96
2017	$160,646.88	$126.03	$0.00	$11.97	$114.06
2016	$173,284.50	$83.67	$0.00	$36.92	$46.75
2015	$180,379.08	$29.67	$0.00	$5.61	$24.06
2014	$167,995.17	$21.40	$0.00	$0.10	$21.30
	Total	$7,962.00	$269,158.22	$267,023.89	$10,096.33

Payments	$262,142.28
Releases	$1,376.95
Refunds	$-164.51
Returned Checks	$-208.83
Adjustments	$-21.93
Fine and Forfeitures	$0
Discounts	$4,853.31
Overpayments	$0
Cost	$0.00
Interest	$-953.38
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$0.00
Total	$267,023.89

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Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Chinquapin Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$77,286.80	$0.00	$77,286.80	$73,178.93	$4,107.87
2022	$76,384.89	$3,742.56	$0.00	$2,062.57	$1,679.99
2021	$69,884.04	$1,339.95	$0.00	$576.44	$763.51
2020	$66,741.10	$899.31	$0.00	$370.50	$528.81
	Total	$5,981.82	$77,286.80	$76,188.44	$7,080.18

Payments	$75,179.12
Releases	$1,051.51
Refunds	$-330.34
Returned Checks	$-250.81
Adjustments	$-1.14
Fine and Forfeitures	$0
Discounts	$1,335.27
Overpayments	$0
Cost	$0.00
Interest	$-795.17
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$76,188.44

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Duplin Pender Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$85,473.17	$0.00	$85,473.17	$81,812.92	$3,660.25
2022	$79,721.46	$4,463.49	$0.00	$2,818.05	$1,645.44
2021	$72,401.72	$2,781.48	$0.00	$1,509.42	$1,272.06
2020	$69,056.40	$1,965.69	$0.00	$1,054.27	$911.42
	Total	$9,210.66	$85,473.17	$87,194.66	$7,489.17

Payments	$82,994.62
Releases	$4,678.66
Refunds	$-7.28
Returned Checks	$-34.64
Adjustments	$-1.00
Fine and Forfeitures	$0
Discounts	$438.30
Overpayments	$0
Cost	$0.00
Interest	$-874.00
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$87,194.66

000459

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Goshen Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$53,387.22	$0.00	$53,387.22	$50,879.21	$2,508.01
2022	$52,421.41	$2,326.94	$0.00	$707.41	$1,619.53
2021	$51,942.66	$854.84	$0.00	$248.15	$606.69
2020	$47,761.14	$434.47	$0.00	$43.83	$390.64
	Total	$3,616.25	$53,387.22	$51,878.60	$5,124.87

Payments	$50,803.04
Releases	$367.97
Refunds	$-57.60
Returned Checks	$0.00
Adjustments	$-0.70
Fine and Forfeitures	$0
Discounts	$1,067.56
Overpayments	$0
Cost	$0.00
Interest	$-301.67
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$51,878.60

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Greenevers Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$42,554.20	$0.00	$42,554.20	$40,126.89	$2,427.31
2022	$40,971.84	$2,379.86	$0.00	$1,558.27	$821.59
2021	$39,871.26	$748.59	$0.00	$177.98	$570.61
2020	$37,069.15	$410.54	$0.00	$77.91	$332.63
	Total	$3,538.99	$42,554.20	$41,941.05	$4,152.14

Payments	$40,786.17
Releases	$950.14
Refunds	$-1.95
Returned Checks	$0.00
Adjustments	$-0.20
Fine and Forfeitures	$0
Discounts	$675.99
Overpayments	$0
Cost	$0.00
Interest	$-449.10
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$41,941.05

000460

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Lyman Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$22,612.87	$0.00	$22,612.87	$21,970.08	$642.79
2022	$20,876.32	$629.47	$0.00	$313.98	$315.49
2021	$20,480.64	$252.97	$0.00	$4.96	$248.01
2020	$19,164.31	$211.20	$0.00	$11.15	$200.05
	Total	$1,093.64	$22,612.87	$22,300.17	$1,406.34

Payments	$21,891.40
Releases	$194.21
Refunds	$-44.75
Returned Checks	$-42.05
Adjustments	$-0.20
Fine and Forfeitures	$0
Discounts	$487.60
Overpayments	$0
Cost	$0.00
Interest	$-186.24
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$22,300.17

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: North Duplin Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$42,009.70	$0.00	$42,009.70	$41,517.45	$492.25
2022	$41,449.45	$515.22	$0.00	$189.00	$326.22
2021	$40,572.67	$277.59	$0.00	$41.72	$235.87
2020	$35,508.27	$83.82	$0.00	$7.28	$76.54
	Total	$876.63	$42,009.70	$41,755.45	$1,130.88

Payments	$40,755.78
Releases	$146.62
Refunds	$-123.98
Returned Checks	$0.00
Adjustments	$-0.45
Fine and Forfeitures	$0
Discounts	$1,106.53
Overpayments	$0
Cost	$0.00
Interest	$-129.05
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$41,755.45

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Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Potters Hill Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$60,652.88	$0.00	$60,652.88	$58,712.75	$1,940.13
2022	$53,148.10	$2,246.42	$0.00	$1,613.26	$633.16
2021	$52,467.31	$787.48	$0.00	$507.28	$280.20
2020	$51,524.19	$304.75	$0.00	$122.62	$182.13
	Total	$3,338.65	$60,652.88	$60,955.91	$3,035.62

Payments	$59,238.59
Releases	$1,178.67
Refunds	$-138.59
Returned Checks	$-9.42
Adjustments	$-0.67
Fine and Forfeitures	$0
Discounts	$1,296.91
Overpayments	$0
Cost	$0.00
Interest	$-609.58
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$60,955.91

Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Rosemary Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$221,279.31	$0.00	$221,279.31	$214,310.20	$6,969.11
2022	$195,398.98	$3,235.64	$0.00	$1,392.45	$1,843.19
2021	$149,334.04	$1,481.73	$0.00	$403.82	$1,077.91
2020	$129,051.71	$708.58	$0.00	$220.20	$488.38
	Total	$5,425.95	$221,279.31	$216,326.67	$10,378.59

Payments	$196,722.58
Releases	$3,608.41
Refunds	$-2,959.95
Returned Checks	$-137.20
Adjustments	$-1.17
Fine and Forfeitures	$0
Discounts	$17,618.21
Overpayments	$0
Cost	$0.00
Interest	$-524.21
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$216,326.67

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Duplin County Settlement
July 01, 2023 to June 30, 2024

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Type: Teachey Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$115,899.64	$0.00	$115,899.64	$113,612.89	$2,286.75
2022	$112,697.32	$2,197.52	$0.00	$1,000.40	$1,197.12
2021	$106,364.84	$1,217.46	$0.00	$508.57	$708.89
2020	$101,646.40	$789.99	$0.00	$334.02	$455.97
	Total	$4,204.97	$115,899.64	$115,455.88	$4,648.73

Payments	$112,887.67
Releases	$610.04
Refunds	$-269.66
Returned Checks	$-18.20
Adjustments	$-0.18
Fine and Forfeitures	$0
Discounts	$2,702.72
Overpayments	$0
Cost	$0.00
Interest	$-456.51
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$115,455.88

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Waylin Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$25,095.22	$0.00	$25,095.22	$24,658.45	$436.77
2022	$25,123.90	$464.26	$0.00	$342.49	$121.77
2021	$21,703.12	$360.80	$0.00	$275.02	$85.78
2020	$17,361.72	$88.83	$0.00	$0.00	$88.83
	Total	$913.89	$25,095.22	$25,275.96	$733.15

Payments	$24,966.66
Releases	$49.67
Refunds	$0.00
Returned Checks	$0.00
Adjustments	$-0.15
Fine and Forfeitures	$0
Discounts	$418.16
Overpayments	$0
Cost	$0.00
Interest	$-158.38
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$25,275.96

634963

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Cherry Tree Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$0.00	$0.00	$0.00	$0.00

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Liberty Hall Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$177,115.39	$0.00	$177,115.39	$172,952.79	$4,162.60
2022	$180,294.96	$3,421.53	$0.00	$1,794.84	$1,626.69
2021	$160,703.31	$1,575.54	$0.00	$826.72	$748.82
2020	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$4,997.07	$177,115.39	$175,574.35	$6,538.11

Payments	$170,621.50
Releases	$3,850.41
Refunds	$-332.53
Returned Checks	$-92.52
Adjustments	$-0.52
Fine and Forfeitures	$0
Discounts	$2,782.01
Overpayments	$0
Cost	$0.00
Interest	$-1,054.00
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$175,574.35

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Natural Wells Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$0.00	$0.00	$0.00	$0.00

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Nine Mile Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$0.00	$0.00	$0.00	$0.00

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

000465

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Pinhook Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$0.00	$0.00	$0.00	$0.00

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Pricetown Fire

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$0.00	$0.00	$0.00	$0.00

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

99465

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Calypso

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$84,968.50	$0.00	$84,968.50	$81,899.23	$3,069.27
2022	$83,712.67	$3,857.84	$0.00	$2,154.94	$1,702.90
2021	$81,760.28	$1,689.97	$0.00	$1,252.83	$437.14
2020	$89,759.64	$-283.48	$0.00	$169.34	$-432.82
2019	$74,434.47	$158.95	$0.00	$103.71	$55.24
2018	$74,158.13	$100.23	$0.00	$26.51	$73.72
2017	$66,533.39	$59.15	$0.00	$29.28	$29.87
2016	$65,484.10	$7.93	$0.00	$0.00	$7.93
2015	$57,818.86	$0.00	$0.00	$0.00	$0.00
	Total	$5,610.59	$84,968.50	$85,635.84	$4,943.25

Payments	$85,422.58
Releases	$762.25
Refunds	$-330.45
Returned Checks	$0.00
Adjustments	$-0.82
Fine and Forfeitures	$0
Discounts	$631.83
Overpayments	$0
Cost	$0.00
Interest	$-849.55
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$85,635.84

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Greenevers

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$55,112.99	$0.00	$55,112.99	$47,901.84	$7,211.15
2022	$56,508.13	$4,111.67	$0.00	$1,602.33	$2,509.34
2021	$58,917.40	$2,477.17	$0.00	$281.91	$2,195.26
2020	$57,780.15	$1,120.42	$0.00	$114.07	$1,006.35
2019	$48,253.18	$787.70	$0.00	$28.37	$759.33
2018	$48,519.94	$886.20	$0.00	$47.89	$838.31
2017	$46,229.10	$635.26	$0.00	$6.00	$629.26
2016	$40,291.34	$448.26	$0.00	$8.85	$439.41
	Total	$10,466.68	$55,112.99	$49,991.26	$15,588.41

Payments	$49,864.68
Releases	$5,252.25
Refunds	$-4,650.69
Returned Checks	$-62.10
Adjustments	$-0.52
Fine and Forfeitures	$0
Discounts	$256.05
Overpayments	$0
Cost	$0.00
Interest	$-668.41
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$49,991.26

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Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Kenansville

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$405,267.47	$0.00	$405,267.47	$391,301.72	$13,965.75
2022	$348,649.89	$9,948.79	$0.00	$4,498.57	$5,450.22
2021	$342,341.81	$2,680.95	$0.00	$1,104.04	$1,556.91
2020	$336,050.86	$1,538.49	$0.00	$94.34	$1,444.15
2019	$357,810.41	$1,009.74	$0.00	$12.74	$997.00
2018	$295,599.38	$1,123.83	$0.00	$2.98	$1,120.85
2017	$335,944.82	$991.72	$0.00	$2.98	$988.74
2016	$323,253.98	$476.66	$0.00	$0.00	$476.66
	Total	$17,750.18	$405,267.47	$397,017.37	$26,000.28

Payments	$377,864.95
Releases	$20,228.38
Refunds	$-1,497.56
Returned Checks	$-128.79
Adjustments	$-130.25
Fine and Forfeitures	$0
Discounts	$3,643.79
Overpayments	$0
Cost	$0.00
Interest	$-2,961.15
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$397,017.37

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Warsaw

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$1,386,572.06	$0.00	$1,386,572.06	$1,352,634.64	$33,937.42
2022	$1,528,973.85	$28,055.18	$0.00	$16,184.57	$11,870.61
2021	$1,224,412.41	$12,138.41	$0.00	$3,585.83	$8,552.58
2020	$1,207,741.62	$8,218.26	$0.00	$1,581.78	$6,636.48
2019	$1,208,403.84	$5,644.35	$0.00	$1,341.18	$4,303.17
2018	$876,566.09	$2,694.61	$0.00	$177.42	$2,517.19
2017	$809,729.26	$1,957.73	$0.00	$41.58	$1,916.15
2016	$879,585.65	$1,314.67	$0.00	$38.25	$1,276.42
	Total	$60,023.21	$1,386,572.06	$1,375,585.25	$71,010.02

Payments	$1,347,912.50
Releases	$25,549.05
Refunds	$-5,504.03
Returned Checks	$0.00
Adjustments	$236.49
Fine and Forfeitures	$0
Discounts	$17,045.28
Overpayments	$0
Cost	$0.00
Interest	$-9,654.04
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$1,375,585.25

000468

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Beulaville

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2021	$127.38	$54.95	$0.00	$0.00	$54.95
2020	$0.00	$0.00	$0.00	$0.00	$0.00
2019	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$54.95	$0.00	$0.00	$54.95

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Faison

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$0.00	$0.00	$0.00	$0.00	$0.00
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
2019	$0.00	$-1.75	$0.00	$0.00	$-1.75
	Total	$-1.75	$0.00	$0.00	$-1.75

Payments	$
Overpayments	$0
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$0.00

000469

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Magnolia

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$181,478.02	$0.00	$181,478.02	$163,419.14	$18,058.88
2022	$169,239.09	$15,730.36	$0.00	$9,546.66	$6,183.70
2021	$166,906.38	$8,932.80	$0.00	$5,750.78	$3,181.82
2020	$0.00	$0.00	$0.00	$0.00	$0.00
2019	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$24,662.96	$181,478.02	$178,716.58	$27,424.40

Payments	$171,025.29
Releases	$10,458.31
Refunds	$-949.70
Returned Checks	$0.00
Adjustments	$0.24
Fine and Forfeitures	$0
Discounts	$1,631.43
Overpayments	$0
Cost	$0.00
Interest	$-3,448.99
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$178,716.58

