BOARD OF COUNTY COMMISSIONERS MEETING

Monday, March 2nd, 2026

224 Seminary Street

Kenansville, N.C. 28349

The Duplin County Board of County Commissioners held a meeting at 6:00 p.m. on Monday, March 2nd, 2026 in the Commissioners Room located at 224 Seminary Street, Kenansville, N.C.

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

Also Present: Lisa Hughes, Interim County Manager; Carrie Shields, Deputy County Manager; Tim Wilson, County Attorney; Chelsey Lanier, Finance Officer; and Jaime W. Carr, Clerk to the Board.

Call to Order

The meeting was called to order by Chairman Edwards.

Invocation and Pledge of Allegiance

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

Introduction of James Sprunt Community College's New President

Chairman Edwards introduced Dr. Shannon Hair as James Sprunt Community College's new president. Dr. Hair then made a few remarks.

Approval of Regular Meeting Agenda

Chairman Edwards asked if the members of the Board approved the proposed meeting agenda, and if any Board Member, County Manager/Deputy County Manager, or Clerk to the Board wished to make any changes or additions to the agenda. No additions/changes made.

Motion was made by Commissioner Dowe, seconded by Commissioner Branch, carried unanimously, to approve the regular meeting agenda as amended.

Approval of the Consent Agenda

Chairman Edwards asked if the Board members approved the proposed Consent Agenda and if any Board Member, County Manager/Deputy County Manager, or Clerk to the Board wished to make any changes or additions to the Consent Agenda. The Clerk to the Board requested that Item #21—Approval of the contract between Duplin County

and Servpro, and authorization for the Chairman to sign—be amended to include the condition of pending approval by the County Attorney.

Motion was made by Commissioner Garner, seconded by Commissioner Branch, carried unanimously to approve the amended consent agenda as follows:

1. Budget Amendments Journal Entry Proof.
2. Tax & Solid Waste Releases # 24083 - # 24192.
3. Duplin County Health Department Bad Debt Service Write Off through January 31, 2023.
4. Duplin County Health Department Bad Debt Service Write-Off — Deceased Patients.
5. Duplin County EMS Bad Debt Service Write-Off - Deceased Patients.
6. Approve Cabin Lake Fee Schedule.
7. Approve a Duplin County Airport Hay Lease Agreement between the County of Duplin and Jordan Heath and authorize the Chairman to sign.
8. Adopt a Resolution Authorizing Advertisement and Notice Solely by Electronic Means and authorize the Chairman to sign.
9. Approve a contract between the North Carolina Department of Natural and Cultural Resources and Cowan Museum of History and Science and authorize the Chairman to sign.
10. Appoint Dr. Shannon Hair to fill the unexpired term of Dr. Jay Carraway on the Eastern Carolina Workforce Development Board with the term set to expire on June 30, 2027.
11. Schedule a Public Hearing for April 6, 2026 at 6:00 p.m. to receive public comments regarding a request from Jeremy Pickett to name a lane at the 400 block of Jackson Store Road, Beulaville; Limestone Township - Picketts Lane in Accordance with Duplin County Addressing and Road Naming Ordinance.
12. Schedule a Public Hearing for April 6, 2026 at 6:00 p.m. to receive public comments regarding a request from Avery-Davis Investment to name a lane at the 5000 block of S NC 41 Hwy, Island Creek Township - Crossroads Jct in Accordance with the Duplin County Addressing and Road Naming Ordinance.
13. Schedule a Public Hearing for April 6, 2026 at 6:00 p.m. to receive public comments regarding a request from Avery-Davis Investment to name a lane at the 5000 block of S NC 41 Hwy, Island Creek Township - Boney Station in Accordance with the Duplin County Addressing and Road Naming Ordinance.
14. Schedule a Public Hearing for April 6, 2026 at 6:00 p.m. to receive public comments regarding a request from Avery-Davis Investment to name a lane at the 5000 block of S NC 41 Hwy, Island Creek Township - Dempsey Lane in Accordance with the Duplin County Addressing and Road Naming Ordinance.
15. Approve Public Safety Job Description Updates and Reclassifications.
16. Approve an Educational Affiliation Agreement between Duplin County and Sampson Community College and authorize the Chairman to sign.
17. Approve FY 2027 Consolidated Agreement between North Carolina Department of Health and Human Services, Division of Child and Family Well-Being and Division of Public Health, and the Duplin County Health Department and authorize the Chairman and Finance Officer to sign.
18. Authorize the Health Director to sign the following FY 2027 Programmatic Agreement Addendums: 101 Maternal Health-107 Care Management for High-Risk Pregnancies-110 General Aid-to-Counties-118 Regional Foundational Capabilities Development-151 Family Planning-175 Supporting Women's Health Services-318 Care Management for At-Risk Children-351 Child Health-403 WIC-415 Breastfeeding Peer Counselor-452 Breast and Cervical Cancer-510 General

Communicable Disease Control-514 Public Health Emergency Preparedness-551 TB Control-575 HIV/STI Prevention, Services, and Treatment-701 Child Fatality Case Reporting and Prevention-715 Immunization Action Plan-866 Healthy Communities.

19. Accept additional Child Fatality Case Reporting and Prevention Funds in the amount of $526 (totaling $2,475) and approve the associated budget amendment.
20. Approve additions to the Health Department Fee Schedule
21. Approve the contract between The County of Duplin and Servpro and authorize the Chairman to sign pending approval by the County Attorney.
22. Approve the Contract for Consultant Services Community Development Block Grant Neighborhood Revitalization (CDBG-NR) Program CDBG Project Number 21-C-4011 Amendment No 1 - Program Amendment, Environmental Review, and Construction Management between Duplin County and Insight Consulting Group, LLC (formerly Insight Planning & Development) and authorize the County Planner, Finance Officer, and Interim County Manager to sign.
23. Approve AirPark Lot Clearing Contract Amendment 1, for AirPark lot clearing between the County of Duplin and Gainus Lawn Maintenance, LLC and authorize the Chairman to sign.
24. Approve an amendment to the contract between Duplin County Department of Social Services and Personal Care Solutions of the Carolinas LLC and authorize the Chairman to sign.
25. Approve an amendment to the contract between Duplin County Department of Social Services and Urbanized LLC and authorize the Chairman to sign.
26. Approve an amendment to the contract between Duplin County Department of Social Services and Falcon Children's Home & Family Services Inc and authorize the Chairman to sign.
27. Approve an amendment to the contract between Duplin County Department of Social Services and Omni Family Services North Carolina and authorize the Chairman to sign.
28. Approve Duplin County Airport Fee Schedule
29. Arbitrage Rebate Services Contract Approval and authorize the Chairman to sign
30. Ratify the Human Resources Director signing the FY 27 NCHIP Contract for BlueCross BlueShield.
31. Approve FY 2027 employee dental agreement with Delta Dental and authorize the Interim County Manager to sign.
32. Authorize Semeka Perry to serve as the Benefits Plan Administrator for Duplin County and sign all associated documents.
33. Approve Asset Disposal Request - Ford Transit Van
34. Approve Asset Disposal Request - Ambulance Chassis
35. Authorize Chelsey Lanier, Finance Officer, to sign Titles/Power of Attorneys for County Owned Vehicles.
36. Transfer of Opioid Response Program Coordinator position #1067 from Consolidated Human Services Health Division to the County Manager's Office.

Approval of Minutes

- Regular Meeting held on February 4th, 2026

Motion was made by Commissioner Dowe, seconded by Commissioner Garner, carried unanimously, to approve the minutes of the February 4th, 2026 Board of Commissioners meeting as presented.

Brent Davis, Duplin County Board of Education Chairman, and Darren Tyndall, Duplin County Board of Education Superintendent, presented a report to the Board regarding the Capital Project plans for all Duplin County high schools.

AGENDA

Public Comments

Emma Wood, a 15-year-old homeschooled student from Duplin County and member of the YMCA Teen Mental Health Advisory Council appeared during public comments to speak on a 2027 pilot event called Duplin Rising: Teen Mental Health and Future Summit. Because North Carolina ranks low in access to health resources and rural teens lack centralized support, Ms. Wood stated that the summit would bring mental-health professionals, colleges, trades, volunteer groups, and local employers together in one space for teens ages 13–18. She respectfully asked the Board to consider allocating up to $5,000 to support this pilot event and to partner with local libraries, community colleges, and surrounding YMCAs.

Earl Hardy, a member of the Duplin County Historical Society, addressed the Board during the public comments period to extend an invitation to participate in the dedication of a Gold Star monument at the courthouse square. The event is scheduled for the Friday of Memorial Day weekend at 12:00 p.m. Mr. Hardy also invited the Chairman to deliver remarks on behalf of the County.

End Public Comments

Chairman Edwards received road concerns on behalf of the North Carolina Department of Transportation (NCDOT). The following road concerns were reported:

- Corn Mill Road needs lines repainted.

Melissa Kennedy, E911 Addressing Project Coordinator, appeared before the Board to conduct a Public Hearing regarding a request from Clayton Homes (Douglas Sliker) to name a lane at the 400 block of S McRae St, Magnolia; Magnolia Township - Happy Valley Lane in Accordance with the Duplin County Addressing and Road Naming Ordinance.

Chairman Edwards opened the public hearing.

No public comments.

Chairman Edwards closed the public hearing.

Motion was named by Commissioner Branch, seconded by Commissioner Garner, carried unanimously, to name a lane at the 400 block of S McRae St, Magnolia; Magnolia Township - Happy Valley Lane in Accordance with the Duplin County Addressing and Road Naming Ordinance.

Melissa Kennedy, E911 Addressing Project Coordinator, appeared before the Board to conduct public hearing regarding a request from Richard Padrick to name a lane at the 100 block of Southerland Road, Magnolia; Kenansville Township - H T Brown Lane in Accordance with Duplin County Addressing and Road Naming Ordinance.

Chairman Edwards opened the public hearing.

No public comments.

Chairman Edwards closed the public hearing.

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, carried unanimously, to name a lane at the 100 block of Southerland Road, Magnolia; Kenansville Township - H T Brown Lane in Accordance with Duplin County Addressing and Road Naming Ordinance.

Melissa Kennedy, E911 Addressing Project Coordinator, appeared before the Board to conduct a public hearing regarding a request from Edna Teachey to name a lane at the 530 Block of Fussell Road, Rose Hill; Rockfish Township - Wild Turkey Lane in Accordance with Duplin County Addressing and Road Naming Ordinance

Chairman Edwards opened the public hearing.

No public comments.

Chairman Edwards closed the public hearing.

Motion was made by Commissioner Branch, seconded by Commissioner Garner, carried unanimously, to name a lane at the 530 Block of Fussell Road, Rose Hill; Rockfish Township - Wild Turkey Lane in Accordance with Duplin County Addressing and Road Naming Ordinance

Melissa Kennedy, E911 Addressing Project Coordinator, appeared before the Board to conduct a public hearing regarding a request from Johnny Munn to name a lane at 323 Catherine Square Road, Beulaville; Limestone Township - Faith Acres Lane in Accordance with Duplin County Addressing and Road Naming Ordinance

Chairman Edwards opened the public hearing.

No public comments.

Chairman Edwards closed the public hearing.

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, carried unanimously, to name a lane at 323 Catherine Square Road, Beulaville; Limestone Township - Faith Acres Lane in Accordance with Duplin County Addressing and Road Naming Ordinance

Scotty Summerlin, Economic Development Director, appeared before the Board to conduct a public hearing to receive public comments regarding a Duplin County Revolving Loan Fund Application submitted by Villari Food Group, LLC in the amount of $200,000 to assist with a project to reduce process wastewater and improve pretreatment of its discharge going to the Warsaw wastewater treatment plant. There are two phases to the project - Phase I of the project includes equipment to improve existing pre-treatment efforts - Phase II of the project includes a land application process/construction. The total project cost is anticipated to cost the company $3,271,483.00. Expected outcomes of the project include the ability for the company to grow in Duplin County, realize long-term cost savings potential, protect 1,000 existing jobs in Warsaw, and create 75 new jobs. All revolving loan fund applications are vetted by a Revolving Loan Fund Committee, consisting of a County Commissioner, a local business owner, a local Certified Public Account, and a Banking Professional (retired). Each application is thoroughly reviewed and upon reviewal the Committee strongly recommends approval of the loan request with a ten (10) year loan term, no interest payment deferral, no principal payment deferral, and no early payment penalties.

Additionally, the Duplin County Revolving Loan Fund was established with CDBG funds to assist future and/or existing businesses and industries in their economic development efforts. No local county funds are used to build the fund.

Chairman Edwards opened the public hearing.

No public comments

Chairman Edwards closed the public hearing.

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, carried unanimously, to approve a Duplin County Revolving Loan Fund Application submitted by Villari Food Group, LLC in the amount of $200,000.

Laura Jones, Library Director, appeared before the Board to seek permission to close the Kenansville Library Branch on Saturdays when a holiday falls on a preceding Friday or the following Monday.

Motion was made by Commissioner Branch, seconded by Commissioner Garner, carried unanimously, to approve closing the Kenansville Library Branch on Saturdays when a holiday falls on the preceding Friday or the following Monday

Josh Raynor, Airport Director, appeared before the Board to request approval of Daniels and Daniels Construction Co., Inc. Change Order #006 - Reskin Hanger in the amount of $289,371.65. This Change Order provides for the installation of metal and insulation on the T-hangars. This work will exhaust the all-remaining funds for rehab and require an additional $172,000 from TRDFunds that is currently unobligated.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Garner, carried unanimously, to approve Daniels and Daniels Construction Co., Inc. Change Order #006 - Reskin Hanger in the amount of $289,371.65 and authorize the Chairman to sign.

Jeff Williams, Water Utilities Director, appeared before the Board to request to award the contract for repainting and applying the new county logo to a county water tower. A Request for Proposal (RFP) was advertised two different times for this project. The County worked with the engineer to confirm both companies where able to do the work. Two bids were received: Southern Corrosion - $90,638.00 and Utility Service Co. - $61,119.00.

Motion was made by Commissioner Dowe, seconded by Commissioner Branch, carried unanimously, to award the contract for repainting and applying the new county logo on a water tower, to Utility Service Co. in the amount of $61,119.00 and authorize the Chairman to sign.

Jeff Williams, Water Utilities Director, appeared before the Board to request approval to negotiate a contract with TruPani Inc. Request for Qualifications (RFQ) were advertised on January 1st and January 8th for development, management, and implementation of Lead and Copper Rule Revision Compliance Program. Five (5) submissions to this RFQ were received and reviewed by a 5-member selection committee. After reviewing all submissions individually, the selection committee combined the scores based on qualifications. The submission that scored the highest was TruePani, Inc.

Motion was made by Commissioner Garner, seconded by Commissioner Branch, carried unanimously, to allow the Interim County Manager to negotiate a contract with TruPani Inc.

Will Southern and TD Hill with RH CPAs appeared before the Board to present the FY 25 Audit.

Lisa Hughes, Interim County Manager, appeared before the Board to request the reclassification of position #1012 Executive Assistant (pay grade 61) in the County Manager's Office to Purchasing Coordinator in Finance (pay grade 63).

Motion was made by Commissioner Garner, seconded by Commissioner Branch, carried 3-2 with Commissioners Branch, Dowe, and D. Edwards voting aye and Commissioners J. Edwards and Garner voting nay, to reclassify position #1012 Executive Assistant (pay grade 61) in the County Manager's Office to a Purchasing Coordinator in Finance (pay grade 63).

Lisa Hughes, Interim County Manager, appeared before the Board to request the Board to enter into a mowing contract for all county property excluding water sites. Ms. Hughes also requested the Board enter into a mowing contract for all County water sites. Both of these requests are subject to approval by the County Attorney.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, carried unanimously, to allow the Interim County Manager to enter into an agreement with Baker's Lawn Care & Maintenance, LLC not to exceed $105,080 for all county property, excluding water sites, pending approval by the County Attorney.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Dowe, carried unanimously, to allow the Interim County Manager to enter into an agreement with Tyler's Lawn Care for all county waters sites, not to exceed $80,105, pending approval by the County Attorney.

Lisa Hughes, Interim County Manager, appeared before the Board to make announcements/comments.

A motion was made by Commissioner Garner, seconded by Commissioner Branch, and carried unanimously, to authorize the Interim County Manager to execute the CDBG-CB grant award agreement, pending County Attorney approval, in the amount of $1,325,000, and to present the item to the Board at the April 6th, 2026 meeting for ratification and approval of the associated budget amendment.

Motion was made by Commissioner Dowe, seconded by Commissioner J. Edwards, carried unanimously, to go out of regular session and into closed session for Legal Matters pursuant to NCGS § 143-318(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 Garner, seconded by Commissioner J. Edwards, carried unanimously, to adjourn until Monday, April 6th, 2026 at 6:00 p.m. for a Board of County Commissioners Meeting, 224 Seminary Street, Kenansville, NC.

Jaime W. Carr

Jaime W. Carr
Clerk to the Board

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG / ACCOUNT	OBJECT / LINE DESCRIPTION	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	EFF DATE	PREV BUDGET	BUDGET CHANGE	AMENDED BUDGET	ERR
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC	ENTITY AMEND					
2026 08 130 02/11/2026				BUA NEW MONEY	1 2					
1	5195 41990 10-50-5100-5195-000-41990	PROFESSIONAL SERVICES		Capacity Building Grant	PROFESSIONAL SERVICES PROFESSIONAL SERVICES	02/11/2026	52,177.19	60,698.41	112,875.60	
2	5195 35197 10-50-5100-5195-000-35197	CCNC Capacity Building Grant		Capacity Building Grant	.00 GRANT	02/11/2026		-60,698.41	-60,698.41	
					** JOURNAL TOTAL			0.00		
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC	ENTITY AMEND					
2026 08 241 02/16/2026				BUA SMP 25-26	1 2					
1	5600 35636 10-50-5600-0000-000-35636	SMP SHIIP Shred		SENIOR SERVICES	-2,800.00 02/16/2026			-2,800.00	-5,600.00	
2	5606 40121 10-50-5600-5606-000-40121	SALARIES		SMP SHIIP Shred	727.00 02/16/2026			275.00	1,002.00	
3	5606 40181 10-50-5600-5606-000-40181	SOCIAL SECURITY		SMP SHIIP Shred	56.00 02/16/2026			21.00	77.00	
4	5606 40182 10-50-5600-5606-000-40182	RETIREMENT		SMP SHIIP Shred	99.00 02/16/2026			45.00	144.00	
5	5606 40183 10-50-5600-5606-000-40183	HOSPITAL INSURANCE		SMP SHIIP Shred	152.00 02/16/2026			311.00	463.00	
6	5606 41990 10-50-5600-5606-000-41990	PROFESSIONAL SERVICES		SMP SHIIP Shred	1,000.00 02/16/2026			500.00	1,500.00	
7	5606 42600 10-50-5600-5606-000-42600	OFFICE SUPPLIES		SMP SHIIP Shred	369.00 02/16/2026			148.00	517.00	
8	5606 43912 10-50-5600-5606-000-43912	PRINTING		SMP SHIIP Shred	.00 02/16/2026			1,500.00	1,500.00	
					** JOURNAL TOTAL			0.00		
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC	ENTITY AMEND					
2026 08 247 02/16/2026				BUA FosterCare	1 2					
1	5372 42390 10-50-5300-5372-000-42390	PROGRAM ENHANCEMENTS		WORK FIRST/TANF	42,474.39 move to Foster Care Pmt To Oth	02/16/2026		-30,000.00	12,474.39	

Duplin County, NC

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				
2026 08 247 02/16/2026				BUA FosterCare	1 1				
2	5440 43972 10-50-5300-5440-000-43972	FOSTER CARE PMT TO OTHERS monies needed for PO's to pay		FOSTER CARE	325,000.00 02/16/2026			30,000.00	355,000.00
3	5450 46410 10-50-5300-5450-000-46410	MEDICAID TRANSPORTATION move to Foster Care Pmt to Oth		MEDICAID	85,000.00 02/16/2026			-25,000.00	60,000.00
4	5440 43972 10-50-5300-5440-000-43972	FOSTER CARE PMT TO OTHERS monies need to for PO's to pay		FOSTER CARE	325,000.00 02/16/2026			25,000.00	350,000.00
					** JOURNAL TOTAL			0.00	
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC	ENTITY AMEND				
2026 08 335 02/20/2026				BUA COV SALARI	1 2				
1	5110 40121 10-50-5100-5110-000-40121	SALARIES SALARIES		HEALTH	378,251.00 02/20/2026			-4,600.00	373,651.00
2	5156 40121 10-50-5100-5156-000-40121	SALARIES SALARIES		WIC-BREASTFEEDING PROMOTION	12,546.00 02/20/2026			4,600.00	17,146.00
3	5110 40181 10-50-5100-5110-000-40181	SOCIAL SECURITY SOCIAL SECURITY		HEALTH	72,732.00 02/20/2026			-350.00	72,382.00
4	5156 40181 10-50-5100-5156-000-40181	SOCIAL SECURITY SOCIAL SECURITY		WIC-BREASTFEEDING PROMOTION	958.00 02/20/2026			350.00	1,308.00
5	5110 40182 10-50-5100-5110-000-40182	RETIREMENT SOCIAL SECURITY		HEALTH	79,953.00 02/20/2026			-550.00	79,403.00
6	5156 40182 10-50-5100-5156-000-40182	RETIREMENT SOCIAL SECURITY		WIC-BREASTFEEDING PROMOTION	1,600.00 02/20/2026			550.00	2,150.00
7	5110 40183 10-50-5100-5110-000-40183	HOSPITAL INSURANCE HOSPITAL INSURANCE		HEALTH	79,638.00 02/20/2026			-1,400.00	78,238.00
8	5156 40183 10-50-5100-5156-000-40183	HOSPITAL INSURANCE HOSPITAL INSURANCE		WIC-BREASTFEEDING PROMOTION	2,120.00 02/20/2026			1,400.00	3,520.00
					** JOURNAL TOTAL			0.00	
YEAR-PER JOURNAL EFF-DATE REF 1 REF 2				SRC JNL-DESC	ENTITY AMEND				
2026 08 389 02/24/2026				BUA Sci Grant	1 2				

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV	BUDGET	AMENDED
	ACCOUNT				LINE DESCRIPTION	EFF DATE	BUDGET	CHANGE	BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 08	389	02/24/2026			BUA Sci Grant	1	2		
1	6140	36140		MUSEUM	NC MUSEUM OF NAT SCI GRANT		.00	-60,000.00	-60,000.00
	10-60-6140-0000-000-36140						02/24/2026		
2	6144	40121		MUSEUM GRANT	SALARIES		.00	30,000.00	30,000.00
	10-60-6140-6144-000-40121-						02/24/2026		
3	6144	40181		MUSEUM GRANT	SOCIAL SECURITY		.00	2,000.00	2,000.00
	10-60-6140-6144-000-40181-						02/24/2026		
4	6144	40182		MUSEUM GRANT	RETIREMENT		.00	2,000.00	2,000.00
	10-60-6140-6144-000-40182-						02/24/2026		
5	6144	41990		MUSEUM GRANT	PROFESSIONAL SERVICES		.00	3,400.00	3,400.00
	10-60-6140-6144-000-41990-						02/24/2026		
6	6144	42600		MUSEUM GRANT	OFFICE SUPPLIES		.00	2,500.00	2,500.00
	10-60-6140-6144-000-42600-						02/24/2026		
8	6144	42980		MUSEUM GRANT	PROGRAM SUPPLIES		.00	5,500.00	5,500.00
	10-60-6140-6144-000-42980-						02/24/2026		
9	6144	43250		MUSEUM GRANT	POSTAGE		.00	500.00	500.00
	10-60-6140-6144-000-43250-						02/24/2026		
10	6144	43510		MUSEUM GRANT	REPAIRS BUILDING AND GROUNDS		.00	6,000.00	6,000.00
	10-60-6140-6144-000-43510-						02/24/2026		
11	6144	43910		MUSEUM GRANT	MARKETING		.00	2,400.00	2,400.00
	10-60-6140-6144-000-43910						02/24/2026		
12	6144	43912		MUSEUM GRANT	PRINTING		.00	3,000.00	3,000.00
	10-60-6140-6144-000-43912-						02/24/2026		
13	6144	44910		MUSEUM GRANT	DUES AND SUBSCRIPTIONS		.00	300.00	300.00
	10-60-6140-6144-000-44910						02/24/2026		
14	6144	43110		MUSEUM GRANT	TRAVEL		.00	2,400.00	2,400.00
	10-60-6140-6144-000-43110-						02/24/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	3	03/03/2026			BUA 030206C	1	2		

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV	BUDGET	AMENDED
	ACCOUNT				LINE DESCRIPTION	EFF DATE	BUDGET	CHANGE	BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	3	03/03/2026			BUA 030206C	1	2		
1	5913	39668		LOTTERY PROCEEDS	FUND BAL EDU LOTTERY		.00	-60,464.25	-60,464.25
	27-59-5900-5913-000-39668				Carry forward		03/03/2026		
2	5913	45228		LOTTERY PROCEEDS	Security Card Access Systems		.00	60,464.25	60,464.25
	27-59-5900-5913-000-45228				Carry forward		03/03/2026		
3	5913	38357		LOTTERY PROCEEDS	RR Lottery Revenue		-234,864.00	-78,000.00	-312,864.00
	27-59-5900-5913-000-38357				Establish project budget		03/03/2026		
4	5913	45237		LOTTERY PROCEEDS	Chinquapin ES Awning		.00	78,000.00	78,000.00
	27-59-5900-5913-000-45237				Establish project budget		03/03/2026		
5	5913	38357		LOTTERY PROCEEDS	RR Lottery Revenue		-234,864.00	-26,400.00	-261,264.00
	27-59-5900-5913-000-38357				Establish project budget		03/03/2026		
6	5913	45238		LOTTERY PROCEEDS	Kenansville ES Awning		.00	26,400.00	26,400.00
	27-59-5900-5913-000-45238				Establish project budget		03/03/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	4	03/03/2026			BUA 030206C	1	2		
1	5912	39969		SCHOOL CAPITAL	FUND BALANCE APPROPRIATED		-1,422,523.67	-406,000.00	-1,828,523.67
	22-59-5900-5912-000-39969				Needs Based Grant Match		03/03/2026		
2	5912	44015		SCHOOL CAPITAL	Grant Match		.00	406,000.00	406,000.00
	22-59-5900-5912-000-44015				Needs Based Grant Match		03/03/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	5	03/03/2026			BUA 030226C	1	2		
1	7132	41990		DISTRICT B	PROFESSIONAL SERVICES		113,961.00	-1,241.00	112,720.00
	61-70-7100-7132-000-41990				office and road sign expenses		03/03/2026		
2	7133	41990		DISTRICT D	PROFESSIONAL SERVICES		75,873.00	-1,000.00	74,873.00
	61-70-7100-7133-000-41990				office and road sign expenses		03/03/2026		
3	7135	41990		DISTRICT F	PROFESSIONAL SERVICES		198,109.00	-1,000.00	197,109.00
	61-70-7100-7135-000-41990				office and road sign expenses		03/03/2026		

Duplin County, NC

munis a tyler erp solution

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV	BUDGET	AMENDED
	ACCOUNT				LINE DESCRIPTION	EFF DATE	BUDGET	CHANGE	BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	5	03/03/2026			BUA 030226C	1	1		
4	7100	41990		Water	PROFESSIONAL SERVICES		85,450.00	3,241.00	88,691.00
	61-70-7100-0000-000-41990				office and road sign expenses		03/03/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	6	03/06/2026			BUA 030226C	1	2		
1	4100	38398		GENERAL FUND	INSURANCE SETTLEMENTS		-30,111.03	-720.00	-30,831.03
	10-41-4100-0000-000-38398				VEHICLE 1018 EMS		03/06/2026		
2	4370	43530		EMERGENCY MEDICAL SERVICES	REPAIRS VEHICLES		44,611.41	720.00	45,331.41
	10-43-4330-4370-000-43530				VEHICLE 1018 EMS		03/06/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	7	03/03/2026			BUA 030226C	1	2		
1	4100	38398		GENERAL FUND	INSURANCE SETTLEMENTS		-30,111.03	-4,033.96	-34,144.99
	10-41-4100-0000-000-38398				VEHICLE 887 SHERIFF		03/03/2026		
2	4310	43530		SHERIFF	REPAIRS VEHICLES		119,674.62	4,033.96	123,708.58
	10-43-4310-0000-000-43530				VEHICLE 887 SHERIFF		03/03/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	9	03/03/2026			BUA 030226C	1	2		
1	5604	40121		MIPPA	SALARIES		5,284.96	-2,888.96	2,396.00
	10-50-5600-5604-000-40121						03/03/2026		
2	5604	40181		MIPPA	SOCIAL SECURITY		417.67	-249.67	168.00
	10-50-5600-5604-000-40181						03/03/2026		
3	5604	40182		MIPPA	RETIREMENT		719.17	-382.00	337.17
	10-50-5600-5604-000-40182						03/03/2026		
4	5604	40183		MIPPA	HOSPITAL INSURANCE		780.00	-203.00	577.00
	10-50-5600-5604-000-40183						03/03/2026		

Duplin County, NC

munis a tyler erp solution

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

LN	ORG	OBJECT	PROJ	ORG DESCRIPTION	ACCOUNT DESCRIPTION	PREV	BUDGET	AMENDED
	ACCOUNT				LINE DESCRIPTION	EFF DATE	BUDGET	CHANGE	BUDGET
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	9	03/03/2026			BUA 030226C	1	2		
5	5604	40184		MIPPA	Life Insurance		2.56	-1.24	1.32
	10-50-5600-5604-000-40184						03/03/2026		
6	5604	40186		MIPPA	WORKER'S COMPENSATION		10.00	-10.00	.00
	10-50-5600-5604-000-40186						03/03/2026		
7	5604	42600		MIPPA	OFFICE SUPPLIES		953.00	-397.22	555.78
	10-50-5600-5604-000-42600						03/03/2026		
8	5604	43110		MIPPA	TRAVEL		301.68	-283.68	18.00
	10-50-5600-5604-000-43110						03/03/2026		
9	5604	43200		MIPPA	COMMUNICATIONS		342.90	-200.00	142.90
	10-50-5600-5604-000-43200						03/03/2026		
10	5604	43250		MIPPA	POSTAGE		500.00	-100.00	400.00
	10-50-5600-5604-000-43250						03/03/2026		
11	5604	43540		MIPPA	SOFTWARE MAINTENANCE		60.00	-60.00	.00
	10-50-5600-5604-000-43540						03/03/2026		
12	5604	43910		MIPPA	MARKETING		2.40	-2.40	.00
	10-50-5600-5604-000-43910						03/03/2026		
13	5600	35600		SENIOR SERVICES	MIPPA		-10,609.00	5,713.00	-4,896.00
	10-50-5600-0000-000-35600						03/03/2026		
14	4100	39969		GENERAL FUND	FUND BALANCE		-8,033,054.30	-934.83	-8,033,989.13
	10-41-4100-0000-000-39969				Balance MIPPA budget		03/03/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	10	03/03/2026			BUA 030226C	1	2		
1	5300	43510		DEPARTMENT OF SOCIAL SERVICES	REPAIRS BUILDING AND GROUNDS		49,700.00	63,000.00	112,700.00
	10-50-5300-0000-000-43510-				Insurance settlement		03/03/2026		
2	4100	38398		GENERAL FUND	INSURANCE SETTLEMENTS		-30,111.03	-63,000.00	-93,111.03
	10-41-4100-0000-000-38398				Insurance settlement		03/03/2026		
					** JOURNAL TOTAL			0.00	
YEAR-PER	JOURNAL	EFF-DATE	REF 1	REF 2	SRC JNL-DESC	ENTITY	AMEND		
2026 09	11	03/03/2026			BUA 030226C	1	2		

Duplin County, NC

munis a tyler erp solution

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	
2026 09	11	03/03/2026			BUA 030226C	1	2	
1	5300	40121		DEPARTMENT OF SOCIAL SERVICES	SALARIES	5,586,249.00	259,000.00	5,845,249.00
	10-50-5300-0000-000-40121					03/03/2026		
2	5300	40181		DEPARTMENT OF SOCIAL SERVICES	SOCIAL SECURITY	427,350.00	5,000.00	432,350.00
	10-50-5300-0000-000-40181					03/03/2026		
3	5300	40182		DEPARTMENT OF SOCIAL SERVICES	RETIREMENT	805,000.00	18,000.00	823,000.00
	10-50-5300-0000-000-40182					03/03/2026		
4	5440	43972		FOSTER CARE	FOSTER CARE PMT TO OTHERS	325,000.00	87,000.00	412,000.00
	10-50-5300-5440-000-43972					03/03/2026		
5	5300	45100		DEPARTMENT OF SOCIAL SERVICES	CAPITAL OUTLAY	9,000.00	-9,000.00	.00
	10-50-5300-0000-000-45100					03/03/2026		
6	5300	41990		DEPARTMENT OF SOCIAL SERVICES	PROFESSIONAL SERVICES	210,000.00	-25,000.00	185,000.00
	10-50-5300-0000-000-41990					03/03/2026		
7	5300	42600		DEPARTMENT OF SOCIAL SERVICES	OFFICE SUPPLIES	150,000.00	-30,000.00	120,000.00
	10-50-5300-0000-000-42600					03/03/2026		
8	5581	43996		GENERAL ASSISTANCE	PUBLIC ASSISTANCE	30,000.00	-18,000.00	12,000.00
	10-50-5300-5581-000-43996					03/03/2026		
9	5581	44005		GENERAL ASSISTANCE	PAUPERS BURIAL	3,000.00	-1,500.00	1,500.00
	10-50-5300-5581-000-44005					03/03/2026		
10	5372	41942		WORK FIRST/TANF	EMERGENCY TANF	4,000.00	-3,000.00	1,000.00
	10-50-5300-5372-000-41942					03/03/2026		
11	5372	43110		WORK FIRST/TANF	TRAVEL	2,000.00	-1,500.00	500.00
	10-50-5300-5372-000-43110					03/03/2026		
12	5373	41990		CHILD SUPPORT	PROFESSIONAL SERVICES	135,000.00	-20,000.00	115,000.00
	10-50-5300-5373-000-41990					03/03/2026		
13	5440	41994		FOSTER CARE	ATTORNEY FEESFOSTER CARE/ADOPT	9,000.00	-5,000.00	4,000.00
	10-50-5300-5440-000-41994					03/03/2026		
14	5450	46440		MEDICAID	MEDICAID ASST PMT TO STATE	10,000.00	-8,000.00	2,000.00
	10-50-5300-5450-000-46440-					03/03/2026		
15	5470	46931		ADOPTION ASSISTANCE	ADOPTION ASSISTANCE VENDOR PAY	2,500.00	-1,500.00	1,000.00
	10-50-5300-5470-000-46931					03/03/2026		

Duplin County, NC

munis a tyler erp solution

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	
2026 09	11	03/03/2026			BUA 030226C	1	2	
16	5581	42963		GENERAL ASSISTANCE	WORK NUMBER	18,963.00	-8,000.00	10,963.00
	10-50-5300-5581-000-42963					03/03/2026		
17	5582	44440		DAY CARE	DAY CARE FRAUD RECOVERY	15,000.00	-10,000.00	5,000.00
	10-50-5300-5582-000-44440					03/03/2026		
18	5581	43996		GENERAL ASSISTANCE	PUBLIC ASSISTANCE	30,000.00	-5,000.00	25,000.00
	10-50-5300-5581-000-43996					03/03/2026		
19	5300	35301		DEPARTMENT OF SOCIAL SERVICES	SOCIAL SERVICES ADMIN	-5,792,215.00	-223,500.00	-6,015,715.00
	10-50-5300-0000-000-35301					03/03/2026		
					** JOURNAL TOTAL		0.00	

Duplin County, NC

BUDGET AMENDMENT JOURNAL ENTRY PROOF

CLERK: chelsey.lanier

YEAR PER JNL / SRC ACCOUNT / EFF DATE / JNL DESC / REF 1 / REF 2 / REF 3		ACCOUNT DESC / LINE DESC	T	OB	DEBIT	CREDIT
2026 8 130						
BUA 5195-41990		PROFESSIONAL SERVICES		5	60,698.41	
02/11/2026 NEW MONEY	T	PROFESSIONAL SERVICES				
BUA 5195-35197		CCNC Capacity Building Grant		5		60,698.41
02/11/2026 NEW MONEY	T	GRANT				
		JOURNAL 2026/08/130	TOTAL		.00	.00
2026 8 241						
BUA 5600-35636		SMP SHIIP Shred		5		2,800.00
02/16/2026 SMP 25-26	T					
BUA 5606-40121		SALARIES		5	275.00	
02/16/2026 SMP 25-26	T					
BUA 5606-40181		SOCIAL SECURITY		5	21.00	
02/16/2026 SMP 25-26	T					
BUA 5606-40182		RETIREMENT		5	45.00	
02/16/2026 SMP 25-26	T					
BUA 5606-40183		HOSPITAL INSURANCE		5	311.00	
02/16/2026 SMP 25-26	T					
BUA 5606-41990		PROFESSIONAL SERVICES		5	500.00	
02/16/2026 SMP 25-26	T					
BUA 5606-42600		OFFICE SUPPLIES		5	148.00	
02/16/2026 SMP 25-26	T					
BUA 5606-43912		PRINTING		5	1,500.00	
02/16/2026 SMP 25-26	T					
		JOURNAL 2026/08/241	TOTAL		.00	.00
2026 8 247						
BUA 5372-42390		PROGRAM ENHANCEMENTS		5		30,000.00
02/16/2026 FosterCare	T	move to Foster Care Pmt To Oth				
BUA 5440-43972		FOSTER CARE PMT TO OTHERS		5	30,000.00	
02/16/2026 FosterCare	T	monies needed for PO's to pay				
BUA 5450-46410		MEDICAID TRANSPORTATION		5		25,000.00
02/16/2026 FosterCare	T	move to Foster Care Pmt to Oth				
BUA 5440-43972		FOSTER CARE PMT TO OTHERS		5	25,000.00	
02/16/2026 FosterCare	T	monies need to for PO's to pay				
		JOURNAL 2026/08/247	TOTAL		.00	.00
2026 8 335						
BUA 5110-40121		SALARIES		5		4,600.00
02/20/2026 COV SALARI	T	SALARIES				
BUA 5156-40121		SALARIES		5	4,600.00	
02/20/2026 COV SALARI	T	SALARIES				

Duplin County, NC

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 5110-40181		SOCIAL SECURITY		5		350.00
02/20/2026 COV SALARI	T	SOCIAL SECURITY				
BUA 5156-40181		SOCIAL SECURITY		5	350.00	
02/20/2026 COV SALARI	T	SOCIAL SECURITY				
BUA 5110-40182		RETIREMENT		5		550.00
02/20/2026 COV SALARI	T	SOCIAL SECURITY				
BUA 5156-40182		RETIREMENT		5	550.00	
02/20/2026 COV SALARI	T	SOCIAL SECURITY				
BUA 5110-40183		HOSPITAL INSURANCE		5		1,400.00
02/20/2026 COV SALARI	T	HOSPITAL INSURANCE				
BUA 5156-40183		HOSPITAL INSURANCE		5	1,400.00	
02/20/2026 COV SALARI	T	HOSPITAL INSURANCE				
		JOURNAL 2026/08/335	TOTAL		.00	.00
2026 8 389						
BUA 6140-36140		NC MUSEUM OF NAT SCI GRANT		5		60,000.00
02/24/2026 Sci Grant	T					
BUA 6144-40121		SALARIES		5	30,000.00	
02/24/2026 Sci Grant	T					
BUA 6144-40181		SOCIAL SECURITY		5	2,000.00	
02/24/2026 Sci Grant	T					
BUA 6144-40182		RETIREMENT		5	2,000.00	
02/24/2026 Sci Grant	T					
BUA 6144-41990		PROFESSIONAL SERVICES		5	3,400.00	
02/24/2026 Sci Grant	T					
BUA 6144-42600		OFFICE SUPPLIES		5	2,500.00	
02/24/2026 Sci Grant	T					
BUA 6144-42980		PROGRAM SUPPLIES		5	5,500.00	
02/24/2026 Sci Grant	T					
BUA 6144-43250		POSTAGE		5	500.00	
02/24/2026 Sci Grant	T					
BUA 6144-43510		REPAIRS BUILDING AND GROUNDS		5	6,000.00	
02/24/2026 Sci Grant	T					
BUA 6144-43910		MARKETING		5	2,400.00	
02/24/2026 Sci Grant	T					
BUA 6144-43912		PRINTING		5	3,000.00	
02/24/2026 Sci Grant	T					
BUA 6144-44910		DUES AND SUBSCRIPTIONS		5	300.00	
02/24/2026 Sci Grant	T					
BUA 6144-43110		TRAVEL		5	2,400.00	
02/24/2026 Sci Grant	T					
		JOURNAL 2026/08/389	TOTAL		.00	.00
2026 9 3						
BUA 5913-39668		FUND BAL EDU LOTTERY		5		60,464.25

Duplin County, NC

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
	03/03/2026	030206C				T	Carry forward				
BUA 5913-45228							Security Card Access Systems		5	60,464.25	
	03/03/2026	030206C				T	Carry forward				
BUA 5913-38357							RR Lottery Revenue		5		78,000.00
	03/03/2026	030206C				T	Establish project budget				
BUA 5913-45237							Chinquapin ES Awning		5	78,000.00	
	03/03/2026	030206C				T	Establish project budget				
BUA 5913-38357							RR Lottery Revenue		5		26,400.00
	03/03/2026	030206C				T	Establish project budget				
BUA 5913-45238							Kenansville ES Awning		5	26,400.00	
	03/03/2026	030206C				T	Establish project budget				
							JOURNAL 2026/09/3	TOTAL		.00	.00
2026 9 4											
BUA 5912-39969							FUND BALANCE APPROPRIATED		5		406,000.00
	03/03/2026	030206C				T	Needs Based Grant Match				
BUA 5912-44015							Grant Match		5	406,000.00	
	03/03/2026	030206C				T	Needs Based Grant Match				
							JOURNAL 2026/09/4	TOTAL		.00	.00
2026 9 5											
BUA 7132-41990							PROFESSIONAL SERVICES		5		1,241.00
	03/03/2026	030226C				T	office and road sign expenses				
BUA 7133-41990							PROFESSIONAL SERVICES		5		1,000.00
	03/03/2026	030226C				T	office and road sign expenses				
BUA 7135-41990							PROFESSIONAL SERVICES		5		1,000.00
	03/03/2026	030226C				T	office and road sign expenses				
BUA 7100-41990							PROFESSIONAL SERVICES		5	3,241.00	
	03/03/2026	030226C				T	office and road sign expenses				
							JOURNAL 2026/09/5	TOTAL		.00	.00
2026 9 6											
BUA 4100-38398							INSURANCE SETTLEMENTS		5		720.00
	03/06/2026	030226C				T	VEHICLE 1018 EMS				
BUA 4370-43530							REPAIRS VEHICLES		5	720.00	
	03/06/2026	030226C				T	VEHICLE 1018 EMS				
							JOURNAL 2026/09/6	TOTAL		.00	.00
2026 9 7											
BUA 4100-38398							INSURANCE SETTLEMENTS		5		4,033.96
	03/03/2026	030226C				T	VEHICLE 887 SHERIFF				

Duplin County, NC

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 4310-43530							REPAIRS VEHICLES		5	4,033.96	
	03/03/2026	030226C				T	VEHICLE 887 SHERIFF				
							JOURNAL 2026/09/7	TOTAL		.00	.00
2026 9 9											
BUA 5604-40121							SALARIES		5		2,888.96
	03/03/2026	030226C				T					
BUA 5604-40181							SOCIAL SECURITY		5		249.67
	03/03/2026	030226C				T					
BUA 5604-40182							RETIREMENT		5		382.00
	03/03/2026	030226C				T					
BUA 5604-40183							HOSPITAL INSURANCE		5		203.00
	03/03/2026	030226C				T					
BUA 5604-40184							Life Insurance		5		1.24
	03/03/2026	030226C				T					
BUA 5604-40186							WORKER'S COMPENSATION		5		10.00
	03/03/2026	030226C				T					
BUA 5604-42600							OFFICE SUPPLIES		5		397.22
	03/03/2026	030226C				T					
BUA 5604-43110							TRAVEL		5		283.68
	03/03/2026	030226C				T					
BUA 5604-43200							COMMUNICATIONS		5		200.00
	03/03/2026	030226C				T					
BUA 5604-43250							POSTAGE		5		100.00
	03/03/2026	030226C				T					
BUA 5604-43540							SOFTWARE MAINTENANCE		5		60.00
	03/03/2026	030226C				T					
BUA 5604-43910							MARKETING		5		2.40
	03/03/2026	030226C				T					
BUA 5600-35600							MIPPA		5	5,713.00	
	03/03/2026	030226C				T					
BUA 4100-39969							FUND BALANCE		5		934.83
	03/03/2026	030226C				T	Balance MIPPA budget				
							JOURNAL 2026/09/9	TOTAL		.00	.00
2026 9 10											
BUA 5300-43510							REPAIRS BUILDING AND GROUNDS		5	63,000.00	
	03/03/2026	030226C				T	Insurance settlement				
BUA 4100-38398							INSURANCE SETTLEMENTS		5		63,000.00
	03/03/2026	030226C				T	Insurance settlement				
							JOURNAL 2026/09/10	TOTAL		.00	.00

2026 9 11

Duplin County, NC

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 5300-40121	03/03/2026	030226C				SALARIES	T	5	259,000.00	
BUA 5300-40181	03/03/2026	030226C				SOCIAL SECURITY	T	5	5,000.00	
BUA 5300-40182	03/03/2026	030226C				RETIREMENT	T	5	18,000.00	
BUA 5440-43972	03/03/2026	030226C				FOSTER CARE PMT TO OTHERS	T	5	87,000.00	
BUA 5300-45100	03/03/2026	030226C				CAPITAL OUTLAY	T	5		9,000.00
BUA 5300-41990	03/03/2026	030226C				PROFESSIONAL SERVICES	T	5		25,000.00
BUA 5300-42600	03/03/2026	030226C				OFFICE SUPPLIES	T	5		30,000.00
BUA 5581-43996	03/03/2026	030226C				PUBLIC ASSISTANCE	T	5		18,000.00
BUA 5581-44005	03/03/2026	030226C				PAUPERS BURIAL	T	5		1,500.00
BUA 5372-41942	03/03/2026	030226C				EMERGENCY TANF	T	5		3,000.00
BUA 5372-43110	03/03/2026	030226C				TRAVEL	T	5		1,500.00
BUA 5373-41990	03/03/2026	030226C				PROFESSIONAL SERVICES	T	5		20,000.00
BUA 5440-41994	03/03/2026	030226C				ATTORNEY FEESFOSTER CARE/ADOPT	T	5		5,000.00
BUA 5450-46440	03/03/2026	030226C				MEDICAID ASST PMT TO STATE	T	5		8,000.00
BUA 5470-46931	03/03/2026	030226C				ADOPTION ASSISTANCE VENDOR PAY	T	5		1,500.00
BUA 5581-42963	03/03/2026	030226C				WORK NUMBER	T	5		8,000.00
BUA 5582-44440	03/03/2026	030226C				DAY CARE FRAUD RECOVERY	T	5		10,000.00
BUA 5581-43996	03/03/2026	030226C				PUBLIC ASSISTANCE	T	5		5,000.00
BUA 5300-35301	03/03/2026	030226C				SOCIAL SERVICES ADMIN	T	5		223,500.00
						JOURNAL 2026/09/11 TOTAL			.00	.00

Duplin County, NC

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 CHELSEY LANIER **

LL 2-20-26
AN 2-20-26
ar 2-20-26

DUPLIN COUNTY
TAX AND SOLID WASTE REQUEST
RELEASE DATE MARCH 2, 2026

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
24083	BONEY, KENNETH P. & ANNA MOORE	09	F-013		2025	0714950	$ 556.80		$ 67.20				$ 624.00	CLERICAL ERROR ON MISC. IMPROVEMENTS
24084	BROWN & KENNEDY CONSTRUCTION	07	F-004		2025	1002418	$ 929.74		$ 73.42			$ 110.00	$ 1,113.16	DWMH MOVED TO CORRECT PARCEL
24085	BROWN, FLOYD L. JR.	07	F-004		2025	1197688	$ 240.99		$ 19.03				$ 260.02	SIGNED LATE FOR ELDERLY EXEMPTION
24086	BUMP INC	13	F-007		2025	2536944	$ 100.92		$ 12.18				$ 113.10	BILLED TO WRONG OWNER
24087	BUMP INC	13			2025	2535864	$ 16,571.18						$ 16,571.18	BILLED TO WRONG OWNER
24088	CAMPUZANO, IGNACIO	13	F-021		2025	1473251	$ 24.01		$ 2.90		$ 2.69		$ 29.60	SOLD 1996 MYT TRAILER IN 2024
24089	CARONE, WILLIAM J. & SUSAN F.	09	F-011		2025	1548826	$ 147.72		$ 17.83				$ 165.55	SOLD 2017 BOAT
24090	CAVENAUGH, RITA LYNN	13	F-021		2025	1002852	$ 329.73		$ 39.80				$ 369.53	SIGNED LATE FOR ELDERLY EXEMPTION
24091	FOLSOM, JUDITH SHAW	08			2024	2861197	$ 7.87	$ 0.22			$ 0.81		$ 8.90	TAXPAYER MOVED TO ARKANSAS 2023
24092	GRADY, SHEILA ROSE	05	F-006		2025	3257129	$ 143.55		$ 18.56				$ 162.11	CLERICAL ERROR ON GRADE OF DWMH & MISC. IMPR.
24093	KELLY, TYLER RAY	03	F-019		2025	4793597	$ 9.60		$ 1.08		$ 1.07		$ 11.75	MYT TRAILER LISTED OUT OF COUNTY
24094	KENNEDY, JERRY & MARY	07	F-016		2025	4898430	$ 80.04		$ 9.66				$ 89.70	HOUSE BURNED 2024 BY FIRE DEPT.
24095	KENNEDY, SHERRY PENNY	07	F-004		2025	4936500	$ 11.60		$ 0.92		$ 1.25	$ 110.00	$ 123.77	SWMH LISTED AS REAL PROPERTY
24096	KENNEDY, SHERRY PENNY	07	F-004		2024	4936500	$ 14.30	$ 0.40	$ 0.92			$ 110.00	$ 125.62	SWMH LISTED AS REAL PROPERTY
24097	KENNEDY, SHERRY PENNY	07	F-004		2023	4936500	$ 14.30	$ 0.40	$ 0.92		$ 1.56	$ 110.00	$ 127.18	SWMH LISTED AS REAL PROPERTY
24098	KENNEDY, SHERRY PENNY	07	F-004		2022	4936500	$ 14.30	$ 0.40	$ 0.92		$ 1.56	$ 110.00	$ 127.18	SWMH LISTED AS REAL PROPERTY
24099	KENNEDY, SHERRY PENNY	07	F-004		2021	4936500	$ 14.30	$ 0.40	$ 0.92		$ 1.56	$ 90.00	$ 107.18	SWMH LISTED AS REAL PROPERTY
24100	MILLER, JANIE	06	F-020		2025	5935565	$ 192.56						$ 192.56	SIGNED LATE FOR ELDERLY EXEMPTION
24101	NOVAK, MARK	09	F-009		2025	10004126	$ 11.60		$ 1.56		$ 1.32	$ 110.00	$ 124.48	NEVER OWNED SWMH-ONLY HAS ONE
24102	NOVAK, MARK	09	F-009		2024	10004126						$ 110.00	$ 110.00	NEVER OWNED SWMH-ONLY HAS ONE
24103	NOVAK, MARK	09	F-009		2024	10004126	$ 14.30	$ 0.40	$ 1.70		$ 1.64		$ 18.04	NEVER OWNED SWMH-ONLY HAS ONE
24104	NOVAK, MARK	09	F-009		2023	10004126	$ 14.30	$ 0.40	$ 1.80		$ 1.65	$ 110.00	$ 128.15	NEVER OWNED SWMH-ONLY HAS ONE
24105	PARKER, HUGH FRANKLIN & WF RONDA	08	F-010		2025	6613450						$ 110.00	$ 110.00	BILLED SW FEE IN ERROR-FARM LAND
24106	PARKER, HUGH FRANKLIN & WF RONDA	08	F-010		2024	6613450						$ 110.00	$ 110.00	BILLED SW FEE IN ERROR-FARM LAND
24107	PARKER, HUGH FRANKLIN & WF RONDA	08	F-010		2023	6613450						$ 110.00	$ 110.00	BILLED SW FEE IN ERROR-FARM LAND
24108	PARKER, HUGH FRANKLIN & WF RONDA	08	F-010		2022	6613450						$ 110.00	$ 110.00	BILLED SW FEE IN ERROR-FARM LAND
24109	PHILLIPS, PAUL & JANE	13	F-007		2025	6780212	$ 733.70		$ 88.55				$ 822.25	CLERICAL ERROR ON COND. OF HOUSE & EFFECTIVE AGE
24110	PICA, MARTIN	11			2025	6788480	$ 1.74				$ 0.17		$ 1.91	BUSINESS DISSOLVED 2024
24111	PIKE, EARL BORDEN & WF STACIE	13			2025	6896500	$ 28.46						$ 28.46	BOAT OVER PRICED
24112	PIKE, EARL BORDEN & WF STACIE	13			2024	6896500	$ 37.23	$ 1.04					$ 38.27	BOAT OVER PRICED
24113	PONCE, JOSE LUIS	05	F-006		2023	6936098	$ 14.30	$ 0.40	$ 1.50		$ 1.62	$ 110.00	$ 127.82	SWMH DOUBLE LISTED
24114	POWELL, HOWARD & ETHYLEN	09			2025	6991002	$ 177.48						$ 177.48	CLERICAL ERROR ON COND. OF HOUSE
24115	REYES, YACKELIN CRUZ	05	F-006		2025	10003857	$ 11.60		$ 1.50		$ 1.31	$ 110.00	$ 124.41	SWMH DOUBLE LISTED
24116	REYES, YACKELIN CRUZ	05	F-006		2024	10003857	$ 14.30	$ 0.40	$ 1.50		$ 1.62	$ 110.00	$ 127.82	SWMH DOUBLE LISTED
24117	RIVENBARK, ALLEN EARL	09	F-009		2025	10002781	$ 2.73		$ 0.37		$ 0.31		$ 3.41	SOLD 2011 BOAT IN 2023
24118	SALMON, GREGORY WAYNE	12	F-011		2025	10007244	$ 94.63		$ 11.42		$ 10.61		$ 116.66	BOAT DOUBLE LISTED
24119	SNYDER, MARGARET K. & HUS	04	F-002		2025	010001679	$ 22.33		$ 2.50		$ 2.48		$ 27.31	MYT TRAILER IS IN TN SINCE 2023
24120	SNYDER, MARGARET K. & HUS	04	F-002		2024	010001679	$ 31.10	$ 0.87	$ 2.83		$ 3.48		$ 38.28	MYT TRAILER IS IN TN SINCE 2023
24121	STOVER, JANE BRINSON	13	F-021		2026	8263050	$ 58.58		$ 7.07				$ 65.65	BILLED INCORRECTLY FOR 2026
24122	TEACHEY, JAMES GREGORY	09	F-011		2025	8607439	$ 11.60		$ 1.40		$ 1.30	$ 110.00	$ 124.30	NEVER OWNED SWMH PER GIS
24123	TEACHEY, JAMES GREGORY	09	F-011		2024	8607439	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 110.00	$ 127.71	NEVER OWNED SWMH PER GIS
24124	TEACHEY, JAMES GREGORY	09	F-011		2023	8607439	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 110.00	$ 127.71	NEVER OWNED SWMH PER GIS
24125	TEACHEY, JAMES GREGORY	09	F-011		2022	8607439	$ 15.30	$ 0.43	$ 1.50		$ 1.72	$ 110.00	$ 128.95	NEVER OWNED SWMH PER GIS
24126	TEACHEY, JAMES GREGORY	09	F-011		2021	8607439	$ 15.30	$ 0.43	$ 1.50		$ 1.72	$ 90.00	$ 108.95	NEVER OWNED SWMH PER GIS
24127	TEACHEY, JAMES GREGORY	09	F-011		2020	8607439	$ 16.45	$ 0.46	$ 1.61		$ 1.85	$ 90.00	$ 110.37	NEVER OWNED SWMH PER GIS
24128	TEACHEY, JAMES GREGORY	09			2019	8607439						$ 90.00	$ 90.00	NEVER OWNED SWMH PER GIS

LL 2-20-26
AN 2-20-26
ar 2-20-26

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
24129	TEACHEY, JAMES GREGORY	09			2019	8607439	$ 18.67				$ 1.87		$ 20.54	NEVER OWNED SWMH PER GIS
24130	VALDEZ, JAVIER	04	F-002		2025	000001605	$ 14.83		$ 1.66		$ 1.65		$ 18.14	BOAT VALUE TOO HIGH FOR 2025
24131	VANN, MACHELLE ARNETTE	05	F-020		2025	10007442	$ 11.60				$ 1.16	$ 110.00	$ 122.76	SWMH DOUBLE LISTED
24132	WILLIAMS, YVONNE ROBINSON	02			2025	9732800	$ 11.60				$ 1.16		$ 12.76	SOLD SWMH 2023
24133	WILLIAMS, YVONNE ROBINSON	02			2024	9732800	$ 14.30	$ 0.40					$ 14.70	SOLD SWMH 2023
24134	AMBROSIO, ALEJO FERMIN	12	F-022		2025	0074114	$ 8.70				$ 0.87	$ 110.00	$ 119.57	SWMH VACANT & IN BAD CONDITION
24135	B & G PROPERTIES OF NC, LLC	07	F-004		2025	0195613	$ 17.98		$ 1.42				$ 19.40	CLERICAL ERROR ON CLASSIFICATION OF COMM. BLDG
24136	B & G PROPERTIES OF NC, LLC	07	F-004		2024	0195613	$ 582.01	$ 16.28	$ 37.28				$ 635.57	CLERICAL ERROR ON CLASSIFICATION OF COMM. BLDG
24137	B & G PROPERTIES OF NC, LLC	07	F-004		2023	0195613	$ 582.01	$ 16.28	$ 37.28				$ 635.57	CLERICAL ERROR ON CLASSIFICATION OF COMM. BLDG
24138	B & G PROPERTIES OF NC, LLC	07	F-004		2022	0195613	$ 582.01	$ 16.28	$ 37.28				$ 635.57	CLERICAL ERROR ON CLASSIFICATION OF COMM. BLDG
24139	B & G PROPERTIES OF NC, LLC	07	F-004		2021	0195613	$ 582.01	$ 16.28	$ 37.28				$ 635.57	CLERICAL ERROR ON CLASSIFICATION OF COMM. BLDG
24140	BATCHELOR, CAROL ANN B.	09	F-018		2025	0314000	$ 1,068.36		$ 128.94				$ 1,197.30	CORRECTED HEATED SF
24141	BATTS, JEAN CRAFT	07			2025	0362080	$ 226.20						$ 226.20	LAND CODE DOUBLE LISTED
24142	BATTS, JEAN CRAFT	07			2024	0362080	$ 137.28	$ 3.84					$ 141.12	LAND CODE DOUBLE LISTED
24143	BATTS, JEAN CRAFT	07			2023	0362080	$ 137.28	$ 3.84					$ 141.12	LAND CODE DOUBLE LISTED
24144	BATTS, JEAN CRAFT	07			2022	0362080	$ 137.28	$ 3.84					$ 141.12	LAND CODE DOUBLE LISTED
24145	BATTS, JEAN CRAFT	07			2021	0362080	$ 137.28	$ 3.84					$ 141.12	LAND CODE DOUBLE LISTED
24146	BEEBE, LAWRENCE	11			2025	010002092	$ 485.46						$ 485.46	SIGNED LATE FOR ELDERLY EXEMPTION
24147	BROWN, JAMES GEORGE, JR	07	F-004		2025	10005709	$ 20.07		$ 1.59		$ 2.17		$ 23.83	SOLD MYT TRAILER 2023
24148	BROWN, JAMES GEORGE, JR	07			2024	10005709	$ 28.87	$ 0.81			$ 2.97		$ 32.65	SOLD MYT TRAILER 2023
24149	COOK, EMILY DIANE	06	F-003		2025	1923503	$ 85.26		$ 8.09				$ 93.35	20% FOB NOT ADDED DUE TO LH CARD
24150	FIRST MISSIONARY BAPTIST CHURCH	01			2025	1004189	$ 191.98						$ 191.98	CLERICAL ERROR ON LAND CODE
24151	GONZALEZ, YUNIOR JOEL RIVERA	11	F-017		2025	3190487	$ 609.00		$ 73.50			$ 110.00	$ 792.50	DWMH DOUBLE LISTED
24152	HODGES, LINETTE H.	01			2025	4006075	$ 281.88						$ 281.88	HOUSE BURNED DOWN JULY 2024
24153	HOUSTON, JEFFREY	13			2025	10003715	$ 8.29						$ 8.29	BOAT LISTED IN PENDER COUNTY
24154	JAMES, ESTHER M.	09	F-011		2025	4345662	$ 148.83		$ 17.96		$ 16.68	$ 110.00	$ 293.47	SWMH DOUBLE LISTED
24155	JAMES, ESTHER M.	09	F-011		2024	4345662	$ 198.63	$ 5.56	$ 19.45		$ 22.36	$ 110.00	$ 356.00	SWMH DOUBLE LISTED
24156	JAMES, ESTHER M.	09	F-011		2023	4345662	$ 214.93	$ 6.01	$ 21.04		$ 24.20	$ 110.00	$ 376.18	SWMH DOUBLE LISTED
24157	JAMES, ESTHER M.	09	F-011		2022	4345662	$ 251.75	$ 7.04	$ 24.65		$ 28.34	$ 110.00	$ 421.78	SWMH DOUBLE LISTED
24158	MAREADY, FRANCES I., LE	08	F-010		2025	5503158	$ 194.30		$ 30.15			$ 110.00	$ 334.45	CLERICAL ERROR ON HEATED SF-HOUSE VACANT
24159	MAREADY, FRANCES I., LE	08	F-010		2024	5503158	$ 31.55	$ 0.88	$ 3.09				$ 35.52	CLERICAL ERROR ON HEATED SF
24160	MAREADY, FRANCES I., LE	08	F-010		2023	5503158	$ 31.55	$ 0.88	$ 3.09				$ 35.52	CLERICAL ERROR ON HEATED SF
24161	MAREADY, FRANCES I., LE	08	F-010		2022	5503158	$ 31.55	$ 0.88	$ 3.09				$ 35.52	CLERICAL ERROR ON HEATED SF
24162	MAREADY, FRANCES I., LE	08	F-010		2021	5503158	$ 31.55	$ 0.88	$ 3.09				$ 35.52	CLERICAL ERROR ON HEATED SF
24163	MATTHEWS, MARTIN & WIFE	05	F-020		2025	5606064						$ 31.05	$ 31.05	SHOULD HAVE RECEIVED PRIVATE HAULER
24164	MOORE, HENRIETTA HRS	09	F-011		2025	6121539	$ 11.60		$ 1.40		$ 1.30	$ 110.00	$ 124.30	SWMH LISTED AS REAL PROPERTY
24165	MOORE, HENRIETTA HRS	09	F-011		2024	6121539	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 110.00	$ 127.71	SWMH LISTED AS REAL PROPERTY
24166	MOORE, HENRIETTA HRS	09	F-011		2023	6121539	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 110.00	$ 127.71	SWMH LISTED AS REAL PROPERTY
24167	MOORE, HENRIETTA HRS	09	F-011		2022	6121539	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 110.00	$ 127.71	SWMH LISTED AS REAL PROPERTY
24168	MOORE, HENRIETTA HRS	09	F-011		2021	6121539	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 90.00	$ 107.71	SWMH LISTED AS REAL PROPERTY
24169	MOORE, HENRIETTA HRS	09	F-011		2020	6121539	$ 14.30	$ 0.40	$ 1.40		$ 1.61	$ 90.00	$ 107.71	SWMH LISTED AS REAL PROPERTY
24170	MURRAY, VECKY ANN	09	F-011		2025	10007474	$ 148.83		$ 17.96			$ 110.00	$ 276.79	SWMH DOUBLE LISTED
24171	MURRAY, VECKY ANN	09	F-011		2025	10007474	$ 198.63	$ 5.56	$ 19.45		$ 22.36	$ 110.00	$ 356.00	SWMH DOUBLE LISTED
24172	MURRAY, VECKY ANN	09	F-011		2025	10007474	$ 214.93	$ 6.01	$ 21.04		$ 48.40	$ 110.00	$ 400.38	SWMH DOUBLE LISTED
24173	MURRAY, VECKY ANN	09	F-011		2025	10007474	$ 251.75	$ 7.04	$ 24.65		$ 85.03	$ 110.00	$ 478.47	SWMH DOUBLE LISTED
24174	NEWMONS, JENNIFER MOORE	12	F-022		2025	6403187	$ 179.80						$ 179.80	CLERICAL ERROR ON GRADE OF DWMH
24175	QUINN, JERRY LEWIS & WF TERESA W.	12			2024	7124040						$ 110.00	$ 110.00	SHOULD HAVE ONLY BEEN BILLED FOR ONE SW FEE
24176	SMITH, ANN	09	F-018		2025	1002476	$ 11.60					$ 110.00	$ 121.60	SWMH DOUBLE LISTED

LL 2-20-26
AW 2-20-26
cw 2-20-26

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
24177	STRICKLAND, ANTHONY DWAYNE	05	F-006		2025	8271403	$ 87.00		$ 11.25			$ 78.95	$ 177.20	DWMH MOVED TO LH CARD 05-225-8-1
24178	TAYLOR, KENNETH HAROLD, LE	07	F-003		2025	8546903						$ 110.00	$ 110.00	CHARGED SW FEE ON BOTH LAND & SWMH
24179	WILLIAMS, VIRGIL & KAY	07			2025	9715276	$ 51.62						$ 51.62	CHARGED FOR NEIGHBOR'S LOT IN ERROR
24180	WILLIAMS, VIRGIL & KAY	07			2024	9715276	$ 40.04	$ 1.12					$ 41.16	CHARGED FOR NEIGHBOR'S LOT IN ERROR
24181	WILLIAMS, VIRGIL & KAY	07			2023	9715276	$ 40.04	$ 1.12					$ 41.16	CHARGED FOR NEIGHBOR'S LOT IN ERROR
24182	WILLIAMS, VIRGIL & KAY	07			2022	9715276	$ 40.04	$ 1.12					$ 41.16	CHARGED FOR NEIGHBOR'S LOT IN ERROR
24183	WILLIAMS, VIRGIL & KAY	07			2021	9715276	$ 40.04	$ 1.12					$ 41.16	CHARGED FOR NEIGHBOR'S LOT IN ERROR
24184	WELLS, KEVETTE EARL	02			2025	9223804	$ 20.17				$ 2.01		$ 22.18	MYT TRAILER REGISTERED IN MAINE
24185	WELLS, KEVETTE EARL	02			2025	9223804	$ 20.32				$ 1.65		$ 21.97	2 MYT TRAILERS REGISTERED IN MAINE
24186	HANCHEY, GERALD & WF AMY	09	F-009		2025	3524281	$ 1,002.82		$ 134.86			$ 110.00	$ 1,247.68	DWMH MOVED TO PARCEL 09-2133-3
24187	LANIER, DAVID SCOTTY	08	F-014		2025	10002706	$ 14.86		$ 1.28		$ 1.61		$ 17.75	SOLD 2001 BOAT MARCH 2021
24188	LANIER, DAVID SCOTTY	08	F-014		2024	10002706	$ 10.73	$ 0.30	$ 0.75		$ 1.18		$ 12.96	SOLD 2001 BOAT MARCH 2021
24189	LANIER, DAVID SCOTTY	08	F-014		2023	10002706	$ 16.25	$ 0.45	$ 1.14		$ 1.78		$ 19.62	SOLD 2001 BOAT MARCH 2021
24190	LANIER, DAVID SCOTTY	08	F-014		2022	10002706	$ 7.07	$ 0.20	$ 0.49		$ 0.78		$ 8.54	SOLD 2001 BOAT MARCH 2021
24191	PATE, CARL D. JR & NANCY L. TRUSTEE	07	F-004		2025	6654338	$ 1,354.30		$ 106.94			$ 110.00	$ 1,571.24	HOUSE DOUBLE LISTED
24192	VENEGAS, ISIDRO	09	F-013		2025	010004301	$ 904.80		$ 109.20			$ 110.00	$ 1,124.00	DWMH REMOVED PER GIS IMAGES
													$ -	
	GRAND TOTAL						**$ 32,612.73**	**$ 137.31**	**$ 1,344.71**	**$ -**	**$ 324.10**	**$ 5,160.00**	**$ 39,578.85**	

SUBMITTED BY: _____ **FINAL APPROVAL BY:** Duplin B Edwards **DATE APPROVED:** 03/02/2026

DUPLIN COUNTY
NORTH CAROLINA

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

Date: 02/01/2026

Write off for Duplin County Health Department

Bad Debt Service Date Write Off: January 31, 2023

Amount to be written off: $ 55,300.10

Health Director — Date: 3.4.2026

Chairman – County Commissioners — Date: 03/02/2026

HEALTH		
Account	Service	Balance
61368	01/31/2023	22.80
65415	01/31/2023	97.25
70154	01/31/2023	20.00
62732	01/31/2023	58.35
75936	01/31/2023	34.90
35597	01/31/2023	12.00
75999	01/31/2023	11.40
30475	01/31/2023	81.00
35334	01/31/2023	41.00
76632	01/31/2023	43.00
34101	01/31/2023	255.00
36137	01/31/2023	12.20
2120	01/30/2023	183.00
75362	01/30/2023	71.00
76433	01/30/2023	369.25
14467	01/30/2023	30.00
24050	01/30/2023	93.00
35543	01/30/2023	93.59
75154	01/30/2023	57.00
76641	01/30/2023	15.00
76609	01/30/2023	21.00
76694	01/27/2023	5.00
76632	01/27/2023	140.00
75154	01/27/2023	239.00
8532	01/27/2023	84.00
15661	01/27/2023	22.52
63522	01/27/2023	218.25
13388	01/27/2023	4.00
76624	01/27/2023	164.18
41111	01/27/2023	4.00
21895	01/27/2023	25.25
56700	01/27/2023	4.00
31301	01/27/2023	47.20
62638	01/27/2023	5.00
15661	01/26/2023	79.00
16857	01/26/2023	82.80
73396	01/26/2023	123.00
23805	01/26/2023	25.00
45104	01/26/2023	33.27
54109	01/26/2023	294.00
51267	01/26/2023	14.00
46763	01/26/2023	41.60
76526	01/26/2023	14.40
6714	01/26/2023	146.00
33510	01/25/2023	13.42
31106	01/25/2023	617.40
71116	01/25/2023	6.00
56100	01/25/2023	195.00
40281	01/25/2023	159.00
45019	01/25/2023	78.40
4983	01/25/2023	5.70
43784	01/25/2023	241.00
72852	01/25/2023	178.07
44966	01/25/2023	138.75
25417	01/25/2023	79.00
43617	01/25/2023	25.20
32800	01/25/2023	92.00
75745	01/25/2023	60.00
34432	01/25/2023	134.80
36575	01/24/2023	17.20

74754	01/24/2023	36.00
76485	01/24/2023	114.80
17839	01/24/2023	4.00
61019	01/24/2023	126.00
45156	01/24/2023	30.00
60564	01/24/2023	20.00
19688	01/24/2023	15.00
75421	01/24/2023	15.80
76621	01/24/2023	200.00
63305	01/24/2023	57.00
37047	01/24/2023	88.20
60891	01/24/2023	139.00
64332	01/24/2023	79.00
23844	01/23/2023	93.59
76570	01/23/2023	90.00
76524	01/23/2023	37.20
71979	01/23/2023	136.00
35861	01/23/2023	142.00
76042	01/23/2023	79.00
76342	01/23/2023	53.20
10122	01/23/2023	4.68
46763	01/23/2023	39.00
75999	01/23/2023	6.40
43784	01/23/2023	79.00
52609	01/23/2023	35.00
22786	01/23/2023	15.00
76600	01/23/2023	10.00
23297	01/21/2023	35.00
6634	01/20/2023	5.00
25556	01/20/2023	234.00
76503	01/20/2023	57.00
23058	01/20/2023	31.60
76592	01/20/2023	138.00
7849	01/20/2023	175.00
45156	01/20/2023	30.00
40802	01/20/2023	20.00
71539	01/20/2023	25.00
29097	01/20/2023	15.66
31457	01/20/2023	22.80
75349	01/19/2023	18.26
76585	01/19/2023	120.00
62016	01/19/2023	8.20
67797	01/19/2023	63.58
76646	01/19/2023	177.00
2119	01/19/2023	64.80
62654	01/19/2023	40.20
31340	01/19/2023	59.40
14966	01/18/2023	4.00
70622	01/18/2023	65.80
71619	01/18/2023	108.00
76030	01/18/2023	87.25
75411	01/18/2023	31.60
31426	01/18/2023	34.00
57714	01/18/2023	20.00
59158	01/18/2023	5.00
34360	01/18/2023	188.00
76479	01/18/2023	8.00
70225	01/18/2023	5.00
74827	01/18/2023	198.07
76641	01/18/2023	20.00
76032	01/18/2023	79.00
46700	01/18/2023	79.00

