BOARD OF COUNTY COMMISSIONER'S MEETING

Monday, April 15th, 2024

224 Seminary Street

Kenansville, N.C. 28349

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

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

Also Present: Bryan Miller, County Manager; Carrie Shields, Assistant County Manager; Tim Wilson, County Attorney; Jaime W. Carr, Clerk to the Board and Jasmine Savage, Administrative Liaison.

Call to Order

The meeting was called to order by Chairman D. Edwards.

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

Chairman Edwards asked if the members of the Board approved the proposed meeting agenda, and if any Board Member, County Manager, Assistant County Manager, or Clerk to the Board wished to make any changes or additions to the agenda. Jaime W. Carr, Clerk to the Board requested to add the following to the consent agenda: Addendum to the contract with Trillium Health which supports Duplin County 4H Program; Schedule a public hearing for Mary 6th, 2024 regarding a request from Santos Garcia Castro to name a lane at 220 Hamilton Road, Magnolia, NC; Familia Garcia Lane; and Schedule a public hearing for Mary 6th, 2024 regarding a request from Richard Padrick to name a lane in the 700 block of N NC 111 Highway, Pink Hill, NC, South Gum Lane.

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

Approval of the Minutes – Governing Body

Motion was made by Commissioner J. Edwards, seconded by Commissioner Garner, carried unanimously to approve the minutes of the March 18th, 2024 Board of Commissioners meeting as presented.

Motion was made by Commissioner Branch, seconded by Commissioner J. Edwards, carried unanimously to approve the minutes of the March 22nd, 2024 Board of Commissioners Retreat Meeting as presented.

REGULAR MEETING AGENDA

CONSENT AGENDA

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, carried unanimously, to approve the consent agenda which consisted Budget Amendments Journal Entry Proof; Tax and Solid Waste Releases - #21799 - #21855; Approval of an Agreement Between Duplin County and the North Carolina Department of Public Safety for Agreement # Duplin County 2023-2024 FY 2023 Department of Public Safety Disaster Relief and Recovery/Mitigation/Resiliency Directed Grant, NC Appropriations Act of 2023, House Bill 259, Section 5.3(a)-(c) & Section 5.3 (f)(19) and Authorize Chelsey Lanier, Finance Officer to Sign; Adopt Duplin County, North Carolina Proclamation – Fair Housing Month April 2024 and Authorize Chairman to Sign; Accept 2023 Homeland Security Grant Program Funding in the Amount of $6,521.05 and Authorize the Associated Budget Amendment; Adopt Sexual Assault Awareness Month Proclamation April 2024 and Authorize Chairman to Sign; Adopt a Resolution by the County of Duplin to Direct the Expenditure of Opioid Settlement Funds and Authorize Chairman to Sign; Adopt a Resolution Authorizing a North Carolina Agriculture Manufacturing and Processing Initiative (NCAMPI) Grant Application on Behalf of Project Pear and Authorize Chairman to Sign; Appointment of Louis Howard to the Duplin Watershed Improvement Commission to fill the Unexpired Term of Ann Wallace due to Expire in December, 2025; Reschedule a Public Hearing from April 1st, 2024 to May 6th, 2024 to Receive Public Comments from the Board and/or the Public Regarding a Request Received from Abigail Borja Santibanez to Name a Lane in the 3100 Block of S NC 903, Magnolia, NC; Magnolia Township; Ava Rose Lane and the additions of an Addendum to the contract with Trillium Health which supports Duplin County 4H Program; Schedule a public hearing for May 6th, 2024 regarding a request from Santos Garcia Castro to name a lane at 220 Hamilton Road, Magnolia, NC; Familia Garcia Lane; and Schedule a public hearing for May 6th, 2024 regarding a request from Richard Padrick to name a lane in the 700 block of N NC 111 Highway, Pink Hill, NC, South Gum Lane.

ITEMS TO BE MADE PART OF MINUTES

Administrative Budget Amendment Journal Entry Report

AGENDA

Public Comments

No Public Comments.

End Public Comments

Chairman Edwards receiveed road concerns from members of the Board and the public on behalf of the North Carolina Department of Transportation. Commissioner Dowe stated that Charity Road at the entrance to Greenevers overflows when it rains due to a beaver dam.

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

Motion was made by Commissioner Garner, seconded by Commissioner Branch, carried unanimously to go out of regular session and into closed session for Legal Matters pursuant to NCGS § 143-318.11 (a) (3) and Personnel Matters pursuant to NCGS 143-318.11 (a) (6).

Motion was made by Commissioner Branch, seconded by Commissioner Garner, carried unanimously to go out of closed session and back into open session.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, carried unanimously to recess until 7:30 a.m. on April 16th, 2024 for a joint meeting between the Board of Commissioners and James Sprunt Community College Board of Trustees to be held on the campus of James Sprunt Community College, Kenansville, N.C.

Jaime W. Carr
Clerk to the Board

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
	ACCOUNT				LINE DESCRIPTION	EFF DATE			
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	2	04/16/2024			BUA 041524C	1	2		
1	4520	38398		TRANSPORTATION	INSURANCE SETTLEMENTS	.00	-1,469.07	-1,469.07	
	64-70-4520-0000-000-38398				Vehicle #912	04/16/2024			
2	4520	43530		TRANSPORTATION	REPAIRS VEHICLES	55,000.00	1,469.07	56,469.07	
	64-70-4520-0000-000-43530				Vehicle #912	04/16/2024			
					** JOURNAL TOTAL		0.00		
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	3	04/16/2024			BUA 041524C	1	2		
1	4100	38390		GENERAL FUND	MISCELLANEOUS	.00	-30,000.00	-30,000.00	
	10-41-4100-0000-000-38390					04/16/2024			
2	4920	45000		ECONOMIC DEVELOPMENT	GRANTCLIENTS	845,366.67	30,000.00	875,366.67	
	10-49-4920-0000-000-45000					04/16/2024			
					** JOURNAL TOTAL		0.00		
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	4	04/16/2024			BUA 041524C	1	2		
1	6160	43510		Event Center	REPAIRS BUILDING AND GROUNDS	31,200.00	-4,000.00	27,200.00	
	10-60-6160-0000-000-43510-					04/16/2024			
2	6160	43510		Event Center	REPAIRS BUILDING AND GROUNDS	31,200.00	-2,500.00	28,700.00	
	10-60-6160-0000-000-43510-					04/16/2024			
3	6160	43510		Event Center	REPAIRS BUILDING AND GROUNDS	31,200.00	-800.00	30,400.00	
	10-60-6160-0000-000-43510-					04/16/2024			
4	6160	43031		Event Center	EVENT EXPENSES	112,730.00	-9,000.00	103,730.00	
	10-60-6160-0000-000-43031-					04/16/2024			
5	6160	47320		Event Center	SALES TAXEVENTS CENTER	3,500.00	4,000.00	7,500.00	
	10-60-6160-0000-000-47320-					04/16/2024			
6	6160	43540		Event Center	SOFTWARE MAINTENANCE	8,000.00	2,500.00	10,500.00	
	10-60-6160-0000-000-43540					04/16/2024			
7	6160	44910		Event Center	DUES AND SUBSCRIPTIONS	4,100.00	800.00	4,900.00	
	10-60-6160-0000-000-44910-					04/16/2024			

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / OBJECT / PROJ	ORG DESCRIPTION / ACCOUNT DESCRIPTION / LINE DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2		SRC JNL-DESC ENTITY AMEND				
2024 10 4 04/16/2024		BUA 041524C 1 1				
8	6160 42700	Event Center				
	10-60-6160-0000-000-42700-	CONCESSION EXPENSE	04/16/2024	25,000.00	9,000.00	34,000.00
		** JOURNAL TOTAL			0.00	
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2		SRC JNL-DESC ENTITY AMEND				
2024 10 5 04/16/2024		BUA 041524C 1 2				
1	4324 34364	E-911				
	19-43-4330-4324-000-34364	PSAP Grant	04/16/2024	.00	-49,985.34	-49,985.34
2	4324 45100	E-911				
	19-43-4330-4324-000-45100-	CAPITAL OUTLAY	04/16/2024	.00	49,985.34	49,985.34
		** JOURNAL TOTAL			0.00	
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2		SRC JNL-DESC ENTITY AMEND				
2024 10 6 04/16/2024		BUA 041524C 1 2				
1	4310 34351	SHERIFF				
	10-43-4310-0000-000-34351-	SCAAP GRANT	04/16/2024	-13,065.00	-10,173.00	-23,238.00
2	4322 41990	2016 SCAAP				
	10-43-4310-4322-000-41990	PROFESSIONAL SERVICES	04/16/2024	23,812.12	10,173.00	33,985.12
		** JOURNAL TOTAL			0.00	
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2		SRC JNL-DESC ENTITY AMEND				
2024 10 7 04/16/2024		BUA 041524C 1 2				
1	5110 40121	HEALTH				
	10-50-5100-5110-000-40121	SALARIES	04/16/2024	112,480.00	-70,000.00	42,480.00
2	5110 40181	HEALTH				
	10-50-5100-5110-000-40181	SOCIAL SECURITY	04/16/2024	31,978.00	-15,000.00	16,978.00
3	5110 40182	HEALTH				
	10-50-5100-5110-000-40182	RETIREMENT	04/16/2024	48,477.00	-10,000.00	38,477.00
4	5110 40183	HEALTH				
	10-50-5100-5110-000-40183	HOSPITAL INSURANCE	04/16/2024	110,865.00	-17,700.00	93,165.00

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	7	04/16/2024			BUA 041524C	1	1		
5	5113	42420		COMMUNICABLE DISEASE	IN HOUSE LAB		7,400.00	1,000.00	8,400.00
	10-50-5100-5113-000-42420						04/16/2024		
6	5129	42420		COUNTY WELLNESS PROGRAM	IN HOUSE LAB		3,741.00	1,000.00	4,741.00
	10-50-5100-5129-000-42420						04/16/2024		
7	5151	42420		PRIMARY CARE	IN HOUSE LAB		10,168.00	3,500.00	13,668.00
	10-50-5100-5151-000-42420						04/16/2024		
8	5163	42420		MATERNAL HEALTH	IN HOUSE LAB		9,700.00	2,000.00	11,700.00
	10-50-5100-5163-000-42420						04/16/2024		
9	5163	42600		MATERNAL HEALTH	OFFICE SUPPLIES		1,040.00	16,000.00	17,040.00
	10-50-5100-5163-000-42600						04/16/2024		
10	5164	42420		FAMILY PLANNING	IN HOUSE LAB		11,873.00	4,000.00	15,873.00
	10-50-5100-5164-000-42420						04/16/2024		
11	5167	42420		CHILD HEALTH	IN HOUSE LAB		5,391.00	1,000.00	6,391.00
	10-50-5100-5167-000-42420						04/16/2024		
12	5167	42600		CHILD HEALTH	OFFICE SUPPLIES		1,255.61	16,000.00	17,255.61
	10-50-5100-5167-000-42600						04/16/2024		
13	5164	42600		FAMILY PLANNING	OFFICE SUPPLIES		1,290.00	15,000.00	16,290.00
	10-50-5100-5164-000-42600						04/16/2024		
14	5163	41990		MATERNAL HEALTH	PROFESSIONAL SERVICES		81,530.00	12,200.00	93,730.00
	10-50-5100-5163-000-41990						04/16/2024		
15	5164	41990		FAMILY PLANNING	PROFESSIONAL SERVICES		25,410.00	12,200.00	37,610.00
	10-50-5100-5164-000-41990						04/16/2024		
16	5167	41990		CHILD HEALTH	PROFESSIONAL SERVICES		21,785.00	12,200.00	33,985.00
	10-50-5100-5167-000-41990						04/16/2024		
17	5129	42420		COUNTY WELLNESS PROGRAM	IN HOUSE LAB		3,741.00	500.00	4,241.00
	10-50-5100-5129-000-42420						04/16/2024		
18	5111	41990		ENVIRONMENTAL HEALTH	PROFESSIONAL SERVICES		6,708.00	16,100.00	22,808.00
	10-50-5100-5111-000-41990-						04/16/2024		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	9	04/16/2024			BUA 041524C	1	2		

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	9	04/16/2024			BUA 041524C	1	1		
1	4370	42980		EMERGENCY MEDICAL SERVICES	PROGRAM SUPPLIES		172,000.00	-4,000.00	168,000.00
	10-43-4330-4370-000-42980						04/16/2024		
2	4370	43520		EMERGENCY MEDICAL SERVICES	REPAIRS & MAINTENANCE EQUIPME		26,000.00	-8,000.00	18,000.00
	10-43-4330-4370-000-43520						04/16/2024		
3	4370	43110		EMERGENCY MEDICAL SERVICES	TRAVEL		10,000.00	-90.71	9,909.29
	10-43-4330-4370-000-43110						04/16/2024		
4	4370	43540		EMERGENCY MEDICAL SERVICES	SOFTWARE MAINTENANCE		19,500.00	-6,542.49	12,957.51
	10-43-4330-4370-000-43540						04/16/2024		
5	4370	43250		EMERGENCY MEDICAL SERVICES	POSTAGE		8,000.00	4,000.00	12,000.00
	10-43-4330-4370-000-43250						04/16/2024		
6	4370	43510		EMERGENCY MEDICAL SERVICES	REPAIRS BUILDING AND GROUNDS		13,000.00	8,000.00	21,000.00
	10-43-4330-4370-000-43510						04/16/2024		
7	4370	42724		EMERGENCY MEDICAL SERVICES	CREDIT CARD CHARGES		400.00	90.71	490.71
	10-43-4330-4370-000-42724						04/16/2024		
8	4370	44500		EMERGENCY MEDICAL SERVICES	INSURANCE AND BONDS		32,000.00	6,542.49	38,542.49
	10-43-4330-4370-000-44500						04/16/2024		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	10	04/16/2024			BUA 041524C	1	2		
1	4130	40183		FINANCE	HOSPITAL INSURANCE		70,747.53	-4,999.34	65,748.19
	10-41-4100-4130-000-40183						04/16/2024		
2	4160	45600		COURT FACILITY	BOOKS		5,500.00	-2,596.02	2,903.98
	10-41-4100-4160-000-45600						04/16/2024		
3	4111	44500		NON-DEPARTMENTAL	INSURANCE AND BONDS		116,615.05	-17,479.02	99,136.03
	10-41-4100-4111-000-44500						04/16/2024		
4	4270	40121		HOUSEKEEPING	SALARIES		221,523.00	-1,072.31	220,450.69
	10-41-4100-4270-000-40121						04/16/2024		
5	4270	44500		HOUSEKEEPING	INSURANCE AND BONDS		1,500.00	-427.69	1,072.31
	10-41-4100-4270-000-44500						04/16/2024		

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	10	04/16/2024			BUA 041524C	1	1		
6	4270 10-41-4100-4270-000-42120	42120		HOUSEKEEPING	UNIFORMS		2,300.00 04/16/2024	-500.00	1,800.00
7	4140 10-41-4100-4140-000-40183	40183		TAX	HOSPITAL INSURANCE		180,394.00 04/16/2024	-7,330.38	173,063.62
8	4130 10-41-4100-4130-000-42600	42600		FINANCE	OFFICE SUPPLIES		16,650.00 04/16/2024	4,406.00	21,056.00
9	4130 10-41-4100-4130-000-44500	44500		FINANCE	INSURANCE AND BONDS		3,075.00 04/16/2024	593.34	3,668.34
10	4160 10-41-4100-4160-000-44500	44500		COURT FACILITY	INSURANCE AND BONDS		14,500.00 04/16/2024	5,775.04	20,275.04
11	4210 10-41-4100-4210-000-42600	42600		MANAGER'S OFFICE	OFFICE SUPPLIES		10,000.00 04/16/2024	5,000.00	15,000.00
12	4210 10-41-4100-4210-000-44910	44910		MANAGER'S OFFICE	DUES AND SUBSCRIPTIONS		500.00 04/16/2024	800.00	1,300.00
13	4210 10-41-4100-4210-000-43540	43540		MANAGER'S OFFICE	SOFTWARE MAINTENANCE		300.00 04/16/2024	900.00	1,200.00
14	4210 10-41-4100-4210-000-43210	43210		MANAGER'S OFFICE	TELEPHONE		550.00 04/16/2024	500.00	1,050.00
15	4260 10-41-4100-4260-000-43510	43510		PUBLIC BUILDINGS	REPAIRS BUILDING AND GROUNDS		102,000.00 04/16/2024	7,000.00	109,000.00
16	4260 10-41-4100-4260-000-42982	42982		PUBLIC BUILDINGS	SHOP/PROGRAM SUPPLIES		7,500.00 04/16/2024	100.00	7,600.00
17	4270 10-41-4100-4270-000-42100	42100		HOUSEKEEPING	HOUSEKEEPING		11,300.00 04/16/2024	1,500.00	12,800.00
18	4270 10-41-4100-4270-000-42500	42500		HOUSEKEEPING	VEHICLE GASOLINE		700.00 04/16/2024	500.00	1,200.00
19	4140 10-41-4100-4140-000-41860	41860		TAX	WORKERS COMPENSATION		2,120.00 04/16/2024	5,021.26	7,141.26
20	4140 10-41-4100-4140-000-42100	42100		TAX	HOUSEKEEPING		1,500.00 04/16/2024	1,000.00	2,500.00

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	10	04/16/2024			BUA 041524C	1	1		
21	4140	44500		TAX	INSURANCE AND BONDS		7,300.00	1,309.12	8,609.12
	10-41-4100-4140-000-44500-						04/16/2024		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	11	04/16/2024			BUA 041524C	1	2		
1	4370	40183		EMERGENCY MEDICAL SERVICES	HOSPITAL INSURANCE		600,000.00	-7,000.00	593,000.00
	10-43-4330-4370-000-40183						04/16/2024		
2	4370	45100		EMERGENCY MEDICAL SERVICES	CAPITAL OUTLAY		274,625.32	-2,824.32	271,801.00
	10-43-4330-4370-000-45100						04/16/2024		
3	4370	42500		EMERGENCY MEDICAL SERVICES	VEHICLE GASOLINE		144,000.00	-3,000.00	141,000.00
	10-43-4330-4370-000-42500						04/16/2024		
4	4370	42490		EMERGENCY MEDICAL SERVICES	VEHICLE SUPPLIES		40,000.00	-5,000.00	35,000.00
	10-43-4330-4370-000-42490						04/16/2024		
5	4370	41960		EMERGENCY MEDICAL SERVICES	MEDICAID COST SETTLEMENT		.00	12,919.32	12,919.32
	10-43-4330-4370-000-41960						04/16/2024		
6	4370	41860		EMERGENCY MEDICAL SERVICES	WORKERS COMPENSATION		94,000.00	4,905.00	98,905.00
	10-43-4330-4370-000-41860						04/16/2024		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	12	04/16/2024			BUA 041524C	1	2		
1	4110	41860		GOVERNING BOARD	WORKERS COMPENSATION		2,100.00	-4,001.00	-1,901.00
	10-41-4100-4110-000-41860						04/16/2024		
2	4111	41260		NON-DEPARTMENTAL	OTHER PERSONNEL		9,957.00	-9,957.00	.00
	10-41-4100-4111-000-41260-						04/16/2024		
3	4111	44500		NON-DEPARTMENTAL	INSURANCE AND BONDS		116,615.05	-13,528.54	103,086.51
	10-41-4100-4111-000-44500						04/16/2024		
4	4110	41970		GOVERNING BOARD	COUNTY AUDIT		57,000.00	23,800.00	80,800.00
	10-41-4100-4110-000-41970						04/16/2024		

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / OBJECT / PROJ	ORG DESCRIPTION / ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
	ACCOUNT	LINE DESCRIPTION				
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND			
2024 10	12	04/16/2024			BUA 041524C	1	1			
5	4110	44500	GOVERNING BOARD		INSURANCE AND BONDS			700.00	3,684.54	4,384.54
	10-41-4100-4110-000-44500							04/16/2024		
6	4110	43910	GOVERNING BOARD		ADVERTISING			200.00	2.00	202.00
	10-41-4100-4110-000-43910							04/16/2024		
					** JOURNAL TOTAL				0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND			
2024 10	13	04/16/2024			BUA 041524C	1	2			
1	4310	47104	SHERIFF		DEBT PRINCIPAL			112,688.00	-3,490.09	109,197.91
	10-43-4310-0000-000-47104							04/16/2024		
2	4310	47203	SHERIFF		DEBT INTEREST			6,872.00	-3,382.10	3,489.90
	10-43-4310-0000-000-47203							04/16/2024		
3	4310	40183	SHERIFF		HOSPITAL INSURANCE			556,460.00	-5,000.00	551,460.00
	10-43-4310-0000-000-40183							04/16/2024		
4	4310	44510	SHERIFF		LAW SUIT DEDUCTIBLE			13,000.00	-13,000.00	.00
	10-43-4310-0000-000-44510							04/16/2024		
5	4310	41860	SHERIFF		WORKERS COMPENSATION			63,000.00	-1,168.43	61,831.57
	10-43-4310-0000-000-41860							04/16/2024		
6	4310	44500	SHERIFF		INSURANCE AND BONDS			104,000.00	26,040.62	130,040.62
	10-43-4310-0000-000-44500							04/16/2024		
					** JOURNAL TOTAL				0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND			
2024 10	14	04/16/2024			BUA 041524C	1	2			
1	4320	40183	JAIL		HOSPITAL INSURANCE			350,175.00	-80,000.00	270,175.00
	10-43-4310-4320-000-40183							04/16/2024		
2	4320	40121	JAIL		SALARIES			1,398,484.00	-70,000.00	1,328,484.00
	10-43-4310-4320-000-40121							04/16/2024		
3	4320	40181	JAIL		SOCIAL SECURITY			106,984.00	-5,000.00	101,984.00
	10-43-4310-4320-000-40181							04/16/2024		

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC	JNL-DESC	ENTITY	AMEND	
2024 10	14	04/16/2024			BUA	041524C	1	1	
4	4310	40183		SHERIFF	HOSPITAL INSURANCE		556,460.00	-30,000.00	526,460.00
	10-43-4310-0000-000-40183					04/16/2024			
5	4320	41966		JAIL	INMATE HOUSING COUNTY		201,590.00	185,000.00	386,590.00
	10-43-4310-4320-000-41966					04/16/2024			
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC	JNL-DESC	ENTITY	AMEND	
2024 10	92	04/16/2024			BUA	041524C	1	2	
1	4370	43520		EMERGENCY MEDICAL SERVICES	REPAIRS & MAINTENANCE EQUIPME		26,000.00	-12,208.00	13,792.00
	10-43-4330-4370-000-43520					04/16/2024			
2	4370	42490		EMERGENCY MEDICAL SERVICES	VEHICLE SUPPLIES		40,000.00	12,208.00	52,208.00
	10-43-4330-4370-000-42490					04/16/2024			
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC	JNL-DESC	ENTITY	AMEND	
2024 10	93	04/16/2024			BUA	041524C	1	2	
1	6110	45600		Library	BOOKS		123,976.00	-15,000.00	108,976.00
	10-60-6110-0000-000-45600					04/16/2024			
2	6110	42600		Library	OFFICE SUPPLIES		18,000.00	15,000.00	33,000.00
	10-60-6110-0000-000-42600					04/16/2024			
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC	JNL-DESC	ENTITY	AMEND	
2024 10	94	04/16/2024			BUA	041524C	1	2	
1	5167	42990		CHILD HEALTH	INCENTIVES		3,320.00	-40.00	3,280.00
	10-50-5100-5167-000-42990					04/16/2024			
2	5166	42600		PEER BREASTFEEDING	OFFICE SUPPLIES		500.00	-211.00	289.00
	10-50-5100-5166-000-42600					04/16/2024			
3	5164	42410		FAMILY PLANNING	PHARMACY		92,045.00	-400.00	91,645.00
	10-50-5100-5164-000-42410					04/16/2024			

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / OBJECT / PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
	ACCOUNT		LINE DESCRIPTION	EFF DATE		
4	5163 41990	MATERNAL HEALTH	PROFESSIONAL SERVICES	81,530.00	-200.00	81,330.00
	10-50-5100-5163-000-41990			04/16/2024		
5	5163 40121	MATERNAL HEALTH	SALARIES	224,931.00	-13,000.00	211,931.00
	10-50-5100-5163-000-40121			04/16/2024		
6	5163 40181	MATERNAL HEALTH	SOCIAL SECURITY	16,374.00	-800.00	15,574.00
	10-50-5100-5163-000-40181			04/16/2024		
7	5163 40182	MATERNAL HEALTH	RETIREMENT	25,324.00	-1,000.00	24,324.00
	10-50-5100-5163-000-40182			04/16/2024		
8	5164 40121	FAMILY PLANNING	SALARIES	239,807.00	-2,800.00	237,007.00
	10-50-5100-5164-000-40121			04/16/2024		
9	5162 43210	PCM-NON-MEDICAID	TELEPHONE	638.00	-25.00	613.00
	10-50-5100-5162-000-43210			04/16/2024		
10	5156 40121	WIC-BREASTFEEDING PROMOTION	SALARIES	14,097.00	-100.00	13,997.00
	10-50-5100-5156-000-40121			04/16/2024		
11	5110 42980	HEALTH	PROGRAM SUPPLIES	7,785.00	-10.00	7,775.00
	10-50-5100-5110-000-42980			04/16/2024		
12	5151 41990	PRIMARY CARE	PROFESSIONAL SERVICES	21,671.00	-330.00	21,341.00
	10-50-5100-5151-000-41990			04/16/2024		
13	5129 43550	COUNTY WELLNESS PROGRAM	EMR EXPENSE & INCENTIVES	8,400.00	-750.00	7,650.00
	10-50-5100-5129-000-43550			04/16/2024		
14	5113 42370	COMMUNICABLE DISEASE	INJECTABLES	20,150.00	-350.00	19,800.00
	10-50-5100-5113-000-42370			04/16/2024		
15	5167 43540	CHILD HEALTH	SOFTWARE MAINTENANCE	1,958.00	40.00	1,998.00
	10-50-5100-5167-000-43540			04/16/2024		
16	5166 40182	PEER BREASTFEEDING	RETIREMENT	2,698.00	211.00	2,909.00
	10-50-5100-5166-000-40182			04/16/2024		
17	5164 42980	FAMILY PLANNING	PROGRAM SUPPLIES	3,940.00	400.00	4,340.00
	10-50-5100-5164-000-42980			04/16/2024		
18	5163 40183	MATERNAL HEALTH	HOSPITAL INSURANCE	24,138.00	17,600.00	41,738.00
	10-50-5100-5163-000-40183			04/16/2024		

YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND
2024 10	94	04/16/2024			BUA 041524C	1	1

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	94	04/16/2024			BUA 041524C	1	1		
19	5163	42980		MATERNAL HEALTH	PROGRAM SUPPLIES		4,159.68	100.00	4,259.68
	10-50-5100-5163-000-42980						04/16/2024		
20	5163	43540		MATERNAL HEALTH	SOFTWARE MAINTENANCE		2,570.00	100.00	2,670.00
	10-50-5100-5163-000-43540						04/16/2024		
21	5162	43540		PCM-NON-MEDICAID	SOFTWARE MAINTENANCE		111.00	25.00	136.00
	10-50-5100-5162-000-43540						04/16/2024		
22	5156	40183		WIC-BREASTFEEDING PROMOTION	HOSPITAL INSURANCE		1,684.00	100.00	1,784.00
	10-50-5100-5156-000-40183						04/16/2024		
23	5154	43250		COMMUNITY HEALTH PROMOTION	POSTAGE		.00	10.00	10.00
	10-50-5100-5154-000-43250						04/16/2024		
24	5151	43540		PRIMARY CARE	SOFTWARE MAINTENANCE		3,742.00	230.00	3,972.00
	10-50-5100-5151-000-43540						04/16/2024		
25	5151	42980		PRIMARY CARE	PROGRAM SUPPLIES		6,084.90	100.00	6,184.90
	10-50-5100-5151-000-42980						04/16/2024		
26	5129	43540		COUNTY WELLNESS PROGRAM	SOFTWARE MAINTENANCE		2,330.00	400.00	2,730.00
	10-50-5100-5129-000-43540						04/16/2024		
27	5129	43300		COUNTY WELLNESS PROGRAM	UTILITIES		2,500.00	350.00	2,850.00
	10-50-5100-5129-000-43300						04/16/2024		
28	5113	43250		COMMUNICABLE DISEASE	POSTAGE		300.00	300.00	600.00
	10-50-5100-5113-000-43250						04/16/2024		
29	5113	43540		COMMUNICABLE DISEASE	SOFTWARE MAINTENANCE		500.00	50.00	550.00
	10-50-5100-5113-000-43540						04/16/2024		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	99	04/16/2024			BUA 041524C	1	2		
1	5110	40183		HEALTH	HOSPITAL INSURANCE		110,865.00	-17,152.48	93,712.52
	10-50-5100-5110-000-40183						04/16/2024		
2	5110	44500		HEALTH	INSURANCE AND BONDS		17,950.91	13,410.45	31,361.36
	10-50-5100-5110-000-44500						04/16/2024		