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Rose Hill

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$490,689.52	$0.00	$490,689.52	$460,726.46	$29,963.06
2022	$466,904.70	$17,447.74	$0.00	$8,557.77	$8,889.97
2021	$495,401.54	$9,531.28	$0.00	$3,809.32	$5,721.96
2020	$0.00	$0.00	$0.00	$0.00	$0.00
2019	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$26,979.02	$490,689.52	$473,093.55	$44,574.99

Payments	$465,879.34
Releases	$5,542.15
Refunds	$-103.54
Returned Checks	$-91.23
Adjustments	$-3.03
Fine and Forfeitures	$0
Discounts	$4,796.26
Overpayments	$0
Cost	$0.00
Interest	$-2,926.40
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$473,093.55

000470

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Teachey

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$128,311.98	$0.00	$128,311.98	$123,502.58	$4,809.40
2022	$0.00	$0.00	$0.00	$0.00	$0.00
2020	$0.00	$0.00	$0.00	$0.00	$0.00
2019	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$0.00	$128,311.98	$123,502.58	$4,809.40

Payments	$119,584.90
Releases	$4,114.08
Refunds	$-777.90
Returned Checks	$0.00
Adjustments	$-0.16
Fine and Forfeitures	$0
Discounts	$1,108.75
Overpayments	$0
Cost	$0.00
Interest	$-527.09
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$123,502.58

Duplin County Settlement
July 01, 2023 to June 30, 2024

07/08/2024 08:23 AM

Type: Town Of Wallace

Year	Original Levy	Beginning Balance	Additions	Collections	Ending Balance
2023	$1,552,308.25	$0.00	$1,552,308.25	$1,503,960.66	$48,347.59
2022	$1,529,209.20	$55,852.27	$0.00	$30,361.86	$25,490.41
2021	$1,459,823.77	$14,514.90	$0.00	$6,871.03	$7,643.87
2020	$0.00	$0.00	$0.00	$0.00	$0.00
2019	$0.00	$0.00	$0.00	$0.00	$0.00
	Total	$70,367.17	$1,552,308.25	$1,541,193.55	$81,481.87

Payments	$1,511,948.62
Releases	$35,102.87
Refunds	$-1,551.13
Returned Checks	$-7,182.27
Adjustments	$-3.03
Fine and Forfeitures	$0
Discounts	$13,881.76
Overpayments	$0
Cost	$0.00
Interest	$-11,003.27
Penalty	$0.00
Prepayments 2023	$0
Prepayments 2024	$0
Prior Year Collections	$
Total	$1,541,193.55

EXHIBIT A

009471

Voting Delegate Designation for NCACC 117th Annual Conference - Forsyth County

Alisa Cobb <alisa.cobb@ncacc.org>
Thu 6/27/2024 12:53 PM
To:County Clerks <countyclerks@ncacc.org>;County Managers <CountyManagers@ncacc.org>

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

Good afternoon, County Managers and Clerks to the Board,

In order to capture voting delegate designations for the upcoming NCACC Annual Conference in August, we are asking your county to submit your voting delegate designation. You will have the option to select one person to serve as the voting delegate and one person as an alternate, if that is your preference. Click here to indicate who will serve as your voting delegate for the NCACC Annual Conference.

The NCACC's 117th Annual Conference Business Session will be held in Forsyth County on Saturday, Aug. 10, at 2 p.m., with each county entitled to one vote on items that come before the membership, including the election of the NCACC Second Vice President.

NCACC Constitution, Article VI:

"On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its County Commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who holds elective office or an appointed position in the county whose vote is being cast and who is formally designated by the Board of County Commissioners. These provisions shall likewise govern district meetings of the Association. A county in good standing is defined as one which has paid the current year's dues."

Please submit your voting delegate designations by Wednesday, Aug. 7, by close of business. Should you have any questions, please contact Alisa Cobb at alisa.cobb@ncacc.org.

Thank you,

North Carolina Association of County Commissioners

Alisa Cobb
Senior Administrative Assistant
Phone (919) 715-2685
www.ncacc.org

000472

LL 6-13-24
GV 6-13-24

TOWN OF NOSE HILL
TAX ASSESSMENT
ADJUSTMENT ROLL FOR 20 2024

NAME	TAXABILITY	TAXES	TAX DISTRICT	TAX ROLL	ASSESSMENT	LAND	BUILDING	TOTAL	TAX RATE	TAXES	LOCAL IMPROVEMENTS	SOLID WASTE	TOTAL	OTHER FEES/CHARGES
BLACKSTONE CONSTRUCTION VILLAGE	TX	1.29	200	4000.00				4,000	1.29	51.60			51.60	CREDIT TAXES REFUNDED
BLACKSTONE CONSTRUCTION VILLAGE	TX	1.29	200	4000.00				4,000	1.29	51.60			51.60	CREDIT TAXES REFUNDED
BLACKSTONE CONSTRUCTION VILLAGE	TX	1.29	200	4000.00				4,000	1.29	51.60			51.60	TAXES TO CHAMBERS COUNTY
GRAND TOTAL										97.80			97.80	

SUBMITTED BY: [signature] FINAL APPROVAL BY: [signature] DATE APPROVED: 6-13-24

LL 5-14-2024
GV 5-14-24

TOWN OF WALLACE
TAX ARREARS
ADJUSTMENT ROLL FOR 20 2024

NAME	TAXABILITY	TAXES	TAX DISTRICT	TAX ROLL	ASSESSMENT	LAND	BUILDING	TOTAL	TAX RATE	TAXES	LOCAL IMPROVEMENTS	SOLID WASTE	TOTAL	OTHER FEES/CHARGES
PARKER, GARY LEE	TX	1.29		200	4000.00			4,000	1.29	51.60	2.00		53.60	DELIVERY CHARGE / CREDIT
GRAND TOTAL										51.60	2.00		53.60	

SUBMITTED BY: [signature] FINAL APPROVAL BY: [signature] DATE APPROVED: 5-14-24

000473

LL 528-24
Ck 5-28-24

TOWN OF WALLACE
TAX REQUEST
RELEASE DATES JUNE 3, 2024

NAME	TOWNSHIP	TOWN	FIRE DISTRICT	TAX YEAR	ASSESSED VALUE	COUNTY TAX	CAPITAL FUND	TOWN	TOTAL	FIRE DISTRICT	LESS 10% DISCOUNT	SOLID WASTE	TOTAL DUE	REASON FOR RELEASE
LAPHAM, RUSSELL SCOTT	09	T-79		2023	537473			$ 13.00			$ 1.30		$ 14.33	MVT TRAILER OF PENDER COUNTY
LAPHAM, RUSSELL SCOTT	09	T-79		2022	537473			$ 13.00			$ 1.30		$ 14.33	MVT TRAILER OF PENDER COUNTY
GRAND TOTAL						$ -	$ -	$ 26.00	$ -	$ 2.60	$ -	$ -	$ 28.66	
SUBMITTED BY:				FINAL APPROVAL BY:							DATE APPROVED:		6-14-24	

JUN 13

DUPLIN COUNTY
NORTH CAROLINA

Airport Commission
Month End Report
May 2024

DUPLIN COUNTY AIRPORT

Airport Staff

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

Airport Commission Members

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

Jack Alphin, Chair

Operating Hours

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

Month	Av-Gas Sales	Jet-A Sales	Total	Av-Gas Gals	Jet-A Gals	Total	Previous FY Gallons
July	$8,946.33	$43,465.46	$52,411.79	1,654.08	11,207.38	12,861.46	18,946.72
August	$7,015.58	$71,587.02	$78,602.60	1,272.03	16,750.29	18,022.32	26,582.48
September	$8,740.47	$52,338.35	$61,078.82	1,583.66	11,395.90	12,979.56	17,152.58
October	$19,568.44	$131,393.10	$150,961.54	3,692.13	28,870.81	32,562.94	23,383.74
November	$8,328.76	$97,974.81	$106,303.57	1,597.44	22,076.08	23,673.52	15,743.63
December	$11,165.75	$42,477.58	$53,643.32	2,259.07	9,606.23	11,865.30	11,406.66
January	$5,256.03	$69,409.50	$74,665.53	1,047.24	16,873.72	17,920.96	24,748.29
February	$8,582.49	$51,609.69	$60,192.18	1,732.05	11,767.63	13,499.68	16,564.18
March	$19,422.02	$96,158.39	$115,580.41	3,867.56	22,399.04	26,266.60	31,096.20
April	$18,272.19	$89,124.67	$107,396.86	3,478.96	20,744.38	24,223.34	20,870.16
May	$8,045.77	$57,462.33	$65,508.10	1,461.25	14,065.65	15,526.90	14,681.42
June			$0.00				17,610.79
TOTAL	$123,343.83	$803,000.90	$926,344.73	23,645.47	185,757.11	209,402.58	228,160.32

Operations YTD Totals

	Aircraft	Operations	Passengers
July	509	1017	1201
Aug	533	1066	1303
Sept	432	863	1004
Oct	633	1266	1457
Nov	459	917	1079
Dec	422	843	1054
Jan	381	761	928
Feb	299	597	716
Mar	406	811	996
Apr	447	894	1191
May	380	759	954
Jun			
TOTAL	4901	9794	11883
Avg/Mth	445.5	890.4	1080.3

Hangar/Shop Rental	$9,475.00	$164,520.83
Oil Sales	$0.00	$613.06
Call Out Fees	$0.00	$1,575.00
Ramp Fees	$0.00	$400.00
Vending	$100.00	$1,232.50
Tiedown Fees	$0.00	$30.00
Ground Lease	$3,811.50	$44,551.50
Misc. Revenue	$0.00	$10,072.26
Fuel Sales	$64,505.09	$926,344.73
Total Sales - All Products	$77,891.59	$1,149,339.88

Av-Gas % of Total	11%
Full Price Gals	41%
Discounted Gals	59%
Avg Gals Av-Gas/Month	2,150
Jet-A % of Total	89%
Full Price Gals	7%
Discounted Gals	93%
Avg Gals Jet-A/Month	16,887
Avg Gals/Mth Both Fuels	*19,037.00*
Avg Gals/Mth Both Fuels Last Year	*19,014.00*

Facts And Figures

Airport Commission meets 4th Tuesday's at 7pm
DPL Total Economic Impact is $70,000,000.00
2024 Based Aircraft Value is ~$46,441,240
Based A/C values up $13.7 million over last year
~45 Based Aircraft
Check us out on Facebook-Duplin County Airport
Preferred Refueling Stop

Fuel sales about middle of the road, down from last month
Selected Micheal Baker International as second on call engineer.
Taxiway Connector A3 has been approved for funding. Project will start soon.
Fuel farm design completed, waiting to bid, cost estimate looks good at $1.9m
All new T-hangars & Legacy T-hangars fully occupied. Communal hangar full now.
Planning/designg stages to spend money from legislator

Project Name	Project #	$ Amount
Drainage Assessment	7548	$100,000.00
Drainage Repair	7549	$310,000.00
Connector Txwy Design	7553	$97,625.00
Fuel Farm Design	7554	$99,931.00
TRDFunds	*7555*	*$5,016,548.86*
Total Project $		**$5,624,104.86**

000474

Intake Detail Report

Print Date **Tuesday, July 2, 2024**

Intake StartDate	7/1/2023 12:00 AM	Jurisdiction	All
Intake EndDate	6/30/2024 11:59 PM	Injury Cause	All
Intake Type	All	PreAltered	All
Intake SubType	All	Site Name	All
Species	All	Age Group	All
DOA	All	Animal Tag Type	All
Intake Status	Completed		

Animal#	Animal Name	Species	Breed	Age	Gender	Color	PreAltered	IntakeDate	Intake Type	PetID
ARN	Tag type	Size	Location / Sublocation	Altered	Danger	Danger Reason	S/N	By	Subtype	DOA
Clinic							**Total Intakes: 277**		**Total Unique Animals: 276**	
Owner/Guardian Surrender							**Total Intakes: 127**		**Total Unique Animals: 126**	
Return							**Total Intakes: 13**		**Total Unique Animals: 13**	
Seized / Custody							**Total Intakes: 311**		**Total Unique Animals: 311**	
Stray							**Total Intakes: 1352**		**Total Unique Animals: 1352**	
Transfer In							**Total Intakes: 1**		**Total Unique Animals: 1**	

Total Count: 2081

Outcome Summary Report

Print Date **Tuesday, July 2, 2024**

Outcome StartDate	7/1/2023 12:00 AM	Outcome Type	All
Outcome EndDate	6/30/2024 11:59 PM	Outcome SubType	All
Species	All	Jurisdiction	All
Age Group	All	TransferOut Reason	All
Site	All	Outcome Status	Completed

Animal#	Name	Species	Primary Breed	Age	Sex	Alter	Outcome Type	Outcome SubType	Outcome By	Recorded By
ARN#	Secondary Breed		Danger	Danger Reason			Jurisdiction	TransferOut Reason	Outcome Date/Time	
Admin Missing							**Total Outcomes: 4**		**Total Unique Animals: 4**	
Adoption							**Total Outcomes: 284**		**Total Unique Animals: 284**	
Clinic Out							**Total Outcomes: 277**		**Total Unique Animals: 276**	
Died							**Total Outcomes: 34**		**Total Unique Animals: 34**	
DOA							**Total Outcomes: 13**		**Total Unique Animals: 13**	
Euthanasia							**Total Outcomes: 545**		**Total Unique Animals: 545**	
Return to Owner/Guardian							**Total Outcomes: 129**		**Total Unique Animals: 129**	
Service Out							**Total Outcomes: 13**		**Total Unique Animals: 13**	
Transfer Out							**Total Outcomes: 782**		**Total Unique Animals: 758**	
Total Count:										**2063**

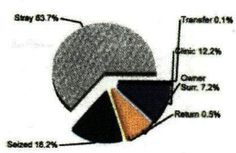
PetPoint
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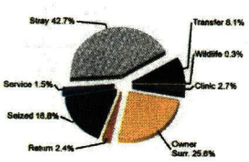
Shelter Statistics - Intake

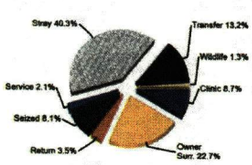
Start Date: January 01, 2023
End Date: December 31, 2023

USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (54 organizations) *does not include your shelter's data*					United States (1260 organizations) *does not include your shelter's data*				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intakes That were:															
Previously Altered	3	38	1	24	1	1,363	4,532	2,200	3,606	16	70,330	164,681	88,949	146,915	3,175
Totals by Intake															
Clinic	38	174	16	34	0	345	1,062	182	357	1	24,314	44,626	38,079	52,294	1,017
Owner Surrender	58	55	17	26	0	3,529	4,706	5,500	4,411	468	68,711	105,958	120,177	100,046	21,609
Return	3	7	1	0	0	341	764	252	390	12	12,097	26,979	8,864	15,641	1,183
Seized	78	156	52	58	6	1,648	4,780	1,574	3,914	306	24,428	70,943	16,965	26,217	10,255
Service	0	0	0	0	0	102	130	186	658	2	2,922	13,313	6,096	15,528	820
Stray	246	330	218	576	2	5,022	8,976	8,983	7,862	205	113,563	223,028	232,748	157,672	12,144
Transfer	3	0	0	0	0	1,748	1,066	2,195	868	6	77,985	55,316	68,961	34,890	3,974
Wildlife	0	0	0	0	0	0	0	0	0	198	0	0	0	0	23,644
Total	**426**	**722**	**304**	**894**	**8**	**12,733**	**21,506**	**18,872**	**18,460**	**1,200**	**324,020**	**540,163**	**491,890**	**402,288**	**74,646**







Earliest entry: 1/3/2023
Latest entry: 12/30/2023

Daily Use Date: 11/2/2013
Run Date: 7/2/2024 10:08:16 AM

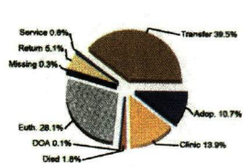
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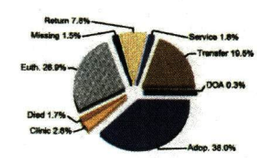
Shelter Statistics - Outcome

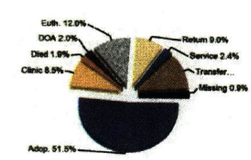
Start Date: January 01, 2023
End Date: December 31, 2023

USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (54 organizations) *does not include your shelter's data*					United States (1260 organizations) *does not include your shelter's data*				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Person															
A) Have Email Address	18	36	14	27	0	4,573	6,315	8,131	4,502	313	190,268	263,139	330,158	216,209	27,368
B) Have Phone Number	108	344	68	105	10	6,549	12,205	10,158	6,229	590	220,102	377,659	370,275	268,471	35,099
C) Have ZipCode	86	228	51	76	8	6,531	12,114	10,039	6,108	580	217,309	372,872	364,798	257,970	34,553
Totals by Outcome															
Adoption	56	68	45	59	2	5,713	6,942	9,753	5,129	536	181,413	217,744	325,837	188,398	30,638
Clinic	42	206	20	32	0	328	1,064	180	361	1	23,949	40,766	37,704	52,377	771
Died	0	11	8	19	0	175	109	589	328	24	4,159	3,913	15,872	8,050	2,398
DOA	0	0	0	3	0	7	66	7	57	66	785	12,460	1,112	14,838	7,936
Euthanasia	18	149	42	396	0	1,067	6,211	2,965	9,374	266	16,427	95,623	28,421	64,487	15,809
Missing	0	2	0	4	0	26	456	71	499	31	178	3,763	713	3,522	329
Return To Owner	10	79	3	10	8	545	4,314	178	692	67	15,125	122,406	5,224	19,595	1,828
Service	0	2	0	10	0	62	111	153	874	7	2,295	6,588	8,009	26,104	240
Transfer	247	272	134	196	1	3,297	4,013	3,503	3,412	207	51,028	62,517	47,051	48,111	7,841
Wildlife	0	0	0	0	0	0	0	0	0	32	0	0	0	1	7,324
Total	**373**	**789**	**252**	**729**	**11**	**11,220**	**23,308**	**17,397**	**20,726**	**1,237**	**295,359**	**565,780**	**469,943**	**425,483**	**74,914**







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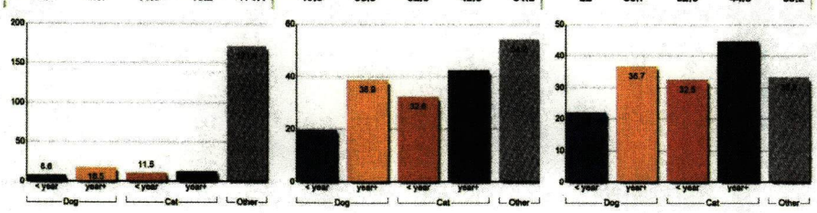
PetPoint
DATA MANAGEMENT SYSTEM

Shelter Statistics - Avg Length of Stay by Intake Type

Start Date: January 01, 2023
End Date: December 31, 2023

USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (54 organizations) *does not include your shelter's data*					United States (1260 organizations) *does not include your shelter's data*				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intake Type															
Clinic	0.4	35	1	22.1	0	0.8	0.9	0.5	0.6	0	1.2	6.4	1.1	2.7	2
Owner Surrender	14.2	17	14.2	24.3	0	20.1	55.4	32.2	55.5	58.4	23.5	39.1	30.5	47.1	34
Return	0.4	8.1	0	0	0	12.8	43.2	12.1	66	169.7	13.3	51.6	12.8	58.7	34.5
Seized	10.4	12.4	15	11.3	208.9	22.7	24	36.6	13.9	24.1	23.4	32	38	33.7	36.1
Service	0	0	0	0	0	6	4.2	13.3	3.8	80.9	9.2	6.1	12.2	5	16.3
Stray	8	12.3	11.3	12.4	2.6	18.7	42.1	34	54.4	66	25.5	39.6	40.7	61.3	82.4
Transfer	12.9	0	0	0	0	26	43.8	31	27.2	1093.8	24.1	49.9	29.5	41.3	41.5
Wildlife	0	0	0	0	0	0	0	0	0	1.8	0	0	0	0	5.9
Total															
	8.6	18.5	11.5	13.2	171.4	19.8	38.9	32.6	42.5	54.2	22	36.7	32.5	44.8	33.2



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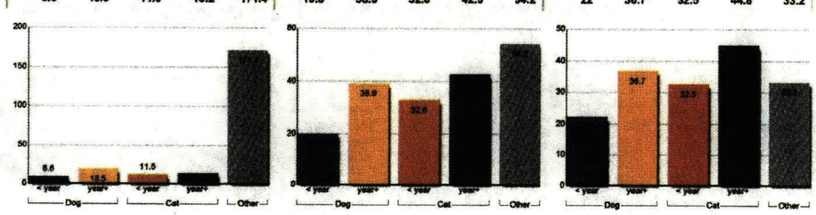
PetPoint
DATA MANAGEMENT SYSTEM

Shelter Statistics - Avg Length of Stay by Outcome Type

Start Date: January 01, 2023
End Date: December 31, 2023

USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (54 organizations) *does not include your shelter's data*					United States (1260 organizations) *does not include your shelter's data*				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Outcome Type															
Adoption	5.4	11.2	9.2	13.5	29.2	26.3	41.3	42.7	52.6	47.8	27.1	53.2	40.3	55.3	36.5
Clinic	0.5	34.7	0.8	24.1	0	0.2	0.4	0.4	0.6	0	1.1	1.8	1.3	2.1	4.5
Died	0	9.9	6.5	13.2	0	17.3	78.2	21.3	70.5	394.1	19.5	181.8	20.7	196.4	34
Euthanasia	5.1	10.7	21.1	12.3	0	19.2	17.2	12.7	9.6	0.7	17.4	21.5	11.9	15.9	7.5
Missing	0	11.4	0	11.6	0	128.2	872.8	145.8	750.5	815.3	92.2	837.7	128.4	1005.6	2489.6
Return To Owner	6.4	5	2.9	4.4	227.9	3	4.9	8.1	11.9	53.2	4.2	6.9	13.7	36.7	13.5
Service	0	1.1	0	2.1	0	0	0.1	30.9	10.6	13.6	4.1	9.3	8.5	6.9	14.5
Transfer	11	16.9	11.4	14.5	4	13.1	21.1	23.8	31.1	12.2	21.1	36.6	25.9	30.5	21.7
Wildlife	0	0	0	0	0	0	0	0	0	11.9	0	0	0	11.8	11.5
Total															
	8.6	18.5	11.5	13.2	171.4	19.8	38.9	32.6	42.5	54.2	22	36.7	32.5	44.8	33.2



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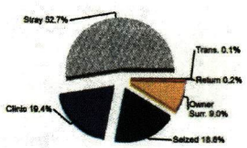
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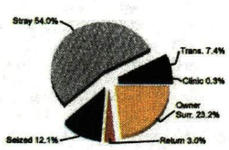
Shelter Statistics – Animal Care Days by Intake Type

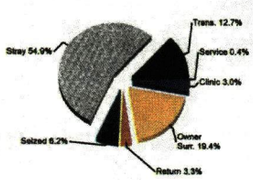
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USNC100
Duplin County Animal Services

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	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intake Type															
Clinic	1187	3828	139	676	0	638	269	88	206	0	435254	1552651	486165	667334	5304
Owner Surrender	878	905	241	674	0	140891	158243	248064	140742	15014	3152591	5908477	5610816	4865459	840508
Return	1	57	0	0	0	10497	49238	6636	24071	1267	367988	1776315	286124	989746	43199
Seized	973	2258	853	960	560	68015	156112	62892	72608	6680	1069952	3300298	810777	891387	408314
Service	0	0	0	0	0	789	709	1710	2251	218	36519	103157	84404	86446	13543
Stray	2200	3844	2763	7060	5	162445	765479	446204	247875	12564	8627081	20659477	16555242	10611496	1179776
Transfer	39	0	0	0	0	80127	64862	72442	24022	2108	3294265	4204785	3461541	2153685	245158
Wildlife	0	0	0	0	0	0	0	0	0	833	0	0	0	0	144748
Total															
	5278	**10891**	**3997**	**9369**	**565**	**443402**	**1194912**	**838036**	**511776**	**38684**	**16985650**	**37505158**	**27275071**	**20265552**	**2880550**







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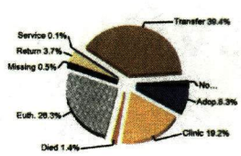
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DATA MANAGEMENT SYSTEM

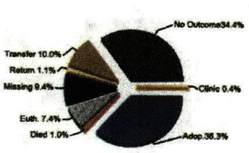
Shelter Statistics – Animal Care Days by Outcome Type

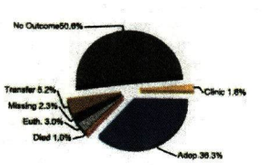
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USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (54 organizations) *does not include your shelter's data*					United States (1260 organizations) *does not include your shelter's data*				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Outcome Type															
Adoption	385	729	633	681	58	195591	230129	475094	184647	13726	6329220	9033329	14513104	7175027	1044756
Clinic	1190	3828	139	610	0	140	269	88	207	0	54502	64764	64090	90584	2503
Died	0	109	52	251	0	3534	4393	12864	9330	965	110411	209708	407202	276237	47722
Euthanasia	244	1772	958	4935	0	29070	89547	41192	63183	192	446423	1712306	394188	582390	61700
Missing	12	11	0	137	0	60515	63534	102885	48706	8853	224584	877526	496899	740067	87221
Return To Owner	162	397	9	44	502	2512	18185	3633	4937	3563	106459	522792	155804	233369	20551
Service	0	2	0	21	0	10	6	6004	3536	95	12625	48629	80464	147643	3749
Transfer	3286	4043	2206	2325	4	50796	73740	96094	80183	2463	1302722	1585128	1376228	991129	157423
Wildlife	0	0	0	0	0	0	0	0	0	295	0	0	0	12	41132
No Outcome	0	0	0	365	0	101234	715107	100182	117047	8532	8398705	23450771	9787290	10029030	1413793
Total															
	5278	**10891**	**3997**	**9369**	**565**	**443402**	**1194912**	**838036**	**511776**	**38684**	**16985650**	**37505158**	**27275071**	**20265552**	**2880550**







Earliest entry: 1/3/2023
Latest entry: 12/30/2023

Daily Use Date: 11/2/2013
Run Date: 7/2/2024 10:08:16 AM

PetPoint DATA MANAGEMENT SYSTEM

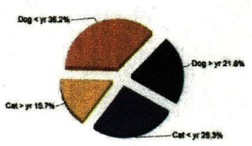
Shelter Statistics - Fees and Revenue

Start Date: January 01, 2023
End Date: December 31, 2023

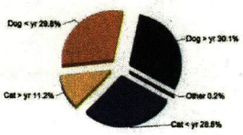
USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (54 organizations) *does not include your shelter's data*					United States (1280 organizations) *does not include your shelter's data*				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intake Revenue															
Fees															
Avg Fees ($)	10	27	10	17	0	23	31	47	25	20	56	71	45	58	37
Total Revenue ($)	40	245	10	100	0	550	3,141	1,605	2,265	265	325,821	1,740,279	361,907	1,052,717	126,207
Adoption Revenue															
Fees															
Avg Fees ($)	16	10	22	16	0	120	93	66	54	17	227	122	106	68	38
Total Revenue ($)	715	430	520	310	0	224,618	226,234	215,450	84,680	1,744	17,315,94	12,699,43	14,024,22	6,030,660	505,024

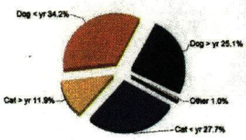
Total Adoption Revenue



Total Adoption Revenue

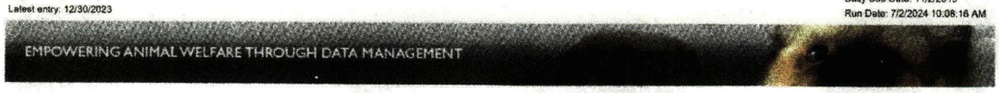


Total Adoption Revenue



Earliest entry: 1/3/2023
Latest entry: 12/30/2023

Daily Use Date: 11/2/2013
Run Date: 7/2/2024 10:08:16 AM



Revenue Report

Print Date **Tuesday, July 2, 2024**

Receipt Date From	7/1/2023 12:00:00 AM	Item	All
Receipt Date To	6/30/2024 11:59:00 PM	Item Group	All
Account Code	All	Site	All
Cash Drawer	All	Payment Type	All
Refunds	Include		