68099	01/18/2023	68.60
76320	01/18/2023	92.40
62638	01/18/2023	5.00
76639	01/18/2023	5.00
59599	01/18/2023	34.50
33029	01/18/2023	49.60
31106	01/17/2023	28.42
74754	01/17/2023	15.80
71045	01/17/2023	34.40
75730	01/17/2023	15.80
24050	01/17/2023	240.00
76149	01/17/2023	50.00
12688	01/17/2023	13.31
75239	01/17/2023	93.60
32503	01/17/2023	2.00
76515	01/17/2023	188.00
76524	01/17/2023	23.00
76609	01/17/2023	89.00
74630	01/17/2023	5.00
76524	01/13/2023	31.60
76607	01/13/2023	72.80
76626	01/13/2023	35.00
76540	01/13/2023	90.00
32582	01/13/2023	33.60
8653	01/13/2023	-4.00
10624	01/13/2023	96.48
76609	01/13/2023	19.75
59131	01/13/2023	57.60
21445	01/13/2023	15.00
43784	01/13/2023	35.00
16668	01/12/2023	56.12
51219	01/12/2023	4.00
33029	01/12/2023	49.20
51267	01/12/2023	68.00
35275	01/12/2023	110.00
51277	01/11/2023	5.00
31550	01/11/2023	49.00
75287	01/11/2023	34.61
62638	01/11/2023	5.00
62922	01/11/2023	1.00
68104	01/11/2023	20.00
59599	01/11/2023	97.25
70538	01/11/2023	79.00
75022	01/11/2023	30.80
26257	01/11/2023	5.00
57869	01/11/2023	59.00
58552	01/11/2023	135.00
23611	01/11/2023	5.00
54668	01/11/2023	79.00
31340	01/11/2023	252.00
41364	01/11/2023	67.00
36775	01/11/2023	59.45
59714	01/11/2023	129.00
41364	01/11/2023	165.00
41121	01/10/2023	612.99
34371	01/10/2023	79.00
52696	01/10/2023	22.80
75411	01/10/2023	50.60
75421	01/10/2023	15.80
75231	01/10/2023	292.40
62726	01/10/2023	71.00
52463	01/10/2023	4.00

29097	01/10/2023	42.32
64332	01/10/2023	95.00
36388	01/09/2023	84.00
76128	01/09/2023	130.00
76306	01/09/2023	5.00
4521	01/09/2023	15.00
21990	01/09/2023	5.00
40512	01/09/2023	31.60
45156	01/09/2023	30.00
34127	01/09/2023	89.00
40813	01/09/2023	79.00
37219	01/09/2023	112.00
30672	01/09/2023	56.40
61787	01/06/2023	51.35
37766	01/06/2023	90.20
44944	01/06/2023	33.60
35861	01/06/2023	134.00
76524	01/06/2023	31.60
76570	01/06/2023	115.00
7849	01/06/2023	161.00
4894	01/06/2023	4.00
59139	01/06/2023	131.00
73890	01/06/2023	140.00
34091	01/06/2023	5.00
14155	01/06/2023	94.00
8900	01/06/2023	5.00
76503	01/06/2023	161.00
22474	01/05/2023	15.00
68925	01/05/2023	53.20
76524	01/04/2023	37.94
16381	01/04/2023	0.45
76353	01/04/2023	84.00
74754	01/04/2023	79.00
37710	01/04/2023	186.00
75541	01/04/2023	89.00
21594	01/04/2023	20.00
32451	01/04/2023	183.00
19697	01/04/2023	10.91
7051	01/04/2023	4.00
29740	01/04/2023	31.60
76315	01/04/2023	133.00
75400	01/04/2023	100.00
25417	01/04/2023	23.00
54668	01/04/2023	180.00
12790	01/04/2023	5.00
47266	01/03/2023	20.00
76540	01/03/2023	79.00
56534	01/03/2023	22.80
75221	01/03/2023	24.60
75411	01/03/2023	31.60
65415	01/03/2023	79.00
10280	01/03/2023	5.00
62732	01/03/2023	47.40
75936	01/03/2023	89.00
53488	01/03/2023	24.16
45816	01/03/2023	129.00
50709	01/03/2023	61.20
76005	01/03/2023	89.00
4840	01/03/2023	59.26
73067	01/03/2023	67.00
64332	01/03/2023	10.00
34360	12/30/2022	158.00

35226	12/30/2022	14.20
50809	12/30/2022	31.60
76540	12/30/2022	115.00
15303	12/30/2022	24.16
45156	12/29/2022	30.00
76329	12/29/2022	31.60
35861	12/29/2022	195.00
31426	12/29/2022	14.80
60491	12/28/2022	57.00
40080	12/28/2022	89.00
75221	12/28/2022	15.80
61099	12/28/2022	15.80
73691	12/28/2022	133.00
31426	12/28/2022	31.60
25417	12/28/2022	195.00
43595	12/28/2022	79.00
51267	12/28/2022	22.80
44966	12/28/2022	152.00
62728	12/28/2022	142.00
42132	12/28/2022	123.00
64332	12/28/2022	79.00
25818	12/28/2022	24.16
54668	12/28/2022	98.00
50116	12/28/2022	79.00
75348	12/28/2022	79.00
24520	12/22/2022	4.00
76328	12/22/2022	172.00
18851	12/22/2022	79.00
61643	12/22/2022	193.00
75469	12/22/2022	79.00
14581	12/22/2022	4.00
27626	12/22/2022	5.00
73396	12/22/2022	107.00
5794	12/22/2022	5.00
76520	12/22/2022	52.00
60938	12/22/2022	42.58
24025	12/22/2022	59.60
10221	12/21/2022	15.80
75278	12/21/2022	20.00
76520	12/21/2022	191.00
63822	12/21/2022	50.00
35526	12/21/2022	79.00
19734	12/21/2022	31.60
8299	12/21/2022	27.00
76030	12/21/2022	79.00
15364	12/21/2022	57.20
75221	12/21/2022	15.80
72758	12/21/2022	79.00
64332	12/21/2022	79.00
54668	12/21/2022	79.00
75541	12/21/2022	251.00
75348	12/21/2022	79.00
22786	12/21/2022	128.00
38372	12/21/2022	31.60
29975	12/21/2022	50.40
76320	12/21/2022	52.35
76479	12/21/2022	20.00
8773	12/21/2022	40.62
76449	12/20/2022	152.00
76467	12/20/2022	225.00
45735	12/20/2022	45.20
76131	12/20/2022	22.80

74754	12/20/2022	92.25
76428	12/20/2022	-120.60
23202	12/20/2022	25.00
60891	12/20/2022	152.00
74124	12/20/2022	200.00
75730	12/20/2022	129.00
76032	12/20/2022	129.00
76515	12/20/2022	188.00
5202	12/20/2022	79.20
75231	12/20/2022	88.20
9188	12/20/2022	275.00
60376	12/19/2022	161.00
7670	12/19/2022	15.00
76507	12/19/2022	5.00
64263	12/19/2022	20.00
71932	12/19/2022	20.00
29746	12/19/2022	118.00
16051	12/19/2022	5.00
74146	12/19/2022	22.80
40418	12/19/2022	37.20
5800	12/19/2022	-25.25
32447	12/19/2022	43.00
76342	12/16/2022	90.20
76478	12/16/2022	394.00
61374	12/16/2022	110.00
32447	12/16/2022	93.00
9188	12/16/2022	21.00
2578	12/16/2022	90.20
71355	12/16/2022	90.00
63562	12/15/2022	57.00
30167	12/15/2022	31.60
76493	12/15/2022	115.00
61368	12/15/2022	35.00
33498	12/15/2022	89.00
44397	12/15/2022	15.80
35887	12/15/2022	123.00
67621	12/15/2022	369.00
31457	12/15/2022	22.80
4521	12/15/2022	15.00
75568	12/15/2022	57.20
42505	12/15/2022	5.00
34715	12/15/2022	23.00
61099	12/14/2022	15.80
57869	12/14/2022	337.00
72758	12/14/2022	98.00
76395	12/14/2022	5.00
75028	12/14/2022	38.60
2897	12/14/2022	15.80
74548	12/14/2022	271.50
59714	12/14/2022	105.00
41112	12/13/2022	60.40
74602	12/13/2022	19.00
75411	12/13/2022	31.60
41340	12/13/2022	18.00
37322	12/13/2022	102.00
40080	12/13/2022	79.00
60347	12/13/2022	79.00
16381	12/13/2022	57.30
75221	12/13/2022	34.80
75348	12/13/2022	108.00
48014	12/13/2022	93.00
75742	12/13/2022	203.07

75407	.	12/13/2022	57.80
9188		12/13/2022	153.00
34127		12/13/2022	188.00
43784		12/13/2022	57.00
76442		12/13/2022	85.20
48893		12/12/2022	33.60
5552		12/12/2022	40.00
16051		12/12/2022	5.00
12545		12/12/2022	10.00
21445		12/12/2022	15.00
767		12/12/2022	73.25
9188		12/12/2022	20.00
76478		12/12/2022	394.00
24560		12/12/2022	5.00
34715		12/09/2022	47.20
76342		12/09/2022	37.20
63539		12/09/2022	693.75
32322		12/09/2022	43.00
59131		12/09/2022	90.20
27919		12/09/2022	5.00
69826		12/09/2022	33.60
72463		12/08/2022	243.00
18356		12/08/2022	5.00
74129		12/08/2022	69.60
62403		12/08/2022	148.00
71518		12/07/2022	183.00
18451		12/07/2022	57.00
34205		12/07/2022	285.60
60347		12/07/2022	98.00
76353		12/07/2022	3.75
75239		12/07/2022	31.60
24520		12/07/2022	4.00
24560		12/07/2022	5.00
51307		12/07/2022	11.98
54668		12/07/2022	84.00
64332		12/07/2022	95.25
76449		12/07/2022	10.00
35497		12/07/2022	20.00
12790		12/07/2022	-25.25
24970		12/07/2022	4.00
75541		12/07/2022	79.00
59395		12/07/2022	15.00
19734		12/07/2022	94.60
38231		12/07/2022	31.60
38372		12/07/2022	43.60
36368		12/06/2022	347.60
52696		12/06/2022	92.00
75936		12/06/2022	173.00
28764		12/06/2022	184.00
76464		12/06/2022	5.00
23202		12/06/2022	25.00
62732		12/06/2022	97.40
73648		12/06/2022	79.00
76330		12/06/2022	90.00
75551		12/06/2022	154.00
45816		12/06/2022	79.00
4728		12/06/2022	5.00
57869		12/06/2022	93.00
35597		12/05/2022	37.20
31437		12/05/2022	137.00
59884		12/05/2022	39.40
20573		12/05/2022	24.16

22766	.	12/05/2022	37.20
76329		12/05/2022	42.00
24560		12/05/2022	5.00
76042		12/05/2022	90.00
31331		12/02/2022	41.00
38549		12/02/2022	37.20
42250		12/02/2022	57.00
23202		12/02/2022	25.00
60700		12/02/2022	142.00
76329		12/02/2022	93.60
26795		12/02/2022	15.00
50501		12/02/2022	118.00
56647		12/02/2022	71.00
12772		12/02/2022	118.00
6634		12/02/2022	13.71
76449		12/02/2022	20.00
56534		12/01/2022	96.80
23805		12/01/2022	10.00
41174		12/01/2022	141.00
35316		12/01/2022	65.60
12095		12/01/2022	142.00
71481		12/01/2022	225.00
76404		12/01/2022	312.00
30167		12/01/2022	114.00
12846		12/01/2022	4.71
57869		12/01/2022	20.00
30167		11/30/2022	33.60
61099		11/30/2022	19.55
24560		11/30/2022	79.00
76325		11/30/2022	271.00
23058		11/30/2022	115.00
44699		11/30/2022	19.00
31417		11/30/2022	33.20
38960		11/30/2022	177.00
55436		11/30/2022	49.60
22540		11/30/2022	5.00
11136		11/30/2022	92.00
11673		11/30/2022	5.00
75411		11/29/2022	31.60
34452		11/29/2022	34.80
75239		11/29/2022	31.60
65415		11/29/2022	129.00
31396		11/29/2022	10.00
75221		11/29/2022	15.80
76431		11/29/2022	15.00
40080		11/29/2022	180.00
41364		11/29/2022	142.00
76342		11/29/2022	58.80
64430		11/29/2022	37.20
35526		11/29/2022	118.00
75348		11/29/2022	180.00
21179		11/29/2022	30.00
70492		11/29/2022	146.00
44397		11/29/2022	0.80
36936		11/29/2022	79.00
24560		11/29/2022	5.00
76353		11/29/2022	10.00
76419		11/29/2022	133.00
8437		11/28/2022	5.00
76189		11/28/2022	140.00
7912		11/28/2022	4.00
58977		11/28/2022	14.20

60891	-	11/28/2022	10.00
56517		11/28/2022	35.00
31301		11/28/2022	37.20
32913		11/28/2022	20.00
42400		11/23/2022	79.00
75450		11/23/2022	154.00
76395		11/23/2022	133.00
21445		11/23/2022	15.00
51267		11/23/2022	68.80
72758		11/23/2022	79.00
18099		11/23/2022	31.60
4139		11/23/2022	37.00
19734		11/23/2022	74.20
27667		11/23/2022	5.00
76409		11/23/2022	5.00
76320		11/23/2022	211.00
24560		11/23/2022	21.00
60776		11/23/2022	52.00
76188		11/23/2022	39.61
74754		11/22/2022	79.00
75407		11/22/2022	5.00
30892		11/22/2022	20.00
24319		11/22/2022	30.00
70153		11/22/2022	242.00
57550		11/22/2022	19.00
24560		11/22/2022	111.00
76300		11/22/2022	148.00
76149		11/22/2022	282.00
34452		11/22/2022	15.80
75444		11/22/2022	79.00
76403		11/22/2022	16.00
45651		11/22/2022	5.00
76005		11/22/2022	103.75
76318		11/22/2022	53.20
76032		11/22/2022	79.00
76290		11/22/2022	79.00
74142		11/22/2022	20.00
71965		11/22/2022	55.20
24349		11/22/2022	142.40
8437		11/21/2022	35.00
36368		11/21/2022	54.80
58460		11/21/2022	79.00
59884		11/21/2022	20.00
45496		11/21/2022	276.00
52609		11/21/2022	35.00
11253		11/21/2022	118.00
43617		11/21/2022	20.60
51589		11/18/2022	118.00
76326		11/18/2022	133.00
30594		11/18/2022	138.00
1315		11/18/2022	99.82
13175		11/18/2022	4.00
76355		11/18/2022	5.00
14763		11/18/2022	161.00
76353		11/18/2022	20.00
16356		11/18/2022	99.60
76330		11/18/2022	115.00
767		11/18/2022	33.27
35316		11/17/2022	31.60
58977		11/17/2022	39.00
76313		11/17/2022	201.00
4521		11/17/2022	15.00

76211	-	11/17/2022	172.00
23058		11/17/2022	224.00
76042		11/17/2022	57.00
37149		11/17/2022	71.40
75287		11/17/2022	11.40
21988		11/17/2022	79.00
16741		11/17/2022	214.00
10803		11/17/2022	79.36
71045		11/17/2022	56.80
39605		11/17/2022	60.20
60337		11/17/2022	15.00
75730		11/16/2022	79.00
76195		11/16/2022	133.00
59599		11/16/2022	50.00
32451		11/16/2022	79.00
33364		11/16/2022	111.00
33048		11/16/2022	79.00
75541		11/16/2022	79.00
67928		11/16/2022	14.00
75400		11/16/2022	9.00
31092		11/16/2022	10.00
75464		11/16/2022	79.00
41364		11/16/2022	103.00
40080		11/15/2022	84.00
33283		11/15/2022	154.00
4840		11/15/2022	47.25
61099		11/15/2022	15.80
61413		11/15/2022	116.00
25881		11/15/2022	216.00
71758		11/15/2022	58.60
76198		11/15/2022	154.00
14605		11/15/2022	4.00
75411		11/15/2022	33.60
10183		11/15/2022	252.00
75221		11/15/2022	17.80
52774		11/15/2022	4.00
76197		11/15/2022	169.00
33498		11/15/2022	147.00
76042		11/15/2022	35.00
76178		11/15/2022	50.00
37017		11/15/2022	125.80
70622		11/15/2022	10.00
76078		11/15/2022	36.40
23854		11/15/2022	4.00
75348		11/15/2022	88.00
75530		11/15/2022	128.00
75239		11/15/2022	54.60
9842		11/15/2022	15.00
75230		11/15/2022	79.00
75516		11/15/2022	90.00
76320		11/15/2022	117.00
5800		11/14/2022	4.00
64352		11/14/2022	20.00
7849		11/14/2022	279.00
75469		11/14/2022	189.25
75838		11/14/2022	133.00
631		11/14/2022	5.00
75468		11/14/2022	154.00
28340		11/10/2022	146.00
76042		11/10/2022	57.00
14976		11/10/2022	13.00
62016		11/10/2022	8.20

67928	-	11/10/2022	31.60
4728		11/10/2022	31.60
67016		11/10/2022	43.00
5800		11/10/2022	67.00
6634		11/10/2022	0.90
75026		11/10/2022	11.40
74672		11/10/2022	79.00
41811		11/09/2022	71.00
33232		11/09/2022	123.00
41121		11/09/2022	57.00
54347		11/09/2022	77.00
72758		11/09/2022	89.00
58552		11/09/2022	35.00
47295		11/09/2022	133.00
32451		11/09/2022	79.00
19688		11/09/2022	15.00
62631		11/09/2022	115.00
33350		11/09/2022	15.00
36656		11/09/2022	22.80
37758		11/09/2022	66.80
28272		11/09/2022	30.00
54232		11/09/2022	157.00
70622		11/08/2022	20.00
34452		11/08/2022	15.80
75936		11/08/2022	79.00
42391		11/08/2022	31.60
75230		11/08/2022	142.00
66966		11/08/2022	71.00
8437		11/08/2022	48.00
34610		11/08/2022	36.60
60891		11/08/2022	20.00
31092		11/08/2022	20.00
75464		11/08/2022	142.00
29975		11/08/2022	13.00
64332		11/08/2022	87.00
54628		11/08/2022	79.00
37735		11/08/2022	79.00
35597		11/08/2022	31.60
1355		11/08/2022	43.00
75362		11/08/2022	161.24
28159		11/08/2022	43.00
75189		11/08/2022	15.80
59599		11/08/2022	143.00
39433		11/08/2022	43.00
74608		11/08/2022	191.07
7849		11/07/2022	79.00
30183		11/07/2022	47.20
75101		11/07/2022	52.25
76186		11/07/2022	177.00
37219		11/07/2022	35.20
64971		11/07/2022	79.00
63965		11/07/2022	103.00
75348		11/07/2022	34.50
67928		11/04/2022	33.60
34206		11/04/2022	44.00
36007		11/04/2022	116.20
76042		11/03/2022	90.00
35224		11/03/2022	20.00
75361		11/03/2022	20.00
59714		11/03/2022	10.00
76108		11/03/2022	115.00
76064		11/03/2022	94.00

44944	-	11/02/2022	92.80
24724		11/02/2022	30.00
65415		11/02/2022	79.00
75221		11/02/2022	84.00
60942		11/02/2022	15.00
32451		11/02/2022	79.00
56088		11/02/2022	79.00
76131		11/02/2022	61.00
17482		11/02/2022	47.20
43784		11/02/2022	203.00
35597		11/02/2022	5.00
63226		11/02/2022	79.00
74922		11/02/2022	73.20
40080		11/02/2022	34.50
19656		11/02/2022	65.00
75117		11/02/2022	19.00
75348		11/02/2022	84.00
14155		11/01/2022	225.00
76097		11/01/2022	3.75
61099		11/01/2022	16.80
56534		11/01/2022	39.80
75336		11/01/2022	19.00
31437		11/01/2022	118.00
74550		11/01/2022	15.00
60438		11/01/2022	79.00
40080		11/01/2022	87.25
31530		11/01/2022	87.00
9101		11/01/2022	15.00
41374		11/01/2022	79.00
62638		11/01/2022	20.00
29886		11/01/2022	43.00
36357		11/01/2022	30.80
32582		11/01/2022	31.60
21445		11/01/2022	15.00
75239		11/01/2022	31.60
35543		11/01/2022	0.41
40889		10/31/2022	5.00
76097		10/27/2022	197.00
63226		10/27/2022	79.00
75541		10/27/2022	96.00
4408		10/26/2022	20.00
34294		10/26/2022	31.60
60874		10/26/2022	126.00
11420		10/26/2022	118.00
75028		10/26/2022	55.00
75022		10/26/2022	15.80
729		10/20/2022	9.00
32451		10/19/2022	79.00
71518		10/19/2022	79.00
74602		10/19/2022	10.00
4840		10/19/2022	47.25
67928		10/19/2022	31.60
35870		10/19/2022	87.00
61099		10/19/2022	19.85
34808		10/19/2022	18.26
305		10/19/2022	20.00
42335		10/19/2022	15.80
30685		10/12/2022	79.00
75873		10/12/2022	90.00
52463		10/12/2022	4.00
55436		10/12/2022	42.80
62152		10/12/2022	26.00

76032	10/12/2022	10.00
34452	10/11/2022	19.80
75230	10/11/2022	180.00
76042	10/11/2022	115.00
75348	10/11/2022	87.25
10935	09/16/2022	4.00
463	08/10/2022	4.00
Total:		55,300.10

DUPLIN COUNTY
NORTH CAROLINA

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

Date: 02/18/2026

Write off for Duplin County Health Department

Bad Debt Service Date Write Off: Deceased Patients

Amount to be written off: $ 261.00

Tracy Simms Kearney
Health Director

3.4.2026
Date

Dallas B Edwards
Chairman – County Commissioners

03/02/2026
Date

Deceased Patients - Health				
Account	Date of Service	Amount	Date of Death	Health
30221	2/2/2022	$ 35.00	2024	HEALTH
54406	7/29/2020	$ 155.00	12/17/2025	HEALTH
54406	3/18/2020	$ 71.00	12/17/2025	HEALTH
	Total to Write Off	$ 261.00		

DUPLIN COUNTY
NORTH CAROLINA

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

Date: 02/18/2026

Write off for Duplin County EMS

Bad Debt Service Date Write Off: Deceased Patients

Amount to be written off: $15,209.60

County Manager

3/4/2026
Date

Chairman – County Commissioners

03/02/2026
Date

EMS Deceased Patients

Account	Date of Service	Amount	Date of Death	EMS
30221	4/7/2004	$ 562.00	2024	EMS
30221	12/18/2014	$ 598.50	2024	EMS
30221	3/26/2015	$ 499.55	2024	EMS
30221	3/28/2015	$ 499.55	2024	EMS
30221	9/28/2018	$ 521.00	2024	EMS
54327	7/27/2017	$ 660.60	7/18/2025	EMS
57584	6/21/2018	$ 127.98	7/10/2018	EMS
51532	2/15/2018	$ 75.00		EMS
51532	2/15/2018	$ 75.00		EMS
51532	2/17/2018	$ 75.00		EMS
51532	2/23/2018	$ 75.00		EMS
51532	3/17/2018	$ 75.00		EMS
51532	4/18/2018	$ 75.00		EMS
51532	10/12/2018	$ 75.00		EMS
51532	1/24/2019	$ 75.00		EMS
51532	7/27/2018	$ 75.00		EMS
51532	10/10/2019	$ 75.00		EMS
51532	10/13/2019	$ 75.00		EMS
51532	10/16/2019	$ 75.00		EMS
56837	4/15/2018	$ 682.60	9/1/2024	EMS
65541	2/5/2020	$ (115.66)	11/10/2025	EMS
54406	10/12/2018	$ 440.20	12/17/2025	EMS
19861	12/13/2019	$ 265.00	12/19/2025	EMS
59315	1/17/2021	$ 75.00	11/4/2025	EMS
45375	1/11/2016	$ 250.00	7/1/2025	EMS
44572	9/5/2019	$ 768.60	7/4/2025	EMS
44572	11/19/2015	$ 250.00	7/4/2025	EMS
44572	9/23/2013	$ 120.24	7/4/2025	EMS
44572	5/2/2013	$ 120.24	7/4/2025	EMS
44572	5/7/2015	$ 124.93	7/4/2025	EMS
52670	11/6/2016	$ 265.00	8/23/2025	EMS
52670	9/26/2019	$ 265.00	8/23/2025	EMS
52670	11/17/2018	$ 120.38	8/23/2025	EMS
52670	11/24/2018	$ 107.27	8/23/2025	EMS
52670	10/2/2017	$ 119.01	8/23/2025	EMS
3869	8/15/2018	$ 114.12	8/12/2025	EMS
12306	4/16/2016	$ 110.75	7/12/2025	EMS
12306	11/26/2017	$ 107.05	7/12/2025	EMS
38689	8/10/2016	$ 699.30	7/29/2025	EMS
28689	5/31/2016	$ 272.17	7/29/2026	EMS
22406	9/2/2016	$ 75.00	9/16/2025	EMS
22406	9/7/2016	$ 75.00	9/16/2025	EMS
22406	7/11/2016	$ 75.00	9/16/2025	EMS

78333	10/12/2017	$ 77.90	9/18/2025	EMS
8840	7/11/2017	$ 564.20	9/24/2025	EMS
42029	1/25/2020	$ 159.37	10/10/2025	EMS
42029	9/27/2019	$ 112.61	10/10/2025	EMS
42029	8/26/2018	$ 120.16	10/10/2025	EMS
42029	6/19/2018	$ 100.00	10/10/2025	EMS
42029	6/12/2018	$ 106.95	10/10/2025	EMS
42029	5/3/2018	$ 120.16	10/10/2025	EMS
42029	2/23/2018	$ 120.16	10/10/2025	EMS
42029	1/28/2018	$ 253.35	10/10/2025	EMS
42029	1/27/2018	$ 100.00	10/10/2025	EMS
42029	4/7/2017	$ 123.15	10/10/2025	EMS
42029	12/4/2016	$ 103.42	10/10/2025	EMS
42029	6/3/2016	$ 116.39	10/10/2025	EMS
42029	1/5/2016	$ 103.42	10/10/2025	EMS
42029	11/30/2015	$ 103.70	10/10/2025	EMS
42029	11/9/2015	$ 103.70	10/10/2025	EMS
44571	11/8/2015	$ 1,414.60	10/9/2025	EMS
41824	2/9/2017	$ 200.00	10/1/2025	EMS
61939	2/11/2020	$ 152.45	10/13/2025	EMS
61939	11/26/2019	$ 247.32	10/13/2025	EMS
43335	5/9/2018	$ 100.00	10/27/2025	EMS
43335	4/9/2018	$ 126.94	10/27/2025	EMS
38796	1/17/2020	$ 181.09	10/27/2025	EMS
38796	4/9/2019	$ 108.01	10/27/2025	EMS
38796	1/7/2019	$ 108.01	10/27/2025	EMS
38796	10/12/2015	$ 102.16	10/27/2025	EMS
53991	6/21/2017	$ 225.00	11/24/2025	EMS
	Write Off Amount	$ 15,209.60		

Cabin Lake County Park Price Sheet

General Admission
$3.00 per person Duplin County Resident
(Non-County Resident $4.00 per person)
*Free for 5 & under

Canoes and Pedal Boats
$10.00 per boat/per hour

Boating
Personal craft launch fee $4.00 per boat

RV Sites & Elec Tent– DUPLIN RESIDENTS
$30.00 per night
$27.00 Military/Senior Citizens (62 and older)

RV Sites & Elec Tent—NON-RESIDENTS
$35.00 per night
$32.00 Military/Senior Citizens (62 and older)

Tent Sites - Primitive
$25.00 per night
$22.00 Military/ Senior Citizens (62 and older)

Group Camping
$5.00 per person/per night (8 or more people)

Picnic Shelter-DUPLIN RESIDENTS
$35.00 for 4 hours + general admission after 35 people
$60.00 for entire day + general admission after 35 people

Picnic Shelter-NON-RESIDENTS
$50.00 for 4 hours + general admission after 35 people
$75.00 for entire day + general admission after 35 people

COUNTY PARK PASSES
$90.00 Season Pass—Single Person (Ask about our prorated fees for months into the year) Passes expire December 31st of each year

Ice - $3.00 per bag (7 lbs.)

Firewood - $7.00 per bundle (Bundles include 10 pieces)

Concession Stand:

Hotdogs 1/$2 or 2/$3

Nachos & Cheese $5

Popcorn $2

Pickles $1

Chips $1

Water $1

Popsicles $1

T-Shirts $25

Hoodies $40

Wildlife fees

$5 for standard license

$10 for title and registration

$5 per notary fee if applicable

CABIN LAKE
NORTH CAROLINA

STATE OF NORTH CAROLINA **LEASE AGREEMENT**
COUNTY OF DUPLIN

THIS LEASE AGREEMENT made and entered into this 2 **day of** March **, 2026**, by and between the **COUNTY OF DUPLIN**, a body politic of Duplin County, North Carolina, (LESSOR) and Jordan Heath ("LESSEE").

WITNESSETH:

That for and in consideration of the mutual covenants and agreements hereinafter set forth, the LESSOR does hereby lease and rent to the LESSEE, for the term and upon the conditions hereinafter set forth, those certain premises (hereinafter referred to as the "premises" or "leased premises") in "AS IS" condition and more particularly described as follows:

An area consisting of approximately 85 acres of land at the Duplin County Airport known as the Runway Protection Zone (RPZ).

TO HAVE AND TO HOLD said premises above described, together with all privileges and appurtenances thereunto belonging upon the following terms and conditions:

1. **TERM/MODIFICATION/CONTINGENCIES**: The original term of this Lease shall be for a six (6) year period, commencing on February 1, 2026 and terminating on January 31, 2032.

2. **RENT**: The Lessee shall pay to the Lessor during the term set forth in paragraph one (1) above, without demand and without deduction, abatement or set off, rent in the amount of EIGHT HUNDRED AND FIFITY Dollars and No Cents ($850.00) annually. Said annual rent shall be payable in advance, beginning on February 1, 2025, and continuing in a like amount being payable on or before each anniversary date of this lease. Failure to pay such annual rent by February 15 each year shall result in a 5% late fee which shall be considered unpaid rent and shall serve as grounds for immediate termination of this Agreement and immediate possession of the premises by Lessee.

3. **OPTION TO RENEW:** This Lease Agreement may be extended under the same terms and conditions for an additional period of four (4) years upon mutual agreement of both parties at least thirty (30) days prior to the expiration of the base term. In such case as this Option to Renew is executed, the renewed Lease Agreement shall, for the period of February 1, 2032 through January 31, 2036, be subject to the same terms and conditions from the original lease.

If the Option to Renew is executed, Lessee shall pay rent in the amount of EIGHT HUNDRED AND FIFTY Dollars and No Cents ($850.00) annually. Said annual rent shall be payable in advance, beginning on February 1, 2032, and continuing in a like amount being payable on or before each anniversary date of this lease. Failure to pay such annual rent by February 15 each year shall result in a 5% late fee which shall be considered unpaid rent and shall serve as grounds for immediate termination of this Agreement and immediate possession of the premises by Lessee.

4. **TERMINATION CLAUSE:** This lease may be terminated by Lessor upon thirty (30) days written notice if the leased premise is required for a public purpose.

5. **USE:** The premises shall be used by the Lessee solely for the purposes of establishing, farming, harvesting Coastal Bermuda hay/pastureland. No other use shall be made of the premises without the prior written consent of the Lessor, but such consent shall not be withheld unreasonably. No unlawful or offensive use shall be made of the premises. The Lessee agrees to comply with all state and federal or city

and county laws and ordinances relating to the use of the premises, including specifically, but not exclusively, all laws and ordinances relating to the storage and use of inflammable, toxic, or combustible materials. Failure to comply with all local, state, or federal laws shall serve as grounds for immediate termination.

At no time shall Lessee be entitled to plant any type crop, which by its nature, attracts wildlife, such as corn, soybeans, clover, millet or similar wildlife attractant crops. The objective is that the pasture crops will not attract wildlife, particularly deer, which constitute a danger to aircraft and persons utilizing the airport runway for landing or taking off. The fields and adjacent ditches shall be maintained at all times so that no growth reaches a height in excess of twenty (20) inches. All fertilizers or chemicals used to maintain crops shall not attract wildlife. This includes, but is not limited to chicken litter, animal waste sludge, or other animal by-products used for enhancing crop growth.

6. **ASSIGNMENT AND SUBLEASE**: The Lessee shall not assign or in any manner transfer the lease or any estate, interest or benefit therein or sublet the premises or any parts thereof or permit the use of the same or any part thereof by anyone other than Lessee without the written prior consent of Lessor.

7. **ALTERATIONS, IMPROVEMENTS, AND RETURN OF PREMISES**: The Lessee at its own expense may make alterations, additions, and improvements of a material or structural nature only with the prior written consent of the Lessor. All alterations, additions and improvements shall become the property of the Lessor and shall be surrendered with the premises upon termination of this lease, but the Lessor may require the Lessee to remove any part or all of such alterations, additions, or improvements, at the Lessee's expense, upon termination hereof. During the term of this lease and upon the termination hereof, the Lessee shall have the right to remove all fixtures, equipment, and machinery installed upon the premises by it, provided that removal can be affected without materially damaging or affecting the building structurally. Any damage by such removal shall be repaired by the Lessee at its expense. The Lessee agrees that it will return the leased premises at the end of the term or upon any earlier termination of this lease, in as good order and condition, ordinary wear and tear expected, as the leased premises were at the time of the commencement of this lease.

8. **LESSEE'S OBLIGATION TO MAINTAIN**: The Lessee shall keep and maintain the premises in neat, orderly, safe, and clean condition all times during the term of this lease, and shall return the same to Lessor at any termination hereof in as good a condition as the premises were at the commencement of the term hereof, except for loss, damage or depreciation caused by reasonable wear and tear and damage by accidental fire or other casualty. It is agreed that the area to be planted and maintained by the Lessee shall be kept free of weeds at all times and that the height of vegetation/grass shall not exceed twenty (20) inches.

The Lessee shall be solely responsible for all costs associated with the establishment, planting, maintenance, irrigation and harvesting of the grass/hay in the designated area. The Lessee will perform appropriate soil testing and preparation, and apply herbicides, lime, and fertilizer in accordance with the recommendations of the North Carolina State Department of Agriculture, the costs of which will also be borne by the Lessee. It is understood and agreed between the parties that the Lessor shall have no responsibility for these or other costs associated with the Lessee's use of the premises during the terms of this lease.

9. **HARVESTING**: It is agreed that when the grass is harvested and bailed, all bails within the 250 foot markers along the runways will be removed within 24 hours. All equipment used by the Lessee in establishing, planting, maintaining, irrigating and/or harvesting of grass shall stay clear of the runway and taxi areas at all times.

10. **UTILITIES:** It is understood and agreed by the parties hereto that Lessor shall not furnish any water, heat, gas, lights, electricity or other utilities required for the use of the leased premises and that all such expense shall be borne by Lessee.

11. **ENTRY BY LESSOR:** The Lessor shall have the right to enter the premises at all reasonable hours for the purposes of inspecting the same; however, the Lessor shall whenever possible provide the Lessee with reasonable notice of the Lessor's intent to enter and inspect the premises.

12. **INSURANCE OBTAINED BY LESSOR**: Lessor may procure and keep in force for its sole benefit and at its own discretion during the term of this lease a policy or policies of fire, all-risk coverage, and liability insurance.

13. **INSURANCE OBTAINED BY LESSEE:** The Lessee, at its expense, shall procure and continue in force general liability insurance naming the Lessor as a named insured against any and all claims for injuries to persons occurring on the leased premises in an amount not less than One Million Dollars ($1,000,000) for injuries to persons in one accident, not less than Three Hundred Thousand Dollars ($300,000) for injury to any one person, and property damage at least in the amount of One Hundred Thousand Dollars ($100,000). Such insurance shall be written by a company authorized to engage in the business of general liability insurance in the State of North Carolina. The policy or policies shall provide that the insurance shall not be cancelled nor shall there be any change in the scope or amount of coverage of the policy unless ten (10) days prior written notice has been given to the Lessor. The policy or policies, or certifications thereof, shall be delivered to the Lessor and Lessee upon the commencement of the interim term of this lease and upon each renewal of the insurance.

In addition, Lessee shall comply with the North Carolina Workers' Compensation Act and shall provide for the payment of workers' compensation benefits to its employees in the manner and to the extent required by such Act.

14. **WAIVER OF SUBROGATION RIGHTS:** Subject to the conditions hereinafter provided in this paragraph, the Lessor shall not be liable for any business interruption, any loss or damage to property, or injury to or any death of any person occurring on the lease premises, or in any manner growing out of or connected with the Lessee's use and occupation of the leased premises, or the condition thereof, whether or not caused by the negligence or other fault of the Lessor, the Lessee, or their respective agents, employees, Lessees, sub-lessees, licensee or assignees.

15. **INDEMNIFICATION:** The Lessee shall defend, indemnify and hold harmless the Lessor from and against any actual or threatened claim, loss, expense, or damage (including attorney fees) arising out of any act or neglect of the Lessee, its servants, employees, agents, or invitees, or any change, alteration or improvement made by Lessee in the premises.

16. **DEFAULT: IF LESSEE:** (a) fails to pay rent as provided in this lease when due; (b) breaches any other agreement or obligation herein set forth; (c) files (or has filed against it) any petition or action for relief under any creditor's law (including bankruptcy, reorganization, or similar actions), either in state or federal court; (d) becomes insolvent, makes any transfer in fraud of creditors, has a receiver appointed for its assets, or abandons the premises, or makes an assignment for benefit of creditors, then in addition to any other lawful right or remedy which it may have, Lessor may do the following: (a) declare the rent for the balance of the term immediately due and payable, and collect the same by distress or otherwise; (b) seize and hold any personal property of Lessee located on the leased premises and assert against the same as a lien for monies due for Lessor; (c) without obtaining any court authorization, lock the leased premises and deny Lessee access thereto; (d) immediately terminate this lease without further notice and

immediately repossess the leased premises, and with or without terminating, relet the same at such amount as Lessor deems reasonable, and if the relet rent is less than the rent paid by Lessee then Lessee shall pay the difference on demand to Lessor. All expenses of Lessor in repairing or restoring the premises for reletting, together with leasing fees in seeking and obtaining a new Lessee, shall be charged as a liability to Lessee as unpaid rent. Lessor's reasonable attorney's fees in pursuing any of the foregoing remedies, or in collecting any rents due by Lessee hereunder, shall be paid by Lessee. All rights and remedies of Lessor are cumulative, and the exercise of any one shall not be construed as an election excluding Lessor at any other time from exercise of a different or inconsistent remedy. No waiver by Lessor of any covenant or condition shall be deemed to imply or constitute a further waiver of the same at a later time.

17. **CONDEMNATION:** If the entire premises shall be taken under any condemnation or eminent domain proceeding, then the Lease shall terminate one day prior to the date that the condemning authority takes possession of the premises. If the premises is subject to a partial taking and if the remainder is suitable for Lessee's purposes in the opinion of Lessor, then the rent shall be reduced in accordance with the ratio which the area of the taken portion of the premises bears to the area of the entire premises prior to the taking.

18. **SIGNS:** All external signs shall be approved by the Lessor.

19. **TAXES:** During the term of this lease, the Lessee agrees to pay all taxes and assessments that may be imposed on the premises or Lessee's business or occupation by any lawful authority. In the event the leased property is assessed Ad Valorem taxes by Duplin County as a result of the lease to Lessee, Lessee shall be responsible for the pro rata share of taxes based upon the number of acres leased. Lessee shall insure all of Lessee's fixtures, inventory and other personal property to the extent that Lessee deems appropriate to insure his own interests.

20. **NOTICES:** Any notice required to be given hereunder from either of the parties to the other shall be in writing. Notices from Lessor to Lessee may be served personally, posted on the door of the leased premises, or sent by the United States Postal Service by first class mail, postage paid, certified, return receipt requested, and addressed as follows:

NOTICE TO LESSOR:
Name
Address
City
Phone

NOTICE TO LESSEE:
Name
Address
City

Phone

21. **HOLDOVER:** It is further covenanted and agreed that if Lessee, any assignee or sub-lessee shall continue to occupy the leased premises after the expiration of this Lease, such tenancy shall be considered a month-to-month tenancy and Lessor shall have the right to immediate possession of the premises upon five days written notice to Lessee.

22. **ENTIRE AGREEMENT; NON-WAIVER:** This lease agreement contains the entire agreement of the parties as to their subject matter and may not be altered, amended, or modified except by a writing signed by both parties. No waiver of or delay in exercising any right or power under this lease shall impair any such right or power, or shall be construed as a waiver of any breach or default, or acquiescence thereto. One or more waivers of any covenant, term, or condition of this lease by either party shall not be construed by the other party as a waiver of a continuing or subsequent breach or default of the same covenant, provision, or condition. The consent or approval by either party of any act by the other party of a nature requiring consent or approval shall not be deemed to waive or render unnecessary consent or approval of any subsequent similar act. No provision of this lease shall be deemed to have been waived unless such waiver is in writing and signed by the waiving party. The receipt by Lessor of rent with knowledge of or during the existence of any breach or default shall not be deemed a waiver of such breach or default.

23. **SUCCESSORS AND ASSIGNS:** This Lease shall bind and inure to the benefit of the successors, assigns, heirs, executors, administrators and legal representatives of the parties hereto.

24. **LAWS GOVERNING:** This lease shall be governed by the laws of the State of North Carolina. Any action or proceeding relating hereto shall only be brought in the County of Duplin, North Carolina.

IN WITNESS WHEREOF, LESSOR AND LESSEE have executed this lease in three (3) duplicate originals, all as of the day and year first above written.

Reviewed by Department Head

Signature

Date Reviewed: 2-7-2026

LESSOR: DUPLIN COUNTY

Signature

3/2/2026
Date

Witness

LESSEE: Jordan Heath

Signature

2-7-26
Date

Title: Owner

Witness

RESOLUTION 2026-6

County of Duplin

Office of the County Commissioners

RESOLUTION AUTHORIZING ADVERTISEMENT AND NOTICE SOLELY BY ELECTRONIC MEANS

WHEREAS, publishing electronically can result in substantial savings of money and promote greater competition;

NOW, THEREFORE, the Duplin County Board of Commissioners resolves:

Section 1. The County Manager is hereby authorized to publish advertisements and notices using solely electronic means in connection with (a) the solicitation of bids and proposals for contracts and (b) the purchase or sale of property. This authority specifically includes the use of solely electronic means for publishing:

a) advertisements for bidders on construction and repair contracts under N.C. Gen. Stat. § 143-129;

b) advertisements for bidders on contracts for the purchase of apparatus, supplies, materials, and equipment under N.C. Gen. Stat. § 143-129;

c) resolutions, orders, and notices in connection with property disposal pursuant to Chapter 160A of the North Carolina General Statutes.

Section 2. The County Manager shall also utilize newspaper publication when it is determined that doing so would promote competition or otherwise be in the best interest of the County.

Section 3. This resolution is not intended to reduce the authority of the County under any other resolution or ordinance

Adopted this the 2nd day of March, 2026.

Dexter B. Edwards
Chairman

ATTEST:

Jaime W. Carr
Clerk to the Board

Grant Contract

This grant contract ("Contract") is hereby entered into by and between the North Carolina Department of Natural and Cultural Resources (the "Agency") and Cowan Museum of History and Science (the "Grantee") (referred to collectively as the "Parties").

Grantee Information:

Federal Tax ID #: **56-6000296**
Address: **411 S. Main St. Kenansville, NC 28349**
Source of Funds: **State**
Account Coding Information: **105139 4600810**
Fiscal Year End Date: **June 30, 2026**
Amount of Grant Award: **$60,000.00**

The Parties agree to be bound by the terms, promises, and any other requirements appearing either directly or by reference in this Contract, as well as in the following documents, which are incorporated herein by reference, as though fully set forth herein:

1) The Scope of Work, description of services (Attachment A)
2) The line item budget (Attachment B)
3) Notice of Certain Reporting and Audit Requirements (Attachment C)
4) State Grant Certification – No Overdue Tax Debts form (Attachment D)

DEFINITIONS

Except as otherwise provided in the Contract documents, the terms below shall have the following meanings in this Contract.

"Agency" means the North Carolina Department of Natural and Cultural Resources.

"Audit" means an examination of records or financial accounts to verify their accuracy.

"Certification of Compliance" means a report provided by the Grantee to the Agency that states that the Grantee has met the reporting requirements established by this Contract and included as a statement of certification by the Agency as part of the Grantee reporting package.

"Compliance Supplement" refers to the North Carolina State Compliance Supplement, maintained by the State and Local Government Finance Agency within the North Carolina Department of State Treasurer that has been developed in cooperation with agencies to assist the local auditor in identifying program compliance requirements and audit procedures for testing those requirements.

"Deliverable(s)" means any tangible and original works of authorship created by or on behalf of Grantee under the Contract.

"Director of State Budget" means the State Budget Director of North Carolina.

"Fiscal Year" means the annual operating year of the non-State entity.

"Financial Statement" means a report providing financial statistics relative to a given part of an organization's operations or status.

"Grant" means financial assistance provided by DNCR to an eligible grantee to carry out the activities and purpose identified in this Contract.

"Grantee" means an entity that receives State financial assistance.

"Non-State Entity" has the meaning in G.S. 143C-1-1(d)(18).

"Single Audit" means an audit that includes an examination of an organization's financial statements, internal controls, and compliance with the requirements of Federal or State awards.

"State financial assistance" means State funds disbursed as a grant, cooperative agreement, non-cash contribution, food commodities, or direct appropriation to a grantee or subrecipient as defined in this Contract.

"Special Appropriation" means a legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose.

"State Funds" means any funds appropriated by the North Carolina General Assembly or collected by the State of North Carolina. State funds include federal financial assistance received by the State and transferred or disbursed to non-State entities. Both Federal and State funds maintain their identity as they are disbursed as financial assistance to other organizations.

"Subrecipient" means a non-State entity that receives State financial assistance from a Grantee to carry out part of a State program; but does not include an individual that is a beneficiary of such program.

GENERAL TERMS AND CONDITIONS

1. **Choice of Law:** The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the Parties to this Contract, are governed by the laws of North Carolina. The Grantee, by signing this Contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this Contract and all transactions and understandings relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters shall be determined.

2. **Grantee's Duties:**
The Grantee shall provide the services as described in Attachment A, Scope of Work and Description of Services and in accordance with the approved budget in Attachment B. The Grantee may make line-item adjustments of less than ten percent (10%) for budgeted expenditures without prior approval from the Agency, except if the adjustment would exceed the total grant amount.

For line item adjustments of ten percent (10%) or more for budgeted expenditures, the Grantee shall submit a written request for approval to the Agency and include a justification for the adjustment. Line-item adjustments requiring approval shall be effective only upon a dually executed amendment between the parties, in accordance with the terms of this Contract.

Amendments executed under this Paragraph shall include the new line-item adjustment(s) (Attachment B) and any changes in the Scope of Work and Description of Services (Attachment A) related to the

duties and services affected by the line item adjustment. An amendment that fails to comply with the requirements of this Paragraph shall not be binding upon the parties. A violation of this Paragraph shall constitute a material breach and shall entitle the Agency to terminate the contract and pursue all rights and actions available to it under the law.

3. **Grant Payments:** The Agency may provide monitoring and oversight through a combination of periodic e-mails, calls, visits, and review of reports, invoices and deliverables.

4. **No Employment Relationship Between State and Grantee:** The Grantee is and shall be wholly responsible for the performance of this Contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees in the performance of this Contract. The Grantee's performance of this Contract does not create or establish any employment relationship, joint venture, or partnership between the Grantee and the State or the Agency. The Grantee represents that it has, or shall secure at its own expense, all personnel required to perform the services under this Contract. Such personnel of Grantee shall not be employees of, or have any individual contractual relationship with, the State or the Agency.

5. **Assignment:** No assignment of the Grantee's obligations or the Grantee's right to receive payment hereunder shall be permitted. However, upon written request approved by the Agency, the Agency may:

   (a) Forward the Grantee's payment check(s) directly to any person or entity designated by the Grantee; or
   (b) Include any person or entity designated by Grantee as a joint payee on the Grantee's payment check(s).

   In no event shall such approval and action obligate the Agency to anyone other than the Grantee and the Grantee shall remain responsible for fulfillment of all contract obligations.

6. **Beneficiaries:** Except as otherwise provided herein, this Contract shall inure to the benefit of and be binding upon the Parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Agency and the named Grantee. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Agency and Grantee that any such person or entity, other than the Agency or the Grantee, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

7. **Indemnification:** The Grantee shall hold and save the State, its officers, agents, and employees, harmless from liability of any kind, including all claims and losses accruing or resulting to any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this Contract, and from any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged by the Grantee in the performance of this Contract and that are attributable to the negligence or intentionally tortious acts of the Grantee.

8. **Noncompliance and Use of Grant Funds:** The Grantee may only use the grant funds disbursed hereto in the manner allowed under this Contract. The Agency will review reporting from the Grantee to ensure that grant fund expenditures meet the requirements of this Contract, as well as any applicable laws, rules, or regulations. If DNCR finds that the Grantee is noncompliant with any requirements of this Contract or law, DNCR will take action consistent with applicable laws and regulations, including, but not limited to, the requirements of 09 NCAC 03M .0801.

9. **Termination by Mutual Consent:** The Parties may terminate this Contract by mutual consent with 60 days' written notice to the other Party, or as otherwise provided by law.

10. **Termination for Cause:** If, through any cause, the Grantee shall fail to fulfill its obligations under this Contract in a timely and proper manner, the Agency shall have the right to terminate this Contract by giving written notice to the Grantee and specifying the effective date thereof.

11. **Effect of Termination**:
    (a) In the event the Contract is terminated by either party, the Grantee will be paid for work that is satisfactorily completed under the terms of this Contract, as determined by the Agency and under the terms herein.
    (b) The Grantee will not incur new obligations for the terminated portion of the Contract and will cancel as many outstanding obligations as possible, immediately after receiving the notification of termination from the Agency or providing the Agency with the same if the Grantee is terminating the Contract. Costs incurred after receipt or provision of termination notice will be disallowed.
    (c) The Grantee shall not be relieved of any liability owed to the Agency because of any breach of the Contract by the Subgrantee. The Agency may, to the extent authorized by law, withhold payments to the Subgrantee for the purpose of set-off until the exact amount of damages due the Agency from the Subgrantee is determined.
    (d) In the event of termination by either Party, the Grantee shall provide to the Agency an itemized list of all Deliverables created under the Contract. At the Agency's option, the Grantee shall produce high-quality copies or recordings of all finished or unfinished Deliverables prepared by the Grantee under this Contract; such copies or recordings of the Deliverables shall become the property of the Agency. The Agency shall have all right and authority to use the copies or recordings of the Deliverables under the license provided in Paragraph 16.

12. **Waiver of Default:** Waiver by the Agency of any default or breach in compliance with the terms of this Contract by the Grantee shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this Contract unless stated to be such in writing, signed by an authorized representative of the Agency and the Grantee and attached to the Contract.

13. **Availability of Funds:** The Parties to this Contract agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon and subject to the allocation and appropriation of funds for this purpose to the Agency.

14. **Force Majeure:** Neither Party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

15. **Survival of Promises:** Except as otherwise provided herein or unless superseded by applicable federal or State statute of limitations, all promises, indemnifications, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date.
16. **Intellectual Property Rights, Licensing, and Ownership of Deliverables:** The Grantee shall own all rights, title, and interest in deliverable items produced pursuant to this Contract. Notwithstanding the foregoing, the Grantee agrees to grant to the Agency, at no charge to the Agency, a non-exclusive, royalty-free, and irrevocable right and license to reproduce, publish, or otherwise use any deliverable item for Agency purposes, as well as purposes of the State, and to authorize others to do so. Further,

the Grantee shall require all subrecipients and subcontractors to include in all agreements relating to this Contract a clause giving the Agency the same rights, title, and license granted herein.

This license is not to be construed as a conveyance or surrender of copyright, trademark, or any other right or interest, based in intellectual property or otherwise, that is or may be vested in the Grantee's ownership of the deliverable items. Furthermore, the Grantee warrants and represents that it will only create deliverable items in which the Grantee is the sole owner of all rights, title, and interest thereto. Such rights, title, and interests include, but are not limited to, copyright, trademark, and any other intellectual property rights. The Grantee warrants and represents that this Contract and the rights licensed herein do not violate any other party's rights or interests in intellectual property or otherwise. In addition, the Grantee agrees to not use the deliverable items in any manner to suggest speech on the part of the Agency or the State of North Carolina or which would be unlawful by a government agency.

17. **Federal Intellectual Property Bankruptcy Protection Act:** The Parties agree that the Agency shall be entitled to all rights and benefits of the Federal Intellectual Property Bankruptcy Protection Act, Public Law 100-506, codified at 11 U.S.C. 365(n) and any amendments thereto.

18. **Compliance with Laws:** All Parties to this Contract shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to its conduct and to the administration of this Contract.

19. **Equal Employment Opportunity:** The Grantee shall comply with all federal and State laws relating to equal employment opportunity and fair and equal employment, including, but not limited to, Governor Cooper's Executive Order 24 as well as Title VII of the Civil Rights Act of 1964, as applicable.

20. **Access to Persons and Records:** The State Auditor and the Agency Internal Auditors shall have access to persons and records relating to this Contract in accordance with N.C.G.S §. 147-64.7. The Grantee shall provide access to the State Auditor and their representatives as required by N.C.G.S. § 147-64.7. The Grantee shall retain all records for a period of five years following completion of the Contract.

21. **Record Retention:** The Grantee shall retain documents and records relating to this Contract for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later.

22. **Amendment**: This Contract may not be amended orally or by performance. Amendments shall be made in writing on a form prepared by the Agency and duly executed by an authorized representative of the Agency and the Grantee.

23. **Severability:** In the event that a court of competent jurisdiction holds that a provision or requirement of this Contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Contract shall remain in full force and effect.
24. **Headings:** The Section and Paragraph headings in these General Terms and Conditions are not material parts of the Contract and should not be used to construe the meaning of any text or content thereof.

25. **Sales/Use Tax Refunds:** If eligible, the Grantee and all subrecipients 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 Contract, pursuant to N.C.G.S. § 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

26. **Travel Expenses:** Travel expenses shall not be reimbursed in the performance of this Contract. If travel is necessary in the performance of this Contract, it shall be included in the approved project budget and narrative.

27. **Entire Agreement:** This Contract and any documents incorporated specifically by reference represent the entire agreement between the Parties and supersede all prior oral or written statements or agreements. This Contract and any addenda thereto, are incorporated herein by reference as though set forth verbatim. All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

28. **Gifts and Favors Regulated:** Under Governor Purdue's Executive Order 24 and N.C.G.S. §133-32, it is unlawful for any vendor or contractor (e.g., architect, bidder, contractor, construction manager, design professional, engineer, landlord, offeror, seller, subcontractor, supplier, or vendor) to make gifts or to give favors to any State employee of the Governor's Cabinet Agencies. This prohibition covers those vendors and contractors who:

    (1) have a contract with a government agency;
    (2) have performed under such a contract within the past year; or
    (3) anticipate bidding on such a contract in the future.

    The requirements of N.C.G.S. § 133-32 are hereby incorporated by reference, including any subsequent amendments thereto, and shall apply to all vendors and subcontractors under this Contract

29. **Effective Period:** This Contract shall be effective upon signature by all Parties to this Contract. The Grantee shall expend all funds granted to it under this Contract on or after July 1, 2025 and on or before June 30, 2026, in furtherance of the Scope of Work in Attachment A and in accordance with the Line Item Budget and Narrative in Attachment B.

30. **Reversion of Unused Funds at Termination or Expiration of Contract and upon Certain Audit Findings**: Upon the expiration or termination of this Contract or upon certain audit findings, unexpended or unused Grant funds held by the Grantee shall revert to the Agency.

31. **Conflict of Interest Policy:** The Grantee shall have on file with the Agency a copy of the Grantee's policy addressing conflicts of interest that may arise involving the Grantee's management employees and the members of its governing body as set forth in N.C.G.S. § 143C-6-23(b). 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 the grant funds.

32. **Statement of No Overdue Tax Debts:** The Grantee's sworn written statement pursuant to N.C.G.S. § 143C-6-23(c), stating that the Grantee does not have any overdue tax debts, as defined by N.C.G.S.

§ 105-243.1, at the federal, state, or local level, is attached as Attachment D. Grantee acknowledges that the written statement must be filed before the Agency may disburse the grant funds.

33. **Compliance with Certain Reporting and Audit Requirements:** The Grantee shall follow all relevant State laws and regulations relating to reporting and audit requirements. In addition, this Contract is subject to the reporting requirements described in the Notice of Certain Reporting and Audit Requirements (Attachment C).

34. **Disbursements:** As a condition of this Contract, the Grantee acknowledges and agrees to make disbursements in accordance with the following requirements:
    (a) Implement adequate internal controls over disbursements;
    (b) Ensure sufficient account coding information to provide for tracking of grant funds through the Grantee's accounting system;
    (c) Assure adequate control of signature stamps/plates;
    (d) Assure adequate control of negotiable instruments; and
    (e) Implement procedures to ensure that all account balances are solvent and reconcile the account monthly.

35. **Outsourcing/Assignability/Subcontracting:** The Grantee shall not subgrant or subcontract any of the work contemplated under this Contract without prior written approval from the Agency. The Agency shall not be obligated to pay for any work performed by any unapproved subgrantee, subrecipient, or subcontractor. The Grantee is not relieved of any of the duties and responsibilities of this Contract upon assignment of this Contract or outsourcing or subcontracting for work to be performed under this Contract. Furthermore, any subrecipient or subgrantee must agree to abide by the standards contained in this Contract and to provide all information to allow the Grantee to comply with these standards.

36. **Cap State-Funded Portion of Nonprofit Salaries:** Pursuant to Section 6.4 of Session Law 2023-134, no more than one hundred forty thousand dollars ($140,000) in State funds, including any interest earnings accruing from those funds, may be used for the annual salary of any individual employee of the Grantee.

37. **Contract Administrators:** All notices permitted or required to be given by one Party to the other and all questions about the Contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract 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 Contract Administrator by giving written notice to the other Party within 30 calendar days of such change.

For the Agency:

IF DELIVERED BY US POSTAL SERVICE		IF DELIVERED BY ANY OTHER MEANS	
Name	Darrell D. Stover	Name	Darrell D. Stover
Title	Head of NC Science Museums Grant Program	Title	Head of NC Science Museums Grant Program
Agency	Department of Natural and Cultural Resources 11 West Jones St. Raleigh, NC 27601	Agency	Department of Natural and Cultural Resources 11 West Jones St. Raleigh, NC 27601
Telephone	919-707-9963		
Fax	919-715-5161		
Email	darrell.stover@naturalsciences.org		

For the Grantee:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
NAME TITLE GRANTEE NAME ADDRESS Tel Fax	

38. **Signature Warranty:** The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

[THIS SPACE INTENTIONALLY LEFT BLANK]

In Witness whereof, the Grantee and the Agency have executed this Contract in duplicate originals, with one original being retained by each Party.

Cowan Museum of History and Science

Signed by:
Dexter Edwards
1CA38E47C7974FA...

3/3/2026

Signature of Authorizing Official — Date

Dexter Edwards — Chairman

Printed Name — Title

[CORPORATE SEAL] – (optional)

NORTH CAROLINA DEPARTMENT OF NATURAL AND CULTURAL RESOURCES

Signature of Authorizing Official — Date

Jeff Michael, Deputy Secretary

Attachment A
Scope of Work

DUPLIN COUNTY
NORTH CAROLINA

COWAN MUSEUM OF HISTORY AND SCIENCE
2025 – 2026 North Carolina Science Museums Grant Program
Goals and Objectives

GOAL #1

Our first goal under the NC Science Museums Grant Program is to offer on-site and off-site quality STEM education programs and activities to the community.

OBJECTIVES:

The Cowan Museum's STEM Educator has developed programs that include hands-on learning activities which emphasize natural sciences and incorporate art, history, and agriculture. The programs help foster a variety of skill sets, such as creativity, curiosity, social skills, problem solving, critical thinking, and initiative.

Museum staff will deliver these engaging, educational programs by collaborating with Duplin County Schools, science museums/centers, youth/day care centers, and other educational organizations to offer on-site and off-site programs throughout FY2026, beginning with our annual Summer STEM programs. This will help increase access to STEM learning experiences for local children in rural areas with fewer resources than in urban areas.

MEASURING IMPACT:

In order to measure the effectiveness and impact of the programs, museum staff will perform evaluations. Such evaluations will include written surveys, and in-person and telephone interviews.

GOAL #2

The second goal is to provide the community with STEM/STEAMA events and learning opportunities with our partners, such as the North Carolina Science Festival, fellow NC Science Museums Grant Program recipients, North Carolina Science Trail, and North Carolina Arboretum's ecoEXPLORE program.

OBJECTIVES:

Because Duplin County is rural and economically distressed compared to some of its fellow counties in NC, there is less access to STEM learning opportunities for individuals and families. Our staff will help increase STEM experiences in the County through summer activities, celebration, and exploration in the following ways:

1. Host our annual *Moth Night* event on our grounds during National Moth Week and North Carolina Moth week starting the week of July 19, 2025. Moth Night will be a free, public event with a variety of fun, educational activities to offer eventgoers.

2. Partner with the NC Science Festival to hold our annual *ecoBLAST* event in April 2026, which will be a free, public event on the museum's grounds and will include family-friendly educational activities and displays.

3. Our botanical garden is a HotSpot in the NC Arboretum's ecoEXPLORE program. This year, museum staff will offer activities and learning opportunities during "Ornithology Field Season" and/or "Botany Field Season," for families to participate in this community science project as "ecoEXPLORERS." Participants will explore the garden and make nature observations and will be encouraged to submit their findings to the nature app, iNaturalist, which helps real scientists gather data.

MEASURING IMPACT:

In order to measure the effectiveness and impact of the programs, museum staff will conduct evaluations. Such evaluations will include in-person interviews, discussions, written surveys, and online monitoring of observations made at our botanical garden on iNaturalist.

GOAL #3

The third goal will focus on accessibility and maintenance of the museum's main building, outbuildings, and botanical garden pathway.

OBJECTIVES:

When the public enters the museum's buildings, we want to ensure our visitors that they are safe and that the museum's structures are sound. Additionally, museum staff will make sure the gravel pathway in the botanical garden has a surface on which people in wheelchairs/walkers may move more easily. Grant funds awarded to the museum will be used for the following projects:

- Remove the rotted wood front porch of the Kelly-Farrior House and rebuild it to include new steps, deck, and railings. In early 2026, the porch will then be painted to match the rest of the building.

- Replace unstable/soft wood boards on the floor of the log cabin and fill gaps in the chinking of the log buildings.
- Coat the wooden buildings with weatherproof sealing.
- Remove and replace gravel in the botanical garden with crushed stone fines.

MEASURING IMPACT:

Due to the project's focus on building and grounds maintenance, museum staff will not do evaluations.

Attachment B
Line Item Budget and Narrative

DUPLIN COUNTY
NORTH CAROLINA

COWAN MUSEUM OF HISTORY AND SCIENCE

2025 – 2026 North Carolina Science Museums Grant Program

Proposed Budget

CODE	DESCRIPTION	PURPOSE	AMOUNT
6144-40121	Salaries	Grant funds will be used for the Museum STEM Educator and the Museum Assistant positions.	$30,000.00
6144-40181	Social Security	Museum staff.	$2,000.00
6144-40182	Retirement	Museum staff.	$2,000.00
6144-41990	Professional Services	Services under this line item will include such things as maintenance of the museum's botanical garden, tree-trimming, and fees for lecturers/presenters at events.	$3,400.00
6144-42600	Office Supplies	Office supplies will be necessary for the fiscal year. Museum staff will purchase supplies which will include a new computer screen for exhibit interactives.	$2,500.00
6144-42980	Program Supplies	The Cowan Museum will spend grant funds for STEAMA program supplies, exhibit supplies and enhancements, and other supplies as needed.	$5,500.00
6144-43110	Travel	Museum staff will travel to deliver STEM education programs and to attend meetings, conferences, and professional development workshops (e.g., the NC Science Network Annual Meeting).	$2,400.00
6144-43250	Postage	Grant funds used for postage will include supply shipments, mass mailings, and other related costs.	$500.00
6144-43510	Repairs, Buildings, & Grounds	Funds will be used for such things as repairing the museum's front porch steps and railings, and to have it painted in early 2026. We will also use funds in this line item to make minor repairs to the outbuildings.	$6,000.00
6144-43910	Marketing	Staff will advertise its events and programs on social media, in newspapers, and in travel guides. Additional monies will be spent on other related marketing costs.	$2,400.00

Docusign Envelope ID: 7088F67E-26C2-4EB7-8C6D-EA9FA733EFA5

6144-43912	Printing	Printing costs for events, exhibits, programs, and marketing materials.	$3,000.00
6144-44910	Dues & Subscriptions	Money in this line item will be used to supplement Duplin County's budget so that the museum may renew memberships to the American Alliance of Museums and the NC Museums Council.	$300.00
		TOTAL	**$60,000.00**

Attachment C
Notice of Certain Reporting and Audit Requirements

The Grantee shall comply with the all rules and reporting requirements established by State statute or administrative rules. For convenience, the requirements are set forth in this Attachment.

Reporting Thresholds.
There are three reporting levels established for grantees and subrecipients receiving State financial assistance. Reporting levels are based on the level of State financial assistance from all funding sources. The reporting levels are:

(1) Level I – A grantee 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.
(2) Level II - A grantee 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.
(3) Level III – A grantee 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.

Reporting requirements for grantees that meet the following reporting standards on an annual basis:

(1) All grantees and subrecipients shall provide a certification that State financial assistance received or, held was used for the purposes for which it was awarded.
(2) All grantees and subrecipients shall provide an accounting of all State financial assistance received, held, used, or expended.
(3) Level II and III grantees and subrecipients shall report on activities and accomplishments undertaken by the Grantee, including reporting on any performance measures established in this Contract.
(4) Level III grantees and subrecipients shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book.

All reports shall be filed with the Agency in the format and method specified by the Agency no later than three months following the end of the Grantee's fiscal year. Audits must be provided to the funding Agency no later than nine months following the end of the Grantee's fiscal year. The Grantee shall use the reporting package forms provided by the Agency in making and submitting reports to the Agency.

Unless prohibited by law, the costs of audits made in accordance with the provisions of this Contract shall be allowable charges to State and Federal awards. The charges may be considered a direct cost or an allocated indirect cost, as determined in accordance with cost principles outlined in the Code of Federal Regulations, 2 CFR Part 200. The cost of any audit not conducted in accordance with this Contract shall not be charged to State awards.

Notwithstanding the provisions of this Contract, a grantee may satisfy the reporting requirements of this Contract by submitting a copy of the report required under federal law with respect to the same funds.

REQUEST FOR PAYMENT OF APPROPRIATION(S) FROM NORTH CAROLINA GENERAL FUND

North Carolina Department of Natural and Cultural Resources – Grants to Non-State Entities

Robin Grotke
Cowan Museum of History and Science
411 S. Main Street
Kenansville, NC 28349

2025-26 Allocation: $60,000.00

Purpose: Appropriation to support programmatic and general operating expenses. Award amounts of less than $100,000 shall be made in one payment.

Part A. TO BE COMPLETED BY ALL RECIPIENTS

1. Contact's Name: Dexter Edwards Telephone: 910-296-2104

2. Contact's Position in Organization: Chairman

3. Federal Identification Number: FID# 56-6000296

4. Kind of Organization: Corporation ___ Trust ____ Partnership ____ Government _X___
Unincorporated Association _____ Other _____
5. Match Required (Circle One): Yes/No On a _____ to _____ basis.

6. Fiscal Year of Non-State Entity (e.g. year ending June 30, December 31, other) June 30

==========

Part B. PLEASE FILL-IN AND DOCU-SIGN THIS FORM

Signed by:
Dexter Edwards
1CA38E47C7974FA...
Signature of individual making request

3/3/2026
Date

Return this form to:
Darrell D. Stover
Head of NC Science Museums Grant Program
NC Museum of Natural Sciences
11 West Jones Street
Raleigh, NC 27601
919-707-9963
darrell.stover@naturalsciences.org

Outlook

Board Appointment

From Bill Green <green@ecwdb.org>
Date Mon 2/9/2026 1:37 PM
To Jaime Carr <jaime.carr@duplinnc.gov>

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

Jaime,

Please see below the email from Dr. Hair regarding an appointment to our board to fill the unexpired term of Dr. Carraway, which runs until June 30, 2027.
Let me know if you need anything else from me at this point.

Thanks so much,

Bill Green

Bill Green | Executive Director
Eastern Carolina Workforce Development Board, Inc.
1341 South Glenburnie Road | New Bern, North Carolina 28562
Phone: 252-636-6901 | Fax: 252-638-3569 | Cell: 252-671-5716
Email: green@ecwdb.org | Website: https://ecwdb.org/
Social Media:

Eastern Carolina
WORKFORCE DEVELOPMENT BOARD, INC.

NCWORKS.GOV
A proud partner of the AmericanJobCenter network

From: Shannon L. Hair <shair@jamessprunt.edu>
Sent: Monday, February 9, 2026 12:38 PM

To: Bill Green green@ecwdb.org
Subject: Re: Welcome

Mr. Green,

Good afternoon. Thank you for reaching out regarding this wonderful opportunity to serve on the ECWDB. I would be honored. I previously served as Vice Chair of our local West Piedmont WDB (Virginia Works) based out of Martinsville, VA, so I am aware of a few of your committees already. I look forward to working alongside you and the other board members. With that said, please move forward with the recommendation to the Duplin County Board of Commissioners to replace Dr. Carraway's vacant seat. Perhaps in the coming weeks we can meet and share lunch together. Thank you again for reaching out.

Regards,

Dr. Shannon L. Hair
President
James Sprunt Community College
133 James Sprunt Drive
P.O. Box 398
Kenansville, NC 28349
P: (910) 275-6112 | M: (434) 421-4131 | E: shair@jamessprunt.edu

James Sprunt
COMMUNITY COLLEGE

From: Bill Green <green@ecwdb.org>
Sent: Friday, February 6, 2026 9:48 AM
To: Shannon L. Hair <shair@jamessprunt.edu>
Subject: Welcome

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

Dr. Hair,

Welcome to Eastern North Carolina. I am the executive director of the Eastern Carolina Workforce Development Board located in New Bern. Our office provides WIOA oversight and NCWorks support for nine counties including Duplin. We cover Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, and Wayne Counties. We have three board members and one elected official from each county.
In Duplin County our elected official is Commissioner Jesse Dowe III. Our board members are Al Searles, Brenda Upchurch and Dr. Carraway. Dr. Rusty Hunt from Lenoir Community College is also on our board representing Lenoir County. Dr. Carraway has resigned due to his retirement, and I would like to offer to discuss your taking this seat on our board. If so, I will contact the Duplin Board of Commissioners to appoint you to fill this vacated seat.

The board is a strong group of leaders in Eastern North Carolina with about 57% being private sector. And we touch multiple workforce and economic development issues in our region. We have an active NCWorks Career Center just up from the college and three James Sprunt

employees are housed there providing WIOA funding of job training for Adults, Dislocated Workers and out of school youth.

I have attached the board list and our list of meeting days and committee members.

Please let me know if you have time to chat and I will be glad to visit your office at your convenience.

Thanks so much.

Bill

Bill Green | Executive Director
Eastern Carolina Workforce Development Board, Inc.
1341 South Glenburnie Road | New Bern, North Carolina 28562
Phone: 252-636-6901 | Fax: 252-638-3569 | Cell: 252-671-5716
Email: green@ecwdb.org | Website: https://ecwdb.org/
Social Media:

Eastern Carolina
WORKFORCE DEVELOPMENT BOARD, INC.

NC works NCWORKS.GOV
A proud partner of the AmericanJobCenter network

"Think Green" before printing this e-mail.

E-mail correspondence to and from this address may be subject to the North Carolina Public Records Act and shall be disclosed to third parties when required by Chapter 132 of the North Carolina General Statutes.