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	99	04/16/2024			BUA 041524C	1	1		
3	5111	44500		ENVIRONMENTAL HEALTH	INSURANCE AND BONDS		941.95	3,742.03	4,683.98
	10-50-5100-5111-000-44500						04/16/2024		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	101	04/16/2024			BUA 041524C	1	2		
1	5165	43910		WIC-CLIENT SERVICES	MARKETING		15,000.00	-15,000.00	.00
	10-50-5100-5165-000-43910						04/16/2024		
2	5165	43540		WIC-CLIENT SERVICES	SOFTWARE MAINTENANCE		3,480.00	-1,400.00	2,080.00
	10-50-5100-5165-000-43540						04/16/2024		
3	5110	41860		HEALTH	WORKERS COMPENSATION		12,000.00	-3,319.60	8,680.40
	10-50-5100-5110-000-41860						04/16/2024		
4	5111	40121		ENVIRONMENTAL HEALTH	SALARIES		346,698.86	-697.26	346,001.60
	10-50-5100-5111-000-40121						04/16/2024		
5	5133	42600		CDC-ELC Cooperative Agreement	OFFICE SUPPLIES		21,301.02	-300.00	21,001.02
	10-50-5100-5133-000-42600						04/16/2024		
6	5110	44910		HEALTH	DUES AND SUBSCRIPTIONS		17,000.00	-4,200.00	12,800.00
	10-50-5100-5110-000-44910						04/16/2024		
7	5165	40121		WIC-CLIENT SERVICES	SALARIES		98,394.00	14,860.00	113,254.00
	10-50-5100-5165-000-40121						04/16/2024		
8	5165	40181		WIC-CLIENT SERVICES	SOCIAL SECURITY		7,528.00	1,000.00	8,528.00
	10-50-5100-5165-000-40181						04/16/2024		
9	5165	43300		WIC-CLIENT SERVICES	UTILITIES		2,000.00	490.00	2,490.00
	10-50-5100-5165-000-43300						04/16/2024		
10	5165	43510		WIC-CLIENT SERVICES	REPAIRS BUILDING AND GROUNDS		530.00	50.00	580.00
	10-50-5100-5165-000-43510						04/16/2024		
11	5111	41860		ENVIRONMENTAL HEALTH	WORKERS COMPENSATION		.00	5,566.86	5,566.86
	10-50-5100-5111-000-41860						04/16/2024		
12	5133	43540		CDC-ELC Cooperative Agreement	SOFTWARE MAINTENANCE		7,768.32	300.00	8,068.32
	10-50-5100-5133-000-43540						04/16/2024		

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	101	04/16/2024			BUA 041524C	1	1		
13	5111	42500		ENVIRONMENTAL HEALTH	VEHICLE GASOLINE		3,100.00	1,100.00	4,200.00
	10-50-5100-5111-000-42500					04/16/2024			
14	5111	42100		ENVIRONMENTAL HEALTH	HOUSEKEEPING		1,001.00	400.00	1,401.00
	10-50-5100-5111-000-42100					04/16/2024			
15	5110	43510		HEALTH	REPAIRS BUILDING AND GROUNDS		4,915.00	330.00	5,245.00
	10-50-5100-5110-000-43510					04/16/2024			
16	5110	43250		HEALTH	POSTAGE		1,255.00	170.00	1,425.00
	10-50-5100-5110-000-43250					04/16/2024			
17	5111	42600		ENVIRONMENTAL HEALTH	OFFICE SUPPLIES		2,200.00	250.00	2,450.00
	10-50-5100-5111-000-42600					04/16/2024			
18	5111	42724		ENVIRONMENTAL HEALTH	CREDIT CARD CHARGES		1,900.00	400.00	2,300.00
	10-50-5100-5111-000-42724					04/16/2024			
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2024 10	115	04/16/2024			BUA 041524C	1	2		
1	4950	34946		Cooperative Extension	4H Prevention-Other		.00	-3,000.00	-3,000.00
	10-49-4950-0000-000-34946					04/16/2024			
2	4991	40121		4H Prevention-Other Services	SALARIES		.00	1,887.02	1,887.02
	10-49-4950-4991-000-40121					04/16/2024			
3	4991	40181		4H Prevention-Other Services	SOCIAL SECURITY		.00	144.36	144.36
	10-49-4950-4991-000-40181					04/16/2024			
4	4991	40182		4H Prevention-Other Services	RETIREMENT		.00	243.80	243.80
	10-49-4950-4991-000-40182					04/16/2024			
5	4991	40183		4H Prevention-Other Services	HOSPITAL INSURANCE		.00	473.74	473.74
	10-49-4950-4991-000-40183					04/16/2024			
6	4991	40184		4H Prevention-Other Services	Life Insurance		.00	1.08	1.08
	10-49-4950-4991-000-40184					04/16/2024			
7	4991	43110		4H Prevention-Other Services	TRAVEL		.00	250.00	250.00
	10-49-4950-4991-000-43110					04/16/2024			
					** JOURNAL TOTAL			0.00	

BUDGET AMENDMENT JOURNAL ENTRY PROOF

CLERK: blanca.pineda

YEAR PER JNL / SRC ACCOUNT / EFF DATE	JNL DESC	REF 1	REF 2	REF 3		ACCOUNT DESC / LINE DESC	T	OB	DEBIT	CREDIT
2024 10 2										
BUA 4520-38398						INSURANCE SETTLEMENTS		5		1,469.07
04/16/2024	041524C				T	Vehicle #912				
BUA 4520-43530						REPAIRS VEHICLES		5	1,469.07	
04/16/2024	041524C				T	Vehicle #912				
						JOURNAL 2024/10/2	TOTAL		.00	.00
2024 10 3										
BUA 4100-38390						MISCELLANEOUS		5		30,000.00
04/16/2024	041524C				T					
BUA 4920-45000						GRANTCLIENTS		5	30,000.00	
04/16/2024	041524C				T					
						JOURNAL 2024/10/3	TOTAL		.00	.00
2024 10 4										
BUA 6160-43510						REPAIRS BUILDING AND GROUNDS		5		4,000.00
04/16/2024	041524C				T					
BUA 6160-43510						REPAIRS BUILDING AND GROUNDS		5		2,500.00
04/16/2024	041524C				T					
BUA 6160-43510						REPAIRS BUILDING AND GROUNDS		5		800.00
04/16/2024	041524C				T					
BUA 6160-43031						EVENT EXPENSES		5		9,000.00
04/16/2024	041524C				T					
BUA 6160-47320						SALES TAXEVENTS CENTER		5	4,000.00	
04/16/2024	041524C				T					
BUA 6160-43540						SOFTWARE MAINTENANCE		5	2,500.00	
04/16/2024	041524C				T					
BUA 6160-44910						DUES AND SUBSCRIPTIONS		5	800.00	
04/16/2024	041524C				T					
BUA 6160-42700						CONCESSION EXPENSE		5	9,000.00	
04/16/2024	041524C				T					
						JOURNAL 2024/10/4	TOTAL		.00	.00
2024 10 5										
BUA 4324-34364						PSAP Grant		5		49,985.34
04/16/2024	041524C				T					
BUA 4324-45100						CAPITAL OUTLAY		5	49,985.34	
04/16/2024	041524C				T					
						JOURNAL 2024/10/5	TOTAL		.00	.00

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL / SRC ACCOUNT / EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC / LINE DESC	T	OB	DEBIT	CREDIT
2024 10 6									
BUA 4310-34351					SCAAP GRANT		5		10,173.00
04/16/2024	041524C					T			
BUA 4322-41990					PROFESSIONAL SERVICES		5	10,173.00	
04/16/2024	041524C					T			
					JOURNAL 2024/10/6	TOTAL		.00	.00
2024 10 7									
BUA 5110-40121					SALARIES		5		70,000.00
04/16/2024	041524C					T			
BUA 5110-40181					SOCIAL SECURITY		5		15,000.00
04/16/2024	041524C					T			
BUA 5110-40182					RETIREMENT		5		10,000.00
04/16/2024	041524C					T			
BUA 5110-40183					HOSPITAL INSURANCE		5		17,700.00
04/16/2024	041524C					T			
BUA 5113-42420					IN HOUSE LAB		5	1,000.00	
04/16/2024	041524C					T			
BUA 5129-42420					IN HOUSE LAB		5	1,000.00	
04/16/2024	041524C					T			
BUA 5151-42420					IN HOUSE LAB		5	3,500.00	
04/16/2024	041524C					T			
BUA 5163-42420					IN HOUSE LAB		5	2,000.00	
04/16/2024	041524C					T			
BUA 5163-42600					OFFICE SUPPLIES		5	16,000.00	
04/16/2024	041524C					T			
BUA 5164-42420					IN HOUSE LAB		5	4,000.00	
04/16/2024	041524C					T			
BUA 5167-42420					IN HOUSE LAB		5	1,000.00	
04/16/2024	041524C					T			
BUA 5167-42600					OFFICE SUPPLIES		5	16,000.00	
04/16/2024	041524C					T			
BUA 5164-42600					OFFICE SUPPLIES		5	15,000.00	
04/16/2024	041524C					T			
BUA 5163-41990					PROFESSIONAL SERVICES		5	12,200.00	
04/16/2024	041524C					T			
BUA 5164-41990					PROFESSIONAL SERVICES		5	12,200.00	
04/16/2024	041524C					T			
BUA 5167-41990					PROFESSIONAL SERVICES		5	12,200.00	
04/16/2024	041524C					T			
BUA 5129-42420					IN HOUSE LAB		5	500.00	
04/16/2024	041524C					T			
BUA 5111-41990					PROFESSIONAL SERVICES		5	16,100.00	
04/16/2024	041524C					T			
					JOURNAL 2024/10/7	TOTAL		.00	.00

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL / SRC ACCOUNT / EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC / LINE DESC	T	OB	DEBIT	CREDIT
2024 10 9									
BUA 4370-42980					PROGRAM SUPPLIES		5		4,000.00
04/16/2024	041524C					T			
BUA 4370-43520					REPAIRS & MAINTENANCE EQUIPME		5		8,000.00
04/16/2024	041524C					T			
BUA 4370-43110					TRAVEL		5		90.71
04/16/2024	041524C					T			
BUA 4370-43540					SOFTWARE MAINTENANCE		5		6,542.49
04/16/2024	041524C					T			
BUA 4370-43250					POSTAGE		5	4,000.00	
04/16/2024	041524C					T			
BUA 4370-43510					REPAIRS BUILDING AND GROUNDS		5	8,000.00	
04/16/2024	041524C					T			
BUA 4370-42724					CREDIT CARD CHARGES		5	90.71	
04/16/2024	041524C					T			
BUA 4370-44500					INSURANCE AND BONDS		5	6,542.49	
04/16/2024	041524C					T			
					JOURNAL 2024/10/9 TOTAL			.00	.00
2024 10 10									
BUA 4130-40183					HOSPITAL INSURANCE		5		4,999.34
04/16/2024	041524C					T			
BUA 4160-45600					BOOKS		5		2,596.02
04/16/2024	041524C					T			
BUA 4111-44500					INSURANCE AND BONDS		5		17,479.02
04/16/2024	041524C					T			
BUA 4270-40121					SALARIES		5		1,072.31
04/16/2024	041524C					T			
BUA 4270-44500					INSURANCE AND BONDS		5		427.69
04/16/2024	041524C					T			
BUA 4270-42120					UNIFORMS		5		500.00
04/16/2024	041524C					T			
BUA 4140-40183					HOSPITAL INSURANCE		5		7,330.38
04/16/2024	041524C					T			
BUA 4130-42600					OFFICE SUPPLIES		5	4,406.00	
04/16/2024	041524C					T			
BUA 4130-44500					INSURANCE AND BONDS		5	593.34	
04/16/2024	041524C					T			
BUA 4160-44500					INSURANCE AND BONDS		5	5,775.04	
04/16/2024	041524C					T			
BUA 4210-42600					OFFICE SUPPLIES		5	5,000.00	
04/16/2024	041524C					T			
BUA 4210-44910					DUES AND SUBSCRIPTIONS		5	800.00	
04/16/2024	041524C					T			
BUA 4210-43540					SOFTWARE MAINTENANCE		5	900.00	
04/16/2024	041524C					T			

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL SRC ACCOUNT EFF DATE	JNL DESC	REF 1	REF 2	REF 3		ACCOUNT DESC LINE DESC	T	OB	DEBIT	CREDIT
BUA 4210-43210 04/16/2024	041524C				T	TELEPHONE		5	500.00	
BUA 4260-43510 04/16/2024	041524C				T	REPAIRS BUILDING AND GROUNDS		5	7,000.00	
BUA 4260-42982 04/16/2024	041524C				T	SHOP/PROGRAM SUPPLIES		5	100.00	
BUA 4270-42100 04/16/2024	041524C				T	HOUSEKEEPING		5	1,500.00	
BUA 4270-42500 04/16/2024	041524C				T	VEHICLE GASOLINE		5	500.00	
BUA 4140-41860 04/16/2024	041524C				T	WORKERS COMPENSATION		5	5,021.26	
BUA 4140-42100 04/16/2024	041524C				T	HOUSEKEEPING		5	1,000.00	
BUA 4140-44500 04/16/2024	041524C				T	INSURANCE AND BONDS		5	1,309.12	
						JOURNAL 2024/10/10	TOTAL		.00	.00
2024 10 11										
BUA 4370-40183 04/16/2024	041524C				T	HOSPITAL INSURANCE		5		7,000.00
BUA 4370-45100 04/16/2024	041524C				T	CAPITAL OUTLAY		5		2,824.32
BUA 4370-42500 04/16/2024	041524C				T	VEHICLE GASOLINE		5		3,000.00
BUA 4370-42490 04/16/2024	041524C				T	VEHICLE SUPPLIES		5		5,000.00
BUA 4370-41960 04/16/2024	041524C				T	MEDICAID COST SETTLEMENT		5	12,919.32	
BUA 4370-41860 04/16/2024	041524C				T	WORKERS COMPENSATION		5	4,905.00	
						JOURNAL 2024/10/11	TOTAL		.00	.00
2024 10 12										
BUA 4110-41860 04/16/2024	041524C				T	WORKERS COMPENSATION		5		4,001.00
BUA 4111-41260 04/16/2024	041524C				T	OTHER PERSONNEL		5		9,957.00
BUA 4111-44500 04/16/2024	041524C				T	INSURANCE AND BONDS		5		13,528.54
BUA 4110-41970 04/16/2024	041524C				T	COUNTY AUDIT		5	23,800.00	
BUA 4110-44500 04/16/2024	041524C				T	INSURANCE AND BONDS		5	3,684.54	
BUA 4110-43910						ADVERTISING		5	2.00	

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL / SRC ACCOUNT / EFF DATE	JNL DESC	REF 1	REF 2	REF 3	T	ACCOUNT DESC / LINE DESC		T	OB	DEBIT	CREDIT
04/16/2024	041524C				T						
						JOURNAL 2024/10/12	TOTAL			.00	.00
2024 10	13										
BUA 4310-47104						DEBT PRINCIPAL		5			3,490.09
04/16/2024	041524C				T						
BUA 4310-47203						DEBT INTEREST		5			3,382.10
04/16/2024	041524C				T						
BUA 4310-40183						HOSPITAL INSURANCE		5			5,000.00
04/16/2024	041524C				T						
BUA 4310-44510						LAW SUIT DEDUCTIBLE		5			13,000.00
04/16/2024	041524C				T						
BUA 4310-41860						WORKERS COMPENSATION		5			1,168.43
04/16/2024	041524C				T						
BUA 4310-44500						INSURANCE AND BONDS		5		26,040.62	
04/16/2024	041524C				T						
						JOURNAL 2024/10/13	TOTAL			.00	.00
2024 10	14										
BUA 4320-40183						HOSPITAL INSURANCE		5			80,000.00
04/16/2024	041524C				T						
BUA 4320-40121						SALARIES		5			70,000.00
04/16/2024	041524C				T						
BUA 4320-40181						SOCIAL SECURITY		5			5,000.00
04/16/2024	041524C				T						
BUA 4310-40183						HOSPITAL INSURANCE		5			30,000.00
04/16/2024	041524C				T						
BUA 4320-41966						INMATE HOUSING COUNTY		5		185,000.00	
04/16/2024	041524C				T						
						JOURNAL 2024/10/14	TOTAL			.00	.00
2024 10	92										
BUA 4370-43520						REPAIRS & MAINTENANCE	EQUIPME	5			12,208.00
04/16/2024	041524C				T						
BUA 4370-42490						VEHICLE SUPPLIES		5		12,208.00	
04/16/2024	041524C				T						
						JOURNAL 2024/10/92	TOTAL			.00	.00
2024 10	93										
BUA 6110-45600						BOOKS		5			15,000.00
04/16/2024	041524C				T						

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL SRC ACCOUNT EFF DATE JNL DESC REF 1 REF 2 REF 3	ACCOUNT DESC LINE DESC	T	OB	DEBIT	CREDIT
BUA 6110-42600 04/16/2024 041524C	OFFICE SUPPLIES	T	5	15,000.00	
	JOURNAL 2024/10/93 TOTAL			.00	.00
2024 10 94					
BUA 5167-42990 04/16/2024 041524C	INCENTIVES	T	5		40.00
BUA 5166-42600 04/16/2024 041524C	OFFICE SUPPLIES	T	5		211.00
BUA 5164-42410 04/16/2024 041524C	PHARMACY	T	5		400.00
BUA 5163-41990 04/16/2024 041524C	PROFESSIONAL SERVICES	T	5		200.00
BUA 5163-40121 04/16/2024 041524C	SALARIES	T	5		13,000.00
BUA 5163-40181 04/16/2024 041524C	SOCIAL SECURITY	T	5		800.00
BUA 5163-40182 04/16/2024 041524C	RETIREMENT	T	5		1,000.00
BUA 5164-40121 04/16/2024 041524C	SALARIES	T	5		2,800.00
BUA 5162-43210 04/16/2024 041524C	TELEPHONE	T	5		25.00
BUA 5156-40121 04/16/2024 041524C	SALARIES	T	5		100.00
BUA 5110-42980 04/16/2024 041524C	PROGRAM SUPPLIES	T	5		10.00
BUA 5151-41990 04/16/2024 041524C	PROFESSIONAL SERVICES	T	5		330.00
BUA 5129-43550 04/16/2024 041524C	EMR EXPENSE & INCENTIVES	T	5		750.00
BUA 5113-42370 04/16/2024 041524C	INJECTABLES	T	5		350.00
BUA 5167-43540 04/16/2024 041524C	SOFTWARE MAINTENANCE	T	5	40.00	
BUA 5166-40182 04/16/2024 041524C	RETIREMENT	T	5	211.00	
BUA 5164-42980 04/16/2024 041524C	PROGRAM SUPPLIES	T	5	400.00	
BUA 5163-40183 04/16/2024 041524C	HOSPITAL INSURANCE	T	5	17,600.00	
BUA 5163-42980 04/16/2024 041524C	PROGRAM SUPPLIES	T	5	100.00	
BUA 5163-43540 04/16/2024 041524C	SOFTWARE MAINTENANCE	T	5	100.00	
BUA 5162-43540 04/16/2024 041524C	SOFTWARE MAINTENANCE	T	5	25.00	

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL SRC ACCOUNT EFF DATE	JNL DESC	REF 1	REF 2	REF 3	ACCOUNT DESC LINE DESC	T	OB	DEBIT	CREDIT
BUA 5156-40183 04/16/2024	041524C				HOSPITAL INSURANCE	T	5	100.00	
BUA 5154-43250 04/16/2024	041524C				POSTAGE	T	5	10.00	
BUA 5151-43540 04/16/2024	041524C				SOFTWARE MAINTENANCE	T	5	230.00	
BUA 5151-42980 04/16/2024	041524C				PROGRAM SUPPLIES	T	5	100.00	
BUA 5129-43540 04/16/2024	041524C				SOFTWARE MAINTENANCE	T	5	400.00	
BUA 5129-43300 04/16/2024	041524C				UTILITIES	T	5	350.00	
BUA 5113-43250 04/16/2024	041524C				POSTAGE	T	5	300.00	
BUA 5113-43540 04/16/2024	041524C				SOFTWARE MAINTENANCE	T	5	50.00	
					JOURNAL 2024/10/94	TOTAL		.00	.00
2024 10 99 BUA 5110-40183 04/16/2024	041524C				HOSPITAL INSURANCE	T	5		17,152.48
BUA 5110-44500 04/16/2024	041524C				INSURANCE AND BONDS	T	5	13,410.45	
BUA 5111-44500 04/16/2024	041524C				INSURANCE AND BONDS	T	5	3,742.03	
					JOURNAL 2024/10/99	TOTAL		.00	.00
2024 10 101 BUA 5165-43910 04/16/2024	041524C				MARKETING	T	5		15,000.00
BUA 5165-43540 04/16/2024	041524C				SOFTWARE MAINTENANCE	T	5		1,400.00
BUA 5110-41860 04/16/2024	041524C				WORKERS COMPENSATION	T	5		3,319.60
BUA 5111-40121 04/16/2024	041524C				SALARIES	T	5		697.26
BUA 5133-42600 04/16/2024	041524C				OFFICE SUPPLIES	T	5		300.00
BUA 5110-44910 04/16/2024	041524C				DUES AND SUBSCRIPTIONS	T	5		4,200.00
BUA 5165-40121 04/16/2024	041524C				SALARIES	T	5	14,860.00	
BUA 5165-40181 04/16/2024	041524C				SOCIAL SECURITY	T	5	1,000.00	
BUA 5165-43300					UTILITIES		5	490.00	

BUDGET AMENDMENT JOURNAL ENTRY PROOF

YEAR PER JNL SRC ACCOUNT	EFF DATE	JNL DESC	REF 1	REF 2	REF 3	T	ACCOUNT DESC LINE DESC	T	OB	DEBIT	CREDIT
	04/16/2024	041524C				T					
BUA 5165-43510							REPAIRS BUILDING AND GROUNDS	5		50.00	
	04/16/2024	041524C				T					
BUA 5111-41860							WORKERS COMPENSATION	5		5,566.86	
	04/16/2024	041524C				T					
BUA 5133-43540							SOFTWARE MAINTENANCE	5		300.00	
	04/16/2024	041524C				T					
BUA 5111-42500							VEHICLE GASOLINE	5		1,100.00	
	04/16/2024	041524C				T					
BUA 5111-42100							HOUSEKEEPING	5		400.00	
	04/16/2024	041524C				T					
BUA 5110-43510							REPAIRS BUILDING AND GROUNDS	5		330.00	
	04/16/2024	041524C				T					
BUA 5110-43250							POSTAGE	5		170.00	
	04/16/2024	041524C				T					
BUA 5111-42600							OFFICE SUPPLIES	5		250.00	
	04/16/2024	041524C				T					
BUA 5111-42724							CREDIT CARD CHARGES	5		400.00	
	04/16/2024	041524C				T					
							JOURNAL 2024/10/101	TOTAL		.00	.00
2024 10	115										
BUA 4950-34946							4H Prevention-Other	5			3,000.00
	04/16/2024	041524C				T					
BUA 4991-40121							SALARIES	5		1,887.02	
	04/16/2024	041524C				T					
BUA 4991-40181							SOCIAL SECURITY	5		144.36	
	04/16/2024	041524C				T					
BUA 4991-40182							RETIREMENT	5		243.80	
	04/16/2024	041524C				T					
BUA 4991-40183							HOSPITAL INSURANCE	5		473.74	
	04/16/2024	041524C				T					
BUA 4991-40184							Life Insurance	5		1.08	
	04/16/2024	041524C				T					
BUA 4991-43110							TRAVEL	5		250.00	
	04/16/2024	041524C				T					
							JOURNAL 2024/10/115	TOTAL		.00	.00

BUDGET AMENDMENT JOURNAL ENTRY PROOF

FUND / ACCOUNT	YEAR PER	JNL	EFF DATE	ACCOUNT DESCRIPTION	DEBIT	CREDIT
				FUND TOTAL	.00	.00

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

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Insurance proceeds

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4520-38398	Insurance Settlements	1,469.07	4520-43530	Vehicle Repairs	1,469.07
Total		1,469.07	Total		1,469.07

Finance Signature: Chelsey Ranier
Date Approved: 3/18/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

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

0002353-0009433 0106 001 624870 SWK

DUPLIN COUNTY
PO BOX 950
KENANSVILLE NC 28349

DATE	CHECK AMOUNT	CHECK NUMBER
03/05/2024	1,469.07	140952340
PAYEE		TAX ID
DUPLIN COUNTY		None
SCMS UNIT		PAGE
184 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
DUPLIN COUNTY	10/20/2023	4A24030B337-0001
Amt Paid: 1,469.07	Description: Miscellaneous CL/Other	
Dates: 10/20/2023 - 03/05/2024	Comment: Settlement- 2019 Ford Transit, Vin 0661	

#912 transportation

SWK.RM.SDM.00.NP

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

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

ORIGIN 1841278 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 03/05/2024

140952340

62-22
311

PAY: ******ONE THOUSAND FOUR HUNDRED SIXTY NINE AND 07/100 DOLLARS

$1,469.07

PAY TO THE ORDER OF DUPLIN COUNTY

Sedgwick

2259727948

MEMO: MP

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

⑈140952340⑈ ⑆031100225⑆ 20799500597 03⑈

BA # _____

Duplin County
Budget Amendment

Department Title: Finance

Department Head's Signature: _____

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

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

Brief description of why this amendment is being requested:
Pass through funds from Four County for Project Pear

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4100-38390	Miscellaneous	30,000.00	4920-45000	Grants Clients	30,000.00
Total		30,000.00	Total		30,000.00

Finance Signature: Chelsey Fonvielle

Date Approved: 3/25/24

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 Repairs building and Grounds to Sales Tax events center, Software maintenance and Dues and subscription. Event Expense to Concession Expense

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6160-43510	Repairs Building and Grounds	4,000.00	6160-47320	Sales Tax Events Center	4,000.00
6160-43510	Repairs Building and Grounds	2,500.00	6160-43540	Software Maintenance	2,500.00
6160-43510	Repairs Building and Grounds	800.00	6160-44910	Dues and Subscription	800.00
6160-43031	Event Expense	9,000.00	6160-42700	Concesion Expense	9,000.00
Total		16,300.00	Total		16,300.00

Chelsey Ramos

Finance Signature: _____

Date Approved: 4/11/24

Manager Signature: _____

Date Approved: _____

Commisioner Approval: _____

Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Communications
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:
E911 Portable Radio Grant

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4324-34364	PSAP Grant	49,985.34	4324-45100	Capital Outlay	49,985.34
Total		49,985.34	Total		49,985.34

Finance Signature: Ashley Romier
Date Approved: 3/27/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title — Admin Assistant
Department Head's Signature — Lynne Stroud
(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 Funds received for SCAAP Grant

Credit GL	Line Item Description	Amount	GL	Line Item Description	Amount
4310-34351	SCAAP Grant	10,173.00	4322-41990	Professional Services	10,173.00
Total		10,173.00	Total		10,173.00

Finance Signature — Chelsey Pomier
Date Approved: 3/26/24

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 in house lab supplies and to purchase computer equipment to replace clinic computers that need upgrading - using lapsing salary to cover these expenses

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5110-40121	salaries	70,000.00	5113-42420	in house lab	1,000.00
5110-40181	social security	15,000.00	5129-42420	in house lab	1,000.00
5110-40182	retirement	10,000.00	5151-42420	in house lab	3,500.00
5110-40183	hospital insurance	17,700.00	5163-42420	in house lab	2,000.00
			5163-42600	office supplies	16,000.00
			5164-42420	in house lab	4,000.00
			5167-42420	in house lab	1,000.00
			5167-42600	office supplies	16,000.00
			5164-42600	office supplies	15,000.00
			5163-41990	professional services	12,200.00
			5164-41990	professional services	12,200.00
			5167-41990	professional services	12,200.00
			5129-42420	in house lab	500.00
			5111-41990	professional services	16,100.00
Total		112,700.00	Total		112,700.00

Finance Signature: Ashley Sanders
Date Approved: 3/25/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: EMS

Department Head's Signature: *Brandon Thomas McMahon*

(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
4370-42980	Program Supplies	4,000.00	4370-43250	Postage	4,000.00
4370-43520	Repairs & Maintenance Equiptr	8,000.00	4370-43510	Repairs Buildings and Ground	8,000.00
4370-43110	Travel	90.71	4370-42724	Credit Card Charges	90.71
4370-43540	Software Maintenance	6,542.49	4370-44500	Insurance and Bonds	6,542.49
Total		18,633.20	Total		18,633.20

Chelsey Ranier

Finance Signature _____

Date Approved: 3/25/24

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 over budget expense accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4130-40183	Hospital Insurance	4,999.34	4130-42600	Office Supplies	4,406.00
			4130-44500	Insurance & Bonds	593.34
4160-45600	Books	2,596.02	4160-44500	Insurance & Bonds	5,775.04
			4210-42600	Office Supplies	5,000.00
			4210-44910	Dues & Subscriptions	800.00
4111-44500	Insurance & Bonds	17,479.02	4210-43540	Software Maintenance	900.00
			4210-43210	Telephone	500.00
			4260-43510	Building Repairs	7,000.00
4270-40121	Salaries	1,072.31	4260-42982	Program Supplies	100.00
4270-44500	Insurance & Bonds	427.69	4270-42100	Housekeeping	1,500.00
4270-42120	Uniforms	500.00	4270-42500	Vehicle gasoline	500.00
4140-40183	Hospital Insurance	7,330.38	4140-41860	Workers Compensation	5,021.26
			4140-42100	Housekeeping	1,000.00
			4140-44500	Insurance & Bonds	1,309.12
Total		34,404.76	Total		34,404.76

Chelsey Ranier

Finance Signature: _____
Date Approved: 4/1/24

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 over budget expense accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4370-40183	Salaries	7,000.00	4370-41960	Medicaid Cost	12,919.32
4370-45100	Capital Outlay	2,824.32	4370-41860	Workers Compensation	4,905.00
4370-42500	Vehicle Gasoline	3,000.00			
4370-42490	Vehicle Supplies	5,000.00			
Total		17,824.32	Total		17,824.32

Finance Signature: Chelsey Ramos

Date Approved: ~~4/1/24~~ 4/1/24

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 over budget expense accounts; due to fy 22 audit being late, fy 22 & 23 audits both paid in fy 24

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4110-41860	Workers Compensation	4,001.00	4110-41970	Audit	23,800.00
4111-41260	Other Personnel	9,957.00	4110-44500	Insurance & Bonds	3,684.54
4111-44500	Insurance & Bonds	13,528.54	4110-43910	Advertising	2.00
Total		27,486.54	Total		27,486.54