Receipt#	Account	Receipt Date	Animal	Person	Payment	Subtotal	Discount	Reason	Tax	Total Due	Total
Paid Cash		Paid Check		Paid Debit		Paid Credit Card		Paid Gift Card		Paid Voucher	
Item	Code	Cash Drawer			Type	(# Units @ Price)	Staff Person	Reference		Total Paid	
Item Number		IRN			UPC#	Item Type		Item Category		Late Fee	
(# Units @ Cost)		Markup %	Tax Code 1 ($)		Tax Code 2 ($)		Discount %	Site			

* DOG AT- LARGE PROHIBITED 1ST	Group % of Total Sales: 0.71%	SubTotal $400.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$400.00	Total $400.00
<No Account Code>	Total Items: 8	$400.00	$0.00	$0.00	$400.00	$400.00
* DOG AT LARGE PROHIBITED 2ND	Group % of Total Sales: 0.71%	SubTotal $400.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$400.00	Total $400.00
<No Account Code>	Total Items: 4	$400.00	$0.00	$0.00	$400.00	$400.00
* DOG AT LARGE PROHIBITED 3RD	Group % of Total Sales: 0.44%	SubTotal $250.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$250.00	Total $250.00
<No Account Code>	Total Items: 1	$250.00	$0.00	$0.00	$250.00	$250.00
* RABIES VACCINATION REQUIRED	Group % of Total Sales: 4.86%	SubTotal $2,750.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$2750.00	Total $2,750.00
<No Account Code>	Total Items: 11	$2,750.00	$0.00	$0.00	$2,750.00	$2,750.00
*CANINE ADOPTION FEE	Group % of Total Sales: 2.85%	SubTotal $1,610.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$1610.00	Total $1,610.00
<No Account Code>	Total Items: 140	$1,610.00	$0.00	$0.00	$1,610.00	$1,610.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit	Payment / Type / UPC# / Tax Code 2 ($)	Subtotal / Paid Credit Card / (# Units @ Price) / Item Type	Discount / Staff Person / Discount %	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
*CRUELTY AND NEGLECT		Group % of Total Sales: 0.68%				SubTotal $500.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$500.00	Total $500.00
	<No Account Code>	Total Items: 2				$500.00	$0.00		$0.00	$500.00	$500.00
*DUTY TO CONTROL 2ND 762440005		Group % of Total Sales: 0.71%				SubTotal $400.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$400.00	Total $400.00
	76-2440-005	Total Items: 4				$400.00	$0.00		$0.00	$400.00	$400.00
*DUTY TO CONTROL-1ST 762440005		Group % of Total Sales: 1.06%				SubTotal $600.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$600.00	Total $600.00
	76-2440-005	Total Items: 12				$600.00	$0.00		$0.00	$600.00	$600.00
*DUTY TO CONTROL-3RD 762440005		Group % of Total Sales: 0.44%				SubTotal $250.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$250.00	Total $250.00
	<No Account Code>	Total Items: 1				$250.00	$0.00		$0.00	$250.00	$250.00
*FELINE ADOPTION FEE		Group % of Total Sales: 2.09%				SubTotal $1,180.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$1180.00	Total $1,180.00
	<No Account Code>	Total Items: 78				$1,180.00	$0.00		$0.00	$1,180.00	$1,180.00
*LONNIE'S ANGELS 72-2206S		Group % of Total Sales: 6.47%				SubTotal $3,660.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$3660.00	Total $3,660.00
	<No Account Code>	Total Items: 47				$3,660.00	$0.00		$0.00	$3,660.00	$3,660.00
*NUISANCE ANIMAL PROHBITE 1ST		Group % of Total Sales: 1.24%				SubTotal $700.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$700.00	Total $700.00
	<No Account Code>	Total Items: 14				$700.00	$0.00		$0.00	$700.00	$700.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit	Payment / Type / UPC# / Tax Code 2 ($)	Subtotal / Paid Credit Card / (# Units @ Price) / Item Type	Discount / Staff Person / Discount %	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
*NUISANCE ANIMAL PROHIBITE 2ND		Group % of Total Sales: 0.53%				SubTotal $300.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$300.00	Total $300.00
	<No Account Code>	Total Items: 3				$300.00	$0.00		$0.00	$300.00	$300.00
*NUISANCE ANIMAL PROHIBITE 3RD		Group % of Total Sales: 0.44%				SubTotal $250.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$250.00	Total $250.00
	<No Account Code>	Total Items: 1				$250.00	$0.00		$0.00	$250.00	$250.00
*RESCUE CAT TRANSFER FEES		Group % of Total Sales: 0.71%				SubTotal $400.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$400.00	Total $400.00
	4380-34348	Total Items: 17				$400.00	$0.00		$0.00	$400.00	$400.00
*RESCUE DOG TRANSFER FEES		Group % of Total Sales: 6.80%				SubTotal $5,370.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$5370.00	Total $5,370.00
	4380-34348	Total Items: 214				$5,370.00	$0.00		$0.00	$5,370.00	$5,370.00
1BORDETELLA BRONCHISEPTICA		Group % of Total Sales: 3.04%				SubTotal $1,720.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$1720.00	Total $1,720.00
	<No Account Code>	Total Items: 172				$1,720.00	$0.00		$0.00	$1,720.00	$1,720.00
1CANINE VOUCHER 72-2206-001		Group % of Total Sales: 21.03%				SubTotal $12,060.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/ $12060.00	Total $12,060.00
	<No Account Code>	Total Items: 120				$12,060.00	$0.00		$0.00	$12,060.00	$12,060.00
1Duramune Max 5 VACCINE ONLY		Group % of Total Sales: 3.11%				SubTotal $1,760.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$1760.00	Total $1,760.00
	<No Account Code>	Total Items: 177				$1,760.00	$0.00		$0.00	$1,760.00	$1,760.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit	Payment / Type / UPC# / Tax Code 2 ($)	Subtotal / Paid Credit Card / (# Units @ Price) / Item Type	Discount / Staff Person / Discount %	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
1FELINE VOUCHER 72-2208-001			Group % of Total Sales: 11.46%			Subtotal $6,500.00	Discount $0.00		Tax $0.00	Total Due / Paid $6,500.00/$6500.00	Total $6,500.00
72-2208-001			Total Items: 77			$6,500.00	$0.00		$0.00	$6,500.00	$6,500.00
1FELOCELL CVR-C			Group % of Total Sales: 1.29%			Subtotal $730.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$730.00	Total $730.00
<No Account Code>			Total Items: 73			$730.00	$0.00		$0.00	$730.00	$730.00
1RABVAC1			Group % of Total Sales: 0.59%			Subtotal $3,380.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$3380.00	Total $3,380.00
<No Account Code>			Total Items: 248			$3,380.00	$0.00		$0.00	$3,380.00	$3,380.00
Admin Fee			Group % of Total Sales: 1.07%			Subtotal $605.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$605.00	Total $605.00
<No Account Code>			Total Items: 62			$605.00	$0.00		$0.00	$605.00	$605.00
BITE INVESTIGATION			Group % of Total Sales: 0.09%			Subtotal $1,750.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$1750.00	Total $1,750.00
<No Account Code>			Total Items: 7			$1,750.00	$0.00		$0.00	$1,750.00	$1,750.00
BOARDING FEE			Group % of Total Sales: 4.48%			Subtotal $2,535.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$2535.00	Total $2,535.00
<No Account Code>			Total Items: 188			$2,535.00	$0.00		$0.00	$2,535.00	$2,535.00
BUILDING DONATION 71-3438-381			Group % of Total Sales: 0.40%			Subtotal $227.16	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$227.16	Total $227.16
<No Account Code>			Total Items: 12			$227.16	$0.00		$0.00	$227.16	$227.16
DAILY BOARDING (LIVESTOCK)			Group % of Total Sales: 0.05%			Subtotal $30.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$30.00	Total $30.00
<No Account Code>			Total Items: 1			$30.00	$0.00		$0.00	$30.00	$30.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit	Payment / Type / UPC# / Tax Code 2 ($)	Subtotal / Paid Credit Card / (# Units @ Price) / Item Type	Discount / Staff Person / Discount %	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
JUDGEMENT 16-3438-411			Group % of Total Sales: 1.06%			Subtotal $611.85	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$611.85	Total $611.85
76-3446-006			Total Items: 1			$611.85	$0.00		$0.00	$611.85	$611.85
LONNIE'S ANGELS VOUCHER			Group % of Total Sales: 1.27%			Subtotal $720.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$720.00	Total $720.00
72-2208			Total Items: 8			$720.00	$0.00		$0.00	$720.00	$720.00
MICROCHIP			Group % of Total Sales: 0.66%			Subtotal $380.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$380.00	Total $380.00
<No Account Code>			Total Items: 12			$380.00	$0.00		$0.00	$380.00	$380.00
MISC			Group % of Total Sales: 0.11%			Subtotal $62.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$62.00	Total $62.00
<No Account Code>			Total Items: 3			$62.00	$0.00		$0.00	$62.00	$62.00
OWNER SURRENDER EUTHANASIA			Group % of Total Sales: 0.86%			Subtotal $500.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$500.00	Total $500.00
<No Account Code>			Total Items: 10			$500.00	$0.00		$0.00	$500.00	$500.00
OWNER SURRENDER FEE			Group % of Total Sales: 0.54%			Subtotal $630.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$630.00	Total $630.00
<No Account Code>			Total Items: 63			$630.00	$0.00		$0.00	$630.00	$630.00
OWNER SURRENDER PER (LITTER)			Group % of Total Sales: 0.31%			Subtotal $175.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$175.00	Total $175.00
<No Account Code>			Total Items: 7			$175.00	$0.00		$0.00	$175.00	$175.00
OWNER SURRENDER TRANSPORT			Group % of Total Sales: 0.07%			Subtotal $40.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$40.00	Total $40.00
<No Account Code>			Total Items: 1			$40.00	$0.00		$0.00	$40.00	$40.00

Receipt#	Account	Receipt Date	Animal	Person	Payment	Subtotal	Discount	Reason	Tax	Total Due	Total
Paid Cash		Paid Check		Paid Debit		Paid Credit Card		Paid Gift Card		Paid Voucher	
Item	Code	Cash Drawer			Type	(# Units @ Price)	Staff Person	Reference		Total Paid	
Item Number		IRN			UPC#	Item Type		Item Category		Late Fee	
(# Units @ Cost)		Markup %	Tax Code 1 ($)		Tax Code 2 ($)		Discount %	Site			
POTENTIALLY DANGEROUS ANNUAL			Group % of Total Sales: 1.06%			$600.00	$0.00		$0.00	$0.00/$600.00	$600.00
	<No Account Code>		Total Items: 3			$600.00	$0.00		$0.00	$600.00	$600.00
RABIES CLINIC VACCINE			Group % of Total Sales: 0.81%			$460.00	$0.00		$0.00	$0.00/$460.00	$460.00
	<No Account Code>		Total Items: 82			$460.00	$0.00		$0.00	$460.00	$460.00
RECLAIM FEE			Group % of Total Sales: 2.48%			$1,405.00	$0.00		$0.00	$0.00/$1405.00	$1,405.00
	<No Account Code>		Total Items: 55			$1,405.00	$0.00		$0.00	$1,405.00	$1,405.00
RECLAIM LIVESTOCK			Group % of Total Sales: 0.18%			$100.00	$0.00		$0.00	$0.00/$100.00	$100.00
	<No Account Code>		Total Items: 2			$100.00	$0.00		$0.00	$100.00	$100.00
VET FEES			Group % of Total Sales: 1.17%			$659.04	$0.00		$0.00	$0.00/$659.04	$659.04
	<No Account Code>		Total Items: 15			$659.04	$0.00		$0.00	$659.04	$659.04
Total Pets:	[illegible]					Total # Items: [illegible]			Tax:	[illegible]	
Total Revenue:	[illegible]					Total Cost:			Total Due:	[illegible]	
Total Discount:	[illegible]					Markup % Total - Tax Not Incl:			Total Paid:	[illegible]	
Total Tax:	[illegible]					Markup % Total - Using Tax Amounts:			Late Fee:	[illegible]	
Grand Total:	[illegible]					Total Fees % applied Total Sales:			Voids:	0.00%	

Intake Detail Report

Print Date Monday, July 1, 2024

Intake StartDate	6/1/2024 12:00 AM	Jurisdiction	All
Intake EndDate	6/30/2024 11:59 PM	Injury Cause	All
Intake Type	All	PreAltered	All
Intake SubType	All	Site Name	All
Species	All	Age Group	All
DOA	All	Animal Tag Type	All
Intake Status	Completed		

Animal#	Animal Name	Species	Breed	Age	Gender	Color	PreAltered	IntakeDate	Intake Type	PetID
ARN	Tag type	Size	Location / Sublocation	Altered	Danger	Danger Reason	S/N	By	Subtype	DOA
Clinic							**Total Intakes: 24**		**Total Unique Animals: 24**	
Owner/Guardian Surrender							**Total Intakes: 7**		**Total Unique Animals: 7**	
Return							**Total Intakes: 2**		**Total Unique Animals: 2**	
Seized / Custody							**Total Intakes: 8**		**Total Unique Animals: 8**	
Stray							**Total Intakes: 136**		**Total Unique Animals: 136**	
								Total Count:	**177**	

Outcome Summary Report

Print Date **Monday, July 1, 2024**

Outcome StartDate	6/1/2024 12:00 AM	Outcome Type	All
Outcome EndDate	6/30/2024 11:59 PM	Outcome SubType	All
Species	All	Jurisdiction	All
Age Group	All	TransferOut Reason	All
Site	All	Outcome Status	Completed

Animal#	Name	Species	Primary Breed	Age	Sex	Alter	Outcome Type	Outcome SubType	Outcome By	Recorded By
ARN#	Secondary Breed		Danger	Danger Reason			Jurisdiction	TransferOut Reason	Outcome Date/Time	
Adoption							**Total Outcomes: 35**		**Total Unique Animals: 35**	
Clinic Out							**Total Outcomes: 34**		**Total Unique Animals: 34**	
Died							**Total Outcomes: 7**		**Total Unique Animals: 7**	
Euthanasia							**Total Outcomes: 42**		**Total Unique Animals: 42**	
Return to Owner/Guardian							**Total Outcomes: 28**		**Total Unique Animals: 28**	
Service Out							**Total Outcomes: 1**		**Total Unique Animals: 1**	
Transfer Out							**Total Outcomes: 58**		**Total Unique Animals: 57**	
Total Count:										**203**