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: Jeremy Pickett
   Address: 460 Jackson Store Rd
   City/State/Zip: Beulaville N.C. 28518
   Telephone: Work: 910-260-0524 Home: 910-372-2445
2. MAIL DETERMINATON TO (If different than applicant information):
   Name: _____
   Address: _____
   City/State/Zip: _____
3. ROAD LOCATION: Township Jackson Store Range 07-2594--
   DESCRIPTION: 400 Block Jackson Store Rd
4. PARCEL TAX-ID: _____
5. PROPOSED ROAD NAME: Picketts Place Ln. (3) per Jeremy
   BACKUP NAME 1: Picketts Ln (1)
   BACKUP NAME 2: J Pickett Ln (2)
   (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
_____	_____
_____	_____
_____	_____
_____	_____

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.

plicant's Signature: Jeremy Pickett



Docusign Envelope ID: 5293A2DF-98E8-438C-91C9-96ADC4C954AF

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

DUPLIN COUNTY

ROAD NAME PETITION – UNNAMED ROAD

1. Applicant Information

Name: Avery-Davis Investments, LLC.
Address: 7417 Knightdale Blvd, Suite 107
City/State/Zip: Knightdale, NC 27545
Telephone:
- **Work:** (919) 266-9956
- **Home:** _____

2. Mail Determination

(Complete only if different from Applicant Information)
Name: _____
Address: N/A
City/State/Zip: _____

3. Road Location

Township: Island Creek Township
Town: Wallace, NC

Description:
Commercial site with 3 new roads inside town limits of Wallace, NC (see attached temp. plat)

4. Parcel Tax ID

Tax ID Number: 09-6035.1, 09-2381, 09-2382, 09-124, 09-3494, 09-3493 09-4411

5. Proposed Road Name (No more than thirteen letters excluding suffix) (see attached temp plat for location)

Primary Name: Crossroads Jct. (Street A)
Backup Name 1: Village Crossing (Street A)
Backup Name 2: _____
P: Dempsey Lane (Street K)
B: Gossman Corner (Street F)

P: Boney Station (Street L)
B: King Crossing (Street L)

6. Signatures of Property Owners that access Road/Telephone numbers:

N/A

The applicant certifies that the signatures provided on this petition represent the required percentage of landowners who access or adjoin the road to be officially named.

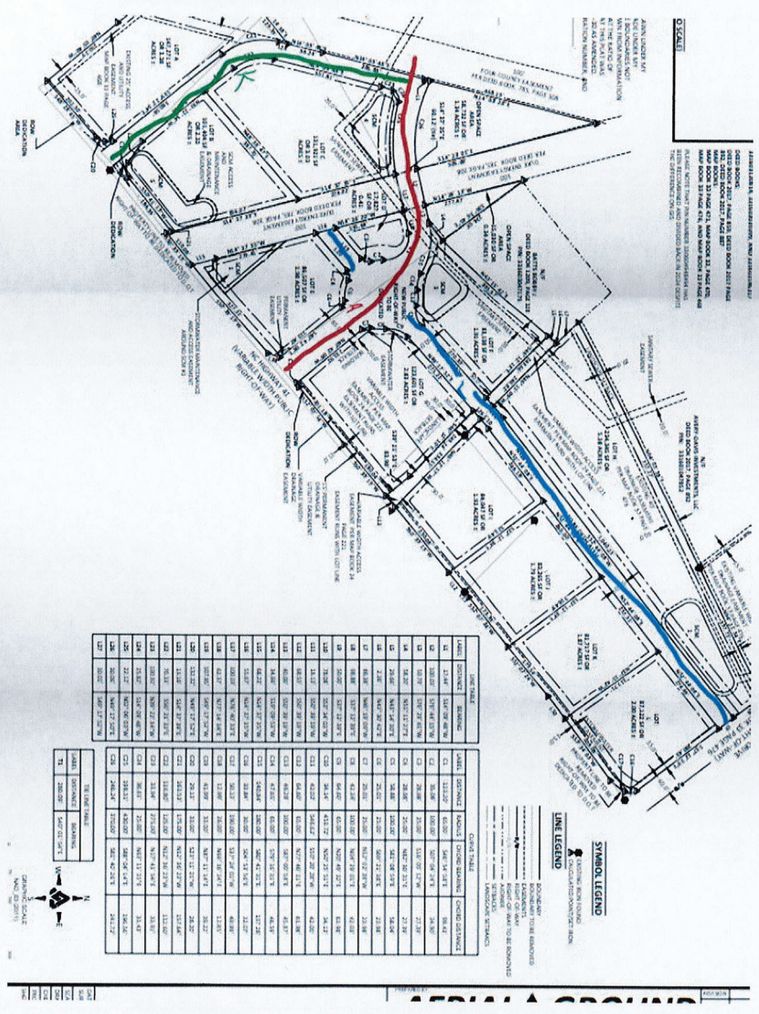
Applicant's Signature: _____

Signed by:
DD7BA3099DA24B1...

Attention Landowners: Important Address Change Notification

Please be informed that if you utilize your 911 address for mail delivery at your residence, your address will be subject to change. It is essential to inform your mortgage provider, financial institutions, insurance companies, and any other organizations that send you bills or important correspondence. Additionally, please update the Department of Motor Vehicles (DMV) and any other relevant institutions you may engage with.

We will take the necessary steps to notify the United States Postal Service (USPS), update the E911 System, and revise the county tax records accordingly.



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

DUPLIN COUNTY

ROAD NAME PETITION – UNNAMED ROAD

1. Applicant Information

Name: Avery-Davis Investments, LLC.
Address: 7417 Knightdale Blvd, Suite 107
City/State/Zip: Knightdale, NC 27545
Telephone:
- **Work:** (919) 266-9956
- **Home:** _____

2. Mail Determination

(Complete only if different from Applicant Information)
Name: _____
Address: N/A
City/State/Zip: _____

3. Road Location

Township: Island Creek Township
Town: Wallace, NC

Description:
Commercial site with 3 new roads inside town limits of Wallace, NC (see attached temp. plat)

4. Parcel Tax ID

Tax ID Number: 09-6035.1, 09-2351, 09-2352, 09-124, 09-3494, 09-3493, 09-4411

5. Proposed Road Name (No more than thirteen letters excluding suffix) (See attached temp plat for location)

Primary Name: Crossroads Jct. (Street A)
Backup Name 1: Village Crossing (Street A)
Backup Name 2: _____
P: Dempsey Lane (Street K)
B: Gossman Corner (Street K)

P: Boney Station (Street L)
B: Ling Crossing (Street L)

Docusign Envelope ID: 5293A2DF-98E8-438C-91C9-96ADC4C954AF

6. Signatures of Property Owners that access Road/Telephone numbers:

N/A

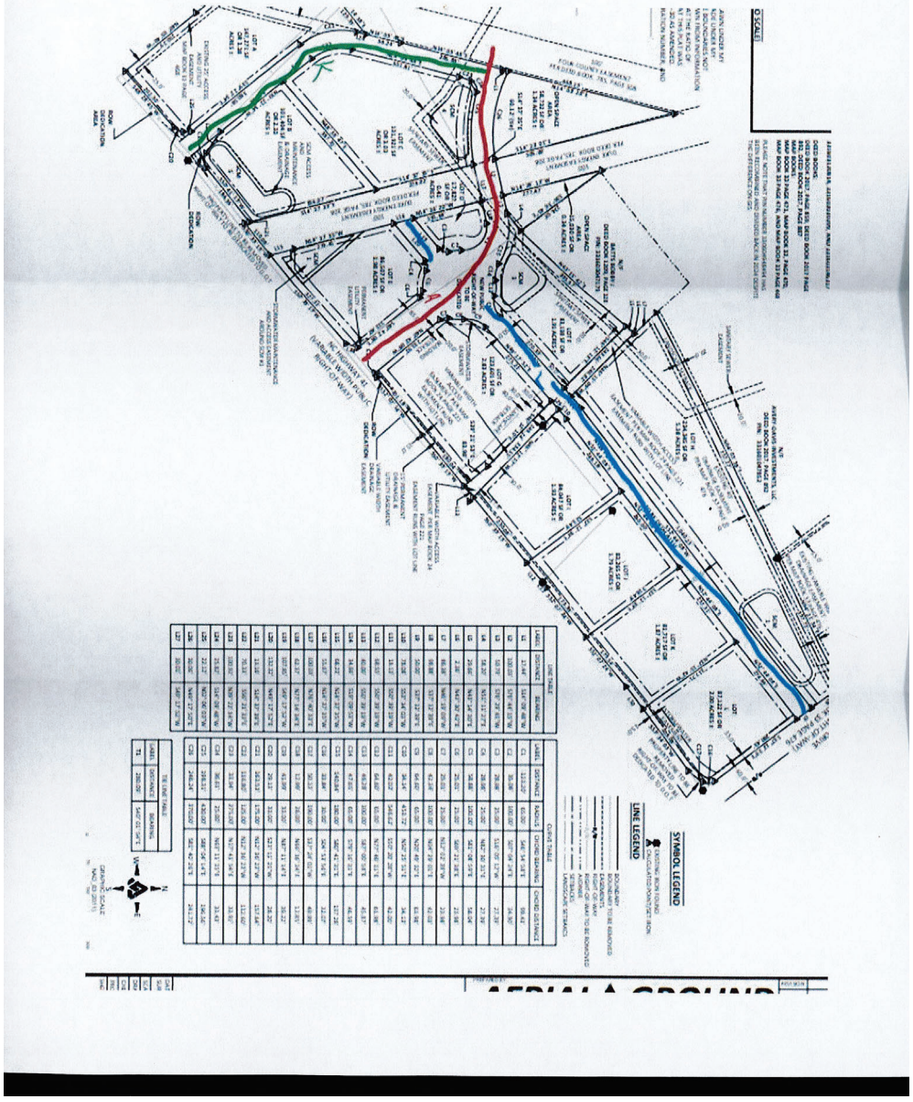
The applicant certifies that the signatures provided on this petition represent the required percentage of landowners who access or adjoin the road to be officially named.

Applicant's Signature: Signed by: DD7BA3099DA24B1... _____

Attention Landowners: Important Address Change Notification

Please be informed that if you utilize your 911 address for mail delivery at your residence, your address will be subject to change. It is essential to inform your mortgage provider, financial institutions, insurance companies, and any other organizations that send you bills or important correspondence. Additionally, please update the Department of Motor Vehicles (DMV) and any other relevant institutions you may engage with.

We will take the necessary steps to notify the United States Postal Service (USPS), update the E911 System, and revise the county tax records accordingly.



Docusign Envelope ID: 5293A2DF-98E8-438C-91C9-96ADC4C954AF

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

DUPLIN COUNTY

ROAD NAME PETITION – UNNAMED ROAD

1. Applicant Information

Name: Avery-Davis Investments, LLC.
Address: 7417 Knightdale Blvd, Suite 107
City/State/Zip: Knightdale, NC 27545
Telephone:
- **Work:** (919) 266-9956
- **Home:** _____

2. Mail Determination

(Complete only if different from Applicant Information)
Name: _____
Address: N/A
City/State/Zip: _____

3. Road Location

Township: Island Creek Township
Town: Wallace, NC

Description:
Commercial site with 3 new roads inside town limits of Wallace, NC (see attached temp. plat)

4. Parcel Tax ID

Tax ID Number: 09-6035.1, 09-2381, 09-2382, 09-124, 09-3494, 09-3493 09-4411

5. Proposed Road Name (No more than thirteen letters excluding suffix) (See attached temp plat for location)

Primary Name: Crossroads Jct. (Street A)
Backup Name 1: Village Crossing (Street A)
Backup Name 2: _____
P: Dempsey Lane (Street K)
B: Gossman Corner (Street F)

P: Boney Station (Street L)
B: King Crossing (Street L)

6. Signatures of Property Owners that access Road/Telephone numbers:

N/A

The applicant certifies that the signatures provided on this petition represent the required percentage of landowners who access or adjoin the road to be officially named.

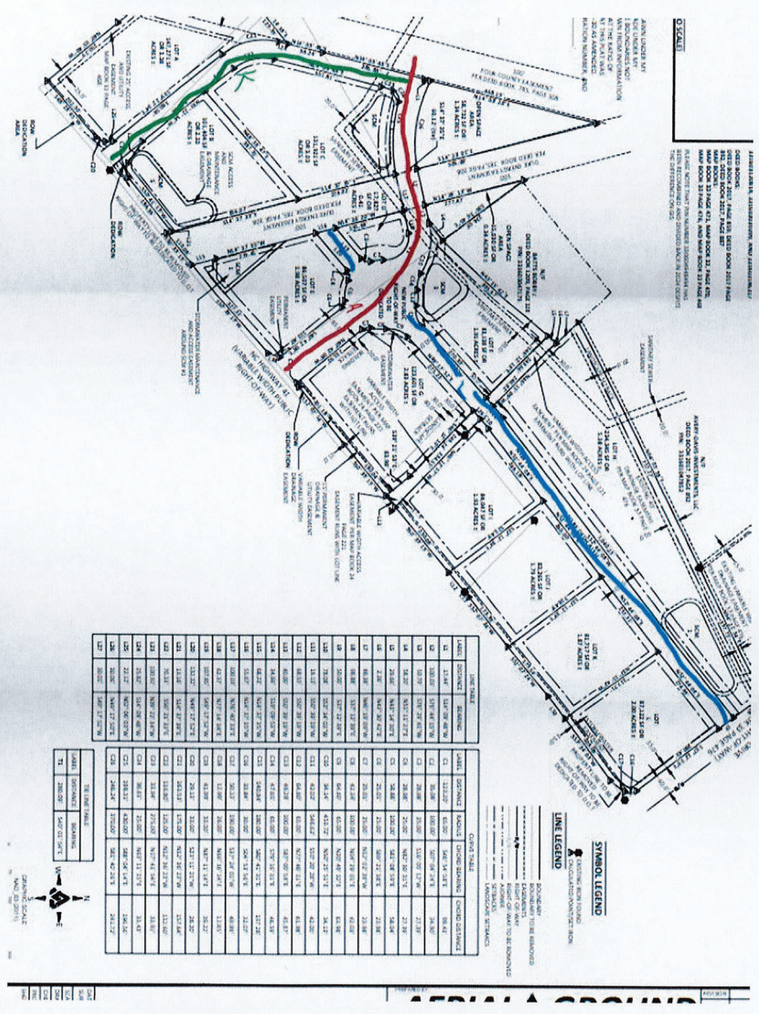
Applicant's Signature: _____

Signed by:
DD7BA3099DA24B1...

Attention Landowners: Important Address Change Notification

Please be informed that if you utilize your 911 address for mail delivery at your residence, your address will be subject to change. It is essential to inform your mortgage provider, financial institutions, insurance companies, and any other organizations that send you bills or important correspondence. Additionally, please update the Department of Motor Vehicles (DMV) and any other relevant institutions you may engage with.

We will take the necessary steps to notify the United States Postal Service (USPS), update the E911 System, and revise the county tax records accordingly.



EMERGENCY MEDICAL SERVICES DIVISION CHIEF

Duplin County Classification – Grade 72

GENERAL STATEMENT OF DUTIES:

The EMS Division Chief is responsible for the overall leadership, administration, and operational oversight of the Duplin County Emergency Medical Services (EMS) Division. This position plans, organizes, directs, and evaluates all EMS operations, administrative functions, and clinical service delivery for a comprehensive countywide emergency medical services system.

The EMS Division Chief reports to the Director of Public Safety and works in close coordination with the EMS Medical Director to ensure the delivery of high-quality, compliant, and effective prehospital medical care. The position exercises broad authority over personnel, budget, policy development, system planning, and operational readiness and serves as a senior leader within the Department of Public Safety.

DISTINGUISHING FEATURES OF THE CLASS:

The EMS Division Chief is responsible for efficiently managing all phases of the County's EMS system, including operational readiness, clinical performance, administrative functions, personnel management, and system planning. The position provides senior-level leadership for EMS operations while ensuring compliance with all applicable local, state, and federal regulations.

The EMS Division Chief provides direct supervision over EMS command and staff officers, including the EMS Training & Compliance Officer, EMS Logistics Officer, Shift Captains, and all assigned EMS field personnel. The position represents the EMS Division in interactions with county leadership, partner agencies, hospitals, and regulatory authorities.

THE IDEAL CANDIDATE WILL HAVE THE FOLLOWING KNOWLEDGE, SKILLS AND ABILITIES:

- Thorough knowledge of emergency medical services administration, operations, and clinical delivery systems. Thorough knowledge of advanced life support and basic life support procedures, EMS equipment, and prehospital patient care standards.
- Considerable knowledge of EMS laws, rules, regulations, and medical oversight requirements. Knowledge of county government operations, personnel administration, budgeting, and procurement processes.
- Ability to plan, organize, and direct complex EMS operations. Ability to analyze operational and clinical data and implement system improvements. Ability to exercise sound judgment in emergency, administrative, and high-risk situations.
- Ability to communicate effectively orally and in writing with personnel at all levels, elected officials, partner agencies, and the public. Ability to establish and maintain effective working relationships.
- Strong leadership, decision-making, and organizational skills. Initiative and independent judgment are required.
- Proficiency in using various forms of technology, including smartphones, personal computers, and modern emergency services software applications.
- Strong operational knowledge of software including Microsoft Office Suite, internet-based applications, and emergency services reporting systems.
- Ability to analyze data and use technology to enhance emergency response efficiency and decision-making.
- Ability to operate and oversee emergency response vehicles and ensure compliance with safety and operational standards.

MINIMUM REQUIREMENTS:

Education and Certification:

- Bachelor's degree in Emergency Medical Services, Health Administration, Public Administration, Management, or a related field (preferred)
- Current North Carolina certification as a Paramedic
- Current certifications in CPR, ACLS, PALS, and PHTLS
- NCOEMS Level I Instructor
- NC EMS Officer I
- NC EMS Officer II – Complete Series
- NCEMS Leadership Academy or EMS Management Institute
- Completion of ICS 100, 200, 300, 400, 700, and 800

Experience:

- Minimum of five (5) years of experience as a Paramedic in Emergency Medical Services
- Minimum of three (3) years of progressively responsible experience in EMS administration, supervision, or operations
- Experience working with EMS volunteers, first responders, and volunteer fire departments preferred

Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities may be considered.

*Qualified applicant must currently hold or have the ability to obtain education or certification requirements within 12 months of hire date unless otherwise approved by the County Manager.

Additional Requirements: This is a 24/7 "On Call" position and the successful candidate must live within 30 miles of Kenansville within six (6) months of starting with the County. Must possess a valid driver's license issued by the State of North Carolina

In accordance with the county's drug free workplace policy, employees will be subject to pre-employment and random drug screening.

Equivalent combination of experience and training which provides the required knowledge, skills, and abilities to perform the job will be considered.

ENVIRONMENTAL CONDITIONS AND PHYSICAL DEMANDS:

Work involves risks or discomforts, which require special knowledge, skills and appropriate safety precautions, e.g., attending victims in all weather conditions and times of day at the scene of a crash site on Interstate Highways. Work demands occasional strenuous effort in the handling of moderately heavy tools, equipment, or materials or walking or standing for extended periods of time.

WORK EXAMPLES MAY INCLUDE BUT ARE NOT LIMITED TO:

- Plans, develops, organizes, and directs all operational and administrative activities of the Duplin County EMS Division. Establishes division goals, priorities, policies, and procedures consistent with County objectives, regulatory requirements, and best practices in emergency medical services.
- Provides senior oversight of EMS operations, including deployment models, staffing plans, station operations, response performance, and clinical service delivery. Ensures the effective delivery of ALS and BLS services throughout Duplin County.
- Directs and evaluates subordinate officers and supervisors, including the EMS Training & Compliance Officer, EMS Logistics Officer, and Shift Captains. Oversees employee relations, performance evaluations, promotions, disciplinary actions, and professional development initiatives.
- Oversees the development, maintenance, and enforcement of EMS Standard Operating Guidelines (SOGs), policies, and procedures. Ensures compliance with North Carolina Office of EMS (NCOEMS) requirements and county policies.
- Provides fiscal oversight for the EMS Division, including budget development, monitoring, and administration. Oversees procurement, vendor relations, professional services agreements, grants, and capital planning related to EMS operations and equipment.
- Ensures quality assurance and quality improvement (QA/QI) processes are implemented and maintained through the EMS Training & Compliance Officer. Reviews system performance data, trends, and reports and implements corrective actions as needed.
- Represents Duplin County EMS in meetings, committees, and professional organizations at the local, state, and national levels. Assists the Public Information Officer with media relations as needed.
- Assists with Emergency Operations Center (EOC) activations and emergency management functions as required.
- Receives, investigates, and resolves complaints related to EMS operations, personnel conduct, and service delivery. Ensures appropriate documentation and follow-up actions are completed.
- Performs related duties as assigned.

MARGINAL FUNCTIONS

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Answers the telephone; responds to questions from the public and emergency response agencies.
- Attends meetings, training and seminars.
- Performs related duties as required.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to compile, assemble, copy, record and/or transcribe data and/or information according to a prescribed schema or plan. Includes judging whether readily observable functional, structural or compositional characteristics are similar to or divergent from prescribed standards, procedures or routines.

Human Interaction: Requires the ability to function in a managerial capacity for a group of individuals, which includes the ability to make decisions on procedural and technical levels. Individual is expected to provide broad direction to an entire component or multiple units; establishes policies and objectives, exercises influence through delegating authority to subordinates, reviews long-term outcomes, distributes resources across units.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate and control the actions of equipment and machinery, requiring the monitoring, adjustment, regulation, and/or setting of multiple conditions.

Verbal Aptitude: Requires the ability to utilize a variety of advisory data and information, such as Duplin County Safety Manual, State and Federal Statutes, equipment and supply manuals, videos, maps, and HazMat response book.

Mathematical Aptitude: Requires the ability to perform addition, subtraction, multiplication, division, and basis mathematical analysis

Functional Reasoning: Requires the ability to apply principles of rational systems. Ability to interpret instructions furnished in written, oral, diagrammatic, or schedule form. Ability to exercise independent judgment to adopt or modify methods and standards to meet variations in assigned objectives.

Situational Reasoning: Requires the ability to exercise independent judgment, decisiveness and creativity in critical and/or unexpected situations involving high risk to the organization.

ADA COMPLIANCE

Physical Ability: Tasks involve the ability to exert heavy physical effort in work typically involving some combination of climbing and balancing, stooping, kneeling, crouching, and crawling, and the lifting, carrying, pushing, and/or pulling of heavy objects and materials (up to 100 pounds) and occasionally very heavier items (100 pounds or over). The ability to wear a self-contained breathing apparatus (SCBA) to perform necessary tasks for emergency response and mitigation.

Dexterity: Requires the ability to perform semi-skilled coordinated movements, such as those required to perform emergency rescue and lifesaving duties.

Sensory Requirements: Some tasks require the ability to perceive and discriminate colors or shades of colors, sounds, tastes and odors. Some tasks require visual perception and discrimination, as well as oral communications ability.

Environmental Factors: Tasks may risk exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, temperature and noise extremes, machinery, electric currents, traffic hazards, toxic agents, violence, disease, or pathogenic substances.

PERFORMANCE INDICATORS

The work performance of supervisory personnel of Duplin County is routinely evaluated according to the performance criteria outlined herein:

Knowledge of Work: Has considerable knowledge of the methods, procedures and policies of Duplin County as such pertain to the performance of the essential duties of the position. Has considerable knowledge of principles and practices of emergency services. Has considerable knowledge of the laws, ordinances, standards, and regulations pertaining to the essential duties and responsibilities of the position. Has comprehensive knowledge of the organization of the department, and of related departments and agencies. Clearly understands the occupational hazards and safety precautions required to perform the essential functions of the work. Has working knowledge of terminology and related professional languages used within the department. Knows how to maintain cooperative and effective relationships with intra- and interdepartmental personnel, as well as any external entities.

Quality of Work: Maintains high standards of accuracy in performing duties and responsibilities. Exercises immediate remedial action to correct any quality deficiencies that occur in areas of responsibility. Maintains quality communication and interaction with intra- and interdepartmental personnel, and any external entities with whom position interacts.

Quantity of Work: Performs described Essential Functions and related assignments efficiently and effectively in a manner to produce a quantity of work which consistently meets established standards and expectations.

Dependability: Assumes responsibility for completion of assigned functions. Completes assigned tasks within established deadlines in accordance with directives, policies, standards, and prescribed procedures. Maintains accountability for assigned responsibilities in the technical, human and conceptual areas.

Attendance: Attends and remains at work regularly and adheres to policies and procedures regarding absenteeism and tardiness. Provides sufficient notice to upper management with respect to vacation time and leave requests.

Initiative and Enthusiasm: Exhibits an enthusiastic, self-reliant and self-starting approach to meet job responsibilities and accountabilities. Strives to anticipate work to be accomplished, and initiates appropriate and acceptable action for the completion of work with a minimum of supervision and instruction.

Judgment: Exercises analytical judgment in areas of responsibility. Identifies issues or situations as they occur and specifies decision objectives. Identifies or assists in identification of alternative solutions to issues or situations. Implements decisions in accordance with prescribed and effective policies and procedures and with a minimum of errors. Seeks advice where appropriate, and researches issues, situations, and alternatives prior to exercising judgment.

Cooperation: Accepts instruction and direction, and strives to meet the goals and objectives of same. Questions such instruction and direction when clarification of results or consequences is justified, i.e., poor communications, variance with established policies and procedures, etc. Offers suggestions and recommendations to encourage and improve cooperation both intra- and interdepartmentally.

Relationships with Others: Shares knowledge with managers, supervisors and co-workers for mutual benefit. Contributes to maintaining high morale among all employees. Develops and maintains cooperative and courteous relationships both intra- and interdepartmentally, and with external entities with whom position interacts. Tactfully and effectively handles requests, suggestions, and complaints in order to establish and maintain good will. Emphasizes the importance of maintaining a positive image.

Coordination of Work: Plans and organizes daily work routine. Establishes priorities for the completion of work in accordance with sound time-management methodology. Avoids duplication of effort. Estimates expected time of completion for work elements, and establishes a personal schedule accordingly. Attends required meetings, planning sessions and discussions on time. Implements work activity in accordance with priorities and estimated schedules.

Safety and Housekeeping: Adheres to all established safety and housekeeping standards, to include regulatory entities. Ensures such standards are not violated.

Employee's Signature	Supervisor's Signature
Date	Date

Duplin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, Duplin County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

EMERGENCY MEDICAL SERVICES
TRAINING AND COMPLIANCE OFFICER

Duplin County Classification - Grade 65

GENERAL STATEMENT OF DUTIES:

The EMS Training & Compliance Officer is responsible for the comprehensive management, coordination, and oversight of training, clinical compliance, credentialing, and quality improvement activities for the Duplin County Emergency Medical Services (EMS) Division. This position ensures that all EMS personnel, EMS volunteers, and applicable first responders meet required training, certification, and clinical performance standards in accordance with North Carolina Office of EMS (NCOEMS) requirements and the directives of the EMS Medical Director.

The position serves as a primary liaison between EMS providers and the EMS Medical Director for training, clinical performance, and protocol implementation. Work is performed under the general supervision of the EMS Division Chief and the EMS Medical Director and requires independent judgment, initiative, and a high level of clinical and regulatory expertise.

DISTINGUISHING FEATURES OF THE CLASS:

This position is responsible for efficiently managing all phases of the County's EMS training, education, quality assurance, and compliance programs. The EMS Training & Compliance Officer assists the Medical Director in the oversight, planning, and direction of medical control for both Basic Life Support (BLS) and Advanced Life Support (ALS) programs within Duplin County.

The position integrates training delivery, credentialing, remediation, QA/QI, protocol education, and system performance review into a unified role focused on ensuring safe, effective, and compliant patient care across the EMS system.

THE IDEAL CANDIDATE WILL HAVE THE FOLLOWING KNOWLEDGE, SKILLS AND ABILITIES:

- Thorough knowledge of EMS operations, advanced emergency medical procedures, and prehospital patient care standards. Thorough knowledge of EMS equipment, medications, and supplies used in BLS and ALS environments.
- Considerable knowledge of adult learning principles, instructional design, and training evaluation methods. Considerable knowledge of QA/QI methodologies, performance improvement, and clinical compliance programs.
- Knowledge of North Carolina EMS laws, rules, regulations, and Medical Director authority. Knowledge of HIPAA requirements related to patient care and documentation. Working knowledge of county personnel policies as they relate to training, performance management, and discipline.
- Ability to plan, organize, and administer complex training and compliance programs. Ability to evaluate clinical performance and training outcomes. Ability to interpret and apply regulatory requirements. Ability to communicate effectively orally and in writing with personnel at all levels.
- Ability to exercise sound judgment in emergency, clinical, and high-risk situations. Ability to establish and maintain effective working relationships with EMS personnel, leadership, partner agencies, and the public.
- Proficiency in using various forms of technology, including smartphones, personal computers, and modern emergency services software applications.
- Strong operational knowledge of software including Microsoft Office Suite, internet-based applications, and emergency services reporting systems.
- Ability to analyze data and use technology to enhance emergency response efficiency and decision-making.
- Ability to operate and oversee emergency response vehicles and ensure compliance with safety and operational standards.

MINIMUM REQUIREMENTS:

Education and Certification (Required at Time of Hire):

- Associate's Degree in Emergency Medical Services or a related field. (Required to obtain NCOEMS Level I EMS Instructor.)
- Current North Carolina certification as a Paramedic
- NCOEMS Level I EMS Instructor certification
- American Heart Association (AHA) Instructor certification
- NAEMT Instructor certification
- Current certifications in CPR, ACLS, PALS/PEPP, and PHTLS/BTLS
- Completion of ICS 100, 200, 300, 400, 700, & 800

Experience:

- Minimum of five (5) years of experience in Emergency Medical Services as a Paramedic
- Experience in EMS training, education, clinical review, quality improvement, or supervision
- Experience working with EMS volunteers, first responders, and volunteer fire departments is preferred

Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities may be considered.

*Qualified applicant must currently hold or have the ability to obtain education or certification requirements within 12 months of hire date unless otherwise approved by the County Manager.

Additional Requirements: This is a 24/7 "On Call" position and the successful candidate must live within 30 miles of Kenansville within six (6) months of starting with the County. Must possess a valid driver's license issued by the State of North Carolina

In accordance with the county's drug free workplace policy, employees will be subject to pre-employment and random drug screening.

Equivalent combination of experience and training which provides the required knowledge, skills, and abilities to perform the job will be considered.

WORK EXAMPLES MAY INCLUDE BUT ARE NOT LIMITED TO:

- Oversees and administers all EMS training programs, including initial orientation, continuing education, protocol updates, remedial training, and re-credentialing requirements. Provides instruction as certified or coordinates training through state-approved continuing education teaching entities.
- Audits, maintains, and verifies all EMS training, certification, and credentialing records to ensure compliance with NCOEMS, Medical Director, and County requirements. Administers and coordinates new employee orientation and onboarding training.
- Develops, implements, and oversees remediation and improvement plans for personnel identified through training evaluations, QA/QI reviews, protocol deviations, or performance deficiencies. Works directly with providers to correct deficiencies and document corrective actions.
- Coordinates and manages the EMS Quality Assurance and Quality Improvement (QA/QI) program, including the review of patient care reports, clinical documentation, and provider performance. Maintains clinical and performance databases for analysis, reporting, and research. Conducts retrospective reviews and trend analysis to identify system-wide improvement opportunities.
- Assists in the development, review, and revision of EMS protocols, policies, procedures, and operational guidelines in coordination with the EMS Medical Director and EMS leadership. Ensures timely dissemination and training on new or revised protocols.
- Oversees the Duplin County EMS preceptor and field training and evaluation program, including preceptor and FTO selection, training, evaluation, and oversight. Schedules and participates in oral boards, skills evaluations, and competency assessments.
- Plans, coordinates, and evaluates EMS drills, exercises, and training scenarios, including multi-agency and multi-jurisdictional exercises when required. Assists with Emergency Operations Center (EOC) activities during disasters and large-scale incidents.
- Serves as a liaison between county EMS providers, volunteer EMS agencies, first responders, fire departments, municipalities, hospitals, and the EMS Medical Director regarding training, protocols, and clinical issues.
- Responds to major incidents or staffing shortages as a paramedic when needed to assist with emergency response, evaluate field performance, and support operational needs.
- Identifies training and compliance needs and assists with the preparation of training-related grants and funding opportunities. Coordinates with municipal, state, and federal agencies to ensure required approvals and certifications are obtained.
- Performs related duties as assigned.

MARGINAL FUNCTIONS

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Answers the telephone; responds to questions from the public and emergency response agencies.
- Attends meetings, training and seminars.
- Performs related duties as required.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to compile, assemble, copy, record and/or transcribe data and/or information according to a prescribed schema or plan. Includes judging whether readily observable functional, structural or compositional characteristics are similar to or divergent from prescribed standards, procedures or routines.

Human Interaction: Requires the ability to function in a managerial capacity for a group of individuals, which includes the ability to make decisions on procedural and technical levels. Individual is expected to provide broad direction to an entire component or multiple units; establishes policies and objectives, exercises influence through delegating authority to subordinates, reviews long-term outcomes, distributes resources across units.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate and control the actions of equipment and machinery, requiring the monitoring, adjustment, regulation, and/or setting of multiple conditions.

Verbal Aptitude: Requires the ability to utilize a variety of advisory data and information, such as Duplin County Safety Manual, State and Federal Statutes, equipment and supply manuals, videos, maps, and HazMat response book.

Mathematical Aptitude: Requires the ability to perform addition, subtraction, multiplication, division, and basis mathematical analysis

Functional Reasoning: Requires the ability to apply principles of rational systems. Ability to interpret instructions furnished in written, oral, diagrammatic, or schedule form. Ability to exercise independent judgment to adopt or modify methods and standards to meet variations in assigned objectives.

Situational Reasoning: Requires the ability to exercise independent judgment, decisiveness and creativity in critical and/or unexpected situations involving high risk to the organization.

ADA COMPLIANCE

Physical Ability: Tasks involve the ability to exert heavy physical effort in work typically involving some combination of climbing and balancing, stooping, kneeling, crouching, and crawling, and the lifting, carrying, pushing, and/or pulling of heavy objects and materials (up to 100 pounds) and occasionally very heavier items (100 pounds or over). The ability

to wear a self-contained breathing apparatus (SCBA) to perform necessary tasks for emergency response and mitigation.

Dexterity: Requires the ability to perform semi-skilled coordinated movements, such as those required to perform emergency rescue and lifesaving duties.

Sensory Requirements: Some tasks require the ability to perceive and discriminate colors or shades of colors, sounds, tastes and odors. Some tasks require visual perception and discrimination, as well as oral communications ability.

Environmental Factors: Tasks may risk exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, temperature and noise extremes, machinery, electric currents, traffic hazards, toxic agents, violence, disease, or pathogenic substances.

PERFORMANCE INDICATORS

The work performance of supervisory personnel of Duplin County is routinely evaluated according to the performance criteria outlined herein:

Knowledge of Work: Has considerable knowledge of the methods, procedures and policies of Duplin County as such pertain to the performance of the essential duties of the position. Has considerable knowledge of principles and practices of emergency services. Has considerable knowledge of the laws, ordinances, standards, and regulations pertaining to the essential duties and responsibilities of the position. Has comprehensive knowledge of the organization of the department, and of related departments and agencies. Clearly understands the occupational hazards and safety precautions required to perform the essential functions of the work. Has working knowledge of terminology and related professional languages used within the department. Knows how to maintain cooperative and effective relationships with intra- and interdepartmental personnel, as well as any external entities.

Quality of Work: Maintains high standards of accuracy in performing duties and responsibilities. Exercises immediate remedial action to correct any quality deficiencies that occur in areas of responsibility. Maintains quality communication and interaction with intra- and interdepartmental personnel, and any external entities with whom position interacts.

Quantity of Work: Performs described Essential Functions and related assignments efficiently and effectively in a manner to produce a quantity of work which consistently meets established standards and expectations.

Dependability: Assumes responsibility for completion of assigned functions. Completes assigned tasks within established deadlines in accordance with directives, policies, standards, and prescribed procedures. Maintains accountability for assigned responsibilities in the technical, human and conceptual areas.

Attendance: Attends and remains at work regularly and adheres to policies and procedures regarding absenteeism and tardiness. Provides sufficient notice to upper management with respect to vacation time and leave requests.

Initiative and Enthusiasm: Exhibits an enthusiastic, self-reliant and self-starting approach to meet job responsibilities and accountabilities. Strives to anticipate work to be accomplished, and initiates appropriate and acceptable action for the completion of work with a minimum of supervision and instruction.

Judgment: Exercises analytical judgment in areas of responsibility. Identifies issues or situations as they occur and specifies decision objectives. Identifies or assists in identification of alternative solutions to issues or situations. Implements decisions in accordance with prescribed and effective policies and procedures and with a minimum of errors. Seeks advice where appropriate, and researches issues, situations, and alternatives prior to exercising judgment.

Cooperation: Accepts instruction and direction, and strives to meet the goals and objectives of same. Questions such instruction and direction when clarification of results or consequences is justified, i.e., poor communications, variance with established policies and procedures, etc. Offers suggestions and recommendations to encourage and improve cooperation both intra- and interdepartmentally.

Relationships with Others: Shares knowledge with managers, supervisors and co-workers for mutual benefit. Contributes to maintaining high morale among all employees. Develops and maintains cooperative and courteous relationships both intra- and interdepartmentally, and with external entities with whom position interacts. Tactfully and effectively handles requests, suggestions, and complaints in order to establish and maintain good will. Emphasizes the importance of maintaining a positive image.

Coordination of Work: Plans and organizes daily work routine. Establishes priorities for the completion of work in accordance with sound time-management methodology. Avoids duplication of effort. Estimates expected time of completion for work elements, and establishes a personal schedule accordingly. Attends required meetings, planning sessions and discussions on time. Implements work activity in accordance with priorities and estimated schedules.

Safety and Housekeeping: Adheres to all established safety and housekeeping standards, to include regulatory entities. Ensures such standards are not violated.

Employee's Signature	Supervisor's Signature
Date	Date

Duplin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, Duplin County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

EMERGENCY MEDICAL SERVICES LOGISTICS OFFICER

Duplin County Classification – Grade 67

GENERAL STATEMENT OF DUTIES:

The EMS Logistics Officer is responsible for planning, coordinating, and overseeing logistical support for the Duplin County Emergency Medical Services (EMS) Division. This position ensures the readiness, availability, and proper maintenance of EMS vehicles, medical equipment, supplies, facilities, and logistical systems necessary to support safe and effective emergency medical operations.

The position reports directly to the EMS Division Chief and works closely with EMS command staff, including Shift Captains and the EMS Training & Compliance Officer, to support operational readiness, regulatory compliance, and continuity of operations. Work requires independent judgment, strong organizational skills, and the ability to operate in both routine and emergency environments.

DISTINGUISHING FEATURES OF THE CLASS:

This position serves as the primary logistics and support officer for the EMS Division, with responsibility for EMS-specific supply chain management, fleet coordination, facilities support, and equipment lifecycle management The EMS Logistics Officer is primarily assigned to support EMS Division needs and may, as operational needs dictate, provide logistical support to other divisions within the Public Safety Department.

The position supports daily operations, planned events, and emergency incidents, including surge staffing and disaster response, and may function in an Incident Command System (ICS) logistics role during incidents or Emergency Operations Center (EOC) activations.

THE IDEAL CANDIDATE WILL HAVE THE FOLLOWING KNOWLEDGE, SKILLS AND ABILITIES:

- Thorough knowledge of EMS logistics, supply management, asset tracking, fleet coordination, and equipment maintenance. Considerable knowledge of EMS medical equipment, vehicles, and operational support systems.
- Knowledge of EMS operations, response environments, and regulatory requirements. Knowledge of county purchasing, inventory control, and documentation practices.
- Ability to plan, organize, and coordinate logistics activities in a dynamic emergency services environment. Ability to identify deficiencies, prioritize needs, and implement corrective actions. Ability to work independently and exercise sound judgment in routine and emergency situations.
- Ability to communicate effectively orally and in writing. Ability to establish and maintain effective working relationships with EMS personnel, vendors, county departments, and partner agencies.

MINIMUM REQUIREMENTS:

Education and Experience:

- Associate's Degree in Emergency Medical Services, Logistics, Supply Chain Management, or a related field preferred
- EMT certification of any level is preferred but not required with significant experience in logistics and supply chain management
- Experience in EMS logistics, fleet management, inventory control, or emergency services support
- Experience working in an EMS or public safety environment preferred
- Completion of ICS 100, 200, 300, 400, 700, and 800
- FEMA All-Hazards Logistics Section Chief Course (completed within 18 months of hire)

Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities may be considered.

Additional Requirements:

- Valid North Carolina driver's license
- Ability to respond to emergencies, incidents, and EOC activations as required

Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities may be considered.

*Qualified applicant must currently hold or have the ability to obtain education or certification requirements within 12 months of hire date unless otherwise approved by the County Manager.

Additional Requirements: This is a 24/7 "On Call" position and the successful candidate must live within 30 miles of Kenansville within six (6) months of starting with the County. Must possess a valid driver's license issued by the State of North Carolina

In accordance with the county's drug free workplace policy, employees will be subject to pre-employment and random drug screening.

Equivalent combination of experience and training which provides the required knowledge, skills, and abilities to perform the job will be considered.

ENVIRONMENTAL CONDITIONS AND PHYSICAL DEMANDS:

Work involves risks or discomforts, which require special knowledge, skills and appropriate safety precautions, e.g., attending victims in all weather conditions and times of day at the scene of a crash site on Interstate Highways. Work demands occasional strenuous effort in the handling of moderately heavy tools, equipment, or materials or walking or standing for extended periods of time.

WORK EXAMPLES MAY INCLUDE BUT ARE NOT LIMITED TO:

EMS Logistics & Supply Management

- Oversees EMS supply chain operations, including ordering, receiving, stocking, rotating, and distributing medical and operational supplies.
- Maintains accurate inventory and asset tracking systems for EMS equipment, supplies, and vehicles.
- Ensures completion and compliance with daily unit check sheets and station supply processes.
- Identifies supply deficiencies and takes corrective action in a timely manner.

Fleet & Vehicle Support

- Coordinates EMS fleet readiness, including ambulance and support vehicle maintenance, repairs, inspections, and vendor scheduling.
- Assists with unit swaps and ensures established procedures are followed.
- Tracks fleet availability and coordinates strategic placement of vehicles during maintenance or repairs.

Equipment & Facilities

- Oversees EMS equipment readiness, inspection, maintenance, repair, and replacement planning.
- Coordinates annual preventive maintenance for EMS medical equipment and documents all service and repairs.
- Assists with EMS station, building, and grounds support projects and coordinates with county maintenance and vendors.
- Researches and evaluates new equipment and technology to ensure compliance with applicable standards and operational needs.

Budget, Procurement & Compliance

- Monitors EMS logistics-related budgets, purchase orders, and expenditures.
- Works with vendors, suppliers, and county procurement staff to ensure timely and compliant purchasing.
- Assists with grant-funded equipment tracking and reporting requirements.
- Ensures compliance with applicable federal, state, and local regulations related to EMS equipment, inventory, and safety.

Emergency Operations & Incident Support

- Provides logistics support during major incidents, disasters, multiple patient incidents (MPIs), and planned events.
- Supports EMS operations during periods of high call volume or staffing shortages as directed by the EMS Division Chief.
- Assists with Emergency Operations Center (EOC) activations and functions within the Logistics Section or other assigned ICS roles.

Communication & Coordination

- Works closely with the EMS Division Chief, Shift Captains, and EMS Training & Compliance Officer to identify logistics needs and operational gaps.
- Provides written and verbal reports related to EMS logistics operations, deficiencies, and corrective actions.
- Promotes safe work practices and ensures compliance with applicable safety standards.

Performs related duties as assigned.

MARGINAL FUNCTIONS

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Answers the telephone; responds to questions from the public and emergency response agencies.
- Attends meetings, training and seminars.
- Performs related duties as required.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to compile, assemble, copy, record and/or transcribe data and/or information according to a prescribed schema or plan. Includes judging whether readily observable functional, structural or compositional characteristics are similar to or divergent from prescribed standards, procedures or routines.

Human Interaction: Requires the ability to function in a managerial capacity for a group of individuals, which includes the ability to make decisions on procedural and technical levels. Individual is expected to provide broad direction to an entire component or multiple units; establishes policies and objectives, exercises influence through delegating authority to subordinates, reviews long-term outcomes, distributes resources across units.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate and control the actions of equipment and machinery, requiring the monitoring, adjustment, regulation, and/or setting of multiple conditions.

Verbal Aptitude: Requires the ability to utilize a variety of advisory data and information, such as Duplin County Safety Manual, State and Federal Statutes, equipment and supply manuals, videos, maps, and HazMat response book.

Mathematical Aptitude: Requires the ability to perform addition, subtraction, multiplication, division, and basis mathematical analysis

Functional Reasoning: Requires the ability to apply principles of rational systems. Ability to interpret instructions furnished in written, oral, diagrammatic, or schedule form. Ability to exercise independent judgment to adopt or modify methods and standards to meet variations in assigned objectives.

Situational Reasoning: Requires the ability to exercise independent judgment, decisiveness and creativity in critical and/or unexpected situations involving high risk to the organization.

ADA COMPLIANCE

Physical Ability: Tasks involve the ability to exert heavy physical effort in work typically involving some combination of climbing and balancing, stooping, kneeling, crouching, and crawling, and the lifting, carrying, pushing, and/or pulling of heavy objects and materials (up to 100 pounds) and occasionally very heavier items (100 pounds or over).

Dexterity: Requires the ability to perform semi-skilled coordinated movements, such as those required to perform emergency rescue and lifesaving duties.

Sensory Requirements: Some tasks require the ability to perceive and discriminate colors or shades of colors, sounds, tastes and odors. Some tasks require visual perception and discrimination, as well as oral communications ability.

Environmental Factors: Tasks may risk exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, temperature and noise extremes, machinery, electric currents, traffic hazards, toxic agents, violence, disease, or pathogenic substances.

PERFORMANCE INDICATORS

The work performance of supervisory personnel of Duplin County is routinely evaluated according to the performance criteria outlined herein:

Knowledge of Work: Has considerable knowledge of the methods, procedures and policies of Duplin County as such pertain to the performance of the essential duties of the position. Has considerable knowledge of principles and practices of emergency services. Has considerable knowledge of the laws, ordinances, standards, and regulations pertaining to the essential duties and responsibilities of the position. Has comprehensive knowledge of the organization of the department, and of related departments and agencies. Clearly understands the occupational hazards and safety precautions required to perform the essential functions of the work. Has working knowledge of terminology and related professional languages used within the department. Knows how to maintain cooperative and effective relationships with intra- and interdepartmental personnel, as well as any external entities.

Quality of Work: Maintains high standards of accuracy in performing duties and responsibilities. Exercises immediate remedial action to correct any quality deficiencies that occur in areas of responsibility. Maintains quality communication and interaction with intra- and interdepartmental personnel, and any external entities with whom position interacts.

Quantity of Work: Performs described Essential Functions and related assignments efficiently and effectively in a manner to produce a quantity of work which consistently meets established standards and expectations.

Dependability: Assumes responsibility for completion of assigned functions. Completes assigned tasks within established deadlines in accordance with directives, policies, standards, and prescribed procedures. Maintains accountability for assigned responsibilities in the technical, human and conceptual areas.

Attendance: Attends and remains at work regularly and adheres to policies and procedures regarding absenteeism and tardiness. Provides sufficient notice to upper management with respect to vacation time and leave requests.

Initiative and Enthusiasm: Exhibits an enthusiastic, self-reliant and self-starting approach to meet job responsibilities and accountabilities. Strives to anticipate work to be accomplished, and initiates appropriate and acceptable action for the completion of work with a minimum of supervision and instruction.

Judgment: Exercises analytical judgment in areas of responsibility. Identifies issues or situations as they occur and specifies decision objectives. Identifies or assists in identification of alternative solutions to issues or situations. Implements decisions in accordance with prescribed and effective policies and procedures and with a minimum of errors. Seeks advice where appropriate, and researches issues, situations, and alternatives prior to exercising judgment.

Cooperation: Accepts instruction and direction, and strives to meet the goals and objectives of same. Questions such instruction and direction when clarification of results or consequences is justified, i.e., poor communications, variance with established policies and procedures, etc. Offers suggestions and recommendations to encourage and improve cooperation both intra- and interdepartmentally.

Relationships with Others: Shares knowledge with managers, supervisors and co-workers for mutual benefit. Contributes to maintaining high morale among all employees. Develops and maintains cooperative and courteous relationships both intra- and interdepartmentally, and with external entities with whom position interacts. Tactfully and effectively handles requests, suggestions, and complaints in order to establish and maintain good will. Emphasizes the importance of maintaining a positive image.

Coordination of Work: Plans and organizes daily work routine. Establishes priorities for the completion of work in accordance with sound time-management methodology. Avoids duplication of effort. Estimates expected time of completion for work elements, and establishes a personal schedule accordingly. Attends required meetings, planning sessions and discussions on time. Implements work activity in accordance with priorities and estimated schedules.

Safety and Housekeeping: Adheres to all established safety and housekeeping standards, to include regulatory entities. Ensures such standards are not violated.

Employee's Signature | Supervisor's Signature

Date | Date

Duplin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, Duplin County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

911 Communications Division Chief

Duplin County Classification – Grade 69

GENERAL STATEMENT OF DUTIES:

The 911 Communications Division Chief is responsible for the overall leadership, administration, and operational oversight of the Duplin County Emergency Communications Division, including the 911 Dispatch Center and E-911 Addressing. This position plans, organizes, directs, and evaluates all emergency communications operations, administrative functions, technology systems, and addressing services for a comprehensive countywide public safety communications system.

The 911 Communications Division Chief reports to the Deputy Public Safety Director and works in close coordination with the EMS Division Chief, Fire Marshal, Sheriff's Office, municipal law enforcement agencies, volunteer fire departments, Emergency Management, the North Carolina 911 Board, the North Carolina Department of Information Technology (NCDIT), the North Carolina Department of Insurance (NCDOI), and other regulatory agencies to ensure the delivery of efficient, compliant, and effective emergency call-taking and dispatch services. The position exercises broad authority over personnel, budget administration, policy development, system planning, technology oversight, regulatory compliance, and operational readiness and serves as a senior leader within the Department of Public Safety.

DISTINGUISHING FEATURES OF THE CLASS:

The 911 Communications Division Chief is responsible for efficiently managing all phases of the County's Enhanced 911 system, including public safety answering point (PSAP) operations, E-911 addressing and mapping, radio and telecommunications systems, CAD system administration, regulatory compliance, personnel management, and system planning. The position provides senior-level leadership for emergency communications while ensuring compliance with all applicable local, state, and federal regulations.

The 911 Communications Division Chief provides direct supervision over Communications Supervisors, Telecommunicators, DCI-certified personnel, and E-911 Addressing staff. The position oversees the implementation, maintenance, and quality assurance of Priority Dispatch Emergency Medical Dispatch (EMD) and Emergency Fire Dispatch (EFD) protocols to ensure standardized call interrogation, medically approved pre-arrival instructions, responder safety guidance, and compliance with established performance standards.

The position represents the Communications Division in interactions with county leadership, partner agencies, the North Carolina 911 Board, NCDIT, NCDOI, and other local, state, and federal regulatory authorities. The Division Chief ensures compliance with all statutes, administrative codes, funding requirements, reporting standards, and operational mandates governing public safety answering points within North Carolina.

THE IDEAL CANDIDATE WILL HAVE THE FOLLOWING KNOWLEDGE, SKILLS AND ABILITIES:

- Thorough knowledge of Enhanced 911 systems, PSAP operations, public safety telecommunications practices, computer-aided dispatch (CAD) systems, radio communications systems, and emergency communications technologies.
- Thorough knowledge of Priority Dispatch EMD and EFD protocols, structured call-taking processes, pre-arrival instructions, quality assurance standards, performance benchmarking, and accreditation requirements.
- Considerable knowledge of North Carolina 911 Board statutes, administrative code requirements, PSAP operational standards, 911 Fund regulations, reporting requirements, and compliance obligations.
- Considerable knowledge of FCC regulations, DCI/NCIC requirements, state and federal communications standards, and public safety information systems.
- Knowledge of county government operations, personnel administration, budgeting, procurement processes, and capital planning.
- Ability to plan, organize, and direct complex public safety communications operations in a 24-hour, 7-day operational environment.
- Ability to evaluate communications performance metrics, response time data, call processing trends, and QA/QI findings and implement system improvements.
- Ability to exercise sound judgment in emergency, administrative, and high-liability situations.
- Ability to communicate effectively orally and in writing with personnel at all levels, elected officials, regulatory agencies, partner organizations, and the public.
- Strong leadership, supervisory, decision-making, and organizational skills. Initiative and independent judgment are required.
- Proficiency in Microsoft Office Suite, CAD systems, addressing databases, emergency communications reporting systems, and telecommunications software platforms.
- Ability to analyze data and leverage technology to enhance dispatch efficiency, responder safety, and overall system performance.

MINIMUM REQUIREMENTS:

Education and Certification:

- Associate's or Bachelor's degree in Public Administration, Business Administration, Communications, Criminal Justice, Emergency Management, or a related field (preferred)
- Current DCI Certifications (General Inquiries, Criminal Records, File Transactions, Protection Orders, Disposition of Firearms, Subagency User Administrator, Terminal Agency Coordinator)
- Priority Dispatch EMD & EMD-Q Certification
- Priority Dispatch EFD & EFD-Q Certification
- Completion of ICS 100, 200, 300, 400, 700, and 800
- NENA Emergency Number Professional (ENP) Certification (within 18 months of hire)

Experience:

- Minimum of five (5) years of progressively responsible experience in public safety communications, emergency services, law enforcement, EMS, fire service, or emergency management

- Minimum of three (3) years of supervisory or management experience in a communications or public safety environment
- Experience with CAD administration, radio systems oversight, E-911 addressing systems, regulatory compliance, and public safety technology systems preferred

Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities may be considered.

*Qualified applicant must currently hold or have the ability to obtain education or certification requirements within 12 months of hire date unless otherwise approved by the County Manager.

Additional Requirements: In accordance with the county's drug free workplace policy, employees will be subject to pre-employment and random drug screening.

Equivalent combination of experience and training which provides the required knowledge, skills, and abilities to perform the job will be considered.

WORK EXAMPLES MAY INCLUDE BUT ARE NOT LIMITED TO:

- Plans, develops, organizes, and directs all operational and administrative activities of the Duplin County Communications Division. Establishes division goals, priorities, policies, and procedures consistent with County objectives, regulatory requirements, and best practices in emergency communications.
- Provides senior oversight of 911 call-taking, dispatch operations, radio communications systems, addressing services, and CAD system administration to ensure reliable and efficient emergency response coordination.
- Oversees the implementation, maintenance, and quality assurance of Priority Dispatch EMD and EFD protocols, including structured call review processes, compliance monitoring, continuing education requirements, and performance improvement initiatives.
- Directs and evaluates subordinate supervisors and staff. Oversees employee relations, performance evaluations, hiring, training, scheduling, promotions, disciplinary actions, and professional development initiatives.
- Provides fiscal oversight for the Communications Division, including development, monitoring, and administration of 911 Funds and County funds. Oversees procurement, vendor contracts, grants, capital planning, and long-term technology replacement strategies.
- Ensures compliance with DCI regulations, North Carolina 911 Board requirements, state 911 Fund regulations, FCC licensing standards, and NCDOI reporting requirements. Provides required reporting, documentation, and audit support to regulatory agencies to maintain funding eligibility and operational compliance.
- Oversees maintenance and operation of radio systems, recording systems, generators, transmitter sites, addressing databases, and emergency communications infrastructure.
- Receives, investigates, and resolves complaints related to dispatch services, personnel conduct, and operational performance. Ensures appropriate documentation and follow-up actions are completed.
- Assists with Emergency Operations Center (EOC) activations and emergency management functions as required.

- Performs related duties as assigned.

MARGINAL FUNCTIONS

While the following tasks are necessary for the work of the unit, they are not an essential part of the purpose of this position and may also be performed by other unit members.

- Answers the telephone; responds to questions from the public and emergency response agencies.
- Attends meetings, training and seminars.
- Performs related duties as required.

PERFORMANCE APTITUDES

Data Utilization: Requires the ability to compile, assemble, copy, record and/or transcribe data and/or information according to a prescribed schema or plan. Includes judging whether readily observable functional, structural or compositional characteristics are similar to or divergent from prescribed standards, procedures or routines.

Human Interaction: Requires the ability to function in a managerial capacity for a group of individuals, which includes the ability to make decisions on procedural and technical levels. Individual is expected to provide broad direction to an entire component or multiple units; establishes policies and objectives, exercises influence through delegating authority to subordinates, reviews long-term outcomes, distributes resources across units.

Equipment, Machinery, Tools, and Materials Utilization: Requires the ability to operate and control the actions of equipment and machinery, requiring the monitoring, adjustment, regulation, and/or setting of multiple conditions.

Verbal Aptitude: Requires the ability to utilize a variety of advisory data and information, such as Duplin County Safety Manual, State and Federal Statutes, equipment and supply manuals, videos, maps, and HazMat response book.

Mathematical Aptitude: Requires the ability to perform addition, subtraction, multiplication, division, and basis mathematical analysis

Functional Reasoning: Requires the ability to apply principles of rational systems. Ability to interpret instructions furnished in written, oral, diagrammatic, or schedule form. Ability to exercise independent judgment to adopt or modify methods and standards to meet variations in assigned objectives.

Situational Reasoning: Requires the ability to exercise independent judgment, decisiveness and creativity in critical and/or unexpected situations involving high risk to the organization.

ADA COMPLIANCE

Physical Ability: Tasks involve the ability to exert heavy physical effort in work typically involving some combination of climbing and balancing, stooping, kneeling, crouching, and crawling, and the lifting, carrying, pushing, and/or pulling of heavy objects and materials (up to 100 pounds) and occasionally very heavier items (100 pounds or over). The ability to wear a self-contained breathing apparatus (SCBA) to perform necessary tasks for emergency response and mitigation.

Dexterity: Requires the ability to perform semi-skilled coordinated movements, such as those required to perform emergency rescue and lifesaving duties.

Sensory Requirements: Some tasks require the ability to perceive and discriminate colors or shades of colors, sounds, tastes and odors. Some tasks require visual perception and discrimination, as well as oral communications ability.

Environmental Factors: Tasks may risk exposure to adverse environmental conditions, such as dirt, dust, pollen, odors, wetness, humidity, rain, fumes, temperature and noise extremes, machinery, electric currents, traffic hazards, toxic agents, violence, disease, or pathogenic substances.

PERFORMANCE INDICATORS

The work performance of supervisory personnel of Duplin County is routinely evaluated according to the performance criteria outlined herein:

Knowledge of Work: Has considerable knowledge of the methods, procedures and policies of Duplin County as such pertain to the performance of the essential duties of the position. Has considerable knowledge of principles and practices of emergency services. Has considerable knowledge of the laws, ordinances, standards, and regulations pertaining to the essential duties and responsibilities of the position. Has comprehensive knowledge of the organization of the department, and of related departments and agencies. Clearly understands the occupational hazards and safety precautions required to perform the essential functions of the work. Has working knowledge of terminology and related professional languages used within the department. Knows how to maintain cooperative and effective relationships with intra- and interdepartmental personnel, as well as any external entities.

Quality of Work: Maintains high standards of accuracy in performing duties and responsibilities. Exercises immediate remedial action to correct any quality deficiencies that occur in areas of responsibility. Maintains quality communication and interaction with intra- and interdepartmental personnel, and any external entities with whom position interacts.

Quantity of Work: Performs described Essential Functions and related assignments efficiently and effectively in a manner to produce a quantity of work which consistently meets established standards and expectations.

Dependability: Assumes responsibility for completion of assigned functions. Completes assigned tasks within established deadlines in accordance with directives, policies, standards, and prescribed procedures. Maintains accountability for assigned responsibilities in the technical, human and conceptual areas.

Attendance: Attends and remains at work regularly and adheres to policies and procedures regarding absenteeism and tardiness. Provides sufficient notice to upper management with respect to vacation time and leave requests.

Initiative and Enthusiasm: Exhibits an enthusiastic, self-reliant and self-starting approach to meet job responsibilities and accountabilities. Strives to anticipate work to be accomplished, and initiates appropriate and acceptable action for the completion of work with a minimum of supervision and instruction.

Judgment: Exercises analytical judgment in areas of responsibility. Identifies issues or situations as they occur and specifies decision objectives. Identifies or assists in identification of alternative solutions to issues or situations. Implements decisions in accordance with prescribed and effective policies and procedures and with a minimum of errors. Seeks advice where appropriate, and researches issues, situations, and alternatives prior to exercising judgment.

Cooperation: Accepts instruction and direction, and strives to meet the goals and objectives of same. Questions such instruction and direction when clarification of results or consequences is justified, i.e., poor communications, variance with established policies and procedures, etc. Offers suggestions and recommendations to encourage and improve cooperation both intra- and interdepartmentally.

Relationships with Others: Shares knowledge with managers, supervisors and co-workers for mutual benefit. Contributes to maintaining high morale among all employees. Develops and maintains cooperative and courteous relationships both intra- and interdepartmentally, and with external entities with whom position interacts. Tactfully and effectively handles requests, suggestions, and complaints in order to establish and maintain good will. Emphasizes the importance of maintaining a positive image.

Coordination of Work: Plans and organizes daily work routine. Establishes priorities for the completion of work in accordance with sound time-management methodology. Avoids duplication of effort. Estimates expected time of completion for work elements, and establishes a personal schedule accordingly. Attends required meetings, planning sessions and discussions on time. Implements work activity in accordance with priorities and estimated schedules.

Safety and Housekeeping: Adheres to all established safety and housekeeping standards, to include regulatory entities. Ensures such standards are not violated.

Employee's Signature	Supervisor's Signature
Date	Date

Duplin County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, Duplin County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

EDUCATIONAL AFFILIATION AGREEMENT

THIS EDUCATIONAL AFFILIATION AGREEMENT ("Agreement") is entered into by and between Sampson Community College located in __Clinton, NC_____ and its agents, officers, employees (hereinafter referred to as "School") and Duplin County, by and through the Duplin County EMS (herein known as "Duplin EMS") located in Kenansville, North Carolina.

RECITALS

WHEREAS, School desires to place students with Duplin EMS for educational and other purposes as set forth herein, and Duplin EMS is committed to providing the desired education, training, and clinical learning experiences for students.

NOW, THEREFORE, in consideration of the promises herein contained and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties agree as follows:

I. RESPONSIBILITIES OF THE PARTIES

A. SCOPE OF ASSIGNMENT/MUTUAL RESPONSIBILITIES

1. Duplin EMS agrees to accept students for clinical training under the terms and conditions set forth in this agreement. School shall recommend only those students who have fulfilled the prerequisites and meet the requirements as outlines in this Agreement. Duplin EMS reserves the right to decline or accept any student.

2. Duplin EMS and School will pre-determine the number and schedule of the students to be assigned to Duplin EMS. Duplin EMS will make the final determination regarding the number of students, dates of assignments, utilization of resources, and location of student's rotations.

3.Withdrawal of a student from an assignment may be requested by either party at any time upon notice to the other party. Notwithstanding the foregoing, Duplin EMS retains the right at all times to safeguard the health, safety, and welfare of its patients and the orderly operation of its facilities, vehicles, and equipment, and shall have the right to immediately remove a student from an assignment when the student's performance is detrimental to a patient's well-being or to the orderly operation of Duplin EMS.

4.School and Duplin EMS will plan appropriate consultation conferences to coordinate students' clinical schedules. Duplin EMS will allow faculty/staff members of School to visit and observe students under terms and conditions as established by Duplin EMS.

5.Each party hereto shall designate an employee to serve as liaison between School and Duplin EMS.

The liaison contact information for each party is as follows:

Duplin EMS: Dustin Swinson, EMS Training and Compliance Officer

910-271-4144 or dustin.swinson@duplincountync.com

Sampson Community College: Tiffany Vansell, Clinical Coordinator

910-900-4146 or tvansell@sampsoncc.edu

B. RESPONSIBILITIES OF DUPLIN EMS

1. Duplin EMS will provide supervision of students while participating under this agreement and will maintain a sufficient level of staff to carry out normal service functions so that students will not be performing in lieu of staff.
2. Duplin EMS will comply with any state and federal laws and regulations applicable to the provision of healthcare services. Duplin EMS will also make reasonable efforts to comply with any applicable school accreditation standards or guidelines.
3. Duplin EMS will be responsible for coordinating clinical training schedules, supervising the students' clinical training experiences, evaluating student performance, and providing a planned supervised program.
4. At all times, Duplin EMS shall have sole responsibility for patient care services, and the level at which the students participate in such patient care.
5. Duplin EMS will provide appropriate orientation to students prior to the commencement of the clinical experience. Alternatively, Duplin EMS will provide student orientation materials to School including copies of pertinent agreements, and confidentiality statements.
6. Duplin EMS will advise School at the earliest reasonable time of any changes in its operations, policies pr personnel which may affect the clinical experience.
7. Duplin EMS will provide reasonable first aid assistance for students who experience work related injuries or illness. The cost of any first aid or emergency care provided to a student shall be the responsibility of the student. Additionally, the cost of any follow-up, referrals, x-rays, or laboratory tests as may be necessary shall not be borne by School or Duplin EMS, but shall be the responsibility of the individual student, regardless of whether such services are covered by the student's health insurance.

C. RESPONSIBILITIES OF SCHOOL

1. School is solely responsible for academic matters, including but not limited to curriculum.
2. School shall (i) determine each students' eligibility to participate under this Agreement: (ii) assign final course grades: and (iii) award course credits.
3. School shall provide any information reasonably requested by Duplin EMS regarding students' qualifications for participation under this Agreement. Such information shall be provided prior to the assignment of a student to Duplin EMS and otherwise upon request. Access to and disclosure/transmission of student educational records an information shall be provided prior to the assignment disclosure/transmission of student educational records and information shall be

made only in accordance with applicable state and federal law. Each party agrees to use best efforts to comply with all applicable federal and state laws regarding the confidentiality of student educational records, including without limitations, the Family Educational Rights and Privacy Act ('FERPA")

4. School shall advise students, as well as any supervising faculty members, if applicable, of their responsibility to comply with: (i) the policies and procedures, bylaws, rules, and regulations of Duplin EMS: (ii) any applicable state and federal laws, regulations, and rules: (iii) the standards of any applicable accrediting body(ies); and (iv) the policies and procedures, rules and regulations of School.
5. School shall provide documentation that each student assigned (i) has proof of immunity against communicable diseases, including Rubella, Rubeola, and Varicella Zoster, (ii) has been tested for tuberculosis (PPD) within the twelve (12) months prior to the clinical assignment, and (iii) has received a Hepatitis B immunization series or provided a signed refusal of immunization form.
6. School agrees that it will not assign students or supervising faculty members (if applicable) if, even after accommodation, any disability would prevent them from fulfilling their essential duties and functions during the clinical assignment. School will furnish other documentation about a student's or faculty member's health status as requested by Duplin EMS, provided that such disclosure is consistent with applicable state and federal law regarding disabilities and the privacy of protected healthcare information.
7. School shall cause each student who participates in a clinical experience with Duplin EMS to submit to a criminal background check and drug test, at the student's expense. Duplin EMS shall provide School's liaison with detailed information pertaining to the scope and extent of the background check and drug test required by Duplin EMS, the results of which will be provided directly to the Duplin EMS liaison.
8. Prior to the start of the clinical experience, School shall provide, or cause students to receive, training pertaining to OSHA Bloodborne Pathogens and such other safety training as requested by Duplin EMS.
9. School shall maintain communication with Duplin EMS on matters pertinent to the clinical experience, including any changes in curriculum or Program accreditation standards.

D. RESPONSIBILITIES OF STUDENTS

1. Students must comply with all applicable policies, procedures, Codes of Conduct, and rules of both School and Duplin EMS.
2. Students are responsible for demonstrating appropriate and professional behavior while participating under this Agreement.
3. Students are responsible for arranging transportation to and from Duplin EMS.
4. Students must maintain current vaccinations, as required by School or Duplin EMS.
5. Students must submit to criminal background checks and drug testing, as required by School or Duplin EMS.

II. TERMS AND TERMINATION

A. This Agreement shall become effective beginning on _April 1, 2026_____ and end no later than __April 1, 2027_____, unless the parties mutually agree in writing to extend the Term of this Agreement prior to expiration of the stated Term. The parties agree that they shall periodically evaluate this Agreement and make appropriate modifications in accordance with Section XI below.

B. This Agreement may be terminated by either party at any time up to thirty (30) days written notice to the other party: provided, however, that reasonable efforts shall be made to allow any participating student to complete his or her clinical experience as scheduled.

C. Either party may terminate this Agreement effective immediately in the case of default, where notice of default has been provided and the defaulting party fails to cure within the ten (10) day period thereafter.

III. INSURANCE

A. School shall obtain and maintain occurrence-based professional and general liability insurance coverage with policy limits of at least $1,000,000 per occurrence/$3,000,000 annual aggregate, with Duplin EMS to be identified as an additional inured on the policies. Such insurance shall include, to the extent permitted by law and subject to the terms of the policy, coverage against all malpractice losses, claims, damages, liability, costs and expenses attributable to the negligent acts or omissions of the student or School. Upon request, School shall provide Duplin EMS with a Certificate of Insurance evidencing such coverage.

B. All Participating students shall be covered under occurrence-based professional and general liability insurance coverage with policy limits of at least $1,000,000 per occurrence/$3,000,000 annual aggregate, with Duplin EMS to be identified as an additional insured on the policies. Such insurance shall include, to the extent permitted by law and subject to the terms of the policy, coverage against all malpractice losses, claims, damages, liability, costs and expenses attributable to the negligent acts or omissions of the student or School. In the event a student is not covered under School's insurance policy, any participating student shall provide Duplin EMS with a certificate of Insurance evidencing individual coverage.

C. School shall be responsible for notifying all participating students of insurance requirements set forth above in Section III (B).

D. School will ensure that Duplin EMS is provided with notice of any cancellation or significant change in the insurance coverages required under Section III (A) or (B), at least thirty (30) days prior to such cancellation or change.

IV. NOTIFICATION OF CLAIMS

Each party agrees to notify the other party as soon as possible in writing of any incident, occurrence, or claim arising out of or in connection with this agreement. Further, the notified party shall have the right to investigate such incident or occurrence, and the notifying party shall have the right to investigate such incident or occurrence, and the notifying party will cooperate in this investigation to the fullest extent permitted by applicable state or federal law.

V. CONFIDENTIALIY

A. To the extent allowable by law, the parties agree to keep confidential from third parties all information which relates to or identifies a particular patient, including but not limited to the name, address, medical treatment or condition, financial status, or any other personal information which is deemed to be confidential in accordance with applicable state and federal law and standards, including the Health Insurance Portability and Accountability act of 1996 and its implementing regulations ("HIPAA"), and will require tat their respective employees, contractor, subcontractors, agents, and representatives comply with the same. The requirements of this confidentiality section shall survive the termination or expiration of this Agreement.

B. School shall inform the students of the confidentiality requirements set forth above and shall further inform students that any breach of confidentiality may result in their suspension from participation with Duplin EMS and disciplinary action, up to and including dismissal.

VI. NOTICES

All notices or other communication provided for in this Agreement shall be given to the parties addressed as follows:

Duplin EMS: 209 Seminary Street, Kenansville NC 28349

dustin.swinson@duplincountync.com

910-271-4144

School:

VII. DISCRIMINATION

In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age discrimination in Employment Act of 1967 and 1975 and the Americans with Disabilities Act of 1990 , and Title VI of the Civil Rights Act of 1964, each party hetero will not discriminate on the basis of race, color, sex, sexual orientation, gender identity, age, ethnicity or national origin, religion, disability, genetic information, protected veteran status or any other characteristic protected by la in it administration of its policies, including admissions policies, employment, programs or activities.

VIII. ASSIGNMENT AND BINDING EFFECT

Neither party shall assign, subcontract, or transfer any of its rights or obligations under this Agreement to a third party without prior written consent of the other party. If an assignment, subcontract, or transfer of rights does occur in accordance with this Agreement, this Agreement shall be binging upon and inure to the benefit of parties hereto and their respective successors or assigns.

IX. INDEPENDENT CONTRACTORS

It is expressly acknowledged by the parties hereto that they are independent contractors and nothing in this Agreement in intended or shall be construed to create an employer/employee relationship, partnership or a joint venture relationship so as to allow one party to exercise control or direction over the manner or method by which the other party performs the services which are the subject matter of this Agreement. Neither party is authorized or empowered to act as agent for the other for any purpose and shall not on behalf of the other enter into any contract, warranty, or representation as to any matter. Neither party shall be bound by the acts or conduct of the other party, Neither party, nor any other person performing services on behalf of such party pursuant to this Agreement shall have any right or claim against the other party for Social Security benefits, workers' compensation benefits, disability benefits, unemployment insurance benefits, health insurance benefits, paid time off, or any other employee benefits. Students are not employees of either School or Duplin EMS. Students are considered to be, and shall be treated as, trainees who have no expectation of receiving compensation, benefits or future employment from either School or Duplin EMS.