Finance Signature: Chelsey Ramos

Date Approved: 4/1/24

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 over budget expense accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4310-47104	Debt Principal	3,490.09	4310-44500	Insurance & Bonds	26,040.62
4310-47203	Debt Interest	3,382.10			
4310-40183	Hospital Insurance	5,000.00			
4310-44510	Lawsuit Deductible	13,000.00			
4310-41860	Workers Compensation	1,168.43			
Total		26,040.62	Total		26,040.62

Chelsey Ramirez

Finance Signature _____

Date Approved: 4/1/24

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 projected expenses

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4320-40183	Hospital Insurance	80,000.00	4320-41966	Inmate Housing County	185,000.00
4320-40121	Salaries	70,000.00			
4320-40181	Social Security	5,000.00			
4310-40183	Hospital Insurance	30,000.00			
Total		185,000.00	Total		185,000.00

Finance Signature: Chelsey Ponier
Date Approved: 3/28/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: EMS

Department Head's Signature: Brandon McMahon

(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:
Purchase Stretcher for new ambulance

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4370-43520	Repairs & Maintenance Equipm	12,208.00	4370-42490	Vehicle Supplies	12,208.00
Total		12,208.00	Total		12,208.00

Finance Signature
Date Approved: 4/3/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

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 state aid money for more office supplies/furniture

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6110-45600	Books	15,000.00	6110-42600	Office Supplies	15,000.00
Total		15,000.00	Total		15,000.00

Finance Signature: Chelsey Lanier
Date Approved: 4/3/24

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 line item shortages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5167-42990	incentives	40.00	5167-43540	software maintenance	40.00
5166-42600	office supplies	211.00	5166-40182	retirement	211.00
5164-42410	pharmacy	400.00	5164-42980	program supplies	400.00
5163-41990	professional services	200.00	5163-40183	hospital insurance	17,600.00
5163-40121	salaries	13,000.00	5163-42980	program supplies	100.00
5163-40181	social security	800.00	5163-43540	software maintenance	100.00
5163-40182	retirement	1,000.00	5162-43540	software maintenance	25.00
5164-40121	salaries	2,800.00	5156-40183	hospital insurance	100.00
5162-43210	telephone	25.00	5154-43250	postage	10.00
5156-40121	salaries	100.00	5151-43540	software maintenance	230.00
5110-42980	program supplies	10.00	5151-42980	program supplies	100.00
5151-41990	professional services	330.00	5129-43540	software maintenance	400.00
5129-43550	EMR Expenses	750.00	5129-43300	utilities	350.00
5113-42370	injectables	350.00	5113-43250	postage	300.00
			5113-43540	software maintenance	50.00
		20,016.00	Total		20,016.00

Finance Signature: Chelsey Ramos

Date Approved: Chelsey Lanier 4/2/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

4/2/2024

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 insurance and bonds shortage

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5110-40183	hospital insurance	17,152.48	5110-44500	insurance and bonds	13,410.45
			5111-44500	insurance and bonds	3,742.03
Total		17,152.48	Total		17,152.48

Finance Signature: Chelsey Farmer
Date Approved: 4/4/24

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 line item shortages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5165-43910	marketing	15,000.00	5165-40121	salaries	14,860.00
5165-43540	software maintenance	1,400.00	5165-40181	social security	1,000.00
5110-41860	workers comp	3,319.60	5165-43300	utilities	490.00
5111-40121	salary	697.26	5165-43510	repairs building and ground	50.00
5133-42600	office supplies	300.00	5111-41860	workers comp	5,566.86
5110-44910	dues and subscriptions	4,200.00	5133-43540	software maintenance	300.00
			5111-42500	vehicle gas	1,100.00
			5111-42100	housekeeping	400.00
			5110-43510	repairs building and ground	330.00
			5110-43250	postage	170.00
			5111-42600	office supplies	250.00
			5111-42724	credit card charges	400.00
Total		24,916.86	Total		24,916.86

Finance Signature
Date Approved: 4/2/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County

Budget Amendment

Department Title: Cooperative Extension

Department Head's Signature: Amanda Hatcher

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

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:
Synar Part 2 Grant Funding

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4950-34946	4-H Prevention Other	3,000.00	4991-40121	Salary	1,887.02
			4991-40181	Social Security	144.36
			4991-40182	Retirement	243.80
			4991-40183	Health Ins	473.74
			4991-40184	Life Insurance	1.08
			4991-43110	Travel	250.00
Total		3,000.00	Total		3,000.00

Finance Signature: Chelsey Tomlin

Date Approved: 4/3/24

Manager Signature _____

Date Approved: _____

Commisioner Approval _____

Date Approved: _____

LL 3-26-24
CV 3-26-24

DUPLIN COUNTY
TAX AND SOLID WASTE REQUEST
RELEASE DATE APRIL 1, 2024

RELEASE NUMBER	NAME	TOWNSHIP	FIRE DISTRICT 1	FIRE DISTRICT 2	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	FIRE TAX 1	FIRE TAX 2	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
21799	ALLRED, BECKY	08	F-10		2023	0062616	$ 15.30	$ 0.43	$ 1.50		$ 1.72	$ 110.00	$ 128.95	NEVER OWNED SWMH
21800	ALLRED, BECKY	08	F-10		2022	0062616	$ 17.52	$ 0.49	$ 1.72		$ 1.97	$ 110.00	$ 131.70	NEVER OWNED SWMH
21801	ALLRED, BECKY	08	F-10		2021	0062616	$ 17.52	$ 0.49	$ 1.72		$ 1.97	$ 90.00	$ 111.70	NEVER OWNED SWMH
21802	ALLRED, BECKY	08	F-10		2020	0062616	$ 18.73	$ 0.52	$ 1.83		$ 2.11	$ 90.00	$ 113.19	NEVER OWNED SWMH
21803	ALLRED, BECKY	08			2019	0062616	$ 20.74	$ 0.58			$ 2.13	$ 90.00	$ 113.45	NEVER OWNED SWMH
21804	AYCOCK, LINWOOD FRANKLIN & LINDA F. AYCOCK	08	F-10		2023	0191142	$ 10.02	$ 0.28	$ 0.98		$ 1.13		$ 12.41	BUSINESS DISSOLVED 2017
21805	AYCOCK, LINWOOD FRANKLIN & LINDA F. AYCOCK	08	F-10		2022	0191142	$ 10.02	$ 0.28	$ 0.98		$ 1.13		$ 12.41	BUSINESS DISSOLVED 2017
21806	AYCOCK, LINWOOD FRANKLIN & LINDA F. AYCOCK	08	F-10		2021	0191142	$ 10.02	$ 0.28	$ 0.98		$ 1.13		$ 12.41	BUSINESS DISSOLVED 2017
21807	AYCOCK, LINWOOD FRANKLIN & LINDA F. AYCOCK	08	F-10		2020	0191142	$ 10.01	$ 0.28	$ 0.98		$ 1.13		$ 12.40	BUSINESS DISSOLVED 2017
21808	AYCOCK, LINWOOD FRANKLIN & LINDA F. AYCOCK	08			2019	0191142	$ 10.02	$ 0.28			$ 1.03		$ 11.33	BUSINESS DISSOLVED 2017
21809	AYCOCK, LINWOOD FRANKLIN & LINDA F. AYCOCK	08			2018	0191142	$ 10.02				$ 1.00		$ 11.02	BUSINESS DISSOLVED 2017
21810	BROOKS, KELLY DAVID JR & CAROLYN P. BROOKS	09	F-11		2023	1144186			$ 121.57				$ 121.57	AFTERLISTED TOO MUCH FOR FIRE DIST.
21811	BROOKS, KELLY DAVID JR & CAROLYN P. BROOKS	09	F-11		2022	1144186			$ 121.57				$ 121.57	AFTERLISTED TOO MUCH FOR FIRE DIST.
21812	BROOKS, KELLY DAVID JR & CAROLYN P. BROOKS	09	F-11		2021	1144186			$ 121.57				$ 121.57	AFTERLISTED TOO MUCH FOR FIRE DIST.
21813	BROOKS, KELLY DAVID JR & CAROLYN P. BROOKS	09	F-11		2020	1144186			$ 121.57				$ 121.57	AFTERLISTED TOO MUCH FOR FIRE DIST.
21814	CARROLL, JUSTIN D.	01	F-07		2023	1629958	$ 94.64	$ 2.65	$ 9.27		$ 10.66		$ 117.22	SOLD BOAT IN 2021
21815	CARROLL, JUSTIN D.	01	F-07		2022	1629958	$ 60.04	$ 1.68	$ 5.88		$ 6.76		$ 74.36	SOLD BOAT IN 2021
21816	CONTRERAS, JULIO C. VILLANUEVA	09	F-10		2023	010001792	$ 237.38	$ 6.64	$ 23.24			$ 110.00	$ 377.26	HOUSE FLOODED 2018-NEVER REPAIRED-VALUE ADJUSTED
21817	CONTRERAS, JULIO C. VILLANUEVA	09	F-10		2022	010001792	$ 237.38	$ 6.64	$ 23.24			$ 110.00	$ 377.26	HOUSE FLOODED 2018-NEVER REPAIRED-VALUE ADJUSTED
21818	CONTRERAS, JULIO C. VILLANUEVA	09	F-10		2021	010001792	$ 237.38	$ 6.64	$ 23.24			$ 110.00	$ 377.26	HOUSE FLOODED 2018-NEVER REPAIRED-VALUE ADJUSTED
21819	FUENTES, MARLON	09			2018	2966110	$ 14.30				$ 1.43	$ 90.00	$ 105.73	SWMH DOUBLE LISTED
21820	FUENTES, MARLON	09			2017	2966110	$ 13.90				$ 1.39	$ 90.00	$ 105.29	SWMH DOUBLE LISTED
21821	FUENTES, MARLON	09			2016	2966110	$ 14.60				$ 1.46	$ 90.00	$ 106.06	SWMH DOUBLE LISTED
21822	FUENTES, MARLON	09			2015	2966110	$ 14.60				$ 1.46	$ 90.00	$ 106.06	SWMH DOUBLE LISTED
21823	JAMES, EDWIN LEE	09	F-10		2023	4344100	$ 67.89	$ 1.90	$ 6.65				$ 76.44	DOES NOT OWN BOAT
21824	MAREADY, BETTY LOU	07			2023	5478692	$ 178.75	$ 5.00					$ 183.75	SHOULD HAVE RECEIVED ELDERLY EXEMPTION
21825	NORRIS, SAMUEL A.	07	F-16		2023	6460592	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 110.00	$ 127.71	SOLD SWMH 2020
21826	NORRIS, SAMUEL A.	07	F-16		2022	6460592	$ 14.73	$ 0.41	$ 1.44		$ 1.66	$ 110.00	$ 128.24	SOLD SWMH 2020
21827	NORRIS, SAMUEL A.	07	F-16		2021	6460592	$ 14.73	$ 0.41	$ 1.44		$ 1.66	$ 90.00	$ 108.24	SOLD SWMH 2020
21828	TEJEDA, ELVIN D. FUNEZ & WF	07			2023	8634557	$ 16.95	$ 0.47			$ 1.74		$ 19.16	BILLED IN ERROR FOR MYT/TL
21829	VILLANUEVA, JOSE & WF	09	F-10		2020	8968837	$ 237.38	$ 6.64	$ 23.24			$ 110.00	$ 377.26	HOUSE FLOODED 2018-NEVER REPAIRED-VALUE ADJUSTED
	GRAND TOTAL						**$ 1,618.87**	**$ 43.39**	**$ 616.01**	**$ -**	**$ 46.28**	**$ 1,600.00**	**$ 3,924.55**	

SUBMITTED BY: _____ **FINAL APPROVAL BY:** Dexter B Edwards **DATE APPROVED:** 4/15/2024

JB 4-8-24
TC 4-9-24

DUPLIN COUNTY
TAX AND SOLID WASTE REQUEST
RELEASE DATE ARPIL 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
21830	CAROLINA TELEPHONE	09			2023	1549441	$ 381.87	$ 10.68					$ 392.55	BILLED IN ERROR
21831	EL MARIACHI GORDO	01			2023	2532391	$ 196.59	$ 5.50			$ 20.21		$ 222.30	BUSINESS CLOSED
21832	EL MARIACHI GORDO	01			2022	2532391	$ 196.59	$ 5.50			$ 20.21		$ 222.30	BUSINESS CLOSED
21833	EL MARIACHI GORDO	01			2021	2532391	$ 196.59	$ 5.50			$ 20.21		$ 222.30	BUSINESS CLOSED
21834	NATHANIEL RAY HALL	03	001		2023	000001934	$ 26.80	$ 0.75	$ 1.87		$ 2.94		$ 32.36	PROPERTY LISTED IN LENOIR CO
21835	NATHANIEL RAY HALL	03	001		2022	000001934	$ 26.80	$ 0.75	$ 1.87		$ 2.94		$ 32.36	PROPERTY LISTED IN LENOIR CO
21836	NATHANIEL RAY HALL	03			2021	000001934	$ 33.50	$ 0.94			$ 3.44		$ 37.88	PROPERTY LISTED IN LENOIR CO
21837	PRINCE LEE	01			2023	5316206	$ 274.56	$ 7.68				$ 110.00	$ 392.24	DWMH DOUBLELISTED
21838	PRINCE LEE	01			2022	5316206	$ 274.56	$ 7.68				$ 110.00	$ 392.24	DWMH DOUBLELISTED
21839	CAMERON MOBLEY	09			2023	6036511	$ 21.45	$ 0.60					$ 22.05	NEVER OWNED BOAT TRAILER
21840	JUAN QUINTANILLA & WIFE	02			2023	7157784	$ 3.22	$ 0.09			$ 0.33		$ 3.64	PROPERTY LISTED IN WAYNE CO
21841	JUAN QUINTANILLA & WIFE	02			2022	7157784	$ 3.22	$ 0.09			$ 0.33		$ 3.64	PROPERTY LISTED IN WAYNE CO
21842	JUAN QUINTANILLA & WIFE	02			2021	7157784	$ 3.58	$ 0.10			$ 0.65		$ 4.33	PROPERTY LISTED IN WAYNE CO
21843	JUAN QUINTANILLA & WIFE	02			2020	7157784	$ 3.58	$ 0.10			$ 0.37		$ 4.05	PROPERTY LISTED IN WAYNE CO
21844	JUAN QUINTANILLA & WIFE	02			2019	7157784	$ 3.58	$ 0.10			$ 0.37		$ 4.05	PROPERTY LISTED IN WAYNE CO
21845	JUAN QUINTANILLA & WIFE	02			2018	7157784	$ 3.58				$ 0.36		$ 3.94	PROPERTY LISTED IN WAYNE CO
21846	JUAN QUINTANILLA & WIFE	02			2017	7157784	$ 3.48				$ 0.35		$ 3.83	PROPERTY LISTED IN WAYNE CO
21847	JUAN QUINTANILLA & WIFE	02			2016	7157784	$ 3.65						$ 3.65	PROPERTY LISTED IN WAYNE CO
21848	JUAN QUINTANILLA & WIFE	02			2015	7157784	$ 3.65				$ 0.37		$ 4.02	PROPERTY LISTED IN WAYNE CO
21849	LAKIESHA D RUSSELL	02			2023	10003572	$ 14.30	$ 0.40			$ 1.47	$ 110.00	$ 126.17	SWMH DOUBLELISTED
21850	LAKIESHA D RUSSELL	02			2022	10003572	$ 14.30	$ 0.40			$ 1.47	$ 110.00	$ 126.17	SWMH DOUBLELISTED
21851	COLLEEN SMITH	02			2023	7907761	$ 14.30	$ 0.40			$ 1.47	$ 110.00	$ 126.17	SWMH MOVED
21852	COLLEEN SMITH	02			2022	7907761	$ 15.59	$ 0.44			$ 1.60	$ 110.00	$ 127.63	SWMH MOVED
21853	COLLEEN SMITH	02			2021	7907761	$ 15.59	$ 0.44			$ 1.60	$ 90.00	$ 107.63	SWMH MOVED
21854	PHAP TRAN	08	014		2023	8781650	$ 639.92	$ 17.90	$ 44.75		$ 70.26		$ 772.83	FARM EQUIPMENT SOLD 2021
21855	PHAP TRAN	08	014		2022	8781650	$ 639.92	$ 17.90	$ 44.75		$ 70.26		$ 772.83	FARM EQUIPMENT SOLD 2021
	GRAND TOTAL						**$ 3,014.77**	**$ 83.94**	**$ 93.24**		**$ 221.21**	**$ 750.00**	**$ 4,163.16**	

SUBMITTED BY: _____ **FINAL APPROVAL BY:** Dustin B Edwards **DATE APPROVED:** 4/15/2024

DocuSign Envelope ID: DD81B875-BE94-483E-8546-933A51085A20

AGREEMENT # DUPLIN COUNTY 2023-2024
FY 2023 DEPARTMENT OF PUBLIC SAFETY DISASTER RELIEF AND RECOVERY/MITIGATION/RESILIENCY DIRECTED GRANT, NC APPROPRIATIONS ACT OF 2023, HOUSE BILL 259, SECTION 5.3(a)-(c) & SECTION 5.6(a)-(l)

This Agreement is hereby entered into by and between the Department of Public Safety (the "AGENCY") and Duplin County (the "RECIPIENT") (referred to collectively as the "Parties"). The RECIPIENT's federal tax identification number is **56-6000296.**

1. PURPOSE & AUTHORITY

The purpose of this Memorandum of Agreement (MOA) is to establish roles, responsibilities and procedures to implement the terms and conditions of the FY 2024 Department of Public Safety Disaster Relief and Recovery/Mitigation/Resiliency Directed Grant, NC Appropriations Act of 2023, House Bill 259 , Sections 5.3(a)-(c) and 5.6(a)-(l). The purpose of this grant is to provide directed grants to non-state entities established in accordance with appropriations contained in Session Law 2023-134 (HB 259) for disaster relief, recovery, mitigation, and resiliency.

This grant award and MOA are authorized under the provisions of: (1) NC Appropriations Act of 2023, House Bill 259 / SL 2023-134. 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, and for governmental entities and public authorities subject to the Local Government Commission (LCG), N.C.G.S. Chapter 159 and 20 NCAC 03. By accepting this award, RECIPIENT agrees to use these funds in a manner consistent with all applicable laws and regulations.

2. EFFECTIVE TERM & PERIOD OF PERFORMANCE

This Agreement shall become effective upon signature by the Parties and this agreement shall terminate on June 30, 2028. Notwithstanding the effective date of this agreement, the period of performance (POP) for this directed grant is retroactive to July 1, 2023, the first day of state fiscal year 23-24, and the last day of the POP is June 30, 2028, the last day of state fiscal year 27-28 (Section 5.6(l)). Recipient must expend or encumber all directed grant funds within the POP. Expend or encumber are defined in N.C. Gen. Stat. § 143C-1-1, which is incorporated here by reference. Unless otherwise expressly authorized by AGENCY, any directed grant funds not expended or encumbered within the POP must be returned by RECIPIENT to AGENCY within 30 days of the end of the POP.

3. DEFINITIONS

- Closeout: the final grant stage where, after completion of the scope of work, the RECIPIENT submits supporting documentation to AGENCY that funds have been expended consistent with their purpose in a fiscally responsible manner and the AGENCY administratively reviews the information and notifies RECIPIENT of administrative closing of the grant. See section 14 for closeout requirements.
- Directed Grant: legislatively directed grants to non-state entities. These grants provide a specific amount of state funds be directed to a named organization for a purpose described in the appropriations act in which the grant was included.
- Monitoring: The process of ensuring State funds are used responsibility and according to their purpose which involves a system of educating, reviewing, tracking, and reporting on the use of grant funds.
- Level I: A recipient or subrecipient that receives, holds, uses, or expends State financial assistance in an amount less than twenty-five thousand dollars ($25,000) within its fiscal year.

- Level II: A recipient or subrecipient that receives, holds, uses, or expends State financial assistance in an amount of at least twenty-five thousand ($25,000) or greater, but less than five hundred thousand dollars ($500,000) within its fiscal year.
- Level III A recipient or subrecipient that receives, holds, uses, or expends State financial assistance in an amount equal to or greater than five hundred thousand dollars ($500,000) within its fiscal year.
- Non-Compliance: failure by the grant awardee to follow the terms of this agreement, applicable federal or state law, and/or to use funds inconsistently with the purpose of the directed grant as defined by the General Assembly. See section 7 – Monitoring and Auditing.
- General Assembly: the bicameral legislature of the State of North Carolina, consisting of the State House of Representatives and State Senate.
- Encumbrance: As defined by the State Budget Act, N.C. Gen. Stat. § 143C-1-1, A financial obligation created by a purchase order, contract, salary commitment, unearned or prepaid collections for services provided by the State, or other legally binding agreement.
- Budget: As defined by the State Budget Act, N.C. Gen. Stat. § 143C-1-1, A plan to provide and spend money for specified programs, functions, activities, or objects during a fiscal year.

4. RECIPIENT'S RESPONSIBILITIES

The RECIPIENT is responsible for all the following:

Required Documents/Forms

RECIPIENT must submit the following documents to AGENCY upon execution of this MOA:

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))

Scope of Work and Budget (Attachment A)

RECIPIENT must provide a Scope of Work & Budget to AGENCY, and the Scope of Work & Budget must be approved by AGENCY before AGENCY can release any funds to RECIPIENT under this agreement.

The Scope of Work clearly and concisely defines the specific project(s) to be completed with the directed grant funds in this agreement, identifies the gaps and/or priorities addressed by the project(s), and provides the timeline and budget for the project(s). RECIPIENT is required to use the funds in the amounts as set forth in RECIPIENT's Budget. RECIPIENT must submit an amended budget to AGENCY if RECIPIENT wants to reallocate and/or redistribute the funds from a previously approved budget. See **Attachment A** for Scope of Work template including budget.

Quarterly Reports (Attachment B)

The RECIPIENT understands and acknowledges that total funding level available under this agreement will not exceed the amount allocated by the General Assembly **$1,500,000.00**.

RECIPIENT must submit a **Quarterly Report** (90-day) to AGENCY for every quarter of the POP. Quarterly reports are due within 15 calendar days of the end of each quarter as follows:

☐ 1st July 01 – September 30 (Due October 15)
☐ 2nd October 01 to December 31 (Due January 15)

☐ 3rd January 01 to March 31 (Due April 15)
☐ 4th April 01 to June 30 (Due July 15)

Quarterly reports shall at a minimum include:

i. Period stating beginning balance of the Project Fund.
ii. Total expenses disbursed (aggregate totals) by the following project uses:
    a. Employee Expenses (e.g., program related staffing).
    b. Service and Contract expenses (e.g., utilities, telephone, data, lease related expenses).
    c. Goods (e.g., supplies and equipment) expenses.
    d. Administration Expenses (e.g., overhead & project management).
    e. Other expenses (e.g., related charges not assigned above and described by RECIPIENT).
iii. Period ending balance of the RECIPIENT funding disbursed pursuant to this agreement.
iv. A descriptive summary of how the funds were used including outcomes and specific deliverables. or accomplishments to date.
v. **Attachment B** is a copy of the quarterly report.
vii. Quarterly reports shall be email: michael.grant@ncdps.gov

Request for Payment (Attachment B)

RECIPIENT must submit requests for payment of funds to AGENCY with all required documentation attached for **$375,000.00** distributed quarterly, not to exceed a total of **$1,500,000.00**. Once AGENCY is satisfied that RECIPIENT has provided all required documentation, the requested distributions can be processed for payment. The distributions of funds will be coded to cost center(s) **206631 56600031 1901176** in the North Carolina Financial System (NCFS)

RECIPIENT shall complete a "Request for Payment of Appropriation(s) from North Carolina General Fund" each quarter and submit to AGENCY, along with all required documentation. Funds will be paid quarterly after AGENCY receives all required documentation, including quarterly reports. See **Attachment B** for request for payment template.

Other Conditions

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

RECIPIENT must complete any procurement(s) and expenditures no later than the end of the POP on June 30, 2028 (Section 5.6(l)). Funds allocated in this section that are not expended or encumbered by June 30, 2028, shall revert to the State Emergency Response and Disaster Relief Reserve.

No Match Requirement. RECIPIENT is not required to provide matching funds in cash or in-kind for this award.

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

Municipalities, counties, and other entities subject to the Local Government Commission will follow the Local Government Finance Act, N.C.G.S. 159-34.

Directed grants to nonprofit organizations are for nonsectarian, nonreligious purposes only (S.L. 2022-74, Sec. 5.3(b)5).

Compliance

RECIPIENT understands and acknowledges required compliance with all applicable statutory provisions outlined in N.C.G.S. 143C-6-23 and 09 NCAC 03M .0205, Minimum Reporting Requirements for Recipients and Subrecipients.

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).

Conflict of Interest

Per N.C.G.S. § 143C-6-23(b), RECIPIENT is required to file with AGENCY 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 AGENCY may disburse any grant funds.**

In conjunction with providing the conflict-of-interest policy to AGENCY, RECIPIENT must disclose in writing to AGENCY, 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 the 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 the RECIPIENT. All RECIPIENTs must disclose in writing to RECIPIENT, and attempt to avoid, any real or potential conflicts of interest with respect to procurement, contracting, subcontracting and sub-granting 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.

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

North Carolina state law (N.C.G.S. 143C-6-23 and 09 NCAC 03M) requires every nongovernmental entity (including non-profit organizations) that receives state or federal pass-through grant funds from state agencies to file annual reports on how those grant funds were used no later than three months after the end of the non-state entity's fiscal year. **Government entities including counties and local governments are not required to file these reports**.

Audit Requirements

The RECIPIENT acknowledges and agrees that, from and after the date of execution of this Agreement and for five (5) years following its termination, the books, records, documents, and facilities of the RECIPIENT are subject to being audited, inspected, and monitored at any time by the AGENCY upon its request (whether in writing or otherwise). The RECIPIENT further agrees to provide AGENCY staff and staff of the Office of State Auditor with access to financial and accounting records to support internal audit, financial reporting, and related requirements.

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 may vary depending upon the amount and source of grant funding received by the SUBRECIPIENT and are subject to change (see Local Government Commission for more information). See also 20 NCAC 03 (Local Government Commission).

AGENCY'S DUTIES & PAYMENT PROVISIONS

AGENCY shall ensure that funds allocated and disbursed comply with the intent and guidance from the Office of State Budget & Management and ensure compliance with related state statutes and financial management standards.

AGENCY will register all state assistance programs and awards with OSBM as required, and AGENY will comply with the requirements of OSBM's Grants Management System as applicable.

The AGENCY shall pay the RECIPIENT on a quarterly basis with each payment being an equal amount of **$375,000.00**, not to exceed total grant amount of **$1,500,000.00**. Payment shall be made once the AGENCY is satisfied that the RECIPIENT has provided all the required documentation, the requested distributions can be processed for payment. The distributions of funds will be coded to **206631 56600031 1901176.**

AGENCY will submit grant monitoring plan(s) to OSBM as required.

AGENCY will provide education and technical assistance to directed grant recipients through one-on-one communication, live group events and/or web-based information to provide instruction on required documents and the process of receiving grant funds.

5. FUNDS MANAGEMENT

Accounting. RECIPIENT agrees that funds paid through this contract shall be accounted for in a separate fund and accounting structure within the 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 this funding allocations described in Section 3 above.

Travel. Expenditures for travel mileage, meals, lodging and other travel expenses incurred in the performance of this MOA shall be reasonable and supported by documentation. State rates should be used as guidelines and shall not be exceeded. International travel shall not be eligible under this MOA.

Taxes. No taxes will be charged to this award. If eligible, SUBRECIPIENT shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to N.C.G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reported expenditures.

6. AGREEMENT ADMINISTRATORS

All notices permitted or required to be given by one Party to the other and all questions about the Agreement from one Party to the other shall be addressed and delivered to the other Party's Agreement Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Agreement Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Agreement Administrator by giving timely written notice to the other Party.

For the AGENCY	
IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Allis Talley-Burton, Controller NC Department of Public Safety 2000 Yonkers Rd. Raleigh, NC27699-4220 Telephone: 919-866-3668 Fax: 984-920-8887 Email: allis.talley-burton@ncdps.gov	Allis Talley-Burton, Controller NC Department of Public Safety 2000 Yonkers Rd. Raleigh, NC27699-4220 Telephone: 919-866-3668 Fax: 984-920-8887 Email: allis.talley-burton@ncdps.gov

For the RECIPIENT	
IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Chelsey Lanier, Finance Officer Duplin County P.O. Box 950 Kenansville, NC 28349 Telephone: 910-296-2104 Fax: 910-296-2107 Email: chelsey.lanier@duplincountync.com	Chelsey Lanier, Finance Officer Duplin County P.O. Box 950 Kenansville, NC 28349 Telephone: 910-296-2104 Fax: 910-296-2107 Email: chelsey.lanier@duplincountync.com

7. MONITORING AND AUDITING

RECIPIENT acknowledges and agrees that, from and after the date of execution of this Agreement and for five (5) years following its termination, the books, records, documents, and facilities of the RECIPIENT are subject to being audited, inspected, and monitored at any time by the AGENCY upon its request (whether in writing or otherwise). The RECIPIENT further agrees to provide AGENCY staff and staff of the Office of State Auditor with access to financial and accounting records to support internal audit, financial reporting, and related requirements.

AGENCY is required by law to monitor and oversee directed grant funds to ensure State financial assistance is spent consistent with the purposes for which it was awarded, 09 N.C.A.C. 03M.0401, and AGENCY will review the documentation provided by RECIPIENT to ensure adequate progress is being made toward achieving project goals and objectives.

AGENCY will assess RECIPENT for risk using the factors adopted by Office of State Budget and Management:[1]

Grant Amount
Low: Less than or equal to $250,000
Moderate: Greater than $250,000 or less than $5,000,000
High: Greater than or equal to $5,000,000

Number of Subrecipients
Low: 0 Moderate: Less than or equal to 5 High: Greater than 5

Entity Type
Low: County, School System Moderate: Municipality, Hospital High: Nonprofit – Construction, Nonprofit-Other, Other

Other factors
Other factors such as staff turnover, system changes, audit findings, monitoring issues and prior experience with grant recipient may also be considered when accessing the risks.