Case Detail

Print Date **Monday, July 1, 2024**

Case Category	All	Case Result	All	Include Activities	False
Case Type	All	Case Result By	All	Include Conditions	False
Case SubType	All	Case Memo Type	All	Include Memos	False
Case Status	All	Include Case Address	False	Include Violations	False
Case Officer	All	Include Animal Info	False	Based On	Case Date/Time
Officer Site	All	Include Person Info	False	Date From	6/1/2024 12:00 AM
Case Jurisdiction	All	Include Animals	False	Date To	6/30/2024 11:59 PM
City	All	Include Persons	False		
Patrol Area	All				

Case#	Case Category	Case Type	Case Date/Time	Case Status	Case Officer	Case Jurisdiction	Case Result	Case Result Date/Time
	Case Reference #	Case SubType	Reported Date/Time			Patrol Area	Case Result By	Case Review Date/Time
assist law enforcement								**1**
Bite / Scratch								**5**
Enforcement								**6**
KILLED DOMESTICATED ANIMAL								**2**
Owner Surrender in Field								**1**
Stray								**24**
SUSPECTED FOR RABIES								**1**
Welfare Check								**7**

Total Count: 47

Revenue Report

Print Date Tuesday, July 2, 2024

Receipt Date From	6/1/2024 12:00:00 AM	Item	All
Receipt Date To	6/30/2024 11:59:00 PM	Item Group	All
Account Code	All	Site	All
Cash Drawer	All	Payment Type	All
Refunds	Include		

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit / Type / UPC# / Tax Code 2 ($)	Payment / Subtotal / Paid Credit Card / (# Units @ Price) / Item Type / Discount %	Discount / Staff Person	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
* DOG AT- LARGE PROHIBITED 1ST			Group % of Total Sales: 3.00%		SubTotal $150.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$150.00	Total $150.00
	<No Account Code>		Total Items: 3		$150.00	$0.00		$0.00	$150.00	$150.00
* DOG AT LARGE PROHIBITED 2ND			Group % of Total Sales: 2.00%		SubTotal $100.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$100.00	Total $100.00
	<No Account Code>		Total Items: 1		$100.00	$0.00		$0.00	$100.00	$100.00
* RABIES VACCINATION REQUIRED			Group % of Total Sales: 19.99%		SubTotal $1,000.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$1000.00	Total $1,000.00
	<No Account Code>		Total Items: 4		$1,000.00	$0.00		$0.00	$1,000.00	$1,000.00
*CANINE ADOPTION FEE			Group % of Total Sales: 4.80%		SubTotal $240.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$240.00	Total $240.00
	<No Account Code>		Total Items: 14		$240.00	$0.00		$0.00	$240.00	$240.00
*CRUELTY AND NEGLECT			Group % of Total Sales: 5.00%		SubTotal $250.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$250.00	Total $250.00
	<No Account Code>		Total Items: 1		$250.00	$0.00		$0.00	$250.00	$250.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit / Type / UPC# / Tax Code 2 ($)	Payment / Subtotal / Paid Credit Card / (# Units @ Price) / Item Type / Discount %	Discount / Staff Person	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
*DUTY TO CONTROL 2ND 762440005			Group % of Total Sales: 2.00%		SubTotal $100.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$100.00	Total $100.00
	76-2440-005		Total Items: 1		$100.00	$0.00		$0.00	$100.00	$100.00
*DUTY TO CONTROL-1ST 762440005			Group % of Total Sales: 3.00%		SubTotal $150.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$150.00	Total $150.00
	76-2440-005		Total Items: 3		$150.00	$0.00		$0.00	$150.00	$150.00
*FELINE ADOPTION FEE			Group % of Total Sales: 1.50%		SubTotal $75.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$75.00	Total $75.00
	<No Account Code>		Total Items: 5		$75.00	$0.00		$0.00	$75.00	$75.00
*LONNIE'S ANGELS 72-22065			Group % of Total Sales: 2.80%		SubTotal $140.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$140.00	Total $140.00
	<No Account Code>		Total Items: 2		$140.00	$0.00		$0.00	$140.00	$140.00
*NUISANCE ANIMAL PROHIBITE 1ST			Group % of Total Sales: 3.00%		SubTotal $150.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$150.00	Total $150.00
	<No Account Code>		Total Items: 3		$150.00	$0.00		$0.00	$150.00	$150.00
*NUISANCE ANIMAL PROHIBITE 2ND			Group % of Total Sales: 2.00%		SubTotal $100.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$100.00	Total $100.00
	<No Account Code>		Total Items: 1		$100.00	$0.00		$0.00	$100.00	$100.00
*RESCUE CAT TRANSFER FEES			Group % of Total Sales: 1.20%		SubTotal $60.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$60.00	Total $60.00
	4380-34346		Total Items: 3		$60.00	$0.00		$0.00	$60.00	$60.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit	Payment / Type / UPC# / Tax Code 2 ($)	Subtotal / Paid Credit Card / (# Units @ Price) / Item Type	Discount / Staff Person / Discount %	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
*RESCUE DOG TRANSFER FEES		Group % of Total Sales: 5.00%				SubTotal $250.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$250.00	Total $250.00
4389-34346		Total Items: 10				$250.00	$0.00		$0.00	$250.00	$250.00
1BORDETELLA BRONCHISEPTICA		Group % of Total Sales: 2.80%				SubTotal $140.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$140.00	Total $140.00
<No Account Code>		Total Items: 14				$140.00	$0.00		$0.00	$140.00	$140.00
1CANINE VOUCHER 72-2296-001		Group % of Total Sales: 23.99%				SubTotal $1,200.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$1200.00	Total $1,200.00
<No Account Code>		Total Items: 12				$1,200.00	$0.00		$0.00	$1,200.00	$1,200.00
1Duramune Max 5 VACCINE ONLY		Group % of Total Sales: 2.80%				SubTotal $140.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$140.00	Total $140.00
<No Account Code>		Total Items: 14				$140.00	$0.00		$0.00	$140.00	$140.00
1FELINE VOUCHER 72-2296-001		Group % of Total Sales: 6.39%				SubTotal $320.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$320.00	Total $320.00
72-2296-001		Total Items: 4				$320.00	$0.00		$0.00	$320.00	$320.00
1FELOCELL CVR-C		Group % of Total Sales: 1.00%				SubTotal $50.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$50.00	Total $50.00
<No Account Code>		Total Items: 5				$50.00	$0.00		$0.00	$50.00	$50.00
1RABVAC1		Group % of Total Sales: 3.00%				SubTotal $150.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$150.00	Total $150.00
<No Account Code>		Total Items: 15				$150.00	$0.00		$0.00	$150.00	$150.00
Admin Fee		Group % of Total Sales: 1.20%				SubTotal $60.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$60.00	Total $60.00
<No Account Code>		Total Items: 6				$60.00	$0.00		$0.00	$60.00	$60.00

Receipt# / Paid Cash / Item / Item Number / (# Units @ Cost)	Account / Code	Receipt Date / Paid Check / Cash Drawer / IRN / Markup %	Animal / Tax Code 1 ($)	Person / Paid Debit	Payment / Type / UPC# / Tax Code 2 ($)	Subtotal / Paid Credit Card / (# Units @ Price) / Item Type	Discount / Staff Person / Discount %	Reason / Paid Gift Card / Reference / Item Category / Site	Tax	Total Due / Paid Voucher / Total Paid / Late Fee	Total
BOARDING FEE		Group % of Total Sales: 0.60%				SubTotal $30.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$30.00	Total $30.00
<No Account Code>		Total Items: 2				$30.00	$0.00		$0.00	$30.00	$30.00
BUILDING DONATION 71-3438-381		Group % of Total Sales: 0.36%				SubTotal $18.93	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$18.93	Total $18.93
<No Account Code>		Total Items: 1				$18.93	$0.00		$0.00	$18.93	$18.93
OWNER SURRENDER EUTHANASIA		Group % of Total Sales: 2.00%				SubTotal $100.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$100.00	Total $100.00
<No Account Code>		Total Items: 2				$100.00	$0.00		$0.00	$100.00	$100.00
VET FEES		Group % of Total Sales: 0.62%				SubTotal $31.00	Discount $0.00		Tax $0.00	Total Due / Paid $0.00/$31.00	Total $31.00
<No Account Code>		Total Items: 1				$31.00	$0.00		$0.00	$31.00	$31.00

	680	748	844	886	754	837
NOTES						
NEW RESIDENCE	6	12	18	18	11	9
RESIDENTIAL ADDITION/RENOVATION/ALTERATIONS	5	10	14	11	7	6
COMMERCIAL/MULTI FAMILY NEW CONSTRUCTION	2	3	0	0	2	0
COMMERICAL ADDITION/RENOVATION/UPFIT	11	7	7	15	11	9
MANUFACTURED/MODULAR HOMES	24	31	29	28	32	31
SIGNS/ABC/DAYCARE/POOL/OTHER	9	7	8	14	11	12
RELOCATED BUILDING	0	1	0	2	0	0
STORAGE BLDG./DECK/PORCH	0	8	2	2	7	7
GENERAL ELECTRICAL	122	121	129	149	141	135
POULTRY/SWINE HOUSES	0	6	0	0	0	0
POOL BONDING	0	0	1	1	2	1
MECHANICAL	63	86	60	94	73	84
PLUMBING	52	58	69	60	58	62
GAS PIPING	6	5	9	8	5	5
INSULATION	2	1	1	1	2	0
	34,114.76	39,113.16	41,695.80	35,757.84	59,890.96	51,486.72

DUPLIN COUNTY COMMUNICATIONS/911 ADDRESSING	2024	2024	2024	2024	2024	2024
	June	May	April	March	February	January
TOTAL # OF ADDRESSING RECORDS	49,089	49,085	49,052	49,051	49,025	48,979
TOTAL # OF ROADS, LANES & STREETS	2102	2102	2099	2099	2098	2097
TOTAL # TELEPHONE CO RECORD CHANGES	237	223	201	131	188	363
KEYING ACTIVITY REPORT	129	149	120	104	159	159
DAILY AVERAGE DOWNLOAD FROM CENTURYLINK	59	56	40	43	47	73
NEW ADDRESS ASSIGNED	30	66	28	36	56	31
RESIDENTIAL	23	52	24	26	44	28
BUSINESS	2	0	0	1	1	2
FARMS	0	0	0	0	0	0
OTHER	5	14	4	9	11	1
FIELD VERIFIED ADDRESS FOR PHONE CO/USPS	7	0	0	0	3	7
ADDRESS CHANGED	0	3	0	1	12	0
ROAD SIGNS INSTALLED OR REPAIRED	141	134	144	177	221	142
ROAD SIGNS MADE IN HOUSE	19	35	52	23	26	16
POST TAKEN FROM INVENTORY	6	16	12	4	6	7
AT NUMBERS (INTERSECTIONS)	4	12	27	4	5	18
MAPS MADE IN HOUSE	3	1	2	3	1	2
CENTERLINE WORK	52	60	65	75	160	69
ADDRESS POINTS	42	58	82	64	115	210
NUMBER OF 911 CALLS	8423	9483	8778	8408	8081	8156
Submitted by Melissa B Kennedy, July 1, 2024						

DUPLIN COUNTY

Cowan Museum of History and Science
End of Year Report for FY2024
February – June 2024

	89	74		640	1,129	$62.00	
	68	42		527	1,998	$61.10	
	40	6	273	758	41,987	-	33
	93	11		629	14,856	$407.22	
	184			373	5,003	$43.00	7.5
	126			326	993	$67.00	12
	30			505	303	$45.94	21.25
	92	41		503	3,200	$115.00	15.75
	211	19		624	47,100	$33.00	12.25
	50	105	230	527	91,500	$24.00	135
	87	22		427	2,900	$43.00	2.25
	82	60		541	430	$31.00	38

❖ Buildings and Grounds:

- The schoolhouse received a new HVAC unit to replace the ca. 1986 unit (Warsaw Heating Cooling and Electric).
- Facilities Services power washed the Kelly-Farrior House on 6/11/24.
- The Kelly-Farrior House had broken shutters replaced by the Shutter Production.
- Grotke cleaned and painted the garden's front fence and arbor.
- Carpenter bee repellant was ordered and Grotke sprayed the outbuildings. Grotke made a liquid citrus deterrent and sprayed the outbuildings multiple times until bee traps were purchased.
- Habitats Gardens was hired to add plants to the Joann Cowan Brown Botanical Garden, cut back overgrowth, and check the health of the existing plants.

❖ Tours:

- Beulaville Elementary 4th grade tour, 86 kids, 3/6/24.
- Arrows Christian Homeschool Group (from Jacksonville, Hampstead, Onslow County, and Kenansville), PreK-12, 21 kids, 3/22/24.
- First Baptist Church of New Bern – Seniors Tour, 5/10/24, 21 people.

❖ Exhibits and Events:

- Museum staff partnered with staff at the NC Museum of Natural Sciences – Whiteville for an ecoEXPLORE program in the museum's botanical garden and grounds on 4/20/24 – 6 people attended.
- Museum staff, vendors, and volunteers partnered with the NC Science Festival and the NC Science Trail to hold an event, *ecoBLAST*, on 4/27/24.
- Museum staff (Grotke, Skinner, and Howard) have begun to develop an exhibit and event which will complement the Smithsonian poster exhibit, *Choosing to Participate*.
- Museum staff started developing event material for *Moth Night*, which will be held on 7/27/24.

❖ Outreach and Programs:

- Wallace Elementary, PreK STEM program – 2/21/24, 36 kids, 5 adults.
- A Caring Heart Case Management, Inc., adults with special needs – MakerSpace program, 3/1/24, 19 adults.
- Wallace Christian Academy kindergarten - Seed and plant activity and tour 5/3/24 – 11 kids, 11 adults.
- Skinner, Howard and Zubrowicz (intern) developed and delivered *Summer STEM Programs* at the museum.
- Duplin County Library Summer Reading Program. Skinner developed a program for the Library to go along with their passport theme, which will be a *Samoan Volcanoes* program.
- In-house program: "Dinosaurs and What They Ate," DNA Community Youth Center, 6/21/24, 16 kids, 3 adults.
- In-house program: "Dinosaurs' Relation to Birds," Sandcastles Childcare, 6/26/24, 10 kids, 2 adults.
- In-house program: "Dinosaurs' Relation to Birds," Because Caring Matters, 6/27/24, 15 kids, 2 adults.
- In-house program: "Dinosaurs' Relation to Birds," DNA Community Youth Center, 6/28/24, 10 kids, 2 adults.