X. ENTIRE AGREEMENT/AMENDMENTS

This Agreement contains the entire understanding between the parties hereto and supersedes any and all prior agreements, understandings, and arrangements between the parties relating to the subject matter hereof. No amendment, change, modification or alteration of the terms and conditions hereof shall be binding unless evidenced by a writing signed by the parties hereoto.

XI. SECTION HEADINGS/CONSTRUCTION

Section headings contained in this Agreement are for convenience only and not intended to affect interpretation of this Agreement. The word "including" shall mean "including without limitation". The Agreement shall be construed as if drafted jointly by the parties and no presumption of burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provision in the Agreement. All words in this Agreement shall be construed to be of such gender number as the circumstances require.

XII. SEVERABILITY/JURISDICTION

If any provision of this Agreement is held illegal or unenforceable, such provision shall be severed and shall be inoperative, and the remainder of this Agreement shall remain in full force and effect. This Agreement shall be construed and governed in accordance with the laws of the State of North Carolina, and any legal action arising out of this Agreement shall be filed in Duplin County, North Carolina.

IN WITNESS WHEREOF, the parties have caused the Agreement to be executed by their duly authorized representatives on the last signature date below.

DUPLIN COUNTY EMS

BY: _____ **DATE:** 03/02/2026

PRINT NAME: Dexter B. Edwards

TITLE: Chairman

SCHOOL: Sampson Community College

BY: _____ **DATE:** 2-18-2026

PRINT NAME: Tiffany Vansell

TITLE: Clinical Coordinator

FY 2027 CONSOLIDATED AGREEMENT

This Consolidated Agreement is made between the **North Carolina Department of Health and Human Services, Division of Child and Family Well-Being** (hereinafter referred to as "**DCFW**") and **Division of Public Health** (hereinafter referred to as "**DPH**"), (herein DCFW and DPH collectively referred to as "**NCDHHS**"), and the **Duplin County Health Department** (herein after referred to as "**LHD**") (herein DCFW, DPH, and LHD may individually be referred to as a "party" and collectively as the "parties") for the purposes of maintaining and promoting the advancement of public health in North Carolina. This Consolidated Agreement shall cover a period from June 1, 2026 to May 31, 2027 and shall remain in force until the next Fiscal Year Consolidated Agreement is signed except as provided for in Section X. Provision of Termination.

Now, therefore, the parties agree that the provisions and clauses herein set forth shall be incorporated in and constitute the terms and conditions applicable for activities involving State funding. (State funding or funds means State, federal, and/or special funding or funds throughout this Consolidated Agreement and any Agreement Addenda.)

I. LHD RESPONSIBILITIES

A. Performance

1. LHD shall perform activities in compliance with applicable program rules contained in the North Carolina Administrative Code (NCAC), as well as all applicable North Carolina statutes and federal laws and regulations.

2. LHD shall perform the activities specified in the Agreement Addenda for State-funded budgets. LHD must negotiate these Agreement Addenda in good faith to the satisfaction of NCDHHS representatives as part of the Agreement execution. LHD will meet or exceed the Agreement Addenda deliverables unless extenuating circumstances prevail and are explained in writing and subsequently approved by the NCDHHS division, section, branch, or program.

3. LHD shall be committed to reducing health disparities, promoting health of all populations affected by conditions contributing to health disparities (including race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location), and ensuring all staff, clinical and non-clinical, participate in ongoing training focused on addressing health disparities and/or the social factors that influence health outcomes to support individual competencies and organizational capacity to address gaps in health and promote health outcomes across populations.

4. LHD shall administer and enforce all rules that have been adopted by the Commission for Public Health or adopted by the Local Board of Health, Consolidated Human Services Board, or Board of County Commissioners (hereinafter referred to as "LHD governing board"), and laws that have been enacted by the North Carolina General Assembly.

5. LHD shall provide to DPH and DCFW a copy of any rules adopted, amended, or rescinded by the LHD governing board pursuant to N.C.G.S. § 130A-39 Powers and duties of a local board of health and Public Health Ordinances adopted by the County Commissioners, within 30 days of adoption or rescission. These rules and ordinances are to be sent to the DPH Deputy Director and DCFW Director.

6. LHD shall provide formal training/orientation for its LHD governing and advisory board members.

7. LHD shall not require a client to present identification that includes a picture of the client for, at a minimum, immunization, pregnancy prevention, sexually transmitted disease, and communicable disease services.

8. LHD may provide or assure provision of care management services for all Care Management for High-Risk Pregnancies (CMHRP) and Care Management for At-Risk Children (CMARC) populations except for Medicaid beneficiaries who instead are served by the Children and Families Specialty Plan, which launched on December 1, 2025. The services provided or assured by the LHD may be funded by Medicaid, state or federal funding through Agreement Addenda, private funders, or local funds.

   a. Per the federal Child Abuse Prevention and Treatment Act (CAPTA) requirements, a notification to the county child welfare agency must occur upon identification of an infant as "substance-affected," as defined by NCDHHS, for the development of a Plan of Safe Care (POSC). NCDHHS requires that all substance-affected infants be referred by the local Child Welfare Agency to CMARC or the designated care management entity for care management and care coordination for that county. The CMARC Referral and Supervisor Directory has the most up to date contact for each county for DSS.[1]

   b. LHD shall use every resource including technical assistance from the regional consultants and State CMHRP and CMARC program managers to resolve issues to prevent care gaps and discontinuation of services.

   c. In the event that LHD determines it will no longer directly provide care management services for CMHRP and/or CMARC populations, LHD shall:

      1) Notify NCDHHS in writing of LHD's intention to discontinue the services at least 180 calendar days in advance of discontinuing the services. Notifications regarding the provision of CMHRP shall be provided to the DPH Deputy Director. Notifications regarding CMARC shall be provided to the DCFW Director. LHD is still responsible to provide the care management services during the 180-day period, until those services are transitioned to another entity who can assure continued care without service gaps;

      2) Follow the "Companion Guide Care Management Service Termination and Transfer of Services"[2] process from the Division of Health Benefits; and

      3) Identify one or more other local health departments and/or entities that can provide continuous care management services for all CMHRP and CMARC populations through SFY 26-27.

9. LHD shall notify the DCFW Director and the DPH Deputy Director if any of the following occurs:

   a. There is a legal name change to LHD.

   b. A local health director or interim local health director is appointed or leaves office.

   c. LHD becomes part of a consolidated human services agency, a district, or a public health authority.

   d. There is any other governance change.

   e. LHD is no longer subject to the NC Human Resources Act.

[1] https://medicaid.ncdhhs.gov/care-management/care-management-risk-children-cmarc
[2] https://medicaid.ncdhhs.gov/companion-guide-care-management-service-termination-and-transfer-service-process

Notification shall be in writing within the two business days of the change and is to include a governance organizational chart and any relevant supporting documents reflecting the change. Notification may be done via the DPH Smartsheet Reporting Portal.[3]

10. LHD shall retain financial and program records including electronic records in accordance with the North Carolina Department of Natural and Cultural Resources' Local Government Schedules records retention policy[4] and in accordance with the retention of those records as described in Section IV. Fiscal Control, Paragraph H. Records resulting from these services shall not be destroyed, purged, or disposed of except in accordance with the records retention policy and in accordance with State and federal law. The State's basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Consolidated Agreement or any Agreement Addenda has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later.

11. The LHD is required to submit quality assurance plans to the DPH Environmental Health Section for each of the following programs: Onsite Wastewater, Private Drinking Water Wells, Childhood Lead Poisoning Prevention, Tattoos, Public Swimming Pools, and Child Care and School Buildings. LHD shall abide by the plans and any modifications to the plans required by the DPH Environmental Health Section in order for registered environmental health specialists, registered environmental health specialist interns, or registered environmental health associates employed by or contracted to work for the LHD, to be eligible for defense by the Attorney General's Office or to have all or a portion of their judgment or settlement paid by the Department in accordance with G.S. 143-300.8.[5]

B. **Data/Reporting**

1. LHD shall report client, service, encounter, and other data as specified by applicable program rules, Agreement Addenda for State-funded budgets, North Carolina General Statutes, the North Carolina Administrative Code, and/or federal law or regulation. Data shall be reported through North Carolina's centralized reporting system known as the LHD Health Services Analysis (LHD-HSA). To ensure that such data is accurately linked to the specific client served in a manner that results in a unique identifier from the DHHS Common Name Data Service except as allowed by N.C.G.S. § 130A-34.2, LHD shall allow the State to submit (on its behalf) the Social Security Numbers of all clients to the Social Security Administration for verification.

2. LHD shall submit monthly reports of On-Site Wastewater activities to the On-Site Water Protection Branch in the DPH Environmental Health Section in the format provided by the DPH Environmental Health Section.

[3] The DPH Smartsheet Reporting Portal is the centralized website for the LHD to submit required reports. The Main Page provides a link for Consolidated Agreement reporting items and is accessed at https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb.

[4] https://archives.ncdcr.gov/government/local

[5] Per SL2024-49, which modifies N.C.G.S. §143-300.8(b), states that "All local health departments shall enter into an annual agreement with the Department to provide environmental health services in accordance with Chapter 130A of the General Statutes. The annual agreement shall include a requirement for quality assurance for all environmental health services."

3. LHD shall provide access to patient records to authorized staff from DCFW and DPH for technical consultation, program monitoring, and program evaluation, as specified by this Consolidated Agreement, Agreement Addenda for State-funded budgets, North Carolina law, North Carolina Administrative Code, and federal law and regulation.

4. In accordance with N.C.G.S. § 130A-94, the local health director shall serve as the local registrar of vital statistics. In accordance with N.C.G.S. § 130A-96, the local registrar shall appoint a deputy local registrar. The LHD shall report the name and contact information of any local registrar and deputy local registrar to the State Registrar of Vital Statistics within one business day of appointment.[6] The LHD shall also report to the State Registrar when any local registrar or deputy registrar resigns or otherwise departs from the role. The local registrar shall fulfill duties as set out in N.C.G.S. § 130A-97. In accordance with N.C.G.S. § 130A-97(5), the local registrar may have a copy of the data from each certificate and maintain it for up to two years. This data shall be maintained securely, as set out in Subparagraphs 5., 6., and 7. below, and used in accordance with applicable law.

5. LHD shall provide network and internet access at its facilities (or to the county network where desired) in order to:

   a. Connect with critical data and surveillance systems including, but not limited to, the North Carolina Electronic Disease Surveillance System (NC EDSS), North Carolina Immunization Registry (NCIR), Local Health Department Health Services Analysis (LHD-HSA), North Carolina Crossroads WIC System, North Carolina Database Application for Vital Events (NCDAVE), Environmental Health Inspection Data System (EHIDS), Electronic Test Orders and Results (ETOR), and Aid-to-Counties Database (ATC);

   b. Rapidly communicate email alerts to and from DPH regarding bioterrorism and public health topics (outbreaks, emergency alerts, etc.);

   c. Access NCDHHS training material and information used for training staff, including access to webinars;

   d. Maintain a secure infrastructure for remote data entry; and

   e. Report electronically all required DPH Environmental Health Section inspection data in the format and frequency specified by DPH.

6. LHD must utilize security products (e.g., firewalls) to maintain network connectivity and security integrity. The LHD network configuration and security practices should comply with State security standards and must allow communication with systems within the NCDHHS networks.[7]

7. LHD shall be responsible to report all privacy and security breaches that may affect NCDHHS data and surveillance systems to NCDHHS as soon as possible but no later than 24 hours from discovery of the breach by completing a report via the NCDHHS Privacy and Security Office – Incident Reporting Form.[8] If the breach involves Social Security Administration (SSA) data or Centers for Medicare and Medicaid Services (CMS) data, the LHD shall report the breach within 1 hour of becoming aware of the breach. This may include but is not limited to ransomware attacks, malicious code execution, or network breaches. LHD's access to NCDHHS data and surveillance systems may be limited or turned off until proof of remediation is supplied by LHD. LHD shall reimburse

[6] LHD may report changes to names or contact information of local registrar or local deputy registrar by contacting the DPH Deputy Director, by emailing VitalRecordsTraining@dhhs.nc.gov, or via the DPH Smartsheet Reporting Portal available at https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb.

[7] https://it.nc.gov/resources; https://it.nc.gov/resources/state-it-standards

[8] https://security.ncdhhs.gov/

NCDHHS or otherwise be held responsible for the costs associated with giving affected persons written notice of a privacy or security incident, as required by any applicable federal or state law, when the privacy or security incident arises out of LHD's performance under this Consolidated Agreement or Agreement Addenda. If a subcontractor is used by LHD in its performance of this work, the LHD must hold the subcontractor to the same privacy and security requirements set out in this Consolidated Agreement and Agreement Addenda.

C. **Assessments and Plans**

1. LHD shall provide to the DPH Community Health Assessment Director:
   a. A comprehensive community health assessment (CHA) at least every four years for each county or health district as follows:
      1) The CHA report is due on the first Monday in March following the year of CHA.
      2) The CHA report shall be submitted as an attachment via the web-based software, Clear Impact Scorecard. The executive summary and community priorities will appear in the note fields.
      3) The CHA shall be a collaborative effort with local partners inclusive of hospitals, businesses, community partners, and local community health coalitions, and the CHA report shall identify a list of community health problems based on the assessment.
      4) The CHA report shall include primary and secondary data that is collected and analyzed.
      5) Secondary data shall be obtained from published statistical tables and reports from the State Center for Health Statistics (SCHS) or other official sources.
      6) Primary data needs and methodologies shall be determined once secondary data have been reviewed and gaps in knowledge about the community are identified.
      7) After analyzing primary and secondary data, the CHA report shall describe available community resources and resource needs for the identified community health problems.
      8) Each identified community health problem shall be prioritized and described in the narrative. The CHA report shall include data analysis of those indicators listed in the Accreditation Self-Assessment Inventory, Benchmark 1, Activity 1.1.
   b. A Community Health Improvement Plan (CHIP) no later than six months after the completion of the CHA as follows.
      1) The CHIP is due by the first Monday in September following the year of assessment.
      2) The CHIP shall be submitted via the web-based software, Clear Impact Scorecard.
      3) The CHIP shall address a minimum of two priorities identified in the most recent community health assessment.
      4) The CHIP shall be data driven and derived by using results-based accountability to focus on both population and program accountability. Results, indicators, programs, and performance measures must be included.
      5) The CHIP shall be aligned with one or more of the Healthy North Carolina 2030 (HNC 2030) indicators and use best evidence interventions targeting health behaviors, the physical environment, social and economic factors, and/or clinical care.
      6) The CHIP shall be aligned with the current North Carolina State Health Improvement Plan and consider policy recommendations as a best practice opportunity.
      7) The CHIP shall be updated at least annually, and LHD must monitor its performance against the CHIP annually.
      8) Components of the CHIP may persist across CHA-CHIP cycles when:
         a) the health problem persists and continues to be a priority; and

         b) new interventions are needed; and/or
         c) the interventions need to be expanded to a new target population.
   c. A state of the county or district health report (SOTCH) during each interim year between CHAs as follows:
      1) The SOTCH is due by the first Monday in March in years when a CHA report is not submitted.
      2) The SOTCH shall be submitted via the web-based software, Clear Impact Scorecard.
      3) The SOTCH shall include:
         a) progress made on each performance measure in the CHIP;
         b) morbidity and mortality changes since the last CHA;
         c) emerging issues since the last CHA; and
         d) new, paused, and/or discontinued initiatives since the last CHA.
2. LHD shall make a written request for any variances in submission of CHA, CHIP, and SOTCH documents in advance of the required date of submission. Emails may be sent to the DPH Community Health Assessment Director at cha.sotch@dhhs.nc.gov.
3. For LHD accreditation, all instances of Clear Impact Scorecard must be linked to the HNC 2030 Scorecard licensed by DPH.
4. Guidance about CHA, CHIP, and SOTCH is located on the North Carolina State Center for Health Statistics website under "Local Data Analysis and Support."[9]

II. NCDHHS RESPONSIBILITIES

A. **Training, Consultation, and Support**

1. DCFW and DPH shall provide training to LHD for LHD's response to this Consolidated Agreement and to the Agreement Addenda. Upon request, consultation will be provided by DCFW and/or DPH to LHD.
2. DCFW and/or DPH shall coordinate and support education and training for the public health workforce, including developing training opportunities at the Section/Branch/Program level to address health disparities. This includes ensuring that all staff, both clinical and non-clinical, have access to training focused on health disparities, and/or social determinants of health to strengthen individual competencies and organizational capacity.
3. DCFW and DPH shall provide leadership for liaison activities between NCDHHS and LHD for general problem solving and technical support around areas addressed within this Consolidated Agreement.
4. DPH shall provide high-level consultation, technical assistance, and advice to local health directors and teams via the DPH Local and Community Support (LCS) Section. For more information, contact the DPH Deputy Director/LCS Section Chief. Broad content areas include, but are not limited to:
   a. Board Relations;
   b. Management Teams and Staffing;
   c. Policy Development;
   d. Program Planning and Implementation;

[9] https://schs.dph.ncdhhs.gov/units/ldas/cha.htm

e. Quality and Performance Improvement; and

f. General Administrative Consultation, including consultation and technical assistance in budgeting, fiscal, administrative and management support topic areas.

5. DCFW and DPH shall provide technical assistance and consultant services, as required, for specific health program areas, including providing guidance and consultation about specific patient clinical issues, when requested. Contact the specific division's section chief or branch head to arrange for technical assistance and consultant services.

6. DPH shall provide course coordination, consultation, and technical assistance on nursing practice and standards, policies, and procedures that cross programs via the DPH LCS Section, Local Technical Assistance and Training Branch (LTATB). Contact the DPH Chief Public Health Nurse/Branch Head, LTATB to arrange this assistance.

7. DCFW and DPH program managers will provide support and technical assistance for LHD to comply with all applicable laws, regulations, and standards relating to the activities covered in this Consolidated Agreement.

8. DPH shall provide support and consultation to the public health workforce in LHD, through the provision of regional public health consultants who offer professional development and training on finance, billing, and budget. Contact the DPH Chief Public Health Nurse/Branch Head, LTATB to arrange a consultation.

B. **Performance**

1. DCFW and DPH shall act as liaisons between the public health system and the Division of Health Benefits (the State's Medicaid agency) on issues related to Medicaid-reimbursed services provided by the State and LHD. DCFW and DPH shall cooperate with the Division of Health Benefits to provide technical assistance, guidance, and consultation to local health programs to ensure compliance with Medicaid policies and procedures.

2. For services of the DPH State Laboratory of Public Health (SLPH), DPH shall:

   a. Provide free or at-cost mailers that meet the US Postal Service/DOT UN3373 Biologic substance shipping and packaging regulations for samples submitted to the SLPH only, when ordered via the SLPH's web-based mailroom ordering system;

   b. Ensure qualified personnel to process, analyze, and report test results;

   c. Ensure that SLPH maintains Clinical Laboratory Improvement Amendments (CLIA) of 1988 certification;

   d. Submit invoices to LHD via electronic means;

   e. Collect interest (per N.C.G.S. § 147-86.23 Interest and penalties) and a 10% late fee as appropriate; and

   f. Provide a qualified Laboratory Director and a Technical Consultant for LHD's laboratories participating in the North Carolina SLPH CLIA Contract Program. Services provided by the oversight of this personnel include training and continuing education, CLIA inspection assistance, proficiency testing and enrollment, competency assessment, and models for laboratory forms, procedures, and policies.

3. DCFW and DPH shall conduct reviews, audits, and program monitoring to determine compliance with the terms of this Consolidated Agreement and its associated Agreement Addenda.

C. **Data/Reporting**

1. DCFW and DPH shall provide automated data and surveillance systems to collect and store client, service, encounter, and other data related to DCFW and DPH programs on behalf of LHD and other public health programs. DCFW and DPH shall provide business and technical support to the users of these systems. DCFW and DPH shall notify LHD as opportunities and/or timelines for improved or emerging technology systems occur. These systems may include, but are not limited to:

   a. North Carolina Electronic Disease Surveillance System (NC EDSS);

   b. North Carolina Immunization Registry (NCIR);

   c. LHD-Health Services Analysis (LHD-HSA) for automated reporting of clinical service data fields;

   d. North Carolina Crossroads WIC System;

   e. North Carolina Database Application for Vital Events (NCDAVE) for electronic death registration.

   f. Environmental Health Inspection Data System (EHIDS) for Food and Lodging inspection and billing data;

   g. Electronic Test Orders and Results (ETOR); and

   h. Aid-to-Counties Database (ATC) for reporting and claiming State funds and any federal funds which are allocated by DPH or DCFW.

   Other automated data and surveillance systems may be added as they are developed; others may be discontinued.

2. DCFW and DPH shall be responsible in their use of data received and reviewed in their various roles as a public health authority, health oversight agency, and business associate. Protected health information (PHI) received by DCFW and DPH in their capacity as a covered entity or business associate shall be protected as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (see this Consolidated Agreement's Attachment B: Business Associate Agreement Addendum).

D. **Fund Availability and Notification:** DCFW and DPH shall provide to LHD the Budgetary Estimates of Funding Allocations no later than February 14 of each year to use in preparation of its local budget proposals per N.C.G.S. § 108A-88 unless exceptions are noted in the respective Agreement Addenda. The Agreement Addendum for Activity 874 Food and Lodging is an exception, as the Agreement Addendum for it will be provided to LHD no later than March 30 for the State Fiscal Year (SFY) in which payment will be made. The Agreement Addendum for Activity 415 Breastfeeding Peer Counselor Program is also an exception; the Agreement Addendum for it will be provided to LHD no later than April 30 in advance of the SFY for which it will be effective.

1. DPH shall provide a Funding Authorization document to LHD about funds related to individual DCFW and DPH Agreement Addenda after the receipt of the Certified State Budget.

2. Following receipt of the Certified State Budget for the fiscal year and upon receipt of this executed Consolidated Agreement and the executed Agreement Addenda, DCFW and DPH shall make funds available to LHD at the beginning of each fiscal year through the Aid-To-Counties Database (ATC). Funds will be dispersed in accordance with the LHD's certified expenditure reporting within ATC, and payments will be made to LHD according to the NCDHHS Controller's Office Aid-to-Counties Expenditure Control Schedule issued December of each year for the following calendar year.

III. FUNDING STIPULATIONS

A. Use of Funds

1. Funding for this Consolidated Agreement and all Agreement Addenda is subject to the availability of State, federal, and Special Funds for the purpose set forth in this Consolidated Agreement and the Agreement Addenda.

2. During the period of this Consolidated Agreement, LHD shall not use State, federal or Special Project funds received under this Consolidated Agreement or any Agreement Addenda to reduce locally appropriated funds as reflected in the Local Appropriations Budget (see Section IV. Fiscal Control, Paragraph J. Local Appropriations Budget).

3. **Required Reporting Certifications**: Per the revised Uniform Guidance, 2 C.F.R. 200, if awarded federal pass-through funds, the LHD as well as all Subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

   "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

B. Compliance

1. To receive funding under this Consolidated Agreement, LHD shall comply with 10A NCAC 46, Section .0200 Standards for Local Health Departments.

2. LHD shall maintain authenticated employee time records to document the actual work activity of each employee on a daily basis. The percentage of time each employee spends in each activity shall be converted to dollars based upon the employee's salary and benefits at least on a monthly basis. The computation shall support the charges for salaries and benefits to all federal and State grants (as required in 2 C.F.R. Part 200) as well as provide the documentation of detailed labor cost per activity for preparation of Medicaid Cost Report.

3. LHD charges/billing. LHD shall:

   a. Establish one charge per clinical/support service for all payors (including Medicaid) based on its related costs as permitted by N.C.G.S. § 130A-39(g);

   b. Bill all payors the established charge (with the exception that when billing 340B Drug Pricing Program drugs or devices to Medicaid, all drugs or devices purchased using 340B Program must be billed to Medicaid at the acquisition cost);

   c. Make every reasonable effort to collect charges for services through public or private third-party payors (except where prohibited by federal regulations or State law) noting, however, that no one shall be refused services mandated by law solely because of an inability to pay; and

   d. Review all LHD fees, including environmental health fees, annually with the governing body in accordance with the North Carolina Local Health Department Accreditation Board guidance and local policies.

   LHD may accept negotiated or other agreed upon lower amounts (e.g., the Medicaid reimbursement rate) as payment in full.

4. LHD shall comply with the federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Guidance"), codified at 2 C.F.R. 200, when utilizing federal grant funds.

   a. When procuring goods and services with federal grant funds, LHD shall apply the most restrictive rule when following federal, State, and local government procurement requirements.

5. When administering the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program), LHD must adhere to the requirements set forth in Section 361 of the Healthy Hunger-Free Kids Act of 2010, which amended Section 12(b) of the Richard B. Russell National School Lunch Act (NSLA), 42 U.S.C. 1760(b). This Act requires local health departments to support full use of the federal administrative funds provided for the WIC Program. The federal administrative funds are specifically excluded from budget restrictions or limitations including, at a minimum, hiring freezes, work furloughs, and travel restrictions.

6. LHD agrees to execute the following consolidated Federal Certifications (Attachment C) as applicable when receiving federal funds and to immediately notify the DCFW Director and the DPH Deputy Director if the certifications, as executed, change during the term of the Consolidated Agreement:

   a. Certification regarding Nondiscrimination;

   b. Certification regarding Drug-Free Workplace Requirements;

   c. Certification regarding Environmental Tobacco Smoke;

   d. Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions; and

   e. Certification regarding Lobbying.

7. Pursuant to the Federal Funding Accountability and Transparency Act (FFATA), LHD is required to submit to DCFW and DPH information that is reportable by DCFW and DPH for all qualified sub-awardees of federal funds. LHD will complete and submit the FFATA Data Reporting Requirement forms provided by DCFW and DPH to determine the eligibility as a sub-awardee for reporting purposes. Information provided by LHD will be used by DCFW and DPH to report subawards (funding authorizations) equal to or greater than $30,000 from each federal grant.

8. If the LHD's Unique Entity Identifier (UEI) changes, the LHD shall provide its new UEI to the DCFW Director and the DPH Deputy Director. DCFW and DPH use the LHD's UEI when reporting subawards in the federal government's System for Award Management (SAM). (SAM also assigns the UEI to uniquely identify business entities.)

9. LHD shall comply with the federal Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS) when receiving federal funds: LHD shall disclose, in a timely manner, in writing to the NCDHHS funding entity (DPH or DCFW) and the federal Health and Human Services Office of the Inspector General (HHS OIG) all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the DPH Deputy Director or DCFW Director and to HHS OIG. (Guidance is available on the HHS OIG website.[10])

[10] https://oig.hhs.gov/compliance/self-disclosure-info/hhs-oig-grant-self-disclosure-program/

C. **Training Reimbursement**

1. Subject to the availability of funds and approval by the DPH Environmental Health Section, LHD may request reimbursement for in-person Centralized Intern Training (CIT) and a one-time mileage allocation. Reimbursement requests must be submitted by LHD to the DPH Environmental Health Section within 60 days of course completion and within the same fiscal year the training is completed. Reimbursement requires successful completion of the course. No reimbursements are offered for virtual trainings. (Reimbursement Request Form DHHS 4125 *Centralized Intern Training Funds Reimbursement Request* is available on the DPH Environmental Health website under "Centralized Intern Training and Authorization."[11])
   a. For Interns attending CIT sessions in person, reimbursement amounts are based on the session attended:
      1) Food Protection & Facilities Track — $280
      2) On-Site Water Protection Track — $560
   b. For cross-training Registered Environmental Health Specialists (REHS) attending CIT sessions in person, reimbursement amounts are based on the session attended:
      1) Food, Lodging, & Institutions — $170
      2) Child Care & School Sanitation — $62
      3) On-Site Water Protection — $450
      4) Private Drinking Water Wells — $62
      5) Public Swimming Pools — $62
      6) Tattoo — $62
   c. A one-time mileage allocation per two REHSs from the same county per training session is based on one of the four geographical areas in which they are employed.
      1) Area 1 — $57: Alamance, Caswell, Chatham, Cumberland, Duplin, Durham, Edgecombe, Franklin, Granville, Greene, Guilford, Halifax, Harnett, Hoke, Johnston, Lee, Lenoir, Montgomery, Moore, Nash, Orange, Person, Randolph, Sampson, Vance, Wake, Warren, Wayne, Wilson.
      2) Area 2 — $170: Alexander, Alleghany, Anson, Ashe, Beaufort, Bertie, Bladen, Brunswick, Cabarrus, Camden, Carteret, Catawba, Chowan, Columbus, Craven, Currituck, Dare, Davidson, Davie, Forsyth, Gaston, Gates, Hertford, Hyde, Iredell, Jones, Lincoln, Martin, Mecklenburg, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Richmond, Robeson, Rockingham, Rowan, Scotland, Stanly, Stokes, Surry, Tyrrell, Union, Washington, Watauga, Wilkes, Yadkin.
      3) Area 3 — $283: Avery, Buncombe, Burke, Caldwell, Cleveland, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania, Yancey.
      4) Area 4 — $396: Cherokee, Clay, Graham, Macon, Swain.

D. **Purchases**

1. Equipment is a type of fixed asset consisting of specific items of property that: (1) is tangible in nature; (2) has a life longer than one year; and (3) has a significant value.

[11] https://www.dph.ncdhhs.gov/programs/environmental-health/centralized-intern-training-and-authorization
Note: This form can also be downloaded at https://www.dph.ncdhhs.gov/environmental-health/cit-training-funds-reimbursement-request/download?attachment

   a. For Inventory Purposes:
      1) Equipment must be accounted for in accordance with guidance published by the Governmental Accounting Standards Board (GASB) for capital assets.
      2) All equipment with an acquisition cost of $500 or more that was purchased with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) Funds prior to January 1, 2018 will be inventoried with the DCFW Community Nutrition Services Section. The LHD is responsible for assigning a fixed asset number and applying a fixed asset tag to equipment purchased by the LHD, using WIC Program funds, after January 1, 2018. Within 60 days of the purchase, the LHD will provide to the DCFW Community Nutrition Services Section a written report of the purchase, including a description of the item purchased, serial number, fixed asset tag number, and a copy of the bill of sale.
   b. For Prior Approval Purposes:
      1) Unless a more restrictive requirement applies in an Agreement Addendum, all equipment purchased or leased with an acquisition cost exceeding $2,500, where there is an option to purchase with State/federal funds, the purchase or lease must receive prior written approval from the appropriate Section and Branch within DCFW or DPH. [See Subparagraph 2 below for WIC Program requirements.] For those purchased with DPH Public Health Preparedness and Response (PHP&R) Branch funds only, any purchase exceeding $2,500 per invoice shall be treated as a single purchase for prior approval purposes. [For example, on one invoice, the LHD purchases a computer, monitor, and printer totaling more than $2,500, or purchases six computers at $500 each.]
      2) For WIC Program, all computer and medical equipment, whether purchased or leased, must receive prior written approval from the DCFW Community Nutrition Services Section regardless of cost. All other tangible assets (non-computer/medical) with an acquisition cost exceeding $500 must receive prior approval. Computer accessories, such as keyboards and monitors, do not require approval.
   c. For Accounting Purposes
      1) LHD must utilize the depreciation schedule provided by the State for all assets with an acquisition cost of $5,000 or greater. The accumulated depreciation shall be recorded in the general fixed assets account group.

2. Prior approval required for purchases other than equipment:
   a. For DPH PHP&R Branch funds, purchases for meals and refreshments must receive prior written approval from the DPH PHP&R Branch.
   b. The use of Medicaid fees generated by maternal and child health programs for capital improvements requires prior written approval from the State Title V Director; the State Title V Director will secure proper programmatic approval as applicable.
   c. For other prior approval requirements, see individual Agreement Addenda.

IV. FISCAL CONTROL

A. LHD shall comply with the Local Government Budget and Fiscal Control Act, North Carolina General Statute Chapter 159, Article 3.

1. LHD shall maintain a purchasing and procurement system in accordance with generally accepted accounting principles and procedures set forth by the Local Government Commission.[12]

[12] https://www.nctreasurer.com/divisions/state-and-local-government-finance-division/local-government-commission

B. LHD shall execute written agreements with all parties who invoice LHD for payment for the provision of services to patients. Exceptions may be permitted in cases where the patient has a preference for a non-contracted provider and that provider verbally agrees to abide by program requirements and to accept program payment as payment in full.

C. **When subcontracting**, LHD must meet the following requirements:

1. LHD is not relieved of the duties and responsibilities provided in this Consolidated Agreement and Agreement Addenda.

2. LHD will not enter into a financial assistance agreement with any entity on the current North Carolina Office of State Budget and Management (OSBM) Suspension of Funding List (SOFL) and shall withhold funds not yet disbursed until the entity has been removed from the SOFL. Updated SOFLs are released weekly and are available on the OSBM website.[13]

3. LHD shall require its subcontractor to agree to abide by the standards set out in this Consolidated Agreement and relevant Agreement Addenda or to provide such information as to allow LHD to comply with these standards.

4. LHD shall subject its subcontractor to all conditions of this Consolidated Agreement and of any subsequent Agreement Addenda for which they perform work on behalf of LHD.

5. LHD shall require its subcontractor to allow DCFW and/or DPH and federal authorized representatives' access to any records pertinent to its role as a subcontractor of LHD.

6. Upon request, LHD will make available to DCFW and/or DPH a copy of subcontracts supported with State or federal funds.

7. **Reporting Required Subcontract Information**: In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for every subcontract from the LHD that is to carry out any or all of an Agreement Addendum's work and which utilizes any of that Agreement Addendum's DPH or DCFW funding.

   Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor" of the LHD) or a pass-through entity ("Subrecipient" of the LHD).

   Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in an executed Agreement Addendum (AA). For example, if the LHD needed to build a data system to satisfy reporting requirements of an AA, the vendor hired by the LHD to build the data system would be a Subcontractor. Reference Section F.3. for the definition of "Vendor." However, not all Vendors are considered Subcontractors. Entities performing general administrative services to the LHD (e.g., certified professional accountants) are not considered Subcontractors.

   Subrecipients of the LHD that receive DPH or DCFW pass-through funding from the LHD via a contract or agreement to carry out all or a portion of the programmatic responsibilities outlined in the executed Agreement Addendum. Reference Section F.1. and F.2. for definitions of "Subrecipient" and the "Subrecipient relationship." Subrecipients are also referred to as Subgrantees in NCAC.

[13] https://www.osbm.nc.gov/stewardship-services/grants-management/suspension-funding-memos

The following information must be provided to the relevant Agreement Addendum's DPH Program Contact or DCFW Program Contact *prior* to the entity being awarded a contract or grant from the LHD:

- Organization or Individual's Name (if an individual, include the person's title)
- EIN or Tax ID
- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a Subrecipient or as a Subcontractor of the LHD.

D. LHD must receive prior written approval from the DCFW Director and/or the DPH Deputy Director to subcontract when either of the following conditions exist:

1. LHD proposes to subcontract to a single entity 50 percent or more of the total State and federal funds made available through this Consolidated Agreement;

2. LHD proposes to subcontract 50 percent or more, or $50,000, whichever is greater, of the total State and federal funds made available through this Consolidated Agreement or any Agreement Addendum.

E. LHD must receive prior written approval from the Program Contact listed on the applicable DCFW or DPH Agreement Addendum to subcontract when either of the following conditions exist:

1. LHD proposes to subcontract for any of the services in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program).

2. LHD provides financial assistance of any funding amount with a contract to a Subrecipient who will carry out the LHD's programmatic responsibilities within the Agreement Addendum, regardless of funding source.

F. Definitions for Subrecipient and Vendor:

1. Subrecipient: The federal government defines a subrecipient as a non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal [or State] program.[14] Subrecipient means any entity who receives pass-through funding in the form of a grant or grant contract from a grant recipient or Subrecipient. For example, CDC issues NCDHHS a grant, making NCDHHS the prime recipient; NCDHHS passes-though grant funds to an LHD, making the LHD a Subrecipient of NCDHHS; If the LHD further passes through their grant funds to a community-based organization, that organization is a Subrecipient of the LHD.

   The definition of Subrecipient does not include an individual who is a beneficiary of such program (e.g., a client) or a vendor that provides administrative services (e.g., accountant, staffing) or products (e.g., software, assessment) to the program.

   A Subrecipient receives financial assistance to provide core programmatic services and is responsible for how the programmatic work is done, programmatic and financial reporting, and abiding by the award terms and conditions. "Subgrantee" shall have the same meaning as Subrecipient.

[14] https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.331

2. Subrecipient Relationship: A Subrecipient Relationship exists when a recipient or Subrecipient issues its own subaward for financial assistance via a contract with an entity, through which the entity becomes responsible for the programmatic work, reporting, and award terms and conditions in the same way the original recipient or Subrecipient is responsible. The entity receiving the subaward of passed-through funding is now a Subrecipient. All conditions of the original funding are passed through to all recipients and Subrecipients; this is a key feature of the Subrecipient Relationship. A Subrecipient Relationship exists between NCDHHS and the LHD. If the LHD passes funding through to their own Subrecipient, the LHD is responsible for monitoring its Subrecipients in the same way DCFW and DPH monitor the LHD.
3. Vendor: A Vendor provides goods and/or services to the LHD via a purchase order or contract to pay for the purchased goods or services. A Vendor has no responsibility beyond delivering the purchased goods or services; a Vendor is not responsible for the programmatic work, reporting, or award terms/conditions within the applicable Agreement Addendum. A Vendor provides these goods or services as part of its regular business to any customer that orders from it or contracts with it.

G. LHD shall return by email a signed copy of all Funding Authorization documents to the DPH Budget Office.

H. LHD shall retain a copy of all signed Funding Authorization documents, the files (paper or electronic) produced by the LHD to document its monthly expenditure requests made in the Aid-to-Counties Database (ATC), this signed Consolidated Agreement and subsequent Amendments, all signed Agreement Addenda, signed Agreement Addenda Revisions, and other financial records in accordance with the current Records Disposition Schedule for Local Health Departments issued by the North Carolina Department of Natural and Cultural Resources.[15]

I. **Audits/Monitoring:** The county or LHD shall have an annual audit performed in accordance with the Single Audit Act of 1984 (with amendment in 1996) and 2 C.F.R. Part 200. The audit report shall be submitted to the Local Government Commission (LGC) by the County Administration (if single county LHD) or the District Health Department or Public Health Authority (if so organized) within six months following the close of the Agreement. Audit findings referred to the NCDHHS Internal Audit Office by LGC will be investigated and findings verified by the NCDHHS Controller's Office staff with assistance of DPH and/or DCFW Program Staff.

J. **Local Appropriations Budget:**

1. LHD shall prepare and maintain a Local Appropriations Budget (reflecting the plans to use local appropriations or earned fees) for each Agreement Addendum in a manner consistent with instructions provided in funding-specific budgetary guidance from DCFW and DPH and the specific guidance from the respective programs.
2. LHD shall not reduce county appropriations for maternal and child health services provided by the local health departments because they have received State appropriations for this purpose, pursuant to N.C.G.S. § 130A-4.1(a) State funds for maternal and child health care/nonsupplanting.
3. LHD shall budget and expend all income earned by LHD for maternal and child health programs supported in whole or in part from State or federal funds, received from NCDHHS, to further the objectives of the program that generated the income, pursuant to N.C.G.S. § 130A-4.1(b) State funds for maternal and child health care/nonsupplanting.

[15] https://archives.ncdcr.gov/government/local-government-agencies/local-health-departments-schedule

4. LHD shall not reduce county appropriations for health promotion services provided by the local health departments because they have received State appropriations for this purpose, pursuant to N.C.G.S. § 130A-4.2. State funds for health promotion/nonsupplanting.
5. LHD shall complete and return to DPH the LHD Assurance of County Appropriations Maintenance (Nonsupplanting) (Attachment A) regarding its compliance with these requirements.

K. **Local Earned Revenues Budgeting and Reporting:** LHD shall observe the following conditions when budgeting and expending Local Earned Revenues:

1. Locally appropriated funds may not be withdrawn due to fee collection greater than projected in the budget or due to new grant funding except during the last two months of the fiscal year to allow the county to manage end of year budget close out.
2. Earned revenue (officially classified as local funds) must be budgeted and spent in the program that earned it unless otherwise noted in the respective Agreement Addenda.
   a. Revenue generated by a women's or children's health program may be budgeted and expended in any women's or children's health program, unless a specific Agreement Addendum has a more restrictive requirement.
3. LHD shall not use personal health program funds to support environmental health programs nor use environmental health program funds to support personal health programs.
4. Use of program income generated by the expenditure of federal categorical funds will be governed by applicable federal regulations, including, but not limited to, 2 C.F.R. Part 200.
5. A local account shall be maintained for unexpended earned revenues (i.e., Title XIX fees, private insurance, or private pay [cash]). Accounts shall be maintained in sufficient detail to identify the program source generating the fees.
6. The amount of Title XIX fees budgeted and expended in FY 2026-2027 must equal or exceed the amount of Title XIX revenues earned during FY 2024-2025. The State will not approve program activity budgets that do not include an amount of Title XIX fees sufficient to meet the requirements of this section. The State may waive this requirement if LHD provides sufficient justification.

L. **Aid-to-Counties Database and Expenditure Reporting**:

1. LHD shall submit its actual State, federal, and local required match expenditures for all its program Activities to the NCDHHS Controller's Office via the Aid-to-Counties Database (ATC).
2. Specific ATC instructions and training will be provided by DPH LTATB to LHD.
3. Submission dates for these expenditures are published each December for the following calendar year by the NCDHHS Controller's Office and are found in its Aid-to-Counties Expenditure Control Schedule. This schedule allows LHD at least seven days to enter the pertinent month's expenditures into ATC. LHD must submit these monthly Expenditure Reports via ATC consecutively throughout the Consolidated Agreement period. Failure to meet the month's reporting deadline will result in the exclusion of those expenditures for that month.
4. The LHD's health director and finance officer will approve the monthly expenditures in ATC to certify them. Certification here indicates that the total State and federal expenditures reported by the LHD, as well as the local required match expenditures, are valid for the pertinent month's actual

expenditures. Funding is based on an allocation method, not a contract method, and counties receive reimbursement for services provided during one month in the following month.

Once the LHD has certified the month's expenditures in ATC, ATC will alert the NCDHHS Controller's Office staff that expenditures have been approved and certified, and are ready to be paid.

5. May is the last service month to be paid in the SFY, with the final expenditure reporting submitted, certified, and paid in June. (Services provided in June are reported in July and will be paid out of the next SFY.)

6. When Agreement Addenda are supported by federal funding or grants that do not coincide with the SFY, care must be taken to be attentive to the service month and payment months for each grant as well as the ending liquidation date for each grant. Expenditures of federal funds must be reported according to the funding period for a grant. For each grant, the Budgetary Estimate document and the Funding Authorization document will have service and payment month dates listed. Failure to report expenditures after the payment period ends may result in non-payment.

7. LHD shall have the opportunity to amend its expenditure reporting in the month following discovery of the error. LHD must not wait to submit its adjustments as there must be sufficient time remaining for verification of the adjustments before the last payment in the SFY.

   a. In accordance with Subparagraph 6 above, LHD must ensure that its reporting adjustments against federal funds are received in time to be paid within the grant's payment period. Amended expenditure reports must be submitted no later than the next reporting date after the grant period ends in order to be paid, unless an exception is approved by the DCFW Budget Office or the DPH Budget Office, as appropriate.

   b. Any overpayments identified by either the State or LHD will be adjusted out of the next month's claim for reimbursement by the NCDHHS Controller's Office or by submitting a check to NCDHHS for payment if it is the last month of the fiscal year or if the federal grant is closed. There is no provision to carry forward funds from one SFY to another.

8. LHD shall review its prior reimbursement claims against payments monthly.

V. PERSONNEL POLICIES

A. LHD shall adhere to and fully comply with State and county personnel policies, as applicable.

B. Environmental Health Specialists employed by the LHD shall be delegated authority by the State to administer and enforce State environmental health rules and laws as directed by the State pursuant to N.C.G.S. § 130A-4 Administration. This delegation shall be done according to 15A NCAC 01O .0101 Scope of Delegated Authority.

1. LHD is responsible for enrolling its newly employed environmental health specialists (interns) in centralized intern training within 180 days from date of employment.

2. LHD, when contracting with an environmental health specialist (EHS) employed by another entity, shall be responsible for ensuring that all original documents/public records (e.g., permits, inspection reports, correspondence) generated by the contracted EHS be maintained by LHD. All contracts covering this work shall stipulate that the contracted EHS shall be available for consultation with the public concerning work performed under the contract.

C. LHD shall comply with 10A NCAC 46 .0301 Minimum Standard Health Department: Staffing and 10A NCAC 46 .0302 Medical Consultants.

D. LHD shall complete the State Certifications (Attachment D) regarding its compliance with E-Verify, its eligibility status as a Subrecipient of NCDHHS, and that its officers have not violated any State or federal Securities Acts.

VI. CONFIDENTIALITY

A. LHD shall protect the confidentiality of all information, data, instruments, documents, studies, or reports received under this Consolidated Agreement and/or Agreement Addenda in accordance with the standards of the State of North Carolina and NCDHHS privacy[16] and security policies,[17] applicable local laws, State regulations, and federal regulations including: the Privacy Rule at 45 C.F.R. Part 160 and subparts A and E of Part 164, Security Standards at 45 C.F.R. Parts 160, 162, and subparts A and C of Part 164 ("the Security Rule"), and the applicable provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH).

B. All information obtained by LHD personnel in connection with the provision of services or other activity under this Consolidated Agreement and/or Agreement Addenda shall be confidential, except as may be required or allowed by law or otherwise permitted by this Consolidated Agreement and/or Agreement Addenda. Information may be disclosed in accordance with North Carolina and federal law, which may include in summary, statistical, or other form that does not directly or indirectly identify particular individuals. Otherwise, information shall not be disclosed or made available to any individual or organization without the prior written consent of the client or responsible person, except as may be required or allowed by law or otherwise permitted by this Consolidated Agreement and/or Agreement Addenda.

C. LHD employees, contractors, volunteers, students, and those acting on LHD's behalf and authority must sign confidentiality agreements documenting knowledge of confidentiality requirements and the agreement to maintain personal and medical confidentiality.

VII. CIVIL RIGHTS

A. LHD shall assure that no person, on the grounds of race, color, age, religion, sex (including pregnancy, gender identity, and sexual orientation), marital status, immigration status, national origin, disability, or genetic information (including family medical history) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity covered by this Consolidated Agreement and/or Agreement Addenda.

B. The Americans with Disabilities Act of 1990 (ADA) makes it unlawful to discriminate in employment against a qualified individual with a disability and outlaws discrimination against individuals with disabilities in State and local government services and public accommodations. LHD certifies that it and its principals and subcontractors will comply with regulations in ADA Title I (Employment), Title II (Public Services), and Title III (Public Accommodations) in fulfilling the obligations under this Consolidated Agreement and Agreement Addenda.

C. As required by Title VI of the Civil Rights Act of 1964, LHD, because it receives federal funds, must provide interpreter services at no charge to Limited English Proficiency clients in all programs and services offered by LHD.

[16] https://policies.ncdhhs.gov/wp-content/uploads/nc_dhhs_privacy_manual_2024.pdf
[17] https://policies.ncdhhs.gov/wp-content/uploads/DHHS-Security-Manual-v01_03-2025-revision.pdf

VIII. DISBURSEMENT OF FUNDS

A. DCFW and/or DPH, as applicable, shall disburse funds to LHD on a monthly basis; monthly disbursements for each program Activity will be based on monthly expenditures reported.

B. Total payment by program Activity is limited to the total amount listed on the Funding Authorization document and any Funding Authorization revision documents received after the initial notification.

C. Final payments for the State Fiscal Year will be made based on the final monthly expenditure reporting, which is due as delineated per the NCDHHS Controller's Office's Aid-to-Counties Payment Schedule.

IX. AMENDMENT OF AGREEMENT

Amendments, modifications, or waivers of this Consolidated Agreement may be made at any time by mutual written consent of all parties, signed by appropriate representatives of the parties. This Consolidated Agreement may not be amended orally or by performance.

X. PROVISION OF TERMINATION

A. Any party may terminate this Consolidated Agreement or any Agreement Addendum for reasons other than non-compliance upon 60 days written notice from the terminating party to the other parties. If termination occurs, LHD shall receive payment only for allowable expenditures, up to and including the date of termination. Termination for reasons of non-compliance shall be handled in accordance with Section XI. Compliance.

B. In the event of termination of this Consolidated Agreement or any associated Agreement Addendum, DCFW and/or DPH may withhold payment to LHD until it can be determined whether LHD is entitled to further payment or whether DCFW and/or DPH is entitled to a refund.

XI. COMPLIANCE

A. DCFW and/or DPH shall respond to non-compliance with all terms of this Consolidated Agreement or any Agreement Addendum, unless otherwise stated in the respective Agreement Addendum or required by law, as follows:

1. Upon determination of non-compliance, DCFW and/or DPH shall give LHD 60 days prior written notice to come into compliance. If the deficiency is corrected, LHD shall submit a written report to DCFW and/or DPH that sets forth the corrective action taken.

2. If the stated deficiency is not corrected to the satisfaction of DCFW and/or DPH after the 60-day period, disbursement of funds may be temporarily suspended pending negotiation of a plan of corrective action.

3. If the deficiency is not corrected to the satisfaction of DCFW and/or DPH within 90 days of the written notice in Subparagraph 1. above, funds may be suspended unless LHD can provide evidence that the deficiency has been corrected within those 90 days.

4. In the event of LHD's non-compliance with clauses of this Consolidated Agreement or any Agreement Addenda, NCDHHS may cancel, terminate, or suspend this Consolidated Agreement and any Agreement Addenda in whole or in part, and LHD may be declared ineligible for further DCFW and/or DPH contracts or agreements. Such terminations for non-compliance shall not occur until the provisions of Subparagraphs 1., 2., and 3. above have been followed and documented and have failed to correct the deficiency.

B. **Monitoring** – "Uniform Guidance" or "Omni-Circular" 2 C.F.R. Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F Audit Requirements requires that pass-through entities monitor the activities of its subcontractors as necessary to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provision of contracts or grant agreements and that performance goals are achieved.

North Carolina establishes related monitoring requirements for State funds received by Subrecipients of State Agencies in N.C.G.S. § 143C-6-23 State grant funds: administration; oversight and reporting requirements. Also, DCFW and DPH must perform monitoring as required in the current NCDHHS Policy and Procedure Manual and the current DPH Subrecipient Monitoring Plan.

Additionally, LHD is required under 2 C.F.R., Part 200 Subpart F, N.C.G.S. § 143C-6-23, and N.C.G.S. § 159-34 Annual independent audit; rules and regulations, to perform monitoring of its Subrecipients and to maintain records to support such monitoring activities and results. Accordingly, LHD shall participate fully in monitoring by DCFW and DPH and shall appropriately monitor its Subrecipients to the extent necessary based on the assessed level of risk.

In witness whereof, **LHD**, **DCFW**, and **DPH** have executed this Consolidated Agreement.

Duplin County Health Department

Health or Human Services Director — Date: 2.11.2026

Finance Officer — Date: 3/3/26

County Official (when locally required) — Date: 3/2/2026

North Carolina Department of Health and Human Services, Division of Public Health

Division Director — Date

North Carolina Department of Health and Human Services, Division of Child and Family Well-Being

Division Director — Date

ATTACHMENT A
LHD ASSURANCE OF COUNTY APPROPRIATIONS MAINTENANCE (NONSUPPLANTING)

The LHD assures compliance with the following North Carolina General Statutes:

§ 130A-4.1. State funds for maternal and child health care/nonsupplanting.

(a) NCDHHS shall ensure that local health departments do not reduce county appropriations for maternal and child health services provided by the local health departments because they have received State appropriations for this purpose.

(b) All income earned by local health departments for maternal and child health programs supported in whole or in part from State or federal funds, received from NCDHHS, shall be budgeted and expended by local health departments to further the objectives of the program that generated the income. (1991, c. 689, s. 170; 1997-443, s. 11A.57.)

§ 130A-4.2. State funds for health promotion/nonsupplanting.

NCDHHS shall ensure that local health departments do not reduce county appropriations for health promotion services provided by the local health departments because they have received State appropriations for this purpose. (1991, c. 689, s. 171; 1997-443, s. 11A.58.)

Acting officially in an authorized capacity on behalf of the LHD and with an understanding of the LHD's responsibilities under this Assurance, I assure the nonsupplantation of county appropriations as specified above.

All information provided with this Assurance is up-to-date and accurate. I am aware that false statements could be cause for invalidating this Assurance and may lead to other administrative or legal action.

Duplin County Health Department

Health or Human Services Director — Date: 2.11.2026

Finance Officer — Date: 3/3/26

County Official — Date: 3/2/2026

(Attachment A to the Consolidated Agreement requires the County Official signature if it was included on the Consolidated Agreement.)

ATTACHMENT B
NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement") is made effective June 1, 2026, by and between **Duplin County Health Department** ("Covered Entity") and **North Carolina Department of Health and Human Services, Division of Public Health** and **North Carolina Department of Health and Human Services, Division of Child and Family Well-Being** (collectively, the "Business Associate") (the Covered Entity and the Business Associate collectively, the "Parties").

1. BACKGROUND

a. Covered Entity and Business Associate are parties to an agreement entitled FY 2027 Consolidated Agreement (the "Consolidated Agreement"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.

b. Covered Entity is a Local Health Department that has been designated in whole or in part as a "covered entity" for purposes of the HIPAA Privacy Rule.

c. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule.

d. The Parties enter into this Business Associate Agreement as an addendum to the Consolidated Agreement with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose Protected Health Information to a business associate and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

Unless some other meaning is clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

a. "Electronic protected health information" or "ePHI" shall have the same meaning as the term "Electronic protected health information" in 45 C.F.R. § 160.103.

b. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as modified and amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law 111-5.

c. "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a Person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

d. "Person" shall have the same meaning as the term "person" in 45 C.F.R. § 160.103 and shall include a human being that is born alive, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

e. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164.

f. "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to the information compiled, created, or received by Business Associate from or on behalf of Covered Entity.

g. "Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.

h. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or the Person to whom the authority involved has been delegated.

i. "Security Rule" shall mean the Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and Part 164, Subpart C.

j. Unless otherwise defined in this Agreement, terms used herein shall have the same meaning as those terms have in the Privacy Rule.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

a. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as Required By Law.

b. Business Associate agrees to use appropriate safeguards and comply, where applicable, with subpart C of 45 C.F.R. Part 164 with respect to ePHI, to prevent use or disclosure of the ePHI other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to comply with all applicable requirements of the Security Rule (45 C.F.R. Part 164, Subparts A and C) with respect to electronic protected health information.

e. Business Associate shall implement physical, administrative and technical safeguards that reasonably protect the confidentiality, integrity and availability of any ePHI that it creates, receives, maintains or transmits on behalf of the NCDHHS.

f. Business Associate agrees to report to Covered Entity any use or disclosure of the PHI not provided for by this Agreement of which it becomes aware, including breaches of unsecured PHI as required by 45 C.F.R. § 164.410.

g. Business Associate agrees, in accordance with 45 C.F.R. § 164.502(e)(1) and § 164.308(b)(2), to ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such information.

h. Business Associate agrees to make available PHI as necessary to satisfy Covered Entity's obligations in accordance with 45 C.F.R. § 164.524.

i. Business Associate agrees to make available PHI for amendment and incorporate any amendment(s) to PHI in accordance with 45 C.F.R. § 164.526.

j. Unless otherwise prohibited by law, Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by Business Associate on behalf of, Covered Entity available to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

k. Business Associate agrees to make available the information required to provide an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

4. PERMITTED USES AND DISCLOSURES

a. Except as otherwise limited in this Agreement or by other applicable law or agreement, if the Consolidated Agreement permits, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Consolidated Agreement, provided that such use or disclosure:

(1) would not violate the Privacy Rule if done by Covered Entity; or

(2) would not violate the minimum necessary policies and procedures of the Covered Entity.

b. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Consolidated Agreement permits, Business Associate may disclose PHI for the proper management

and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that:

(1) The disclosures are Required By Law; and

(2) Business Associate obtains reasonable assurances from the Person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the Person, and the Person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Consolidated Agreement permits, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

d. Notwithstanding the foregoing provisions, Business Associate shall not use or disclose PHI if the use or disclosure would violate any term of the Consolidated Agreement or other applicable law or agreements.

5. TERM AND TERMINATION

a. **Term**. This Agreement shall be effective as of the effective date stated above and shall terminate when the Consolidated Agreement terminates.

b. **Termination for Cause**. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

(1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement and services provided by Business Associate, to the extent permissible by law, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

(2) Immediately terminate this Agreement and services provided by Business Associate, to the extent permissible by law; or

(3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

c. **Effect of Termination**.

(1) Except as provided in paragraph (2) of this section or in the Consolidated Agreement or by other applicable law or agreements, upon termination of this Agreement and services provided by Business Associate, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

(2) In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

6. GENERAL TERMS AND CONDITIONS

a. This Agreement amends and is part of the Consolidated Agreement.

b. Except as provided in this Agreement, all terms and conditions of the Consolidated Agreement shall remain in force and shall apply to this Agreement as if set forth fully herein.

c. In the event of a conflict in terms between this Agreement and the Consolidated Agreement, the interpretation that is in accordance with the Privacy Rule shall prevail. In the event that a conflict

then remains, the Consolidated Agreement terms shall prevail so long as they are in accordance with the Privacy Rule.

d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Consolidated Agreement for cause.

Duplin County Health Department

Jacey Sumner Kangay 2.11.2026

Health or Human Services Director Date

North Carolina Department of Health and Human Services, Division of Public Health

Division Director Date

North Carolina Department of Health and Human Services, Division of Child and Family Well-Being

Division Director Date

ATTACHMENT C
FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Subrecipient named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Subrecipient , as set out herein:
   a. The Certification Regarding Nondiscrimination;
   b. The Certification Regarding Drug-Free Workplace Requirements;
   c. The Certification Regarding Environmental Tobacco Smoke;
   d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary--Exclusion Lower Tier Covered Transactions; and
   e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]

   ☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Subrecipient **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

   OR

   ☑ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Subrecipient **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

5. The Subrecipient shall require its subcontractors/subrecipients, if any, to make the same certifications and disclosure.

Jacey Sumner Kangay Health Director 2.11.2026

Signature Title Date

Duplin County Health Department

Subrecipient [Organization] Legal Name

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

I. Certification Regarding Nondiscrimination

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

housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Subrecipient certifies** that it will provide a drug-free workplace by:
   a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Subrecipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   b. Establishing a drug-free awareness program to inform employees about:
      (1) The dangers of drug abuse in the workplace;
      (2) The Subrecipient's policy of maintaining a drug-free workplace;
      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
   d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
      (1) Abide by the terms of the statement; and
      (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
   e. Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
   f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
      (1) Taking appropriate personnel action against such an employee, up to and including termination; or
      (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
   g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

   Street Address No. 1: 340 Seminary Street

   City, State, Zip Code: Kernersville, NC 28349

   Street Address No. 2: _____

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

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

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

voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

a. **The prospective lower tier participant certifies,** by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

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

3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of $100,000.00 or more and that all Subrecipients shall certify and disclose accordingly.

4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or

subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (03480046), Washington, D. C. 20503

Disclosure of Lobbying Activities
(Approved by OMB 0344-0046)

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

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract ☐ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	☐ a. Bid/offer/application ☐ b. Initial Award ☐ c. Post-Award	☐ a. initial filing ☐ b. material change **For Material Change Only:** Year_____ Quarter_____ Date of Last Report:_____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____, (if known) Congressional District (if known) _____	Congressional District (if known) _____
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number (if applicable) _____
8. Federal Action Number (if known)	9. Award Amount (if known) : $
10. a. Name and Address of Lobbying Entity (*if individual, last name, first name, MI*): (*attach Continuation Sheet(s) SF-LLL-A, if necessary*)	b. Individuals Performing Services (*including address if different from No. 10a.*) (*last name, first name, MI*): (*attach Continuation Sheet(s) SF-LLL-A, if necessary*)
11. Amount of Payment (*check all that apply*): $ _____ ☐ actual ☐ planned 12. Form of Payment (*check all that apply*): ☐ a. cash ☐ b. In-kind; specify: Nature _____ Value _____	13. Type of Payment (*check all that apply*): ☐ a. retainer ☐ b. one-time fee ☐ c. commission ☐ d. contingent fee ☐ e. deferred ☐ f. other; specify: _____
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11(*attach Continuation Sheet(s) SF-LLL-A, if necessary*):	
15. Continuation Sheet(s) SF-LLL-A attached:	☐ Yes ☐ No
16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No: _____ Date: _____
Federal Use Only	Authorized for Local Reproduction Standard Form - LLL

ATTACHMENT D
State Certifications
Subrecipient Certifications Required by North Carolina Law

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

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): https://ethics.nc.gov/media/242/download?attachment
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

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

(2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Subrecipient named below, and the Subrecipient's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

(3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Subrecipient named below is not an "ineligible Subrecipient" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Subrecipient nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**

(b) [**check one** of the following boxes]

☑ Neither the Subrecipient nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**

☐ The Subrecipient or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Subrecipient's officers, directors, or owners (if the Subrecipient is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Subrecipient will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Subrecipient named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Subrecipient; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Subrecipient's Name: **Duplin County Health Department**

Subrecipient's Authorized Agent: Signature Dexter B. Edwards Date 3/2/2026

Printed Name Dexter B. Edwards Title Chairman

Witness: Signature Jaime W. Carr Date 3/2/2026

Printed Name Jaime W. Carr Title Clerk to the Board

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

Division of Public Health
Agreement Addendum
FY 25-26

Duplin County Health Department
Local Health Department Legal Name

State Office of Child Fatality Prevention
DPH Section / Branch Name

701 Child Fatality Case Reporting and Prevention
Activity Number and Description

Kerry Young, 984-302-0747
kerry.young@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

06/01/2025 – 05/31/2026
Service Period

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

07/01/2025 – 06/30/2026
Payment Period

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ___

I. Background:

North Carolina Session Law (NCSL) 2023-134 enacted changes to strengthen the state's child fatality prevention system which included the establishment of a State Office of Child Fatality Prevention (CFP State Office) within the Division of Public Health (DPH), Department of Health and Human Services (the Department), made changes to the Child Fatality Prevention System, and made it mandatory to report child fatalities into the National Fatality Review Case Reporting System (NFR-CRS).

The NFR-CRS is a web-based system hosted by the National Center for Fatality Review and Prevention within the Center for National Prevention Initiatives of the Michigan Public Health Institute (MPHI) and is used by many states to provide child death review teams with a data system for capturing, analyzing, and reporting of information shared at a child death or serious injury review. MPHI has a Cooperative Agreement with the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, to manage the National Center for Fatality Review and Prevention.

Per NCSL 2023-134, Local Teams are defined as a multidisciplinary child death review team that is either a single or multicounty team responsible for performing any type of child fatality review pursuant to Article 14 of Chapter 7B of the General Statutes.

The North Carolina General Assembly voted on December 11, 2024, to override the Governor's veto of Senate bill 382, now Session Law 2024-57 titled 'Disaster Relief-3/Budget/Various Law Changes', this

Health Director Signature (use blue ink or verifiable digital signature) — Date: 4.8.2025

LHD to complete: [For DPH to contact in case follow-up information is needed.]	LHD program contact name:	Ashley Reiger 910-289-1633
	Phone and email address:	ashley.reiger@duplincountync.com

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

collecting, analyzing, and reporting on information learned through child death reviews in a manner consistent with North Carolina law.

3. By August 1, 2025, identify and designate one LHD staff member to complete all child fatality case reporting in NFR-CRS. (This LHD staff member will participate in future ongoing NFR-CRS training provided by DPH.) Notify the DPH Program Contact within 30 days when there will be a change in staff member who will be entering information into the NFR-CRS.
4. By January 1, 2026, utilize NFR-CRS for the purpose of collecting, analyzing, and reporting on information learned through child death reviews in a manner consistent with North Carolina law.
5. Ensure that the Local Team is comprised of individuals with the following roles:
   a. Director of the county department of social services or the director of the consolidated human services agency
   b. Additional staff member of the county department of social services or the consolidated human services agency
   c. Director of the local department of public health
   d. Local law enforcement officer
   e. Attorney from the district attorney's office
   f. Executive director of the local community action agency, or designee
   g. Superintendent of each local school administrative unit located in the county, or designee
   h. Member of the county board of social services
   i. Local mental health professional
   j. Local guardian ad litem coordinator, or designee
   k. Local health care provider
   l. Emergency medical services provider or firefighter
   m. District court judge
   n. County medical examiner
   o. Representative of a local childcare facility or Head Start program
   p. Parent of a child who died before reaching the child's eighteenth birthday.
6. Require every Local Team member to sign a confidentiality statement and inform each member that they are subject to the provisions of G.S. 7B-1413.
7. Maintain one member of the Local Team to serve as Chairperson and one member to serve as Review Coordinator. Notify the DPH Program Contact within 30 days when a new Chairperson or Review Coordinator is appointed to a Local Team, and provide the name and contact information of the new Chairperson or Review Coordinator.
8. In order to support the Local Team's review needs, allow additional individuals to serve as ad hoc members at the chairperson's discretion. The chairperson may invite a maximum of five additional individuals to participate on the Local Team on an ad hoc basis for a specific review if the chairperson believes the individual's subject matter expertise or position within an organization will enhance the ability of the Local Team to conduct an effective review. These ad hoc members may be from outside of the county or counties served by the Local Team.

   As a condition of participating in a specific review, each ad hoc member is required to sign the same confidentiality statement signed by a Local Team member and is subject to the provisions of G.S. 7B-1413.

9. Work with the CFP State Office in developing the Local Team's process and structure for appointing Ad Hoc members that best supports high quality reviews.

10. Produce annual team recommendations which advocate for system improvements and needed resources to prevent child deaths.

11. Provide reports and recommendations to the county's board of health and the county's board of social services on the activities of the Local Team

IV. Performance Measures / Reporting Requirements:

1. **Performance Measures**:
   a. By July 1, 2025, sign an agreement to gain access to and use the NFR-CRS system and data.
   b. By August 1, 2025, notify the DPH Program Contact of the designated LHD staff member to complete all child fatality case reporting in NFR-CRS, providing the individual's name, address, email address, and phone number.
   c. The Local Team shall meet a minimum of two times per year to review child fatalities.
   d. By May 31, 2026, produce annual team recommendations which advocate for system improvements and needed resources to prevent child deaths. These recommendations and a summary of Local Team activities are to be presented to the local board of health and local board of social services.
   e. Complete data entry for each child death review in the NFR-CRS within 30 days of the Local Team meeting.

2. **Reporting Requirements**:
   a. **End-of-Year Performance Report**: Submit a report via Smartsheet[3] by May 31, 2026. The report is to include:
      1. Local Team accomplishments and activities
      2. Dates of all Local Team meetings and the names and titles of all those in attendance
      3. A copy of the report the LHD presented to the local board of health and local board of social services which detailed the Local Team's recommendations advocating for system improvements and resources needed to prevent child deaths.

3. **Reporting Required Subcontract Information**
   In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for every subcontract receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.
   This information is not to be returned with the signed Agreement Addendum (AA) but is to be provided to DPH when the entities are known by the LHD.
   a. Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor") or a pass-through entity ("Subrecipient").
      1. Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA's reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities

[3] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb

performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.
      2. Subrecipients of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

   The following information must be submitted via Smartsheet for review prior to the entity being awarded a contract or agreement from the LHD:
   - Organization or Individual's Name (if an individual, include the person's title)
   - EIN or Tax ID
   - Street Address or PO Box
   - City, State and ZIP Code
   - Contact Name
   - Contact Email
   - Contact Telephone
   - Fiscal Year End Date (of the entity)
   - State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

V. Performance Monitoring and Quality Assurance:

The CFP State Office shall maintain contact via email and telephone to monitor programmatic and fiscal performance. The DPH Program Contact or CFP State Office staff will monitor the performance based on information obtained from data in NFR-CRS. The DPH Program Contact will follow up with Local Team chairperson, as needed, for consultation and performance improvement.

If the LHD is deemed out of compliance, not meeting scope of work and deliverables, the DPH Program Contact shall work with the LHD to produce a corrective action plan (CAP). The CAP will include timeline requirements and additional meetings with CFP State Office staff in order to get the LHD back to meeting project standards. Failure to comply with the CAP may result in a decrease in funding or removal from consideration for future funding for related activities.

VI. Funding Guidelines or Restrictions:

1. **Federal Funding Requirements**: where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (AA).

   a. Requirements for Pass-through Entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
      1. Definition: An FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.
      2. Frequency: An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

b. Required Reporting Certifications: Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

2. Additional funding from the Maternal Child Health Block Grant will be provided after the biennial budget becomes law, and will be added to the funds for this Agreement Addendum as stated in Attachment A. This additional funding will not require an Agreement Addendum Revision.

FY26 - FAS federal award supplement

Activity Nbr + Name: **701** **Child Fatality Case Reporting and Prevention**

FAS Number + Reason: **1** Federal grant data was unavailable at the time of AA mailing. No change in Activity total.