Based on the combination of those three indicators, grantee recipients will be identified with a risk assessment of Low, Moderate or High.

Levels of Monitoring Based on Risk

AGENCY will review financial and performance information for high-risk grantees to ensure each report is completed in accordance with the grant agreement and when expenditures are listed, review for allowability.

Based on time availability, AGENCY will select a sample of medium and low risk grant recipients for the same review as high-risk recipients.

Noncompliance with Agreement Terms

If RECIPIENT fails to comply with any term of this Agreement but the non-compliance is not the result of mismanagement or criminal misuse of funds, AGENCY shall address the non-compliance by
(1) Communicating the requirements to RECIPIENT.
(2) Requiring a response from RECIPIENT upon a determination of noncompliance.
(3) Suspending payments to the RECIPIENT until RECIPIENT complies.

[1] Office of State Budget and Management (OSBM) Recipient Monitoring Plan (May 2022)

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If RECPIENT fails to correct the non-compliance within 60 days, AGENCY may
(1) Terminate this Agreement and seek return of unexpended funds or unauthorized expenditures. And
(2) Offset future payments with any amounts improperly spent.

If RECIPIENT'S non-compliance includes management deficiencies or criminal activity leading to the misuse of funds, AGENCY shall notify the Office of State Budget and Management and:
(1) Suspend payments until the matter has been fully investigated and corrective action has been taken.
(2) Terminate the contract and take action to retrieve unexpended funds or unauthorized expenditures. And
(3) Report possible violations of criminal statutes involving misuse of State property to the State Bureau of Investigation, in accordance with G.S. 143B-920.

8. SITUS

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

9. SUBCONTRACTING AND ASSIGNMENT

RECIPIENT will not assign or subcontract without obtaining written approval The RECIPIENT agrees that by assigning or subcontracting any work related to the contract to a subcontractor or SUB-RECIPIENT, that such entities shall comply with the following:

(a) The RECIPIENT or SUB-RECIPIENT is not relieved of any of the duties and responsibilities of the original contract; and
(b) The SUB-RECIPIENT agrees to abide by the standards contained in this contract and to shall provide all information to allow the RECIPIENT to comply with these standards.

RECIPIENT agrees that all SUB-RECIPIENTS to this agreement shall comply with the following provisions of the North Carolina Administrative Code: "09 NCAC 03M .0203 SUB-RECIPIENT RESPONSIBILITIES."

10. ADVERTISING

RECIPIENT agrees not to use the existence of this contract, the name of the AGENCY, the or the name of the State of North Carolina as part of any commercial advertising, without prior written approval of the AGENCY.

11. COMPLIANCE WITH LAW

The RECIPIENT shall remain an independent RECIPIENT and as such shall be wholly responsible for the scope of work to be performed under this Agreement and for the supervision of his employees and assistants. The RECIPIENT represents that it has, or will secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of or have any individual contractual relationship with the AGENCY. The 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 Agreement, including those of Federal, State, and local agencies having appropriate jurisdiction.

12. TERMINATION OF AGREEMENT

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This agreement may be terminated by mutual consent upon sixty (60) days written notice to the other party, or as otherwise provided by law. As soon as reasonably possible following termination of this agreement, the amount of any residual unexpended or unencumbered funds shall be transferred to the AGENCY.

13. AMENDMENTS

This Agreement may be amended in writing which documents approval of changes by both the AGENCY and the RECIPIENT.

14. CLOSEOUT REPORTING REQUIREMENTS

Following the principles of 2 CFR 200.344 (incorporated by reference in this MOA), RECIPIENT must submit to AGENCY, no later than 90 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, at a minimum:

The RECIPIENT agrees to submit to the AGENCY a complete performance and expenditure status report (final report) within ninety (90) days after expiration of this agreement June 30, 2028:

1) A complete accounting of how the appropriated funds were used;
2) A complete performance status report; and
3) A Certification stating the funds were used for the purpose appropriated (AGENCY will supply template).

The above noted reports shall include RECIPIENT and SUB-RECIPIENT reporting information related to the above noted quantitative results and accomplishments. RECIPIENT and any SUB-RECIPIENTS agree that all program activity results information reported shall be subject to review and authentication as described in Paragraph 7 and RECIPIENT will provide access to work papers, receipts, invoices and reporting records, if requested by the AGENCY, as the AGENCY executes any audit internal audit responsibilities.

RECIPIENT will be deemed noncompliant if its final report is not submitted within the 90-day period stated above. Once the complete final performance and financial status report package has been received and evaluated by the AGENCY, the RECIPIENT will receive official notification of agreement close-out. The letter will inform the RECIPIENT that the AGENCY is officially closing the agreement and retaining all agreement files and related material for a period of five (5) years or until all audit exceptions have been resolved, whichever is longer.

RECIPIENT agrees to submit to all required closeout documentation (final report) to AGENCY within ninety (90) days after expiration of this agreement on June 30, 2028, giving RECIPIENT until September 30, 2028, to submit final report.

AGENCY will not release the final fourth quarter payment to RECIPIENT unless/until RECIPIENT has submitted all required closeout documentation and AGENCY has approved that documentation.

Performance Reporting

The above noted closeout documentation shall include adequate information from RECIPIENT showing qualitative and quantitative results in accomplishing the approved Scope of Work in Attachment A. The purpose of this performance reporting is for RECIPIENT to demonstrate exactly how the grant funds were utilized to accomplish the approved scope of work, as well the impact of the completed work (to the extent known at the time of grant closeout).

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Final Accounting & Supporting Documentation

The above noted closeout documentation 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. RECIPIENT must provide a final summary of all expenditures funded by this grant. Summary of expenditures should include at a minimum: vendor name, date of purchase, invoice number, total invoice amount, and amount paid for with grant funds.

RECIPIENT shall also include all legible and complete invoices and receipts detailing the expenses funded with this grant. The total amount of these invoices and receipts shall be equal to the full amount of the award.

If the total amount of these invoices and receipts exceeds the full amount of the award, RECIPIENT is required to clearly indicate the exact amount(s) paid with grant funds, equaling the full amount of the amount.

If the total amount of these invoices and receipts is less than the full amount of the award, AGENCY will reduce the final quarterly payment by the amount of the underrun. If the underrun exceeds the final quarterly payment, RECIPIENT will be required to reimburse AGENCY for the amount of the unrecovered underrun within 30 days of notification by AGENCY.

Invoices, receipts, and associated documentation must contain the following information:
- Name and address of the vendor or establishment providing the product or service.
- Vendor/Payee invoice number, account number, and any other unique meaningful identifying number.
- Date the product or service was provided.
- Itemized description of all products or services.
- Unit price of products or services (if applicable).
- Total amount charged.
- Proof of payment of expenses associated with the project.

15. ATTACHMENTS

All attachments to this Agreement are incorporated as if set out fully herein.
A. In the event of any inconsistency or conflict between the language of this MOA and the attachments hereto, the language of the MOA shall be controlling, but only to the extent of such conflict or inconsistency.
B. This MOA includes the following attachments or documents incorporated by reference as if fully set out herein:
- Attachment A - Scope of Work & Budget
- Attachment B - Quarterly Report & Accounting
- Attachment C – State Grant Tax Certification
- Conflict of Interest Policy

16. AUTHORIZED SIGNATURE WARRANTY

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement. **In Witness Whereof,** the RECIPIENT and the AGENCY have executed this Agreement in duplicate originals, with one original being retained by each party.

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DUPLIN COUNTY

DocuSigned by:
Chelsey Lanier
08F7A37E23B648F...

2/20/2024 | 14:03:08 EST

Signature | Date

Chelsey Lanier | Finance Officer

Printed Name | Title

NC DEPARTMENT OF PUBLIC SAFETY

DocuSigned by:
Allis Talley-Burton
B7CCFEAE5F8140E...

2/20/2024 | 14:09:17 EST

Signature | Date

Allis Talley-Burton | Controller

Printed Name | Title

County of Duplin

Office of the County Commissioners

DUPLIN COUNTY, NORTH CAROLINA
PROCLAMATION – FAIR HOUSING MONTH
APRIL 2024

WHEREAS, April 2024 marks the 56th anniversary of Title VIII of the Civil Rights Act of 1968, known as the Civil Rights Fair Housing Act; and

WHEREAS, this Act provides equal housing opportunity for all Americans regardless of race, color, religion, sex or national origin, as well as to ensure fair practice in the sale, rental or financing of property; and

WHEREAS, the Fair Housing Amendments Act of 1988 added new rights, remedies, monetary penalties, and strengthened its enforcement procedures; and

WHEREAS, the Fair Housing Amendments Act seeks to provide equal housing opportunities, to affirmatively further housing choices, to eliminate legal barriers to equal housing, and to emphasize equal housing as a fundamental human right for all; and

WHEREAS, individuals in the County have the right to choose where to live without discrimination based on race, color, religion, age, sex, disability, gender identity, familial status, or national origin; and

WHEREAS, Duplin County fully supports the intent and purpose of the Federal Fair Housing Act, and will strive to facilitate achievement of its goal:

NOW, THEREFORE, I, DEXTER B. EDWARDS, CHAIRMAN OF THE BOARD OF COMMISSIONERS, do hereby proclaim April 2024 in Duplin County, North Carolina, as **"FAIR HOUSING MONTH".**

This 15th day of April 2024.

Dexter B. Edwards, Chairman
Duplin County Board of Commissioners

ATTEST:
Jaime W. Carr
Clerk to the Board

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NC Department of Public Safety
EMERGENCY MANAGEMENT

Roy Cooper, Governor

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

Homeland Security Grant Program (HSGP)

Fiscal Year 2023

AL#: 97.067

Grant #: EMW-2023-SS-00034

Memorandum of Agreement (MOA)

between

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

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

MOA #: 2340006
Cost center: 1502-7A38-3H13

Award amount: $6,521.05
Period of performance (POP): September 1, 2023 to February 28, 2026

1. **Purpose**

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

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

2. **Program Authorization and Regulations**

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

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

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

4. **Assignment of Funds by SUBRECIPIENT to Designated Third Party (not NCEM)**
___ By initialing, SUBRECIPIENT agrees to assign all funds awarded under this grant to a third party:

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

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

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

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

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

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

SUBRECIPIENT must:

A. Be established as a state agency or as a local government entity as defined above by appropriate resolution/ordinance.

B. Have a Unique Identity ID (UEID) prior to any funds being released. UEID may be obtained from http://www.sam.gov.

C. Ensure their organization is registered with the System for Award Management (SAM) and that their organization maintains an active SAM registration, i.e. renewed annually. Every applicant is required to have their name, address, and UEID up to date in SAM, and the UEID used in SAM must be the same one used to apply for all FEMA awards. SAM information can be found at http://www.sam.gov. Future payments will be

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

D. Complete any procurement(s) and expenditures no later than 02/28/2026.

E. Submit requests for reimbursement (RFR) with all required documentation attached. Requests for reimbursement will not be processed unless/until annual progress report submissions are current. See paragraph 8.C. below.

7. Compensation

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

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

SUBRECIPIENT:

A. Understands and acknowledges that total funding level available under this MOA will not exceed the awarded amount $6,521.05. SUBRECIPIENT acknowledges that they are further prohibited from sub-granting these funds. Attachment 1 and any approved amendments constitute the approved scope of work for this grant award.

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

C. Must meet all funding requirements contained herein. Non-compliance may result in denial of reimbursement request(s) or suspension/revocation of grant funds awarded for this project. See also paragraph 37 below regarding compliance.

8. Conditions

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

A. SUBRECIPIENT must:

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

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

i. W-9 (09 NCAC 03M .0202)

ii. Electronic Payment / Vendor Verification Form (09 NCAC 03M .0202)
iii. Conflict of Interest Policy (G.S. 143C-6-23.(b))
iv. Sworn (Notarized) No Overdue Tax Debt Certification (G.S. 143C-6-23.(c))
v. SUBRECIPIENT Procurement Policy

C. Annual Progress Reports. Provide annual progress reports to RECIPIENT (hsgp@ncdps.gov) using the Annual Progress Report form (Attachment 2) by: 07/31/24; 07/31/25; and, with final RFR submitted per SUBRECIPIENT paragraph 11.G. below.

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

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

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

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

9. Supplantation

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

10. Scope of Work

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

Documentation to be provided throughout POP:

A. Annual reports, per paragraph 8.C. above.

B. Annual NCSR, per paragraph 8.D. above.

C. SUBRECIPIENT-involved legal action that pertains to any goods or services purchased with grant funds.

D. Copies of any audits and corrective actions pertaining to these grant funds or any other funds provided to SUBRECIPIENT by RECIPIENT.

E. After-action report from exercises in accordance with Homeland Security Exercise and Evaluation Program Doctrine (HSEEP).

F. Training course roster, description and syllabus.

G. All legible and complete invoices and receipts detailing the expenditures associated with the project. Receipts must contain the following information:

i. Name and address of the vendor or establishment providing the product or service.
ii. Vendor/Payee invoice number, account number, and any other unique meaningful identifying number.
iii. Date product received or service provided.
iv. Itemized description of all products or services.
v. Unit price of products or services (if applicable).
vi. Total amount of eligible expenditures.
vii. Copy of executed contract/subcontract agreement (if applicable).

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

H. Any other documentation requested by RECIPIENT.

11. Responsibilities

RECIPIENT:

A. RECIPIENT shall provide funding to SUBRECIPIENT to perform the activities as described herein.

B. RECIPIENT shall conduct a review of the project to ensure that it is in accordance with HSGP requirements.

C. RECIPIENT shall monitor the completion of the approved scope of work as specified in Attachment 1 and any approved amendments.

D. RECIPIENT has obligated the funding for this MOA within 45 days of acceptance of the federal award by signing this MOA.

E. RECIPIENT shall provide required annual progress report form (Attachment 2) and provide reimbursement request forms required for reimbursement subsequent to execution of this MOA (See SUBRECIPIENT paragraph 11.G.).

SUBRECIPIENT:

A. This MOA must be signed and returned to RECIPIENT within 30 days after SUBRECIPIENT receives this MOA. The grant shall be effective upon return of the MOA.

B. SUBRECIPIENT shall expend FY 2023 HSGP funds in accordance with the FY2023 HSGP NOFO, the grant application, and this MOA.

C. Procurement.

i. SUBRECIPIENT shall utilize State of North Carolina and/or local procurement policies and procedures for the expenditure of funds, and conform to applicable state and federal law and the standards identified in 2 CFR 200.317 – 200.327.

ii. SUBRECIPIENT must follow procurement procedures and policies as outlined in the applicable FY2023 HSGP NOFO, Appendix II of 2 CFR Part 200-Contract Provisions for Non-Federal Entity Contracts Under Federal Awards, and the 2023 FEMA Preparedness Grants Manual. SUBRECIPIENT shall comply with all applicable laws, regulations and program guidance. SUBRECIPIENT must comply with the most recent version of the funding administrative requirements, cost principles, and audit requirements.

iii. Administrative and procurement practices must conform to applicable federal requirements. A non-exclusive list of regulations commonly applicable to DHS grants are listed below, codified in the following guidance: 15 CFR Part 24; Federal Acquisition Regulations (FAR), Part 31.2; 28 CFR Part 23 "Criminal Intelligence Systems Operating Policies"; 49 CFR Part 1520 "Sensitive Security Information"; Public Law 107-296, The Critical Infrastructure Act of 2002; Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000 et. seq.; Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et. seq; Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794; The Age Discrimination Act of 1975, as amended, 20 U.S.C. 6101 et. seq.; Cash Management Improvement Act (CMIA) and its implementing regulations at 31 CFR Part 205; FEMA Grant Programs Directorate, Grants Management Division, Match Guidance; Certifications and Assurances regarding Lobbying 31 U.S.C. 1352, Drug-Free Workplace Act, as amended, 41 U.S.C. 701 et. seq. and Certification Regarding Drug-Free Workplace Requirements, Debarment and Suspension Executive Orders 12549 and 12689 and certification regarding debarment, suspension and other responsibility matters; 28 CFR Parts 66, 67, 69, 70 and 83; and Grant Award and Special Conditions documents.

iv. Mini-Brooks Act. Subrecipients that are governmental entities or otherwise subject to the requirements of the Local Government Commission (LGC) per 20 NCAC 03 are required under North Carolina law to follow rules and regulations in the "Mini-Brooks Act", G.S. 143-64.31, for the procurement of certain professional services performed by architects, engineers, surveyors, and construction managers at risk.

v. Conflicts of Interest. See paragraph 11.M.iii. below.

vi. Complete all procurement by February 28, 2026.

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

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

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

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

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

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

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

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

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

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

J. Property and Equipment. SUBRECIPIENT shall have sole responsibility for the maintenance, insurance, upkeep, and replacement of any equipment procured pursuant to this MOA as follows:

i. Only allowable equipment listed in the Authorized Equipment List (AEL) for HSGP are eligible for purchases from this grant.
ii. Property and equipment purchased with HSGP funds shall be titled to SUBRECIPIENT, unless otherwise specified by NCEM, DHS and/or FEMA. SUBRECIPIENT shall be responsible for the custody and care of any property and equipment purchased with HSGP funds furnished for use in connection with this MOA, and shall reimburse RECIPIENT for any loss or damage to said property until the property is disposed of in accordance with HSGP Program requirements. RECIPIENT will not be held responsible for any property purchased under this MOA.
iii. SUBRECIPIENT must utilize all property and equipment as intended in their project application to NCEM. Any variation from this intended use must be requested in writing and approved by NCEM.
iv. RECIPIENT and SUBRECIPIENT shall take an initial physical inventory of any equipment. Equipment is defined as tangible, non-expendable property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. SUBRECIPIENT may have property management guidelines that are more restrictive, requiring a unit of equipment with a value of less than $5,000 to be inventoried. If so, such equipment purchased under this award allocation shall be included on the report submitted to RECIPIENT. The grant summary, cost reports with backup documentation, certificate of title, and any other SUBRECIPIENT reports or inventory reports that include information regarding the grant, vendor, invoice number, cost per item, number of items, description, location, condition and identification number may be used to meet this requirement.
v. SUBRECIPIENT must ensure a control system exists to ensure adequate safeguards to prevent loss, damage or theft. SUBRECIPIENT shall be responsible for replacing or repairing equipment which is willfully or negligently lost, stolen, damaged, or destroyed. Any loss, damage or theft of the property must be investigated and fully documented and made part of the official project records.
vi. SUBRECIPIENT or equipment owner must ensure adequate maintenance procedures exist to keep the equipment in good condition.
vii. Use. Per 2 CFR 200.313, during the time that equipment is used on the project or program for which it was acquired, SUBRECIPIENT must also make the equipment available for use on other projects or programs currently or previously supported by this or other federal grants, provided that such use will not interfere with the work on the projects or program for which it was originally acquired. First preference for other use must be given to other programs or projects supported by DHS that financed the equipment and second preference must be given to other programs or projects under grants from other federal awarding agencies. NCEM, in conjunction with DHS and/or FEMA, will determine and direct how equipment will be redeployed.

K. Disposition Procedures. Unless otherwise directed by RECIPIENT, DHS and/or FEMA, SUBRECIPIENT may dispose of the equipment when the original or replacement equipment acquired under the grant award is no longer needed for the original project or program, or for other activities currently or previously supported by a federal awarding agency. However, SUBRECIPIENT must notify RECIPIENT (hsgp@ncdps.gov) prior to disposing of any equipment purchased with grant funds. Items with a fair market value of less than $5,000 may be retained, transferred or otherwise disposed of with prior approval of NCEM and in accordance with disposition requirements in 2 CFR 200.313. Unless otherwise directed by NCEM, DHS and/or FEMA, items with a current per unit standard federal or fair market value in excess of $5,000 may be retained but may not be transferred or otherwise disposed of without prior NCEM approval in accordance with disposition requirements in 2 CFR 200.313. SUBRECIPIENT must provide documentation that includes the method used to determine current fair market value. This applies for the lifetime of the equipment purchased with federal grant funds, even if the federal grant is closed.

L. Communications equipment. In an effort to align communications technologies with current statewide communications plans, systems, networks, strategies and emerging technologies, the NCEM Communications Branch requires that purchases made with grant funds meet the standards identified in Attachment 6.

M. The purchase or acquisition of any additional materials, equipment, accessories or supplies, or the provision of any training, exercise or work activities beyond that identified in the approved scope of work specified in

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

N. Conflicts of Interest.

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

ii. Federal Law – Grant Administration. Per 2 CFR 200.112 and the 2023 FEMA Preparedness Grants Manual, all subrecipients must disclose in writing to NCEM, and attempt to avoid, any real or potential conflict of interest that may arise during the administration of a federal grant award. For purposes of this MOA, conflicts of interest may arise in situations where a subrecipient employee, officer, or agent, any members of his or her immediate family, or his or her partner has a family relationship, close personal relationship, business relationship, or professional relationship, with anybody at DHS, FEMA and/or NCEM involved in the administration of this grant award.

iii. Federal Law – Procurement. Per 2 CFR 200.318 and the 2023 FEMA Preparedness Grants Manual, all subrecipients that are non-federal entities other than states are required to maintain written standards of conduct covering conflicts of interest and governing the actions of their employees engaged in the selection, award, and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. Such conflicts of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the subrecipient may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, subrecipients may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the subrecipient. All subrecipients must disclose in writing to NCEM, and attempt to avoid, any real or potential conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award. Upon request, subrecipients must also provide a copy of their standards of conduct policy covering conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award.

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

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

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

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

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

S. Closeout Reporting Requirements. In accordance with 2 CFR 200.344, SUBRECIPIENT must submit to RECIPIENT, no later than 90 calendar days after the end date of the POP, all financial, performance, and other reports as required by the terms and conditions of the federal award, this MOA and FY23 DHS Standard Terms and Conditions (Attachment 4) incorporated by reference herein, for the performance of the activities.

Documentation required

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

T. Provide a list at project closeout to designated NCEM Grants Manager and NCEM Grants Management Branch (ncemgrants1@ncdps.gov), DPR Chair as applicable, and Branch Office of all items purchased through this grant. This information is to be reported on the "Grant- Funded Typed Resource Report" (Attachment 3) or similar spreadsheet. See FEMA Resource Typing Library Tool (RTLT): https://rtlt.preptoolkit.fema.gov/Public

12. Taxes

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

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

13. Warranty

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

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

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

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

15. Audit Requirements

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

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

A. Post the single audit conducted in accordance with 2 CFR 200.514 and GAGAS to the Federal Audit Clearinghouse https://harvester.census.gov/facweb/.

B. Submit to DPS Internal Audit (DPS_GrantComplianceReports@ncdps.gov) a single audit prepared and completed in accordance with GAGAS. This can, at the option of SUBRECIPIENT, be the same single audit submitted to the Federal Audit Clearinghouse in paragraph 15.A. above.

C. Make copies of the single audit available to the public.

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

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

16. Construction and Renovation, and Infrastructure Projects

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

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

Subrecipients using funds for construction projects must comply with:

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

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

B. Build America, Buy America Act (BABAA)

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

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

17. Subrecipient Monitoring

See Attachment 7 for subrecipient monitoring.

18. Points of Contact

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

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

A. As of the date of disclosure and/or delivery, is already known to the party receiving such information.

B. Is or becomes part of the public domain, through no fault of the receiving party.

C. Is lawfully disclosed to the receiving party by a third party who is not obligated to retain such information in confidence.

D. Is independently developed at the receiving party by someone not privy to the confidential information.

19. Public Records Access

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

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

20. Contracting/Subcontracting

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

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

21. Antitrust Laws

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

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

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

Definitions

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

A. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation, (or any subsidiary or affiliate of such entities);

B. For the purpose of public safety, security of Government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities);

C. Telecommunications or video surveillance services provided by such entities or using such equipment; or

D. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the People's Republic of China.

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

23. Divestment and Do-Not-Contract Rules

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

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

24. Acknowledgement of Federal Funding from DHS

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

25. Lobbying Prohibition

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

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person or employee of any state or federal agency, a member of the NC General Assembly, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

A. Age Discrimination Act of 1975
Subrecipients must comply with the requirements of the Age Discrimination Act of 1975, Public Law 94-135 (1975) (codified as amended at Title 42, U.S. Code, section 6101 et seq.), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.

B. Americans with Disabilities Act of 1990
Subrecipients must comply with the requirements of Titles I, II, and III of the Americans with Disabilities Act, Pub. L. 101-336 (1990) (codified as amended at 42 U.S.C. sections 12101 - 12213), which prohibits Subrecipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.

C. Civil Rights Act of 1964 - Title VI
Subrecipients must comply with the requirements of Title VI of the Civil Rights Act of 1964 (codified as amended at 42 U.S.C. section 2000d et seq.), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS implementing regulations for the Act are found at 6 C.F.R. Part 21 and 44 C.F.R. Part 7.

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

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

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

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

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

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

27. Assurance of Compliance with Privacy Act
SUBRECIPIENT agrees:

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

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

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

C. To include in every solicitation and in every third-party contract, sub-grant, and when the performance of work, under that proposed third-party contract, sub-grant, or sub-agreement may involve the design, development, or operation of a system of records on individuals to be operated under that third-party contract, sub grant, or to accomplish a DHS function, a Privacy Act notification informing the third party contractor, or subrecipient, that it will be required to design, develop, or operate a system of records on individuals to accomplish a DHS function subject to the Privacy Act of 1974, 5 U.S.C. §552a, and applicable DHS regulations, and that a violation of the Act may involve the imposition of criminal penalties; and

D. To include the text of Sections 30 parts A through C in all third-party contracts, and sub grants under which work for this MOA is performed or which is awarded pursuant to this MOA, or which may involve the design, development, or operation of a system of records on behalf of the DHS.

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

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

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

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

A. Subrecipients that only have construction work and do not have any non-construction work need only submit the construction form (i.e., SF-424D) and not the non-construction form (i.e., SF-424B), and vice versa. However, subrecipients who have both construction and non-construction work under this grant must submit both the construction and non-construction forms.

B. SUBRECIPIENT must complete the appropriate form(s) and submit to NCEM Grants Management Branch (hsgp@ncdps.gov) upon execution of this MOA. SUBRECIPIENT must still complete the appropriate form(s) even if certain assurances in the form may not directly apply to SUBRECIPIENT's specific program to ensure that all possible situations are covered.

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

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

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34. Entire Agreement

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

35. Modification

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

36. Termination

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

37. Compliance

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

38. Execution and effective date

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

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

39. Attachments

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

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

B. This MOA includes the following attachments or documents incorporated by reference as if fully set out herein:

- Attachment 1 Scope of Work
- Attachment 2 Annual Progress Report Form
- Attachment 3 Grant-Funded Typed Resource Report
- Attachment 4 DHS Standard Terms and Conditions
- Attachment 5 Required Subrecipient File Documentation
- Attachment 6 NCEM Communications Branch Memo
- Attachment 7 Subrecipient Monitoring

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AUTHORIZED SIGNATURE WARRANTY

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

For RECIPIENT:

Approved

By: William Ray **Date:** 10/23/2023 | 15:04:21 EDT

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

For SUBRECIPIENT:

Approved

By: Matthew Barwick **Date:** 10/23/2023 | 15:11:48 EDT

By: B. S. Matthis, Jr. **Date:** 10/23/2023 | 15:14:41 EDT

By: _____ **Date:** _____

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

Approved

By: _____ **Date:** _____

Approved as to Form:

By: Will Polk **Date:** 10/19/2023 | 12:15:11 EDT

William Polk, Deputy General Counsel
Reviewed for the North Carolina Department of Public Safety to fulfill the purposes of the DHS Homeland Security Grant Program

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:

Budgeting grant funding for the 2023 North Carolina Emergency Management, Homeland Security Grant Program Domestic Preparedness Region Grant MOA 2340006.

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4430-34829	HSGP DPR 2340006	6,521.05	4430-49301	HSGP DPR 2340006	6,521.05
Total		6,521.05	Total		6,521.05

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

4/4/2024

County of Duplin

Office of the County Commissioners

Sexual Assault Awareness Month
Proclamation
April 2024

Sexual Assault Awareness Month (SAAM) calls attention to the fact that sexual violence is widespread and impacts every person in every community. SAAM aims to raise public awareness about sexual abuse, harassment, and assault and educate communities about how to be involved in prevention.

This year's SAAM campaign theme, ***Building Connected Communities,*** calls on each of us to work together to prevent sexual abuse, harassment, and assault. We believe when anyone experiences sexual violence, every community member is affected. We must strive to build more connected, respectful, and inclusive communities to promote our collective well-being and protect against the risk of sexual violence. We believe all of our communities will be safer and stronger by making them more equitable for people of all gender identities and sexual orientations, races and ethnic backgrounds, ages, faiths, and abilities.

Statistics show:

- Over 53% of women and over 29% of men reported experiencing contact sexual violence in their lifetime (Chen, et al., 2023).
- Most women and men across all sexual identities who experienced contact sexual violence reported that the person who harmed them was someone they knew (Chen, et al., 2023).
- More than 1 and 4 non-Hispanic Black women (29%) in the United States were raped in their lifetime (Basile et al., 2022).
- 1 in 3 Hispanic women (34.8%) reported unwanted sexual contact in their lifetime (Basile et al., 2022).
- More than 4 in 5 American Indian and Alaska Native women (84.3%) have experienced violence in their lifetime (Rosay, 2016).
- 32.9% of adults with intellectual disabilities have experienced sexual violence (Tomsa et al., 2021).
- 47% of all transgender people have been sexually assaulted at some point in their lives (James et al., 2016).

As such, we must strive to create strong, connected communities that take care of one another and make decisions to ensure the safety and well-being of others to end sexual violence.

The ***Building Connected Communities*** campaign is an opportunity for our community to join with others around the world in committing to prevent sexual abuse, assault, and harassment.

I join advocates and communities across the country in taking action to prevent sexual violence. April is Sexual Assault Awareness Month, and each day of the year is an opportunity to create change for the future.