❖ Professional Development:

- Grotke attended the Southeastern Regional Meeting of the NC Science Museum Grant Program in Whiteville on 02/26/24.
- Skinner attended Bridging Waters: Project WET and Climate Education workshop, Goose Creek State Park – 3/14/24.
- Skinner attended the Geoscience Teaching Outdoors in NC Overnight Retreat 3/15 – 3/16/24.
- Grotke attended the North Carolina Museums Council Annual Meeting in Cherokee, NC, 04/06 – 04/08/24.
- Grotke attended a Duplin County department head training workshop at JSCC's Hoffler Building on 6/17/24.

000487

❖ American Rescue Plan Act (ARPA) Grant:

- Facilities Services moved the tobacco barn artifacts from the storage unit rental. The rental was then returned (1-800-PackRat).
- Most of the outdoor garden labels were redesigned and their text resized for easier reading.
- A site visit by ARPA grant administration was done at the museum on 6/5/24.
- Renovation of the schoolhouse project: Two bids were received. To obtain a third one, the project was reposted onto the County's website with a submission deadline of June 21, 2024.

❖ NC Science Museums Grant Program:

- Grotke appeared in front of the BOCC on 2/5/24 for approval of the FY24 grant contract.
- Museum staff had discussions with the Cape Fear Botanical Garden regarding partnership programs.
- Skinner partnered with the Core Sound Waterfowl Museum's Earth Day event on 4/24/24; there were 99 kids and adults.
- A site visit (phone meeting) by grant administration was done on 5/31/24.

❖ Collections: General:

- Legal and object files were maintained, updated, and created.
- Artifacts on display and in storage were monitored and cleaned using best museum practices.
- Relational database (PastPerfect) records were added, updated, and backed up. The database was also regularly backed up on an IT-approved external hard drive which is stored off-site.
- The written inventory and the Accession Register were updated.
- Sandra Howard worked on data entry in a duplicate accession register to be housed off-site.
- The director, educator, and intern had a Zoom meeting with Dr. Jennifer Anneé, paleontologist with the NC Museum of Natural Sciences on 6/20/24. The meeting was a discussion on how to create an environment which will safely allow for the cleaning and gluing of a dinosaur fossil bone that was excavated and cast by Skinner in the 1980s. Dr. Anneé opened the cast during one of our October 2023 programs. Intern Filip will clean and glue it together and the museum will place it on display. Maintenance staff will help create the workspace.

❖ Collections: Loans:

- Accession # 2024.3.
  A 1983 loan was converted to a gift in May 2024 by the last-living family member of lender. Items include: rope type barbed wire stretcher; one pair of breast chains; calf muzzle; buck saw; cart wrench; sausage stuffer; barrel-type churn; one pair of log grabs; buggy wrench; one pair of hay hooks.

- 6211.1543.
  A loan of Native American tools and related material which has been on loan since 1987 is in the process of being updated with a new agreement. Some of the loan will be returned to the lending family.
- L2018.2.
  A book, *Native Perennials for the Southeast*, which has been on loan since 2018 was returned to the lender in February 2024.

❖ Collections: New Acquisitions (Permanent Collection):

- 2024.1.1 through 2024.1.9: Long wave fluorescent mineral kit; Nine (9) specimens: gypsum selenite; onyx; calcite; opalite; chalcedony; fluorite; willemite; wernerite; and hackmanite.
- 2024.2.1; Hat, Police Chief. From Rose Hill, Duplin County.
- 2024.4.1 - .4: Geospecimens collected by museum intern in May 2024 while in Poland: ammonite mold; ammonite cast; basalt; and vesicular basalt/scoria.
- 2024.5.1 - .2: Local Duplin County items: One bottle of medicine (PINEE) made in Teachey, NC; One Physician's Certificate of Registration for Dr. R. F. Quinn signed on 07/14/1913 by the Deputy Clerk of the Superior Court of Duplin County.

❖ Collections: New Acquisitions (Education/Use):

- E2024.1.1: Toy, stuffed; *Astrospis desiderata*; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.1.2: Toy, stuffed; *Dimetradon grandis*; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.2.1: Kit, learning; Five kits used for STEM programs in garden.
- E2024.2.2: Tambourine set for deaf visitors. Items light up when touched and are used in the museum's music gallery.
- E2024.3.1: Kit, learning; Mini weather station for STEM programs.
- E2024.3.2: Kit, Learning; Soil test kits for STEM programs.
- E2024.4.1: Toy, Stuffed; *Gorgonops*; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.5.1: Toy, stuffed; *Diplocaulus*; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.5.2: Toy, stuffed; Wooly Mammoth; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.5.3: Toy, stuffed; *Spinosaurus*; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.6.1: Toy, stuffed; Tully Monster; Item for fossil exhibit and low-sensory needs of museum visitors.
- E2024.7: Two sets of low-sensory toys and equipment for museum visitors with special needs: two backpacks, noise cancelling headphones, fidget toys, kid's sunglasses, and weighted plush toys.

000488

❖ Collections: New Acquisitions (Reference/Books for Programs):

- R2024.1.1: Book, *The History of Beulaville North Carolina*.
- R2024.2.1: Book, *Fossils Tell Stories*, for summer 2024 STEM programs.
- R2024.2.2: Book, *Dirt: The Scoop on Soil*, for summer 2024 STEM programs.
- R2024.2.3: Book, *Farm*, for summer 2024 STEM programs.
- R2024.3.1: Book, *Duplin County* (Images of America Series).
- R2024.3.2: Book, *Oh Say Can You Say What's the Weather Today?* For summer 2024 STEM programs.
- R2024.3.3: Book, *Volcanoes*, for summer 2024 STEM programs (joint program with the County library).
- R2024.3.4: Book, *Dinosaur Feathers*, for summer 2024 STEM programs.
- R2024.4.1: Book, *Oh Say Can You Say Di-no-saur? All About Dinosaurs*, for summer 2024 STEM programs.
- R2024.4.2: Book, *Fossils Tell of Long Ago*, for summer 2024 STEM programs.
- R2024.4.3: Book, *Soil Basics*, for summer 2024 STEM programs.

❖ Community:

- Museum staff worked with the Mediation Center of Eastern Carolina to provide meaningful community service opportunities in museum work.

❖ General/Other:

- Grotke worked on the 2025 budget for the museum and presented budget materials and issues on 02/27.
- Grotke attended department head meetings.
- Updates were made to the website and items of interest were posted onto the museum's social media sites.
- Grotke signed off on purchases and prepared/submitted the museum's monthly P-Card reports.
- Cleaning was done in galleries, facilities, and outbuildings.
- Cash donations were submitted to the Finance Office.
- Duplin County's IT Department assisted museum staff with various technology issues.
- Grotke designed and purchased ads and signs for the museum and events, as well as museum merchandise for the public, and new brochures.
- Howard cataloged the museum's education program supplies; made materials for programs; packaged and labeled harvested seeds from the botanical garden to be given away to museum visitors.
- Staff did research for exhibits, programs, events, and artifact records.

FY 2024

SALES TAX REPORT FOR THE PURCHASE MONTH OF APRIL RECEIVED IN JULY

ARTICLE 39

PURCHASE MONTH	DISTRIBUTION MONTH	FY 24 ACTUAL	FY 23 ACTUAL	FY 22 ACTUAL	FY 21 ACTUAL
JULY	OCTOBER	485,991.40	480,818.32	457,573.41	427,182.25
AUGUST	NOVEMBER	513,122.83	479,755.43	427,349.77	392,404.62
SEPTEMBER	DECEMBER	490,037.02	498,342.32	414,041.24	405,011.20
OCTOBER	JANUARY	480,118.92	463,630.99	400,175.55	384,453.05
NOVEMBER	FEBRUARY	516,248.14	384,212.57	351,915.06	351,356.13
DECEMBER	MARCH	423,877.90	546,338.21	476,025.91	443,143.03
JANUARY	APRIL	467,630.40	453,297.42	400,423.89	404,614.63
FEBRUARY	MAY	465,628.42	400,734.07	396,214.81	358,703.95
MARCH	JUNE	543,549.20	500,590.58	486,430.41	456,776.99
APRIL	JULY	471,382.38	476,625.85	483,971.68	459,458.81
MAY	AUGUST	-	514,839.19	436,910.71	440,756.95
JUNE	SEPTEMBER	-	533,561.50	489,732.40	457,573.41
	ARTICLE TOTAL	**4,849,586.61**	**5,698,946.43**	**5,220,764.94**	**4,981,437.02**

ARTICLE 40

PURCHASE MONTH	DISTRIBUTION MONTH	FY 24 ACTUAL	FY 23 ACTUAL	FY 22 ACTUAL	FY 21 ACTUAL
JULY	OCTOBER	286,511.65	277,217.58	314,630.28	270,611.54
AUGUST	NOVEMBER	284,657.82	280,024.99	236,164.76	249,665.05
SEPTEMBER	DECEMBER	240,291.48	275,221.91	236,119.58	264,679.48
OCTOBER	JANUARY	265,881.15	264,742.13	235,572.14	258,943.88
NOVEMBER	FEBRUARY	277,188.00	261,224.00	252,646.72	282,949.70
DECEMBER	MARCH	310,302.54	306,385.33	283,307.22	307,713.65
JANUARY	APRIL	244,364.29	257,322.75	217,544.16	260,832.19
FEBRUARY	MAY	237,471.64	211,806.82	210,454.03	218,240.63
MARCH	JUNE	289,861.51	287,821.87	271,478.36	309,547.51
APRIL	JULY	262,421.11	254,700.06	268,244.37	289,058.33
MAY	AUGUST	-	284,649.97	265,359.04	321,629.72
JUNE	SEPTEMBER	-	302,591.58	285,899.57	314,830.28
	ARTICLE TOTAL	**2,698,951.48**	**3,283,686.99**	**3,077,426.23**	**3,348,499.95**

ARTICLE 42

PURCHASE MONTH	DISTRIBUTION MONTH	FY 24 ACTUAL	FY 23 ACTUAL	FY 22 ACTUAL	FY 21 ACTUAL
JULY	OCTOBER	35,329.73	23,964.58	2,171.79	21,433.94
AUGUST	NOVEMBER	43,302.05	28,729.47	35,798.87	21,223.96
SEPTEMBER	DECEMBER	2,031.07	42,608.75	29,992.58	17,808.56
OCTOBER	JANUARY	32,468.43	32,882.17	25,284.67	10,615.56
NOVEMBER	FEBRUARY	53,022.92	-9,836.24	(12,782.68)	10,746.11
DECEMBER	MARCH	(16,806.28)	45,798.34	23,571.72	4,059.20
JANUARY	APRIL	52,199.35	35,456.72	42,561.14	21,219.88
FEBRUARY	MAY	57,947.17	45,504.28	42,039.91	28,537.48
MARCH	JUNE	57,935.11	34,409.98	39,082.30	93,318.08
APRIL	JULY	40,938.82	51,376.68	40,750.38	18,783.51
MAY	AUGUST	-	43,974.84	20,552.71	(13,483.46)
JUNE	SEPTEMBER	-	40,887.13	29,628.10	2,171.79
	ARTICLE TOTAL	**358,398.38**	**415,736.78**	**318,651.47**	**238,424.59**

ARTICLE 44

PURCHASE MONTH	DISTRIBUTION MONTH	FY 24 ACTUAL	FY 23 ACTUAL	FY 22 ACTUAL	FY 21 ACTUAL
JULY	OCTOBER	-	13.09	-	253.14
AUGUST	NOVEMBER	-	10.48	1.74	44.21
SEPTEMBER	DECEMBER	-	-	-	10.14
OCTOBER	JANUARY	-	-	-	15.51
NOVEMBER	FEBRUARY	(0.68)	-	15.33	(22.36)

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DECEMBER	MARCH	-	(0.98)	-	(188.91)
JANUARY	APRIL	-	12.27	-	-
FEBRUARY	MAY	-	-	-	18.58
MARCH	JUNE	-	(74.55)	-	4.28
APRIL	JULY	19.15	-	(103.19)	-
MAY	AUGUST	-	-	(0.02)	-
JUNE	SEPTEMBER	-	-323.15	-	-
	ARTICLE TOTAL	**18.49**	**-362.84**	**(86.14)**	**134.59**

ARTICLE 44-524

PURCHASE MONTH	DISTRIBUTION MONTH	FY 24 ACTUAL	FY 23 ACTUAL	FY 22 ACTUAL	FY 21 ACTUAL
JULY	OCTOBER	198,613.11	182,507.34	159,517.49	139,634.41
AUGUST	NOVEMBER	198,640.40	182,454.62	157,647.11	139,815.46
SEPTEMBER	DECEMBER	198,640.40	182,454.62	157,647.11	139,815.46
OCTOBER	JANUARY	198,640.40	182,454.62	157,647.11	139,815.46
NOVEMBER	FEBRUARY	198,743.97	182,485.74	157,748.35	139,812.65
DECEMBER	MARCH	198,743.97	182,485.74	157,748.35	139,812.65
JANUARY	APRIL	198,743.97	182,485.74	157,748.35	139,812.65
FEBRUARY	MAY	198,743.97	182,485.74	157,748.35	139,812.65
MARCH	JUNE	198,743.97	182,485.74	157,748.35	139,812.65
APRIL	JULY	198,743.97	182,485.74	157,748.35	139,812.65
MAY	AUGUST	-	182,485.74	157,748.35	159,517.49
JUNE	SEPTEMBER	-	198,613.11	182,507.34	159,517.49
	ARTICLE TOTAL	**1,986,998.13**	**2,205,884.49**	**1,919,204.61**	**1,716,991.67**