Assistance Listing Nbr + Name: **93.994** Maternal and Child Health Services Block Grant to the States

Is award R&D?: no FAIN: **B0455455** IDC rate: n/a Fed awd total amt: $6,046,381

Fed award project description: Maternal and Child Health Services

Fed awd date + awarding agency: 12-02-25 HHS, Health Resources and Services Administration

Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity	Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	F5VHYUU13NC5	$ 1,096	$ 1,096	Jackson	X7YWWY6ZP574	$ 134	$ 134
Albemarle	WAAVS51PNMK3	$ 1,286	$ 1,286	Johnston	SYGAGEFDHYR7	$ 1,376	$ 1,376
Alexander	XVEEJSNY7UX9	$ 257	$ 257	Jones	HE3NNNUE27M7	$ 112	$ 112
Anson	PK8UYTSNJCC3	$ 268	$ 268	Lee	F6A8UC99JWJ5	$ 503	$ 503
Appalachian	CD7BFHB8W539	$ 324	$ 324	Lenoir	QKUFL37VPGH6	$ 559	$ 559
Beaufort	RN1SXFD4LXN6	$ 403	$ 403	Lincoln	UGGQGSSKBGJ5	$ 492	$ 492
Bladen	TLCTJWDJH1H9	$ 235	$ 235	Macon	LLPJBC6N2LL3	$ 157	$ 157
Brunswick	MJBMXLN9NJT5	$ 571	$ 571	Madison	YQ96F8BJYTJ9	$ 101	$ 101
Buncombe	W5TCDKMLHE69	$ 1,208	$ 1,208	MTW	ZKK5GNRNBBY6	$ 336	$ 336
Burke	KVJHUFURQDM5	$ 503	$ 503	Mecklenburg	EZ15XL6BMM68	$ 7,372	$ 7,372
Cabarrus	RXDXNEJKJFU7	$ 1,298	$ 1,298	Montgomery	E78ZAJM3BFL3	$ 157	$ 157
Caldwell	HL4FGNJNGE97	$ 548	$ 548	Moore	HFNSK95FS7Z8	$ 626	$ 626
Carteret	UC6WJ2MQMJS8	$ 403	$ 403	Nash	NF58K566HQM7	$ 705	$ 705
Caswell	JDJ7Y7CGYC86	$ 123	$ 123	New Hanover	F7TLT2GMEJE1	$ 996	$ 996
Catawba	GYUNA9W1NFM1	$ 1,029	$ 1,029	Northampton	CRA2KCAL8BA4	$ 145	$ 145
Chatham	KE57QE2GV5F1	$ 425	$ 425	Onslow	EGE7NBXW5JS6	$ 1,790	$ 1,790
Cherokee	DCEGK6HA11M5	$ 246	$ 246	Orange	GFFMCW9XDA53	$ 850	$ 850
Clay	HYKLQVNWLXK7	$ 67	$ 67	Pamlico	FT59QFEAU344	$ 101	$ 101
Cleveland	UWMUYMPVL483	$ 749	$ 749	Pender	T11BE678U9P5	$ 324	$ 324
Columbus	V1UAJ4L87WQ7	$ 380	$ 380	Person	FQ8LFJGMABJ4	$ 235	$ 235
Craven	LTZ2U8LZQ214	$ 828	$ 828	Pitt	VZNPMCLFT5R6	$ 1,846	$ 1,846
Cumberland	HALND8WJ3GW4	$ 3,803	$ 3,803	Polk	QZ6BZPGLX4Y9	$ 56	$ 56
Dare	ELV6JGB11QK6	$ 89	$ 89	Randolph	T3BUM1CVS9N5	$ 1,253	$ 1,253
Davidson	C9P5MDJC7KY7	$ 1,096	$ 1,096	Richmond	Q63FZNTJM3M4	$ 638	$ 638
Davie	L8WBGLHZV239	$ 313	$ 313	Robeson	LKBEJQFLAAK5	$ 1,622	$ 1,622
Duplin	KZN4GK5262K3	$ 526	$ 526	Rockingham	KGCCCHJJZZ43	$ 615	$ 615
Durham	LJ5BA6U2HLM7	$ 2,248	$ 2,248	Rowan	GCB7UCV96NW6	$ 984	$ 984
Edgecombe	MAN4LX44AD17	$ 582	$ 582	Sampson	WRT9CSK1KJY5	$ 537	$ 537
Foothills	NGTEF2MQ8LL4	$ 604	$ 604	Scotland	FNVTCUQGCHM5	$ 414	$ 414
Forsyth	V6BGVQ67YPY5	$ 3,166	$ 3,166	Stanly	U86MZUYPL7C5	$ 447	$ 447
Franklin	FFKTRQCNN143	$ 526	$ 526	Stokes	W41TRA3NUNS1	$ 224	$ 224
Gaston	QKY9R8A8D5J6	$ 1,756	$ 1,756	Surry	FMWCTM24C9J8	$ 414	$ 414
Graham	L8MAVKQJTYN7	$ 11	$ 11	Swain	TAE3M92L4QR4	$ 179	$ 179
Granv-Vance	MGQJKK22EJB3	$ 895	$ 895	Toe River	JUA6GAUQ9UM1	$ 134	$ 134
Greene	VCU5LD71N9U3	$ 179	$ 179	Transylvania	YLN4BFCJCP39	$ 201	$ 201
Guilford	YBEQWGFJPMJ3	$ 4,206	$ 4,206	Union	LHMKBD4AGRJ5	$ 1,107	$ 1,107
Halifax	MRL8MYNJJ3Y5	$ 548	$ 548	Wake	FTJ2WJPLWMJ3	$ 6,387	$ 6,387
Harnett	JBDCD9V41BX7	$ 1,063	$ 1,063	Warren	TLNAU5CNHSU5	$ 145	$ 145
Haywood	DQHZEVAV95G5	$ 336	$ 336	Wayne	DACFHCLQKMS1	$ 1,443	$ 1,443
Henderson	TG5AR81JLFQ5	$ 649	$ 649	Wilkes	M14KKHY2NNR3	$ 503	$ 503
Hoke	C1GWSADARX51	$ 727	$ 727	Wilson	ME2DJHMYWG55	$ 828	$ 828
Hyde	T2RSYN36NN64	$ 34	$ 34	Yadkin	PLCDT7JFA8B1	$ 302	$ 302
Iredell	XTNRLKJLA4S9	$ 1,186	$ 1,186	Yancey	L98MCUHKC2J8	$ 56	$ 56

UEI = Unique Entity Identifier

DHHS-Aid-To-Counties | For Fiscal Year: 25/26 | Budgetary Estimate Number : 2

Activity 701 Service Period Payment Period	AA	131304 2B22911 2000000000 06/01-05/31 07/01-06/30	Total Allocated	131304 2B22911 20G0185002 06/01-05/31 07/01-06/30	Total Allocated	Proposed Total	New Total
01 Alamance		0	$2,380.00	1,096	$0.00	1,096	3,476
D1 Albemarle		0	$6,722.00	1,286	$0.00	1,286	8,008
02 Alexander		0	$865.00	257	$0.00	257	1,122
04 Anson		0	$1,485.00	268	$0.00	268	1,753
D2 Appalachian		0	$1,785.00	324	$0.00	324	2,109
07 Beaufort		0	$1,127.00	403	$0.00	403	1,530
09 Bladen		0	$824.00	235	$0.00	235	1,059
10 Brunswick		0	$1,430.00	571	$0.00	571	2,001
11 Buncombe		0	$2,582.00	1,208	$0.00	1,208	3,790
12 Burke		0	$1,309.00	503	$0.00	503	1,812
13 Cabarrus		0	$2,743.00	1,298	$0.00	1,298	4,041
14 Caldwell		0	$1,390.00	548	$0.00	548	1,938
16 Carteret		0	$1,127.00	403	$0.00	403	1,530
17 Caswell		0	$622.00	123	$0.00	123	745
18 Catawba		0	$2,259.00	1,029	$0.00	1,029	3,288
19 Chatham		0	$1,168.00	425	$0.00	425	1,593
20 Cherokee		0	$844.00	246	$0.00	246	1,090
22 Clay		0	$521.00	67	$0.00	67	588
23 Cleveland		0	$1,754.00	749	$0.00	749	2,503
24 Columbus		0	$1,687.00	380	$0.00	380	2,067
25 Craven		0	$1,895.00	828	$0.00	828	2,723
26 Cumberland		0	$7,869.00	3,803	$0.00	3,803	11,672
28 Dare		0	$562.00	89	$0.00	89	651
29 Davidson		0	$2,380.00	1,096	$0.00	1,096	3,476
30 Davie		0	$966.00	313	$0.00	313	1,279
31 Duplin		0	$1,949.00	526	$0.00	526	2,475
32 Durham		0	$4,461.00	2,248	$0.00	2,248	6,709
33 Edgecombe		0	$2,051.00	582	$0.00	582	2,633
D7 Foothills		0	$1,890.00	604	$0.00	604	2,494
34 Forsyth		0	$6,117.00	3,166	$0.00	3,166	9,283
35 Franklin		0	$1,349.00	526	$0.00	526	1,875
36 Gaston		0	$3,572.00	1,756	$0.00	1,756	5,328
38 Graham		0	$420.00	11	$0.00	11	431
D3 Gran-Vance		0	$3,016.00	895	$0.00	895	3,911
40 Greene		0	$1,323.00	179	$0.00	179	1,502
41 Guilford		0	$7,996.00	4,206	$0.00	4,206	12,202
42 Halifax		0	$1,990.00	548	$0.00	548	2,538
43 Harnett		0	$2,319.00	1,063	$0.00	1,063	3,382
44 Haywood		0	$1,006.00	336	$0.00	336	1,342
45 Henderson		0	$1,572.00	649	$0.00	649	2,221
47 Hoke		0	$2,313.00	727	$0.00	727	3,040
48 Hyde		0	$1,061.00	34	$0.00	34	1,095
49 Iredell		0	$2,541.00	1,186	$0.00	1,186	3,727
50 Jackson		0	$642.00	134	$0.00	134	776

*New Balance

Attachment A — Monies to be received through Maternal Child Health Block Grant

County	Amount	County	Amount	County	Amount
Alamance	$1,096	Franklin	$526	Pamlico	$101
Alexander	$257	Gaston	$1,756	Pasquotank	$470
Alleghany	$67	Gates	$78	Pender	$324
Anson	$268	Graham	$11	Perquimans	$112
Ashe	$78	Granville	$324	Person	$235
Avery	$67	Greene	$179	Pitt	$1,846
Beaufort	$403	Guilford	$4,206	Polk	$56
Bertie	$179	Halifax	$548	Randolph	$1,253
Bladen	$235	Harnett	$1,063	Richmond	$638
Brunswick	$571	Haywood	$336	Robeson	$1,622
Buncombe	$1,208	Henderson	$649	Rockingham	$615
Burke	$503	Hertford	$268	Rowan	$984
Cabarrus	$1,298	Hoke	$727	Rutherford	$414
Caldwell	$548	Hyde	$34	Sampson	$537
Camden	$67	Iredell	$1,186	Scotland	$414
Carteret	$403	Jackson	$134	Stanly	$447
Caswell	$123	Johnston	$1,376	Stokes	$224
Catawba	$1,029	Jones	$112	Surry	$414
Chatham	$425	Lee	$503	Swain	$179
Cherokee	$246	Lenoir	$559	Transylvania	$201
Chowan	$56	Lincoln	$492	Tyrrell	$0
Clay	$67	Macon	$157	Union	$1,107
Cleveland	$749	Madison	$101	Vance	$571
Columbus	$380	Martin	$213	Wake	$6,387
Craven	$828	McDowell	$190	Warren	$145
Cumberland	$3,803	Mecklenburg	$7,372	Washington	$123
Currituck	$56	Mitchell	$67	Watauga	$179
Dare	$89	Montgomery	$157	Wayne	$1,443
Davidson	$1,096	Moore	$626	Wilkes	$503
Davie	$313	Nash	$705	Wilson	$828
Duplin	$526	New Hanover	$996	Yadkin	$302
Durham	$2,248	Northampton	$145	Yancey	$56
Edgecombe	$582	Onslow	$1,790		
Forsyth	$3,166	Orange	$850		

bill changes the timeline of full implementation of child fatality prevention system changes. Section 2B.2 of the law notes the six-month extension for full implementation of child fatality prevention system changes.

II. Purpose:

The Local Teams are expected to (1) conduct child fatality review pursuant to Article 14 of Chapter 7B of the General Statutes; (2) identify gaps or deficiencies that may exist in order to improve the delivery of services to children and families; (3) make recommendations for changes and carry out changes that could prevent future child fatalities; and (4) educate their communities on how to prevent children dying in their counties.

This Agreement Addendum provides funding for the Local Team to conduct child fatality reviews pursuant to Article 14 of Chapter 7B of the General Statutes as well as continue use of the NFR-CRS. These funds, appropriated by the North Carolina General Assembly, will support the work of the Local Team with the hiring of staff to support the Local Team, the purchase of safety equipment, the development of prevention materials based on review recommendations, the conducting of child fatality trainings, and support the Local Team's continued participation in NFR-CRS.

Additional funding from the Maternal Child Health Block Grant will be provided after the biennial budget becomes law, and will be added to the funds for this Agreement Addendum as stated in Attachment A. This additional funding will not require an Agreement Addendum Revision.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

1. Starting July 1, 2025, ensure that the Local Team reviews child deaths according to G.S. **§ 7B-1406.5;** meeting at least twice per year, with additional meetings scheduled as needed to fulfill requirements.
   a. Mandatory reviews include child deaths of resident children under age 18 in the county or counties comprising the Local Team that fall under one of the following categories of death:
      1. Undetermined causes.
      2. Unintentional injury.
      3. Violence.
      4. Motor vehicle incidents.
      5. Pursuant to criteria set forth in G.S. 7B-1407.5, deaths related to child maltreatment or child deaths involving a child or child's family who was reported or known to child protective services.
      6. Sudden unexpected infant death.
      7. Suicide.
      8. Deaths not expected in the next six months.
      9. Additional infant deaths according to the criteria established by the CFP State Office under G.S. 7B-1407.6.
   b. For cases in which a Local Team is uncertain whether a death falls under one of the categories listed in Subparagraph a. above, the CFP State Office shall consult with the Office of the Chief Medical Examiner and appropriate medical professionals to make that determination.
2. By July 1, 2025, sign an agreement with DPH to gain access to and use the NFR-CRS system and data. Pursuant to N.C.G.S. 7B-1413.5, Local Teams shall utilize NFR-CRS for the purpose of

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

Insured:	Duplin County Social Services	Business:	(910) 289-7657
Business:	423 N Main St. Kenansville, NC 28349		
Property:	423 N Main St. Kenansville, NC 28349		
Estimator:	Caitlin Wilson	Business:	(252) 208-7888
Business:	661 Sussex Street Kinston, NC 28504	E-mail:	cwilson.servpro8820@gmail.com

Claim Number: 2942020 **Policy Number:** **Type of Loss:**

Date of Loss:		Date Received:	
Date Inspected:		Date Entered:	12/1/2025 10:39 PM

Price List: NCKI8X_DEC25
Restoration/Service/Remodel
Estimate: DCSS-RECON

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

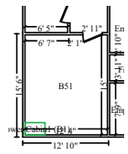
DCSS-RECON

Source - DocuSketch

Ground Floor

Ground Floor

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
84. Content Manipulation charge - per hour	6.00 HR	0.00	49.76	0.00	298.56
4 techs 8 hours each					
223. Permits & Fees (Paid Bill)	1.00 EA	0.00	3,000.00	0.00	3,000.00
Total: Ground Floor				0.00	3,298.56



B51 **Height: 9'**

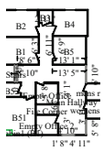
471.49 SF Walls	184.83 SF Ceiling
656.32 SF Walls & Ceiling	184.83 SF Floor
20.54 SY Flooring	51.71 LF Floor Perimeter
54.63 LF Ceil. Perimeter	

Door **2' 11" X 6' 11 1/16"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
100. Content Manipulation charge - per hour - after hours	1.00 HR	0.00	74.72	0.00	74.72
178. 1/2" - drywall per LF - up to 4 inches tall	51.71 LF	0.00	3.59	0.84	186.48
122. Seal/prime (1 coat) then paint (2 coats) the surface area	58.00 SF	0.00	1.44	1.53	85.05
116. Cove base molding - rubber or vinyl, 4" high	51.71 LF	0.00	2.47	5.86	133.58
120. Suspended ceiling tile - 2' x 2'	52.00 SF	0.00	2.65	5.86	143.66
126. Paint the walls - two coats	471.49 SF	0.00	1.12	10.50	538.57
161. Clean and deodorize carpet	184.83 SF	0.00	0.62	0.12	114.71
225. Mask the floor per square foot - plastic and tape - 4 mil	184.83 SF	0.00	0.26	0.87	48.93
226. Fluorescent light fixture	1.00 EA	0.00	106.93	3.53	110.46
to cover for existing light fixture lens					
Totals: B51				29.11	1,436.16

Servpro of Lenoir, Duplin, and Jones Counties

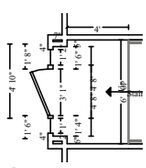
661 Sussex Street
Kinston NC 28504
252-208-7888



Main hallway **Height: 7' 6"**

729.43 SF Walls	537.53 SF Ceiling
1,266.95 SF Walls & Ceiling	537.53 SF Floor
59.73 SY Flooring	96.52 LF Floor Perimeter
156.00 LF Ceil. Perimeter	

Door	**2' 11 1/4" X 6' 11 7/8"**	**Opens into B2**
Door	**2' 11 5/16" X 7' 5/8"**	**Opens into B3**
Door	**3' 3 15/16" X 7' 1 13/16"**	**Opens into B4**
Door	**3' 1/2" X 7' 1/4"**	**Opens into B5**
Missing Wall - Goes to Floor	**6' 9 5/8" X 7' 6"**	**Opens into Exterior**
Door	**2' 10 7/8" X 6' 10 11/16"**	**Opens into MENS_ROOM**
Door	**2' 6" X 6' 7"**	**Opens into WOMENS_ROOM**
Missing Wall - Goes to Floor	**5' 8 3/8" X 7' 6"**	**Opens into Exterior**
Missing Wall - Goes to Floor	**4' 9 15/16" X 7' 6"**	**Opens into Exterior**
Door	**3' 1/4" X 6' 11 7/8"**	**Opens into EMPTY_OFFICE**
Missing Wall - Goes to Floor	**2' 11 9/16" X 6' 7 15/16"**	**Opens into FILE_CORNER**
Window	**3' 10 11/16" X 3' 6 15/16"**	**Opens into EMPTY_OFFIC2**
Door	**2' 10 11/16" X 7' 5/8"**	**Opens into EMPTY_OFFIC2**
Door	**2' 11" X 6' 11 1/16"**	**Opens into B51**
Door	**2' 11 1/16" X 7' 1/4"**	**Opens into B52**
Missing Wall - Goes to Floor	**6' 9 11/16" X 7' 6"**	**Opens into STAIRS**
Door	**2' 11 11/16" X 6' 11 7/8"**	**Opens into B1**



Subroom: Main Hallway (1) **Height: 7' 6"**

92.29 SF Walls	32.86 SF Ceiling
125.15 SF Walls & Ceiling	32.86 SF Floor
3.65 SY Flooring	13.66 LF Floor Perimeter
16.72 LF Ceil. Perimeter	

Window	**1' 3/16" X 6'**	**Opens into Exterior**
Door	**3' 11/16" X 6' 10 3/4"**	**Opens into Exterior**
Window	**11 3/4" X 6'**	**Opens into Exterior**
Missing Wall	**6' 9 11/16" X 7' 6"**	**Opens into STAIRS**

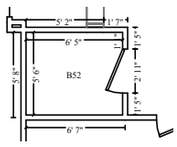
DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
101. Content Manipulation charge - per hour - after hours	1.00 HR	0.00	74.72	0.00	74.72

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - Main hallway

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
127. Cove base molding - rubber or vinyl, 4" high	110.18 LF	0.00	2.47	12.49	284.63
132. 1/2" - drywall per LF - up to 4 inches tall	110.18 LF	0.00	3.59	1.78	397.33
130. Seal/prime (1 coat) then paint (2 coats) the surface area	110.18 SF	0.00	1.44	2.90	161.56
131. Suspended ceiling tile - 2' x 2'	120.00 SF	0.00	2.65	13.53	331.53
129. Paint the walls - two coats	821.72 SF	0.00	1.12	18.30	938.63
163. Clean and deodorize carpet	570.38 SF	0.00	0.62	0.38	354.02
228. Mask the floor per square foot - plastic and tape - 4 mil	570.38 SF	0.00	0.26	2.70	151.00
229. Fluorescent light fixture	2.00 EA	0.00	106.93	7.05	220.91
to cover for existing light fixture lens					
Totals: Main hallway				59.13	2,914.33



B52 **Height: 7' 6"**

157.76	SF Walls	35.10	SF Ceiling
192.87	SF Walls & Ceiling	35.10	SF Floor
3.90	SY Flooring	20.85	LF Floor Perimeter
23.77	LF Ceil. Perimeter		

Door **2' 11 1/16" X 7' 1/4"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
102. Content Manipulation charge - per hour - after hours	1.00 HR	0.00	74.72	0.00	74.72
133. Cove base molding - rubber or vinyl, 4" high	20.85 LF	0.00	2.47	2.36	53.86
135. Paint the walls - two coats	157.76 SF	0.00	1.12	3.51	180.20
137. Suspended ceiling tile - 2' x 2'	52.00 SF	0.00	2.65	5.86	143.66
164. Clean and deodorize carpet	35.10 SF	0.00	0.62	0.02	21.78
Totals: B52				11.75	474.22

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

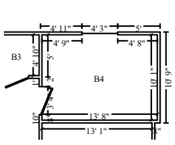


Empty Office **Height: 7' 6"**

223.27	SF Walls	72.02	SF Ceiling
295.29	SF Walls & Ceiling	72.02	SF Floor
8.00	SY Flooring	31.45	LF Floor Perimeter
34.34	LF Ceil. Perimeter		

Window **3' 10 11/16" X 3' 6 15/16"** **Opens into MAIN_HALLWAY**
Door **2' 10 11/16" X 7' 5/8"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
138. Cove base molding - rubber or vinyl, 4" high	31.45 LF	0.00	2.47	3.57	81.25
143. 1/2" - drywall per LF - up to 4 inches tall	31.45 LF	0.00	3.59	0.51	113.42
141. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	31.45 SF	0.00	1.44	0.83	46.12
140. Paint the walls - two coats	223.27 SF	0.00	1.12	4.97	255.03
142. Suspended ceiling tile - 2' x 2'	32.00 SF	0.00	2.65	3.61	88.41
165. Clean and deodorize carpet	72.02 SF	0.00	0.62	0.05	44.70
230. Mask the floor per square foot - plastic and tape - 4 mil	72.02 SF	0.00	0.26	0.34	19.07
Totals: Empty Office				13.88	648.00



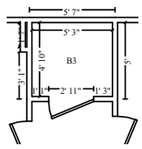
B4 **Height: 7' 6"**

325.07	SF Walls	138.13	SF Ceiling
463.20	SF Walls & Ceiling	138.13	SF Floor
15.35	SY Flooring	44.22	LF Floor Perimeter
47.55	LF Ceil. Perimeter		

Window **4' 2 7/8" X 1' 9 15/16"** **Opens into Exterior**
Door **3' 3 15/16" X 7' 1 13/16"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
166. Clean and deodorize carpet	138.13 SF	0.00	0.62	0.09	85.73
231. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
Totals: B4				0.09	135.49

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

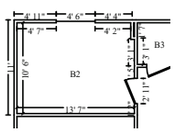


B3 **Height: 7' 6"**

130.66	SF Walls	25.43	SF Ceiling
156.08	SF Walls & Ceiling	25.43	SF Floor
2.83	SY Flooring	17.25	LF Floor Perimeter
20.19	LF Ceil. Perimeter		

Door **2' 11 5/16" X 7' 5/8"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
104. Content Manipulation charge - per hour - after hours	1.00 HR	0.00	74.72	0.00	74.72
145. Paint the walls - two coats	130.66 SF	0.00	1.12	2.91	149.25
144. Cove base molding - rubber or vinyl, 4" high	17.25 LF	0.00	2.47	1.96	44.57
167. Clean and deodorize carpet	25.43 SF	0.00	0.62	0.02	15.79
232. Mask the floor per square foot - plastic and tape - 4 mil	25.43 SF	0.00	0.26	0.12	6.73
Totals: B3				5.01	291.06



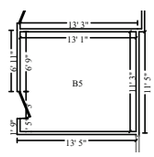
B2 **Height: 7' 6"**

333.26	SF Walls	142.39	SF Ceiling
475.65	SF Walls & Ceiling	142.39	SF Floor
15.82	SY Flooring	45.33	LF Floor Perimeter
48.27	LF Ceil. Perimeter		

Window **4' 5 15/16" X 1' 9 15/16"** **Opens into Exterior**
Door **2' 11 1/4" X 6' 11 7/8"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
168. Clean and deodorize carpet	142.39 SF	0.00	0.62	0.10	88.38
233. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
Totals: B2				0.10	138.14

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

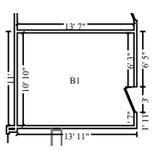


B5 **Height: 8'**

366.83	SF Walls	146.31	SF Ceiling
513.14	SF Walls & Ceiling	146.31	SF Floor
16.26	SY Flooring	45.48	LF Floor Perimeter
48.52	LF Ceil. Perimeter		

Door **3' 1/2" X 7' 1/4"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
108. Content Manipulation charge - per hour - after hours	1.00 HR	0.00	74.72	0.00	74.72
148. Cove base molding - rubber or vinyl, 4" high	45.48 LF	0.00	2.47	5.16	117.50
149. Paint the walls - two coats	366.83 SF	0.00	1.12	8.17	419.02
169. Clean and deodorize carpet	146.31 SF	0.00	0.62	0.10	90.81
234. Mask the floor per square foot - plastic and tape - 4 mil	146.31 SF	0.00	0.26	0.69	38.73
Totals: B5				14.12	740.78



B1 **Height: 7' 6"**

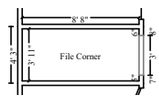
345.41	SF Walls	147.01	SF Ceiling
492.42	SF Walls & Ceiling	147.01	SF Floor
16.33	SY Flooring	45.85	LF Floor Perimeter
48.82	LF Ceil. Perimeter		

Door **2' 11 11/16" X 6' 11 7/8"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
106. Content Manipulation charge - per hour - after hours	1.00 HR	0.00	74.72	0.00	74.72
146. Cove base molding - rubber or vinyl, 4" high	45.85 LF	0.00	2.47	5.20	118.45
147. Paint the walls - two coats	345.41 SF	0.00	1.12	7.69	394.55
170. Clean and deodorize carpet	147.01 SF	0.00	0.62	0.10	91.25
235. Mask the floor per square foot - plastic and tape - 4 mil	147.01 SF	0.00	0.26	0.69	38.91
Totals: B1				13.68	717.88

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

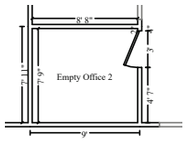


File corner **Height: 7' 6"**

169.07	SF Walls	33.80	SF Ceiling
202.86	SF Walls & Ceiling	33.80	SF Floor
3.76	SY Flooring	22.21	LF Floor Perimeter
25.18	LF Ceil. Perimeter		

Missing Wall - Goes to Floor **2' 11 9/16" X 6' 7 15/16"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
237. Mask the floor per square foot - plastic and tape - 4 mil	33.80 SF	0.00	0.26	0.16	8.95
236. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
150. Cove base molding - rubber or vinyl, 4" high	22.21 LF	0.00	2.47	2.52	57.38
151. 1/2" - drywall per LF - up to 4 inches tall	22.21 LF	0.00	3.59	0.36	80.09
152. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	22.21 SF	0.00	1.44	0.58	32.56
153. Paint the walls - two coats	169.07 SF	0.00	1.12	3.77	193.13
154. Suspended ceiling tile - 2' x 2'	33.80 SF	0.00	2.65	3.81	93.38
171. Clean and deodorize carpet	33.80 SF	0.00	0.62	0.02	20.98
Totals: File corner				11.22	536.23



Empty office 2 **Height: 7' 6"**

225.94	SF Walls	67.59	SF Ceiling
293.53	SF Walls & Ceiling	67.59	SF Floor
7.51	SY Flooring	29.92	LF Floor Perimeter
32.94	LF Ceil. Perimeter		

Door **3' 1/4" X 6' 11 7/8"** **Opens into MAIN_HALLWAY**

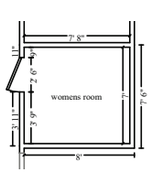
DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
155. Cove base molding - rubber or vinyl, 4" high	29.92 LF	0.00	2.47	3.39	77.29
156. 1/2" - drywall per LF - up to 4 inches tall	29.92 LF	0.00	3.59	0.48	107.89
157. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	29.92 SF	0.00	1.44	0.79	43.87
158. Paint the walls - two coats	225.94 SF	0.00	1.12	5.03	258.08
159. Suspended ceiling tile - 2' x 2'	67.59 SF	0.00	2.65	7.62	186.73

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - Empty office 2

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
160. Suspended ceiling grid - 2' x 2'	67.59 SF	0.00	2.29	3.79	158.57
172. Clean and deodorize carpet	67.59 SF	0.00	0.62	0.05	41.96
238. Mask the floor per square foot - plastic and tape - 4 mil	67.59 SF	0.00	0.26	0.32	17.89
Totals: Empty office 2				21.47	892.28



womens room **Height: 8'**

218.33	SF Walls	53.72	SF Ceiling
272.06	SF Walls & Ceiling	53.72	SF Floor
5.97	SY Flooring	26.85	LF Floor Perimeter
29.35	LF Ceil. Perimeter		

Door **2' 6" X 6' 7"** **Opens into MAIN_HALLWAY**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
173. Suspended ceiling tile - 2' x 2'	8.00 SF	0.00	2.65	0.90	22.10
Totals: womens room				0.90	22.10



Stairs **Height: 9'**

18.46	SF Walls	7.61	SF Ceiling
26.07	SF Walls & Ceiling	18.11	SF Floor
2.01	SY Flooring	2.69	LF Floor Perimeter
2.24	LF Ceil. Perimeter		

Missing Wall - Goes to Floor **6' 9 11/16" X 7' 6"** **Opens into MAIN_HALLWAY**
Missing Wall **6' 9 11/16" X 9'** **Opens into MAIN_HALLWA1**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
224. Clean and deodorize carpet	18.11 SF	0.00	0.62	0.01	11.24
Totals: Stairs				0.01	11.24
Total: Ground Floor				**180.47**	**12,256.47**

1st Floor

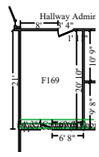
1st Floor

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - 1st Floor

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
83. Contents - move out then reset	6.00 EA	0.00	73.03	0.00	438.18
Total: 1st Floor				0.00	438.18



F169 **Height: 9'**

572.08	SF Walls	275.34	SF Ceiling
847.42	SF Walls & Ceiling	275.34	SF Floor
30.59	SY Flooring	62.22	LF Floor Perimeter
68.07	LF Ceil. Perimeter		

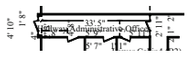
Door	**2' 6" X 6' 7"**	**Opens into CONT_HALL_2**
Door	**3' 4 1/4" X 7' 2 1/4"**	**Opens into HALLWAY_ADMI**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
109. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
177. Cove base molding - rubber or vinyl, 4" high	62.22 LF	0.00	2.47	7.06	160.74
179. 1/2" - drywall per LF - up to 4 inches tall	20.00 LF	0.00	3.59	0.32	72.12
186. Seal/prime (1 coat) then paint (2 coats) the surface area	20.00 SF	0.00	1.44	0.53	29.33
184. Remove Wallpaper	572.08 SF	1.23	0.00	0.00	703.66
187. Paint the walls - two coats	572.08 SF	0.00	1.12	12.74	653.47
239. Scrape the walls & prep for paint	572.08 SF	0.00	0.67	0.39	383.68
241. Mask the floor per square foot - plastic and tape - 4 mil	275.34 SF	0.00	0.26	1.30	72.89
240. Seal the walls w/oil based/hybrid stain blocker - one coat	572.08 SF	0.00	0.71	4.25	410.43
Totals: F169				26.59	2,536.08

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

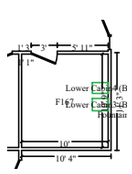
Hallway administrative offices **Height: 9'**



597.68	SF Walls	232.75	SF Ceiling
830.42	SF Walls & Ceiling	232.75	SF Floor
25.86	SY Flooring	66.77	LF Floor Perimeter
82.31	LF Ceil. Perimeter		

Door	**3' 4 1/4" X 7' 2 1/4"**	**Opens into F169_**
Door	**3' 2 3/4" X 7' 2 1/4"**	**Opens into F168**
Door	**3' 1/8" X 6' 10 11/16"**	**Opens into F167**
Window	**1' 6 3/8" X 6' 6 3/16"**	**Opens into FOUNTAIN_HAL**
Door	**2' 10 15/16" X 6' 10 5/16"**	**Opens into FOUNTAIN_HAL**
Window	**1' 6 3/8" X 6' 6 3/16"**	**Opens into FOUNTAIN_HAL**
Window	**11 5/8" X 6' 8 11/16"**	**Opens into Exterior**
Door	**3' 7/16" X 7' 3 3/8"**	**Opens into Exterior**
Window	**11 5/8" X 6' 8 11/16"**	**Opens into Exterior**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
111. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
188. Cove base molding - rubber or vinyl, 4" high	66.77 LF	0.00	2.47	7.57	172.49
190. Remove Wallpaper	597.68 SF	1.23	0.00	0.00	735.15
191. Paint the walls - two coats	597.68 SF	0.00	1.12	13.31	682.71
246. Scrape the walls & prep for paint	597.68 SF	0.00	0.67	0.40	400.85
243. Mask the floor per square foot - plastic and tape - 4 mil	232.75 SF	0.00	0.26	1.10	61.62
245. Seal the walls w/oil based/hybrid stain blocker - one coat	597.68 SF	0.00	0.71	4.44	428.79
Totals: Hallway administrative offices				26.82	2,531.37



F167 **Height: 9'**

352.84	SF Walls	107.53	SF Ceiling
460.37	SF Walls & Ceiling	107.53	SF Floor
11.95	SY Flooring	38.50	LF Floor Perimeter
41.51	LF Ceil. Perimeter		

Door	**3' 1/8" X 6' 10 11/16"**	**Opens into HALLWAY_ADMI**

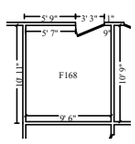
DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - F167

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
112. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
198. Cove base molding - rubber or vinyl, 4" high	38.50 LF	0.00	2.47	4.37	99.47
194. 1/2" - drywall per LF - up to 4 inches tall	38.50 LF	0.00	3.59	0.62	138.84
195. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	38.50 SF	0.00	1.44	1.01	56.45
196. Remove Wallpaper	352.84 SF	1.23	0.00	0.00	433.99
197. Paint the walls - two coats	352.84 SF	0.00	1.12	7.86	403.04
247. Scrape the walls & prep for paint	352.84 SF	0.00	0.67	0.24	236.64
248. Mask the floor per square foot - plastic and tape - 4 mil	107.53 SF	0.00	0.26	0.51	28.47
250. Seal the walls w/oil based/hybrid stain blocker - one coat	352.84 SF	0.00	0.71	2.62	253.14
Totals: F167				17.23	1,699.80



F168 **Height: 9'**

342.32	SF Walls	102.72	SF Ceiling
445.04	SF Walls & Ceiling	102.72	SF Floor
11.41	SY Flooring	37.38	LF Floor Perimeter
40.62	LF Ceil. Perimeter		

Door **3' 2 3/4" X 7' 2 1/4"** **Opens into HALLWAY_ADMI**

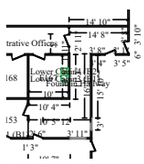
DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
199. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
202. Cove base molding - rubber or vinyl, 4" high	37.38 LF	0.00	2.47	4.24	96.57
203. 1/2" - drywall per LF - up to 4 inches tall	37.38 LF	0.00	3.59	0.61	134.80
204. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	37.38 SF	0.00	1.44	0.98	54.81
205. Remove Wallpaper	342.32 SF	1.23	0.00	0.00	421.05
206. Paint the walls - two coats	342.32 SF	0.00	1.12	7.63	391.03
251. Scrape the walls & prep for paint	342.32 SF	0.00	0.67	0.23	229.58
252. Mask the floor per square foot - plastic and tape - 4 mil	102.72 SF	0.00	0.26	0.49	27.20

Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - F168

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
254. Seal the walls w/oil based/hybrid stain blocker - one coat	342.32 SF	0.00	0.71	2.54	245.59
Totals: F168				16.72	1,650.39



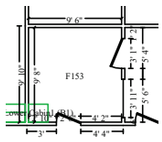
Fountain hallway **Height: 9'**

771.29	SF Walls	310.39	SF Ceiling
1,081.68	SF Walls & Ceiling	310.39	SF Floor
34.49	SY Flooring	84.83	LF Floor Perimeter
105.81	LF Ceil. Perimeter		

Window	**1' 6 3/8" X 6' 6 3/16"**	**Opens into HALLWAY_ADMI**
Door	**2' 10 15/16" X 6' 10 5/16"**	**Opens into HALLWAY_ADMI**
Window	**1' 6 3/8" X 6' 6 3/16"**	**Opens into HALLWAY_ADMI**
Door	**2' 11 1/2" X 6' 10 11/16"**	**Opens into Exterior**
Door	**2' 7 11/16" X 6' 10 11/16"**	**Opens into Exterior**
Missing Wall - Goes to Floor	**3' 1/4" X 6' 9 7/8"**	**Opens into Exterior**
Missing Wall - Goes to Floor	**3' 10 5/8" X 7' 3 13/16"**	**Opens into CONT_HALL_2**
Door	**2' 6" X 6' 7"**	**Opens into CONT_HALL_2**
Window	**3' 11 1/16" X 4' 1/16"**	**Opens into F153**
Door	**3' 3/4" X 6' 11 7/16"**	**Opens into F153**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
207. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
210. Cove base molding - rubber or vinyl, 4" high	84.83 LF	0.00	2.47	9.62	219.15
211. 1/2" - drywall per LF - up to 4 inches tall	84.83 LF	0.00	3.59	1.37	305.91
212. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	84.83 SF	0.00	1.44	2.23	124.39
213. Remove Wallpaper	771.29 SF	1.23	0.00	0.00	948.69
214. Paint the walls - two coats	771.29 SF	0.00	1.12	17.18	881.02
255. Scrape the walls & prep for paint	771.29 SF	0.00	0.67	0.52	517.28
256. Mask the floor per square foot - plastic and tape - 4 mil	310.39 SF	0.00	0.26	1.47	82.17
258. Seal the walls w/oil based/hybrid stain blocker - one coat	771.29 SF	0.00	0.71	5.73	553.35
Totals: Fountain hallway				38.12	3,681.72

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888



F153 **Height: 9'**

292.67	SF Walls	92.43	SF Ceiling
385.10	SF Walls & Ceiling	92.43	SF Floor
10.27	SY Flooring	32.90	LF Floor Perimeter
38.46	LF Ceil. Perimeter		

Door	**2' 6" X 6' 7"**	**Opens into CONT_HALL_2**
Window	**3' 11 1/16" X 4' 1/16"**	**Opens into FOUNTAIN_HAL**
Door	**3' 3/4" X 6' 11 7/16"**	**Opens into FOUNTAIN_HAL**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
215. Content Manipulation charge - per hour	1.00 HR	0.00	49.76	0.00	49.76
218. Cove base molding - rubber or vinyl, 4" high	32.90 LF	0.00	2.47	3.73	84.99
219. 1/2" - drywall per LF - up to 4 inches tall	32.90 LF	0.00	3.59	0.53	118.64
220. Seal/prime (1 coat) then paint (2 coats) the floor perimeter	32.90 SF	0.00	1.44	0.87	48.25
221. Remove Wallpaper	292.67 SF	1.23	0.00	0.00	359.98
222. Paint the walls - two coats	292.67 SF	0.00	1.12	6.52	334.31
259. Scrape the walls & prep for paint	292.67 SF	0.00	0.67	0.20	196.29
260. Mask the floor per square foot - plastic and tape - 4 mil	92.43 SF	0.00	0.26	0.44	24.47
262. Seal the walls w/oil based/hybrid stain blocker - one coat	292.67 SF	0.00	0.71	2.17	209.97
Totals: F153				14.46	1,426.66



cont. hall 1 **Height: 8'**

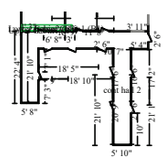
913.91	SF Walls	289.45	SF Ceiling
1,203.36	SF Walls & Ceiling	289.45	SF Floor
32.16	SY Flooring	112.02	LF Floor Perimeter
124.52	LF Ceil. Perimeter		

Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - cont. hall 1

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
264. R&R Cove base molding - rubber or vinyl, 4" high	112.02 LF	0.37	2.47	12.70	330.84
Totals: cont. hall 1				12.70	330.84



cont hall 2 **Height: 8'**

1,224.20	SF Walls	434.21	SF Ceiling
1,658.41	SF Walls & Ceiling	434.21	SF Floor
48.25	SY Flooring	147.38	LF Floor Perimeter
181.27	LF Ceil. Perimeter		

Missing Wall - Goes to Floor	**3' 10 5/8" X 7' 3 13/16"**	**Opens into FOUNTAIN_HAL**
Door	**2' 6" X 6' 7"**	**Opens into FOUNTAIN_HAL**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into Exterior**
Door	**2' 6" X 6' 7"**	**Opens into F169_**
Door	**2' 6" X 6' 7"**	**Opens into F153**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
266. R&R Cove base molding - rubber or vinyl, 4" high	147.38 LF	0.37	2.47	16.71	435.27
Totals: cont hall 2				16.71	435.27
Total: 1st Floor				**169.35**	**14,730.31**
Total: Source - DocuSketch				**349.82**	**26,986.78**

Labor Minimums Applied

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
227. Electrical labor minimum	1.00 EA	0.00	73.41	0.00	73.41

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

CONTINUED - Labor Minimums Applied

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
Totals: Labor Minimums Applied				0.00	73.41
Line Item Totals: DCSS-RECON				**349.82**	**27,060.19**

Grand Total Areas:

9,230.14	SF Walls	3,519.50	SF Ceiling	12,749.64	SF Walls and Ceiling
3,529.99	SF Floor	392.22	SY Flooring	1,120.74	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	1,318.74	LF Ceil. Perimeter
3,529.99	Floor Area	3,820.18	Total Area	9,194.90	Interior Wall Area
3,820.47	Exterior Wall Area	476.26	Exterior Perimeter of Walls		
0.00	Surface Area	0.00	Number of Squares	0.00	Total Perimeter Length
0.00	Total Ridge Length	0.00	Total Hip Length		

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

Summary for Dwelling

Line Item Total	26,710.37
Material Sales Tax	349.82
Replacement Cost Value	**$27,060.19**
Net Claim	**$27,060.19**

Caitlin Wilson

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

Recap of Taxes

	Material Sales Tax (6.75%)	Laundry & D/C Tax (6.75%)	Manuf. Home Tax (4.75%)	Storage Rental Tax (6.75%)	Local Food Tax (2%)
Line Items	349.82	0.00	0.00	0.00	0.00
Total	**349.82**	**0.00**	**0.00**	**0.00**	**0.00**

Servpro of Lenoir, Duplin, and Jones Counties
661 Sussex Street
Kinston NC 28504
252-208-7888

Recap by Room

Estimate: DCSS-RECON

Area: Source - DocuSketch

Area: Ground Floor	**3,298.56**	**12.35%**
B51	**1,407.05**	**5.27%**
Main hallway	**2,855.20**	**10.69%**
B52	**462.47**	**1.73%**
Empty Office	**634.12**	**2.37%**
B4	**135.40**	**0.51%**
B3	**286.05**	**1.07%**
B2	**138.04**	**0.52%**
B5	**726.66**	**2.72%**
B1	**704.20**	**2.64%**
File corner	**525.01**	**1.97%**
Empty office 2	**870.81**	**3.26%**
womens room	**21.20**	**0.08%**
Stairs	**11.23**	**0.04%**
Area Subtotal: Ground Floor	**12,076.00**	**45.21%**
Area: 1st Floor	**438.18**	**1.64%**
F169	**2,509.49**	**9.40%**
Hallway administrative offices	**2,504.55**	**9.38%**
F167	**1,682.57**	**6.30%**
F168	**1,633.67**	**6.12%**
Fountain hallway	**3,643.60**	**13.64%**
F153	**1,412.20**	**5.29%**
cont. hall 1	**318.14**	**1.19%**
cont hall 2	**418.56**	**1.57%**
Area Subtotal: 1st Floor	**14,560.96**	**54.51%**
Area Subtotal: Source - DocuSketch	**26,636.96**	**99.73%**
Labor Minimums Applied	**73.41**	**0.27%**
Subtotal of Areas	**26,710.37**	**100.00%**
Total	**26,710.37**	**100.00%**

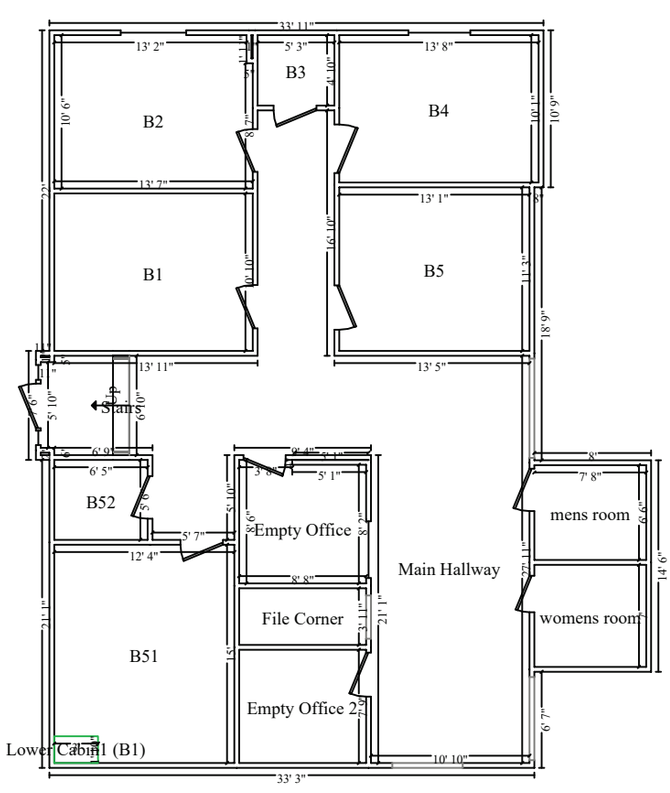
Servpro of Lenoir, Duplin, and Jones Counties

661 Sussex Street
Kinston NC 28504
252-208-7888

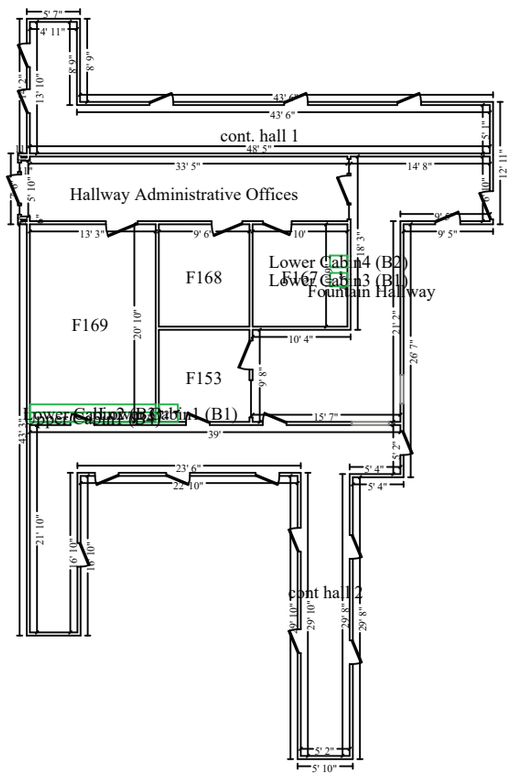
Recap by Category

Items	Total	%
ACOUSTICAL TREATMENTS	1,123.06	4.15%
CLEANING	980.29	3.62%
CONTENT MANIPULATION	1,632.90	6.03%
GENERAL DEMOLITION	3,698.50	13.67%
DRYWALL	1,648.10	6.09%
ELE	73.41	0.27%
FLOOR COVERING - VINYL	2,363.54	8.73%
PERMITS AND FEES	3,000.00	11.09%
LIGHT FIXTURES	320.79	1.19%
PAINTING	11,869.78	43.86%
Subtotal	26,710.37	98.71%
Material Sales Tax	349.82	1.29%
Total	27,060.19	100.00%

Source - DocuSketch - Ground Floor



Ground Floor



SERVPRO **Construction Work Authorization and Payment Agreement**

Customer Name: Duplin County

Date of Loss:

Loss Address: 423 N. Main St.

City: Kenansville. State: NC Zip: 28349

Insurance Company:

Claim Number (if available):

The person(s) named below (collectively, 'Customer") hereby authorize **[entity,** Turner Serv. Corp **],** **d/b/a SERVPRO® of** Lenoir, Duplin, Jones ("Company" or "Service Provider"), to make repairs to Customer's property. **The attached "Terms and Conditions" are a part of this authorization and are agreed to by both parties.**

WORK: The parties agree that the total cost of the work will be in accordance with the estimate and any supplemental estimates prepared by the Company, plus any change orders approved by Customer and Company. Customer agrees that the job is limited to the work set forth in Company's summary of the work provided with Company's estimate (the "scope of work"), except that the scope of work shall also include any additional work requested by Customer and agreed to as described under "Addition/Deletion of Work" in the Terms and Conditions below.

By signing this document, both parties are in agreement with the fact that no work should be performed if insurance does not cover it unless expressly authorized by both parties. In this case, Servpro will submit a change order form to Customer expressing the changes of scope and that it is a "self pay" portion of the job and will require the signature of both parties prior to moving forward.

This Work Authorization, along with all attachments, agreed estimates, supplemental estimates and change orders shall constitute the contractual obligations of Customer and Company.

Customer understands and acknowledges that Company is a separate legal entity that has no connection with Customer's insurance company or its adjuster, and that Customer alone has the authority to authorize Company to make the repairs set forth in this agreement.

Customer agrees that any portion of work, including without limitation deductibles, betterment, depreciation, or additional work requested by Customer, not covered by insurance, must be paid by Customer in accordance with this agreement, including the attached Terms and Conditions. **Although Company will assist Customer in seeking reimbursement of the costs of the work from Customer's insurer, Customer is responsible for payment to Company of the full costs included in the scope of work.**

PAYMENT: Customer's insurance company is Sedgwick and Customer irrevocably directs such insurer to pay all proceeds due Company as payment under any applicable policy or policies directly to Company and any mortgage company named. **Customer will instruct Customer's insurer to make checks payable to "[entity, if applicable], d/b/a SERVPRO® of** Lenoir, Duplin, Jones **."** Customer shall, upon request of Company, promptly (within 24 hours unless another time is agreed to by the parties) forward Company's estimate to Customer's insurer or otherwise make demand for payment of Customer's claim. Customer will provide all reasonable cooperation to Company upon Company's request to facilitate processing and payment of Customer's claim by Customer's insurer. Customer agrees to promptly (within 24 hours unless another time is agreed to by the parties) endorse and provide to Company any payment or check relating to the work hereunder that is made payable to Customer or Customer and Company jointly. Any insurance payment may, if reasonably directed by Company, be made to a mortgage company or into an escrow account in a bank acceptable to Company, for disbursement by a series of draws.

Customer agrees that [*my insurance company* **] may pay any insurance proceeds to Company's Franchisor, Servpro Industries, Inc., for payment to Company.**

RETAINAGE: Notwithstanding the foregoing, if at the time of substantial completion Company and Customer agree to a "punch list" of items that remain to be completed, an amount (the retainage) may be withheld from final payment that is equal to two times the value of the uncompleted work (as reasonably determined by Company) or $250, whichever is

©Servpro Franchisor, LLC ALL RIGHTS RESERVED FE-051707 1.0 28644 04/24

Each SERVPRO® Franchise is Independently Owned and Operated.

greater. The retainage is due upon completion of punch list items. No amounts other than retainage may be withheld or deducted from amounts due Company hereunder.

Initials of Insured DE | gw

PERFORMANCE: If Company has not received payment for work, or other reasonable assurance satisfactory to Company that the full amounts of any estimate or supplemental estimate will be paid by Customer's insurer, Company may suspend or cease performance of the work hereunder until such time as payment or assurances satisfactory to Company are received by Company. Notwithstanding any other provision of this Work Authorization, Company shall have no responsibility or liability to Customer or any third party for any losses, damages, or claims that may arise due to suspension or cessation of work under this paragraph.

MORTGAGE: It is Customer's responsibility to promptly secure the endorsement of any loss drafts, checks, and/or progress payments, if appropriate. Customer must cooperate and provide all reasonable assistance in obtaining prompt payment or consents from the customer of any mortgage on the subject property, including execution of an appropriate release of information or a payment authorization in a form reasonably selected by Company.

Customer's mortgage payments are paid to: _____

Customer represents and warrants that all mortgage and related payments are current.
Customer represents and warrants that all mortgage and related payments are current.

ENVIRONMENTAL CONDITIONS: Company's scope of work hereunder shall not include the identification, detection, abatement, encapsulation or removal of any hazardous substances. If Company discovers any hazardous substances during the course of its work hereunder, it shall have the right to discontinue its work until such hazardous conditions are removed or otherwise remediated and the time allotted Company for completion of its work shall be extended for the period of time such hazardous conditions continue to exist. Company shall have no obligation to remove or otherwise remediate such hazardous substances.

By signing this authorization, I state that I have the legal authority to enter into this agreement for repairs to this property.

THIS AGREEMENT is made, entered into and effective this 11 **day of** March, 2026.

By and Between:

Customer's Signature: Dexter B Edwards
Printed Name: Dexter B. Edwards
Date: 03/11/2026
E-mail Address:

Provider's Signature:
Franchise Legal Name: Turner Services Corp
d/b/a SERVPRO® of: Lenoir, Duplin, & Jones Counties
Date: 3/11/2026
Contractor License #: 70390

Each SERVPRO® Franchise is Independently Owned and Operated

Form Title

Initials of Insured DE | gw

TERMS AND CONDITIONS

1. Preexisting Deficiencies: The work agreed to consists of the scope defined in this contract and does not cover preexisting deficiencies or required codes upgrades unless specifically stated.
2. Materials: Materials will be standard stock materials unless otherwise specified and will match existing materials within reasonable tolerances, as determined by Company in its sole discretion, as to color, texture, design, etc. Any changes in color or type of material will be at Customer's sole expense, at Company's standard rates.
3. Access: The contract price is based on completion during normal working hours unless otherwise agreed, and Customer agrees to provide all necessary access to the jobsite as required until work is completed. Customer's key, telephone, electricity, water, toilet, and other necessary facilities is to be made available to the Company's personnel during the course of work, as necessary, and a lock box may be used. Company may place a sign on the work site or Customer's property.

4. Addition/Deletion of Work: Any work deleted from the scope of work must be agreed to by both Customer and Company in writing on a change order. In the event of deletion of work, upon payment to Company, Customer will be reimbursed only for Company's (or any subcontractor's, if applicable) budgeted cost on said work. If deletion of work from the contract results in a net credit to Customer, the amount of the credit will be used to offset extra work or paid upon Company's receipt of final payment. Any additional work will be at prices agreed to by the parties. If Customer requests additional work that is not covered by the insurance company, and Company agrees to perform such work, a down payment of 50% of the cost of the additional work is required before starting the additional work. The balance will be due on completion of the additional work.

5. Security: Company is not responsible for security of the jobsite, and therefore it is agreed that Company shall have no responsibility for any damage, disappearance, or theft of jewelry, art objects, silver, gold, antiques, guns, personal items, or other valuables. Customer agrees to remove, store, or protect all such items that are left at the jobsite. Company is not responsible for any harm to any pets or persons accessing the jobsite, and Customer agrees to ensure that pets or persons (including children) are not allowed access to the jobsite.
6. Payments: Payments not made in accordance with any agreed-upon schedule or no later than 10 days after date of Company's invoice (whether provided after substantial completion or otherwise), shall accrue interest thereon at the lower of (i) 1% per month (12% per annum), or (ii) the highest rate allowed by law, until paid.

Each SERVPRO® Franchise is Independently Owned and Operated

Initials of Insured DE/qw

7. Limited Warranty: Company guarantees its workmanship shall conform to industry standards as set forth in the most current edition of the Residential Construction Performance Guidelines for Professional Builders & Remodelers, as promulgated by the Remodelers and Single-Family Small Volume Builders Committee of the National Association of Home Builders for one year from date of substantial completion, normal wear and tear and causes beyond the reasonable control of Company excepted. Customer shall notify Company as soon as practical of all alleged defects in the work; failure to provide timely notice will void any warranty. Customer's exclusive remedy, and Company's sole liability, for any breach of this limited warranty is for Company to re-perform the work within a reasonable time after proper notice of the defect. This limited warranty is void if Customer is not in compliance with any term of this agreement, including without limitation any payment terms. Company will not pay for warranty work performed by others unless agreed to in advance. Company is not responsible for additional work performed under any agreement between Customer and other tradesmen or subcontractors.

   Materials are covered for one year or by guaranties or warranties, if any, provided by manufacturers. Company will pass through to Customer, to the extent allowed, any such guaranties or warranties provided to Company. If Customer purchases any materials for use or installation by Company, or directs Company to purchase particular materials against the recommendation of Company, Company shall have no responsibility whatsoever with regard to any claims arising from any incompatibility or defect regarding such materials, or any breach of manufacturer's warranty with regard to such materials.

   EXCEPT AS SPECIFICALLY SET FORTH HEREIN, COMPANY MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY WORK OR MATERIALS PROVIDED HEREUNDER INCLUDING WITHOUT LIMITATION ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

8. Termination: If a party shall fail to comply with any material term or condition of this agreement, then the other party may provide written notice of such default. Upon receipt of such notice, the party in default shall have 10 business days in which to cure such default. If such default is not cured within 10 business days after such notice, the other party may terminate this Agreement upon prompt written notice. If Company terminates this agreement based upon Customer's default, Company shall be paid all labor and material costs and expenses incurred as of the date of termination of the agreement, plus Company's fee of 20 percent of the total entire scope of work price (i.e., as if the project had been completed), for overhead and profit.

9. Dumpsters: Customer acknowledges that damage may occur from placing a dumpster on lawns, soil, asphalt, or concrete during placement or pickup. Company will not be responsible for any damage due to settling, rutting, staining, marring, or any other form of damage caused by the placement and pickup of the dumpster(s).

10. No Verbal Agreements: Any alleged or asserted verbal agreements are not binding by Company.

Form Title

Initials of Insured DE/qw

11. Insurance: Customer shall maintain the Customer's usual liability insurance and Company shall maintain comprehensive general liability insurance. Company shall maintain workers' compensation insurance as required by law. Customer waives all claims, including, but not limited to, subrogation claims, against Company to the extent the claims are covered by insurance. If the Customer purchases loss of use insurance, Customer waives all claims for loss of use against Company.

12. No Waiver: Any waiver of a breach or default under this agreement shall not constitute a waiver for any subsequent breach or default. No single or partial exercise of any right, power, or privilege under this agreement shall preclude further exercise of the right, power, or privilege.

13. Force Majeure: Neither party shall be responsible for any delay in or failure of performance under this agreement due to any occurrence beyond its reasonable control, including without limitation work stoppages, natural disasters, fires, civil disobedience, riots, rebellions, acts of God, failure of a supplier or third party, or any other similar occurrences.

14. Roles and Responsibilities: As a professional restorer, it is our job is to help determine the proper methods and materials to return your property to its preloss condition, to prepare an estimate of a fair price to perform that work, and to properly manage the restoration process.

   Your insurance adjuster is responsible to determine what is covered and what isn't under the policy, to make you an offer of settlement according to the terms of your insurance policy, and to promptly reimburse you for your loss according to the policy terms.

   Your insurance contract is with you, and all their duties and responsibilities under that contract (your policy), and under state law, are due to you. The settlement of your claim is with you and payment for your loss is due to you, although many insurers will honor your request to include our name on your insurance draft.

   Our contract is with you and is based on an estimate prepared for your insurance company and further described in our agreement. As the Customer, it is your responsibility to understand and agree with the proposed scope of work and the terms of our agreement with you. We ARE agreeing to perform all the work in our scope for the lump sum amount described in the contract. We ARE NOT agreeing to the individual unit prices provided in the line item estimate to the insurance company. As the contract explains, those prices are a convenience in the industry and in many cases do not reflect our actual prices and costs.

   We will provide you with estimated replacement costs for a variety of customer-selected materials such as floor covering and light fixtures, based on insurance company guidelines. If you do not believe the estimated amount fairly reflects the replacement cost of that item, it is your responsibility to address that concern with your insurance adjuster.

   If there is required work that you believe we have overlooked in our scope, it is your responsibility to bring that to our attention. If your adjuster agrees that it is loss-related, we will present the additional cost to your insurer as a supplement to your claim and add it to your contract by change order. If the adjuster does not agree the additional work is loss-related, it will be your responsibility to pursue that additional claim. If we are in agreement with you, we will provide a report to that effect if requested, which you can provide to your insurer.

Payment Schedule

As the insured, I understand that prior to any repair work beginning, all fees for mitigation emergency services work completed: N/A and any applicable deductible N/A applied to my insurance claim, shall be paid in full to Servpro.

I understand that the following payment schedule is required for work to begin, materials to be purchased, and repair work to progress to completion.

I understand that if a mortgage company is involved, I will inform my mortgage company of my insurance claim, provide them with all requested forms and information within a timely manner, and copy them with the attached payment schedule. I will inform Servpro of all guidelines required by my mortgage company prior to any work beginning such as inspection requirements, form requirements, etc.

If any supplemental work or upgrade work is required, I understand a separate payment schedule will be issued for same.

If for any reason a refund is needed, we are required to withhold **10%** of the refunded amount due to **royalty expenses** and other **required fees** that have already been paid at the point of which you request your refund.

NON-PAYMENT OF FUNDS WILL IMPACT WORK SCHEDULE
Duplin County DSS 2/12/2026

TOTAL JOB AMOUNT: REPAIR	$27,060.19
(50%) Start of repairs + Deductible	$13,530.10
(50%) Final Walkthrough	$13,530.09

Dexter B Edwards 3/11/2026
Insured's Signature (Date)

Print Name: Dexter B. Edwards

CONTRACT FOR CONSULTANT SERVICES
COMMUNITY DEVELOPMENT BLOCK GRANT NEIGHBORHOOD REVITALIZATION (CDBG-NR) PROGRAM
CDBG PROJECT NUMBER 21-C-4011
AMENDMENT NO. 1 – PROGRAM AMENDMENT, ENVIRONMENTAL REVIEW, AND CONSTRUCTION MANAGEMENT

WHEREAS, DUPLIN COUNTY, NORTH CAROLINA, hereinafter called the COUNTY, and INSIGHT CONSULTNG GROUP, LLC (formerly Insight Planning & Development), hereinafter called INSIGHT, entered into a Contract for Consultant Services (Contract) dated January 16, 2024, to provide administrative and management services for the Community Development Block Grant Neighborhood Revitalization Program, CDBG Project 21-C-4011; and

WHEREAS, the COUNTY has executed a Grant Agreement with the North Carolina Department of Commerce, Rural Economic Development Division (REDD), for a CDBG-NR Program, for the rehabilitation and/or reconstruction of homes; and

WHEREAS, the project has required multiple times extensions due to extensive interaction with applicants, prolonged construction timelines resulting from contractor performance, and numerous scope of work changes for homes ultimately withdrawn from the program; and

WHEREAS, the COUNTY sought to submit a program amendment to REDD to obtain additional funding necessary to complete rehabilitation activities for all homes included in the grant; and

WHEREAS, INSIGHT researched and prepared the program amendment and completed the Environmental Review Record, tasks that were not included in the original contract scope; and

WHEREAS, REDD has approved the program amendment; and

WHEREAS, the approval of the program amendment requires INSIGHT to perform additional service-delivery activities, including but not limited to scope of work development, procurement of construction services procurement, construction inspections, and other services; therefore,

THE AFOREMENTIONED CONTRACT for CONSULTANT SERVICES, dated January 16, 2024, between DUPLIN COUNTY, NORTH CAROLINA, and INSIGHT CONSULTING GROUP, LLC, is hereby amended to increase the contract amount by $74,000 for compensation for additional service-delivery activities, including preparation of the program amendment, completion of the program amendment Environmental Review Record, construction management, and related services.

All other provisions of this Amendment remain as stated in the original Contract.

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

The COUNTY and the CONSULTANT hereby agree to the full performance of the covenants contained herein.

[Signature page to follow]

IN WITNESS HEREOF, they have executed this Amendment, this date March 2, 2026.

CONSULTANT

Cindy M. Anderson DATE 2/24/2026

Cindy M. Anderson
VP Business Development & Administration
Insight Consulting Group, LLC

DUPLIN COUNTY

This instrument has been pre-audited in the manner required by the Local Government and Fiscal Control Act. 4939-41979

Chelsey Lanier DATE 4/8/26

Chelsey Lanier, Finance Officer

DATE 3-2-2026

Christopher Hatcher, County Planner

DATE 4-8-26

Lisa Hughes, Interim County Manager

Approved as to form:

DATE 3/6/2026

J. Timothy Wilson, County Attorney

NORTH CAROLINA

DUPLIN COUNTY

AIRPARK LOT CLEARING CONTRACT AMENDMENT 1

THIS CONTRACT AMENDMENT 1 is made, and entered into this the 2nd day of March, 2026 by and between the **COUNTY of DUPLIN**, a political subdivision of the State of North Carolina, (hereinafter referred to as "COUNTY"), and, **GAINUS LAWN MAINTENANCE, LLC (892 Corn Mill Road, Beulaville, NC 28518)** a limited liability company or corporation duly authorized to do business in the State of North Carolina, (hereinafter referred to as "CONTRACTOR") collectively referred to as "Parties".

WITNESSETH:

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

THAT WHEREAS, the Parties previously entered into a Contract for AirPark Lot Clearing, effective January 5th, 2026 (hereinafter the "Original Agreement");

THAT WHEREAS, it is the desire to add additional erosion control measures – temporary silt fence in order to protect the cleared area and surroundings, to the scope of work to be performed by Contractor;

THAT WHEREAS, due to the limited increased project scope pursuant to this Amendment 1, it is hereby agreed by the Parties that no additional contract days will be needed;

THAT WHEREAS, the Original Agreement set aside maximum compensation for the Contractor at the amount of thirty-thousand dollars ($30,000.00);

THAT WHEREAS, it is the intent of the Parties to hereby amend the previous Original Agreement; and

THAT WHEREAS, it is the desire of the parties to add compensation for Contractor in an amount not to exceed two-thousand-four-hundred dollars ($2,400.00) for the additional work to be performed;

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

1. The Scope of Work, as set forth in the Original Agreement is hereby amended to include the installation of ~~2,400~~ SSSTAG 400 linear feet (LF) of temporary silt fence, at $6.00 per LF.
2. The Substantial Completion date will remain unchanged from the Original Agreement.
3. Payment to Contractor of the Original Agreement is hereby amended to reflect maximum compensation shall not exceed thirty-two-thousand-four-hundred dollars ($32,400.00), as Contractor has agreed to preform installation of 400LF of temporary silt fence for two-thousand-four-hundred dollars ($2,400.00).

AIRPARK LOT CLEARING CONTRACT AMENDMENT 1

IN WITNESS WHEREOF, the parties have expressed their agreement to these terms of this AMENDMENT 1 by causing this Contract to be executed by their duly authorized officer or agent. The AMENDMENT 1 shall be effective as of the date herein.

Reviewed by Department Head

Date Reviewed: 2/24/2026

CONTRACTOR

By:

Printed Name: Trent Gaines

Title: Owner

WITNESS: Darlene Gaines

4992-41060

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

Duplin County Finance Officer

DUPLIN COUNTY

By:

Printed Name: Dexter B. Edwards

Title: Chair, Bd of County Commissioners

ATTEST:

Contract Amendment
Duplin County Department of Social Services
Fiscal Year Begins 07-01-2025 Ends 06-30-2026

Contract # _____
Amendment # 2

SECTION I
Agency: Duplin County Social Services
Program: Foster Care
Effective Period of the Contract: 07/01/2025—06-30-2026

This Contract Amendment amends the contract between the Duplin County Department of Social Services (the "County") and Personal Care Solutions of the Carolinas LLC (4012) (the "Contractor"). As provided for under the terms of the contract, The County and Contractor agree to amend the provision(s) indicated in Section II below.

SECTION II – Justification/Change to Contract:

Contract to be increased $50,000 (total contract will be for $100,000) to pay for Foster Care invoices.

SECTION III

All other terms and conditions set forth in the original contract shall remain in effect for the duration of the contract. The contract specified above is amended by this Contract Amendment effective 2-1-2026.

Contractor	County
Personal Care Solutions of the Carolinas LLC	Duplin County Department of Social Services
By:	By:
Title: Fonda Clark, Administrator	Title: Chairman DC BOCC
Date: February 12, 2026	Date: 3/2/2026

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

Attest:

County: Duplin

Title: Finance Director

Signature:

Date: 3/6/26

5440-43972

Contract Amendment
Duplin County Department of Social Services
Fiscal Year Begins 07-01-25 Ends 06-30-26

Contract # _____
Amendment # __1___

SECTION I
Agency: Duplin County Social Services
Program: Foster Care
Effective Period of the Contract: _____

This Contract Amendment amends the contract between the Duplin County Department of Social Services (the "County") and Urbanized LLC (3802) (the "Contractor"). As provided for under the terms of the contract, The County and Contractor agree to amend the provision(s) indicated in Section II below.

SECTION II – Justification/Change to Contract:

Contract to be increased $10,000 (total contract to be for $20,000) to pay Foster Care invoices.

SECTION III

All other terms and conditions set forth in the original contract shall remain in effect for the duration of the contract. The contract specified above is amended by this Contract Amendment effective 2-1-2026.

Contractor	County
Urbanized LLC	Duplin County Department of Social Services
By: Jalisa Watson	By:
Title: Jalisa Watson, Director	Title: Chairman, DC BOCC
Date: 2/13/2026	Date: 3/2/2026

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

Attest:

County: Duplin

Title: Finance Director, Chelsey Lanier

Signature: Chelsey Lanier

Date: 3/4/26

5440-43972

Contract Amendment
Duplin County Department of Social Services
Fiscal Year Begins 07-01-25 Ends 06-30-26
Contract # _____
Amendment # 1

SECTION I
Agency: Duplin County Social Services
Program: Foster Care
Effective Period of the Contract: 07-01-2025—06-30-2026

This Contract Amendment amends the contract between the Duplin County Department of Social Services (the "County") and Falcon Children's Home & Family Services Inc (225) (the "Contractor"). As provided for under the terms of the contract, The County and Contractor agree to amend the provision(s) indicated in Section II below.

SECTION II – Justification/Change to Contract:

Contract to be increased $95,000 (total contract will be for $186,000) to pay for Foster Care invoices

SECTION III

All other terms and conditions set forth in the original contract shall remain in effect for the duration of the contract. The contract specified above is amended by this Contract Amendment effective 2-1-2026.

Contractor	County
Falcon Children's Home & Family Services Inc.	Duplin County Department of Social Services
By: Joseph T. Leggett	By:
Title: Joseph T Leggett, Chief Executive Officer	Title: Chairman DC BOCC
Date: 2/11/26	Date: 3/2/2026

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

Attest:

County: Duplin

Title: Finance Director—Chelsey Lanier

Signature: Chelsey Lanier

Date: 3/4/26

5440-43972

Contract Amendment
Duplin County Department of Social Services
Fiscal Year Begins 07-01-25 Ends 06-30-26

Contract #_____
Amendment # __1__

SECTION I
Agency: Duplin County Social Services
Program: Foster Care
Effective Period of the Contract: 07-01-25—06-30-26

This Contract Amendment amends the contract between the Duplin County Department of Social Services (the "County") and Omni Family Services North Carolina Inc. (3536) (the "Contractor"). As provided for under the terms of the contract, The County and Contractor agree to amend the provision(s) indicated in Section II below.

SECTION II – Justification/Change to Contract:

Contract to be increased $25,000 (total contract will be for $50,000) to pay for Foster Care Invoices

SECTION III

All other terms and conditions set forth in the original contract shall remain in effect for the duration of the contract. The contract specified above is amended by this Contract Amendment effective 2-1-26.

Contractor	County
Omni Family of Services North Carolina, Inc.	Duplin County Department of Social Services
By: Michelle Brewer	By: Wesley B. Edwards
Title: Michelle Brewer, President & Executive Director	Title: Chairman DC BOCC
Date: 2-12-26	Date: 3/2/2026

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

Attest:

County: Duplin

Title: Finance Director

Signature: Clarke Panier
Date: 3/4/26
5440-43972

Rates Charges 25/26 Updated 2/24/2026

Duplin County Airport Rates and Charges

Effective 7-1-2025 thru 6-30-2026

Hangar Rental

Monthly Rates	
Legacy T-Hangar ($.17/sq ft)	$225.00
New T-Hangar ($.25/sq ft)	$325.00
60x60 Mini Corp ($.25/sq ft)	$900.00
Communal Hangar 1B	$0.20/sq ft
Corporate Hangar 1A	$0.20/sq ft
MRO Hangar	$0.25/sq ft
New Spec Hangar	TBD

Call Out Fees

2 hour minimum	$150.00
$75/hr after	$75.00

Tie Down Fees

Daily	< 3 days	No Charge
Weekly		$10
Monthly		$30
Annually		$240

Ground Lease Rates

Fair market rate, negotiable based upon amount of investment and length of term for reversion

Phillips Credit Card Discount*

Jet-A	$0.80/gal
Av-Gas	$0.27/gal

**Only applies when using a Phillips Credit Card*

Keychain	$8.00
Pilot's Log Book	$15.00
Kid's T-Shirt	$15.00
DPL T-Shirt	$20.00
Hat/Visors	$25.00
DPL Hoodie	$35.00
DPL Bag	$30.00

Fuel Margins

Jet-A	
Full Price	$1.25
Discounted*	$0.50
100-LL	
Full Price	$0.50
Discounted*	$0.25

Oil Margins

Cost + 20%	
Discounted $3.00/per case	

Overnight Hangar

Small Aircraft	$50.00
Large Aircraft	$100.00

Ramp Fees

Per 24 Hr	$100.00

Lav Service

Each	$45.00

GPU Service

Each Assist	$40.00

Bulk Discount

500-999 gals	$0.05/gal
1000-1499 gals	$0.15/gal
Over 1500 gals	$0.25/gal

30,000 gallon Jet-A Discount

After purchasing 30,000 gals with a Phillips credit card. The Phillips Discount increases to half of the remaining margin.

$1.07/gal off

BINGHAM / ARBITRAGE REBATE SERVICES

January 29, 2026

VIA EMAIL TRANSMISSION

Ms. Chelsey Lanier, Finance Director
Duplin County
224 Seminary Street
Kenansville, North Carolina 28349

RE: First Installment Period Arbitrage Rebate Compliance

$52,640,000	$21,595,000
County of Duplin, North Carolina	County of Duplin, North Carolina
Limited Obligation Bonds	Limited Obligation Refunding Bond
Series 2016	Series 2026

Dear Chelsey,

Bingham Arbitrage Rebate Services, Inc. ("Bingham"), a woman-owned, nationally accredited small business, is pleased to submit this proposal for arbitrage rebate services on the above-referenced tax-exempt issues. This proposal confirms the nature and scope of the services Bingham will provide, the terms and conditions under which Bingham will provide such services and the associated fees.

NATURE AND SCOPE OF SERVICES

The U. S. Congress has long considered the use of tax-exempt bond proceeds to invest in higher yielding taxable obligations to be abusive. In enacting Section 148 of the Internal Revenue Code of 1986 (the "Tax Code"), Congress adopted an approach to controlling the abuse. Section 148(a) generally prohibits the investment of tax-exempt bond proceeds in taxable obligations with a yield materially higher than the bond yield. Section 148(f) requires the "rebate" to the United States Treasury of any allowable arbitrage profits. There are, of course, certain specific exceptions to both the yield restriction and the rebate requirements.