Adopted this 15th day of April 2024.

Dexter B. Edwards, Chairman
Duplin County Board of Commissioners

ATTEST:
Jaime W. Carr
Clerk to the Board

Basile, K. C., Smith, S. G., Kresnow, M., Khatiwada S., & Leemis, R. W. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 report on sexual violence. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf

Chen, J., Khatiwada, S., Chen, M. S., Smith, S. G., Leemis, R. W., Friar, N., Basile, K. C., and Kresnow, M. (2023). The National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017: Report on Victimization by Sexual Identity. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualIdentity.pdf

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Rosay, A. B. (2016, September). Violence against American Indian and Alaska Native women and men,. NIJ Journal, 277. National Institute of Justice. http://nij.gov/journals/277/Pages/violence-againstamerican-indians-alaska-natives.aspx

Tomsa, R., Gutu, S., Cojocaru, D., Gutiérrez-Bermejo, B., Flores, N., & Jenaro, C. (2021). Prevalence of sexual abuse in adults with intellectual disability: Systematic review and meta-analysis. International Journal of Environmental Research and Public Health, 18(4), 1980. https://doi.org/10.3390/ijerph18041980

County of Duplin

Office of the County Commissioners

A RESOLUTION BY THE COUNTY OF DUPLIN
TO DIRECT THE EXPENDITURE OF OPIOID SETTLEMENT FUNDS

WHEREAS Duplin County has joined national settlement agreements with companies engaged in the manufacturing, distribution, and dispensing of opioids, including settlements with drug distributors Cardinal, McKesson, and AmerisourceBergen, and the drug maker Johnson & Johnson and its subsidiary Janssen Pharmaceuticals and Mallinckrodt Pharmaceuticals.

WHEREAS the allocation, use, and reporting of funds stemming from these national settlement agreements and certain bankruptcy resolutions ("Opioid Settlement Funds") are governed by the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation ("MOA");

WHEREAS Duplin County has received Opioid Settlement Funds pursuant to these national settlement agreements and deposited the Opioid Settlement Funds in a separate special revenue fund as required by section D of the MOA;

WHEREAS section E.6 of the MOA states:

E.6. Process for drawing from special revenue funds.

a. Budget item or resolution required. Opioid Settlement Funds can be used for a purpose when the Governing Body includes in its budget or passes a separate resolution authorizing the expenditure of a stated amount of Opioid Settlement Funds for that purpose or those purposes during a specified period of time.

b. Budget item or resolution details. The budget or resolution should (i) indicate that it is an authorization for expenditure of opioid settlement funds; (ii) state the specific strategy or strategies the county or municipality intends to fund pursuant to Option A or Option B, using the item letter and/or number in Exhibit A or Exhibit B to identify each funded strategy, and (iii) state the amount dedicated to each strategy for a stated period of time.

NOW, THEREFORE BE IT RESOLVED, in alignment with the NC MOA, Duplin County authorizes the expenditure of opioid settlement funds as follows:

1. First Strategy authorized (continuation)
   a. Name of Strategy: Collaborative Strategic Planning
   b. Strategy is included in Exhibit A
   c. Item letter and/or number in Exhibit A or Exhibit B to the MOA: #1
   d. Period of time during which expenditure may take place: Start date January 1, 2024 through End date December 31, 2024.
   e. Description of the program, project, or activity: Continue the employment of a project coordinator to oversee the project. Continue the collaboration group to assist with strategic planning to address opioid misuse, addiction, overdose, or related issues

2. Second Strategy authorized (continuation)
   a. Name of Strategy: Early Intervention
   b. Strategy is included in Exhibit A
   c. Item letter and/or number in Exhibit A or Exhibit B to the MOA: #6
   d. Period of time during which expenditure may take place: Start date January 1, 2024 through End date December 31, 2024.

e. Description of the program, project, or activity: Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, care givers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

3. Third Strategy authorized (continuation)
   a. Name of Strategy: Naloxone Distribution
   b. Strategy is included in Exhibit A
   c. Item letter and/or number in Exhibit A or B to the MOA: #7
   d. Period of time during which expenditure may take place: Start date January 1, 2024 through December 31, 2024.
   f. Description of the program, project, or activity: Support programs, or organizations that distribute naloxone to persons at risk of overdose or community-based organizations that provide services to people who use drugs. Programs or organization involved in community distribution of naloxone may, in addition, provide naloxone to first responders.

4. Fourth Strategy authorized (new)
   a. Name of Strategy: Addiction Treatment for Incarcerated Persons
   b. Strategy is included in Exhibit A
   c. Item letter and/or number in Exhibit A or Exhibit B to the MOA: #11
   d. Period of time during which expenditure may take place- May 1, 2024 through December 31, 2024.
   e. Description of the program, project or activity: Support evidence-based addiction treatment, including Medication-Assisted Treatment with at least one FDA- approved opioid agonist, to persons who are incarcerated in jail or prison.

The total dollar amount of Opioid Settlement Funds appropriated across the above named and authorized strategies is $518,311.00.

Adopted this the 15th day of April, 2024.

Dexter B. Edwards, Chairman
Duplin County Board of Commissioners

ATTEST:

Jaime W. Carr
Clerk to the Board

DUPLIN COUNTY 1750 NORTH CAROLINA

Survey of Counties Using the TEK84 Body Scanner

County	Contact Person	Pros	Cons	How long used	How long after order placed till delivery	Any problems with repairs	Funding Source	Certification of Staff
Bladen	Capt Skipworth	-User friendly -Detects metal/glass	-Comes with only 3 yr. warranty -make sure to purchase extended warranty -Won't pick up paper/plastic	3 years	2-3 months	N/A	ARPA	Initial training by company – train the trainer
Johnston	Capt. Carson	-User friendly -Assist in detecting contraband -Every Jail Needs One	-Initial paperwork to get started	1 year	2-3 months	N/A	Budget	Initial training by company – train the trainer
Onslow	1st. Sgt. Alwes	-User friendly -Good image quality -Easy identification	-3 yr. warranty – make sure to purchase extended warranty	3 years	2-3 months	N/A	Budget	Initial training by company – train the trainer
Robeson	Capt. Powell	-User friendly -Detects metal/glass	--Sometimes hard to distinguish between flatulence/feces and contraband -Have to purchase individual radiation badges for staff (approx. $100 each)	2 years	2-3 months	N/A	ARPA	Initial training by company – train the trainer
Rutherford	1st. Sgt. Sprouse	-Easy detection -Takes only 3 seconds -Detects contraband -Yearly updates	-Can't use on pregnant women -Can't use with pacemaker	1.5 yrs.	2-3 months	N/A – Company walked through rebooting	Grant (not Opioid)	Initial training by company – train the trainer
Wayne	Capt. Peele	-User friendly -Detects metal/glass -Loves it	--Initial Cost -Policies and Procedure development (will share theirs with us)	1 year	2-3 months	N/A	ARPA	Initial training by company – train the trainer

RESOLUTION 2024 –13

County of Duplin

Office of the County Commissioners

RESOLUTION AUTHORIZING A NORTH CAROLINA AGRICULTURE MANUFACTURING AND PROCESSING INITIATIVE (NCAMPI) GRANT APPLICATION ON BEHALF OF PROJECT PEAR

WHEREAS, the Board of County Commissioners of Duplin County, North Carolina (the Board) authorizes the Duplin County Economic Development Commission to submit an application for funding on behalf of Project Pear, supporting a leading agricultural employer in the County,

BE IT RESOLVED that the Board acknowledges a five percent (5%) or $50,000.00 (the lesser of the two) local cash contribution or approved in-kind contribution, may be required in order to be awarded a future grant award,

BE IT FURTHER RESOLVED that the Board authorizes Bryan Miller, Duplin County Manager, to execute all documents relating to the NCAMPI application for grant funding for Project PEAR, including the acceptance of all terms and conditions of the obligation of said grant, if awarded, and ratifies all actions taken by Bryan Miller, Duplin County Manager, or other county staff in furtherance of this grant to date.

Adopted this the 15th day of April, 2024.

Dexter B. Edwards, Chairman
Duplin County Board of Commissioners

ATTEST:

Jaime W. Carr
Clerk to the Board

DUPLIN COUNTY
NORTH CAROLINA

DUPLIN SOIL & WATER CONSERVATION

April 3, 2024

Mr. Dexter Edwards
Duplin County Board of Commissioners
PO Box 910
Kenansville, NC 28349

Dear Mr. Edwards:

A member of the Duplin Watershed Improvement Commission, Ann Herring, has resigned/retirec effective April 1, 2024, after serving since 1999, with 25 years of service. She did an outstanding job and served as vice-chair of this board during most of those years. Her term is due to expire in Decembei 2025.

At our regularly scheduled board meeting on Monday, April 1, 2024, we voted unanimously tc recommend Louis Howard, of 715 Sarecta Road, Kenansville, NC 28349, phone 910-289-1658, to fil the unexpired term of Ms. Herring. Mr. Howard has been contacted and is willing to serve should he be appointed by the Board of Commissioners.

If you have questions or need additional information, please feel free to call.

Sincerely,

Franklin O. Williams
SWCD, Board of Supervisors, Chairman

CC: Bryan Miller, Duplin County Manager

209 SEMINARY ST / PO BOX 950
KENANSVILLE NC 28349

DUPLIN COUNTY
NORTH CAROLINA

ROAD NAME PETITION for UNNAMED ROAD

1. **APPLICANT INFORMATION:**
   Name: Abigail Borja santibanez
   Address: 292 Gold Pond Rd
   City/State/Zip: Magnolia NC 28453
   Telephone: Work: 910 282-7813 Home: _____

2. **MAIL DETERMINATON TO (If different than applicant information):**
   Name: Abigail Borja Santibanez
   Address: 292 Gold Pond Rd
   City/State/Zip: Magnolia NC 28453

3. **ROAD LOCATION:** Township Magnolia Range _____
   DESCRIPTION: lane @ 3100 Block S NC 903 Magnolia

4. **PARCEL TAX-ID:** _____

5. **PROPOSED ROAD NAME:** Ava Rosé LN
   BACKUP NAME 1: Alfredo Ramirez LN
   BACKUP NAME 2: Matteo Ramirez LN
   (NAME SHOULD BE LESS THAN 13 LETTERS)

6. **SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLIN TAX OFFICE:**

PACEL NUMBER:	PARCEL OWNER NAME PRINT AND SIGNATURE
12 1049	Borja Santibanez
12 1049	Marcolores Ramirez Santibanez

The applicant hereby certifies that the signatures on this petition constitute the required amount of the landowners accessing or adjoining the road to be named by this petition.

Applicant's Signature: Borja Santibanez

Fire Department Approval:

Signature: _____

Print or type name: Luis Arellano, Chief

Department Name: Magnolia Fire Department

Date: 2/15/24

USPS Approval:

Signature: _____

Print or type name: Janet L Evers

Department Name: USPS - Postmaster

Date: 2/14/24

I, JOHNNY J. WILLIAMS, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS MAP WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION COMPLETED ON SEE NOTE 6 FROM REFERENCES AS SHOWN HEREON; THAT BOUNDARIES NOT SURVEYED ARE NOTED AS SUCH AND PLOTTED FROM REFERENCES AS SHOWN HEREON.

THE GPS PORTION OF THIS SURVEY WAS PERFORMED AS FOLLOWS: CLASS OF SURVEY – A; DATES OF SURVEY – SEE NOTE 6; POSITIONAL ACCURACY – 0.09'; TYPE OF GPS FIELD PROCEDURE – RTK; DATUM/EPOCH – NAD83(2011); PUBLISHED/FIXED CONTROL USE – N.C. VRS NETWORK; GEOID MODEL – 2018; UNITS – US SURVEY FEET; COMBINED GRID FACTOR – 0.999891869

THE CONVENTIONAL PORTION OF THIS SURVEY HAS A RATIO OF PRECISION IN EXCESS OF 1:10,000 AND IS ALSO PERFORMED TO A CLASS A SURVEY AS DEFINED BY TITLE 21, CHAPTER 56, SECTION .1803 OF THE N.C. ADMINISTRATIVE CODE; AND THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47–30 AS AMENDED.

WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 20th DAY OF SEPTEMBER, 20 23

JOHNNY J. WILLIAMS, P.L.S., L-3170

NORTH CAROLINA PROFESSIONAL SEAL L-3170 LAND SURVEYOR JOHNNY J. WILLIAMS

I, JOHNNY J. WILLIAMS, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN AN AREA OF THE COUNTY OR MUNICIPALATY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND. REFERENCE: NCGS 47–30(f)(11)(a).

09/20/2023

JOHNNY J. WILLIAMS, P.L.S., L-3170

NORTH CAROLINA PROFESSIONAL SEAL L-3170 LAND SURVEYOR JOHNNY J. WILLIAMS

I (WE) HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF DUPLIN AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OUR) FREE CONSENT AND INSTALL AND CONSTRUCT ALL IMPROVEMENTS IN THIS SUBDIVISION IN COMPLIANCE WITH THE MINIMUM DESIGN REQUIREMENTS AS ESTABLISHED BY THIS ORDINANCE.

OWNER _____ DATE _____

THE PROPERTY SHOWN HEREON IS LOCATED WITHIN THE SUBDIVISION JURISDICTION OF DUPLIN COUNTY AND HAS BEEN FOUND TO COMPLY WITH SECTION 303 OF THE DUPLIN COUNTY SUBDIVISION ORDINANCE AND IS HEREBY APPROVED FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF DUPLIN COUNTY.

SUBDIVISION ADMINISTRATOR _____ DATE _____

DUPLIN COUNTY NORTH CAROLINA

I, _____, ONE OF THE REVIEW OFFICERS FOR DUPLIN COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

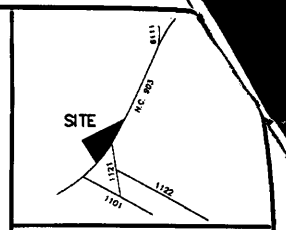
REVIEW OFFICER _____ DATE _____

DUPLIN COUNTY NORTH CAROLINA

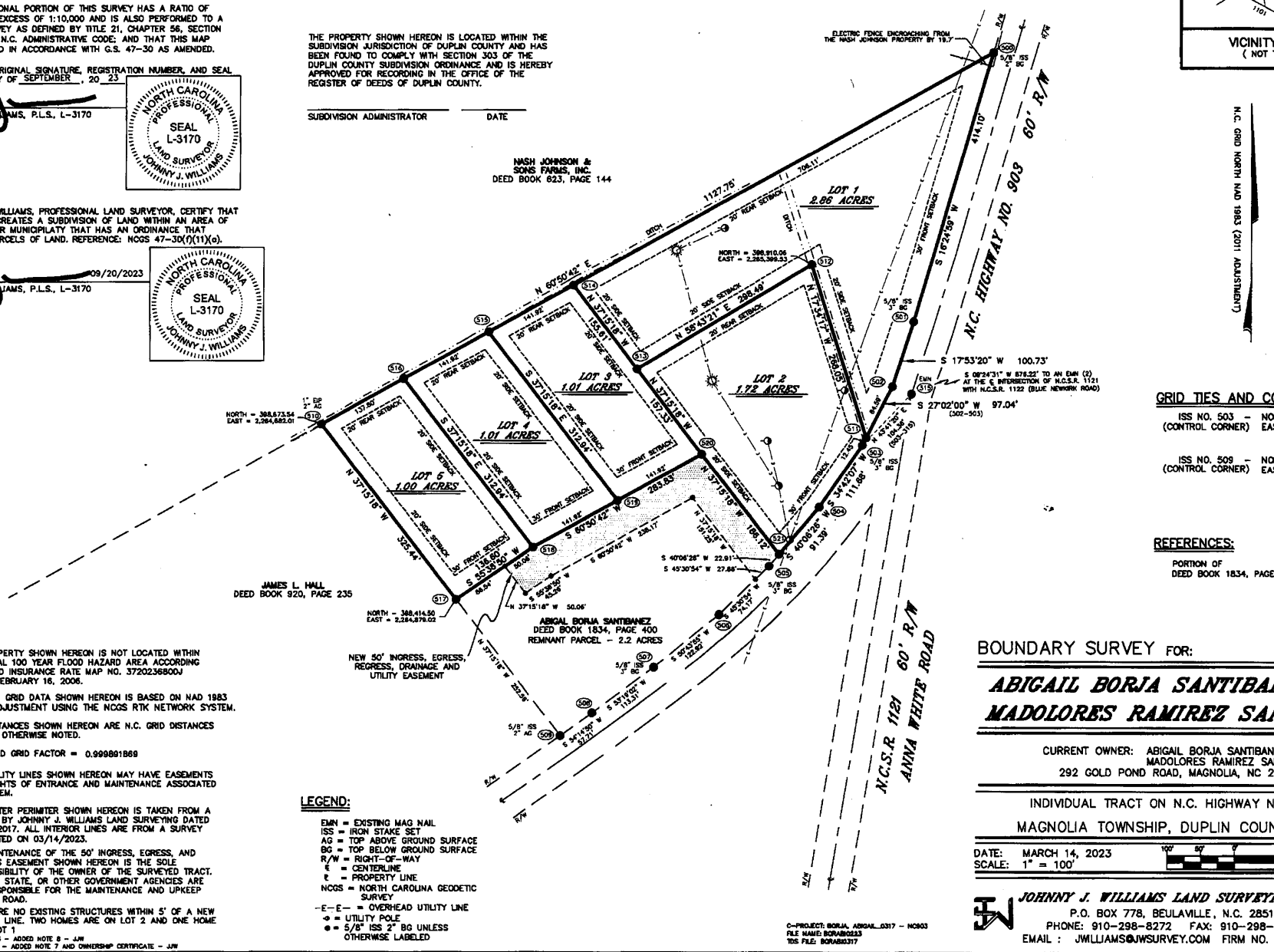
THIS MAP WAS FILED FOR REGISTRATION AT _____ O'CLOCK ____. M. ON THIS THE _____ DAY OF _____, 20____

REGISTERED IN MAP BOOK _____, PAGE _____

REGISTER OF DEEDS _____



VICINITY SKETCH
(NOT TO SCALE)



GRID TIES AND COORDINATES:

ISS NO. 503 – (CONTROL CORNER) NORTH = 398,643.432 EAST = 2,285,474.796

ISS NO. 509 – (CONTROL CORNER) NORTH = 398,213.477 EAST = 2,285,031.909

REFERENCES:

PORTION OF DEED BOOK 1834, PAGE 400

NOTES:

1) THE PROPERTY SHOWN HEREON IS NOT LOCATED WITHIN A SPECIAL 100 YEAR FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP NO. 3720236800J DATED FEBRUARY 16, 2006.
2) ALL N.C. GRID DATA SHOWN HEREON IS BASED ON NAD 1983 2011 ADJUSTMENT USING THE NCGS RTK NETWORK SYSTEM.
3) ALL DISTANCES SHOWN HEREON ARE N.C. GRID DISTANCES UNLESS OTHERWISE NOTED.
4) COMBINED GRID FACTOR = 0.999891869
5) ALL UTILITY LINES SHOWN HEREON MAY HAVE EASEMENTS AND RIGHTS OF ENTRANCE AND MAINTENANCE ASSOCIATED WITH THEM.
6) THE OUTER PERIMITER SHOWN HEREON IS TAKEN FROM A SURVEY BY JOHNNY J. WILLIAMS LAND SURVEYING DATED 03/28/2017. ALL INTERIOR LINES ARE FROM A SURVEY COMPLETED ON 03/14/2023.
7) THE MAINTENANCE OF THE 50' INGRESS, EGRESS, AND REGRESS EASEMENT SHOWN HEREON IS THE SOLE RESPONSIBILITY OF THE OWNER OF THE SURVEYED TRACT. COUNTY, STATE, OR OTHER GOVERNMENT AGENCIES ARE NOT RESPONSIBLE FOR THE MAINTENANCE AND UPKEEP OF THIS ROAD.
8) THERE ARE NO EXISTING STRUCTURES WITHIN 5' OF A NEW SETBACK LINE. TWO HOMES ARE ON LOT 2 AND ONE HOME IS ON LOT 1

REVISED 09/20/2023 – ADDED NOTE 8 – JJW
REVISED 09/11/2023 – ADDED NOTE 7 AND OWNERSHIP CERTIFICATE – JJW

LEGEND:

EMN = EXISTING MAG NAIL
ISS = IRON STAKE SET
AG = TOP ABOVE GROUND SURFACE
BG = TOP BELOW GROUND SURFACE
R/W = RIGHT-OF-WAY
℄ = CENTERLINE
℄ = PROPERTY LINE
NCGS = NORTH CAROLINA GEODETIC SURVEY
-E-E- = OVERHEAD UTILITY LINE
= UTILITY POLE
● = 5/8" ISS 2" BG UNLESS OTHERWISE LABELED

C-PROJECT: BORJA, ABIGAIL_0317 – NC903
FILE NAME: BORABI0223
TDS FILE: BORABI0317

BOUNDARY SURVEY FOR:

ABIGAIL BORJA SANTIBANEZ AND *MADOLORES RAMIREZ SANTACRUZ*

CURRENT OWNER: ABIGAIL BORJA SANTIBANEZ AND, MADOLORES RAMIREZ SANTACRUZ
292 GOLD POND ROAD, MAGNOLIA, NC 28453

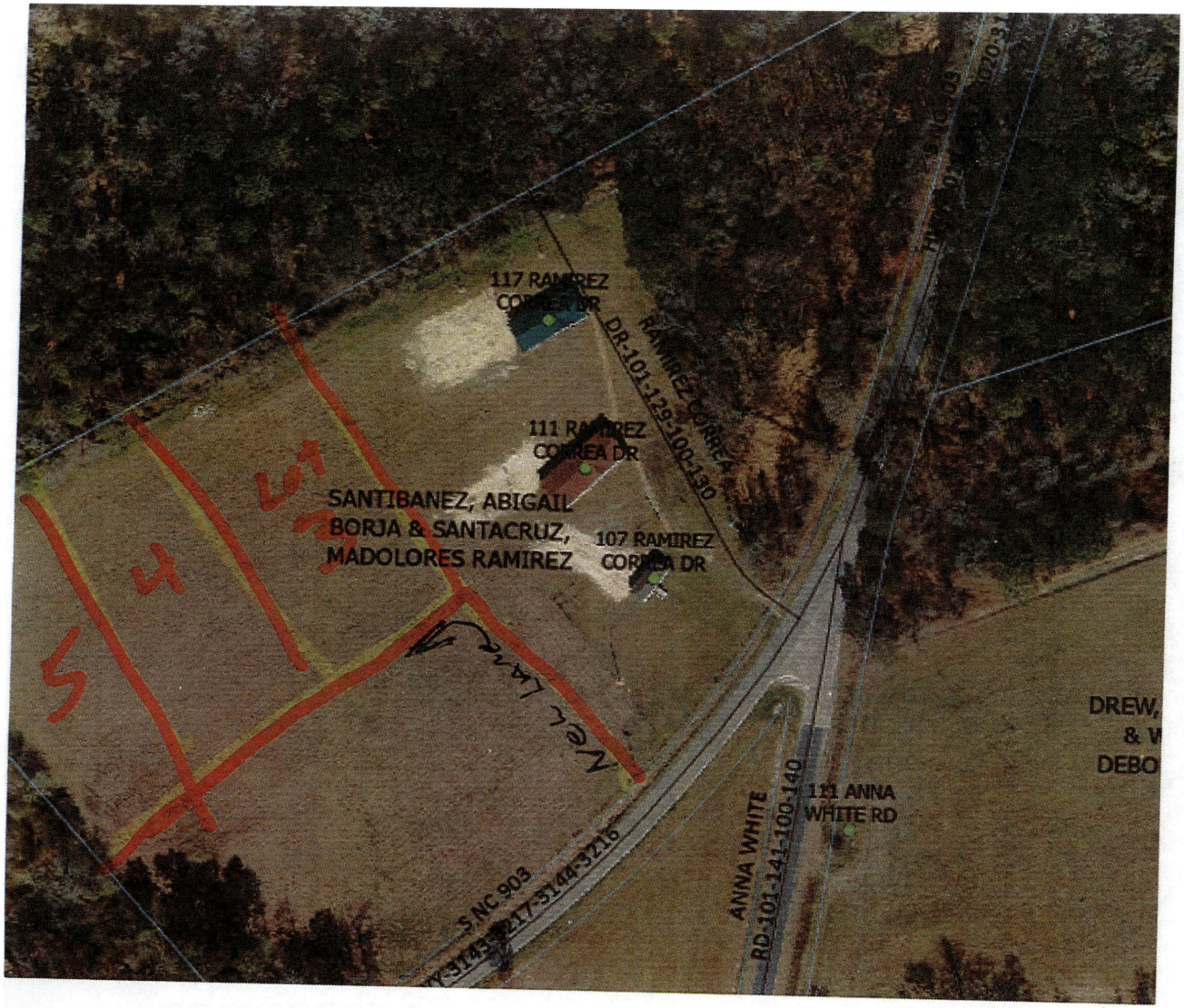
INDIVIDUAL TRACT ON N.C. HIGHWAY NO. 903

MAGNOLIA TOWNSHIP, DUPLIN COUNTY, N.C.

DATE: MARCH 14, 2023
SCALE: 1" = 100'

100' 50' 0' 100' 200'

JOHNNY J. WILLIAMS LAND SURVEYING, P.C.
P.O. BOX 778, BEULAVILLE, N.C. 28518
PHONE: 910–298–8272 FAX: 910–298–2310
EMAIL : JWILLIAMS@JWSURVEY.COM FIRM NO. C–2532


117 RAMIREZ CORREA DR
RAMIREZ CORREA DR-101-129-100-130
111 RAMIREZ CORREA DR
SANTIBANEZ, ABIGAIL
BORJA & SANTACRUZ,
MADOLORES RAMIREZ
107 RAMIREZ CORREA DR
S 4
N 4
Net Lane
DREW,
& W
DEBO
111 ANNA WHITE RD
ANNA WHITE RD-101-141-100-140
S NC 903

Contract # 0052C-001-FY24
Cost Center # 5000
Line Item # 0690-03
Obligated $3,000.00

ADDENDUM

Contract Period: February 1, 2024 – June 30, 2024

The Department of Health and Human Services approved the consolidation between Trillium Health Resources ("Trillium") and Eastpointe Human Services ("Eastpointe"). This approval included the consolidation of Eastpointe with Sandhills Center, except for the counties of Davidson, Harnett and Rockingham. Effective February 1, 2024, Trillium assumed all rights and obligations under existing contracts.

This Addendum obligates additional one-time Federal non-UCR Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant funds for the SYNAR Program to **County of Duplin** (hereinafter referred to as "Contractor" or "**Duplin County 4H**") in the amount of $3,000. These funds must be utilized during the contract period which covers February 1, 2024 through June 30, 2024.

I. PURPOSE.

Additional obligated non-UCR SUPTRS funds must be used for the following:

- Conduct retail list verification to verify the operating status of stores in Duplin County
- Pay personnel/staff for time and travel

II. CONTRACTOR RESPONSIBILITIES.

Contractor shall adhere to the requirements of this Addendum, provisions outlined Contractors legacy contract for Prevention Program, and the Budget attached hereto and referenced as Attachment A.

III. TRILLIUM RESPONSIBILITIES.

Trillium shall reimburse Contractor a maximum not to exceed $3,000.00 in Federal Non-UCR Funds in accordance to Attachment A - Budget.

IV. SPECIAL CONDITIONS.

A. SUPTRS funds shall not be used to provide inpatient services;

B. SUPTRS funds are prohibited to be used to provide or purchase inpatient hospital services, except that SUPTRS funds may be used with the exception as described in 45 CFR 96.135 (c), along with documentation of the receipt of prior written approval of the DMHDDSUS Business and Financial Operations Director and the Chief of Community Wellness, Prevention, and Health Integration Team;

C. SUPTRS funds are prohibited to be used to make, or to allow to be made, any cash payments to any recipients or intended recipients of health or behavioral health services. The provision of cash or cash cards is strictly prohibited, as is the provision of gift cards, which are considered to be cash equivalents;

D. SUPTRS funds are prohibited to be used for the purchase or improvement of land, purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or purchase of major equipment, including, but not limited to, medical equipment, IT equipment, and vehicles;

E. SUPTRS funds are prohibited to be used to satisfy any requirement for the expenditure of non-Federal funds as a condition of receipt of Federal funds. (i.e., Federal funds may not be used to satisfy any condition for any state, local or other funding match requirement);

F. SUPTRS funds are prohibited to be used to provide financial assistance to any entity other than a public or nonprofit private entity;
G. SUPTRS funds are prohibited to be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs;
H. SUPTRS funds are prohibited to be used to provide individuals with treatment services in penal or correctional institutions of the State;
I. SUPTRS funds are prohibited to be used towards the annual salary of any contractor or subcontractor, including LME/MCO, provider, or contractor employee, consultant, or other individual that is in excess of Level I of the most current US Office of Personnel Management federal Executive Salary Schedule. This amount is currently designated for the calendar year effective **January 2024** at an annual salary of **$246,400**;
J. Contractor agrees to acknowledge "Trillium Health Resources" as the funding source in any brochures, advertising, trainings, or other information distributed to the public. Contractor must only use Trillium provided logos on any websites and/or printed materials dedicated to the program. Contractor should not use the Trillium Health Resources name on any literature without obtaining prior written approval.
K. Contractor agrees that Contractor will not publish or communicated to any person or entity any defamatory or Disparaging (as defined below remarks, comments or statements through any media whatsoever or in any public forum concerning Trillium, its employees, Governing Board or members. "Disparaging" remarks, comments or statements are those that impugn the character, honesty, integrity, morality or business acumen or abilities in connection with any aspect of the operation of business of the individual or entity being disparaged. This paragraph shall not prohibit Contractor from providing truthful testimony or information to any court, regulatory body, auditing body or governing body in response to a lawful request for such testimony or information, or as otherwise required by law, regulation, or valid court order from a court of competent jurisdiction or authorized government agency, provided that such compliance does not exceed that required by the law, regulation or order. Further, this paragraph does not, in any way, restrict or impeded Contractor from exercising protected rights to the extent that such rights cannot be waived by agreement.