CITY HOLD HARMLESS

PURCHASE MONTH	DISTRIBUTION MONTH	FY 24 ACTUAL	FY 23 ACTUAL	FY 22 ACTUAL	FY 21 ACTUAL
JULY	OCTOBER	(110,581.15)	-108,260.82	(119,296.78)	(100,004.97)
AUGUST	NOVEMBER	(109,242.71)	-109,815.57	(91,005.34)	(90,917.30)
SEPTEMBER	DECEMBER	(98,380.36)	-105,304.44	(91,274.94)	(96,637.64)
OCTOBER	JANUARY	(102,623.14)	-103,004.55	(91,133.01)	(95,698.71)
NOVEMBER	FEBRUARY	(104,184.28)	-105,815.88	(103,344.26)	(102,869.56)
DECEMBER	MARCH	(126,022.94)	-116,655.57	(111,531.17)	(114,866.63)
JANUARY	APRIL	(91,366.71)	-98,833.04	(80,256.64)	(94,582.66)
FEBRUARY	MAY	(87,178.83)	-78,456.16	(78,884.80)	(77,852.07)
MARCH	JUNE	(107,798.28)	-111,538.51	(104,233.92)	(116,904.76)
APRIL	JULY	(99,974.82)	-94,740.40	(102,414.29)	(107,968.37)
MAY	AUGUST	-	-109,081.66	(103,751.80)	(124,472.05)
JUNE	SEPTEMBER	-	-116,597.12	(111,820.54)	(119,296.78)
	ARTICLE TOTAL	**(1,037,353.22)**	**-1,258,103.72**	**(1,188,947.29)**	**(1,242,071.50)**
	GRAND TOTAL	**8,856,599.88**	**10,317,790.10**	**9,347,007.82**	**9,041,416.32**

	FY 24 BUDGET	FY 24 ACTUAL	FY 24 ESTIMATES	FY 23 RECEIPTS	FY 22 RECEIPTS
ARTICLE 39	4,314,352.00	3,812,233.39	5,082,977.85	4,432,842.71	4,031,817.65
ARTICLE 40	4,501,358.00	2,698,951.49	3,598,601.99	3,263,688.96	3,077,420.23
ARTICLE 42	342,043.00	358,398.38	477,864.51	415,736.78	318,651.47
ARTICLE 44	-	18.49	24.65	(362.84)	(86.14)
ARTICLE 44-524	2,189,705.00	1,986,998.13	2,649,330.84	2,205,884.49	1,919,204.61
	11,347,458.00	8,856,599.88	11,808,799.84	10,317,790.10	9,347,007.82

June 2024 Garage Breakdown

	COLLECTIONS			COLLECTION EQUIPMENT			COMMUNICATIONS		
Maintenance Type	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**
Brakes & Rotors			0.00	63.68	12.97	76.65			0.00
Def Refuel	521.42		521.42	29.63		29.63			0.00
Diesel Truck Service			0.00			0.00			0.00
Diesel Equipment Service			0.00			0.00			0.00
Garage Road Call			0.00			0.00			0.00
General Repair	12402.66	752.00	13154.66	11.07	12.97	24.04	8.79		8.79
Oil Change/Service	409.65	181.52	591.17			0.00	25.36		25.36
Outside Repairs			0.00			0.00	150.00		150.00
Alignment Only			0.00			0.00			0.00
P.M. Maintenance			0.00			0.00			0.00
State Inspection			0.00			0.00			0.00
Tire Change	1246.76	38.90	1285.66			0.00	473.04		473.04
Tire Repair			0.00			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	**14580.49**	**972.42**	**15552.91**	**104.38**	**25.94**	**130.32**	**657.19**	**0.00**	**657.19**

	COOPARATIVE EXTENSION			EMS			EMERGENCY MANAGEMENT		
Maintenance Type	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**
Brakes & Rotors			0.00			0.00			0.00
Def Refuel			0.00	100.73		100.73			0.00
Diesel Truck Service			0.00			0.00			0.00
Diesel Equipment Service			0.00			0.00			0.00
Garage Road Call			0.00			0.00			0.00
General Repair			0.00	772.50		772.50			0.00
Oil Change/Service			0.00	324.20		324.20	84.78		84.78
Outside Repairs			0.00			0.00			0.00
Alignment Only			0.00			0.00			0.00
P.M. Maintenance			0.00			0.00			0.00
State Inspection	0.85		0.85	0.85		0.85			0.00
Tire Change			0.00	910.35		910.35	520.20		520.20
Tire Repair			0.00			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	**0.85**	**0.00**	**0.85**	**2108.63**	**0.00**	**2108.63**	**604.98**	**0.00**	**604.98**

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	FIRE MARSHALL			INSPECTIONS			IT		
Maintenance Type	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors			0.00	37.99		37.99			0.00
Def Refuel			0.00			0.00			0.00
Diesel Truck Service			0.00			0.00			0.00
Diesel Equipment Service			0.00			0.00			0.00
Garage Road Call			0.00			0.00			0.00
General Repair			0.00			0.00			0.00
Oil Change/Service	29.14		29.14	25.36		25.36			0.00
Outside Repairs			0.00			0.00	205.00		205.00
Alignment Only			0.00			0.00			0.00
P.M. Maintenance			0.00			0.00			0.00
State Inspection			0.00			0.00			0.00
Tire Change			0.00			0.00			0.00
Tire Repair			0.00			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	29.14	0.00	29.14	63.35	0.00	63.35	205.00	0.00	205.00

	SHERIFF			SHERIFF EQUIPMENT			SHERIFF JAIL		
Maintenance Type	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors	170.00		170.00			0.00			0.00
Def Refuel			0.00			0.00			0.00
Diesel Truck Service			0.00			0.00			0.00
Diesel Equipment Service			0.00			0.00			0.00
Garage Road Call	153.45		153.45			0.00			0.00
General Repair	938.20		938.20	96.25		96.25	21.58		21.58
Oil Change/Service	444.72		444.72	98.76		98.76			0.00
Outside Repairs	7159.99		7159.99			0.00			0.00
Alignment Only			0.00			0.00			0.00
P.M. Maintenance			0.00			0.00			0.00
State Inspection			0.00			0.00			0.00
Tire Change	2117.55		2117.55			0.00			0.00
Tire Repair			0.00			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	10983.91	0.00	10983.91	195.01	0.00	195.01	21.58	0.00	21.58

Maintenance Type	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors			0.00			0.00			0.00
Def Refuel			0.00			0.00			0.00
Diesel Truck Service			0.00			0.00			0.00
Diesel Equipment Service			0.00			0.00			0.00
Garage Road Call			0.00	112.41		112.41			0.00
General Repair	1210.00		1210.00			0.00	164.22		164.22
Oil Change/Service	90.17		90.17			0.00	25.36		25.36
Outside Repairs			0.00	673.15		673.15			0.00
Alignment Only			0.00			0.00			0.00
P.M. Maintenance			0.00			0.00			0.00
State Inspection			0.00			0.00	1.70		1.70
Tire Change	244.00		244.00			0.00			0.00
Tire Repair			0.00			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	1544.17	0.00	1544.17	785.56	0.00	785.56	191.28	0.00	191.28

	SOLID WASTE			SOLID WASTE EQUIPMENT			TRANSPORTATION		
Maintenance Type	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors	43.20	64.83	108.03			0.00			0.00
Def Refuel	1094.21		1094.21	323.90		323.90			0.00
Diesel Truck Service	443.30	77.80	521.10			0.00			0.00
Diesel Equipment Service			0.00			0.00			0.00
Garage Road Call			0.00			0.00			0.00
General Repair	2912.04	492.68	3404.72	1358.42	181.52	1539.94	276.24	207.48	483.72
Oil Change/Service			0.00			0.00			0.00
Outside Repairs	1125.00		1125.00			0.00			0.00
Alignment Only			0.00			0.00			0.00
P.M. Maintenance			0.00			0.00	1453.55	466.83	1920.38
State Inspection			0.00			0.00			0.00
Tire Change	5387.59	129.70	5517.29			0.00			0.00
Tire Repair		12.97	12.97			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	11005.34	777.98	11783.32	1682.32	181.52	1863.84	1729.79	674.31	2404.10

	WATER

Brakes & Rotors			0.00
Def Refuel			0.00
Diesel Truck Service			0.00
Diesel Equipment Service			0.00
Garage Road Call			0.00
General Repair			0.00
Oil Change/Service	50.72	77.82	128.54
Outside Repairs	294.98		294.98
Alignment Only			0.00
P.M. Maintenance			0.00
State Inspection			0.00
Tire Change			0.00
Tire Repair	1.74	12.97	14.71
Wrecker Call			0.00
Strip Vehicle			0.00
Totals	**347.44**	**90.79**	**438.23**

DUPLIN COUNTY GARAGE
MONTHLY DEPARTMENT TOTALS SUMMARY
Jun-24

Maintenance Type	Part Cost	Labor Cost	Total Cost
Brakes & Rotors	314.87	77.80	392.67
Def Refuel	2069.89		2069.89
Diesel Truck Service	443.30	77.80	521.10
Diesel Equipment Service			0.00
Garage Road Call	265.86		265.86
General Repair	20171.97	1646.65	21818.62
Oil Change/Service	1608.22	259.34	1867.56
Outside Repairs	9608.12		9608.12
Alignment Only			0.00
P.M. Maintenance	1453.55	466.83	1920.38
State Inspection	3.40		3.40
Tire Change	10899.49	168.60	11068.09
Tire Repair	1.74	25.94	27.68
Wrecker Call			0.00
Strip Vehicle			0.00
Totals	**46840.41**	**2722.96**	**49563.37**

Office of the
DUPLIN COUNTY REGISTER OF DEEDS
Anita Marie Savage, Register of Deeds
Post Office Box 970; 118 Duplin Street, Kenansville, NC 28349
Telephone: (910) 296-2108 Fax: (910) 296-2344
anita.savage@duplincountync.com
www.duplinrod.com

MONTHLY REPORT FOR DUPLIN COUNTY REGISTER OF DEEDS JUNE 2024

Submitted this 1st day of July, 2024
Anita Marie Savage
Register of Deeds

Recorder and Custodian of County Records

Ledger Report Fee Distribution
Anita Marie Savage, REGISTER OF DEEDS
Duplin, NC
Date Range From Saturday, June 1, 2024 to Sunday, June 30, 2024

Name	Amount
Vital Records Fund	$489.00
State Treasurer Amount	$2,256.80
Escrow Credit Tota	$340.00
State Revenue Stamp	$13,669.04
County Revenue Stamp	$14,226.96
NC Children's Trust Fund	$130.00
NC Domestic Violence Fund	$780.00
ROD General Fund	$14,985.06
ROD Automation Fund	$1,793.07
Supplemental Retirement	$303.82
Total Distribution For Period	$48,973.75
Cash Total	$4,021.50
Check Tota	$22,739.00
Pay Account Tota	$2,567.75
Escrow Account Total	$590.00
ACH Tota	$19,055.50
Overpayment Tota	$0.00
Total Deposit For Period	$48,383.75

Report Generated at Monday, July 1, 2024 8:12 AM

Page 1 of 1

Ledger Summary Report - Roll-up

Printed 07/01/2024

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

06/01/2024-06/30/2024

Category	Receipt Code		Count	Total										
ESCROW CREDIT					Escrow Credit									
	ESCROW	ESCROW CREDIT	2	$340.00	$340.00									
	Category Totals		2	$340.00	$340.00									
MAP					Recording	Special	Floodplain Mapping	Excise Tax	Land Transfer	Dept Cultural Res	Pension Fund	Automation Fund	State General Fund	State Treasurer Amt	County Receipts
	MAP	MAP	38	$840.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12.78	$82.80	$0.00	$0.00	$744.42
	Category Totals		38	$840.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12.78	$82.80	$0.00	$0.00	$744.42
MARR					Fee	NCCTF	DVCF	Pension Fund	Automation Fund	County Receipts					
	ML	MARRIAGE LICENSE	26	$1,560.00	$0.00	$130.00	$780.00	$23.40	$62.66	$563.94					
	Category Totals		26	$1,560.00	$0.00	$130.00	$780.00	$23.40	$62.66	$563.94					
NO BOOK					Fee	Special	Pension Fund	Automation Fund	County Receipts						
	AMDVIT	AMENDMENT - VITALS	1	$10.00	$0.00	$0.00	$0.15	$0.99	$8.86						
	BIRTH	CERTIFIED COPY - BIRTH	158	$1,580.00	$0.00	$0.00	$23.70	$156.42	$1,399.88						
	BIRTHSE	CERTIFIED COPY - SENIOR BIRTI	15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						
	CCOPY	CERTIFIED COPY - REAL PROPEI	4	$124.00	$0.00	$0.00	$1.84	$12.22	$109.94						
	COPY	COPIES	60	$109.75	$0.00	$0.00	$1.60	$10.72	$97.43						
	COPYP	COPIES - FULL SIZE PLAT	4	$16.00	$0.00	$0.00	$0.24	$1.56	$14.20						
	COPYV	COPIES - VITAL RECORDS	12	$7.25	$0.00	$0.00	$0.09	$0.68	$6.48						
	DEATH	CERTIFIED COPY - DEATH	193	$1,930.00	$0.00	$0.00	$28.95	$191.07	$1,709.98						
	LEGIT	LEGITAMATION	1	$10.00	$0.00	$0.00	$0.15	$0.99	$8.86						
	MAIL	MAILING FEE - UNCERTIFIED COI	1	$0.75	$0.00	$0.00	$0.01	$0.07	$0.67						
	MARR	CERTIFIED COPY - MARRIAGE	51	$510.00	$0.00	$0.00	$7.65	$50.49	$451.86						
	Category Totals		500	$4,297.75	$0.00	$0.00	$64.38	$425.21	$3,808.16						
PROPERTY					Recording	Special	Floodplain Mapping	Excise Tax	Land Transfer	Dept Cultural Res	Pension Fund	Automation Fund	State General Fund	State Treasurer Amt	County Receipts