Within 45 – 60 days following the next ensuing computation date for the Bonds or on such other day as we may mutually agree, Bingham will prepare and provide the following:

1. A written report (the "Report") setting forth a calculation of any arbitrage rebate and yield reduction payments and any related interest or penalties due to the United States Treasury with respect to the Bonds in compliance with Section 148 of the Internal Revenue Code of 1986 (the "Tax Code"); and
2. Form 8038-T for filing with the Internal Revenue Service ("IRS"), if the Report indicates that amounts are owed to the United States Treasury.

The Reports and the Form 8038-T's (if required) will cover the period from:

- **Series 2016:** April 20, 2016 through April 1, 2026,
- **Series 2026:** January 15, 2026 through April 1, 2030.

In the preparation of the Reports and, if required, the Form 8038-T's, Bingham will among other things determine the amount of the gross proceeds of the Bonds (including the investment proceeds) and the dates and amounts of the expenditures of such gross proceeds and assess whether such gross proceeds may qualify for the spending and other exceptions to the rebate and yield restriction requirements of Section 148 of the Tax Code.

Please note that you will have the ultimate responsibility for obtaining the signature of an authorized representative of the Issuer on the Form 8038-T and ensuring it is filed with the Internal Revenue Service by the date specified in the Report, along with the required payment.

CLIENT RESPONSIBILITIES

For Bingham to provide you with the highest level of service, we must rely on you to provide, in a timely manner, the transcript of the financing documents and closing certificates for the Bonds, including the tax or arbitrage certificate and the IRS Form 8038, 8038-G or 8038-GC, any amendments to or modifications of such documents and certificates and the information regarding the investment and expenditure of the gross proceeds of the Bonds that we may request. You may have to obtain, or arrange for Bingham to obtain, such information from your bond counsel, the trustee for the Bonds or other professionals.

For the Reports, we will need all the investment history from:

- **Series 2016:** April 20, 2016 through current date,
- **Series 2026:** January 15, 2026 through current date.

For future statements, please ask the bank to set Bingham up for online access. The documentation and information requested for the arbitrage rebate calculations should cover the entire history of the Bonds. Any investment changes that occurred during our review period would be considered necessary.

We will not audit or otherwise independently verify the correctness of the information you provide. However, we may ask you to clarify any of the information.

PERIOD OF THE ENGAGEMENT

We expect to begin the preparation of your Reports and Form 8038-T's (if required) upon receipt of a signed copy of this proposal and all of the documents and information requested.

Our services will conclude upon our delivery to you of the Reports and 8038-T's (if required) in a form suitable for execution by your authorized representative and filing with the IRS. You are responsible for reviewing the accuracy of Form 8038-T and any accompanying schedules and statements prior to filing.

Having worked with a wide variety of issues, our firm already understands the accounting practices and debt structure to be utilized. Our project team stands ready to begin this engagement without delay. We welcome the opportunity to serve your office in this important tax compliance requirement. Please do not hesitate to contact me at (804) 864-9564 if you have any questions.

Sincerely,

Kim A. Hoyt

Kim A. Hoyt
President

Arbitrage Rebate Compliance Services Proposal for County of Duplin

TABLE OF CONTENTS PAGE

1. Bingham Qualifications and Experience ..... 4 - 12

2. Bingham's Work Plan ..... 13 - 18

3. Partial Client List – North Carolina Clients 19

4. Evaluation Date and Bingham's Fee Schedule ..... 20 - 21

5. Acknowledgment 22

6. Signatures 23

Bingham Qualifications and Experience

	Past and Current Accomplishments
Company History and Woman Owned (Minority) Firm	**Bingham has provided arbitrage rebate and related compliance services for 38 years.** ➢ 1985 - Bingham & Company Capital Markets, Inc. of St. Louis and Kansas City, Missouri established. ➢ 1988 -Arbitrage Rebate Service Division added to the St. Louis office. ➢ 1989 -Arbitrage Rebate Service Division transferred to Richmond, Virginia. ➢ 1995 -Division incorporated as Bingham Arbitrage Rebate Services, Inc. ("Bingham"), a wholly owned subsidiary, with Kim A. Hoyt as President. ➢ 1996 -Ms. Hoyt purchased the firm from Bingham & Company Capital Markets, Inc. ➢ 1997 - Virginia Women's Business Enterprise (VWBE) Certified ➢ 2005 - Small, Women and Minority (SWaM) Certified ➢ 2018 – National Women's Business Enterprise Certification (WBENC) **Since Ms. Hoyt's acquisition of Bingham in 1996, Bingham has been and remains a certified woman-owned minority firm.** Bingham has chosen to remain an independent firm, with the same ownership, organizational structure, and name, rather than merge with other firms. This strategy has allowed Bingham to experience deliberate, steady growth and earn a national reputation for expertise and excellence in arbitrage rebate services.
Calculation Savings for Clients	There are various instances of arbitrage rebate savings for Bingham's clients. For Variable Rate Issues only, the Bond Year Method can be applied which allows annual bond years with the bond yield and arbitrage liability being calculated separately for each bond year. By utilizing the Bond Year Method, the fluctuation of the yield and arbitrage liability is eliminated. Bingham has been able to save millions of dollars for clients by knowing how to properly apply this method under Variable Rate Issues. Bingham has worked with numerous clients on Requests for Recovery of Overpayments (Tax Form 8038-R) with total refunds exceeding $2,900,000. In all cases, overpayments were due to errors from previous provider calculations, errors resulting from in-house calculations, installment period payment refunds when final calculation results in overpayment from earlier installment periods.
Professional Affiliations	Bingham is a member of the National Government Finance Officers' Association (GFOA). Additionally, Bingham is a member of the GFOA within the states of North Carolina, Virginia, Georgia, and Louisiana. Bingham is a member of the National Association of Bond Lawyers.
Legal and Other Professional Resources	Bingham not only brings highly experienced and expert staff to every client transaction, but we also work closely with ➢ A bond attorney who is a nationally recognized specialist in arbitrage rebate and tax compliance ➢ The attorney/CPA who developed Bingham's proprietary software ➢ Bond counsel for your transaction. The combination of Bingham staff experience and expertise, coupled with the assistance of these other experts, guarantees delivery of the most timely and accurate arbitrage rebate compliance reports to every client. Please note: The attorney and attorney/CPA mentioned above serve our firm in an advisory capacity and they are not subcontractors on Bingham contracts.

Bingham Qualifications and Experience (continued)

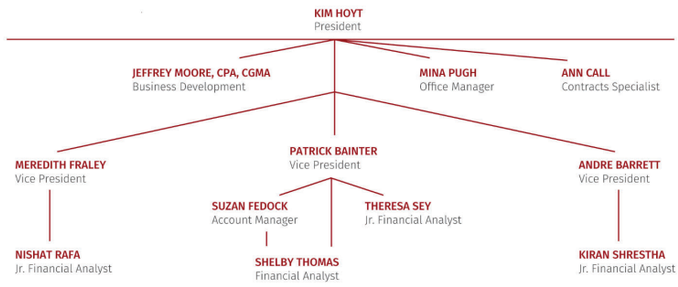
Past and Current Accomplishments

IRS Experience	IRS inquiries by their very nature produce stress. Bingham is readily available to our clients and has experience dealing with IRS inquiries, audits, questionnaires, past due rebate liability, refund requests due to overpayment, and issuers that have gone before the IRS Voluntary Closing Agreement Program. We're here to help you with the IRS. **Best of all, Bingham's calculations and reports have never been challenged by the IRS in any way, but rather have been accepted by the IRS and bond counsel as definitive.** a) IRS Audits/Examinations – In each instance, upon client request Bingham sent information to client or IRS. In each instance, the client received an IRS letter stating, "No further action needed, and audit closed." There have never been any adverse findings by the IRS with any of Bingham's calculations or reports. b) Overpayment Refunds – As noted on the previous page, Bingham has worked with several clients on overpayment refund requests for arbitrage rebate, and excess investment yield, calculations exceeding $2,900,000. Our office has worked with multiple IRS agents for all refund requests. None of Bingham's refund requests have resulted in further examinations or adverse findings. c) Voluntary Closing Agreement Program (VCAP) and other IRS Interactions – Bingham has assisted clients through the Voluntary Closing Agreement Program. VCAP factors have included missed 0% State and Local Government Securities (SLGs) within Escrow Funds, restructuring of Escrow Funds and errors from previous provider calculations. d) Other IRS Interactions - Many times Bingham is hired after the installment due date. If a payment is due, late penalties may accrue. In order for the IRS to waive an additional penalty equal to 50%, or 100%, the issuer must submit a detailed letter explaining why the payment is late and not due to willful neglect. The rebate payment and late penalties must be made within 180 days of discovering the failure to pay rebate on time. Bingham has assisted Bond Counsel and clients in the preparation of waiver of penalty letters. In all instances, the clients never heard further from the IRS and did not have to pay the additional 50% or 100% penalty.
Proprietary Software	A key component of Bingham's reliable and efficient service is our data processing capability and proprietary software developed by an attorney and CPA. The software has been closely reviewed and validated by our firm's CPAs to ensure compliance with Treasury Regulations and the Internal Revenue Code, as well as generally accepted accounting principles. Additionally, our software can be easily updated to comply with new amendments to laws and accompanying regulations as needed. For some specific client needs, our software has been customized and updated.
Data Management and Security	Bingham recommends to all clients that records related to arbitrage rebate calculations, reports, and payments (if any) be kept for six years after the final maturity date of the bonds. Upon request, Bingham can assist your office with developing and maintaining appropriate recordkeeping systems. Bingham recommends that all clients maintain bond closing documents, transaction activity, arbitrage rebate reports and related documentation. Bingham can provide your office with electronic back-up of all data and reports generated for a period extending at least six years after the redemption date or last maturity date of an Issue. Bingham's electronic back-up is created and moved off-site daily to a secured location.

Bingham Qualifications and Experience (continued)

Organization

Bingham is a small, highly experienced firm with twelve full-time employees located in Richmond, Virginia. Having one location allows Bingham to provide the most efficient, accurate and client-responsive post-issuance compliance services in the arbitrage rebate industry.



Bingham Qualifications and Experience (continued)

Key Personnel

Meredith Fraley
Vice President



Expertise:
Transferred Proceeds
Parity Reserve Funds
Uncommingling/
Pro Rata Allocations
Pooled Bond Issues
Refund Requests
Client Training

With over three decades of experience in arbitrage rebate services, Meredith Fraley specializes in Municipal, Not-for-Profit[501(c)(3)s], University, and Multi-Family issues.

Meredith performs the financial calculations necessary for the arbitrage rebate requirement and interprets corresponding Treasury Regulations, consistently ensuring compliance. Since 2012, she has produced over 2,500 comprehensive reports for complex arbitrage rebate calculations. Since 2005, she has successfully processed refund requests for over $2 million dollars.

Meredith has been an integral part of Bingham's growth and client retention since the early years of the company. Clients trust and rely on her knowledge and support. As a result, she has numerous faithful clients who have consistently relied on her services for over eleven years, including cities, counties, authorities, and universities. She is skilled at adapting and working with varying data formats the client provides — from Excel files or PDFs to a wide variety of bank statements. Meredith is not only a dedicated member of our team, but a dedicated team player with every client.

A recognized arbitrage specialist, Meredith leads instructional sessions at various financial conferences, providing clients and other professionals accurate, essential information on arbitrage rebate compliance. She also has led sessions at CPE accredited courses, *Issuing Debt and Debt Management,* conducted by the Virginia Government Finance Officers' Association.

Professional Memberships:
GFOA - Virginia, Georgia, Louisiana, North Carolina
National Association of Bond Lawyers
Women in Public Finance (National and Virginia Chapter)

B.S. Finance - Virginia Polytechnic Institute and State University

Bingham Qualifications and Experience (continued)

Key Personnel

Patrick Bainter
Vice President



Expertise:
Parity Debt Service
Reserve Funds &
Commingled Funds
Transferred Proceeds
Interest Rate Swap
Transactions
Universal Cap Analysis
P3 Projects

With over 27 years of experience at Bingham, Patrick Bainter handles complex arbitrage rebate and comprehensive verification services. He specializes in municipal, university, assisted living facility, industrial development authority, public private partnerships (P3), and not-for-profit [501(c)(3)s] Issues.

Patrick has consistently been at the forefront of Bingham's development and progress. Patrick leads Bingham's verification services. In 2012, he initiated and developed Bingham's verification analysis models with support from Bingham's CPA. For pre-bond closing transactions, Patrick provides verification services for refunding escrow funds and cash defeasance transactions, ensuring mathematical accuracy. With proven expertise and using customized software programs, he confirms the adequacy of cash, escrow yield, and securities placed in escrow for the retirement of the bond issue(s).

Patrick and his team have provided over 800 verification reports for a wide variety of clients, including a regional Authority, six international airports, over thirty universities/colleges, and major transportation projects. In 2022, Patrick led in the completion of two of Bingham's largest verification reports; transportation projects with par amounts of $1 billion and $638MM.

Since 2015, Patrick has completed over 2,700 complex arbitrage rebate calculations, always paying close attention to the potential to reduce rebate liability. He has significant experience providing both arbitrage rebate and verification services to P3 (public private partnership) projects.

Professional Memberships:
GFOA - Virginia, Georgia, Louisiana, North Carolina
Louisiana Association of School Business Officials

B.B.A. Finance - Radford University

Bingham Qualifications and Experience (continued)

Key Personnel

Andre Barrett
Vice President



Expertise:
Transferred Proceeds
Parity Reserve Funds
Uncommingling/
Pro Rata Allocations
Pooled Bond Issues
Refund Requests

With over 14 years of experience at Bingham, an extensive background in banking, and in-depth knowledge of the complexities of IRS arbitrage rebate tax compliance, Andre specializes in arbitrage rebate and verification services for municipalities and educational institutions, as well as hospitals, retirement homes, and housing.

Proficient in all areas of arbitrage rebate account management, Andre has performed over 1,500 calculations with a total par value of over $17 million since 2015. His strong expertise in municipal debt has resulted in exceptional arbitrage services for over 82 municipalities. He regularly assists clients with IRS Schedule K (Form 990) completion and consistently pays close attention to the potential to reduce rebate liability.

With solid financial experience, he is a valued resource in Bingham verification reporting. Andre assisted in verification reports for two of Bingham's largest verification reports; transportation projects with par amounts of $1 billion and $638MM.

Andre often represents Bingham at local and state financial conferences, contributing up-to-date information regarding arbitrage rebate, verification, and IRS Schedule K (Form 990) services.

Professional Memberships:
GFOA - Virginia, Georgia, Louisiana, North Carolina
Louisiana Association of School Business Officials

B.S. Finance - Virginia Commonwealth University

Bingham Qualifications and Experience (continued)

Key Personnel

Suzan Fedock
Account Manager



Expertise:
Transferred Proceeds
Parity Reserve Funds
Uncommingling/
Pro Rata Allocations

With 10 years of experience at Bingham and a solid understanding of the complexities of arbitrage rebate compliance, Suzan is proficient in preparing post issuance reports that ensure compliance with the IRS Tax Code and Regulations.

Suzan works in collaboration with the Bingham team to evaluate, assess, calculate, and complete arbitrage rebate compliance reports on a mandated schedule. She analyzes client account bond documents, account financials, reports, providing thorough assessment of calculations, timely evaluations, and quality reporting.

Suzan specializes in arbitrage rebate and verification services for municipalities, school districts, higher education institutions, hospitals, and retirement homes. Additionally, she supports clients with the completion of their IRS Schedule K (Form 990).

B.S. Business Administration/Finance – Duquesne University

Bingham Qualifications and Experience (continued)

Key Personnel

Kim A. Hoyt
President



Expertise:
IRS and U.S. Treasury Regulations

Post-Issuance Compliance:
Bond Yield
Arbitrage Rebate Calculations
Yield Reduction

Training

As President and owner of Bingham since 1996, Kim is a recognized expert in the arbitrage compliance field. With an extensive accountant and analyst background in the banking industry, Kim provides the leadership that has earned Bingham a reputation for expertise and excellence in arbitrage rebate services.

Kim has in-depth knowledge of all current IRS arbitrage rebate tax rules and regulations. With the evolution of U.S. Treasury regulations, she has effectively guided Bingham's account managers and staff through the resulting changes to post-issuance compliance. She maintains strong relationships with corporate trust banks, bond attorneys, and financial advisors to provide quality consultation on matters relating to verification service, post-issuance compliance, arbitrage rebate, and related IRS forms.

Kim provides oversight and support to the Bingham team in verification of calculations and reports. Her close scrutiny of the complex details associated with arbitrage rebate ensures regulatory compliance and precision reporting for every client.

As an active participant in financial conferences and seminars nationwide, Kim conducts specialized training and seminars for clients and the public finance industry on post-issuance compliance topics such as bond yield, arbitrage rebate calculations, yield reduction, and recordkeeping. She has presented sessions with representatives from the IRS Tax-Exempt Bond (TEB) compliance group, as well as nationally recognized bond attorneys.

Kim maintains a Preparer Tax Identification Number in order to sign IRS Tax Forms 8038-T for payments and 8038-R for overpayment refunds.

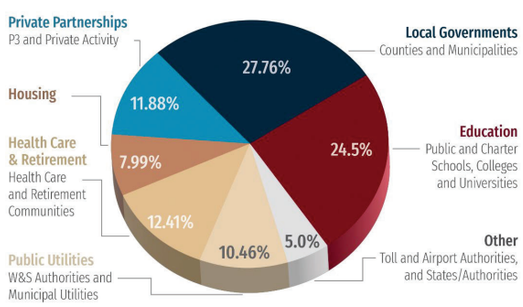
Professional Memberships:
GFOA - National, Georgia, Louisiana, North Carolina, Virginia
National Association of Bond Lawyers
Women in Public Finance (National, Virginia and Louisiana Chapter)

B.S. Accounting - Pennsylvania State University

Bingham Qualifications and Experience (continued)

Client Composition

Bingham has provided arbitrage rebate compliance and related services for 38 years. From its humble beginnings in 1988, Bingham has completed arbitrage rebate calculations on more than 6,500 bond issues throughout the United States. Bingham now has clients in forty-six states and the District of Columbia; and has successfully completed calculations amounting to more than $140 billion in combined bond proceeds. Included among our clients are Municipalities, Counties, School Districts, Academic Institutions, Water and Sewer Authorities, Universities, Non-Profit Organizations, Foundations, Industrial Development Authorities, Transportation Authorities, Retirement Facilities, Housing Authorities, Hospitals, Airports and other Private Activity issuers.



Bingham has completed arbitrage rebate compliance reviews applying Section 148 of the Internal Revenue Code, as well as applying each of the various versions of the U.S. Treasury Regulations.

Bingham has provided arbitrage rebate services including

- complex pooled financings involving multiple participants
- ongoing services for many large municipal and development authority debt issuers who have contracted with us for more than twenty years
- analysis of more than 300 swaps, swap termination and/or similar complex investment hedging arrangements.

Bingham has also served as verification agent on more than 750 refunding transactions in the past fourteen years.

Bingham's Work Plan

The following steps are a detailed account of Bingham's process to provide arbitrage rebate calculation services for the County of Duplin.

Step 1: Setup and maintain an arbitrage compliance summary for the issue.

Bingham will review the closing documents and investment activity to determine which funds will need to be evaluated for arbitrage rebate compliance. Bingham will collect data from your office and confirm the Bond Year and relevant IRS filing dates. Bingham will set up and maintain an arbitrage rebate compliance summary for the issue, to monitor ongoing compliance requirements.

Step 2: Standard documentation and information provided to Bingham for these compliance reports:

a) IRS Form 8038-G
b) Tax Compliance Certificate
c) Official Statement
d) Closing Memorandum
e) Index to closing transcript
f) All Bank of New York Mellon and investment statements from:
   - **Series 2016:** April 20, 2016 through current date,
   - **Series 2026:** January 15, 2026 through current date.

The statements and documents noted above are necessary documents for our review. The actual length of time needed for completion of the review, analysis, calculations, and documentation is contingent upon the availability of the statements and documents listed above.

Step 3: Perform up-to-date arbitrage rebate compliance report and provide updated report on arbitrage issues, including:

a) Computation summary and analysis of relevant dates and assumptions
b) Sources and Uses of funds
c) Arbitrage yield and yield restriction requirements
d) Rebate liability by fund and aggregate liability for the issue
e) Arbitrage/Investment Yield Comparison
f) Rebate Calculation by Fund
g) Outstanding Investments Summary.

Bingham will account for all gross proceeds to confirm the Sources and Uses of the proceeds and determine the arbitrage rebate calculation requirements.

Bingham's Work Plan (continued)

Bingham will initially test for an exception and special elections, as indicated in the bond documents. In order to meet one of the IRS' spending exceptions, the following rules must apply:

Small Issuer Exception	Issues less than $5,000,000 in tax-exempt debt in one calendar year. Legislative changes increased the exception as follows: • Up to $15,000,000, with at least $10 million of the $15 million used to finance public schools for bonds issued after December 31, 2001.
Six-Month Spending Exception	Proceeds spent within Six Months of Closing 100% • Under certain conditions, the Six-Month Exception can be extended to one year for governmental or 501(c)(3) bonds.
Eighteen-Month Spending Exception	Proceeds spent: within Six Months of Closing 15% within Twelve Months of Closing 60% within Eighteen Months of Closing 100% • Issues delivered after June 30, 1993 • A 5% retainage is allowed at eighteen months as long as the proceeds are fully expended by thirty months.
Two-Year Construction Spending Exception	Proceeds spent: within Six Months of Closing 10% within Twelve Months of Closing 45% within Eighteen Months of Closing 75% within Twenty-Four Months of Closing 100% • Issues delivered after December 20, 1989 • Qualifying issuers only • A 5% retainage is allowed at twenty-four months as long as the proceeds are fully expended by thirty-six months.

If a spending exception is missed, the arbitrage rebate calculation is required on all funds. If an issue maintains a funded Debt Service Reserve Fund, the arbitrage rebate calculation will be required for the life of the issue.

Bingham's Work Plan (continued)

If the issue requires an arbitrage rebate calculation, Bingham will determine the evaluation date, and calculate the issue's arbitrage yield and, if applicable, the excess investment yield. As part of our analysis, Bingham will analyze the best calculation methodology to provide the lowest and most accurate arbitrage rebate liability for the issue.

Bond Yield	Bingham calculates the exact yield on the bonds, using a 30/360-day model and semi-annual compounding, taking the exact dates of receipts and disbursements as shown in statement summaries. For these purposes, the yield under the arbitrage regulations is that rate of interest which, when used to discount all future payments on the Bonds, produces a present value equal to the initial offering price to the public.
Rebate Calculation	• All the moneys on deposit and any interest income earned on the date of evaluation (the last day upon which any interest or principal on the bonds is paid) are treated as a receipt on that date. • All receipts and disbursements occurring on or prior to the date of evaluation and the calculated receipts are future-valued to the date of evaluation using the yield on the bonds. The calculation is made using a 30/360-day model and semi-annual compounding, taking the dates of receipts and disbursements as shown in statement summaries. • The future value of the receipts and disbursements is subtracted from the future value of the earnings with the resulting balance being the amount to be rebated.
Yield Restriction Calculation	**Capital Projects (if applicable)** The Regulations require that any Project investment held beyond the three-year temporary period must be yield restricted to the bond yield, plus .125%. Any amount earned over the limit must be paid to the Internal Revenue Service in the form of a "yield reduction payment." Such payment is similar to an arbitrage rebate payment and is paid in the same manner and with the same frequency as arbitrage rebate; within 60 days of the fifth bond year [U.S. Treasury Regulations Section 1.148 5(c)(1) & (2)]. If a factor, only one payment is made to the Internal Revenue Service, either an arbitrage rebate payment or a yield reduction payment, whichever amount is higher. Bingham will test for and run the excess investment yield calculation, if applicable. **Replacement Proceeds (if applicable)** The U.S. Treasury Regulations require that replacement proceeds held beyond the respective temporary period must be yield restricted to the bond yield, plus .001%. Any amount earned over the limit must be paid to the Internal Revenue Service in the form of a "yield reduction payment." Such payment is similar to an arbitrage rebate payment and is paid in the same manner and with the same frequency as arbitrage rebate; within 60 days of the fifth bond year [U.S. Treasury Regulations Section 1.148-5(c)(1) & (2)]. If a factor, only one payment is made to the Internal Revenue Service, either an arbitrage rebate payment or a yield reduction payment, whichever amount is higher.

Bingham's Work Plan (continued)

Bingham's Reports

All Bingham reports include comprehensive detailed calculations, a thorough report, executive summary, and our professional opinion that all calculations were performed in compliance with federal tax law. Bingham's calculations, reports, computation summary and analysis of relevant dates and assumptions will be completed annually, as of the anniversary of the Bond Year or such other date as specified in the bond documents.

Bingham's reports provide both summary and detail of every aspect of the analysis we undertake and support the conclusions reached. As applicable, all Bingham reports and schedules will include the sources and uses of funds, the arbitrage yield, spending exception reports, arbitrage rebate calculations, excess investment yield calculations and yield restriction requirements, expiration dates for temporary and spend down periods, the next calculation date, and the rebate liability of any accruing arbitrage by fund. Our reports also provide a summary of outstanding investments. **All Bingham reports exceed the industry standard and are comprehensive, mathematically accurate and consistent with Section 148(f) of the Internal Revenue Code.**

Bingham has implemented a "Green Initiative," and all compliance reports are now sent to your office electronically. However, if you prefer an original hard copy of the installment date report, please let us know. We are happy to place one in the mail upon request.

RECORD RETENTION

Bingham's policy is to return to you any information you transmit to us in original form or in hard copy as, or when, we complete this engagement. We ask that you pick up the originals or hard copies within 30 days after we notify you of their availability. After 30 days, you agree that we may return your information to you at your last known address via U.S. Mail or 2-day delivery service at your request. Our responsibility for your originals and hard copies ends when you pick them up or we deposit them in the U.S. Mail or with the 2-day delivery service.

Bingham's current policy is to keep our records related to this engagement in electronic format for six years from the end of this engagement.

USE OF THE INTERNET AND CLOUD SERVICES

To facilitate the provision of our services to you, we may send data over the Internet, store electronic data via computer software applications hosted remotely on the Internet or allow access to data through third party vendors' secured portals or clouds. Your electronic data may be transmitted or stored using these methods. We may use third party service providers to store or transmit this data. In using these data transmission and storage methods, Bingham employs reasonable measures designed to maintain data security and we require our third-party vendors to do the same.

You acknowledge and agree that Bingham has no control over the unauthorized interception or breach of any communications or data once it has been sent or has been subject to unauthorized access, notwithstanding all reasonable security measures employed by us or our third-party vendors. You consent to our use of these electronic devices and applications and submission of confidential client information to third party service providers during this engagement.

Bingham's Work Plan (continued)

Step 4: Identify all gross and transferred proceeds allocated to the issues.

In addition to the analysis detailed above, Bingham will analyze any other impacts on the arbitrage rebate calculation, including transferred proceeds or commingled funds. If at any time an issue is refunded and prior issue proceeds remain, transferred proceeds would result, and it may be necessary to uncommingle the fund.

Step 5: Compare allowable arbitrage earnings to actual earnings to determine cumulative arbitrage liability. Prepare IRS Form 8038-T and filing instructions, as needed.

Bingham compares the bond yield to the investment yield (arbitrage earnings to actual earnings) to determine cumulative arbitrage rebate liability.

Bingham will provide one electronic PDF copy of our report to your office, with copies to the trustee, if required. The installment period report will be a comprehensive summary of the years within the installment period. If an arbitrage rebate payment is due, Bingham will include a fully prepared IRS Form 8038-T for your signature. Bingham will provide filing instructions and any assistance needed to your office to submit the IRS form and payment.

Step 6: Review and consider application of alternative regulatory provision that may improve the arbitrage liability.

Internal Revenue Service regulations pertinent to arbitrage rebate were initially enacted as part of the Internal Revenue Code of 1986 (IRC 1986). Multiple amendments to IRC 1986 have each impacted the manner in which arbitrage rebate liability is evaluated and computed. Bingham's President and Vice Presidents have each completed many arbitrage rebate calculations that required professional judgment to determine which version of the U.S. Treasury Regulations applies. For the issue, Bingham will determine which version of the U.S. Treasury Regulations applies and will also evaluate any other alternative computation methods that may reduce the arbitrage rebate liability.

Step 7: Maintain up-to-date understanding of the rebate regulations, court decisions and other events that may affect arbitrage compliance requirements.

For every client, Bingham employs a rigorous internal review to confirm the accuracy and completeness of our judgments before ever issuing a report. Throughout our many years of extensive experience, keeping current with the complex Tax Code rules and regulations remains an essential priority at Bingham. Remaining fully informed of Tax Code rules and regulation changes and varying interpretations translates into arbitrage rebate savings for our clients.

The IRS has continuing education and training for debt issuers. To maintain excellence in arbitrage rebate compliance, Bingham Account Managers and Analysts participate in ongoing programs of continuing education related to the IRS rulings and regulations that define and govern arbitrage rebate compliance, including participation in IRS Tax Exempt Bonds (TEB) Webinars and Telephone Forums. Our team has also participated in the Council of Development Finance Agencies' Advanced Bond Course.

Bingham's Work Plan (continued)

Bingham's team regularly attends and participates in a variety of seminars and professional education conferences. Events are selected to engage with other individuals in public finance, to remain fully informed of industry trends and to remain current on specific arbitrage-related topics. Additionally, Bingham's team participates in the following conferences:

- North Carolina GFOA
- Louisiana GFOA
- Virginia GFOA
- Georgia GFOA
- Maryland GFOA
- National GFOA
- North Carolina Association for Public Charter Schools
- University of North Carolina Systems Conference
- Louisiana Association of School Business Officials (LASBO)
- Georgia Accounting Information Network Support, Inc. (GAINS)

Bingham also receives periodic updates from the National Association of Bond Lawyers on matters relevant to public finance, including regulatory changes and court decisions that impact arbitrage rebate compliance.

Step 8: Assist and defend calculations in the event of an audit.

Bingham has extensive experience assisting our clients and defending our calculations during IRS audits. Bingham is readily available to your office in the event of an IRS audit. Bingham has experience dealing with IRS inquiries, audits, questionnaires, past due rebate liability, refund requests due to overpayment, and issuers that have gone before the IRS Voluntary Closing Agreement Program. Best of all, Bingham's calculations and reports have never been challenged by the IRS in any way, but rather have been accepted by the IRS and bond counsel as definitive.

Partial Client List – North Carolina Clients

Alamance County
Town of Apex
Appalachian State University
City of Asheville
Beaufort County
Bertie County
Brunswick County
Buncombe County
Caldwell County
Town of Carolina Beach
Town of Carrboro
Carteret County
Town of Cary
Catawba County
City of Cherryville
Town of Clayton
City of Concord
Town of Cornelius
Cumberland County
Currituck County
Davidson County
Davie County
East Carolina University
City of Fayetteville
Fayetteville PWC
Forsyth County
Franklin County
Town of Fuquay-Varina
Gardner-Webb University
Town of Garner
Gaston County
City of Gastonia
City of Goldsboro
Granville County
City of Greensboro
Greenville Utilities Commission
Guilford County
Harnett County
Haywood County
Henderson County
City of Hendersonville
City of Hickory
City of High Point
Town of Hillsborough
Hoke County
Town of Holly Springs
Town of Huntersville
Town of Indian Trail
Iredell County
City of Kannapolis
Town of Kernersville
Lee County
City of Lexington
Lincoln County
Macon County
Martin County
City of Mebane
Moore County
Town of Mooresville
Town of Morrisville
Town of Nags Head
Nash County
City of New Bern
City of Newton
North Carolina State University
Novant Health Services
Onslow County
Onslow Water & Sewer Authority
Orange County
Orange County Water and Sewer Authority
Pender County
Pitt County
Raleigh-Durham Airport
Randolph County
Rockingham County
City of Salisbury
City of Shelby
Union County
University of North Carolina at Chapel Hill
Wake County
Watauga County
Wayne County
Wilkes County
City of Winston-Salem

Evaluation Date

- **Series 2016: April 1,** with the bonds being refunded on April 1, 2026. Bingham will provide the first installment period report and final arbitrage rebate report ending as of April 1, 2026.
- **Series 2026: April 1,** with the first installment period ending April 1, 2030. Bingham will provide an initial review as of April 1, 2026 and only if needed, each April 1 thereafter through the first installment date, April 1, 2030, or once gross proceeds are spent in full whichever occurs first.

Fee Schedule

These schedules only apply to the referenced bond issues. Our annual fee will apply even for a partial year of investment activity. If at any time bond proceeds are mixed with non-proceeds, it may be necessary to uncommingle the fund.

FEES

Scenario A or Scenario B will apply, not both.

Scenario A: Arbitrage Rebate Exception Report Services	Fees per Issue
Small Issuer Exception	N/A
Six-Month Exception	$800
Eighteen-Month Spending Exception [1]	$675 per semi-annual period
Two-Year Spending Exception [1]	$675 per semi-annual period

[1] *The fee stops once gross proceeds are spent in full.*

OR

Scenario B: Arbitrage Rebate Calculation Services	Fees per Issue
Years 1 - 2	$1,350 per year [2]
Years 3 - 5	$800 per year [2]
Total Base Fee (only if all 5 years have investment activity)	**$5,100**
Final Report – Series 2016	$800

[2] *The fee stops once gross proceeds are spent in full; however, if there is a Debt Service Reserve, compliance reporting is required for the life of the debt.*

FEES (continued)

Additional Fees That May Apply [3]	Fees per Issue
Uncommingling and/or Transferred Proceeds Fee [4]	$350 per year
G/L's and/or Non-Trustee/Bank statements	$350 per year
Excess Yield Calculation (Years 4 – 5) [5]	$150 per year
Reviews for interim periods	$325 (less than 2 hours)
	$680 (more than 2 hours/ up to 4 hours)
	$175 per hour (after 4 hours)

[3] *Additional fees will only be added if applicable.*

[4] *If at any time bond proceeds are mixed with non-proceeds, it may be necessary to uncommingle the fund.*

[5] *If gross proceeds remain outstanding beyond the Three-Year temporary period, the EYC calculation will apply.*

Acknowledgment

INVOICING AND PAYMENT

Invoices will be sent digitally along with our reports. Payment is expected within 30 days of the invoice date.

Bingham may withdraw or renegotiate this contract if our involvement is greater than originally anticipated. Examples of Bingham's increased time commitment include research into missing investment activity, gross proceeds remain outstanding longer than the quoted period, or bond proceeds are mixed with other non-proceeds funds.

EXPIRATION

If Bingham has not received a signed copy of this proposal and all of the documents and information requested on page 13 – *Bingham's Work Plan, Step 2*, within 90 days after the date hereof, we will assume you no longer need or want our services. We may withdraw from this engagement without completing or delivering the Reports or Form 8038-T's to you. Such withdrawal will terminate our engagement.

SEVERABILITY

If any term of this engagement letter is to any extent invalid, illegal or unenforceable, such term shall be excluded to the extent that it is invalid, illegal or unenforceable. All other terms shall remain in full force and effect.

ENTIRE AGREEMENT

This engagement letter constitutes the entire agreement between Bingham and you regarding the calculation of any arbitrage rebate and yield reduction payments and any related interest or penalties due to the United States Treasury with respect to the Bonds. You acknowledge that there are no other agreements (either oral or written) with Bingham regarding such matters. No additional terms, or modification or waiver of any previously agreed-upon terms, are valid unless agreed to in writing by both Bingham and you.

FINANCIAL ADVISOR DISCLAIMER

By engaging Bingham to provide the services described in this document, the County of Duplin acknowledges that Bingham (1) is not recommending actions or providing advice to the County of Duplin, and (2) does not owe a fiduciary duty to the County of Duplin, as described by Section 15B of the Securities Exchange Act of 1934. The County of Duplin should consult with the appropriate transaction professionals for legal and financial advice.

The documentation and information requested for the arbitrage rebate calculations should cover the entire history of the Bonds. Any investment changes that occurred during our review period would be considered necessary.

Please provide the following details for billing and payment purposes:

AP Contact Name: _____
Email Address: _____
Phone Number: _____

Additionally, please let us know in advance if the party responsible for payment is separate from the organization of the signer.

Signatures

Bond Issues:

$52,640,000
County of Duplin, North Carolina
Limited Obligation Bonds
Series 2016

$21,595,000
County of Duplin, North Carolina
Limited Obligation Refunding Bonds
Series 2026

Bingham Arbitrage Rebate Services, Inc.	**County of Duplin**
Kim A. Hoyt	
Signature	Signature
Kim A. Hoyt (Name Printed)	Dexter B. Edwards (Name Printed)
President Title	Chairman Title
January 29, 2026 Date	March 2, 2026 Date

BlueCross BlueShield of North Carolina

Group: Duplin County
Quote: 7105118

Prospect: 361245
Plan year beginning: 7/1/2026

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Tax Report: *Not Applicable*

Utilization Management (UM)

Program Name	Description / Selection	Fee $	
Diagnostic Imaging Management (DIM)	Requires prior review for all CT, CTA, MRI, MRA, PET scans and nuclear imaging performed in an outpatient setting. ☑ Include ☐ Exclude	$0.35	Per Member Per Month
Enhanced Cardiology Program	Requires prior approval for echocardiology and other codes related to cardiology management. *Note: Groups who exclude Diagnostic Imaging must exclude this program.* ☐ Include ☑ Exclude	$0.15	Per Member Per Month
Medical Oncology Solution	Promotes efficient use of chemotherapy and supportive agents through the use of evidence based treatment guidelines and quality outcomes. ☑ Include ☐ Exclude	$0.21	Per Member Per Month
Musculoskeletal UM Program (MSK)	Requires prior approval for MSK procedures such as spine surgery, interventional pain management, and joint surgery. ☑ Include ☑ Exclude	$0.37	Per Member Per Month
Rehabilitation Management Program	Utilization Management, including prior approval for physical therapy, occupational therapy and speech therapy services. ☐ Include ☑ Exclude	$0.13	Per Member Per Month
Sleep Study Management Program	Requires prior approval for sleep studies. ☑ Include ☑ Exclude	$0.10	Per Member Per Month
Specialty Care Shopper Program	Involves referring providers and members in imaging site selection process by providing cost and quality transparency for CT and MRI studies. *Note 1: Not available to groups who purchase SmartShopper Program.* *Note 2: Not available to groups exclude Diagnostic Imaging Management Program.* *Note 3: Not available to groups who purchase the All Copay medical plan.* ☐ Include ☑ Exclude	$0.06	Per Member Per Month
Surgical Procedure Management Program	Surgical Procedure Management: Requires prior approval for certain minor surgical procedures of the eye, ear, digestive, and urinary systems when performed in an outpatient setting AND requires prior approval for Upper esophagogastroduodenoscopy (EGD) procedures in an outpatient, ambulatory surgical center (ASC) or office setting. *Note: Site of Care (the review of certain minor surgical procedures when requested in the outpatient setting) only applies to members receiving services in NC.* ☐ Include ☑ Exclude	$0.42	Per Member Per Month

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Clinical Support

Program Name	Description / Selection	Fee $	
Behavioral Health Management	Provides case management, utilization management, care coordination, after-care planning, and referral to Blue Cross NC behavioral health provider network, by our specialized behavioral health care navigation team. This service is provided to all members.	$0.28	Per Member Per Month
Nurse Support Program (Case Management)	Personalized attention and comprehensive support for members dealing with complex health issues. Designed to help manage high-cost conditions and reduce medical costs. This service is provided to all members.		
Nurse Support Program (Condition Care)	Provides support for members with Diabetes, Asthma, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Hypertension, Maternity and other conditions. Includes care gap alerts and telephonic/digital health coaching. *Note: Only groups who purchase EngageHealth® should exclude this program.* ☑ Include ☐ Exclude (EngageHealth Clients Only)	$0.64	Per Member Per Month
Diabetes Prevention Program (DPP)	Powered by Vida Health - Helps members achieve healthy weight and prevent type 2 diabetes and other conditions by adopting new healthy behaviors through expert coaching and in-app tools. This CDC-accredited program will allow members at risk for type 2 diabetes to participate in evidence-based lifestyle change programs to reduce their risk of type 2 diabetes. *Note: Groups must have pharmacy benefits integrated with medical plan.* ☐ Include ☑ Exclude	$55.00	Per Participant Per Month
Weight Management	Powered by Vida Health - Helps members achieve healthy weight and prevent type 2 diabetes and other conditions by adopting new healthy behaviors through expert coaching and in-app tools. This program will support interested members in eating healthy, exercising, and losing weight through lifestyle changes. Some clinical exclusions apply, such as diagnosis of diabetes. *Note: Groups must have pharmacy benefits integrated with medical plan.* ☐ Include ☑ Exclude	$55.00	Per Participant Per Month
GLP-1s for Weight Management	Powered by Vida Health - Helps members achieve healthy weight and prevent type 2 diabetes and other conditions by adopting new healthy behaviors through expert coaching and in-app tools. This program will support all interested members in eating healthy, exercising, and losing weight through lifestyle changes, in addition to GLP-1s for weight management for appropriate members. *Note 1: If GLP-1s for weight management program is elected, members can only receive GLP-1s for weight loss prescriptions through this program.* *Note 2: Groups must have pharmacy benefits integrated with medical plan.* *Note 3: GLP1 is only available to groups with custom benefits.* ☐ Include ☑ Exclude	$142.00	Per Participant Per Month

BlueCross BlueShield of North Carolina
Group: Duplin County
Quote: 7105118
Prospect: 361245
Plan year beginning: 7/1/2026

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Clinical Support *continued...*

Program Name	Description / Selection	Fee $	
Feed Your Health	Powered by NourishedRx - Type 2 diabetes management program (HbA1c of 8 or higher in the last six months) providing 4 months of medically tailored, home delivered meals and groceries; 6 months of one-on-one sessions with registered dietitians and wellness advocates; and 12 months access to self-service tools and health and nutrition resources to empower members to manage their diabetes effectively. Program fees include 12 months of access, which are billed as 6 milestone-based payments within the first 6 months of the program with continuous engagement. Fees will continue for 6 months as long as the member remains engaged. If the member stops engaging, the fees will stop. *Note: Fees billed through claims, not as a Care Management Fee.* ☐ Include ☑ Exclude	$125.00	Per Participant Per Month
Musculoskeletal Virtual Care Solution	Powered by Hinge Health - Help your employees move beyond pain and musculoskeletal limitations. Hinge Health's team of physical therapists, surgeons, and health coaches build a personalized treatment plan for every member. Includes support for prevention, acute, chronic, and pre- and post-surgery as well as surgery decision support, fall prevention, women's pelvic health. *Note 1: Prevention program is offered to all members at no cost.* *Note 2: A 365-day subscription beginning upon members first session; $250 initial fee per participant, then $50 per subsequent session. An individual member's fee will not exceed $1,750.* *Note 3: The program cap is the maximum a group pays annually - $995 per engaged member. If total annual spend exceeds the cap, a reconciliation payment is issued.* *Note 4: Fees billed through claims, not as a Care Management Fee.*		

Clinical Support - Telehealth

Program Name	Description / Selection	Fee $	
Health Line Blue	24/7 nurse line: confidential health information resource staffed by highly trained registered nurses (RNs). ☐ Include ☑ Exclude	$0.19	Per Member Per Month

Programs by Teladoc® Health

Offered by Teladoc® Health many of these programs can be selected individually or in bundled options which offer the same benefits for discounted pricing.

Primary360	Primary360 addresses whole person health by offering virtual care services and specialists for: primary care, acute care, mental health care, dermatology, and nutrition. *Note 1: Groups selecting Primary360 cannot select Telehealth program.* *Note 2: Grandfathered groups must exclude this program.* *Note 3: Groups selecting bundle Options 2 or 3 cannot select this program.* ☐ Include ☑ Exclude	$1.45	Per Contract Per Month

Clinical Support - Telehealth *continued...*

Program Name	Description / Selection	Fee $	
Telehealth	Provides convenient access to doctor consultations by mobile device or online. Member activation and utilization campaigns are included. *Note 1: Groups selecting Primary360 or bundle Options 2 or 3 cannot select the Telehealth program.* *Note 2: Grandfathered groups must exclude this program.* *Note 3: Groups purchasing Mental Health Complete should only purchase Telehealth: Acute Care or Telehealth: Acute Care + Dermatology.* ☐ Acute Care	$0.85	Per Contract Per Month
	☐ Acute Care + Dermatology	$0.90	Per Contract Per Month
	☐ Acute Care + Mental Health Care Teletherapy	$0.95	Per Contract Per Month
	☑ Acute Care + Mental Health Care Teletherapy + Dermatology	$1.05	Per Contract Per Month
	☐ Exclude		
Catapult Health	Catapult Health provides comprehensive onsite and at-home preventive screenings and evaluations. Employees meet virtually with a Nurse Practitioner (NP) to review their Personal Health Report and get connected to care if needed. **First claim:** $40 preventive claim when kit is mailed to the participant's home (group can select to have kits mailed to all of their members or have them mailed only when a member requests one via Catapult Health's website); Or $75 kit mailed with a blood pressure cuff (requested by the participant). **Second claim:** $165 preventive claim when the home kit is complete, shipped back to Catapult's lab and bloodwork is processed (samples are overnighted) NP visit is included in this fee. ☐ Include		
	☑ Exclude		
Mental Health Care	Mental Health Care application that offers structured digital courses, remote care engagement coaching and telepsychiatry. Fees billed through claims, not as a Care Management fee. Fee based on engaged participants, defined as active users within 6-month increments. Options: **Mental Health Digital** - Includes digital Mental Health Care app. **Mental Health Complete Bundle** - Includes digital behavioral health app with Mental Health Care Teletherapy at a discount when bundled with Chronic Condition Management Plus. **Mental Health Complete** - Includes Mental Health Digital app with Mental Health Care Teletherapy. *Note 1: For the "Complete" options Teladoc Mental Health Care consultation fees apply.* *Note 2: If purchasing Mental Health Complete or Mental Health Complete Bundle, only select Telehealth Acute Care or Acute Care + Dermatology.* *Note 3: Groups purchasing bundle Option 3 cannot select any of these program options.* ☐ Mental Health Digital	$16.00	Per Participant Per Month
	☐ Mental Health Complete Bundle	$17.00	Per Participant Per Month
	☐ Mental Health Complete	$19.00	Per Participant Per Month
	☑ Exclude		

BlueCross BlueShield of North Carolina
Group: Duplin County
Quote: 7105118
Prospect: 361245
Plan year beginning: 7/1/2026
Duplin County PSC NCHIP
Important contractual document. Please retain for your records
For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Clinical Support - Telehealth *continued...*

Program Name	Description / Selection	Fee $	
Chronic Condition Management Plus	Virtual care for Diabetes, Pre-diabetes, and Cardiovascular chronic care conditions. Fees billed through claims, not as a Care Management fee. Fee based on engaged participants, defined as active users within 3-month increments. *Options:* ***Hypertension Management Plus*** *- Targets members with hypertension; also addresses dyslipidemia, weight management, and mental health.* ***Prediabetes Management Plus*** *- Targets members with pre-diabetes; also addresses hypertension, dyslipidemia, weight management and mental health. Note: Members participating in this pre-diabetes program for one year, will have a fee reduction to $55 per participant per month, beginning with month 13.* ***Diabetes Management Plus*** *- Targets members with diabetes; also addresses hypertension, dyslipidemia, weight management and mental health.* *Note 1: Groups who select any of the program options below can get discount pricing if they select the Mental Health Complete Bundle option above.* *Note 2: Groups selecting bundle options 1, 2 or 3 cannot select this program.* *Note 3: Devices included based on applicable module. Lost or damaged devices replaced as a claim: blood glucose meter $167, digital scales $95, blood pressure monitor/cuff replacements $97.* *You may only select 1 or 2 options.* ☐ Hypertension Management Plus	$55.00	Per Participant Per Month
	☐ Prediabetes Management Plus	$74.00	Per Participant Per Month
	☐ Diabetes Management Plus	$95.00	Per Participant Per Month
	☑ Exclude		

Teladoc® Health
Bundling Options

The following bundling options are available with the selection of all Chronic Condition Management Plus programs for savings:
Option 1 - $69.00 per participant per month.
Option 2 - $67.00 per participant per month plus cost of Primary360.
Option 3 - $65.00 per participant per month plus cost of Primary360 and Mental Health Digital.

Option 1	This bundle includes: Hypertension Management Plus, Prediabetes Management Plus and Diabetes Management Plus. Fees billed at a discounted rate as opposed to buying all included programs individually. *Note 1: A group selecting this bundle cannot select any of the options under Chronic Condition Management Plus or any other bundle option.* *Note 2: Devices included based on applicable module. Lost or damaged devices replaced as a claim: blood glucose meter $167, digital scales $95, blood pressure monitor/cuff replacements $97.* *You must select all to get this bundle at $69 per participant per month.* ☐ Diabetes Management Plus		
	☐ Hypertension Management Plus		
	☐ Prediabetes Management Plus		
	☑ Exclude		

Clinical Support - Telehealth *continued...*

Program Name	Description / Selection	Fee $	
Option 2	This bundle includes: Hypertension Management Plus, Pre-diabetes Management Plus and Diabetes Management Plus with the purchase of Primary360. Fees for Management Plus programs will be billed at a discounted rate as opposed to buying all included programs individually. *Note 1: A group selecting this bundle cannot select any of the options under Chronic Condition Management Plus or any other bundle option.* *Note 2: Grandfathered groups are not eligible for this bundle.* *Note 3: Devices included based on applicable module. Lost or damaged devices replaced as a claim: blood glucose meter $167, digital scales $95, blood pressure monitor/cuff replacements $97.* *You must select all to get the management plus programs at $67 per participant per month.* ☐ Diabetes Management Plus ☐ Hypertension Management Plus ☐ Prediabetes Management Plus ☐ Primary360	$1.45	Per Contract Per Month
	☑ Exclude		
Option 3	This bundle includes: Hypertension Management Plus, Pre-diabetes Management Plus and Diabetes Management Plus with the purchase of Primary360 and Mental Health Digital. Fees for Management Plus programs will be billed at a discounted rate as opposed to buying all included programs individually. *Note 1: A group selecting this bundle cannot select any of the options under Chronic Condition Management Plus or any other bundle option.* *Note 2: Grandfathered groups are not eligible for this bundle.* *Note 3: Devices included based on applicable module. Lost or damaged devices replaced as a claim: blood glucose meter $167, digital scales $95, blood pressure monitor/cuff replacements $97.* *You must select all to get the management plus programs at $65 per participant per month.* ☐ Diabetes Management Plus ☐ Hypertension Management Plus ☐ Prediabetes Management Plus ☐ Primary360	$1.45	Per Contract Per Month
	☐ Mental Health Digital	$16.00	Per Participant Per Month
	☑ Exclude		

Clinical Support - Reproductive Health

Program Name	Description / Selection	Fee $	
My Pregnancy Program	Program includes a mobile app that supports expecting parents through pregnancy and the postpartum period. App includes customized education based on due date and member's individual pregnancy/postpartum journey, risk assessments, and direct messaging with Blue Cross NC health professionals. A non-rewardable member campaign is included. ☑ Include	$0.01	Per Member Per Month
	☐ Exclude		

Reproductive Health Programs with Progyny

There are 3 programs available: Fertility & Family Building, Pregnancy & Postpartum and Menopause & Midlife. Each program is billed as an engagement fee per enrolled member which is submitted as a claim.

BlueCross BlueShield of North Carolina
Group: Duplin County
Quote: 7105118
Prospect: 361245
Plan year beginning: 7/1/2026
Duplin County PSC NCHIP
Important contractual document. Please retain for your records
For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Clinical Support - Reproductive Health *continued...*

Program Name	Description / Selection	Fee $	
Fertility & Family Building	Access to specialists and plan designs that provide comprehensive, personalized and integrated support for optimal outcomes and member experience with regard to fertility and family planning. *Note 1: Progyny order form and agreement must be completed and sent to Progyny.* *Note 2: The Fertility & Family Building engagement fee is valid for 12 months upon member engagement.* *Note 3: Groups enrolling in an All Copay medical plan cannot select this Fertility & Family Building program.* *Note 4: For groups who purchase Fertility & Family Building, there are additional options available below.* *Note 5: For groups who purchase Fertility & Family Building, there are additional options available below.* ☐ Include	$550.00	Per Participant
	☑ Exclude		
Fertility & Family Building Options	Options available to groups who purchase the Fertility & Family Building program. Add-On: Donor Tissue Purchase - Supports members who pursue surrogacy or purchase donor tissue to achieve pregnancy. No additional charge: covered within the Fertility & Family Building program engagement fee. Client and member pay claims, as applicable. Add-On: Fertility Preservation - Adds elective fertility preservation to the medically necessary fertility preservation which is included in the core Fertility & Family Building program. No additional charge: covered within the Fertility & Family Building program engagement fee. Client and member pay claims, as applicable. Adoption Reimbursement - Financial assistance throughout the adoption journey to offset high costs associated with this path to parenthood. Client sets reimbursement dollar maximum and pays qualified charges up to that amount and an additional 10% administrative fee based on the amount reimbursed. Fertility Travel Reimbursement - Financial assistance for travel necessary to undergo fertility treatment. Client sets reimbursement dollar maximum and pays qualified charges up to that amount and an additional 10% administrative fee based on the amount reimbursed. Surrogacy Reimbursement - Financial assistance throughout the surrogacy process to offset high costs associated with this path to parenthood. Client sets reimbursement dollar maximum and pays qualified charges up to that amount and an additional 10% administrative fee based on the amount reimbursed. *Note: These options are only available to groups who purchase the Fertility & Family Building program.* *You may select more than one.* ☐ Add-On: Donor Tissue Purchase ☐ Add-On: Fertility Preservation ☐ Adoption Reimbursement ☐ Fertility Travel Reimbursement ☐ Surrogacy Reimbursement		
	☑ Exclude		
Doula Reimbursement	Financial assistance throughout the parenthood journey. Group sets reimbursement dollar maximum and pays qualified charges up to that amount and an additional 10% administrative fee based on the amount reimbursed. *Note: Available to elect with the Fertility & Family Building program.* ☐ Include		
	☑ Exclude		

Clinical Support - Reproductive Health *continued...*

Program Name	Description / Selection	Fee $
Pregnancy & Postpartum	Proactive, dedicated coaching and educational curriculum through each stage of pregnancy and transition to parenthood – tailored to health risks, physical and emotional needs to close gaps in care and improve return to work. *Note 1: Group may select Pregnancy & Postpartum or My Pregnancy.* *Note 2: Progyny order form and agreement must be completed and sent to Progyny.* *Note 3: The Pregnancy and Postpartum engagement fee is valid for 21 months upon member engagement.* *Note 4: Groups enrolling in an All Copay medical plan cannot select this Pregnancy & Postpartum program.* *Note 5: Groups selecting Pregnancy & Postpartum can also enroll in the Doula Reimbursement program.* ☐ Include ☑ Exclude	$995.00 Per Participant
Doula Reimbursement	Financial assistance throughout the parenthood journey. Group sets reimbursement dollar maximum and pays qualified charges up to that amount and an additional 10% administrative fee based on the amount reimbursed. *Note: Available to elect with the Pregnancy & Postpartum program.* ☐ Include ☑ Exclude	
Menopause & Midlife	Early education in perimenopause symptoms and unparalleled access to menopause-specialized medical care in all 50-states – for empowered, convenient and evidence-based care during critical stages of life and career transitions through midlife. *Note 1: Progyny order form and agreement must be completed and sent to Progyny.* *Note 2: The Menopause & Midlife engagement fee is valid for 12 months upon member enrollment.* *Note 3: Groups enrolling in an All Copay medical plan cannot select this Menopause & Midlife program.* ☐ Include ☑ Exclude	$250.00 Per Participant

Clinical Support - Engagement

Program Name	Description / Selection	Fee $
SmartShopper® Program	SmartShopper® is an engagement incentive program - part of the Blue Cross NC cost transparency tool. It pays members cash for shopping certain procedures and selecting a cost-effective provider. It cannot be combined with Specialty Care Shopper. *Note 1: Pricing levels are available for selection on the SmartShopper activation form .* *Note 2: SmartShopper Activation form must be completed and sent to Zelis.* *Note 3: Renewing groups will auto renew and do not need to submit an activation form at renewal. If groups need to confirm pricing they should refer to their existing 3 way agreement.* *Note 4: Not available to clients who purchase an All Copay medical plan.* ☐ Include ☑ Exclude	
Signature Service	A high-touch concierge solution designed to provide expert member service support, education and engagement. A Signature Service Intake must be completed for program activation. *Note 1: Program is only available to groups with 500+ enrolled subscribers* *Note 2: Groups who purchase EngageHealth do not need to select this program.* ☐ Shared ☑ Exclude	$0.98 Per Contract Per Month

BlueCross BlueShield of North Carolina
Group: Duplin County
Quote: 7105118
Prospect: 361245
Plan year beginning: 7/1/2026
Duplin County PSC NCHIP
Important contractual document. Please retain for your records
For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Clinical Support - Engagement *continued...*

Program Name	Description / Selection	Fee $
EngageHealth®	A personalized, holistic health advocacy program that combines our most intensive Nurse Support Program with our Signature Service Program for a simplified member experience. It includes: Signature Service; CM Post Discharge Call; High Touch Customer Care Management; Primary Nurse Model; Preadmission Call. Signature Service Intake must be completed for program activation.] *Note 1: Program is only available to groups with 500+ enrolled subscribers.* *Note 2: EngageHealth includes Signature Service Premium and Nurse Support Program. You do NOT need to select these programs on this form.* ☐ Shared Support ☑ Exclude	$6.92 Per Contract Per Month

Pharmacy Support

Program Name	Description / Selection	Fee $
GuidedHealth® Rx Program	Identifies drug therapy opportunities and engages doctors to improve care and lower costs using an analysis of pharmacy and medical data. *Note: All employer groups have access to the base package which includes programs such as overutilization, adherence and underutilization . Self-funded groups can purchase the option to access more programs in these categories.* ☐ Include ☑ Exclude	$0.10 Per Member Per Month

Wellness Support

Program Name	Description / Selection	Fee $
Eat Smart, Move More, Weigh Less®	An online 15-week weight management program with optional 6-month weight loss maintenance program. Program billed through claims, not as a care management fee. Participants have the option to complete Eat Smart, Move More, Weigh Less 2, a 12-week series that builds on strategies from and has the same financial structure as Eat Smart, Move More, Weigh Less. *Note 1: Selection of this program requires the selection of the Eat Smart Move More Weigh Less Campaign below.* *Note 2: Not available to groups who purchase the All Copay medical plan.* ☐ Include ☑ Exclude	$245.00 Per Participant Per Class Series
Eat Smart Move More Weigh Less Weight Management Campaign	Program is run by Eat Smart, Move More, Weigh Less. Group must purchase Eat Smart, Move More, Weigh Less program above. There is no charge for the non-rewardable campaign, but it must be selected below. Campaign end date is month prior to policy term date. ☐ Standard Campaign Only ☑ Exclude Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☑ 18+ Member	
Tobacco Cessation	Powered by Pivot Health Technologies, a quit tobacco use program that uses innovative technology and clinically-proven strategies to help reduce, and ultimately quit, all forms of tobacco. *Note: Fees billed through claims, not as a Care Management Fee.* ☐ Include ☑ Exclude	$415.00 Per Participant

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Wellness Support *continued...*

Program Name	Description / Selection	Fee $
Blue365®	An exclusive program that enables Blue Cross NC to offer members dynamic deals on a wide array of health and wellness products and services, family care, financial services and healthy travel.	

Wellness Support - Engagement

Program Name	Description / Selection	Fee $

Wellness Engagement Program

Member engagement is an easy way for you to promote participation in our wellness program and reward employees when they complete certain activities. The next four selections should be reviewed collectively to determine best selections for your group: Standard Wellness Experience, Private Challenges, Wellness Rewards Packages, and Wellness Reward Options.

Standard Wellness Experience

Make it fun and easy for members to engage in healthy activities and positive lifestyle changes either online or via mobile app through wellness challenges and missions, wellness tools, educational materials, and a health survey to gauge health status. Additional activities available below.

Note: Must include if selecting the Private Challenges or Wellness Rewards Packages.

☐ Include $0.17 Per Member Per Month
☑ Exclude

Private Challenges

A non-rewardable wellness activity which can be combined with the Standard Wellness Experience that allows employer groups to create custom challenges that provide social motivation for members to build healthy habits.

Note 1: Must select Standard Wellness Experience.
Note 2: This program cannot be combined with any track under the Wellness Rewards Packages program.

☐ Include $0.10 Per Member Per Month
☑ Exclude

BlueCross BlueShield of North Carolina
Group: Duplin County
Quote: 7105118
Prospect: 361245
Plan year beginning: 7/1/2026

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Wellness Support - Engagement *continued...*

Program Name	Description / Selection	Fee $

Wellness Rewards Packages

Once you select Standard Wellness Experience, you can also elect to reward certain members through a variety of incentives for completing the activities listed in the packages below, for an additional fee. First, choose your Wellness Track, select participant Eligibility, and Reward Option. Also, selection of any Wellness Track cannot be paired with Private Challenges

Note 1: Fees for tracks below are in addition to Standard Wellness Experience.
Note 2: Fees for tracks are based on the eligible population selected below.

☐ Track 1: Support $0.62 Per Eligible Member Per Month
Health Survey + Public Challenges + Quizzes + Skill-Building Missions + Stride

☐ Track 2 Motivate $0.84 Per Eligible Member Per Month
Annual Physical + Blue Connect Checklist + Blue Connect Registration Campaign + Contact Preferences Campaign + Diabetes Progress Report - A1C Campaign + Health Survey + My Pregnancy Engagement Campaign + Nurse Support (Case Management) Campaign + Nurse Support (Condition Care) Campaign + Public Challenges + Quizzes + Skill-Building Missions + Stride

☐ Track 3 Inspire $1.03 Per Eligible Member Per Month
Annual Physical + Blue Connect Checklist + Blue Connect Registration Campaign + Contact Preferences Campaign + Diabetes Progress Report - A1C Campaign + Flu Shot + Health Survey + My Pregnancy Engagement Campaign + Nurse Support (Case Management) Campaign + Nurse Support (Condition Care) Campaign + Private Challenges + Public Challenges + Quizzes + Skill-Building Missions + Stride

☑ Exclude

Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☐ 18+ Member

Wellness Reward Options

The group is responsible for paying incentives and gift card admin fees, if applicable. There is a $0.05 per eligible member per month gift card fee. Select one method below.

HRA and HSA reward options are available for groups with HealthEquity® through Blue Cross NC.

Employer Reward option can be used for Premium Contributions, other Savings Account vendors, other employer rewards. Reporting will be provided.

Points are included with Standard Wellness Experience and can also be used as a reward for Tracks above.

☐ Employer Reward ☐ Gift Cards ☐ HRA ☐ HSA ☐ Points

Rewardable Campaigns/Activities

These are standalone campaigns which are included for all groups and will end one month prior to the plan year end date. Groups have the option to offer member incentives on one or more activities for a total fee of $0.10 per member per month, regardless how many are selected as rewardable. Group is also responsible for member incentives and gift card administration fees, if applicable. See below for opt in. If group has selected a Wellness Rewards track, these are not eligible for rewards.

BlueCross BlueShield of North Carolina

Group: Duplin County
Quote: 7105118

Prospect: 361245
Plan year beginning: 7/1/2026

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Wellness Support - Engagement *continued...*

Program Name	Description / Selection	Fee $
Onboarding Campaign	This bundle includes three activities that educate and engage members, as appropriate, for a better health plan experience. The activities include: Blue Cross NC Member Portal Registration: Participants are encouraged to register for Blue Cross NC Member Portal, if not already registered. Blue Cross NC Member Portal Checklist: Participants complete a checklist-type activity to help familiarize them with their health plan. Contact Preferences: Participants select their preference for receiving important information from their health plan. This bundle promotes the 3 activities above and will run automatically as a part of your plan. If you'd like to reward for the completion of those 3 activities, you may elect to do so below. Please note that if you chose to do so, you will be electing to reward the same amount for all 3 activities. Eligible rewardable activities will end one month prior to policy plan year end date. Blue Cross NC Member Portal Registration Campaign + Blue Cross NC Member Portal Checklist Campaign + Contact Preferences Campaign ☐ Rewardable ☑ Standard Campaign Only Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☑ 18+ Member	$_____
Nurse Support (Case Management) Campaign	Eligible rewardable activities will end one month prior to policy plan year end date. ☐ Rewardable ☑ Standard Campaign Only Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☑ 18+ Member	$_____
Nurse Support (Condition Care) Campaign	Encourages all eligible participants to engage in the Nurse Support Condition Care program. Program must be selected above to select the campaign. Eligible rewardable activities will end one month prior to policy plan year end date. ☐ Rewardable ☑ Standard Campaign Only Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☑ 18+ Member	$_____
Diabetes Progress Report - A1C Campaign	Targets all participants with a diabetic care gap and encourages them to visit their doctor for their screening or test. Eligible rewardable activities will end one month prior to policy plan year end date. ☐ Rewardable ☑ Standard Campaign Only Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☑ 18+ Member	$_____
My Pregnancy Engagement Campaign	Standard campaign includes a two-wave targeted member message via e-mail and direct mail. Optional rewardable activity for expecting members who complete a pregnancy risk survey in the My Pregnancy app. Eligible rewardable activities will end one month prior to policy plan year end date. ☐ Rewardable ☑ Standard Campaign Only Eligibility: ☐ Subscriber ☐ Subscriber + Spouse / Domestic Partner ☑ 18+ Member	$_____
Standalone Activity Reward Options	Reward Options will be administered by Blue Cross NC. Select the method below. The group is responsible for paying incentives and gift card admin fees ($1.75 per redeemed card), if selected. ☐ Gift Cards ☐ HRA ☐ HSA	

BlueCross BlueShield of North Carolina

Group: Duplin County
Quote: 7105118

Prospect: 361245
Plan year beginning: 7/1/2026

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Wellness Support - Engagement *continued...*

Program Name	Description / Selection	Fee $
Campaign Cost Program	Groups have the option to offer member incentives on one or more activities for a single per member per month fee. Group is also responsible for member incentives and gift card administration fees, if applicable. See below for opt in. All campaigns will end one month prior to the plan year end date. Include ✓ Exclude	$0.10 Per Member Per Month
Emergency Room Education Campaign	Educates targeted members 18+ and subscribers of children <18 on how to save time and money by highlighting alternatives to the Emergency Room. ☑ Standard Campaign Only	

Other Considerations

BlueCross BlueShield of North Carolina

Group: Duplin County
Quote: 7105118

Prospect: 361245
Plan year beginning: 7/1/2026

Duplin County PSC NCHIP

Important contractual document. Please retain for your records

For NCHIP groups with effective dates July 2026.
Revision: 1/5/2026

Statement of Understanding

1. This document makes up a part of your agreement with Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Please retain for your records.
2. This Program Section Chart replaces any previously issued Program Selection Charts.
3. Please refer to the full rate exhibits for complete list of all rating assumptions and caveats.
4. Member Portal will only display programs purchased.
5. Blue Cross NC reserves the right to discontinue or change the programs within this Program Selection Chart at any time, in accordance with the Administrative Services Agreement (ASA).
6. Fees are effective as of the contract renewal date stated on this document, and are subject to change during the year.
7. Any program listed with a Per Member Per Month or Per Contract Per Month fixed fee will be itemized separately and billed through the monthly billing statement. All other charges will remain on the statement of account.
8. Please consult with your tax adviser and attorney to ensure the wellness plan design and any rewards comply with all applicable laws and regulations.
9. Employer is responsible for designing and funding the rewards.
10. Customized reporting may be available for an additional fee.
11. Blue365® offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under the policies with Blue Cross NC. Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither Blue Cross NC nor BCBSA recommends, endorses, warrants or guarantees any specific Blue365 vendor or item.
12. Blue Cross NC contracts with independent companies to provide supplemental benefits and/or programs. Those companies are responsible for the services they provide. They do not provide Blue Cross or Blue Shield products or services.

By signing below, I agree that this document accurately reflects (1) the programs and features that have been elected by the Plan Administrator, and (2) any additional fees that will be charged under your agreement with Blue Cross NC for the above-noted contract year. Please consult with your tax adviser and/or attorney to ensure that your wellness and rewards programs comply with all applicable laws and regulations.

Plan Administrator SEMEKA PERRY (print)

Plan Administrator Signature Semeka Perry Date 02/25/2026

An independent licensee of the Blue Cross and Blue Shield Association, 2022

DELTA DENTAL

P.O. Box 30416
Lansing, MI 48909-7916

https://www.DeltaDentalNC.com

January 23, 2026

James Grigston
Gallagher Benefit Services Inc.
4250 Congress St Ste 200
Charlotte, NC 28209

Dear James Grigston,

Enclosed is renewal information for one of your Delta Dental of North Carolina groups that renews in the month of July. Renewal documents indicating the group's renewal rates are enclosed.

Please ensure that the enclosed renewal letter is delivered to the group. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Garry O Kapfer

Garry O Kapfer
Client Manager

Enclosures:
1029-0001, 9001 Duplin County

DELTA DENTAL OF NORTH CAROLINA
1515 Mockingbird Lane
Suite 7138
Charlotte, NC 28277
Telephone: 704-552-3954

DELTA DENTAL

vsp vision care

DeltaVision® administered by VSP



Delta Dental of North Carolina is committed to the health and happiness of your employees. That's why we've partnered with VSP® Vision Care to offer DeltaVision®, because your employees and their families deserve VSP.

Quality benefits, biggest network. Your employees have the freedom to choose the provider that's right for them. VSP has the largest national network of independent doctors.[2]

Value-packed plans. Your employees get a fully-covered WellVision Exam®, and an average savings of 30% off the most popular lens enhancements.

Award-winning customer service. Your employees will have access to VSP award-winning customer service.

Everyone benefits from DeltaVision®

- Delta Dental and VSP customers report a more than 96% satisfaction rate
- Low out-of-pocket costs and large networks make Delta Dental and VSP the perfect combination
- Fully bundled service means simple enrollment and ultra-easy billing

VSP has 137,000 access points, including the largest national network of independent doctors and **over 17,000 retail chain locations like Visionworks®, Eyemart Express, Costco, Walmart, and Sam's Club.**

Choose DeltaVision® and see how you can get better choices, smarter savings and the best care.

Contact your DDNC sales executive for more information and a quote!

www.deltadentalnc.com/deltavision

Employees satisfied with their benefits are

☺ 2x More loyal

9 in 10

Employees say visual disturbances affect their quality of work

95%

of employees believe vision care improves overall health.[1]

TruHearing

VSP members and their families save up to 60% on hearing aids. Visit **truhearing.com/vsp** or call 877.396.7194 and mention your VSP vision coverage for more information.

TruHearing

Sources: 1. VSP Vision Care Workplace Vision Health Report, 2024. 2. VSP Doctor Data Reports, February 2025.
*Sales executive will provide details of the coverage, including exclusions, limitations and other relevant policy terms.

DELTA DENTAL

vsp vision care

	DeltaVision Basic 100	DeltaVision Basic 130	DeltaVision Standard 150	DeltaVision Enhanced 150	DeltaVision Deluxe 180
Benefit frequency					
Exam every:	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses every:	12 Months	12 Months	12 Months	12 Months	12 Months
Frame every:	24 Months	24 Months	24 Months	12 Months	12 Months
Contacts (instead of glasses):	12 Months	12 Months	12 Months	12 Months	12 Months
Copayments					
Exam:	$10	$10	$10	$10	$0
Materials:	$25	$25	$10	$10	$10
Contact lens exam:	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60
In-network allowances					
Frame allowance:	$100	$130	$150	$150	$180
Elective contact lens allowance:	$100	$130	$150	$150	$180

Monthly Rates (Employer Paid/Voluntary)

	DeltaVision Basic 100	DeltaVision Basic 130	DeltaVision Standard 150	DeltaVision Enhanced 150	DeltaVision Deluxe 180
Employee only	$3.73	$5.29	$6.25	$8.15	$9.81
Employee + spouse	$7.45	$10.57	$12.49	$16.29	$19.62
Employee + child(ren)	$7.98	$11.32	$13.38	$17.45	$21.01
Family	$12.75	$18.09	$21.37	$27.87	$33.57

Contact your DDNC sales executive for more information and a quote.
Rates apply to groups of 2-999. Offering a 3-year rate guarantee. Underwriting applies to groups of 1,000+.

VSP Choice Network 137,000 access points – in-network with Visionworks®, Eyemart Express, Costco, Walmart, Sam's Club

www.deltadentalnc.com/deltavision

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California. Visionworks and Eyemart Express family of stores are VSP-affiliated companies.