V. INVOICING AND REIMBURSEMENT.

A. Monthly: Contractor shall submit one invoice by the 10th of the month to Trillium Health Resources c/o Accounts Payable:
   - Email : AccountsPayable@trilliumnc.org and Contract.Reporting@trilliumnc.org
     OR
   - US Postal Mail: 144 College Road, Ahoskie, NC 27910

B. Invoice must pre-audited by Contractor for compliance with all performance-based requirements prior to invoicing
C. Each invoice must include an attestation/certification statement that states the following: "I hereby attest or certify that the costs reported for reimbursement represent allowable costs which have been expended according to the terms of the Contract and such costs are documented in our accounting records." This statement must be signed and dated by an authorized representative of Contractor.
D. Contractor shall identify on each invoice the services(s) being invoice and the Non-UCR Contract number associated with the invoice. For these invoices, Contractor should use **"SUPTRS SYNAR #0052C-001-FY24"** in the subject line of the email.
E. Invoices/billing documentation received after sixty (60) days from the deadline may be subject to slower processing times, or be a risk for unavailability of funds with the exception of fiscal year end, June 30th. All invoices for the fiscal year must be submitted by July15th

in order to receive reimbursement, as funds for the fiscal year are unavailable to Trillium after July 27th.

F. All assets purchased with these funds with a value of $5,000 or more must be reported to Trillium on a monthly basis.

G. Payments shall be made within thirty (30) days after receipt of a complete, accurate, and approved invoice.

H. Payroll, payroll tax, and benefit information shall be submitted with each monthly invoice.

VI. REPORTING REQUIREMENTS.

A. Funded agencies will be required to submit reports including, but not limited to, the following:

- ECCO data entry by the 15th of each month (demographics, hours, and reach)
- Project summary by 06/30/2024 (demographics, hours, reach, and notable trends)
- Debrief meeting within 30days of the project end date (successes, challenges, future
- planning)
    - One required meeting with SYNAR Coordinator to be scheduled between June 1, 2024 - June 30, 2024

Signatures:
Each party has caused this Addendum and all applicable attachments to be executed as the act of said party. Each individual signing below certifies that he or she has been granted the authority to bind the respective party to the terms of this Addendum and any Attachments thereto.

Joy Futrell, CEO
Trillium Health Resources

Authorized Signer
County of Duplin

ATTACHMENT A - BUDGET

SYNAR

FY24 Synar Additional funding- Phase 2
Agency Name:
Budget Narrative

Category	January 22, 2024 – June 30, 2024	Narrative (How do you intend to spend the money?)
DIRECT LABOR COSTS		
Human Resources		
Staff Salary/Wages/Benefits	$ 2,750.00	Hours Spent Completing Retailer Verification List
Contracted Personnel/Youth volunteers		
Other: *Specify in Narrative*		
Total Direct Labor Costs	$ 2,750.00	
OTHER DIRECT COSTS		
Equipment		
Communication (phones, fax, postage)		
IT (Computers, copiers)		
Vehicle		
Furniture		
Equipment Insurance		
Equipment Repair and Maintenance		
Other: *Specify in Narrative*		
Total Equipment	$ -	
Supplies and Materials		
Office Supplies and Materials		
Computer Supplies, Materials, and Software		
Janitorial Supplies and Materials		
Service Related Supplies and Materials		
Promotional Items (strategy specific)		
Printing, Copying, and Reprints		
Data Collection and Evaluation		
Meetings Expenses		
Other: *Specify in Narrative*		
Total Supplies and Materials	$ -	
Travel		
Staff/Contract Personnel/Youth Volunteer Travel	$ 250.00	Verify open and closed locations
Staff Lodging/Meals		
Other: *Specify in Narrative*		
Total Travel	$ 250.00	
Staff and Volunteer Training		
Trainings		
Other: *Specify in Narrative*		
Total Staff Development	$ -	
TOTAL OTHER DIRECT COSTS	$ 250.00	
Indirect Costs (up to 10%) *Specify in Narrative*		
Total Budgeted Expenditures	**$ 3,000.00**	

Signature Page Between:

TRILLIUM HEALTH RESOURCES
And
COUNTY OF DUPLIN

IN WITNESS WHEREOF:

IN WITNESS WHEREOF: Each party has caused this Addendum and all applicable attachments to be executed as the act of said party. Each individual signing below certifies that he or she has been granted the authority to bind the respective party to the terms of this Addendum and any Attachments thereto.

Joy Futrell, CEO
Trillium Health Resources

Authorized Signer
County of Duplin

This instrument has been pre-audited in the manner required by the Local Budget and Fiscal Control Act. General Statute 159.

Melissa Owens, CFO
Trillium Health Resources

SUPTRS SYNAR
24-TR-68
Federal Non-UCR
ALN: 93.959

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

DUPLIN COUNTY
NORTH CAROLINA

ROAD NAME PETITION for UNNAMED ROAD

1. **APPLICANT INFORMATION:**
   Name: Santos García Castro
   Address: Po. Box 352
   City/State/Zip: Kenansville NC. 28349
   Telephone: Work: 910-271-0570 Home: _____

2. **MAIL DETERMINATON TO (If different than applicant information):**
   Name: _____
   Address: _____
   City/State/Zip: _____

3. **ROAD LOCATION:** Township Kenansville Range _____
   DESCRIPTION: lots @220 Hamilton Rd Magn

4. **PARCEL TAX-ID:** 13-2932-1--

5. **PROPOSED ROAD NAME:** FAMILIA GARCIA Ln
   BACKUP NAME 1: Chris Garcia Ln
   BACKUP NAME 2: Los García Ln
   (NAME SHOULD BE LESS THAN 13 LETTERS)

6. **SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLI**

PACEL NUMBER:	PARCEL OWNER NAME PRINT AND SIGNATURE and Ph
13-2932-1---	Santos García Ca

Fire Department Approval:

Signature: Robert Whitman, Chief Kenansville Fire Dep

Print or type name: Robert Whitman

Department Name: Kenansville VFD

Date: 3/11/2024

USPS Approval:

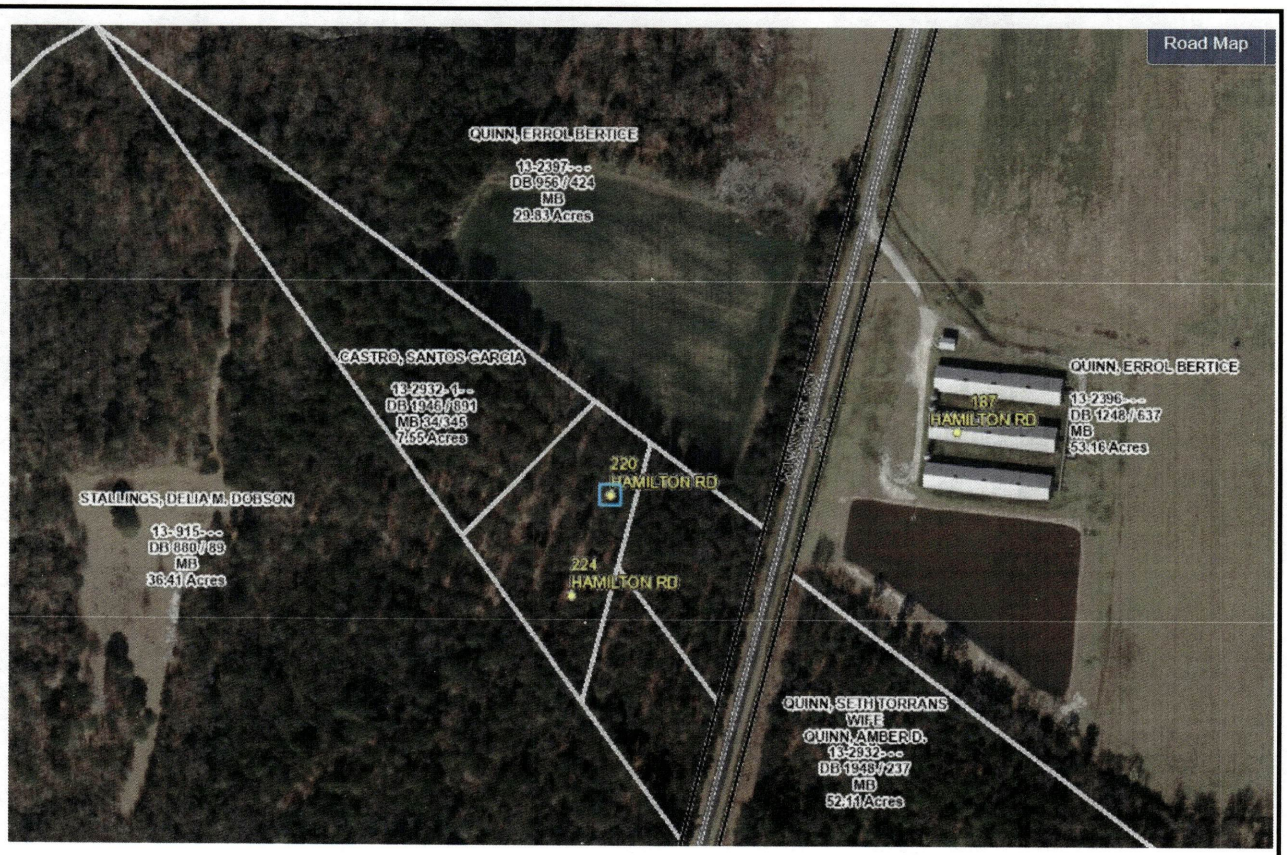
Signature: Janeth Evers

Print or type name: Janeth Evers

Department Name: Magnolia USPS

Date: 031324

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 notif 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.

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: RICHARD A. PADRICK

Address: ~~Walnut Hills of NC, Inc.~~ ~~290 Arthur Sloan Rd.~~ Chinquapin, NC 28521

City/State/Zip:

Telephone: Work: 910-389-7728 **Home:** 910-

2. MAIL DETERMINATON TO (If different than applicant information):

Name:

Address:

City/State/Zip:

3. ROAD LOCATION: Township Smith

Range

RCEL TAX-ID:
06-1192

5. PROPOSED ROAD NAME:
SOUTH GUM LN.

BACKUP NAME 1: SOUTH BAY LN.

BACKUP NAME 2: SOUTH WEST LN.

(NAME SHOULD BE LESS THAN 13 LETTERS)

6. SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLIN TAX OFFICE:

PACEL NUMBER: **PARCEL OWNER NAME PRINT AND SIGNATURE and Phone Number**

06-1191 Walnut Hills of NC, Inc. 290 Arthur Sloan Rd. Chinquapin, NC 28521

06-1192 LOTS Walnut Hills of NC, Inc. 290 Arthur Sloan Rd. Chinquapin, NC 28521

The applicant hereby certifies that the signatures on this petition constitute the required amount of the landowners accessing or adjoining the road to be named by this petition.

Applicant's Signature: Richard A. Padrick, Pres.

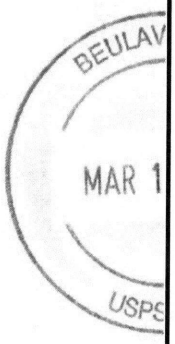
Fire Department Approval:

Signature: _____
Print or type name: Shane Roger Rhodes
Department Name: Beulaville Fire Dept
Date: 3-11-24

USPS Approval:

Signature: _____
Print or type name: Terrell G. Cline
Department Name: US Postal Service
Date: 3-11-2024

R003



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

0D-07CD-4AAF-844D-43D885418185

OHNNY J. WILLIAMS, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT
S MAP WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL
VEY MADE UNDER MY SUPERVISION COMPLETED ON 12/14/2023.
M REFERENCES AS SHOWN HEREON; THAT BOUNDARIES NOT
VEYED ARE NOTED AS -SUCH-AND PLOTTED FROM-REFERENCES
SHOWN HEREON.

GPS PORTION OF THIS SURVEY WAS PERFORMED AS FOLLOWS:
SS OF SURVEY - A; DATES OF SURVEY - 11/16/23-12/14/23;
TIONAL ACCURACY - 0.06'; TYPE OF GPS FIELD PROCEDURE -
; DATUM/EPOCH - NAD83(2011); PUBLISHED/FIXED CONTROL USE -
. VRS NETWORK; GEOID MODEL. - 2018; UNITS - US SURVEY FEET;
BINED GRID FACTOR - 0.99988248

: CONVENTIONAL PORTION OF THIS SURVEY HAS A RATIO OF
CISION IN EXCESS OF 1:10,000 AND IS ALSO PERFORMED TO A
SS A SURVEY AS DEFINED BY TITLE 21, CHAPTER 56, SECTION
33 OF THE N.C. ADMINISTRATIVE CODE; AND THAT THIS MAP
S PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED.

NESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL
11TH DAY OF JANUARY, 20 24

NNY J. WILLIAMS, P.L.S., L-3170

Johnny Williams
1/26/24 | 8:35 AM PST

NORTH CAROLINA PROFESSIONAL SEAL L-3170 LAND SURVEYOR JOHNNY J. WILLIAMS

OHNNY J. WILLIAMS, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT
SURVEY CREATES A SUBDIVISION OF LAND WITHIN AN AREA OF
COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT
ULATES PARCELS OF LAND. REFERENCE: NCGS 47-30(f)(11)(c).

01/11/2024

NNY J. WILLIAMS, P.L.S., L-3170

Johnny Williams
1/24/24 | 8:35 AM PST

NORTH CAROLINA PROFESSIONAL SEAL L-3170 LAND SURVEYOR JOHNNY J. WILLIAMS

) HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY
N AND DESCRIBED HEREON, WHICH IS LOCATED IN THE
ISION JURISDICTION OF THE COUNTY OF DUPLIN AND
I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OUR)
CONSENT AND INSTALL AND CONSTRUCT ALL IMPROVEMENTS
IS SUBDIVISION IN COMPLIANCE WITH THE MINIMUM DESIGN
REMENTS AS ESTABLISHED BY THIS ORDINANCE.

02/26/24 | 4:16 PM PST
DATE

ES:

HE PROPERTY SHOWN HEREON IS PARTIALLY LOCATED WITHIN
A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD
INSURANCE RATE MAP NO. 3720346400J DATED
FEBRUARY 16, 2006

ALL UTILITY LINES SHOWN HEREON MAY HAVE EASEMENTS
AND RIGHTS OF ENTRANCE AND MAINTENANCE ASSOCIATED

THE PROPERTY SHOWN HEREON IS LOCATED WITHIN THE SUBDIVISION JURISDICTION OF DUPLIN COUNTY AND HAS BEEN FOUND TO COMPLY WITH SECTION 303 OF THE DUPLIN COUNTY SUBDIVISION ORDINANCE AND IS HEREBY APPROVED FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF DUPLIN COUNTY.

Christopher Hobbs
SUBDIVISION ADMINISTRATOR
03/01/24 | 5:51 AM PST
DATE

DUPLIN COUNTY NORTH CAROLINA

I, Carol S. Jackson, ONE OF THE REVIEW OFFICERS FOR DUPLIN COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

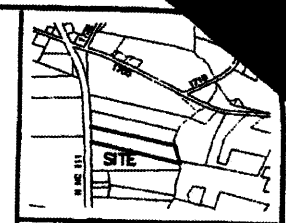
Carol S. Jackson 03/01/2024
REVIEW OFFICER DATE

DUPLIN COUNTY NORTH CAROLINA

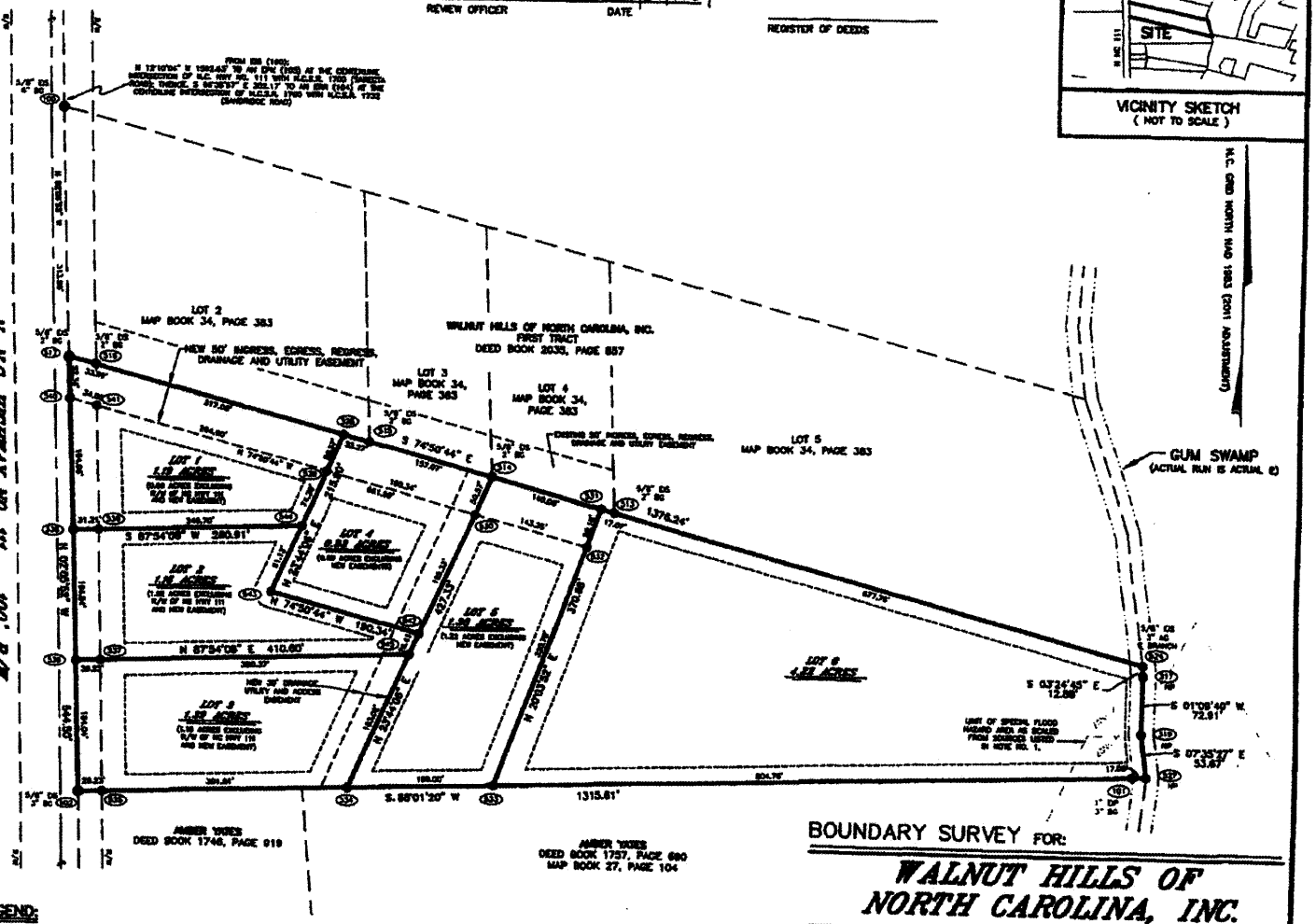
Doc No: 100576660
Received: 03/01/2024 12:31:12 PM
Fee Amt: $21.00 Page 1 of 1

Duplin County North Carolina
Anna Marie Savage, Register of Deeds
BK 36 PG 39 - 39 (1)

REGISTER OF DEEDS



VICINITY SKETCH
(NOT TO SCALE)



LEGEND:

EIS = EXISTING IRON STAKE
EPK = EXISTING P.K. NAIL
ERR = EXISTING RAILROAD SPIKE
SIS = IRON STAKE SET
SSS = SURVEY SPIKE SET
NP = NONMONUMENTED POINT

GRID TIES AND COORDINATES:

EIS NO. 100 - NORTH = 442,118.975
EAST = 2,382,693.178

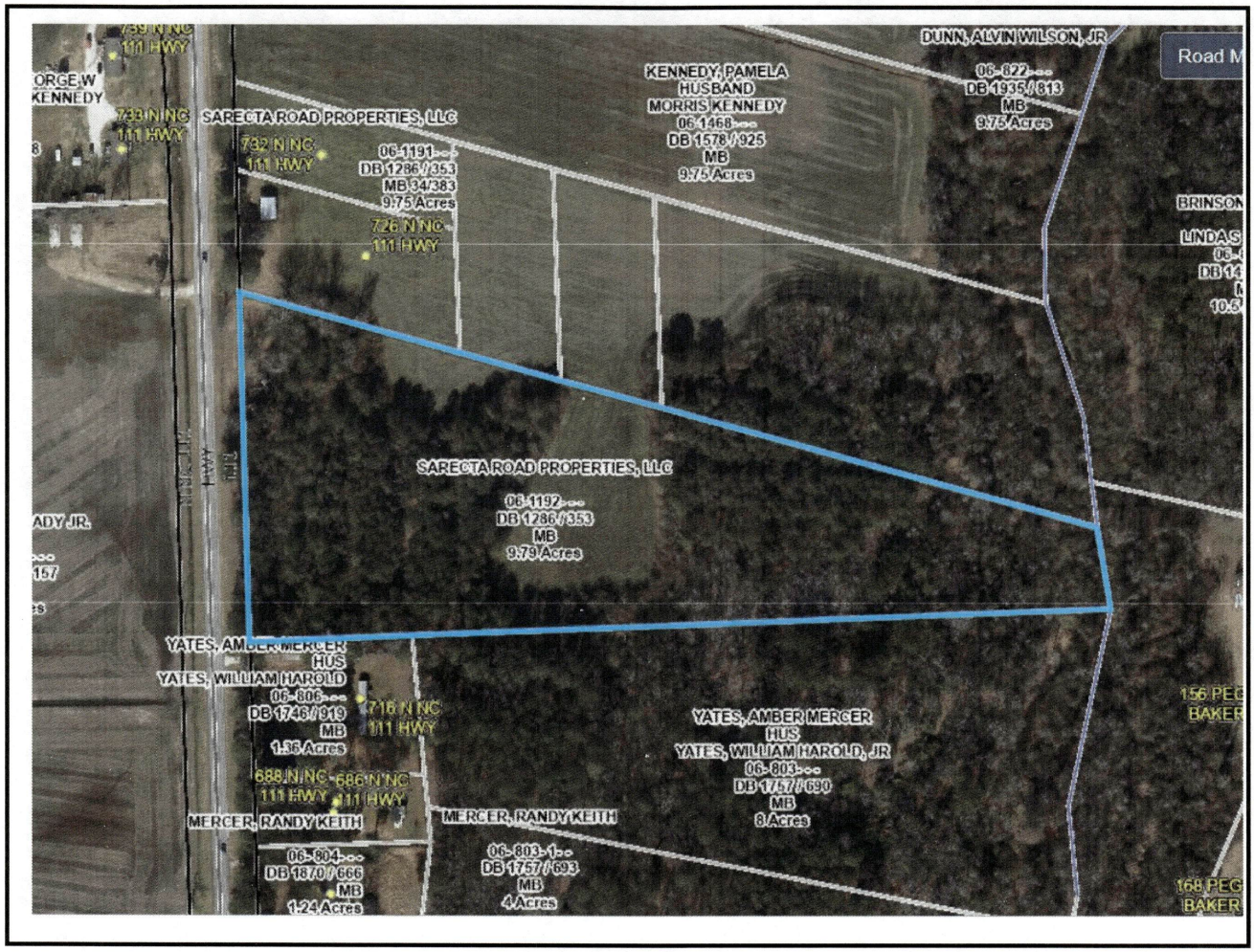
REFERENCES:

SECOND TRACT
DEED BOOK 2035, PAGE 857

BOUNDARY SURVEY FOR:

WALNUT HILLS OF NORTH CAROLINA, INC.

CURRENT OWNER: WALNUT HILLS OF NORTH CAROLINA, INC.
PROPERTY ADDRESS: 722 N. N.C. 111 HIGHWAY, BEULAVILLE, NC 28518



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.

Duplin County, NC

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	221	BUA	03/13/2024	03/13/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5114	42980					T	PROGRAM SUPPLIES		2,100.00	
2	5151	41990					T	PROFESSIONAL SERVICES		1,600.00	
3	5164	41990					T	PROFESSIONAL SERVICES	50.00		
4	5164	42980					T	PROGRAM SUPPLIES	300.00		
5	5151	42600					T	OFFICE SUPPLIES	100.00		
6	5163	42410					T	PHARMACY	250.00		
7	5167	42600					T	OFFICE SUPPLIES	100.00		
8	5151	42370					T	INJECTABLES	800.00		
9	5129	42420					T	IN HOUSE LAB	700.00		
10	5164	42420					T	IN HOUSE LAB	1,100.00		
11	5167	42420					T	IN HOUSE LAB	300.00		
								** 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	09	311	BUA	03/18/2024	03/18/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4957	42381					T	EDUCATIONAL SUPPLIES		612.72	
2	4957	42600					T	OFFICE SUPPLIES	375.15		
3	4957	40121					T	SALARIES	237.57		
								** JOURNAL TOTAL	0.00	0.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	312	BUA	03/18/2024	03/18/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5151	42420					T		2,082.00	
							IN HOUSE LAB			
2	5167	42420					T	1,041.00		
							IN HOUSE LAB			
3	5129	42420					T	1,041.00		
							IN HOUSE LAB			
							** JOURNAL TOTAL	0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	313	BUA	03/18/2024	03/18/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5601	40183					T		251.00	
							HOSPITAL INSURANCE			
2	5601	41860					T		70.73	
							WORKERS COMPENSATION			
3	5601	42600					T		23.34	
							OFFICE SUPPLIES			
4	5601	40121					T	305.22		
							SALARIES			
5	5601	40181					T	10.98		
							SOCIAL SECURITY			
6	5601	40182					T	28.87		
							RETIREMENT			
							** 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	09	315	BUA	03/18/2024	03/18/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4230	41860					T		5,400.00	
							WORKERS COMPENSATION			
2	4230	41990					T	5,400.00		
							PROFESSIONAL SERVICES			
							** JOURNAL TOTAL	0.00	0.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	343	BUA	03/19/2024	03/19/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	T	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4111	44500					T	INSURANCE AND BONDS		8,628.95	
2	4910	41990					T	PROFESSIONAL SERVICES	7,500.00		
3	4910	43510					T	REPAIRS BUILDING AND GROUNDS	1,000.00		
4	4910	44500					T	INSURANCE AND BONDS	128.95		
								** 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	09	344	BUA	03/19/2024	03/19/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	T	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4320	41990					T	PROFESSIONAL SERVICES		5,000.00	
2	4320	42980					T	PROGRAM SUPPLIES	5,000.00		
								** 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	09	416	BUA	03/21/2024	03/21/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	T	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5151	42013					T	LAB PROCESSING		1,000.00	
2	5151	41990					T	PROFESSIONAL SERVICES		1,232.00	
3	5164	42410					T	PHARMACY		965.00	
4	5167	41990					T	PROFESSIONAL SERVICES		385.00	
5	5124	41990					T	PROFESSIONAL SERVICES		394.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	416	BUA	03/21/2024	03/21/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
6	5133	42600					T			558.98	
7	5151	42420					T	OFFICE SUPPLIES	1,700.00		
8	5164	42420					T	IN HOUSE LAB	600.00		
9	5167	42420					T	IN HOUSE LAB	300.00		
10	5124	42420					T	IN HOUSE LAB	359.00		
11	5151	42980					T	IN HOUSE LAB	450.00		
12	5151	43540					T	PROGRAM SUPPLIES	82.00		
13	5164	42980					T	SOFTWARE MAINTENANCE	300.00		
14	5164	43540					T	PROGRAM SUPPLIES	65.00		
15	5167	43540					T	SOFTWARE MAINTENANCE	85.00		
16	5124	42500					T	SOFTWARE MAINTENANCE	35.00		
17	5133	43250					T	VEHICLE GASOLINE	120.75		
18	5133	43510					T	POSTAGE	438.23		
								REPAIRS BUILDING AND GROUNDS			
								** JOURNAL TOTAL	0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	417	BUA	03/21/2024	03/21/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5114	42370					T			3,000.00	
2	5167	42990					T	INJECTABLES	3,000.00		
								INCENTIVES			
								** JOURNAL TOTAL	0.00	0.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	418	BUA	03/21/2024	03/21/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5124	41990				T	PROFESSIONAL SERVICES		300.00	
2	5165	42990				T	INCENTIVES		400.00	
3	5124	43250				T	POSTAGE	300.00		
4	5165	43250				T	POSTAGE	400.00		
							** 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	09	419	BUA	03/21/2024	03/21/2024	040124	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	6110	43540				T	SOFTWARE MAINTENANCE		5,000.00	
2	6110	42600				T	OFFICE SUPPLIES	5,000.00		
							** JOURNAL TOTAL	0.00	0.00	
							** GRAND TOTAL	0.00	0.00	

11 Journals printed

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

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 to be processed

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5114-42980	Program Supplies	2,100.00	5164-41990	Professional Services	50.00
5151-41990	Professinal Services	1,600.00	5164-42980	Program supplies	300.00
			5151-42600	office supplies	100.00
			5163-42410	pharmacy	250.00
			5167-42600	office supplies	100.00
			5151-42370	injectables	800.00
			5129-42420	in house lab	700.00
			5164-42420	in house lab	1,100.00
			5167-42420	in house lab	300.00
Total		3,700.00	Total		3,700.00

Chelsey Ranier

Finance Signature

Date Approved: 3/13/24

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

BA # _____

Duplin County

Budget Amendment

Department Title: Cooperative Extension

Department Head's Signature: Amanda Hatcher

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

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 finialize spending on Covid Grant

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4957-42381	Educational Supplies	612.72	4957-42600	Office Supplies	375.15
			4957-40121	Salaries	237.57
Total		612.72	Total		612.72