Ledger Summary Report - Roll-up

Printed 07/01/2024

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

06/01/2024-06/30/2024

Category	Receipt Code		Count	Total										
	ABN	ASSUMED BUSINESS NAME	8	$208.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.12	$15.52	$0.00	$49.60	$139.76
	ADM/COR	ADMINISTRATIVE CORRECTION	2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	AFDVT	AFFIDAVIT	7	$182.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.73	$13.58	$0.00	$43.40	$122.29
	AGMT	AGREEMENT	5	$138.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.07	$10.49	$0.00	$31.00	$94.44
	AN/AMD	ASSUMED BUSINESS NAME AME	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	ASGMT	ASSIGNMENT	11	$286.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.29	$21.34	$0.00	$68.20	$192.17
	CERT/TR	CERTIFICATION OF TRUST	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.95	$0.00	$6.20	$17.46
	D/COR	DEED OF CORRECTION	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	D/EASE	DEED OF EASEMENT	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	D/REL	DEED OF RELEASE	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	D/T	DEED OF TRUST	81	$5,124.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$76.86	$496.50	$0.00	$489.80	$4,060.84
	DECL	DECLARATION	6	$156.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.34	$11.64	$0.00	$37.20	$104.82
	DEED	DEED	152	$31,589.00	$0.00	$0.00	$0.00	$27,689.00	$0.00	$0.00	$58.50	$291.00	$0.00	$930.00	$2,620.50
	EASE	EASEMENT	40	$1,134.00	$0.00	$0.00	$0.00	$94.00	$0.00	$0.00	$15.60	$77.60	$0.00	$248.00	$698.80
	FORECL	FORECLOSURE	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	LEASE	LEASE	3	$78.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.17	$5.82	$0.00	$18.60	$52.41
	M/A	MODIFICATION AGREEMENT	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	MEMO	MEMORANDUM	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	MTG	MORTGAGE	1	$64.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.96	$6.20	$0.00	$6.20	$50.64
	NOTARY	NOTARY	11	$110.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.65	$10.89	$0.00	$0.00	$97.46
	P/A	POWER OF ATTORNEY	14	$404.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.06	$31.10	$0.00	$86.80	$280.04
	P/R	PARTIAL RELEASE	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	QCD	QUITCLAIM DEED	9	$235.00	$0.00	$0.00	$0.00	$1.00	$0.00	$0.00	$3.51	$17.46	$0.00	$55.80	$157.23
	REL	RELEASE	5	$130.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.95	$9.70	$0.00	$31.00	$87.35
	REQ	REQUEST FOR NOTICE	5	$130.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.95	$9.70	$0.00	$31.00	$87.35
	REV	REVOCATION OF POWER OF AT	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	RIGHT	RIGHT OF FIRST REFUSAL	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	S/I	SUPPLEMENTAL INDENTURE	1	$91.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.37	$8.34	$0.00	$6.20	$75.09
	S/INS	SEE INSTRUMENT	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	SAT	SATISFACTION	69	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	SUB/TR	SUBSTITUTION OF TRUSTEE	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	TM/D	TIMBER DEED	1	$138.00	$0.00	$0.00	$0.00	$112.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47

Ledger Summary Report - Roll-up

Printed 07/01/2024

Anita Marie Savage, REGISTER OF DEEDS
Duplin, NC
06/01/2024-06/30/2024

Category	Receipt Code		Count	Total										
	TR/CRT	TRUSTEES CERTIFICATION	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	TR/D	TRUSTEES DEED	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	TRANSF	TRANSFER	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	UCC/T	UCC TERMINATION	1	$38.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.57	$3.74	$0.00	$0.00	$33.69
	UCC1	UCC1 - 3 OR MORE PAGES	2	$83.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.24	$8.96	$0.00	$0.00	$72.80
	UCC3	UCC3	6	$235.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.52	$23.53	$0.00	$0.00	$207.95
	Category Totals		459	$41,047.00	$0.00	$0.00	$0.00	$27,896.00	$0.00	$0.00	$197.26	$1,111.92	$0.00	$2,256.80	$9,585.02

VITAL RECORDING			Fee	Special	Pension Fund	Automation Fund	Vital Records Receipts	County Receipts
BAVAS	NCDAVE - BIRTH ABSTRACT SEA	29	$696.00	$0.00	$0.00	$4.35	$28.71	$406.00	$256.94
DAVAS	NCDAVE - DEATH ABSTRACT SE	2	$48.00	$0.00	$0.00	$0.30	$1.98	$28.00	$17.72
DAVBADD	NCDAVE - BIRTH ABSTRACT ADD	1	$15.00	$0.00	$0.00	$0.15	$9.85	$5.00	$0.00
DAVDADD	NCDAVE - DEATH ABSTRACT ADI	7	$105.00	$0.00	$0.00	$1.05	$68.95	$35.00	$0.00
DAVDAMDOOC	NCDAVE - DEATH AMEND OOC	1	$25.00	$0.00	$0.00	$0.15	$0.99	$15.00	$8.86
Category Totals		40	$889.00	$0.00	$0.00	$6.00	$110.48	$489.00	$283.52

Report Totals		1065	$48,973.75

Automation Fund Total:	$1,793.07
County Receipts Total:	$14,985.06
DVCF Total:	$780.00
Escrow Credit Total:	$340.00
Excise Tax Total:	$27,896.00
NCCTF Total:	$130.00
Pension Fund Total:	$303.82
State Treasurer Amount Total:	$2,256.80
Vital Records Receipts Total:	$489.00

Ledger Summary Report - Roll-up

Printed 07/01/2024

Anita Marie Savage, REGISTER OF DEEDS
Duplin, NC
06/01/2024-06/30/2024

Category	Receipt Code	Count	Total
	Cash Total:		$4,021.50
	Check Total:		$22,739.00
	ACH Total:		$19,055.50
	Card Total:		$2,567.75
	Escrow Account Total:		$590.00
	Overpayment Total:		$0.00

DUPLIN COUNTY CHILD SUPPORT
MONTHLY REPORT
May-24

TOTAL CHILD SUPPORT COLLECTED	$ 503,837.93
TOTAL ABSENT PARENT CASES	2257
TOTAL CLIENTS SERVED	1803
TOTAL CHILDREN SERVED	2407
BREAKDOWN OF CASE AS FOLLOWS	
ENFORCEMENT	2129
ESTABLISHMENT	67
PATERNITY	49
LOCATION	112
GOOD LOCATES COMPLETED/SYSTEM AND MANUAL	10
ORDERS ESTABLISHED/MODIFIED	
BY VOLUNTARY SUPPORT AGREEMENT/CIVIL	39
MODIFICATIONS	13
REVIEWS/NO MOD. NEEDED	0
TOTAL	52
PATERNITY ESTABLISHED	7
GENETIC TEST COMPLETED (LAB CORP)	15
GENETIC TEST COMPLETED (Connie)	0
ENFORCEMENT ACTIONS (OTHER)	267
WAGE WITHHOLDING ESTABLISHED	104
INTERSTATE ACTIVITY	
INITIAL UIFSA ACTION MADE	0
ORDERS SENT FOR REGISTRATION	0
GENERAL STATUS REQUEST MADE/ELECTRONIC	119
ENFORCEMENT STATUS REQUEST MAILED	46
REQUEST FOR REVIEWS TO OTHER STATE	0
CHANGE OF PAYEE/REDIRECTION	1
ORDERS REGISTERED	3
ORDERS ESTABLISHED	0
TOTAL CLIENT SEEN IN IV-D	85
TOTAL VISITORS IN IV-D	0
SHOW CAUSES AND ORDERS FOR ARREST ISSUED IN COUNTY	50
SHOW CAUSES AND ORDERS FOR ARREST SERVED IN COUNTY	17
SHOW CAUSES SENT BY REGULAR MAIL IN COUNTY	24
SHOW CAUSE AND ORDERS FOR ARREST RETURNED NOT SERVED IN COUNTY	5
**********	
SHOW CAUSES AND ORDER FOR ARREST ISSUED OUT OF COUNTY	27
SHOW CAUSES AND ORDER FOR ARREST SERVED OUT OF COUNTY	10
SHOW CAUSES SENT BY REGULAR MAIL OUT OF COUNTY	10
SHOW CAUSES AND ORDER FOR ARREST RETURNED NOT SERVED OUT OF COUNTY	5

Social Services

Program Area	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
MONTHLY CASE COUNT						
Food and Nutrition Cases	4406	4996	4381	4329	4295	4309
FNS Apps Taken	256	416	317	259	259	314
Individual Served	9277	9140	9276	9120	9062	9119
WorkFirst Cases	57	56	53	57	56	56
WF Apps. Taken	17	18	18	18	25	17
Employment Case	4	4	2	1	4	1
Child Only Cases	36	32	33	36	34	33
Refugee Cases	17	20	18	20	18	22
Crisis Heating/Cooling (CIP)	147	219	162	131	133	102
Low Income Energy Assistance (LIEAP)	89	327	169	89	0	0
Family & Childrens Applications	279	297	317	221	242	208
Enrollment Count	15719	15954	16118	16132	16096	15986
Adult Applications	160	97	85	56	81	65
Adult Enrollment Count	3880	3827	3807	3808	3768	3748
Medicaid Transportation	665	696	831	802	913	787
Individuals Transported	172	214	227	208	250	223
Child Support NCP Cases	2463	2474	2473	2471	2434	2407
Program Integrity	8	6	9	12	12	12
Child Day Care	369	353	346	339	335	346
CPS - Investigations Initiated	55	49	64	57	56	53
CPS - Investigation Caseload	82	86	77	58	43	38
CPS- Case Management	6	9	7	5	2	2
CPS-Children in Custody	18	19	18	18	18	22
Adult Services	96	102	94	74	69	73
Homeless Reported	0	0	10	0	0	0

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Dublin Soil & Water Monthly Report

2023 NCACSP Beginning 07/01/2023	$	92,814.00
2023 AgWrap Beginning 07/01/2023	$	30,011.00
Federal EQIP/CSP Allocation 2022	$	2,640,784.00
EWP Stream Bank Stabilizaton 2020	$	546,792.50
Stream Debris Hurricane ETA	$	237,162.00
SIRAP Funding		$1,956,157.00
EWP Watershed Rehabilitation Funding	$	30,000.00
NC Farmland Preservation 4 Farms	$	826,873.50
TOTAL	**$**	**6,360,594.00**
BMAP Monies billed	$	1,550.00
New NCACSP/NCAgwrap Appts/Disaster		1
acreage operations assisted (WUP)		759
walk-in clients assisted		69
Creek miles inspected		20

signature

Friday, June 24, 2024

MILEAGE REPORT

2005 Chevy	1GCEK14V85Z321377	104,824
2016 Ford F150	1FTEW1EB6GFC68020	57,503

Monies to Landowners

DUPLIN COUNTY SOLID WASTE
MONTHLY CATEGORY TOTALS

JUNE '24	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9	Site 10	Site 11	Site 12	Site 13	Site 14	Site 15	Totals
ctronics								0.98				0.60			1.03	2.61
e Garbage	31.44	24.65	47.08	37.83	30.37	48.30	40.58	38.53	27.73	25.09	40.13	46.21	54.95	10.48	44.02	547.39
e Bulky	6.44	3.78	25.56	21.37	5.55	13.50	11.72	14.29	4.74	19.16	6.24	26.44	18.41	2.02	41.51	220.73
xed Paper	0.81	0.52	0.96	0.95	0.73	1.06	0.97	0.52	0.92	0.76	0.91	0.51	1.53	0.57	0.93	12.65
ass	3.02			3.34	2.71				2.42			2.40				13.89
rdboard	0.78	0.47	0.69	1.13	0.70	1.23	0.37	0.92	0.66	0.71	0.47		1.76		1.44	11.33
stics	0.20	0.23	0.42	0.65	0.21	0.42	0.28	0.26	0.22	0.43	0.24	0.19	0.52	0.24	0.56	5.07
ns		0.33	0.68	0.29	0.37	0.25	0.34			0.30		0.57				3.13
tal	3.04	1.32	2.02	3.67	3.55	5.12	2.20	1.72	1.47	3.62	1.36	3.23	5.58	1.08	4.75	43.73
tals	45.73	31.30	77.41	69.23	44.19	69.88	56.46	57.22	38.16	50.07	49.35	80.15	82.75	14.39	94.24	860.53

vate Sector	
ctronics	0.08
rd Waste	115.52
ncrete	63.12
nstruction	915.10
adside	1.33
es	88.65
rbage	1624.75
xed Paper	
ass	0.41
rdboard	2.11
stic	
ns	
tal	4.81
Chg MSW	10.92
xed Loads	173.94
TAL	3000.74

Citations:		
Duplin Commons/Events		
Paper		
Cardboard		
Plastics		
No Chge MSW		11.44
TOTAL		11.44

BUTLER COUNTY SOLID WASTE

YEAR END CATEGORY TOTALS

2023-2024

ATEGORY	DESCRIPTION	JULY '23	AUG '23	SEPT '23	OCT '23	NOV '23	DEC '23	JAN '24	FEB '24	MAR '24	APR '24	MAY '24	JUN '24	TOTALS
**	GARBAGE	3361.63	3482.25	3224.57	3533.47	3175.90	3082.36	3513.32	3111.25	3225.68	3790.03	3798.13	3505.60	40804.19
6	SCRAP METAL	49.08	53.42	57.52	52.05	43.67	45.33	50.86	45.44	51.83	65.84	59.71	48.54	623.29
19	YARD WASTE	169.53	88.88	170.94	215.65	1600.44	1247.30	666.51	505.16	103.71	198.58	159.74	115.52	5241.96
20	BRICKS, ETC.	36.57	64.88	27.44	78.21	19.05	141.57	60.44	70.63	84.83	123.08	48.39	63.12	818.21
34	MIXED RECYCLABLES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	TIRES	56.35	79.63	102.27	94.08	88.14	62.37	72.76	73.88	82.49	87.74	73.10	88.65	961.46
40	MIXED PAPER	10.71	13.54	10.93	13.62	12.88	13.01	12.52	12.29	10.58	13.30	11.59	12.65	147.62
42	GLASS	12.67	8.60	26.09	8.04	13.02	15.89	11.31	8.41	18.81	14.57	10.70	14.30	162.41
44	CARDBOARD	11.12	11.53	9.52	11.01	11.49	16.46	11.76	13.77	10.27	13.31	14.56	13.44	148.24
47	PLASTIC	3.92	4.59	4.37	3.86	3.87	3.90	4.27	3.58	3.62	4.06	3.52	5.07	48.63
48	CANS	0.81	1.03	3.28	1.50	1.84	1.75	1.98	2.38	2.53	1.86	0.75	3.13	22.84
109	ELECTRONICS	1.18	2.11	0.52	1.82	0.81	2.66	2.58	0.40	5.10	0.50	0.00	2.69	20.37
***	STORM GARBAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120	BLOCKS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19/124	YARD WASTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS		3713.57	3810.46	3637.45	4013.31	4971.11	4632.60	4408.31	3847.19	3599.45	4312.87	4180.19	3872.71	48999.22
	TOTAL MSW	3361.63	3482.25	3224.57	3533.47	3175.90	3082.36	3513.32	3111.25	3225.68	3790.03	3798.13	3505.60	40804.19

** GARBAGE Includes - Garbage, Site Garbage, Site Bulky, C&D, Roadside, No Chg MSW, Shingles, Banned Materials

*** STORM GARGAGE Includes - Garbage, C&D, Shingles, Materials From