VSP and WellVision Exam are registered trademarks of Vision Service Plan.

Rates shown are effective for 2026. Rates apply to groups of 2-999. Underwriting applies to groups of 1,000+.

DELTA DENTAL

P.O. Box 30416
Lansing, MI 48909-7916

https://www.DeltaDentalNC.com

January 23, 2026

Semeka Perry
HR Director
Duplin County
PO Box 910
Kenansville, NC 28349-0910

Re: Dental Plan Rate Review, Group #1029-0001, 9001

Dear Semeka Perry,

At Delta Dental, we are committed to illustrating the link between oral health and overall health by providing increased access to care at competitive rates. This allows your enrollees to obtain the dental care they need to remain healthy. We thank you for placing your confidence in Delta Dental.

Enclosed is a contract for the renewal of your existing dental plan. Please have your group's authorized representative sign the contract and return it to me at your earliest convenience. If we are not in receipt of the signed contract by the effective date, we will consider remittance of payment as acceptance of the contract, and we will continue to administer your dental benefits accordingly. By permitting us to do so, you accept the terms of this contract in full and agree that this contract is binding, even if you do not return a signed copy of the contract to us. If you do not wish to renew coverage, please provide notice to us in accordance with your Contract. Notwithstanding the above terms of this contract, all delinquent balances due to Delta Dental must be paid in full prior to acceptance on the above-mentioned renewal date. If there is a deficit at the time of your acceptance, Delta Dental reserves the right to revoke this offer and terminate your existing contract upon its natural expiration date.

Also enclosed is a rate sheet outlining the premiums applicable to your new contract period, and a Benefit Highlight Sheet noting some of the benefits available under your current contract. These documents are intended to serve as quick reference guides outlining some of the terms of your contract and are not part of the contract noted above.

If your coverage or budget goals have changed, please contact James Grigston or me for more plan design options. We can administer many different plan designs to suit your needs and provide you with a comprehensive analysis of how any changes would affect your rates. Benefit changes can be effective at your renewal, but you must request them no later than 15 days prior to your plan's renewal date.

This is a prepaid dental benefits program, so your group's first payment at these rates is due by July 1. If you do not wish to renew coverage, please provide notice to us in accordance with your Contract. Notwithstanding the above terms of this "evergreen" contract, all delinquent balances due to Delta Dental must be paid in full prior to acceptance on the above-mentioned renewal date. If there is a deficit at the time of your acceptance, Delta Dental reserves the right to revoke this offer and terminate your existing contract upon its natural expiration date.

Please call me at (919) 863-0182 if you have any questions or if I can be of help in any way. Thank you, we look forward to continuing our relationship with you and we greatly appreciate your business.

Sincerely,

DELTA DENTAL OF NORTH CAROLINA
1515 Mockingbird Lane
Suite 7138
Charlotte, NC 28277
Telephone: 704-552-3954

Garry O Kapfer
Client Manager

cc: James Grigston
cc: Beneration Agent

DELTA DENTAL

Delta Dental of North Carolina

Renewal Rates for Duplin County #1029

Effective July 1, 2026

Rates - Non-Retention		
Rates per enrollee per month	**Current Rate(s)** July 1, 2025 through June 30, 2026	**Renewal Rate(s)** July 1, 2026 through June 30, 2027
Enrollee only	$39.97	$41.37
Enrollee and spouse	$62.69	$64.88
Enrollee and child(ren)	$77.15	$79.85
Enrollee, spouse and child(ren)	$108.46	$112.26
Overall Percent Change	3.50%	

Rating Requirements
Tied to medical: No
Covered Persons choosing this dental plan are required to remain enrolled for a period of 12 months. Should a Covered Person choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year non-retention contract. These Rates assume there is a 14-day grace period for the payment of Rates.
These rates assume that claims from Nonparticipating Dentists will be paid using our participating dentist fee tables.
Delta Dental agrees to accept self-billing of monthly premium provided the Contractor agrees to reconciliation and settlement of premium balances as follows: Contractor must submit a detailed member report in conjunction with all payments made pursuant to this Contract. On at least a quarterly basis, or more frequently at Delta Dental's discretion, Delta Dental will reconcile its records against the payments received from Contractor (Reconciliation Period) to determine whether any discrepancies exist. Discrepancies will be determined by comparing the amount paid to date by the Contractor during the Reconciliation Period and the amount owed as calculated by Delta Dental based on the eligibility provided by Contractor during that same period. If after performing its reconciliation, Delta Dental determines that Contractor has paid premiums +/- 1% or more of billed premiums during the Reconciliation Period, Delta Dental will provide notice to Contractor of such discrepancy. Within 30 days of receipt of notice of the discrepancy, Contractor shall respond to Delta Dental by either providing eligibility corrections or remitting all outstanding premium. If Contractor's eligibility corrections do not satisfy the discrepancy, the Contractor will remit all outstanding premium to Delta Dental within 60 days of receipt of the notice of discrepancy. If Delta Dental does not receive remittance of all outstanding premium within 60 days of receipt of notice of discrepancy, Delta Dental shall have the right to immediately place all claims on hold and/or terminate the Contract in accordance with the terms set forth herein. If Delta Dental determines that Contractor has consistently underpaid or consistently overpaid premiums by less than 1% for multiple reconciliation periods, Delta Dental may, in its sole discretion, provide Contractor a notice of the discrepancies as stated above. Contractor will respond and remit any outstanding premium in accordance with the above. Upon termination of the Contract, Delta Dental shall perform a final reconciliation within 90 days of receipt of the last payment applicable to the contract period or the last day of the contract, whichever is greater. If a payment discrepancy exists, Delta Dental will provide Contactor notice of discrepancy as stated above. Contractor will respond and remit any outstanding premium in accordance with the above.
Subscriber benefit materials are mailed directly to your members.
Printed dentist directories are not included. You can find participating dentists on our website at https://www.DeltaDentalNC.com.
The plan specifications are subject to Delta Dental's standard exclusions and limitations, including: ➢ Oral exams (including evaluations by a specialist) are payable twice per benefit year. ➢ Prophylaxes (cleanings) are payable twice per benefit year. Full mouth debridement is payable once per lifetime. ➢ People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment. ➢ Fluoride treatments are payable once per benefit year for people age 18 and under. ➢ Bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period. ➢ Sealants are payable once per tooth in any three consecutive benefit years for first and second permanent molars for people age 16 and under. The surface must be free from decay and restorations. ➢ Composite resin (white) restorations are payable on all teeth, including posterior teeth. ➢ Porcelain and resin facings on crowns are payable on posterior teeth.

DELTA DENTAL

Renewal Rates for Group #1029
Duplin County
Effective Month July 1, 2026

➢ Vestibuloplasty is a Covered Service. ➢ Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period. ➢ Implants are payable once per tooth in any five-year period. Implant related services are Covered Services. ➢ Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services. ➢ People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

Delta Dental of North Carolina

Dental Benefit Highlights for

Duplin County #1029

DELTA DENTAL

Delta Dental PPO plus Premier™ *Coverage effective* ***July 1, 2026***	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to bridges, implants, and dentures	80%	80%	80%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under	through age 18 and under	through age 18 and under

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.*

Maximum Payment – $2,000 per Member total per Benefit Year on all services except orthodontic services. $1,000 per Member total per lifetime on orthodontic services.

Deductible –

Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist - None.

Nonparticipating Dentist - $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Welcome to North Carolina's largest dental benefits family!

As a member of Delta Dental of North Carolina, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-662-8856 (TTY users call 711) or look online at https://www.DeltaDentalNC.com.

Benefit Waiting Period – There is a waiting period for certain services. Major Restorative Services, Prosthodontic Services, and Orthodontic Services will not be covered until after a Member is enrolled in the dental plan for 12 consecutive months.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

DELTA DENTAL

Delta Dental Contract For Duplin County

This Contract ("Contract") is entered into by and between Duplin County (the "Contractor") and Delta Dental of North Carolina, a North Carolina non-profit corporation ("Delta Dental"). This is a legally binding contract between the Contractor and Delta Dental and is effective on July 1, 2026, the ("Effective Date").

SECTION I - DECLARATIONS

The Benefits afforded are only with respect to such benefits as are indicated in this Contract, including the Summary of Dental Plan Benefits. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision contained in subsequent sections of this Contract.

A. **Effective Date:** 12:01 A.M. Standard Time, July 1, 2026

B. **First Renewal Date:** July 1, 2027

C. **Client Number:** 1029-0001, 9001

D. **Rate(s):** See Addendum

DELTA DENTAL OF NORTH CAROLINA		CONTRACTOR	
BY:	Curtis Ladig President and CEO	BY:	(Authorized Signature) Interim County Manager (Title)
DATE:	January 23, 2026	DATE:	3/4/2026

THIS IS A LEGAL CONTRACT. Please read it carefully.

Important Cancellation Information

Please read the provision entitled "Term and Termination" found on page 6.

ADDENDUM

Duplin County
1029-0001, 9001
July 1, 2026

D. **Rate(s):**

Enrollee only - $41.37 per month per Enrollee

Enrollee and spouse - $64.88 per month per Enrollee

Enrollee and child(ren) - $79.85 per month per Enrollee

Enrollee, spouse and child(ren) - $112.26 per month per Enrollee

These Rates are contingent upon the enrollment of a minimum of 50% of the eligible Enrollee of the defined group and their Dependents with the full cost paid by the member. These Rates assume there is a 14-day grace period for the payment of Rates. Rates do not include any applicable claims taxes.

These rates assume that claims from Nonparticipating Dentists will be paid using our participating dentist fee tables.

Delta Dental agrees to accept self-billing of monthly premium provided the Contractor agrees to reconciliation and settlement of premium balances as follows:

Contractor must submit a detailed member report in conjunction with all payments made pursuant to this Contract. On at least a quarterly basis, or more frequently at Delta Dental's discretion, Delta Dental will reconcile its records against the payments received from Contractor (Reconciliation Period) to determine whether any discrepancies exist. Discrepancies will be determined by comparing the amount paid to date by the Contractor during the Reconciliation Period and the amount owed as calculated by Delta Dental based on the eligibility provided by Contractor during that same period.

If after performing its reconciliation, Delta Dental determines that Contractor has paid premiums +/- 1% or more of billed premiums during the Reconciliation Period, Delta Dental will provide notice to Contractor of such discrepancy. Within 30 days of receipt of notice of the discrepancy, Contractor shall respond to Delta Dental by either providing eligibility corrections or remitting all outstanding premium. If Contractor's eligibility corrections do not satisfy the discrepancy, the Contractor will remit all outstanding premium to Delta Dental within 60 days of receipt of the notice of discrepancy. If Delta Dental does not receive remittance of all outstanding premium within 60 days of receipt of notice of discrepancy, Delta Dental shall have the right to immediately place all claims on hold and/or terminate the Contract in accordance with the terms set forth herein.

If Delta Dental determines that Contractor has consistently underpaid or consistently overpaid premiums by less than 1% for multiple reconciliation periods, Delta Dental may, in its sole discretion, provide Contractor a notice of the discrepancies as stated above. Contractor will respond and remit any outstanding premium in accordance with the above.

Upon termination of the Contract, Delta Dental shall perform a final reconciliation within 90 days of receipt of the last payment applicable to the contract period or the last day of the contract, whichever is greater. If a payment discrepancy exists, Delta Dental will provide Contactor notice of discrepancy as stated above. Contractor will respond and remit any outstanding premium in accordance with the above.

SECTION II. Definitions

A. Contract

This document, including the Certificate and applicable Summary(ies) of Dental Plan Benefits incorporated herein, and if applicable, any appendices, supplements, riders, successor agreements, renewal letters or renewals now or hereafter issued or executed.

B. Rate

The amount, per Enrollee and Enrollee classification, the Contractor agrees to pay Delta Dental® each month. This amount, or the information necessary to compute it, is specified in the Declarations Section.

C. License

A limited, non-transferable, non-exclusive, non-sublicensable, temporary license granted to Contractor by Delta Dental to access and use Delta Dental's web portals.

Any capitalized terms not defined herein are defined in the Certificate.

SECTION III. Eligibility

A. Eligibility Requirements and Waiting Periods for Members

Eligibility requirements and waiting periods for Members are set forth in the Certificate and the applicable Summaries of Dental Plan Benefits.

B. General Eligibility Rules

1. No person will be eligible for Benefits under this Contract unless the Contractor has either currently enrolled that person as an Enrollee or currently listed or acknowledged that person as a Dependent. Contractor shall provide eligibility information in accordance with Section V.B. of this Contract

C. Termination of Eligibility

Eligibility for Benefits will terminate for all Members under this Contract at the earlier of:

1. The termination of this Contract; or
2. Midnight of the last day of the month for which payment has been made if the Contractor fails to make the payments required by this Contract.

Eligibility of an individual Member will also terminate under the following circumstances:

1. The Member ceases to meet the definition of an Enrollee or a Dependent as defined by this Contract;
2. The Member fails to comply with the eligibility requirements of this Contract; or
3. The Member commits fraud or misrepresentation in the submission of any claim.

A Member whose eligibility is terminated may not continue group coverage under this Contract, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, or comparable, non-preempted state law ("COBRA"). An affiliate of Delta Dental also may offer coverage under an individual direct payment policy to a Member whose eligibility is terminated.

D. Continuation Coverage – COBRA

The other provisions of this Contract notwithstanding, eligibility for Benefits will continue for a person who is required to be provided with and elects continuation coverage pursuant to COBRA, provided:

1. Continuation coverage is required to be provided under COBRA, the person elects COBRA coverage, and the Contractor notifies Delta Dental that the person is eligible for Benefits under COBRA. Not all employers are subject to the continuation

coverage requirements contained in COBRA. For those that are not, this Section III.D. does not apply. Contractor should consult with its legal counsel to determine how and when the law applies.

2. Continuation coverage shall only be in effect up to the first day of the month after the person notifies the Contractor that he or she no longer wants coverage from Delta Dental, the date a COBRA premium payment was due and was not remitted by the end of the COBRA Grace Period, or until the end of that person's continuation coverage period, whichever occurs first.
3. Further, if the Contractor fails to make payments required by this Contract, continuation coverage shall only remain in effect until the last day of the month for which payment has been made to Delta Dental by the Contractor; provided, however, that any payment for COBRA continuation coverage received during a period that is 30 days following the date the COBRA premium payment was due (the "COBRA Grace Period") will provide continuation coverage from the due date. A person's coverage may be retroactively reinstated for the 60-day COBRA "election" period if the Contractor pays the applicable rate for the period within the 45-day period following the date of the COBRA election. Delta Dental may, at its sole option and without notice, continue coverage, if legally required.
4. Continuation coverage will not continue beyond the termination of this Contract.
5. The person who is receiving continuation coverage is responsible for the costs of any services provided after he or she is no longer eligible for continuation coverage under this Section III.D.
6. Contractor shall be solely responsible for identifying Members entitled to COBRA continuation coverage. Contractor shall provide all required notices, collect all necessary payments, and otherwise administer all facets of its COBRA program. In the event that Contractor continues to provide eligibility information to Delta Dental for a Member during the COBRA election period, as opposed to terminating coverage and then retroactively reinstating the Member upon the Member's election of COBRA coverage, Contractor shall be liable for any Benefits paid or Rates due during that period if the Member ultimately does not elect COBRA coverage.
7. The monthly Rate that must be paid on behalf of any person who is provided coverage under this Section III.D. will be based on the COBRA continuation coverage rates in effect during that month.
8. A person who continues coverage will be considered to be a Member under this Contract and Certificate as long as coverage is provided under this Section III.D.
9. Delta Dental does not assume any of the obligations assigned by COBRA to the Contractor or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA), and the Contractor agrees that it will perform those obligations in full.

E. Loss of Eligibility During Treatment

1. If a Member loses eligibility while receiving dental treatment, only Covered Services received while that person was eligible under the Contract will be payable.
2. Certain services begun before the loss of eligibility may be covered if they are completed within a 60-day period measured from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental.

SECTION IV. Benefits

Delta Dental agrees to provide Benefits to Members in accordance with the terms and conditions set forth in this Contract and the policies and procedures of Delta Dental. Notwithstanding the foregoing, Contractor acknowledges that Delta Dental periodically updates its Certificates to account for CDT code changes issued by the American Dental Association and processing policy changes made by Delta Dental, and Contractor agrees that any such changes shall apply to this Contract provided that Delta Dental provides Contractor prior notice of any such changes. Such changes shall become effective as of the date indicated in such notice.

SECTION V. Agreements

A. Delta Dental Agrees:

1. To provide all claims processing, service, and administration of Benefits to Members of the Contractor subject to the terms and conditions of this Contract.
2. To provide to the Contractor, for submission to the Enrollee, a Certificate of the Benefits provided pursuant to this Contract.
3. To endeavor to enlist Dentists to become Participating Dentists in sufficient number to ensure an adequate choice of Dentists, and to make periodic checks as to the adequacy of care provided by Dentists to Members covered by this Contract. Delta Dental is not required to provide a dental appointment to a Member.
4. To contractually require each Participating Dentist to schedule and render all dental treatment provided under this Contract according to the standards of the dental profession in the community in which the dental procedures are rendered.
5. Consistent with any applicable law protecting the confidentiality of a patient's health records, data, or information, to make standard reports available to the Contractor upon request for no additional charge and to provide agreed-to, non-standard reports on a time and materials basis.
6. To provide a copy of the Certificate, Summary(ies) of Dental Plan Benefits and Delta Dental's Notice of Privacy Practices to Contractor for distribution to Enrollees at the Contractor's expense.

B. Contractor Agrees:

1. Unless otherwise stated in the Declarations Section of this Contract, to pay Delta Dental the monthly Rate specified in the Declaration Section of this Contract as billed by Delta Dental, with no payment adjustments for updates not yet reflected on the monthly invoice. To ensure timely coverage, unless otherwise stated in the Declaration Section of this Contract, the amount to be paid will be due by the 5th of the month of the intended coverage. For example, the premium for April coverage is due on April 5th. If payment is not received by the due date, Delta Dental shall, at its sole discretion, have the right to suspend claims processing, unless otherwise stated in the Declarations Section of this Contract. Coverage will terminate effective the first day of the coverage month if Delta Dental receives no payment by the end of the coverage month or the first day after expiration of the Grace Period as specified in Section VIII.

   Delta Dental may, at its sole option, send notification to the Contractor of an adjustment in Rates, Benefits, or Copayments to correct potential adverse group experience resulting from the following:

   a. Information provided upon enrollment proves to be in error; or
   b. Terms and provisions of the Contract are materially violated; or
   c. Initial size or composition of the group changes by ten percent (10%) or more unless otherwise set forth in the Declarations section of this Contract; or
   d. Monthly invoices are not paid as billed.

   Delta Dental will provide the Contractor written notice 45 days prior to implementing any adjustment to Rates, Benefits, or Copayments payable under this Contract. Adjustments to Rates may be made at the end of the first year, or at any time during any subsequent year based upon at least 12 months of experience, provided that any such adjustment after the first year shall not be made any more frequently than once every six months. If the Contractor refuses to accept this adjustment, Delta Dental may, in its sole discretion, terminate this Contract.
2. To pay all premiums in accordance with subparagraph 1 above in full, irrespective of any Member contributions or COBRA payments. Delta Dental shall not be responsible for collecting Members' contributions or COBRA payments.
3. To enroll as Members with Delta Dental all eligible employees, retirees or members of the Contractor, including that employee's, retiree's or member's Dependents, who enroll for Benefits during the enrollment periods set forth in the Certificate. Contractor shall not enroll any employees, retirees or members of the Contractor, or any such person's Dependents, at any time other than during the enrollment periods set forth in the Certificate. Contractor shall provide to Delta Dental, in a format requested by Delta Dental, an initial enrollment file prior to the initial Effective Date of this Agreement.
4. To provide Delta Dental with all eligibility data needed to process claims under this Contract. Eligibility data shall be provided in a timely manner, which in the case of electronic eligibility files shall in no event be less than monthly, and in the format requested by Delta Dental. Delta Dental will not accept additions, terminations, and/or retroactive eligibility updates more than six (6) months after the date of a Member's change in eligibility. Notwithstanding the foregoing, if the Contractor requests that a

Member's eligibility be terminated retroactively and a claim was incurred for that Member or any member of that Member's family after the requested termination date, eligibility for that Member and the Member's entire family will continue at the expense of the Contractor until the end of the month in which the claim was incurred. In no event will any Rate adjustments for time periods greater than six months be made for retroactive terminations, and no credits will be issued for any month in which claims were incurred.

5. To permit Delta Dental, by its auditors or other authorized representatives, on reasonable advance written notice, to inspect the Contractor's records to verify the accuracy of the eligibility data submitted to Delta Dental. In the event of a discrepancy, Contractor agrees to reconcile any errors in payment with Delta Dental.
6. To provide each Enrollee with copies of the Certificate, the applicable Summary of Dental Plan Benefits and all privacy notices as may be required by any applicable federal or state law, at such intervals as may be required by law from time to time.
7. To pay for any agreed-to, non-standard reports on a time and materials basis.
8. To consult as necessary with its own legal counsel regarding the selected covered benefits and to be responsible for determining all potential tax consequences relating to the covered benefits it selects.

SECTION VI. General Provisions

A. Independent Contractors. Dentists providing services are independent contractors, and neither the Contractor nor Delta Dental will be liable for any act or omission of any Dentist, his or her Enrollees or agents, or any person providing dental or other professional services to Members.

B. Binding Effect. All Members, by enrolling in this Plan, are bound by the terms and conditions of this Contract.

C. Payment Limitations. Delta Dental will make no payment for services or supplies if a claim for such has not been received by Delta Dental within one year following the date the services or supplies were furnished. Failure to submit a claim within the time required does not invalidate or reduce any claim however, if it was not reasonably possible for the claimant to file the claim within that time, provided that the claim is submitted as soon as possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time submittal of the claim is otherwise required.

D. Marketing Materials. Except for those standard documents and materials Delta Dental generates to administer This Plan, neither Party shall publish or distribute any materials regarding This Plan without the prior written approval of the other Party.

E. Legal Action. Unless otherwise prohibited by applicable state or federal law, no action or legal claim arising out of or related to this Contract shall be brought against Delta Dental unless Contractor, or the Member, has first provided Delta Dental with at least sixty (60) days advance written notice of such claim. Notwithstanding the foregoing, in any event, no action shall be brought by either Party or a Member more than three years after the legal claim first arose, or after expiration of the applicable statute of limitations, whichever is shorter.

F. Time Limit on Certain Defenses: After two years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application for such policy shall be used to void the policy or deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such two-year period.

G. Reinstatement. If the renewal premium is not paid before the Grace Period ends, the Plan established by this Contract will lapse. Later acceptance of the premium by Delta Dental, or by an agent authorized to accept payment without requiring an application for reinstatement, will reinstate the Plan. If Delta Dental or its agent requires an application, the Contractor will be given a conditional receipt for the premium. If the application is approved, the Plan will be reinstated as of the approval date. Lacking such approval, the Plan will be reinstated on the 45th day after the date of the conditional receipt unless Delta Dental has previously written the Contractor of its disapproval. The reinstated Plan will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects, the rights of the Contractor and Delta Dental will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

H. Dispute Resolution. Delta Dental will establish procedures for resolving all questions raised by a Dentist, a Contractor, or a Member in regard to claims for Benefits allowed or denied under the terms of this Contract. These procedures will be used both for the initial determination of those questions and for the resolution of disputes made on the basis of those initial determinations. To the extent the benefit plan sponsored by the Contractor is governed by the Enrollee Retirement Income Security Act of 1974, as amended ("ERISA"), the procedures established for determining the Benefits to which a Member is entitled will comply with the requirements set forth in ERISA Section 503 as applicable to a limited scope dental benefit plan, and the regulations thereunder, for

providing a "full and fair review" of all benefit claims. The ERISA-required claims procedures will be set forth in detail in the Certificate that is to be distributed to Enrollees and that describes the Benefits under this Contract. All determinations made according to this procedure will be final and binding on the Dentist, the Contractor, and the Member; provided, however, that the Member may exercise his or her legal rights after this determination as described in the Claims Procedure contained in the Certificate.

Contractor should be aware and understand that Contractor may be giving up certain rights to have your dispute settled in and by a court of law unless the law in your state provides for judicial review of arbitration proceedings.

I. Severability. If any provision of this Contract is in violation of the laws of the State in which this Contract was issued, that provision shall be deemed to be void, but the invalidation of that provision will not otherwise impair or affect the rest of the Contract. When any provision in this Contract is in conflict with such laws, the rights, duties and obligations of Delta Dental, the Contractor and all Members shall be governed by such laws.

J. Compliance with Applicable Law. This Contract is subject to change if, in the future, federal and state laws and regulations require Delta Dental or the Contractor to comply with such laws and regulations. Should any such change to this Contract be necessary by law, the Contractor will receive written notice from Delta Dental informing the Contractor of the reasons for any change to the Contract and the process by which the Contractor will receive an amended Contract.

K. Notices. Any notice required or permitted to be given by this Contract will be considered given if in writing and personally delivered, or if in writing and deposited in the United States mail with postage prepaid, addressed to the person at their last address of record.

L. Amendment and Assignment. No agent has authority to change any part of this Contract. No changes to this Contract will be valid unless both parties approve them in writing. Delta Dental shall have the discretion to assign its rights and responsibilities under this Contract to an affiliated entity. If Delta Dental chooses to assign its rights and responsibilities, it shall assign them to an appropriately licensed entity capable of performing similar functions at similar levels as Delta Dental. Delta Dental shall serve written notice of the assignment to Contractor and said notice shall provide the name and address of the assignee. Neither this Contract nor any part of it shall be assigned by Contractor without the prior written consent of Delta Dental, and any attempt at assignment by Contractor without such consent by Delta Dental shall be null and void. Subject to the foregoing limitation, this Contract shall be binding upon the parties and their respective successors and assigns.

M. Right of Recovery Due to Fraud. If Delta Dental pays for services or supplies that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to the acts of the Contractor, and/or Member, it may recover that payment from the person or entity that committed such fraud. Delta Dental may recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to the person(s) or entity(ies) that committed such fraud. Delta Dental will provide an explanation of the payment being recovered at the time the deduction is made.

N. Force Majeure. Unless otherwise stated in the Declarations Section of this Contract, neither Delta Dental (including its agents, directors, officers, and employees) nor Contractor shall be liable for delays in performance due to circumstances beyond their reasonable control. Each party shall be excused from performance under this Contract and shall have no liability to the other party for any period during which it is prevented from performing any of its obligations (other than payment obligations), in whole or in part, as a result of delays caused by the other party or by an act of God, war, civil unrest, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, and such nonperformance shall not be a default under or grounds for termination of this Contract. Notwithstanding the foregoing, Force Majeure shall not excuse the Contractor's payment obligations under this Contract.

O. Assignment of Benefits. Unless otherwise stated in the Declarations Section of this Contract, Benefits to Members are for the personal benefit of those people and cannot be transferred or assigned; provided, however, Delta Dental shall pay Participating Dentists directly on behalf of Members.

P. Governing Laws. This Contract will be governed by and interpreted under the laws of the State of North Carolina.

Q. Legally Mandated Benefits. If any applicable law requires broader coverage or more favorable treatment for the Member than is provided by this Contract, that law shall control over the language of this Contract.

R. Entire Contract. This Contract constitutes the entire agreement between the Parties.

S. Effect of Errors on Coverage. Typographical or administrative errors shall not deprive a Member of Benefits. Neither shall such errors create any rights to additional benefits not in accordance with all of the terms, conditions, limitations, and exclusions of this Contract.

T. Bankruptcy or Insolvency. Contractor shall notify Delta Dental immediately in the event of bankruptcy or other insolvency. Delta Dental reserves all rights and remedies with respect to the Contractor's bankruptcy or other insolvency, including but not limited to, the right to automatically terminate or modify performance under this Contract to the extent permitted by applicable law.

U. Other Goods and Services. From time to time, Delta Dental may offer or provide Members certain goods and services, including discounts on dental services provided by Participating Dentists in addition to the dental coverage (including without limitation toothbrushes, dental floss and other oral hygienic devices/products). Delta Dental also may arrange for third-party vendors to provide goods and services at a discount to Members. Though Delta Dental may make the arrangements, the third-party vendors are solely liable for providing the goods and services. Delta Dental shall not be responsible for providing or failing to provide the goods and services to Members. Further, Delta Dental shall not be liable to Members for negligent provision of the goods and services by third-party vendors. Delta Dental reserves the right to terminate or change these goods or services at any time.

V. Ethical Business Practices. The Group expects all of its collaborators, subcontractors and third-party services providers to comply with the highest standards of ethical conduct. To this end, in performing its obligations under this Agreement, the Group and Delta Dental will conduct their business in a manner that is consistent with good business ethics, the U.S. Foreign Corrupt Practices Act and E.U., O.E.C.D. and Council of Europe anti-bribery rules as they may be applied to the activities hereunder, as well as national anti-bribery rules in force. In addition, regardless of legality, the Group and/or Delta Dental will make no payment of money, other assets, or anything of value (collectively, the "Payment"), either directly or indirectly, to Competent Authorities (as defined below) or government or political party officials, candidates or persons acting on behalf of any of the foregoing, or to public health officials, or to any other private individual or company, if such Payment is for the purpose of influencing decisions or actions with respect to the subject matter of this Agreement. As used in this Agreement, the term "Competent Authority" shall mean and include all governmental and regulatory bodies, agencies, departments or entities of any country having jurisdiction over any matter concerning the purpose of this Agreement.

W. Web Portal License.

1. Delta Dental grants to Contractor the License to access and use Delta Dental's web portals solely for the purpose of administering and/or viewing Member Benefits as set forth in this Contract, subject to any additional terms and conditions appearing on such web portals. Under this license grant, Contractor's Members are permitted to access and use Member Portal, and Contractor and its officers, directors, employees, contractors and agents are permitted to access and use Benefit Manager Toolkit as necessary solely for the purposes of administering Contractor's dental plan.

2. Contractor is solely responsible for managing access to the web portals, for securing the usernames and passwords of its, officers, directors, employees, contractors, agents and Members ("End Users") who use or access such web portals, and for any violation of this Contract by any such End Users. Delta Dental shall not be liable for Contractor's or Contractor's End Users' failure to properly secure their usernames or passwords and, unless otherwise exempt by law, Contractor shall hold harmless Delta Dental its affiliates, members, officers, employees and agents from and against any and all losses, claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees and expenses related to the defense of any claims) resulting from or arising out of i) Contractor's, or Contractor's End Users', failure to properly manage access or secure usernames and passwords; ii) any breach of this Contract by Contractor or its End Users; or (iii) any negligent or willful misuse of Delta Dental's web portals by Contractor or its End Users.

3. Contractor agrees that, to the extent its End Users will be entering eligibility data into Benefit Manager Toolkit on Contractor's behalf, Contractor shall be solely responsible for the accuracy and completeness of the eligibility data entered. Unless otherwise exempt by law, Contractor shall hold harmless Delta Dental its affiliates, members, officers, employees and agents from and against any and all losses, claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees and expenses related to the defense of any claims) resulting from or arising out of any eligibility data entered by Contractor's End Users.

4. Contractor acknowledges that Delta Dental's web portals permit individuals to view and access Protected Health Information ("PHI"), as that term is defined by the Health Insurance Portability and Accountability Act ("HIPAA"). Contractor therefore certifies that, when using the web portals, it and its End Users will abide by the provisions of HIPAA and all other applicable laws. As such, Contractor agrees that it and its End Users shall access and use Delta Dental's web portals for the sole purpose of viewing their own Benefits and/or performing plan administration functions on behalf of Contractor.

5. Contractor recognizes and agrees that Delta Dental retains sole title, right and interest in the intellectual property rights of its web portals including, but not limited to, any applicable patents, trademarks and/or copyrights. Contractor understands that the license granted herein transfers neither title nor proprietary rights to Contractor with respect to any web portals. As such,

neither Contractor nor any of its End Users shall attempt to reproduce, modify, reverse assemble, reverse compile or reverse engineer the source code of Delta Dental's web portals.

6. Delta Dental reserves the right to terminate this license grant at any time with or without cause. This license grant shall terminate immediately upon termination of the Contract.

X. Notice to Fiduciaries. UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

SECTION VII. Coordination of Benefits

All Benefits under this Contract shall be subject to the coordination of benefits provision set forth in the Certificate.

SECTION VIII. Term and Termination

This Contract shall remain in full force and effect for the initial term commencing on the Effective Date and continuing until the First Renewal Date, as specified in the Declarations Section. Thereafter, the Contract may be renewed for subsequent terms as specified in the Declarations Section or in a renewal letter, unless Contractor or Delta Dental provides written notice of its intent not to renew at least thirty (30) days prior to the expiration of the then current term. Delta Dental shall have the option of terminating this Contract if:

A. The Contractor fails to make a required payment before expiration of the Grace Period specified; or

B. Delta Dental cancels pursuant to Section V.B.1 of this Contract; or

C. The size of the group changes by ten percent (10%) or more, or the composition of the group materially changes from the time of initial application, and Delta Dental elects not to exercise its rating rights as set forth in Section V.B.1; or

D. The Contractor permits Enrollees and/or Dependents to enroll in This Plan outside of the Open Enrollment Period and/or the Special Enrollment Periods set forth in the Certificate; or

E. The Contractor has otherwise materially breached this Contract.

Unless otherwise stated in the Declarations Section of this Contract, the Contractor may terminate this Contract without cause by providing Delta Dental with thirty (30) days prior written notice.

Upon termination of this Contract, the Contractor is liable to Delta Dental for any Rate that was then due and unpaid. In the event this Contract terminates mid-month, Contractor shall be liable to Delta Dental for all premiums due and owing through the end of the month in which termination occurs.

The Contractor is entitled to a Grace Period of 31 days for the payment of any premium due except the first, during which period the Contract will remain in force. Delta Dental is not obligated to pay claims incurred during this Grace Period until it receives the premium due.

SECTION IX. Confidentiality and Disclosure

A. The Parties acknowledge that in the course of performing under this Contract each Party may be provided with or given access to information, in oral, recorded or written form, that is proprietary and confidential to the other Party (collectively referred to as the "Confidential Information"). Such Confidential Information includes, but is not limited to: information regarding the other Party's management, business, organizational structure, policies, procedures, business relationships, intellectual property,

copyrights, patents, trademarks, software, data, databases, system designs, specifications, documentation, code, architecture, structure, algorithms, techniques, processes, protocols, product materials, notes, slides, ideas, Maximum Approved Fees, Allowed Amounts, preferred provider reports, actuarial formulas, providers' personal information, and financial terms of this Contract.

B. Confidential Information shall not include any information that:
   1. Is already known to the Party at the time of the disclosure (as evidenced by written documentation existing at that time);
   2. Is generally available to the public or becomes publicly known through no wrongful act of a Party; or
   3. Is received by a Party from a third-party who had a legal right to provide it (as evidenced by written documentation existing at that time).

C. The Parties each will make all reasonable, necessary and appropriate efforts to safeguard each other's Confidential Information. Each Party will safeguard the other's Confidential Information to the same extent that it safeguards information relating to its own business, which in no event will be less than the safeguards that a reasonably prudent business would exercise under similar circumstances.

D. Each Party agrees not to use, distribute or exploit each other's Confidential Information, in whole or in part, for its own benefit or that of any third party and will not disclose such Confidential Information to any other person or entity without each other's prior written consent. A Party shall be responsible for any breach of this Contract by its employees, authorized subcontractors, agents or representatives.

E. Notwithstanding anything to the contrary in this Section, the Parties shall be permitted to disclose Confidential Information as required by order of a court of law, administrative agency, or other governmental body; provided, however, the Party shall provide reasonable advance written notice to the other Party to the extent allowed by law in order to allow that Party the opportunity to seek a protective order or otherwise limit such disclosure, and the disclosing Party shall reasonably cooperate with the other Party to limit any such disclosure or to seek a protective order. If a Party is nonetheless required to disclose the other Party's Confidential Information, said Party shall only disclose the minimum information necessary to respond to the legal request. Notwithstanding the foregoing, Delta Dental shall not be required to provide Contractor notice prior to responding to governmental agency subpoenas regarding potential provider fraud or abuse.

DELTA DENTAL

Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
For Group #1029-0001, 9001
Duplin County

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of North Carolina

Benefit Year – July 1 through June 30

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	through age 18 and under	through age 18 and under .	through age 18 and under

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Full mouth debridement is payable once per lifetime.

- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable once per benefit year for people age 18 and under.
- Bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth in any three consecutive benefit years for first and second permanent molars for people age 16 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

Passport Dental

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Benefit Waiting Period – There is a waiting period for certain services. Major Restorative Services, Prosthodontic Services, and Orthodontic Services will not be covered until after a Member is enrolled in the dental plan for 12 consecutive months.

Maximum Payment – $2,000 per Member total per Benefit Year on all services except orthodontic services. $1,000 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible –

Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist - None.

Nonparticipating Dentist - $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first of the month following one month of employment.

Eligible People – All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (9001). The Subscriber pays the full cost of this plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not

permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and Dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease at the end of the month following the month of termination. Example: Termination date any day in August, insurance terminates last day of September.

Customer Service Toll-Free Number: 800-662-8856 (TTY users call 711)
https://www.DeltaDentalNC.com
July 1, 2026

DELTA DENTAL

Delta Dental PPO™
Our national PPO program

Welcome!

Your dental program is administered by Delta Dental of North Carolina, a North Carolina nonprofit corporation. Delta Dental of North Carolina is the state's dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at (800) 662-8856 or access our website at www.deltadentalnc.com.

You can easily verify your own Benefit, Claims and eligibility information online 24 hours a day, seven days a week by visiting www.deltadentalnc.com and selecting the link for our Member Portal. The Member Portal will also allow you to print Claim forms and ID cards, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

TABLE OF CONTENTS

I.	Delta Dental PPO Certificate	1
II.	Definitions	1
III.	Enrolling in This Plan	3
IV.	Selecting a Dentist	4
V.	Accessing Your Benefits	4
VI.	How Payment is Made	5
VII.	Benefit Categories	7
VIII.	Exceptions and Reductions	7
IX.	Coordination of Benefits	11
X.	Reconsideration and Claims Appeal Procedure	13
XI.	Termination of Coverage	14
XII.	Continuation of Coverage	14
XIII.	General Conditions	14

Please read this Certificate together with the Summary of Dental Plan Benefits. The Summary of Dental Plan Benefits lists the specific provisions of your group dental plan. If a statement in the Summary conflicts with a statement in this Certificate, the statement in the Summary applies to This Plan and you should ignore the conflicting statement in this Certificate.

This is a legal contract between your employer and Delta Dental of North Carolina. Please read it carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENTAL CERTIFICATE.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company. Title II NCAC 12.0943 and Section 17.E.

Important Cancellation Information:

Please read the provision entitled "Termination of Coverage" found on page 15.

I. Delta Dental PPO Certificate

Delta Dental of North Carolina, referred to herein as Delta Dental, issues this Certificate to you, the Enrollee. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a Contract between Delta Dental and the Contractor.

The Benefits provided under This Plan may change if any state or federal laws change.

Delta Dental agrees to provide Benefits as described in this Certificate and the Summary of Dental Plan Benefits.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.

Curtis R. Ladig, CPA
President and CEO
Delta Dental of North Carolina

II. Definitions

Adverse Benefit Determination

Any denial, reduction or termination of the benefits for which you filed a Claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

The amount permitted under the applicable fee schedule for this Plan, which was selected by your Contractor, and upon which Delta Dental will base its payment for a Covered Service.

Benefit Year

The period during which any benefit frequency limitation and/or annual maximum payment will apply. This will be the calendar year unless your Contractor elects a different period to serve as the Benefit Year. (See the Summary of Dental Plan Benefits for your Benefit Year.) If the Benefit Year is based upon a calendar year, the terms Benefit Year and Calendar Year may be used interchangeably.

Benefits

Payment for the Covered Services that have been selected under This Plan.

Certificate

This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and the Contractor.

Child(ren)

Your natural child(ren), stepchild(ren), foster child(ren), adopted child(ren), child(ren) by virtue of legal guardianship, child(ren) who are residing with you during the waiting period for adoption or legal guardianship and child(ren) for whom you are required by a court or administrative order to provide health benefit plan coverage.

Claim

A request for payment for a Covered Service. Claims are not conditioned upon your seeking advance approval, certification, or authorization to receive payment for any Covered Service.

Completion Date

The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- For dentures and partial dentures, on the delivery dates;
- For crowns and bridgework, on the permanent cementation date;
- For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Copayment and/or Coinsurance

The percentage of the charge, if any, that you must pay for Covered Services.

Contractor

The employer, organization, group, or association sponsoring This Plan.

Covered Services

The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and subject to the terms of this Certificate.

Deductible

The amount a person and/or a family must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

Delta Dental

Delta Dental of North Carolina, a nonprofit corporation which, among other things, administers dental benefit programs. Delta Dental of North Carolina is not a commercial insurance company.

Delta Dental Member Plan

An individual dental benefit plan that is a member of the Delta Dental Plans Association, the nation's largest, most experienced system of dental health plans. A "local" Delta Dental Member Plan means the Delta Dental Member Plan authorized to conduct business in the locale where the Member resides and/or receives treatment.

Delta Dental PPO plus Premier™ Plan

Delta Dental's preferred provider organization that can reduce the out-of-pocket expenses for eligible persons if they receive care from one of Delta Dental's PPO or Delta Dental Premier Dentists.

Delta Dental PPO (Standard) Plan

Delta Dental's dental benefit plan utilizing our preferred provider organization, which can reduce the out-of-pocket expenses for eligible persons if they receive care from one of Delta Dental's PPO Dentists. See your Summary of Dental Plan Benefits for further details.

Delta Dental PPO Dentist Schedule

The Maximum Approved Fee per procedure for services rendered by a Delta Dental PPO Dentist as determined by that Dentist's local Delta Dental Member Plan.

Delta Dental Premier® Dentist Schedule

The Maximum Approved Fee per procedure for services rendered by a Delta Dental Premier Dentist as determined by that Dentist's local Delta Dental Member Plan.

Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- **Delta Dental PPO Dentist ("PPO Dentist")** – a Dentist who has signed an agreement with the Delta Dental Member Plan in his or her state to participate in Delta Dental PPO.
- **Delta Dental Premier Dentist ("Premier Dentist")** – a Dentist who has signed an agreement with the Delta Member Dental Plan in his or her state to participate in Delta Dental Premier.
- **Nonparticipating Dentist (Out-of-Network Dentist)** – a Dentist who has not signed an agreement with Delta Dental of North Carolina or any Delta Dental Member Plan to participate in Delta Dental PPO or Delta Dental Premier.
- **Out-of-Country Dentist** – A Dentist whose office is located outside the United States and its territories. Out-of-Country Dentists are not eligible to sign participating agreements with Delta Dental, but may participate in the Passport Dental program, which is explained in your Summary of Dental Plan Benefits.

Delta Dental PPO Dentists and Delta Dental Premier Dentists are sometimes collectively referred to herein as **"Participating Dentists."**

Nonparticipating Dentists and Out-of-Country Dentists are sometimes collectively referred to herein as **"Non-PPO Dentists or "Out-of-Network Dentists."**

Deny/Denied/Denial

When a Claim for a particular service is denied for payment due to certain contractual limitations/exclusions. You will be responsible for paying your Dentist the applicable amount for such service regardless of the Dentist's participating status.

Dependent(s)

Your dependents are as defined by the rules of eligibility as stated in your Summary of Dental Plan Benefits.

Enrollee

You, when the Contractor notifies Delta Dental that you are eligible to receive Benefits under This Plan.

Emergency Service

A dental condition or symptom resulting from a dental disease or arises suddenly and in the judgment of a reasonable person, requires immediate care and treatment. Emergency Services will be paid at the In-Network Copayment level as indicated on your Summary of Dental Plan Benefits. You may be responsible for charges billed separately, which are not eligible for additional reimbursement, and you may be required to pay the entire bill at the time of service and file a claim.

In-Network Service

A Covered Service that is obtained from a Delta Dental PPO Dentist or Delta Dental Premier Dentist.

Maximum Approved Fee

The Maximum Approved Fee is the lowest of:

- The Submitted Amount.
- The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service or supply, irrespective of the Dentist's contractual agreement with another dental benefits organization.
- The maximum fee that Delta Dental of North Carolina or the local Delta Dental Member Plan approves for a given procedure in a given region and/or specialty, based upon applicable Participating Dentist schedules and internal procedures.

Participating Dentists agree not to charge Delta Dental patients more than the Maximum Approved Fee for a Covered Service. In all cases, Delta Dental will make the final determination about what is the Maximum Approved Fee for a Covered Service.

The fee schedules are different for Delta Dental PPO Dentists and Delta Dental Premier Dentists. Generally, Delta Dental pays the Dentist the agreed upon fee, based on the applicable fee schedule and the Dentist agrees to accept that amount as payment in full. However, as noted in the "How the Payment Is Made" section of the Certificate, for the Delta Dental Standard PPO plan, Delta Dental pays Premier Dentists based on the PPO Dentist Schedule and the individual is responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for that Covered Service. Please see the example contained in the "How the Payment Is Made" section.

Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for Covered Services. See the Summary of Dental Plan Benefits for the maximum payments applicable to This Plan.

Member(s)

Any Enrollee or Dependent with coverage under This Plan.

Nonparticipating Dentist Fee

The maximum fee allowed per procedure for services rendered by a Nonparticipating Dentist as determined by Delta Dental.

Open Enrollment Period

The period of time, as determined by the Contractor, during which a Member may enroll or be enrolled for Benefits.

Out-of-Network Service

A non-emergency Covered Service that is not obtained from Delta Dental Participating Dentist.

Out-of-Country Dentist Fee

The maximum fee allowed per procedure for services rendered by an Out-of-Country Dentist as determined by Delta Dental.

Out-of-Pocket Maximum

The maximum amount that a Member will pay for Covered Services during a Benefit Year as set forth in the Summary of Dental Plan Benefits.

Pre-Treatment Estimate

A voluntary and optional process where Delta Dental issues a written estimate of dental benefits that may be available under your coverage for your proposed dental treatment. Your Dentist submits the proposed dental treatment to Delta Dental in advance of providing the treatment.

A Pre-Treatment Estimate is for informational purposes only and is not required before you receive any dental care. It is not a prerequisite or condition for approval of future dental benefits payment. You will receive the same Benefits under This Plan whether or not a Pre-Treatment Estimate is requested. The benefits estimate provided on a Pre-Treatment Estimate notice is based on benefits available on the date the notice is issued. It is not a guarantee of future dental benefits or payment.

Availability of dental benefits at the time your treatment is completed depends on several factors. These factors include, but are not limited to, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. A request for a Pre-Treatment Estimate is not a Claim or a preauthorization, precertification or other reservation of future Benefits.

Processing Policies

Delta Dental's policies and guidelines used for Pre-Treatment Estimate and payment of Claims. The Processing Policies may be amended from time to time.

Special Enrollment Period

A period outside of the Open Enrollment Period in which you or your Dependent can obtain coverage under This Plan due to a qualifying life event.

Spouse

Your legal spouse.

Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Participating Dentist cannot charge you or your Dependents for the difference between this amount and the Maximum Approved Fee.

Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate and supersedes any contrary provision of this Certificate.

This Plan

The dental coverage established for Members pursuant to this Certificate and your Summary of Dental Plan Benefits.

III. Enrolling in This Plan

The Open Enrollment Period, if applicable, will be established by the Contractor and will occur on an annual basis. During the Open Enrollment Period, all eligible persons as defined in your Summary of Dental Plan Benefits may enroll in This Plan. You and/or your Dependents may not enroll in This Plan at any other time during the applicable Benefit Year except in the following instances:

a. Newly hired or rehired employees (if applicable): You will be eligible to enroll on the date for which employment compensation begins or, if applicable, that date plus the number of days specified as a waiting period in the Summary of Dental Plan Benefits.

b. New Spouse: Your new Spouse will be eligible to enroll on the date of marriage.

c. Newborn: Your newborn will be eligible to enroll of the date of birth.

d. Legal adoptions, foster Child(ren) or guardianships: Your newly adopted Child(ren), foster Child(ren) and/or the minor Child(ren) that you and/or your Spouse have guardianship over will be eligible to enroll on the earlier of (a) the date that the legal petition for adoption, foster care or guardianship becomes legally final, or (b) the date on which the Child(ren) begins residing with the Enrollee and the Enrollee assumes responsibility for the Child(ren) while waiting for adoption, foster care or guardianship to become final.

e. New Stepchild: Your new stepchild will be eligible to enroll on the date that the Child's natural parent becomes a Dependent.

f. Child(ren) or Child: Your Child(ren) who have reached the dependent age limit stated in the Summary of Dental Plan Benefits, but who were at that time (and continue to be) disabled by a physical or mental condition. Those Child(ren) must also be chiefly dependent on you for support and maintenance. If requested, you must submit medical reports confirming the Child's disability within 31

days of the end of the calendar year of the dependent age limit stated in the Summary Dental Plan of Benefits. Delta Dental may request proof of continuing disability, but no more frequently than annually.

g. If no additional monthly premium will be required when you add a dependent Child to your coverage, you should complete an update form so that we may facilitate the Child's access to Covered Services. A newborn Child will be covered from the moment of birth. A foster care or adopted Child will be covered from the date of placement in the home provided coverage for that child is put in to effect within 30 days.

h. To the extent Contractor permits Dependents other than those defined in this Certificate to enroll in This Plan, such Dependents will be eligible to enroll on the date that they become an eligible Dependent. Any such additional Dependents permitted by Contractor shall be set forth in your Summary of Dental Plan Benefits.

i. All others will be permitted on the date that Delta Dental approves in writing the enrollment or listing of those people, unless compelled by a court or administrative order to otherwise provide Benefits for a Dependent.

IV. Selecting a Dentist

You may choose any Dentist. Your out-of-pocket costs are likely to be less if you go to a Delta Dental Participating Dentist.

This Plan provides for reasonable access to Delta Dental Participating Dentists. If there is not a Delta Dental Participating Dentist within thirty (30) or a Participating Specialty Dentist within sixty (60) miles of your home or workplace, Covered Services from a Nonparticipating Dentist will be paid at the Delta Dental PPO Dentist benefit level. Additionally, if you are unable to schedule an appointment with your Delta Dental Participating Dentist within six (6) to eight (8) weeks, Covered Services from a Nonparticipating Dentist will be paid at the Delta Dental PPO Dentist benefit level.

If you feel this may be the case, please call Delta Dental's Customer Service department, toll-free, at 800-662-8856 or write to them at PO Box 9089, Farmington Hills, Michigan 48333-9089. When writing, please enclose a copy of your explanation of benefits, if applicable and describe the situation. Be sure to include your name, telephone number, the date and any information you would like considered about your Claim. We will review your situation and, if appropriate, approve payment for a Non-Participating Dentist at the Delta Dental PPO Dentist benefit level.

To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at www.deltadentalnc.com or call (800) 662-8856.

V. Accessing Your Benefits

To utilize your dental benefits, follow these steps:

1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
2. Make an appointment with your Dentist and tell him or her that you have dental benefits with Delta Dental. If your Dentist is not familiar with This Plan or has any questions, have him or her contact Delta Dental by writing to Delta Dental, Attention: Customer Service, PO Box 9089, Farmington Hills, Michigan 48333-9089, or calling the toll-free number at (800) 662-8856.
3. After you receive your dental treatment, you or the dental office staff will file a Claim form, completing the information portion with:
   a. The Enrollee's full name and address
   b. The Enrollee's Member ID number
   c. The name and date of birth of the person receiving dental care
   d. The Contractor's name and number

Notice of Claim Forms

Delta Dental does not require special Claim forms. However, most dental offices have Claim forms available. Participating Dentists will fill out and submit your dental claims for you.

Mail claims and completed information requests to:

Delta Dental
PO Box 9085
Farmington Hills, Michigan 48333-9085

Pre-Treatment Estimate

A Pre-Treatment Estimate is not required to receive payment, but it allows claims to be processed more efficiently and allows you to know what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment. Once treatment is complete, the dental office will submit a Claim to Delta Dental for payment.

Written Notice of Claim and Time of Payment

Because the amount of your Benefits is not conditioned on a Pre-Treatment Estimate decision by Delta Dental, all Claims under This Plan are post-service.

Once a Claim is filed, Delta Dental will adjudicate it within 30 days of receiving it. That means that we will send to claimant, by electronic or paper mail the following: (a) payment of the claim; (b) notice of denial of the claim; (c) notice that proof of loss is inadequate or incomplete; (d) notice that the claim was not submitted on the form required; (e) notice that coordination of benefits information is needed in order to pay the claim; or (f) notice that the claim is pending based on nonpayment of fees or premiums. If the claim is denied, the notice shall include all the specific good faith reasons for denial, including specific clinical rationale for any utilization review or dental necessity decisions. If there is not enough information to adjudicate the claim, the notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the Claim, and (d) inform you or your Dentist that the information must be received within 90 days. If the services were performed by a Participating Dentist, and the Participating Dentist fails to provide required information

within his or her control, any fees associated with the service are not chargeable to the patient. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it has 30 days to adjudicate your Claim. A claim previously denied for failure to provide required information within 90 days will be reopened by Delta Dental if the information previously requested is submitted within one year of the date of the denial notice.

Proof of Loss

All Claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Failure to submit a Claim within the time required shall not invalidate nor reduce any Claim if it was not reasonably possible for the Claim to be filed within such time, provided such Claim is submitted as soon as reasonably possible and in no event, except in the case of legal incapacity, later than one year from the time submittal of the Claim is otherwise required.

Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any Claim you file or any review of a Denied Claim you wish to pursue (see the Claims Appeal Procedure section). You should contact your Contractor, call Delta Dental's Customer Service department, toll-free, at (800) 662-8856, or write them at PO Box 9089, Farmington Hills, Michigan, 48333-9089, to request a form to designate the person you wish to appoint as your representative. Delta Dental will only recognize the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your Claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

Questions and Assistance

Questions regarding your coverage should be directed to your Contractor or call Delta Dental's Customer Service department, toll-free, at (800) 662-8856. You may also write to Delta Dental's Customer Service department at PO Box 9089, Farmington Hills, Michigan, 48333-9089. When writing to Delta Dental, please include your name, the Contractor's name and number, the Enrollee's Member ID number, and your daytime telephone number.

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with Delta Dental, you may contact the North Carolina Department of Insurance by telephone at (855) 408-1212, or by mail at:

NC Department of Insurance Services for Consumers

325 N. Salisbury Street

Raleigh, NC 27603

You can also file a complaint electronically at https://www.ncdoi.gov/consumers/assistance-or-file-complaint.

VI. How Payment is Made

Delta Dental shall make payments for Covered Services in accordance with the type of plan selected by the Contractor. The type of plan selected will be identified in your Summary of Dental Plan Benefits.

When your Plan is Delta Dental PPO plus Premier Plan

If your Dentist is a Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayment and/or Deductibles. For non-covered services, you will be responsible for the Dentist's Submitted Amount.

If your Dentist is a Nonparticipating Dentist, Delta Dental will base payment on the Nonparticipating Dentist Fee for Covered Services.

If your Dentist is an Out-of-Country Dentist, Delta Dental will base payment on the Out-of-Country Dentist Fee for Covered Services.

For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will usually send payment to you, unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

PAYMENT EXAMPLES	PPO Dentist	Premier Dentist	Non-Participating Dentist
	ADULT CLEANING		
Submitted fee	$105.00	$105.00	$105.00
Maximum Approved Fee	$63.00	$72.00	$89.00
Coverage level	100%	100%	100%
Amount Delta Dental Pays	$63.00	$72.00	$89.00
AMOUNT YOU PAY	**$0.00**	**$0.00**	**$16.00**
	CROWN		
Submitted fee	$1,500.00	$1,500.00	$1,500.00
Maximum Approved Fee	$900.00	$1,000.00	$1,200.00
Coverage level	50%	50%	50%
Amount Delta Dental Pays	$450.00	$500.00	$600.00
AMOUNT YOU PAY	**$450.00**	**$500.00**	**$900.00**

NOTE: This is just an example and the amounts shown here may not be the same as your coverage levels or your dentist's fees.

Your actual expenses for Covered Services may exceed the stated Copayment percentage because actual provider charges may not be used to determine our and your payment obligations.

How can I save?

PPO and Premier Dentists

- Submit claims for you
- Only charge you for your Copayment and Deductible (if any) - no balance billing
- Out-of-pocket costs are likely to be lower

Nonparticipating Dentists

- May require you to submit your own claims
- May charge you the full cost of a procedure
- May ask for payment in full up front

How will the Dentist receive payment?

PPO and Premier Dentists

Payment will be sent directly to your Dentist.

Nonparticipating Dentists

You will be responsible for making full payment to your Dentist and then Delta Dental will send you the check for Covered Services.

When your Plan is Delta Dental PPO (Standard)

Regardless of your Dentist's participating status, Delta Dental will base its payment on the lesser of the Submitted Amount or the PPO Dentist Schedule.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayment and/or Deductibles. If your Dentist is not a PPO Dentist, but is a Premier Dentist, you will also be responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for Covered Services, in addition to Copayment and/or Deductibles. You will be responsible for the Maximum Approved Fee for most commonly performed non-covered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount. For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will usually send payment to you, unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

PAYMENT EXAMPLES	PPO Dentist	Premier Dentist	Non-Participating Dentist
	ADULT CLEANING		
Submitted fee	$105.00	$105.00	$105.00
Maximum Approved Fee	$63.00	$72.00	n/a
PPO Dentist Schedule	$63.00	$63.00	$63.00
Coverage level	100%	100%	100%
Amount Delta Dental Pays	$63.00	$63.00	$63.00
AMOUNT YOU PAY	**$0.00**	**$9.00**	**$42.00**
	CROWN		
Submitted fee	$1,500.00	$1,500.00	$1,500.00
Maximum Approved Fee	$900.00	$1,000.00	n/a
PPO Dentist Schedule	$900.00	$900.00	$900.00
Coverage level	50%	50%	50%
Amount Delta Dental Pays	$450.00	$450.00	$450.00
AMOUNT YOU PAY	**$450.00**	**$550.00**	**$1,050.00**

NOTE: This is just an example and the amounts shown here may not be the same as your coverage levels or your dentist's fees.

How can I save?

PPO Dentists

- Submit claims for you
- Only charge you for your Copayment and Deductible (if any) – no balance billing
- Out-of-pocket costs are likely to be lower

Premier Dentists

- Submit claims for you
- Will charge you for the difference between the PPO Dentist Schedule and the Premier Dentist Schedule, along with your Copayment and Deductible (if any)

Nonparticipating Dentists

- May require you to submit your own claims
- May charge you the full cost of a procedure
- May ask for payment in full up front

How will the Dentist receive payment?

PPO and Premier Dentists

- Payment will be sent directly to your Dentist.

Nonparticipating Dentists

- You will be responsible for making full payment to your Dentist and then Delta Dental will send you the check for Covered Services.

Orthodontics

If This Plan includes orthodontics, it will be identified on and paid as reflected in your Summary of Dental Plan Benefits.

Covered Services Requiring Multiple Visits

In the event a Covered Service requires more than one (1) visit with your Dentist, payment for the Covered Service will be rendered upon Completion Date.

VII. Benefit Categories

The Benefits covered by This Plan are set forth in your Summary of Dental Plan Benefits.

VIII. Exceptions and Reductions

Exceptions

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for these services will be your responsibility:

1. Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Worker's Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
2. Services received from any government agency, political subdivision, community agency, foundation, or similar entity.

   NOTE: This provision does not apply to any programs provided under Medicaid or Medicare.
3. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations, except for the correction of congenital defects or anomalies (including treatment and care for cleft lip or cleft palate) with respect to newborn child(ren), adopted child(ren), foster child(ren) and child(ren) covered by virtue of court or administrative order.
4. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental, except for the correction of congenital defects or anomalies (including treatment and care for cleft lip or cleft palate) with respect to newborn child(ren), adopted child(ren), foster child(ren) and child(ren) covered by virtue of court or administrative order.
5. Services completed or appliances completed before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service).
6. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
7. General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
8. Charges for hospitalization, laboratory tests, and histopathological examinations and miscellaneous tests.
9. Charges for failure to keep a scheduled visit with the Dentist.
10. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
11. Services or supplies, as determined by Delta Dental, that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
12. Services or supplies, as determined by Delta Dental, which are specialized procedures or techniques.
13. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the supervision of a licensed dentist. Treatment rendered by any other dental professional, may be covered only as determined by the Contractor and/or Delta Dental.
14. Services or supplies, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
15. Services or supplies received due to an act of war, declared or undeclared.
16. Services or supplies covered under a hospital, surgical/medical, or prescription drug program.
17. Services or supplies that are not within the categories of Benefits selected by the Contractor and that are not covered under the terms of this Certificate.
18. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
19. Caries preventive medicament.
20. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
21. Space maintainers for maintaining space due to premature loss of anterior primary teeth.
22. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
23. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position, and as determined by Delta Dental, except for the correction of congenital defects or anomalies (including treatment and care for cleft lip or cleft palate) with respect to newborn child(ren), adopted child(ren), foster child(ren) and child(ren) covered by virtue of court or administrative order.
24. Veneers.
25. Prefabricated crowns used as final restorations on permanent teeth.
26. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. If Orthodontic Services are Covered Services, this exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the Contract between Delta Dental and the Contractor.

27. Implant/abutment supported interim fixed denture for edentulous arch.
28. Soft occlusal guard appliances.
29. Paste-type root canal fillings on permanent teeth.
30. Replacement, repair, relines, or adjustments of occlusal guards.
31. Chemical curettage.
32. Services associated with overdentures.
33. Metal bases on removable prostheses.
34. The replacement of teeth beyond the normal complement of teeth.
35. Personalization or characterization of any service or appliance.
36. Temporary crowns used for temporization during crown or bridge fabrication.
37. Posterior bridges in conjunction with partial dentures in the same arch.
38. Precision abutments and stress breakers.
39. Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as soft tissue grafting, guided tissue regeneration and periodontal or implant bone grafting.
40. Bone replacement grafts and specialized implant surgical techniques, including radiographic/surgical implant index.
41. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint.
42. Diagnostic photographs and cephalometric films, unless done for orthodontics and orthodontics are a Covered Service.
43. Myofunctional therapy.
44. Mounted case analyses.
45. Molecular, antigen, or antibody testing for a public health related pathogen.
46. Vaccinations.
47. Bone replacement grafts when performed in conjunction with a hemisection.
48. Fabrication, adjustment or repair of sleep apnea appliances.
49. Any and all taxes applicable to the services.

Delta Dental will make no payment for the following services or supplies. Participating Dentists may not charge Members for these services or supplies. All charges from Nonparticipating Dentists for the following services or supplies are your responsibility:

1. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
2. The completion of forms or submission of Claims.
3. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
4. Caries risk assessment performed on a Member age 2 or under.
5. Local anesthesia.
6. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
7. Infection control.
8. Temporary, interim, or provisional crowns.
9. Gingivectomy as an aid to the placement of a restoration.
10. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
11. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
12. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
13. Post-operative X-rays, when done following any completed service or procedure.
14. Periodontal charting.
15. Pins and preformed posts, when done with core buildups.
16. Any substructure when done for inlays, onlays, and veneers.
17. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
18. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
19. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
20. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
21. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling in the presence of gingival inflammation.
22. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
23. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
24. Full mouth debridement when done within 30 days of scaling and root planing.

25. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
26. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
27. Full mouth debridement, when done on the same day as comprehensive evaluation.
28. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as a sealant, sealant repair, preventive resin restoration or interim caries arresting medicament performed on the same tooth.
29. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
30. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
31. Adjustments, temporary relines, or tissue conditioning within three months of delivery of an immediate denture.
32. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
33. Periapical and/or bitewing X-rays, when done within a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.
34. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to deliver services, including but not limited to teledentistry services.
35. Capture only images which are not associated with any interpretation or reporting.
36. Frenulectomy when performed on the same day as any other surgical procedure(s) in the same surgical area by the same dentist or dental office.
37. Implant removal when performed within three months of an implant/mini-implant on the same tooth by the same dentist or dental office.
38. Scaling and root planing when performed on the same day as surgical root repair or exposures.
39. Surgical repair or exposure of root when performed on the same day as endodontic or periodontal surgical procedures.
40. Intraorifice barriers.
41. Excision of benign lesions when performed in the same area and on the same day as another surgical procedure by the same dentist or dental office.

Reductions

The Benefits for the following services or supplies are limited as follows, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the actual date (i.e., to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan, or, at the request of your Contractor, any dental plan:

1. Bitewing X-rays are payable once per calendar year, unless a full mouth x-ray which include bitewings has been paid in that same year.
2. Panoramic or full mouth X-rays (which may include bitewing X-rays) are payable once in any five-year period.
3. Any combination of teeth cleanings (prophylaxes, full mouth debridement, scaling in the presence of inflammation, and periodontal maintenance procedures) are payable twice per calendar year. Full mouth debridement is payable once in a lifetime.
4. Oral examinations and evaluations (not including limited problem focused evaluations or patient screenings) are only payable twice per calendar year, regardless of the Dentist's specialty.
5. Patient screening is payable once per calendar year.
6. Preventive fluoride treatments are payable twice per calendar year for people age 18 and under.
7. Bilateral space maintainers are payable once per arch in a lifetime for people age 13 and under.
8. Unilateral space maintainers are payable once per quadrant in a lifetime for people age 13 and under.
9. A distal shoe space maintainer is payable for first permanent molars once per quadrant for people age 8 and under.
10. Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth. Subsequent minor restorations on the same tooth are also subject to this five-year limitation.
11. Crowns or onlays are payable only for extensive loss of tooth structure due to caries (decay) or fracture (lost or mobile tooth structure).
12. Individual crowns over implants are payable at the prosthodontic benefit level once in any five-year period.
13. Substructures, porcelain, porcelain substrate, and cast restorations are not payable for people under age 12.
14. Hard full or partial arch occlusal guards are payable once in a lifetime.
15. An interim partial denture is payable only for the replacement of permanent anterior teeth for people under age 17 or during the healing period for people age 17 and over.

16. Biologic materials to aid in soft and osseous tissue regeneration are payable once per tooth in a 36-month period.
17. Prosthodontic Services limitations:
    a. One complete upper and one complete lower denture, and any implant used to support a denture, are payable once in any five-year period.
    b. A removable partial denture, endosteal implant (other than to support a denture), or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
    c. A removable unilateral partial denture is payable once per quadrant in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
    d. Fixed bridges and removable partial dentures are not payable for people age 15 and under.
    e. Rebase hybrid prostheses are payable once in any five-year period per appliance.
    f. A reline or the complete replacement of denture base material is payable once in any three-year period per appliance.
    g. Implant removal is payable once per lifetime per tooth or area.
    h. Implant maintenance is payable once per any twelve-month period.
    i. Removal of a broken implant retaining screw is payable once in a five-year period.
18. Orthodontic Services limitations, if covered under your Plan pursuant to your Summary of Dental Plan Benefits:
    a. Orthodontic Services are payable for Members pursuant to the age limits specified in your Summary of Dental Plan Benefits.
    b. If the treatment plan terminates before completion for any reason, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
    c. Upon written notification to Delta Dental and to the patient, a Dentist may terminate treatment for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
19. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. However, Delta Dental will make payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a Claim for those services within one year of the date of service. Failure to submit a Claim within the time required does not invalidate or reduce any Claim however, if it was not reasonably possible for the claimant to file the Claim within that time, provided that the Claim is submitted as soon as possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time submittal of the Claim is otherwise required.
20. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.
21. Care terminated due to the death of a Member will be paid to the limit of Delta Dental's liability for the services completed or in progress.
22. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

    Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

    a. Resin, porcelain fused to metal, and porcelain crowns (including implant crowns), bridge retainers, or pontics on posterior teeth – Delta Dental will pay only the amount that it would pay for a full metal crown.
    b. Overdentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
    c. Resin, or porcelain/ceramic onlays on posterior teeth – Delta Dental will pay only the amount that it would pay for a metallic onlay.
    d. Inlays, regardless of the material used – Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
    e. All-porcelain/ceramic bridges – Delta Dental will pay only the amount that it would pay for a conventional fixed bridge.
    f. Implant/abutment supported complete or partial dentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
    g. Gold foil restorations – Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.
    h. Posterior stainless steel crowns with esthetic facings, veneers or coatings – Delta Dental will pay only the amount that it would pay for a conventional stainless steel crown.

23. Maximum Payment:
    a. All Benefits available under This Plan are subject to the Maximum Payment limitations set forth in your Summary of Dental Plan Benefits.
24. If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.
25. Caries risk assessments are payable once in any 12-month period for Members age 3-18.
26. Assessments of salivary flow by measurement are payable once in any 36-month period.
27. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period.
28. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface.
29. Interim caries arresting medicament is payable twice per tooth per Benefit Year and is limited to five (5) applications per day.
30. Sealants are covered once per tooth per lifetime on first permanent molars for Members age 9 and under.
31. Sealants are covered once per tooth per lifetime on second permanent molars for Members age 14 and under.
32. One cone beam CT is allowed within a twelve-month period except when performed for TMD treatment.
33. Restorations performed within two months of caries arresting medicament.

Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Participating Dentists may not charge Members for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the actual date (i.e., to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan or, at the request of your Contractor, any dental plan:

1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
3. Recementation of a crown, onlay, inlay, space maintainer, or bridge within six months of the seating date.
4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
5. Root planing is payable once in any two-year period.
6. Periodontal surgery is payable once in any three-year period.
7. A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
8. Tissue conditioning is payable twice per arch in any three-year period.
9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
10. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
11. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period when performed by the same office.
12. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface when performed by the same office.
13. A sealant, sealant repair or preventive resin restoration is not payable when performed within 24 months of a sealant, sealant repair or preventive resin restoration performed on the same tooth.
14. One caries risk assessment is allowed on the same date of service.
15. One caries risk assessment is allowed within a 12-month period when done by the same dentist/dental office.
16. One assessment of salivary flow by measurement is allowed within a 12-month period when done by the same dentist/dental office.

IX. Coordination of Benefits

All Benefits under this Certificate are subject to a coordination of benefits provision, if applicable, that is designed to provide maximum coverage, but not result in payment of more than 100 percent of the total fee for a given treatment.

Coordination of Benefits ("COB") applies to This Plan when a Member has dental benefits under more than one plan. The objective of COB is to make sure the combined payments of the plans are no more than your actual dental bills. COB rules establish whether This Plan's Benefits are determined before or after another plan's benefits.

A Plan is any of the following that provides benefits or services for, or because of, medical or dental care or treatment:

- Group insurance or group-type coverage, whether insured or uninsured. This includes pre-payment group practice, or individual practice coverage. It does not include school accident-type coverage, blanket, franchise, individual, automobile, or homeowner coverage.

- Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time). It also does not include any plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program.

You must submit your bills to the primary plan first. The primary plan must pay its full benefits as if you had no other coverage. If the primary plan denies your Claim or does not pay the full bill, you may then submit the remainder of the bill to the secondary plan.

Allowable Expenses are necessary, reasonable, and customary items of expense for health care when the item of expense is covered at least in part by one or more plans covering the person for whom the claim is made. Total benefits paid must be equal to 100 percent of necessary medical expenses covered by both plans. However, This Plan is not required to pay for an item, service, or benefit which is not a part of This Plan's Contract.

Which Plan is Primary?

To decide which plan is primary, Delta Dental will consider both the COB provisions of the other plan and the relationship of the Member to This Plan's Subscriber, as well as other factors. The primary plan is determined by the first of the following rules that applies:

1. **Non-coordinating Plan**

   If you have another plan that does not coordinate benefits, it will always be primary.

2. **Subscriber v. Dependent Coverage**

   The plan that covers the Member other than as a Subscriber will be primary over a plan that covers the Member as a dependent. However, please note that if the Member is a Medicare beneficiary, federal law may reverse this order.

3. **Child(ren) (Parents Divorced or Separated)**

   If a court decree makes one parent responsible for health care expenses, that parent's plan is primary.

   If a court decree states that the parents have joint custody without stating that one of the parents is responsible for the Child's health care expenses, Delta Dental follows the birthday rule (see rule 4 below).

   If neither of these rules applies, the order will be determined as follows:

   a. First, the plan of the parent with custody of the Child will be primary;
   b. Then, the plan of the spouse of the parent with custody of the Child will be primary;
   c. Next, the plan of the parent without custody of the Child will be primary;
   d. Last, the plan of the spouse of the parent without custody of the Child will be primary.

4. **Child(ren) and the Birthday Rule**

   The plan of the parent whose birthday is earliest in the calendar year is always primary for Child(ren). For example, if your birthday is in January and your spouse's birthday is in March, your plan will be primary for all of your Child(ren). If both parents have the same birthday, the plan that has covered the parent for the longer period will be primary.