Chelsey Ramos

Finance Signature _____

Date Approved: 3/18/24

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:

cover shortages to purchase in house lab supplies.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5151-42420	In house lab	2,082.00	5167-42420	In house Lab	1,041.00
			5129-42420	In house Lab	1,041.00
Total		2,082.00	Total		2,082.00

Chelsey Ranier

Finance Signature

Date Approved: 3/18/24

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

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:

Cover overages in 5601 budget once 5604 charges were separated from combined budgets.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5601-40183	Hospital Insurance	251.00	5601-40121	Salaries	305.22
5601-41860	Workers Compensation	70.73	5601-40181	Social Security	10.98
5601-42600	Office Supplies	23.34	5601-40182	Retirement	28.87
Total		345.07	Total		345.07

Finance Signature: Chelsey Pamier

Date Approved: 3/15/24

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 for Fiber Installation

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4230-41860	Workers Compensation	5,400.00	4230-41990	Professional Services	5,400.00
Total		5,400.00	Total		5,400.00

Chelsey Panico

Finance Signature

Date Approved: 3/18/24

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)

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

Brief description of why this amendment is being requested:
Cover over spent accounts

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4111-44500	Insurance & Bonds	8,628.95	4910-41990	Professional Services	7,500.00
			4910-43510	Repairs Building & Grounds	1,000.00
			4910-44500	Insurance & Bonds	128.95
Total		8,628.95	Total		8,628.95

Finance Signature: _____
Date Approved: 3/18/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County

Budget Amendment

Department Title: Admin Assistant

Department Head's Signature: Lucee Stroud

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

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

Exepnditure 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
4320-41990	Professional Services	5,000.00	4320-42980	Program Supplies	5,000.00
Total		5,000.00	Total		5,000.00

Chelsey Ramos

Finance Signature: _____

Date Approved: 3/19/24

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 supplies for in house labs and line item shortages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5151-42013	lab processing	1,000.00	5151-42420	in house lab	1,700.00
5151-41990	professional services	1,232.00	5164-42420	in house lab	600.00
5164-42410	pharmacy	965.00	5167-42420	in house lab	300.00
5167-41990	professional services	385.00	5124-42420	in house lab	359.00
5124-41990	professional services	394.00	5151-42980	program supplies	450.00
5133-42600	office supplies	558.98	5151-43540	software maintenance	82.00
+			5164-42980	program supplies	300.00
			5164-43540	software maintenance	65.00
			5167-43540	software maintenance	85.00
			5124-42500	vehicle gasoline	35.00
			5133-43250	postage	120.75
			5133-43510	repairs and maintenance	438.23
Total		4,534.98	Total		4,534.98

Finance Signature: Chelsey Ramos

Date Approved: 3/21/24

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 RTP going over for dental incentives

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5114-42370	injectables	3,000.00	5167-42990	incentives	3,000.00
Total		3,000.00	Total		3,000.00

Finance Signature: Chelsey Ramirez

Date Approved: 3/21/24

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 postage for WIC and TB

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5124-41990	Professional Services	300.00	5124-43250	Postage	300.00
5165-42990	Incentives	400.00	5165-43250	Postage	400.00
Total		700.00	Total		700.00

Finance Signature: Chelsey Ranier

Date Approved: 3/21/24

Manager Signature: _____

Date Approved: _____

Commisioner Approval: _____

Date Approved: _____

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 account

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6110-43540	Software Maintenace	5,000.00	6110-42600	Office Supplies	5,000.00
Total		5,000.00	Total		5,000.00

Finance Signature: Chelsey Ramos
Date Approved: 3/21/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

Duplin County, NC

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	553	BUA	03/26/2024	03/26/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5164	42410				T			600.00	
							PHARMACY			
2	5163	42013				T		600.00		
							LAB PROCESSING			
							** 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	09	554	BUA	03/26/2024	03/26/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5113	43550				T			500.00	
							EMR EXPENSE & INCENTIVES			
2	5151	41990				T			850.00	
							PROFESSIONAL SERVICES			
3	5164	42410				T			1,450.00	
							PHARMACY			
4	5113	42420				T		500.00		
							IN HOUSE LAB			
5	5151	42420				T		850.00		
							IN HOUSE LAB			
6	5163	42420				T		750.00		
							IN HOUSE LAB			
7	5164	42420				T		700.00		
							IN HOUSE LAB			
							** JOURNAL TOTAL	0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	555	BUA	03/26/2024	03/26/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5619	42980				T			1,500.00	
							PROGRAM SUPPLIES			
2	5619	42200				T			729.00	
							FOOD			

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	555	BUA	03/26/2024	03/26/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
3	5619	43510					T	REPAIRS BUILDING AND GROUNDS	1,500.00	
4	5619	41978					T	CATERER	729.00	
								** 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	09	674	BUA	03/28/2024	03/28/2024	041524	chelsey.lanier	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	6130	42120					T	UNIFORMS		394.39
2	6130	41860					T	WORKERS COMPENSATION	309.00	
3	6130	43540					T	SOFTWARE MAINTENANCE	55.76	
4	6130	42731					T	SALES TAXCABIN LAKE	29.63	
5	6130	43510					T	REPAIRS BUILDING AND GROUNDS		2,213.76
6	6130	42724					T	CREDIT CARD CHARGES	900.00	
7	6130	42700					T	CONCESSION EXPENSE	750.00	
8	6130	44500					T	INSURANCE AND BONDS	563.76	
9	4142	44910					T	DUES AND SUBSCRIPTIONS		68.02
10	4142	43110					T	TRAVEL	68.02	
11	7401	43520					T	REPAIRS & MAINTENANCE EQUIPME		5,000.00
12	7401	42490					T	VEHICLE SUPPLIES	5,000.00	
13	5176	42980					T	PROGRAM SUPPLIES		349.79
14	5176	43250					T	POSTAGE	230.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	674	BUA	03/28/2024	03/28/2024	041524	chelsey.lanier	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
15	5176	42600					T	OFFICE SUPPLIES	119.79		
16	5183	41990					T	PROFESSIONAL SERVICES		9,900.00	
17	5183	40121					T	SALARIES	7,000.00		
18	5183	40181					T	SOCIAL SECURITY	800.00		
19	5183	40182					T	RETIREMENT	1,100.00		
20	5183	40183					T	HOSPITAL INSURANCE	1,000.00		
21	5114	45100					T	CAPITAL OUTLAY		2,637.28	
22	5114	43520					T	REPAIRS & MAINTENANCE EQUIPME		923.87	
23	5114	42990					T	INCENTIVES		871.09	
24	5114	43250					T	POSTAGE		600.00	
25	5114	43540					T	SOFTWARE MAINTENANCE	4,432.24		
26	5114	43110					T	TRAVEL	600.00		
27	5187	42600					T	OFFICE SUPPLIES		1,000.00	
28	5187	42200					T	FOOD	500.00		
29	5187	43540					T	SOFTWARE MAINTENANCE	500.00		
30	4170	43250					T	POSTAGE		1,200.00	
31	4170	43110					T	TRAVEL	500.00		
32	4170	43510					T	REPAIRS BUILDING AND GROUNDS	500.00		
33	4170	44500					T	INSURANCE AND BONDS	200.00		
34	6110	45600					T	BOOKS		1,000.00	
35	6110	43510					T	REPAIRS BUILDING AND GROUNDS	1,000.00		

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	09	674	BUA	03/28/2024	03/28/2024	041524	chelsey.lanier	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION		DEBIT	CREDIT	OB
36	4320	44910						T		8,500.00	
							DUES AND SUBSCRIPTIONS				
37	4310	42960						T		1,000.00	
							DRUG ENFORCEMENT UNIT				
38	4320	41860						T	2,910.00		
							WORKERS COMPENSATION				
39	4320	42980						T	3,500.00		
							PROGRAM SUPPLIES				
40	4310	42490						T	1,500.00		
							VEHICLE SUPPLIES				
41	4320	41966						T	1,590.00		
							INMATE HOUSING COUNTY				
42	4140	43911						T		1,800.00	
							ADVERTISING				
43	4140	42600						T	1,800.00		
							OFFICE SUPPLIES				
							** JOURNAL TOTAL		0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	8	BUA	04/05/2024	04/01/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION		DEBIT	CREDIT	OB
1	4920	45000						T		9,500.00	
							GRANTCLIENTS				
2	4920	43910						T	9,500.00		
							ADVERTISING				
							** 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	10	15	BUA	04/01/2024	04/01/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION		DEBIT	CREDIT	OB
1	5110	35117						T		7,708.00	
							EH FOOD & LODGING				

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	15	BUA	04/01/2024	04/01/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
2	5111	43110				T	TRAVEL	1,000.00		
3	5111	41990				T	PROFESSIONAL SERVICES	6,708.00		
							** 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	10	16	BUA	04/01/2024	04/01/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5110	35195				T	ARPA TSF Public Health		50,000.00	
2	5193	41990				T	PROFESSIONAL SERVICES	50,000.00		
							** 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	10	48	BUA	04/02/2024	04/02/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5165	44500				T	INSURANCE AND BONDS		200.00	
2	5165	42420				T	IN HOUSE LAB	200.00		
							** 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	10	102	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	102	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4950	43510					T		2,650.00	
							REPAIRS BUILDING AND GROUNDS			
2	4950	44500					T	2,650.00		
							INSURANCE AND BONDS			
							** 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	10	103	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4948	42980					T		150.00	
							PROGRAM SUPPLIES			
2	4948	42100					T		180.00	
							HOUSEKEEPING			
3	4948	43300					T		270.00	
							UTILITIES			
4	4948	44500					T	431.09		
							INSURANCE AND BONDS			
5	4948	43510					T	168.91		
							REPAIRS BUILDING AND GROUNDS			
							** JOURNAL TOTAL	0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	104	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5119	41990					T		375.00	
							PROFESSIONAL SERVICES			
2	5119	43250					T	375.00		
							POSTAGE			
							** JOURNAL TOTAL	0.00	0.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	105	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4950	42600				T	OFFICE SUPPLIES		869.79	
2	4950	44500				T	INSURANCE AND BONDS	869.79		
							** 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	10	107	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4330	42500				T	VEHICLE GASOLINE		2,000.00	
2	4330	42980				T	PROGRAM SUPPLIES		2,000.00	
3	4330	43520				T	REPAIRS & MAINTENANCE EQUIPME		5,490.46	
4	4330	42600				T	OFFICE SUPPLIES	464.01		
5	4330	43530				T	REPAIRS VEHICLES	145.29		
6	4330	44500				T	INSURANCE AND BONDS	1,891.33		
7	4340	41860				T	WORKERS COMPENSATION	5,914.59		
8	4340	41990				T	PROFESSIONAL SERVICES	400.00		
9	4340	43110				T	TRAVEL	675.24		
							** 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	10	108	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	108	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4530	43982				T	GROUNDS MAINTENANCE		200.00	
2	4530	42100				T	HOUSEKEEPING	200.00		
							** 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	10	109	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5127	41990				T	PROFESSIONAL SERVICES		50.00	
2	5127	42410				T	PHARMACY	50.00		
							** 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	10	110	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4960	40121				T	SALARIES		1,542.08	
2	4960	44500				T	INSURANCE AND BONDS	1,542.08		
							** 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	10	111	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	111	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4960	40121					T	SALARIES		1,548.24	
2	4960	41860					T	WORKERS COMPENSATION	1,548.24		
								** 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	10	112	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	6140	43910					T	ADVERTISING		400.00	
2	6140	44910					T	DUES AND SUBSCRIPTIONS		107.39	
3	6140	42600					T	OFFICE SUPPLIES		297.00	
4	6140	42980					T	PROGRAM SUPPLIES		147.78	
5	6140	42980					T	PROGRAM SUPPLIES		54.47	
6	6144	42600					T	OFFICE SUPPLIES		720.00	
7	6140	44500					T	INSURANCE AND BONDS	400.00		
8	6140	44500					T	INSURANCE AND BONDS	107.39		
9	6140	43210					T	TELEPHONE	297.00		
10	6140	43210					T	TELEPHONE	147.78		
11	6140	44300					T	RENT	54.47		
12	6140	44300					T	RENT	162.62		
13	6144	40182					T	RETIREMENT	720.00		
14	6140	44910					T	DUES AND SUBSCRIPTIONS		162.62	
								** JOURNAL TOTAL	0.00	0.00	

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	10	113	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4960	42980					T	PROGRAM SUPPLIES		595.73	
2	4961	42980					T	PROGRAM SUPPLIES	595.73		
								** 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	10	114	BUA	04/04/2024	04/04/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4960	42980					T	PROGRAM SUPPLIES		67.85	
2	4960	43540					T	SOFTWARE MAINTENANCE	67.85		
								** 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	10	142	BUA	04/08/2024	04/08/2024	041524	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3		LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4110	44910					T	DUES AND SUBSCRIPTIONS		1,000.00	
2	4110	42600					T	OFFICE SUPPLIES	1,000.00		
								** JOURNAL TOTAL	0.00	0.00	
								** GRAND TOTAL	0.00	0.00	

21 Journals printed

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

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 lab corp bill

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5164-42410	pharmacy	600.00	5163-42013	lab processing	600.00
Total		600.00	Total		600.00

Finance Signature: Chelsey Ranier
Date Approved: 3/25/24

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 purchase for supplies for clinic

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5113-43550	EMR Expenses	500.00	5113-42420	in house lab	500.00
5151-41990	professional services	850.00	5151-42420	in house lab	850.00
5164-42410	pharmacy	1,450.00	5163-42420	in house lab	750.00
			5164-42420	in house lab	700.00
Total		2,800.00	Total		2,800.00

Chelsey Ranier

Finance Signature
Date Approved: 3/25/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

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:

ARPA funds - Transfer funds within ARPA programs to best use in programs most needed for seniors (build ramps and purchase meals).

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5619-42980	Program Supplies	1,500.00	5619-43510	Repairs Building/Grounds	1,500.00
5619-42200	Food	729.00	5619-41978	Caterer	729.00
Total		2,229.00	Total		2,229.00

Finance Signature: Chelsey Ramos
Date Approved: 3/25/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Cabin Lake County Park

Department Head's Signature: Jordon L Whaley

(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:
Over Spent Accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6130-42120	Uniforms	394.39	6130-41860	Workers Comp	309.00
			6130-43540	Software Maint.	55.76
			6130-42731	Sales Tax	29.63
Total		394.39	Total		394.39

Finance Signature
Date Approved: 3/28/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Cabin Lake County Park

Department Head's Signature: Jordon L Whaley

(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:
Over Spent Accounts

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6130-43510	Repairs Buildings & Grounds	2,213.76	6130-42724	Credit Card Charges	900.00
			6130-42700	Concession Expense	750.00
			6130-44500	Insurance and Bonds	563.76
Total		2,213.76	Total		2,213.76

Finance Signature
Date Approved: Chelsey Ponies 3/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # 4

Duplin County
Budget Amendment

Department Title: Tax Administration

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:
MOVING MONEY TO COVER OVERSPENT ACCOUNT

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4142-44910	~~TRAVEL~~	68.02	4142-~~44910~~	~~DUES & SUBSCRIPTIONS~~	68.02
	Dues & Sub		43110	Travel	
Total		68.02	Total		68.02

Finance Signature: Chelsey Pomier
Date Approved: 3/26/24

Manager Signature:
Date Approved:

Commisioner Approval:
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Collections (Solid Waste)
Department Head's Signature: Jerrel Wholey
(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:

Money moved to get Vehicle Supplies out of the Negative Balance

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
7401-4350	Repairs Maint Equip	5,000	7401-4240	Vehicle Supplies	5,000
Total			Total		0

Finance Signature: Cindy Powers
Date Approved: 3/28/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Health Department

Department Head's Signature: Tracey Simmons-Kornegay

(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 in Postage

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5176-42980	Program Supplies	230.00	5176-43250	Postage	230.00
5176-42980	Program Supplies	119.79	5176-42600	Office supplies	119.79
Total		349.79	Total		349.79

Chelsey Ranier

Finance Signature _____

Date Approved: 3/26/24

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:
to cover salry and fringe shortages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5183-41990	professional Services	9,900.00	5183-40121	Salary	7,000.00
			5183-40181	social security	800.00
			5183-40182	retirement	1,100.00
			5183-40183	hospital insurance	1,000.00
Total		9,900.00	Total		9,900.00

Finance Signature: Chelsey Ranier

Date Approved: 3/26/24

Manager Signature

Date Approved:

Commisioner Approval

Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: HEALTH

Department Head's Signature: TRACEY SIMMONS KORNEGAY

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

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

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

Brief description of why this amendment is being requested:
COVER SOFTWARE MAINTENANCE AND POSTAGE

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5114-45100	CAPITAL OUTLAY	2,637.28	5114-43540	SOFTWARE MAINTENANCE	2,637.28
5114-43520	REPAIRS MAIN/EQUIP	923.87	5114-43540	SOFTWARE MAINTENANCE	923.87
5114-42990	INCENTIVES	871.09	5114-43540	SOFTWARE MAINTENANCE	871.09
5114-43520	POSTAGE	600.00	5114-43110	TRAVEL	600.00
Total		5,032.24	Total		5,032.24

Finance Signature: Chelsey Ranier
Date Approved: 3/26/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: HEALTH

Department Head's Signature: TRACEY SIMMONS - KORNEGAY

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

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

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

Brief description of why this amendment is being requested:
COVER FOOD EXPENSE AND SOFTWARE MAINTENANCE

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5187-42600	OFFICE SUPPLIES	500.00	5187-42200	FOOD	500.00
5187-42600	OFFICE SUPPLIES	500.00	5187-43540	SOFTWARE MAINTENANCE	500.00
Total		1,000.00	Total		1,000.00

Chelsey Ranier

Finance Signature _____

Date Approved: 3/25/24

Manager Signature _____

Date Approved: _____

Commisioner Approval _____

Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Elections
Department Head's Signature: Jasmine Gadsden
(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 over to accommodate the cost of ballots and the number of Ballots required to order.~~

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4170-43250	Postage	1,200.00	4170-43110	Travel	500.00
			4170-43510	Repairs Building and Grounds	500.00
			4170-44500	Insurance and Bonds	200.00
Total		1,200.00	Total		1,200.00

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

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 account

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6110-45600	Books	1,000.00	6110-~~44300~~ 43510	Repairs Builing and Grounds	1,000.00
Total		1,000.00	Total		1,000.00

Chelsey Ranier

Finance Signature _____
Date Approved: 3/26/24

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title — Admin Assist.
Department Head's Signature — Lisa Stroud
(form can be e-mailed to Finance from Dept. Head)

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

Exepnditure 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
4320-44910	Dues & Subscription	8,500.00	4320-41860	Worker's Comp 2910.00 ~~5,000.00~~	
4310-42960	Drug Enforcement Unit	1,000.00	4320-42980	Program Supplies	3,500.00
			4310-42940	Canine Expense 1500.00 ~~1,000.00~~	
			4320 41960	Inmate Housing County	1590.00
Total		9,500.00	Total		9,500.00

Finance Signature — Ashley Lanier
Date Approved: 3/26/24

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

BA # 3

Duplin County
Budget Amendment

Department Title: Tax Administration

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:
moving money to cover the replacement of 2 old computers - recommended by IT

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4140-43910	ADVERTISING	1,800.00	4140-42600	SUPPLIES	1,800.00
Total		1,800.00	Total		1,800.00

Chelsey Ramirez

Finance Signature

Date Approved: 3/28/24

Manager Signature

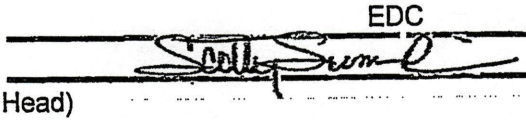
Date Approved:

Commisioner Approval

Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: EDC
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:
Move monies to cover contribution to the Four County Hydroponic Smart Farm Project with JSCC

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4920-45000	Grants Clients	~~10,000.00~~ 9,500	4920-43910	Advertising	~~10,000.00~~ 9,500
Total		~~10,000.00~~ 9,500	Total		~~10,000.00~~ 9,500

Chelsey Ramirez

Finance Signature _____
Date Approved: 3/25/24

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

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:
additional state money received for Environmental Health Food and Lodging Program

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
5110-35117	EH Food and Lodging	7,708.00	5111-43110	Travel	1,000.00
			5111-41990	Professional Services	6,708.00
Total		7,708.00	Total		7,708.00

Finance Signature
Date Approved: 3/21/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

3/8/2024

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:
additional state money receive - 121 ARPA TSF Public Health Services

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
5110-35195	ARPA TSF PH Services	50,000.00	5193-41990	Professional Services	50,000.00
Total		50,000.00	Total		50,000.00

Finance Signature: Chelsey Lanier
Date Approved: 3/21/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

3/11/2024

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 shipping on a iinvoice being sent over

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5165-44500	insurance and bonds	200.00	5165-42420	in house labs	200.00
Total		200.00	Total		200.00

Finance Signature
Date Approved: 4/2/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County

Budget Amendment

main

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:
Moving Revenue to cover Insurance and Bonds

Expense

~~Revenue~~ code	Line Item Description	Amount	Expense code	Line Item Description	Amount
~~4950-34593~~	Building ~~Rental~~ Repairs	2,650.00	4950-44500	Insurance & Bonds	2,650.00
4950 43510					
Total		2,650.00	Total		2,650.00

Finance Signature: Chelsey Lanier

Date Approved: 4/4/24

Manager Signature _____

Date Approved: _____

Commisioner Approval _____

Date Approved: _____

4/2/24

Livestock

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:
Moving Revenue to cover Insurance and Bonds and other expenses

Expense

~~Revenue~~ code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4948-~~34594~~	~~Rent Livestock Facility~~	~~600.00~~	4948-44500	Insurance & Bonds	431.09
49484298	Program Supplies	150.00	4948-43510	Repairs and Maintenance	168.91
4948 42100	Housekeeping	180.00			
4948 4300	Utilities	270.00			
Total		600.00	Total		600.00

Finance Signature: Chelsey Powers
Date Approved: 4/4/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

4/2/24

BA # _____

Duplin County
Budget Amendment

Department Title: HEALTH

Department Head's Signature: TRACEY SIMMONS - KORNEGAY

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

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

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

Brief description of why this amendment is being requested:
COVER POSTAGE EXPENSE

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5119-41990	PROFESSIONAL SERVICES	375.00	5119-43250	POSTAGE	375.00
Total		375.00	Total		375.00

Finance Signature: Chelsey Lanier
Date Approved: 4/3/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Main

Department Title: Cooperative Extension

Department Head's Signature: Amanda Hatcher

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

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 R&M needs

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4950-42600	Office Supplies	869.79	4950-44500	Insurance & Bonds	869.79
Total		869.79	Total		869.79

Finance Signature
Date Approved: Chelsey Ramirez 4/3/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: EM-Fire Marshal

Department Head's Signature: MNB

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

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
4330-42500	Vehicle Gasoline	2,000.00	4330-42600	Office Supplies	464.01
4330-42980	Program Supplies	2,000.00	4330-43530	Vehicle Repairs	145.29
4330-43520	Repairs Equipment	5,490.46	4330-44500	Insurance and Bonds	1,891.33
			4340-41860	Workers Compensation	5,914.59
			4340-41990	Professional Services	400.00
			4340-43110	Training/Travel	675.24
Total		9,490.46	Total		9,490.46

Finance Signature
Date Approved: 4/12/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Airport

Department Head's Signature: *Josh Raynor*

(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 overages

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4530-43982	Grounds Mx	200.00	4530-42100	Housekeeping	200.00
Total		200.00	Total		200.00

Finance Signature
Date Approved: 4/21/24

Manager Signature
Date Approved:

Commissioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

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

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

Brief description of why this amendment is being requested:
COVER PHARMACY EXPENSE

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
5127-41990	PROFESSIONAL SERVICES	50.00	5127-42410	PHARMACY	50.00
Total		50.00	Total		50.00

Finance Signature
Date Approved: 4/24/25

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Soil and Water Conservation

Department Head's Signature: *Angie B. Quinn*

(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 from Salary to Insurance and bonds

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4960-40121	Salaries	1,542.08	4960-44500	Insurance and Bonds	1,542.08
Total		1,542.08			1,542.08

Finance Signature
Date Approved: 4/12/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Soil and Water Conservation

Department Head's Signature: *Angie B. Quinn*

(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 from Salary to Workers Compensation

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4960-40121	Salaries	1,548.24	4960-41860	Workers Compensation	1,548.24
Total		1,548.24			1,548.24

Finance Signature
Date Approved: 4/2/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Museum

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 balance the budget of both 6140 and 6145 line items.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
6140-43910	Advertising	400.00	6140-44500	Insurance and Bonds	400.00
6140-44910	Dues & Subscriptions	107.39	6140-44500	Insurance and Bonds	107.39
6140-42600	Office Supplies	297.00	6140-43210	Telephone	297.00
6140-42980	Program Supplies	147.78	6140-43210	Telephone	147.78
6140-42980	Program Supplies	54.47	6140-44300	Rent	54.47
6140-44910	Dues & Subscriptions	162.62	6140-44300	Rent	162.62
6144-42600	Office Supplies	720.00	6144-40182	Retirement	720.00
Total		1,889.26	Total		1,889.26

Finance Signature: Chelsey Ramirez
Date Approved: 4/12/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Soil and Water Conservation

Department Head's Signature: *Angie B. Quinn*

(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 from Program Supplies to Program Supplies

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4960-42980	Program Supplies	595.73	4961-42980	Program Supplies	595.73
Total					

Finance Signature
Date Approved: 4/12/24

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

Department Title: Soil and Water Conservation

Department Head's Signature: *Angie B. Quinn*

(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 from Program Supplies to Software Maintenance

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4960-42980	Program Supplies	67.85	4960-43540	Software Maintenance	67.85
Total					

Finance Signature: Chelsey Powell
Date Approved: 4/12/24

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

Department Title: Governing Board

Department Head's Signature: Jaime W. Carr

(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 the supplies needed through the end of fiscal year.

Expense code to DECREASE	Line Item Description	Credit Amount	Expense code to INCREASE	Line Item Description	Debit Amount
4110-44910	Dues & Subscriptions	1,000.00	4110-42600	Supplies	1,000.00
Total		1,000.00	Total		1,000.00

Chelsey Ranier

Finance Signature _____

Date Approved: 4/8/24

Manager Signature _____

Date Approved: _____

Commisioner Approval _____

Date Approved: _____

LL 12-11-23
ar 12-11-23

TOWN OF TEACHEY
TAX REQUEST
RELEASE DATE DECEMBER 18, 2023

NAME	TOWNSHIP	TOWN	FIRE DISTRICT	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	TOWN TAX	FIRE DISTRICT	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
JORDAN, GENE & WIFE	09	T-78		2023	4711565			$ 194.85				$ 194.85	APPLIED LATE FOR ELDERLY EXEMPTION
												$ -	
GRAND TOTAL						$ -	$ -	$ 194.85	$ -	$ -	$ -	$ 194.85	

SUBMITTED BY: [signature]

FINAL APPROVAL BY: Jessica Rosales

DATE APPROVED: 3/18/24

LL 2-7-24
TW 2-7-24

TOWN OF WALLACE
TAX REQUEST
RELEASE DATE FEBRUARY 19, 2024

NAME	TOWNSHIP	TOWN	FIRE DISTRICT	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	TOWN TAX	FIRE DISTRICT	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
MCALLISTER, BRYAN K. & WIFE	09	T-79		2023	5634980			$ 7.75		$ 0.77		$ 8.52	MYT TRAILER STOLEN AUGUST 2022
												$ -	
GRAND TOTAL						$ -	$ -	$ 7.75	$ -	$ 0.77	$ -	$ 8.52	

SUBMITTED BY: _____ FINAL APPROVAL BY: _____ DATE APPROVED: 2-09-24

DUPLIN COUNTY
NORTH CAROLINA

Airport Commission
Month End Report
March 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	*23,283.74*
November	$8,328.76	$97,974.81	$106,303.57	1,597.44	22,076.08	23,673.52	*15,743.63*
December	$11,165.75	$42,477.58	$53,643.33	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	*14,740.29*
February	$8,790.09	$51,609.69	$60,399.78	1,732.05	11,767.63	13,499.68	*16,364.15*
March	$19,422.02	$96,158.39	$115,580.41	3,867.56	22,399.04	26,266.60	*31,026.20*
April			$0.00			0.00	*20,870.16*
May			$0.00			0.00	*14,641.42*
June			$0.00			0.00	*17,410.79*
TOTAL	**$97,233.47**	**$656,413.90**	**$753,647.37**	**18,705.26**	**150,947.08**	**169,652.34**	*228,168.82*

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			
May			
Jun			
Totals	**4074**	**8141**	**9738**
Avg/MTh	*452.7*	*904.6*	*1082.0*

Products Sold	March	YTD
Hangar/Shop Rental	$0.00	$145,120.83
Oil Sales	$9.15	$513.56
Call Out Fees	$0.00	$1,575.00
Ramp Fees	$0.00	$400.00
Vending	$65.00	$1,097.50
Tiedown Fees	$0.00	$30.00
Ground Lease	$7,623.00	$36,928.50
Misc. Revenue	$0.00	$10,072.26
Fuel Sales	$115,580.41	$753,647.37
Total Sales- All Products	**$123,277.56**	**$949,385.02**

Fuel by Percentage	
Av-Gas % of Total	**11%**
Full Price Gals	43%
Discounted Gals	57%
Avg Gals Av-Gas/Month	2,078
Jet-A % of Total	**89%**
Full Price Gals	8%
Discounted Gals	92%
Avg Gals Jet-A/Month	16,772
Avg Gals/Mth Both Fuels	*18,850.00*
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

Recent Project Activity & Updates

Second highest fuel sales this fiscal year.
Selected Micheal Baker International as second on call engineer.
Parrish & Partners design phase of New Connector Taxiway design complete
Fuel farm finally Q&A 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 stages to spend money from legislator
Still need to fill another full-time position and possibly another part-time position to fill

Project Update

Project Name	Project #	$ Amount
Drainage Assessment	7549	$100,000.00
Drainage Repair	7549	$310,000.00
Connector Txwy Design	7553	$97,625.00
Fuel Farm Design	7554	$99,931.00
Legislative Ask	*7555*	*$5,000,000.00*
Total Project $		**$5,607,556.00**

DUPLIN COUNTY COMMUNICATIONS/911 ADDRESSING		2024	2023	2023	2023	2023
	February	January	December	November	October	September
TOTAL # OF ADDRESSING RECORDS	49,025	48,979	48,986			48,971
TOTAL # OF ROADS, LANES & STREETS	2098	2097	2098	2098	2098	2098
TOTAL # TELEPHONE CO RECORD CHANGES	188	363	345	227	312	136
KEYING ACTIVITY REPORT	159	159	132	131	132	94
DAILY AVERAGE DOWNLOAD FROM CENTURYLINK	47	73	86	56	62	44
NEW ADDRESS ASSIGNED	56	31	22	18	16	26
RESIDENTIAL	44	28	19	15	14	2
BUSINESS	1	2	1	3	2	0
FARMS	0	0	0	0	0	0
OTHER	11	1	2	0	1	9
FIELD VERIFIED ADDRESS FOR PHONE CO/USPS	3	7	0	1	9	0
ADDRESS CHANGED	12	0	3	0	0	2
ROAD SIGNS INSTALLED OR REPAIRED	221	142	105	50	91	90
ROAD SIGNS MADE IN HOUSE	26	16	33	23	34	30
POST TAKEN FROM INVENTORY	6	7	4	1	16	7
AT NUMBERS (INTERSECTIONS)	5	18	2	2	6	2
MAPS MADE IN HOUSE	1	2	1	2	0	2
CENTERLINE WORK	160	69	67	156	202	147
ADDRESS POINTS	115	210	84	227	90	151
NUMBER OF 911 CALLS	8081	8156	8135	8186	9015	9182
Submitted by Melissa B Kennedy, March 1, 2024						

NC COOPERATIVE EXTENSION

N.C. A&T STATE UNIVERSITY

NC STATE UNIVERSITY

DUPLIN COUNTY CENTER

THE CULTIVATOR

A Review of February 2024

Duplin County Center
165C Agriculture Drive
Kenansville, NC 28349

Website: https://duplin.ces.ncsu.edu
Duplin County Center-NCCE Facebook: https://go.ncsu.edu/zgvcr9a
4-H Facebook: https://go.ncsu.edu/om3spc0

Phone: 910.296.214
Fax: 910.296.219

Amanda Hatcher
County Extension Director, Livestock

Wanda Bell
ministrative Assistant: irector, 4-H, Family & Consumer Sciences

Wanda Hargrove
Support Specialist: griculture, Livestock, 'acilities Coordinator

Jessica Hall
ivestock and Forages

Della King
griculture, Field Crops

Tom Hroza
Horticulture

Rachel Ezzell
'amily and Consumer Science

James Hartsfield
rea Specialized Agent, 'arm Management NC A&T State

Walter Adams
griculture & Natural Resources Technician NC A&T State

Bridget Huffman
H Youth Development

Charmae Kendall
-H Program Assistant, Youth griculture/Livestock

Jasmine Williams
4-H Prevention Coordinator

Notes from the Director..... Amanda Hatcher

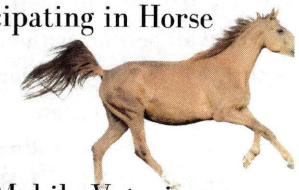
- Participated in updates and trainings with staff, NC A&T, advisory council, Voluntary Agricultural Districts, area agents planning meeting, farm succession planning, Extension reporting training
- Attended Southeast District Association of County Agricultural Agents meeting in preparation for the state meeting in June
- Worked on graduate course related to business
- Conducted employee evaluations
- Led the county advisory meeting
- Attended County Commissioner meeting
- Presented the Cooperative Extension and Livestock Building budget requests for FY 24-25 to the county
- Assisted with the Pesticide Disposal Day at the Duplin County Landfill

Livestock..... Amanda Hatcher, Livestock and Forage



- Assisted 35 farmers in nutrient management
- Conducted farm and office visits with farmers
- Assisted with grains meeting and county yield contest
- Conducted strawberry education activities with the 2nd graders at Beulaville Elementary School and Kenansville Elementary School
- Permit renewal letters were mailed out by NC DEQ in February so a considerable amount of time was spent assisting farmers with this process.
- Face-to-face contacts: 397, Non face-to-face contacts: 480

Livestock..... Jessica Hall, Livestock and Forage



- Attended Duplin County Cattlemen's Association Meeting
- Assisted producers with weed management, livestock health care/vaccination schedules, soil-sampling, and spring pasture planning.
- Assisted with Southeast District 4-H Horse Bowl Competition at the University of Mount Olive. Contact Jessica if you have a child interested in participating in Horse Bowl or Hippology competitions.
- Assisted with Area Grains Awards Luncheon
- Attended Duplin Extension Advisory Council meeting
- Hosted Equine Health Clinic with Dr. Laura Smith of Maple Ridge Mobile Veterinary Services where 17 horses/donkeys were seen.
- Attended Land Summit Workshop in Pender County
- Face-to-face contacts: 52, Non face-to-face contacts: 1,539

Britt Building Monthly Usage

February Total number of events: 41

Total attendance for the events: 1864

Public events: 40

Private events: 1

North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, veteran status or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.

Field Crops..... Della King, Field Crop Agent



- Assisted 4-H with Pig Project
- Assisted Growers with Questions
- Assisted with Pesticide Disposal Event
- Attended the Regional Cotton Grower and Industry Training, Agent PSI Network Zoom, Sesame Training via Zoom
- Conducted Ag Awareness in Classroom at Beulaville Elementary School, 4th Graders
- Attended Tobacco Tuesday Monthly Zoom Meeting, Data At Work Agent Training in Raleigh, Commodity Awards Luncheon, Winter Grains Grower and Industry Training, the Upper Coastal Plains Soybean School, NC Farmworker Monthly Zoom, the Area Peanut Grower/Industry Training, the Regional Soybean School Zoom FollowUp Meeting, Soybean OFT Zoom
- Face-to-face contacts: 380, Non face-to-face contacts: 356

Horticulture..... Tom Hroza, Horticulture

- Facilitated Beekeeper meeting to learn about Insect control in the Hive.
- Conducted Friends of Horticulture meeting and discussed new ways of controlling pest in the home Landscape.
- Attended Pond Weed Control workshop
- Time to spray winter weeds and get ready for spring.
- Attended informational event about Sesame Production which could become big if you had a contract.
- Shared about the importance of pollinators with 180 first graders on Ag Day.
- Start seeds now for your spring garden.
- Face-to-face contacts: 257, Non face-to-face contacts: 730



Pollinators

Family and Consumer Science (FCS)..... Rachel Ezzell, FCS Agent



- Hosted Soup-er Bowl Workshop. During this hands-on workshop, participants learned about the nutrition, food safety, and culinary aspects of creating a variety of delicious soups from scratch. We worked in teams to prepare three different soup recipes and cast our votes to determine what soup would win the Duplin County 2024 Soup-er Bowl. (pictures left)
- Attended Starting an NC Food Business training at the Extension office in Iredell County. This training provided more clarity on the legalities required to start a food business- particularly helpful for those interested in taking upcoming canning workshops who may be interested in what is required to then sell the products they might be preserving.
- Presented to six 6th grade classrooms for Ag Awareness day about the the impact of agriculture in Duplin County as well as job opportunities in the agriculture field.

- Our EMFVs & FCS agent were asked to present to EMFVs across the state for continuing education. FCS agent, Rachel Ezzell, led the educational presentation followed by a great recipe demonstration conducted by our EMFVs. (picture right)
- Continued nutrition education programming with Kenansville Elementary Pre-K and Chinquapin Elementary.
- Collaborated with Duplin County Health Department Health Educator, Maury Castillo, to present about food labels to a group of DSS staff members.



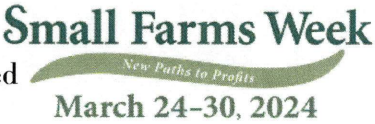
- Attended a "Flavors of Greece" dinner at the Dinah E. Gore Kitchens in Raleigh. This dinner was prepared by Carolyn Dunn- creator of the Med Instead of Meds nutrition education curriculum offered by NC State Extension- as well as Geri Bushel and Catherine Hill- members of the Extension team who conduct culinary skills trainings.
- Met with Eve Stroud, Community Health Improvement Coordinator, with ECU Health to learn more about her role in the county and discuss potential ways Extension could support/follow up her programming within the community.
- Face-to-face contacts: 244, Non face-to-face contacts: 2,195

Small Farms.....James Hartsfield, Farm Management (Duplin/Sampson)

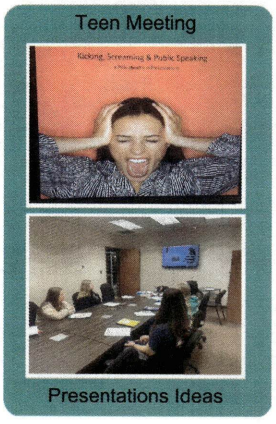
- Helped facilitate Drone Training for small farmers in Bladen County.
- Attended the 1890 SARE Extension Disaster Education Network (EDEN) Farm Bootcamp Workshop in Atlanta, Georgia
- Visited with farmers to do a risk management follow-up evaluation survey.
- Completed February news article on Helping Small Farmers Learn about New Programs.
- Participated in a Crop Insurance Education webinar.
- Worked on a Poster Presentation for the Extension Risk Management Education Conference.
- Participated in the 4th Friday NCAT Virtual Faculty Staff meeting.
- Face-to-face contacts: 26, Non face-to-face contacts: 65,000

Agriculture & Natural Resources.....Walter Adams, Tech. (Duplin/Lenoir)

- Attended Soil Fumigation Training
- Taught Pesticide Recertification class, 98 applicators attended
- Hosted Pesticide Disposal Collection, 7,209 pounds of pesticides collected
- Answered pesticide related questions individually
- Face-to-face contacts: 112, Non face-to-face contacts: 85



4-H and Youth Development..... Bridget Huffman, 4-H Agent



- Met with our teens. We focused on 4-H presentations and the group left with presentation ideas to present in District Activity Day in June (Picture left)
- Attended Duplin Extension Advisory Board meeting
- Met and talked with the afterschool group at Lynda's Funtime Junction. We discussed the importance of agriculture, different types of farms, and then the youth completed a farm web. (Picture right)
- Attended Duplin County Partnership For Children Board meeting



- Attended county staff updates, 4-H updates and trainings, reports, and State Extension updates were held in person and via Zoom.
- Preparations for the annual 4-H Awards Program have been a huge part of February.
- Face-to-face contacts: 202, Non face-to-face contacts: 3,800

Charmae Kendall, 4-H Agriculture/Livestock Program Assistant



- Led Duplin Pig Project Practices on Monday & Thursday evenings with preparation for Coastal Plains Show in early April
- Conducted Ag Awareness with Duplin County 3rd grade classes
- Attended Eastern Showmanship Circuit Committee meeting and State Fair Lamb Committee meeting to plan 2024 Show season, and the Duplin Advisory Board meeting
- Assisted with Lamb & Goat Clinic in Kinston
- Attended Pork Conference
- Handed out chicks and assisted youth for Coastal Plains Chicken Show
- Prepared for hosting the 2nd grade Ag Awareness field trip called Duplin Grows
- Face-to-face contacts: 465, Non face-to-face contacts: 3,926

Jasmine Williams, 4-H Prevention Coordinator

- Attended coalition meetings: Duplin County Substance Use Coalition (DCSUC), and the Duplin Agencies In Support of Youth (DAISY)
- Continued monthly merchant education activities for Duplin and Sampson counties

	Airport			Collections			Collections Equipment		
Maintenance Type	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**
Brakes & Rotors			**0.00**	648.88	90.76	**739.64**			**0.00**
Def Refuel			**0.00**	302.98		**302.98**	19.75		**19.75**
Diesel Truck Service			**0.00**			**0.00**			**0.00**
Diesel Equipment Service			**0.00**			**0.00**	255.21	51.86	**307.07**
Garage Road Call			**0.00**			**0.00**			**0.00**
General Repair	54.59	168.55	**223.14**	217.28	51.88	**269.16**	64.35	38.90	**103.25**
Oil Change/Service			**0.00**	39.56	38.90	**78.46**			**0.00**
Outside Repairs			**0.00**	254.94		**254.94**			**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			**0.00**	682.20	25.94	**708.14**			**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	**54.59**	**168.55**	**223.14**	**2145.84**	**207.48**	**2353.32**	**339.31**	**90.76**	**430.07**
	EMS			**Inspections**			**Maintenance**		
Maintenance Type	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**
Brakes & Rotors	183.79		**183.79**			**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**			**0.00**			**0.00**
General Repair	281.75		**281.75**			**0.00**	10.26		**10.26**
Oil Change/Service	230.16		**230.16**	26.40		**26.40**	61.76		**61.76**
Outside Repairs	185.00		**185.00**			**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**			**0.00**			**0.00**
Tire Change	154.38		**154.38**	245.69		**245.69**			**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	**1035.93**	**0.00**	**1035.93**	**272.09**	**0.00**	**272.09**	**72.02**	**0.00**	**72.02**

	Services For The Aged			Social Services			Solid Waste Disposal		
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**	641.52		**641.52**
Diesel Truck Service			**0.00**			**0.00**			**0.00**
Diesel Equipment Service			**0.00**			**0.00**			**0.00**
Garage Road Call			**0.00**	21.58		**21.58**			**0.00**
General Repair			**0.00**			**0.00**	2228.16	181.53	**2409.69**
Oil Change/Service	26.44		**26.44**	32.79		**32.79**			**0.00**
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**			**0.00**			**0.00**
Tire Change	339.88		**339.88**			**0.00**			**0.00**
Tire Repair			**0.00**			**0.00**	31.02	103.74	**134.76**
Wrecker Call			**0.00**			**0.00**			**0.00**
Strip Vehicle			**0.00**			**0.00**			**0.00**
Totals	**367.17**	**0.00**	**367.17**	**54.37**	**0.00**	**54.37**	**2900.70**	**285.27**	**3185.97**

	Solid Waste Disposal (Equipment)			Sheriff			Sheriff/Fasion		
Maintenance Type	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**
Brakes & Rotors			**0.00**	90.35		**90.35**	134.00		**134.00**
Def Refuel	118.91		**118.91**			**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**	153.45		**153.45**			**0.00**
General Repair			**0.00**	3100.70		**3100.70**			**0.00**
Oil Change/Service			**0.00**	712.71		**712.71**			**0.00**
Outside Repairs			**0.00**	13.60		**13.60**			**0.00**
Alignment Only			**0.00**	1808.99		**1808.99**			**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		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	**118.91**	**12.97**	**131.88**	**5879.80**	**0.00**	**5879.80**	**134.00**	**0.00**	**134.00**

	Sheriff/Jail	Sheriff/Resource	Tax Administartion

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			0.00			0.00
General Repair	147.98		147.98	303.52		303.52	10.26		10.26
Oil Change/Service	123.96		123.96			0.00	34.88		34.88
Outside Repairs	118.00		118.00			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			0.00			0.00
Tire Change	610.00		610.00			0.00	236.52		236.52
Tire Repair	0.58		0.58			0.00			0.00
Wrecker Call			0.00			0.00			0.00
Strip Vehicle			0.00			0.00			0.00
Totals	**1001.37**	**0.00**	**1001.37**	**303.52**	**0.00**	**303.52**	**281.66**	**0.00**	**281.66**

	Transportation			Water		
Maintenance Type	**Part Cost**	**Labor Cost**	**Total Cost**	**Part Cost**	**Labor Cost**	**Total Cost**
Brakes & Rotors			0.00			0.00
Def Refuel			0.00			0.00
Diesel Truck Service			0.00			0.00
Diesel Equipment Service			0.00			0.00
Garage Road Call			0.00			0.00
General Repair	27.78	51.87	79.65	9.07	12.97	22.04
Oil Change/Service			0.00	77.28	116.73	194.01
Outside Repairs	119.95		119.95			0.00
Alignment Only			0.00			0.00
P.M. Maintenance	785.38	661.31	1446.69			0.00
State Inspection			0.00			0.00
Tire Change			0.00	300.00	25.94	325.94
Tire Repair			0.00			0.00
Wrecker Call			0.00			0.00
Strip Vehicle			0.00			0.00
Totals	**933.11**	**713.18**	**1646.29**	**386.35**	**155.64**	**541.99**

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 MARCH 2024

Submitted this 1st day of April, 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 Friday, March 1, 2024 to Sunday, March 31, 2024

Name	Amount
Vital Records Fund	$627.00
State Treasurer Amount	$2,380.80
Escrow Credit Total	$450.00
State Revenue Stamp	$12,927.67
County Revenue Stamp	$13,455.33
NC Children's Trust Fund	$150.00
NC Domestic Violence Fund	$900.00
ROD General Fund	$16,527.18
ROD Automation Fund	$1,913.49
Supplemental Retirement	$333.28
Total Distribution For Period	$49,664.75
Cash Total	$4,719.00
Check Total	$16,913.00
Pay Account Tota	$2,852.00
Escrow Account Tota	$701.00
ACH Total	$24,505.75
Overpayment Total	($26.00)
Total Deposit For Period	$48,963.75

Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

03/01/2024-03/31/2024

Category	Receipt Code		Count	Total	
ESCROW CREDIT					**Escrow Credit**
	ESCROW	ESCROW CREDIT	2	$450.00	$450.00
	Category Totals		2	$450.00	$450.00

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	51	$1,113.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$16.94	$109.71	$0.00	$0.00	$986.35
	Category Totals		51	$1,113.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$16.94	$109.71	$0.00	$0.00	$986.35

MARR					Fee	NCCTF	DVCF	Pension Fund	Automation Fund	County Receipts
	ML	MARRIAGE LICENSE	30	$1,800.00	$0.00	$150.00	$900.00	$27.00	$72.30	$650.70
	Category Totals		30	$1,800.00	$0.00	$150.00	$900.00	$27.00	$72.30	$650.70

NO BOOK				Fee	Special	Pension Fund	Automation Fund	County Receipts
AMDVIT	AMENDMENT - VITALS	2	$20.00	$0.00	$0.00	$0.30	$1.98	$17.72
BIRTH	CERTIFIED COPY - BIRTH	227	$2,270.00	$0.00	$0.00	$34.05	$224.73	$2,011.22
BIRTHSE	CERTIFIED COPY - SENIOR BIRTI	6	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
CCOPY	CERTIFIED COPY - REAL PROPEI	7	$155.00	$0.00	$0.00	$2.30	$15.27	$137.43
COPY	COPIES	53	$78.00	$0.00	$0.00	$1.21	$7.65	$69.14
COPYM	COPIES - DD214	2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COPYP	COPIES - FULL SIZE PLAT	5	$36.00	$0.00	$0.00	$0.54	$3.53	$31.93
COPYV	COPIES - VITAL RECORDS	17	$15.75	$0.00	$0.00	$0.19	$1.50	$14.06
DEATH	CERTIFIED COPY - DEATH	175	$1,750.00	$0.00	$0.00	$26.25	$173.25	$1,550.50
MARR	CERTIFIED COPY - MARRIAGE	48	$480.00	$0.00	$0.00	$7.20	$47.52	$425.28
Category Totals		542	$4,804.75	$0.00	$0.00	$72.04	$475.43	$4,257.28

PROPERTY					Recording	Special	Floodplain Mapping	Excise Tax	Land Transfer	Dept Cultural Res	Pension Fund	Automation Fund	State General Fund	State Treasurer Amt	County Receipts
	ABN	ASSUMED BUSINESS NAME	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

Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

03/01/2024-03/31/2024

Category	Receipt Code		Count	Total										
	ADM/COR	ADMINISTRATIVE CORRECTION	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	AFDVT	AFFIDAVIT	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
	AGMT	AGREEMENT	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	ASGMT	ASSIGNMENT	16	$416.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.24	$31.04	$0.00	$99.20	$279.52
	CERT	CERTIFICATE	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
	CERT/TR	CERTIFICATION OF TRUST	3	$78.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.17	$5.85	$0.00	$18.60	$52.38
	D/COR	DEED OF CORRECTION	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
	D/EASE	DEED OF EASEMENT	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
	D/REL	DEED OF RELEASE	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
	D/T	DEED OF TRUST	89	$5,696.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$85.44	$551.80	$0.00	$551.80	$4,506.96
	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	166	$30,244.00	$0.00	$0.00	$0.00	$25,861.00	$0.00	$0.00	$65.75	$329.88	$0.00	$1,016.80	$2,970.57
	EASE	EASEMENT	25	$706.00	$0.00	$0.00	$0.00	$56.00	$0.00	$0.00	$9.75	$48.50	$0.00	$155.00	$436.75
	JUDG	JUDGEMENT	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
	L/AGMT	LEASE 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
	LEASE	LEASE	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
	M/A	MODIFICATION AGREEMENT	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
	MTG	MORTGAGE	3	$192.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.88	$18.60	$0.00	$18.60	$151.92
	NOTARY	NOTARY	10	$100.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.50	$9.90	$0.00	$0.00	$88.60
	NOTICE	NOTICE	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
	P/A	POWER OF ATTORNEY	14	$429.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.44	$33.56	$0.00	$86.80	$302.20
	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	$261.00	$0.00	$0.00	$0.00	$3.00	$0.00	$0.00	$3.87	$19.82	$0.00	$55.80	$178.51
	REL	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
	REQ	REQUEST FOR NOTICE	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
	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
	SAT	SATISFACTION	65	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	SEP/AG	SEPARATION AGREEMENT	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	SUB/TR	SUBSTITUTION OF TRUSTEE	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
	TM/D	TIMBER DEED	2	$460.00	$0.00	$0.00	$0.00	$408.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	TR/D	TRUSTEES DEED	1	$81.00	$0.00	$0.00	$0.00	$55.00	$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

Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

03/01/2024-03/31/2024

Category	Receipt Code		Count	Total										
	UCC1	UCC1 - 3 OR MORE PAGES	5	$204.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.05	$21.66	$0.00	$0.00	$179.29
	UCC3	UCC3 - 3 OR MORE PAGES	1	$45.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.67	$4.83	$0.00	$0.00	$39.50
	Category Totals		468	$40,420.00	$0.00	$0.00	$0.00	$26,383.00	$0.00	$0.00	$210.55	$1,193.78	$0.00	$2,380.80	$10,251.87

VITAL RECORDING				Fee	Special	Pension Fund	Automation Fund	Vital Records Receipts	County Receipts
BAVAS	NCDAVE - BIRTH ABSTRACT SEA	43	$1,032.00	$0.00	$0.00	$6.45	$42.57	$602.00	$380.98
DAVBADD	NCDAVE - BIRTH ABSTRACT ADD	2	$30.00	$0.00	$0.00	$0.30	$19.70	$10.00	$0.00
NCBAMD	NCDAVE - BIRTH AMEND	1	$15.00	$0.00	$0.00	$0.00	$0.00	$15.00	$0.00
Category Totals		46	$1,077.00	$0.00	$0.00	$6.75	$62.27	$627.00	$380.98

Report Totals	1139	$49,664.75

Automation Fund Total:	$1,913.49
County Receipts Total:	$16,527.18
DVCF Total:	$900.00
Escrow Credit Total:	$450.00
Excise Tax Total:	$26,383.00
NCCTF Total:	$150.00
Pension Fund Total:	$333.28
State Treasurer Amount Total:	$2,380.80
Vital Records Receipts Total:	$627.00

Cash Total:	$4,719.00
Check Total:	$16,913.00
ACH Total:	$24,505.75
Card Total:	$2,852.00
Escrow Account Total:	$701.00
Overpayment Total:	($26.00)

DUPLIN COUNTY CHILD SUPPORT
MONTHLY REPORT
Feb-24

TOTAL CHILD SUPPORT COLLECTED	$ 410,724.42
TOTAL ABSENT PARENT CASES	2415
TOTAL CLIENTS SERVED	1845
TOTAL CHILDREN SERVED	2473
BREAKDOWN OF CASE AS FOLLOWS	
ENFORCEMENT	2144
ESTABLISHMENT	74
PATERNITY	50
LOCATION	147
GOOD LOCATES COMPLETED/SYSTEM AND MANUAL	19
ORDERS ESTABLISHED/MODIFIED	
BY VOLUNTARY SUPPORT AGREEMENT/CIVIL	37
MODIFICATIONS	16
REVIEWS/NO MOD. NEEDED	1
TOTAL	54
PATERNITY ESTABLISHED	15
GENETIC TEST COMPLETED (LAB CORP)	9
GENETIC TEST COMPLETED (Connie)	0
ENFORCEMENT ACTIONS (OTHER)	161
WAGE WITHHOLDING ESTABLISHED	80
INTERSTATE ACTIVITY	
INITIAL UIFSA ACTION MAILED	1
ORDERS SENT FOR REGISTRATION	
GENERAL STATUS REQUEST MAILED/ELECTRONIC	285
ENFORCEMENT STATUS REQUEST MAILED	43
REQUEST FOR REVIEWS TO OTHER STATE	
CHANGE OF PAYEE/REDIRECTION	1
ORDERS REGISTERED	1
ORDERS ESTABLISHED	
TOTAL CLIENT SEEN IN IV-D	82

TOTAL VISITORS IN IV-D	2
SHOW CAUSES AND ORDERS FOR ARREST ISSUED IN COUNTY	23
SHOW CAUSES AND ORDERS FOR ARREST SERVED IN COUNTY	5
SHOW CAUSES SENT BY REGULAR MAIL IN COUNTY	9
SHOW CAUSE AND ORDERS FOR ARREST RETURNED NOT SERVED IN COUNTY	2

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SHOW CAUSES AND ORDER FOR ARREST ISSUED OUT OF COUNTY	26
SHOW CAUSES AND ORDER FOR ARREST SERVED OUT OF COUNTY	5
SHOW CAUSES SENT BY REGULAR MAIL OUT OF COUNTY	17
SHOW CAUSES AND ORDER FOR ARREST RETURNED NOT SERVED OUT OF COUNTY	3

DUPLIN COUNTY SOLID WASTE
MONTHLY CATEGORY TOTALS

MAR '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						0.55						0.55			0.57	**1.67**
e Garbage	32.38	21.65	44.62	49.24	30.41	49.68	37.71	27.17	27.40	32.63	32.38	32.63	63.96	9.01	51.59	**542.46**
e Bulky	6.05	5.02	22.65	22.68	6.97	13.56	9.52	13.10	4.12	19.78	7.41	34.07	12.28	3.25	38.87	**219.33**
xed Paper	0.93	0.35	1.22	0.75	0.66	0.66	1.35	0.61	0.29	0.42	0.97	0.54	1.13		0.70	**10.58**
ass	3.35				2.25	2.93						2.35	2.32	2.57	2.29	**18.06**
rdboard	0.91	0.52	0.35	0.84	0.88	0.90	0.57		0.32		0.56	0.65	1.31		0.71	**8.52**
astics	0.23	0.30	0.22	0.43	0.20	0.34	0.27	0.25		0.29	0.28	0.23	0.40		0.18	**3.62**
ns	0.52		0.41			0.31	0.49			0.46			0.34			**2.53**
etal	2.81	2.15	2.39	3.96	2.53	4.94	3.12	2.50	1.82	2.50	2.46	4.44	6.74		5.00	**47.36**
tals	**47.18**	**29.99**	**71.86**	**77.90**	**43.90**	**73.87**	**53.03**	**43.63**	**33.95**	**56.08**	**44.06**	**75.46**	**88.48**	**14.83**	**99.91**	**854.13**
vate Sector																
ctronics	3.43						**Citations:**									
rd Waste	103.71															
ncrete	84.83						**Duplin Commons/Events**									
nstruction	792.96						Paper									
adside	2.09						Cardboard									
es	82.49						Plastics									
rbage	1525.15						No Chge MSW		7.13							
xed Paper							**TOTAL**		**7.13**							
ass	0.75															
rdboard	1.75															
astic																
ns																
etal	4.47															
Chg MSW	13.08															
xed Loads	123.48															
TAL	**2738.19**															

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	0.00	0.00	0.00	29710.43
6	SCRAP METAL	49.08	53.42	57.52	52.05	43.67	45.33	50.86	45.44	51.83	0.00	0.00	0.00	449.20
19	YARD WASTE	169.53	88.88	170.94	215.65	1600.44	1247.30	666.51	505.16	103.71	0.00	0.00	0.00	4768.12
20	BRICKS, ETC.	36.57	64.88	27.44	78.21	19.05	141.57	60.44	70.63	84.83	0.00	0.00	0.00	583.62
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	0.00	0.00	0.00	711.97
40	MIXED PAPER	10.71	13.54	10.93	13.62	12.88	13.01	12.52	12.29	10.58	0.00	0.00	0.00	110.08
42	GLASS	12.67	8.60	26.09	8.04	13.02	15.89	11.31	8.41	18.81	0.00	0.00	0.00	122.84
44	CARDBOARD	11.12	11.53	9.52	11.01	11.49	16.46	11.76	13.77	10.27	0.00	0.00	0.00	106.93
47	PLASTIC	3.92	4.59	4.37	3.86	3.87	3.90	4.27	3.58	3.62	0.00	0.00	0.00	35.98
48	CANS	0.81	1.03	3.28	1.50	1.84	1.75	1.98	2.38	2.53	0.00	0.00	0.00	17.10
109	ELECTRONICS	1.18	2.11	0.52	1.82	0.81	2.66	2.58	0.40	5.10	0.00	0.00	0.00	17.18
***	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	0.00	0.00	0.00	36633.45
	TOTAL MSW	3361.63	3482.25	3224.57	3533.47	3175.90	3082.36	3513.32	3111.25	3225.68	0.00	0.00	0.00	29710.43

** 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