5. **Laid Off or Retired Employees**

   The plan that covers the Member as a laid off or retired employee or as a dependent of a laid off or retired employee will be primary.

6. **COBRA Coverage**

   The plan that is provided under a right of continuation pursuant to federal law or a similar state law (that is, COBRA) will be primary.

7. **Other Plans**

   If none of the rules above determines the order of benefits, the plan that has covered the Member for the longer period will be primary.

If the other plan does not have rule 5 and/or rule 6 (above) and decides the order of benefits differently from This Plan, This Plan may ignore either of those rules.

In the event that these rules do not determine how Delta Dental should coordinate benefits with another plan, Delta Dental will follow its internal policies and procedures for determining which plan is primary, unless prohibited by applicable law.

How Delta Dental Pays as Primary Plan

When Delta Dental is the primary plan, it will pay for Covered Services as if you had no other coverage.

How Delta Dental Pays as Secondary Plan

Unless your Contractor has selected carve out coordination of benefits or non-duplication of benefits as stated in your Summary of Dental Plan Benefits, when Delta Dental is the secondary plan, it will pay for Covered Services based on the amount left after the primary plan has paid. It will not pay more than that amount, and it will not pay more than it would have paid as the primary plan.

When Benefits are reduced as described above, each Benefit is reduced in proportion. Benefits are then charged against any applicable benefit limit of This Plan.

Right to Receive and Release Needed Information

Delta Dental needs certain facts to apply these COB rules, and it has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person regarding the Claim being coordinated. Delta Dental need not tell or get the consent of any person to do this. Each person claiming Benefits under This Plan must give Delta Dental any facts it needs to pay the Claim.

Facility of Payment

A payment made under another plan may include an amount that should have been paid under This Plan. If it does, Delta

Dental may pay that amount to the organization that made the payment.

That amount will then be treated as though it were a Benefit paid under This Plan, and Delta Dental will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Delta Dental is more than it should have paid under this COB provision, Delta Dental may recover the excess from the people it has paid or for whom it has paid.

Payment includes the reasonable cash value of any benefits provided in the form of services. This right of recovery is limited to two years after the date of the original Claim payment unless Delta Dental has reasonable belief that fraud or intentional misconduct occurred.

X. Reconsideration and Claims Appeal Procedure

Reconsideration

If you receive notice of an Adverse Benefit Determination and you think that Delta Dental incorrectly denied all or part of your Claim, you or your Dentist may contact Delta Dental's Customer Service department and ask them to reconsider the Claim to make sure it was processed correctly. You may do this by calling the toll-free number, (800) 662-8856, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at PO Box 9089, Farmington Hills, Michigan, 48333-9089.

When writing, please enclose a copy of your explanation of benefits and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your Claim.

A request for reconsideration is not required and should not be considered a formal request for review of a denied Claim. Delta Dental provides this opportunity for you to describe problems or submit an explanation or additional information that might indicate your Claim was improperly denied, and allow Delta Dental to correct any errors quickly and immediately.

Whether or not you have asked Delta Dental informally to reconsider its initial determination, you can request a formal review using the Formal Claims Appeal Procedure described below.

Formal Claims Appeal Procedure

If you receive notice of an Adverse Benefit Determination, you, or your authorized representative, should seek a review as soon as possible, but **you must file your request for review within 180 days** of the date that you received that Adverse Benefit Determination.

To request a formal review of your Claim, send your request in writing to:

Dental Director
Delta Dental
PO Box 30416
Lansing, Michigan 48909-7916

Please include your name and address, the Enrollee's Member ID, the reason why you believe your Claim was wrongly denied, and any other information you believe supports your Claim. You also have the right to review the contract between Delta Dental and the Contractor and any documents related to it. If you would like a record of your request and proof that Delta Dental received it, mail your request certified mail, return receipt requested.

The Dental Director or any person reviewing your Claim will not be the same as, nor subordinate to, the person(s) who initially decided your Claim. The reviewer will grant no deference to the prior decision about your Claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the Claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your Claim even if the information was not available when your Claim was initially decided.

If the decision is based, in whole or in part, on a dental or medical judgment (including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate), the reviewer will consult a dental health care professional with appropriate training and experience, if necessary. The dental health care professional will not be the same individual or that person's subordinate consulted during the initial determination.

The reviewer will make a determination within 60 days of receipt of your request. If your Claim is denied on review (in whole or in part), you will be notified in writing. The notice of an Adverse Benefit Determination during the Formal Claims Appeal Procedure will meet the requirements described below.

Manner and Content of Notice

Your notice of an Adverse Benefit Determination will inform you of the specific reasons(s) for the denial, the pertinent plan provisions(s) on which the denial is based, the applicable review procedures for dental Claims, including time limits and that, upon request, you are entitled to access all documents, records and other information relevant to your Claim free of charge. This notice will also contain a description of any additional materials necessary to complete your Claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in court if you receive an Adverse Benefit Determination after your Claim has been completely reviewed according to this Formal Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination, and will include a statement that a copy of such rule, guideline or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination

was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

If you are still not satisfied, you may contact the North Carolina Department of Insurance for instructions on filing a consumer complaint by calling (877) 885-0231. You may also write to the Consumer Services Division of the North Carolina Department of Insurance, 1201 Mail Service Center, Raleigh, NC 27699-1201, or visit the Department's website at http://www.ncdoi.com/consumer.

XI. Termination of Coverage

Your Delta Dental coverage may automatically terminate:

- When the Contractor advises Delta Dental to terminate your coverage.
- On the first day of the month for which the Contractor has failed to pay Delta Dental.
- For fraud or misrepresentation in the submission of any Claim.
- For your Dependent, when they no longer qualify as a Dependent.
- For any other reason stated in the Contract between Delta Dental and the Contractor.

Delta Dental will not continue eligibility for any person covered under This Plan beyond the termination date requested by the Contractor. A person whose eligibility is terminated may not continue group coverage under this Certificate, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 or comparable, non-preempted state law ("COBRA").

XII. Continuation of Coverage

If the Contractor is required to comply with COBRA and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and your dental coverage would otherwise end, you and your Dependents may have the right to continue that coverage at your expense.

When is Plan Continuation Coverage Available?

Continuation coverage is available if your coverage or a covered Dependent's coverage would end because:

1. Your employment, if applicable, ends for any reason other than your gross misconduct.
2. You do not qualify as an Enrollee as set forth in your Summary of Dental Plan Benefits.
3. You are divorced or legally separated.
4. You die.
5. Your Dependent is no longer a Dependent.
6. You become enrolled in Medicare (if applicable).
7. You are called to active duty in the armed forces of the United States.

If you believe you are entitled to continuation coverage, you should contact the Contractor to receive the appropriate documentation required under the Employee Retirement Income Security Act of 1974 ("ERISA").

XIII. General Conditions

Assignment

Services and Benefits are for the personal benefit of Members and cannot be transferred or assigned, other than to pay Participating Dentists directly.

Obtaining and Releasing Information

While you and/or your Dependent(s) are enrolled in This Plan, you and/or your Dependent(s) agree to provide Delta Dental with any information it needs to process Claims and administer Benefits for you and/or your Dependent(s). This includes allowing Delta Dental access to your dental records.

Dentist-Patient Relationship

Members are free to choose any Dentist. Each Dentist is solely responsible for the treatment and/or dental advice provided to the Member, and Delta Dental does not have any liability resulting therefrom.

Loss of Eligibility During Treatment

If a Member loses eligibility while receiving dental treatment, only Covered Services received while that person was covered under This Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental. The difference between Delta Dental's payment and the total fee for those services is your responsibility. This provision does not apply to orthodontics if covered under This Plan.

Change of Certificate or Contract

No changes to this Certificate, your Summary of Dental Plan Benefits, or the underlying contract are valid unless Delta Dental approves them in writing.

Legal Actions

You cannot bring an action on a legal claim arising out of or related to this Certificate unless you have provided at least 60 days' written notice to Delta Dental, unless prohibited by applicable state law. In addition, you cannot bring an action more than three years after the legal claim first arose or after expiration of the applicable statute of limitations, whichever is shorter. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim. Except as set forth above, this provision does not preclude you from seeking a judicial decision or pursuing other available legal remedies.

Time Limit on Certain Defenses

After two years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application for such policy shall be used to void the policy or

deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such two-year period.

Governing Law

This Certificate and the underlying group Contract will be governed by and interpreted under the laws of the state of North Carolina.

Legally Mandated Benefits

If any applicable law requires broader coverage or more favorable treatment for you or your Dependents than is provided by this Certificate, that law shall control over the language of this Certificate.

Change of Status

You must notify Delta Dental, through the Contractor, of any event that changes the status of a Dependent. Events that can affect the status of a Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

Right of Recovery Due to Fraud

If Delta Dental pays for services that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a Claim that contains false or misrepresented information, or pays a Claim that is determined to be fraudulent due to your acts or acts of your Dependents, it may recover that payment from you or your Dependents. Delta Dental may recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to you or your Dependents. Delta Dental will provide an explanation of the payment recovery at the time the deduction is made.

Any person intending to deceive an insurer, who knowingly submits an application or files a Claim containing a false or misleading statement, is guilty of insurance fraud.

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. We only accept anti-fraud calls at this number.

ANTI-FRAUD TOLL-FREE HOTLINE:

(800) 524-0147

Discrimination is Against the Law.

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). This plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This plan provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). This plan provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Civil Rights Coordinator. If you believe this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator at 3737 Glenwood Ave Suite 320, Raleigh, NC 27612; by phone at 1-800-524-0149 (TTY users call 711). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Duplin County Asset Disposal Form

Date 2/25/2026

This form is required to be completed prior to the disposal/trade of ANY county asset. Once this form has been completed and signed by the department head, a copy shall be sent to the Finance Officer for approval along with pictures of each asset being surplused. If it is an IT-related asset (i.e. computer, printer, camera, etc.), IT approval is required prior to submitting. If the asset is being traded in to a vendor on a new purchase, the department is responsible for sending a final copy of the invoice to the Finance Officer.

Asset Disposal Codes:

1 - Sell on GovDeals
2 - Transfer to another department
3 - Scrap/damaged
4 - Trade on another asset

Receving Information

Date Received:

Receiver's signature:

Receiving department:

Disposal Code	Tag/Asset #	Original purchase price	Original purchase date	Item Description	Serial or Model #	Receiving Department (Transfers Only)	Comments (Please describe condition of asset if you are sending it to public auction or scrapping it. If you are trading this asset for another, give the vendor name and description of your new asset)
1	7724	59,415.00	6/14/2017	Ford Transit Van	1FTBW3XM7HKA37113		Vehicle is in good condition. To be posted on GovDeals

Flow of form
Department
IT (if IT related)
Finance Director
Board (if over $30k)
Public auction manager

Name of person completing form: Chelsey Lanier

Department requesting disposal: Finance

Department head signature:

Finance Director signature:

Board of County Commissioner approval:
(for assets above $30,000 in value)

IT approval (if applicable):

Duplin County Asset Disposal Form

Date 1/28/2026

This form is required to be completed prior to the disposal/trade of ANY county asset. Once this form has been completed and signed by the department head, a copy shall be sent to the Finance Officer for approval along with pictures of each asset being surplused. If it is an IT-related asset (i.e. computer, printer, camera, etc.), IT approval is required prior to submitting. If the asset is being traded in to a vendor on a new purchase, the department is responsible for sending a final copy of the invoice to the Finance Officer.

Asset Disposal Codes:

1 - Sell on GovDeals
2 - Transfer to another department
3 - Scrap/damaged
4 - Trade on another asset

Receving Information

Date Received:

Receiver's signature:

Receiving department:

Disposal Code	Tag/Asset #	Original purchase price	Original purchase date	Item Description	Serial or Model #	Receiving Department (Transfers Only)	Comments (Please describe condition of asset if you are sending it to public auction or scrapping it. If you are trading this asset for another, give the vendor name and description of your new asset)
4	9486	155,803.00	12/11/2018	Ambulance Chassis	1GNSKLED0PR275235		Vehicle was towed to ETA due to transmissions issues and was not driveable at time of trade. Box was removed and remounted on a new chassis. County was given a $5000.00 credit towards the remount.

Flow of form
Department
IT (if IT related)
Finance Director
Board (if over $30k)
Public auction manager

Name of person completing form: Chelsey Lanier

Department requesting disposal: Finance

Department head signature:

Finance Director signature:

Board of County Commissioner approval:
(for assets above $30,000 in value)

IT approval (if applicable):

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

DUPLIN COUNTY

ROAD NAME PETITION – UNNAMED ROAD

1. Applicant Information

Name: Claylon Homes
Address: 4335 Hwy 70 East
City/State/Zip: Goldsboro, NC 27534
Telephone:
- Work: 919-738-9484
- Home: 919-751-3151

2. Mail Determination

(Complete only if different from Applicant Information)
Name:
Address:
City/State/Zip:

3. Road Location

Township: Magnolia
Town: Magnolia
Description:
@ 400 Block of S McRae St

4. Parcel Tax ID

Tax ID Number: 12-998-1, 1-2, 1-3, 1-1

5. Proposed Road Name (No more than thirteen letters excluding suffix)

Primary Name: Happy Valley Ln
Backup Name 1:
Backup Name 2:

6. Signatures of Property Owners that access Road/Telephone numbers:

Roy Bokin Parcel 12-998-1 Roy Bokin 910-821-9947
Jose Rodriguez 12-998-1-1 Jose Rodriguez 910-385-7632
Jose Rodriguez 12-998-1-2 Jose Rodriguez 910-821-2912
Sandy Rodriguez 12-998-1-3 Sandy Rodriguez 5/12

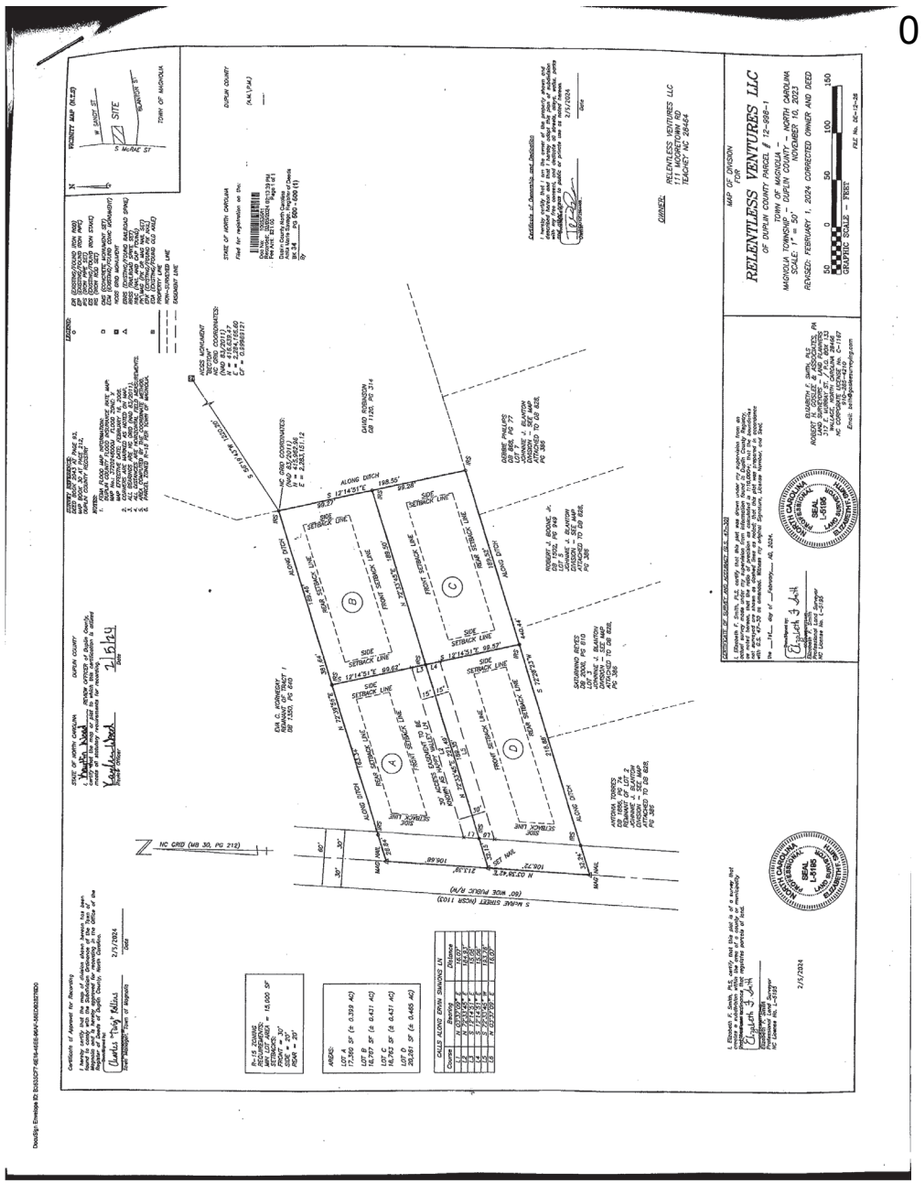
The applicant certifies that the signatures provided on this petition represent the required percentage of landowners who access or adjoin the road to be officially named.

Applicant's Signature: Richard A Brown Claylon Homes

Attention Landowners: Important Address Change Notification

Please be informed that if you utilize your 911 address for mail delivery at your residence, your address will be subject to change. It is essential to inform your mortgage provider, financial institutions, insurance companies, and any other organizations that send you bills or important correspondence. Additionally, please update the Department of Motor Vehicles (DMV) and any other relevant institutions you may engage with.

We will take the necessary steps to notify the United States Postal Service (USPS), update the E911 System, and revise the county tax records accordingly.





Instructions for what to do with attachments once approved:

CLAYTONHOMES.pdf

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.

209 SEMINARY ST / PO BOX 950
KENANSVILLE NC 28349

000613

DUPLIN COUNTY

ROAD NAME PETITION for UNNAMED ROAD

1. **APPLICANT INFORMATION:**
   Name: Walnut Hills of North Carolina INC.
   Address: 290 Arthur Sloan Rd.
   City/State/Zip: Chinquapin, NC 28521
   Telephone: Work: 910-389-7728 **Home:** _____

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

3. **ROAD LOCATION: Township** Kenansville **Range** _____
   DESCRIPTION: Easement to Access three New Lots ON Southerland Magnolia Rd

4. **PARCEL TAX-ID:** 13-480-1

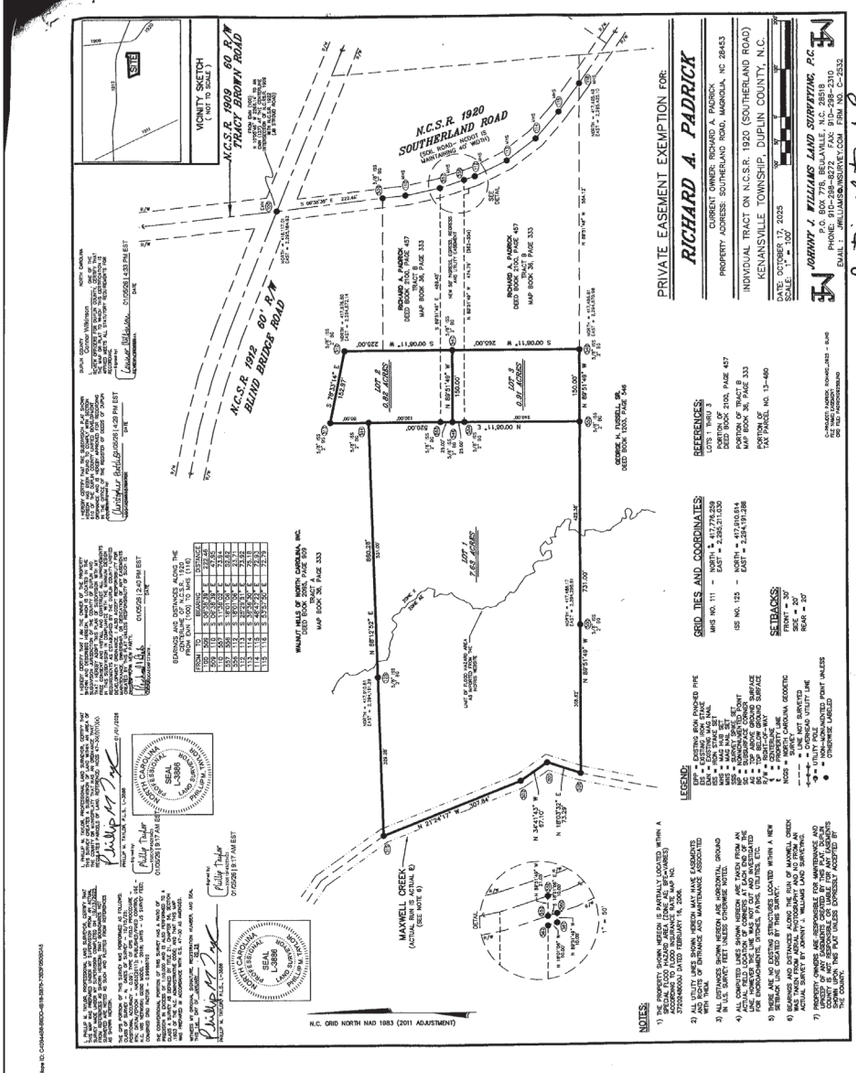
5. **PROPOSED ROAD NAME:** H.T. BROWN LN
   BACKUP NAME 1: Maxwell LN.
   BACKUP NAME 2: Maxwell CR. LN
   (NAME SHOULD BE LESS THAN 13 LETTERS)

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
_____	_____
_____	_____
_____	_____
_____	_____

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 Padrick (President)



Portion of tract B
Map Book 36 Page 333



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 – UNNAMED ROAD

1. Applicant Information

Name: ~~Marshall~~ Teachey Edna
Address: 168 Murphy Store Rd
City/State/Zip: Rose Hill NC 28458
Telephone:
- **Work:** 910-376-0623
- **Home:** SAME

2. Mail Determination

(Complete only if different from Applicant Information)
Name: _____
Address: _____
City/State/Zip: _____

3. Road Location

Township: Buckhsh
Town: ~~Rose Hill~~

Description: Parcel 10-792 & 793 @530 Block of Russell Rd SR#1133

4. Parcel Tax ID

Tax ID Number: 10-792-- & 10-793-- Combined

5. Proposed Road Name (No more than thirteen letters excluding suffix)

Primary Name: Wild Turkey Lane
Backup Name 1: Deer Track Lane
Backup Name 2: Turkey Track Lane

6. Signatures of Property Owners that access Road/Telephone numbers:

Edna Teachey 910-374-0623

The applicant certifies that the signatures provided on this petition represent the required percentage of landowners who access or adjoin the road to be officially named.

Applicant's Signature: Edna Teachey

Attention Landowners: Important Address Change Notification

Please be informed that if you utilize your 911 address for mail delivery at your residence, your address will be subject to change. It is essential to inform your mortgage provider, financial institutions, insurance companies, and any other organizations that send you bills or important correspondence. Additionally, please update the Department of Motor Vehicles (DMV) and any other relevant institutions you may engage with.

We will take the necessary steps to notify the United States Postal Service (USPS), update the E911 System, and revise the county tax records accordingly.



ednateacheypet.pdf

Instructions for what to do with attachments once approved:

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

PUBLIC NOTICE
DUPLIN COUNTY REVOLVING LOAN FUND APPLICATION PUBLIC HEARING

The Duplin County Board of Commissioners will conduct a public hearing on **Monday, March 2nd, 2026 at 6:00PM** in the Commissioner Meeting Board Room located at 224 Seminary St., Kenansville, NC. Villari Food Group, LLC is requesting $200,000 to make improvements and take on additional capital investment at its facility located in Warsaw, NC. The public is encouraged to attend the meeting to learn about the proposed project and to ask questions about the loan request. No final action will be taken by the Board of Commissioners until the public hearing in held and the public is heard.

Duplin County Revolving Loan Fund
Loan Fund Committee Meeting

December 9, 2025
Duplin County Airport

AGENDA

- **Call to Order and Introductions**
- **New Business**
  - **RLF Applicant Presentation**
- **Q&A's and Next Steps**
- **Committee Review of Application and Recommendation**
- **Old Business**
- **Announcements**
- **Adjourn**

Minutes

Committee Members Present:
Dexter Edwards, Kim Quinn, and Ross Powell. Greg Eloshway not present, but reviewed full application previously.

Others present: Sam Villari, Jim Robinson, Teresa Chambers, Carrie Shields, and Scotty Summerlin

Notes from Applicant Presentation, Discussion, and Committee Deliberation:

Committee received a thorough presentation of the company's history, the proposed project at their Warsaw facility, justification for need and had general questioned answered. Upon questions being answered, the applicant departed so the Committee could further review the application and the company financials.

Recommendation of the DCRLF Committee:
Upon a thorough review of the proposed application and accompanying backup documentation, the Committee strongly supports the loan request. The Committee deems the collateral provided less than ideal but acceptable for the loan. Due to the nature of the collateral, the Committee recommends a term equal to the Prime Rate. Currently at 6.75%, but the Committee recommends adhering to the current Prime Rate at the time the loan is

approved by the Duplin County Board of Commissioners (BOCC). The Committee recommends acceptance of the collateral with a UCC filing for each piece of equipment identified as collateral. Additionally, the Committee recommends a personal guarantee from the applicant for the full value of the loan. The Committee would recommend acceptance of a deed of trust from the applicant/borrower, in lieu of a personal guarantee. Additionally, the Committee recommends that all other funding sources for the project be identified before the loan proceeds are advanced. Principal and interest shall be callable within 24 months from the date of any required permit being denied by the issuing authority. The Committee supports a 10-year loan, with no interest payment deferral, no principal payment deferral, and no early payment penalties. The loan initiation fee will be calculated per the DCRLF guidelines. Including attorney fees, a typical total cost is approximately $2,000.00 for a $200,000.00 loan. Loan fees may be paid up front or included in the loan. Nonetheless, the loan amount threshold remains $200,000.00.

Submitted: Scotty Summerlin



Prepared Comments for Duplin County Revolving Loan Fund Request Public Hearing

March 2nd, 2026, 6:00PM

Good evening. I come before the public and the BOCC to talk about a pending loan request of $200,000 from the Revolving Loan Fund. Villari Food Group, LLC requests DCRLF funds to assist with a project to reduce process wastewater and improve pretreatment of its discharge going to the Warsaw WWTP.

There are two phases to this project. Phase I of the project includes equipment to improve existing pre-treatment efforts. Phase II of the project includes a land application process/construction. The total project is anticipated to be $3,271,483.00.

Expected outcomes of the project include the ability for the company to grow in Duplin County, realize long-term cost savings potential, protect 1,000 existing jobs in Warsaw, and create 75 new jobs. The project demonstrates the company's strong desire to address pre-treatment deficiencies.

All RLF applications are vetted by the Revolving Loan Fund Committee, consisting of a County Commissioner, a local business owner, a local Certified Public Account, and a Banking Professional (retired). Each application is thoroughly reviewed.

Upon review of this application, the Committee strongly recommends approval of the loan request with an interest rate at U.S. Prime Rate (currently 6.75%), a ten (10) year loan term, no interest payment deferral, no principal payment deferral, and no early payment penalties.

The DCRFL was established with CDBG funds to assist existing and/or future businesses and industries of Duplin County in their economic development efforts. No local county funds have been used to build the fund.

I ask that the BOCC accept the recommendation of the DCRLF Loan Committee and approve the application. We stand ready to answer any questions. Thank you.

REQUEST: Alteration of Saturday Schedule

Prior to my being hired as Library Director, the Kenansville branch of the library operated on Saturdays from 10am-2pm except on weekends where the recognized holiday fell on a Friday or Monday.

I have spoken to Stephanie Edwards, former Library Director, and to the best of her knowledge, this practice was established with the start of Saturday hours under her leadership.

We would like to continue the practice of closing the library on the Saturdays described above.

If it is possible to establish this practice on an annual basis, we request that it be effective with this request. Respectively, Laura C Jones, Library Director

In 2026 this will include:

Saturday January 17th (this was observed as usual)

Saturday April 4th

Saturday May 23rd

Saturday July 4th

Saturday September 5th

Saturday November 28th

Saturday December 26th

Respectively,

Laura C Jones

Laura C Jones, Library Director

DANIELS AND DANIELS CONSTRUCTION CO. INC.

PCO #006

Daniels and Daniels Construction Co., Inc.
178 NC Hwy 111 South
Goldsboro, North Carolina 27534
Phone: 9197784525

Project: 25-107 - Duplin County Hangar Construction & Rehabilitation
222 Airport Road
Kenansville, North Carolina 28349

Prime Contract Potential Change Order #006: PCO #6 Reskin Hanger

TO:	County of Duplin P.O. Box 950 Kenansville, North Carolina 28349	**FROM:**	Daniels and Daniels Construction Co., Inc. 178 NC Hwy 111 South Goldsboro, North Carolina 27534
PCO NUMBER/REVISION:	006 / 1	**CONTRACT:**	25-107 - Duplin Airport Hangar
REQUEST RECEIVED FROM:		**CREATED BY:**	Justin Wright **(Daniels and Daniels Construction Co., I)**
STATUS:	Pending - Proceeding	**CREATED DATE:**	12/29/2025
REFERENCE:		**PRIME CONTRACT CHANGE ORDER:**	None
FIELD CHANGE:	No		
LOCATION:		**ACCOUNTING METHOD:**	Amount Based
SCHEDULE IMPACT:		**PAID IN FULL:**	No
EXECUTED:	No	**SIGNED CHANGE ORDER RECEIVED DATE:**	
		TOTAL AMOUNT:	$289,371.65

POTENTIAL CHANGE ORDER TITLE: PCO #6 Reskin Hanger

CHANGE REASON: Client Request

POTENTIAL CHANGE ORDER DESCRIPTION: *(The Contract Is Changed As Follows)*
CE #011 - PCO #6 Reskin Hangers A&B and C&D
This is to reskin the T hangers A&B and C&D. Cost includes dumpster, haul off, and some additional supervision. Backup is attached to this document.

Unit Cost to replace rotten Z purlin: $364 for each purlin replacement
A&B Alt Deduct: Install insulation in the roof only : $(10,761.00)
C&D Alt Deduct: Install insulation in the roof only : $(6,696.00)

ATTACHMENTS:
Duplin Airport T Hangar A_B - Reskin.docx (1).pdf , _Duplin Airport T Hangar C_D - Reskin.docx (1).pdf

#	Budget Code	Description	Amount	Self-Perform Markup (10.00% Includes Cost Type (S))	Subtotal
1	01-705.OTH Dumpster (GC's).Other Miscellaneous		$1,700.00	$170.00	$1,870.00
2	05-111.SUB PEMB Erection - Arcon Construction	This is to reskin A&B.	$134,373.00	$0.00	$134,373.00
3	05-111.SUB PEMB Erection - Arcon Construction	This is to reskin C&D.	$121,834.00	$0.00	$121,834.00
		Subtotal:	**$257,907.00**	**$170.00**	**$258,077.00**
				Bond (1.00%):	$2,580.77
				Insurance (1.00%):	$2,580.77
				Subcontract Markup (10.00%):	$26,133.11
				Grand Total:	**$289,371.65**

DANIELS AND DANIELS CONSTRUCTION CO. INC.

PCO #006

John Barker (The Wilson Group)	County of Duplin P.O. Box 950 Kenansville, North Carolina 28349	Daniels and Daniels Construction Co., Inc. 178 NC Hwy 111 South Goldsboro, North Carolina 27534
SIGNATURE DATE	SIGNATURE 3/2/26 DATE	SIGNATURE 1/29/26 DATE

DUPLIN COUNTY
NORTH CAROLINA

NORTH CAROLINA
DUPLIN COUNTY

SERVICE CONTRACT

THIS CONTRACT is made and entered into this the **2** day of **March, 2026** by and between the **COUNTY of DUPLIN**, a political subdivision of the State of North Carolina, (hereinafter referred to as "COUNTY"), and **Utility Service Co**., a corporation duly authorized to do business in the State of North Carolina, (hereinafter referred to as "CONTRACTOR").

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

1. **SCOPE OF SERVICES.** CONTRACTOR hereby agrees to provide the services and/or materials under this Contract pursuant to the provisions and specifications identified in "Attachment 1" (hereinafter collectively referred to as "Services"). Attachment 1 is hereby incorporated herein and made a part of this Contract. Time is of the essence with respect to all provisions of this Contract.

2. **TERM OF CONTRACT.** The Term of this Contract for Services is from **March 1, 2026 to July 31, 2026**, unless sooner terminated as provided herein.

   Contractor shall achieve Substantial Completion of the Services no later than July 31, 2026. In view of the difficulty of estimating damages to County by reason of the failure of Contractor to complete the work herein proposed within the time limit herein proposed, or within such further time as same may be extended upon mutual written agreement of the parties, County shall be and hereby is authorized to deduct and retain out of the moneys which may be due or become due to Contractor the sum of ONE HUNDRED DOLLARS ($100.00) per day for each and every calendar day that the work may be incomplete beyond July 31, 2026, which sum per day is hereby agreed upon, fixed and determined by the parties hereto as the ascertained and liquidated damages that County will suffer by reason of such default. Any adjustment to the Contract completion date must be made in writing signed by County.

3. **PAYMENT TO CONTRACTOR.** CONTRACTOR shall receive from COUNTY an amount not to exceed **SIXTY-ONE THOUSAND, ONE HUNDRED AND NINETEEN DOLLARS ($61,119.00)** as full compensation for the provision of Services. COUNTY agrees to pay CONTRACTOR at the rates specified for Services performed to the satisfaction of the COUNTY, in accordance with this Contract and Attachment 1. Unless otherwise specified, CONTRACTOR shall submit an itemized invoice to COUNTY upon completion of the Services. A Purchase Order number may be assigned to encumber the funds associated with this Contract and must appear on all invoices and correspondence. Payment will be processed promptly upon receipt and approval of the invoice by COUNTY.

4. **INDEPENDENT CONTRACTOR.** COUNTY and CONTRACTOR agree that CONTRACTOR is an independent contractor and shall not represent itself as an agent or employee of COUNTY for any purpose in the performance of CONTRACTOR's duties under this Contract. Accordingly, CONTRACTOR shall be responsible for payment of all federal, state and local taxes as well as business license fees arising out of CONTRACTOR's activities

DUPLIN COUNTY
NORTH CAROLINA

in accordance with this Contract. For purposes of this Contract taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

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

5. **INSURANCE AND INDEMNITY.** To the fullest extent permitted by laws and regulations, CONTRACTOR shall indemnify and hold harmless the COUNTY and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or arbitration) arising out of or resulting from CONTRACTOR's performance of this Contract or the actions of the CONTRACTOR or its officials, employees, or contractors under this Contract or under contracts entered into by the CONTRACTOR in connection with this Contract. This indemnification shall survive the termination of this Contract.

   In addition, CONTRACTOR shall comply with the North Carolina Workers' Compensation Act and shall provide for the payment of workers' compensation to its employees in the manner and to the extent required by such Act. Additionally, CONTRACTOR shall maintain, at its expense, the following minimum insurance coverage:

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

   CONTRACTOR, upon execution of this Contract, shall furnish to the COUNTY a Certificate of Insurance reflecting the minimum limits stated above. The Certificate shall provide for thirty (30) days advance written notice in the event of a decrease, termination or cancellation of coverage. Providing and maintaining adequate insurance coverage is a material obligation of the CONTRACTOR. All such insurance shall meet all laws of the State of North Carolina. Such insurance coverage shall be obtained from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in North Carolina. The CONTRACTOR shall at all times comply with the terms of such insurance policies, and all requirements of the insurer under any such insurance policies, except as they may conflict with existing North Carolina laws or this Contract. The limits of coverage under each insurance policy maintained by the CONTRACTOR shall not be interpreted as limiting the CONTRACTOR's liability and obligations under the Contract.

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

DUPLIN COUNTY
NORTH CAROLINA

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

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

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

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

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

    If, through any cause, CONTRACTOR shall fail to fulfill its contractual obligations in a timely and proper manner, COUNTY shall give written notice and CONTRACTOR shall correct the stated inadequacy within a fifteen (15) business day cure period. If CONTRACTOR fails to timely correct the inadequacy, then COUNTY shall have the right to immediately terminate the Contract by giving written notice specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by CONTRACTOR under this contract shall, at the COUNTY's option, become its property and CONTRACTOR shall be entitled to receive just and equitable compensation for any satisfactorily completed work minus any payment or compensation previously received. Notwithstanding the foregoing, CONTRACTOR shall not be relieved of liability to COUNTY for damages sustained by virtue of CONTRACTOR's breach of this agreement, and COUNTY may withhold payment due to CONTRACTOR for the purpose of setoff until such time as the exact amount of damages sustained by the COUNTY can be determined. Without limiting any other remedies that may be available in the case of breach by CONTRACTOR, COUNTY may procure contract services from another source and

hold CONTRACTOR responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by CONTRACTOR shall constitute an act of default under this contract.

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

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

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

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

15. **DIVESTMENT AND DO-NOT-CONTRACT LISTS.** CONTRACTOR certifies that it does not appear on any Divestment List or Do-Not-Contract List promulgated by the North Carolina State Treasurer or any other governmental agency. It is the responsibility of each vendor or contractor to monitor compliance with this restriction. Contracts valued at less than $1,000.00 are exempt from this restriction.

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

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

COUNTY OF DUPLIN
ATTN: **Jeffery Williams**
104 LIMESTONE RD
KENANSVILLE, NC 28349

CONTRACTOR:
ATTN: **Utility Service Co., Inc.**
Attn: Customer Service
P.O. Box 1350

Perry, GA 31069

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

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

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

To the extent that funds necessary for payments under this Agreement are derived from state or federal funding which, for whatever the reason, becomes no longer available to County, then County shall be entitled to immediately terminate this Agreement, without penalty or liability, except the payment of all contract fees due under this Agreement up to and through the last day of service.

21. **NO PLEDGE OF TAXING AUTHORITY.** No deficiency judgment may be rendered against Duplin County or any agency of Duplin County in any action for breach of a contractual obligation under this contract. The taxing power of Duplin County is not pledged directly or indirectly to secure any monies due under this contract.

22. **NO WAIVER OF GOVERNMENTAL IMMUNITY; VIOLATION OF LAW.** Except for waiver of governmental immunity resulting from the execution of a valid contract, Duplin County makes no other waiver of governmental immunity. If any provision of the Contract or Agreement is in violation of any legal, statutory or state constitutional prohibition, then such provision(s) shall be unenforceable against Duplin County.

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

24. **ENTIRE CONTRACT.** This Contract, including Attachment 1, shall constitute the entire understanding between COUNTY and CONTRACTOR and shall supersede all prior

DUPLIN COUNTY
NORTH CAROLINA

understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties.

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

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

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

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

Reviewed by Department Head

Date Reviewed: 3-4-26

CONTRACTOR

By: _____

Printed Name: G. David Forrester

Title: VP Tank Svcs LOB

7135-419900

This instrument has been preaudited in the manner required by the Local Government and Fiscal Control Act

Duplin County Finance Officer

DUPLIN COUNTY

By: _____

Printed Name: Dexter B. Edwards

Title: Chairman

ATTACHMENT 1" to follow

DUPLIN COUNTY
NORTH CAROLINA

ATTACHMENT 1
Scope of Services

CONTRACTOR shall, at its own expense, strictly adhere to all pertinent safety standards, rules, and OSHA regulations required or recommended by governmental or quasi-governmental authorities having jurisdiction. By submitting a PROPOSAL for this CONTRACT, CONTRACTOR acknowledges that it has its own safety program for all work covered by or performed under this CONTRACT. The CONTRACTOR agrees to conduct its own frequent and regular inspections of all work covered by or performed under this CONTRACT at the project site to verify compliance with the CONTRACTOR's safety program and all applicable safety standards, rules, and OSHA regulations. The CONTRACTOR and OWNER acknowledge and agree that the OWNER has no control, responsibility or authority over the CONTRACTOR or the CONTRACTOR's employees or SUBCONTRACTORS with regard to the safety and health conditions relating to or arising out of the CONTRACTOR's work or the performance of any work covered by this CONTRACT. The CONTRACTOR has the sole responsibility and authority for ensuring that any and all hazardous conditions relating to or arising out of the CONTRACTOR's work are corrected. With regard to the CONTRACTOR's work or any work covered by or performed under this CONTRACT, the OWNER is not the controlling employer or controlling entity for the purpose of detecting hazardous conditions or ensuring that hazardous conditions are correct.

The OWNER will employ a third-party NACE certified coating inspector upon completion of the work to inspect the tank and provide a report. Final payment to the CONTRACTOR shall not be made until a satisfactory report is received by the coating inspector and a negative bacteriological sample test result is achieved.

CONTRACTOR shall carry all applicable insurance policies including but not limited to: workman's compensation insurance, general insurance, builder's risk insurance, and pollution liability insurance.

DUPLIN COUNTY
NORTH CAROLINA

1. CLEANINGANDPAINTING EXTERIOR OF EXISTING 500,000 GALLON STEEL ELEVATED STORAGE TANK.
   - Pressure wash all exterior surfaces, minimum 4,000 PSI utilizing the appropriate industry standard tips as necessary
   - Scrape all rusted areas with hand and power wire brushes in accordance with SSPC-SP2 Hand Tool Cleaning and SSPC-SP3 Power Tool Cleaning.
   - Spot prime coat all bare metal surfaces using epoxy-mastic primer applied at 2.5 - 3.5 mils dry film thickness.
   - Apply one full finish coat of polyurethane paint to all exterior surfaces at 2.0 - 3.0 mils dry film thickness.
   - Paint Color Shall be 15BL Tank White. Contractor to verify color on site prior to ordering paint.
   - Logo information is attached.
   - Paint over existing logo(s), existing logo(s) should be completely covered and no longer visible.
   - Paint new logo to two sides of the tank as selected by the OWNER.
   - Application of paint system.
   - All materials and equipment.
   - Protect existing cables and antennas.
   - Construction storage and cleanup to include but not be limited to remove/haul all trash, waste, materials, etc. from site and smooth out any ruts formed from vehicle or machinery.
   - Contractor shall acquire all required permits.

1LS **$58,119.00** **$58,119.00**

DUPLIN COUNTY
NORTH CAROLINA

2. CLEANING AND DISINFECTING INTERIOR OF EXISTING 500,000 GALLON STEEL ELEVATED STORAGE TANK
   - Wash out tank interior to remove accumulated sediment.
   - Clean interior floor surfaces and pressure wash all interior surfaces, minimum 4,000 PSI utilizing the appropriate industry standard tips as necessary
   - Disinfect tank interior using AWWA C652-92 Disinfection Method #2, spray method.
   - OWNER shall obtain water sample and submit for bacteriological testing.
   - Disinfection and flushing until negative bacteriological results obtained.
   - Construction storage and cleanup including but not be limited to remove/haul all trash, waste, materials, etc. from site.
   - Contractor shall acquire all required permits.

1 LS **$2,000.00** **$2,000.00**

3. DISPOSAL OF PAINT REMOVAL DEBRIS FROM ELEVATED STORAGE TANK IN STATE APPROVED HAZARDOUS WASTE FACILITY to include but not limited to:
   - Collecting representative samples of debris.
   - Laboratory test samples using TCLP method for RCRA metals.
   - Collection and transport of debris Facility fees

1 LS **$1,000.00** **$1,000.00**

TOTAL UNIT PRICE BASE PROPOSAL.....$ 61,119.00

DUPLIN COUNTY
NORTH CAROLINA

ALTERNATE PROPOSAL ITEMS

Alternate PROPOSALS are requested on the following items. The OWNER reserves the right to award a CONTRACT on the basis of the combination of PROPOSAL ITEMS deemed by the OWNER to be in his best interest. Final award shall be made to the lowest responsive, responsible PROPOSER on the combination of BASE PROPOSAL and/or alternate PROPOSAL ITEMS as selected by the OWNER.

1.A	Identical to Base PROPOSAL Item 1, except shall be TNEMEC Paint	1 LS	**$58,119.00**	**$58,119.00**

DUPLIN COUNTY
NORTH CAROLINA

Requirements for Repainting Tank and Applying New Logo

1 - Pressure wash all exterior surfaces using 4,000 psi pressure washers or higher.

2 - Clean all rusted areas using scrapers, hand & power wire brushes in accordance with SSPC surface preparation methods.

3 - Spot prime coat all bare metal surfaces using an epoxy-mastic primer applied at 2.5 to 3.5 mils dry film thickness.

4 - Apply one full finish coat of polyurethane paint to all exterior surfaces at 2.0 to 3.0 mils dry film thickness.

5 - Paint over existing logo(s) and reapply a new logo to two sides of the tank.

6 - Site cleaned and all waste removed when completed.

7 - Tank will be inspected by third party upon completion before Contractor is scheduled to leave site.

Duplin County
2025 Audit Presentation

Presented by:
TD Hill, CPA, CFE – Managing Director – Sales & Marketing
Will Southern – Senior Audit Associate

RH CPAs PLLC
Accounting • Tax • Advisory

Status

- Audit was submitted to the LGC for their review on January 31, 2026 (by the deadline). Currently waiting on approval from the LGC.
- Unmodified or “Clean” 2025 audit opinion
- No findings over major federal and state programs
- Annual comprehensive financial report (ACFR) was submitted to the GFOA on February 1, 2026 (by the deadline).
- The County submitted an application to the GFOA for the Certificate of Excellence in Financial Reporting Program (COA).

3

Role & Objectives

- Auditor Independence
- Plan (including obtaining an understanding of internal controls over key areas)
- Perform Risk Assessment (risk-based audit approach)
- Perform audit procedures to obtain sufficient evidence to render an opinion
- Opinion concentrates on whether the financials are free from material misstatement (reasonable assurance)
- In addition, a Single Audit (Federal and State) was required for 2025.

4

Results

Opinions:

- We rendered an opinion on the financial statements (unmodified) as a whole AND on compliance with major federal and state programs.

Required Supplementary Information:

- Management Discussion and Analysis
- Various Schedules of Changes in Pension Liabilities and Schedule of Total Pension/Retirement Liabilities

Supplementary Information:

- Individual Fund Statements and Schedules
- Statistical Section

Finding

- Material Weakness 2025-01: Prior Period Restatements
  - During the year ended June 30, 2025, prior period restatements were required to ensure the financial statements were complete, accurate, and prepared in accordance with GAAP*.
  - Recommendation: We encourage management to perform a detailed review of all activity to ensure all account balances and note disclosures are accurately recorded and properly presented.
  - Corrective action plan: The County agrees with this finding and will implement additional review procedures over the year-end financial reporting process.
  - No other financial performance indicators of concern noted.

6

Compliance Results

Major Federal Programs Audited:

- Medicaid Assistance Program
- Airport Improvement Program
- Formula Grant for Rural Areas and Tribal Transit Program – Capital
- Child Support Reinforcement

Major State Programs Audited:

- State Aid to Airports Program
- State Capital and Infrastructure Fund (SCIF) Directed Grant
- DSS Crosscutting

6

Required Communication (AU-C 260)

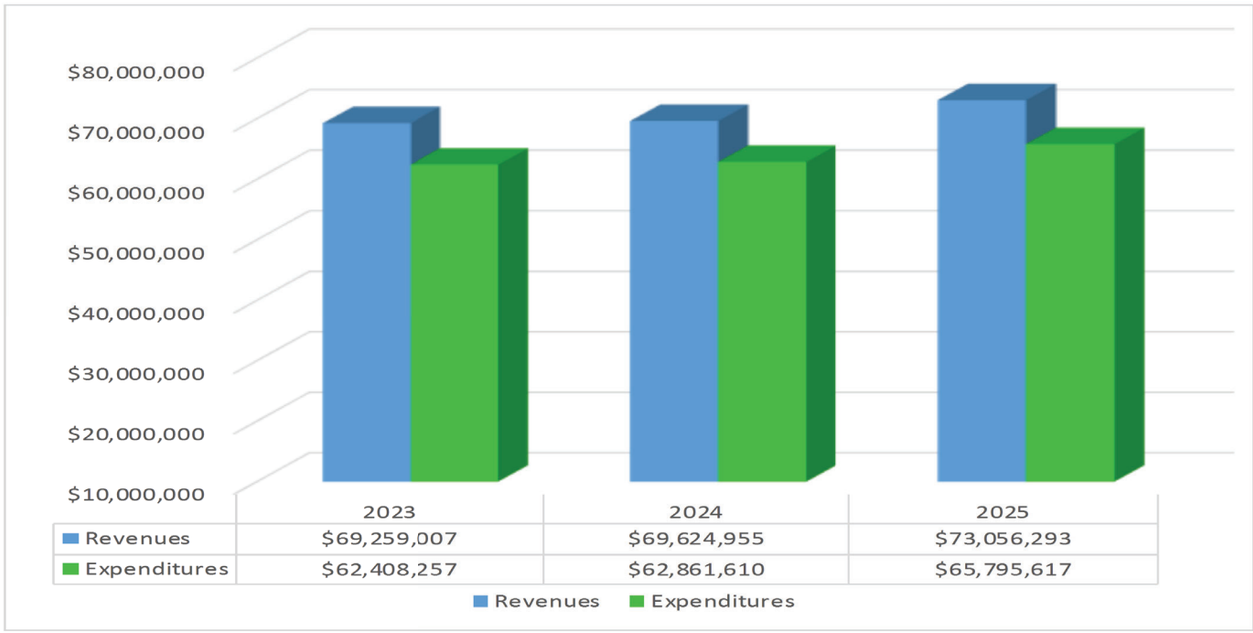
- Accounting Policy Changes:
  - The County implemented GASB Statement No. 96 *Subscription-Based Technology Arrangements* during the year ended June 30, 2025.
  - The County implemented GASB Statement No. 101 *Compensated Absences* during the year ended June 30, 2025.
  - No other changes to accounting policies noted.
- Estimates appear reasonable
- No disagreements with management
- No difficulties encountered (Complete cooperation from the Finance Team ☺)

7

Results of Operations 2025

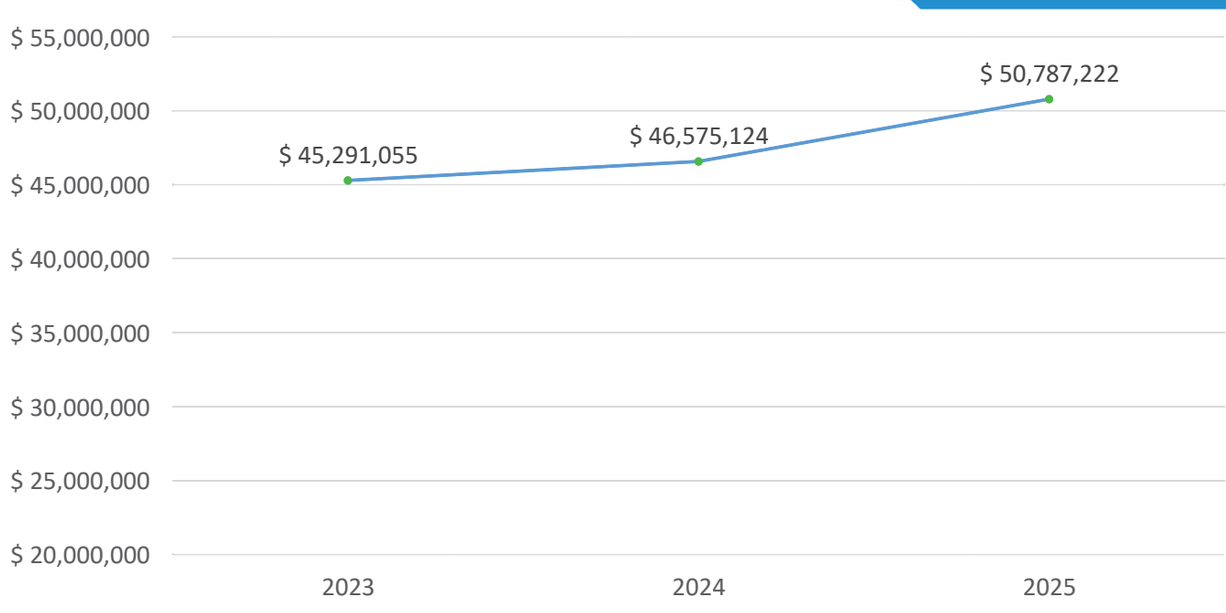
8

General Fund Summary



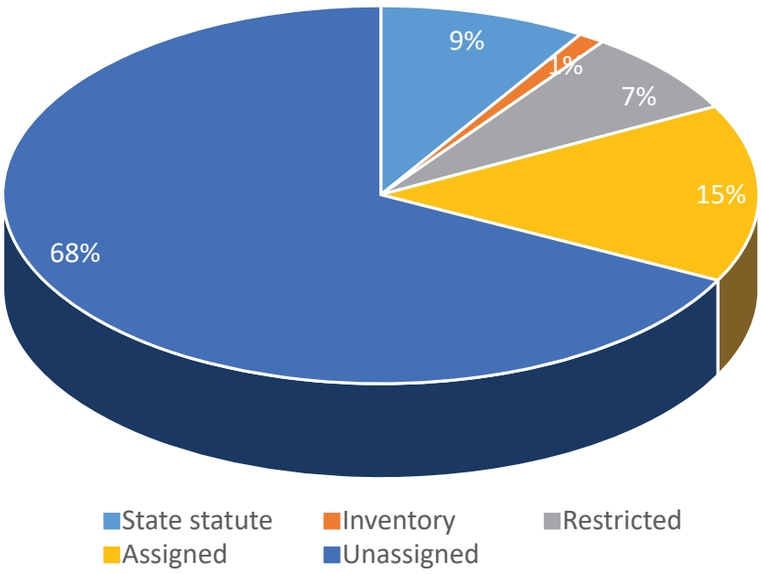
8

General Fund Balance



10

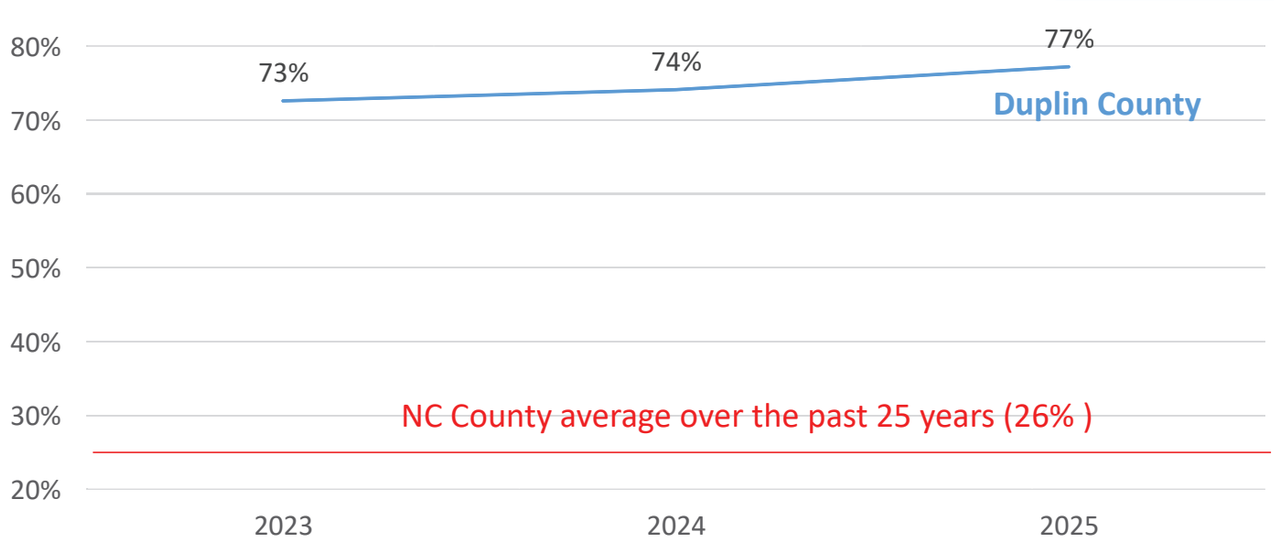
Breakdown of General Fund Balance

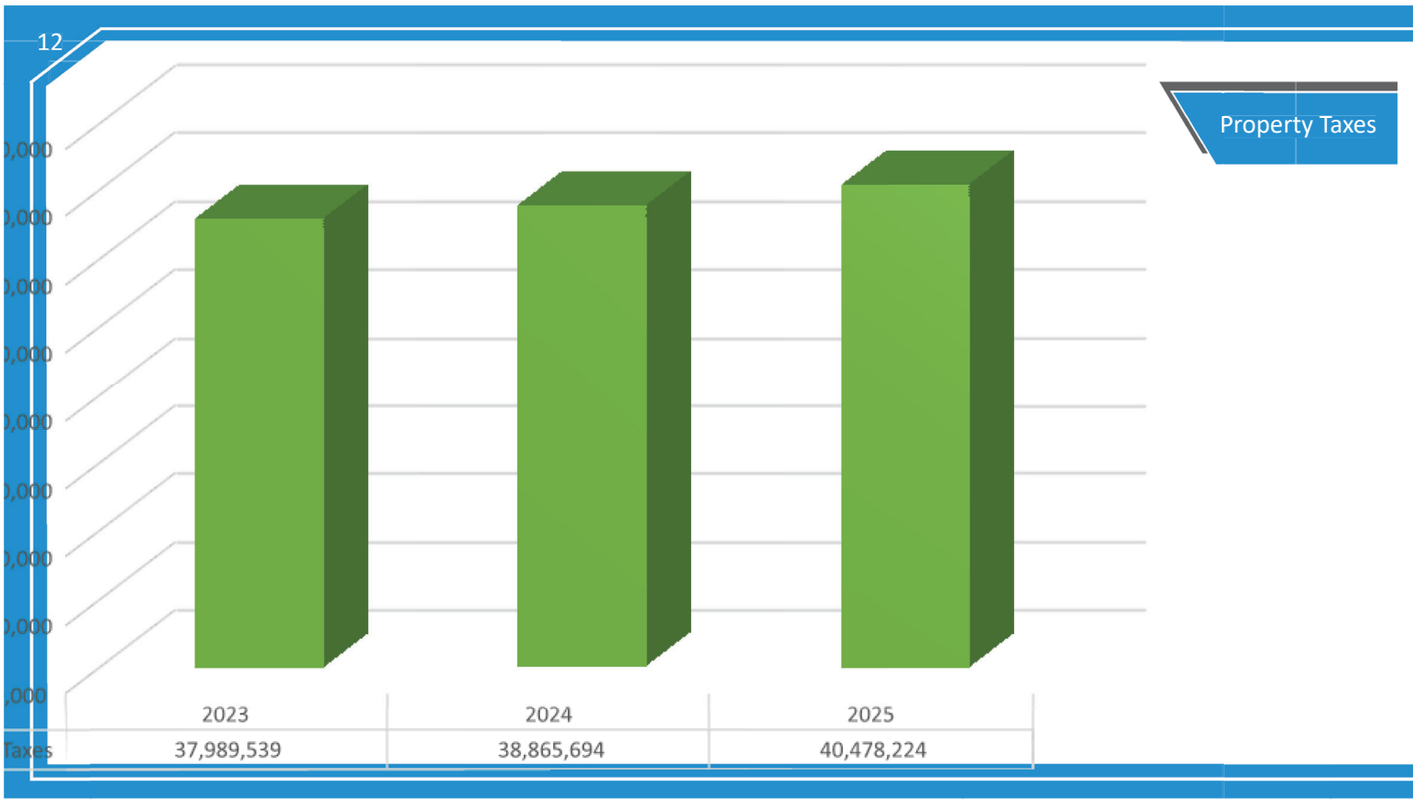


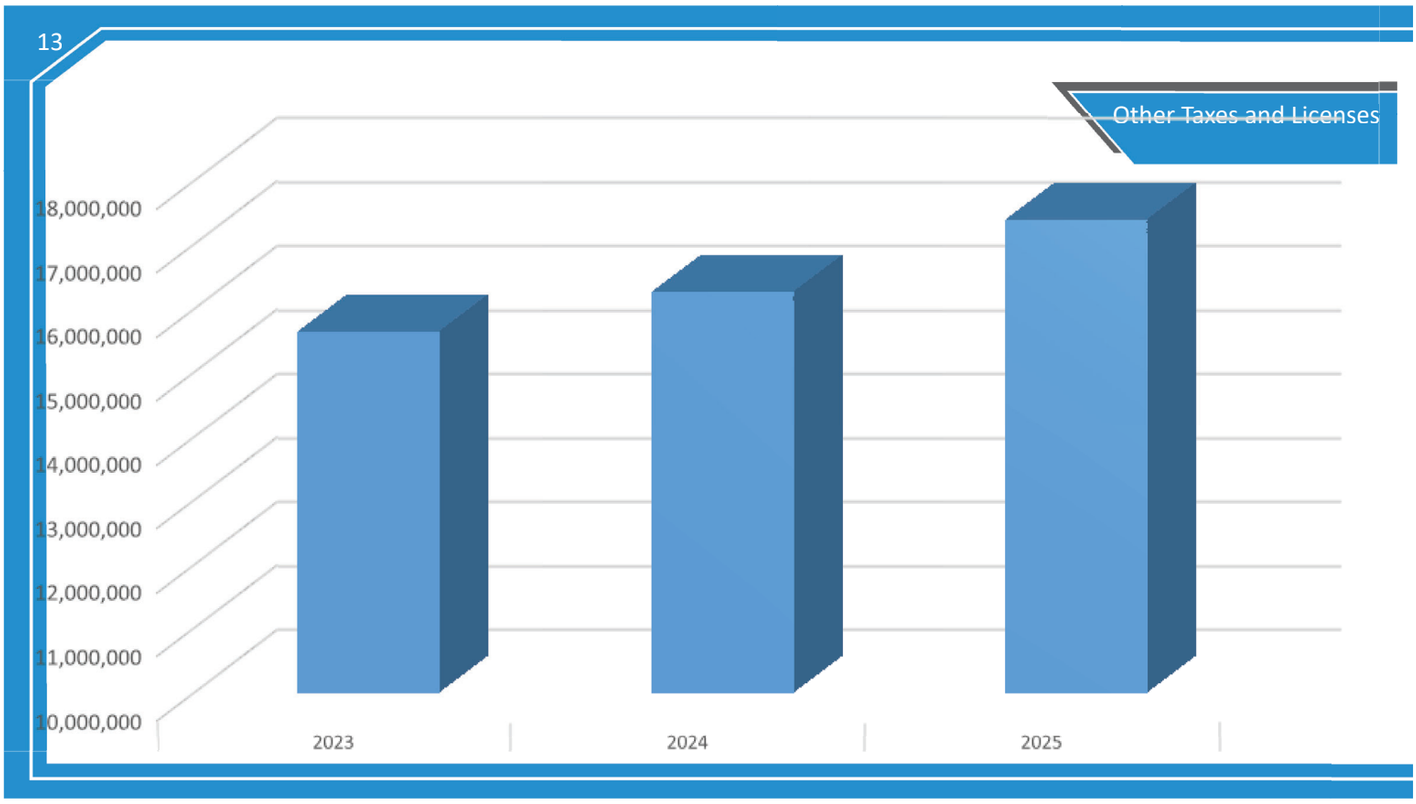
General Fund Balance Breakdown June 30, 2025	
State statute	$ 4,497,592
Inventory	$ 572,003
Restricted	$ 3,701,030
Assigned	$ 7,730,233
Unassigned	$ 34,286,364
	$ 50,787,222

11

General Fund Balance as a Percentage of Expenditures

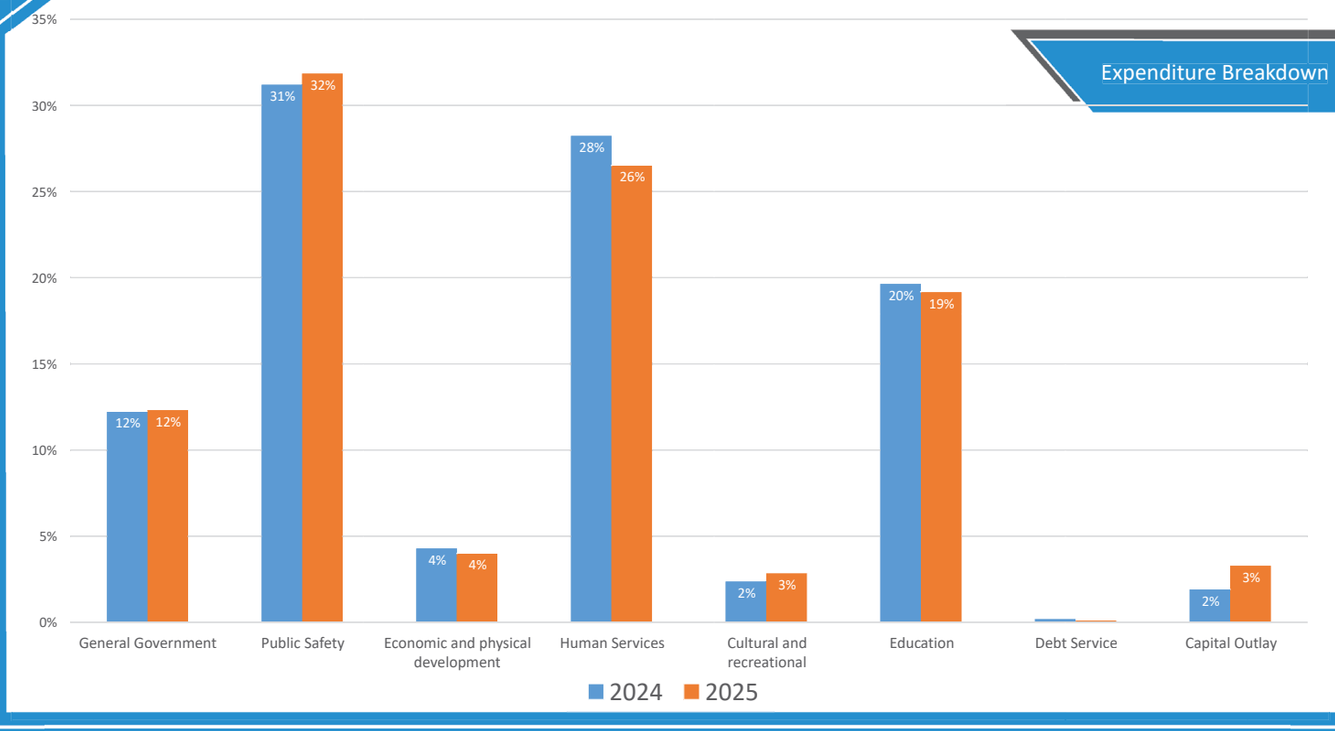



12
Property Taxes
2023
2024
2025
37,989,539
38,865,694
40,478,224


13
Other Taxes and Licenses
18,000,000
17,000,000
16,000,000
15,000,000
14,000,000
13,000,000
12,000,000
11,000,000
10,000,000
2023
2024
2025

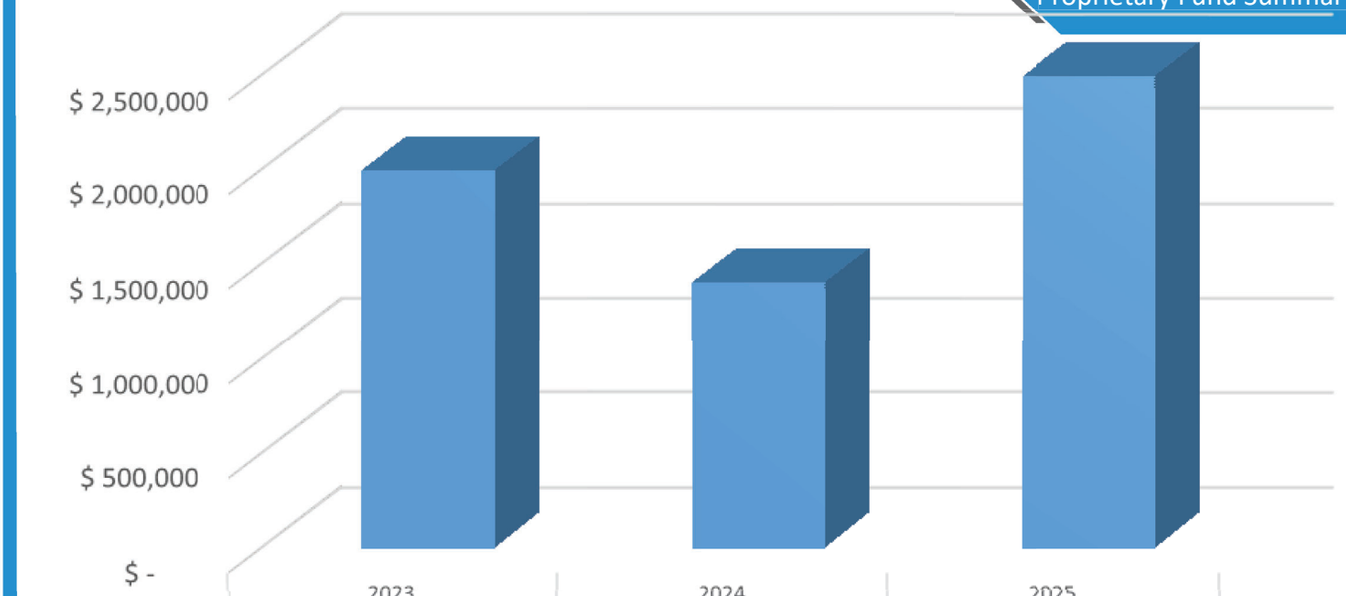
14

Expenditure Breakdown



15

Proprietary Fund Summary



	2023	2024	2025
itions, Proprietary Funds	$ 1,988,651	$ 1,394,390	$ 2,485,082

2025 Audit Major Takeaways

- Unqualified Opinion for 2025
- The County's financial health appears strong
- No disagreements with management
- We received complete cooperation from the finance team
- Audit was filed on time for the 3rd year in a row!☺
- The County submitted an ACFR to the GFOA on time and applied for the COA Award program.

16

QUESTIONS?

Duplin County, NC

munis a tyler erp solution

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	23	BUA	02/04/2026	02/04/2026	uniforms	greta.reese	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4310	42120				T	move to jailer uniforms UNIFORMS		8,500.00	
2	4320	42120				T	moved from sheriff uniform UNIFORMS	8,500.00		
							** 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
2026	08	30	BUA	02/04/2026	02/04/2026	blnd st pyjoyce	lambert	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5372	42390				T	move $$ to Blind Asst Pmt PROGRAM ENHANCEMENTS		7,525.61	
2	5460	46402				T	$ to cover draft for Cty S BLIND ASST PMT TO STATE	7,525.61		
							** 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
2026	08	32	BUA	02/04/2026	02/04/2026	NC DMV chg	greta.reese	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4320	45100				T	decrease/budget to veh. su CAPITAL OUTLAY		1,381.33	
2	4320	42962				T	decrease/budget to veh. su WORK CREW SNACKS		169.78	
3	4320	42490				T	increase - to cover NCDMV VEHICLE SUPPLIES	1,551.11		
							** 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
2026	08	38	BUA	02/05/2026	02/05/2026	ADVERT	samantha.kennedy	1	N	Hist	2026	

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

Duplin County, NC

munis a tyler erp solution

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	38	BUA	02/05/2026	02/05/2026	ADVERT	samantha.kennedy	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	5195	41990					PROFESSIONAL SERVICES PROFESSIONAL SERVICES		6,150.00	
2	5195	43911					BILLBOARDS FOR VACCINES-CA ADVERTISING	6,150.00		
							** 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
2026	08	48	BUA	02/05/2026	02/05/2026	Laminator	holly.horne	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	6110	42600				T	Moving $ for new laminator OFFICE SUPPLIES	1,600.00		
2	6110	45600				T	Moving $ for new laminator BOOKS		1,600.00	
							** JOURNAL TOTAL	0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	68	BUA	02/06/2026	02/06/2026	budg amend	jordon.whaley	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	6130	43910				T	ADVERTISING		2,173.50	
2	6130	43540				T	SOFTWARE MAINTENANCE	2,173.50		
							** 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
2026	08	133	BUA	02/11/2026	02/11/2026	CFTF	samantha.kennedy	1	N	Hist	2026	

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

Duplin County, NC

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	133	BUA	02/11/2026	02/11/2026	CFTF	samantha.kennedy	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
							ACCOUNT DESCRIPTION			
1	5167	43540				T	CHILD FATALITY TASK FORCE		1,324.00	
							SOFTWARE MAINTENANCE			
2	5167	43152				T	CHILD FATALITY TASK FORCE	1,324.00		
							CHILD FATALITY TASK FORCE			
							** 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
2026	08	157	BUA	02/12/2026	02/12/2026	021226	chelsey.lanier	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
							ACCOUNT DESCRIPTION			
1	4130	43210				T		2,000.00		
							TELEPHONE			
2	4130	44910				T		500.00		
							DUES AND SUBSCRIPTIONS			
3	4130	41990				T			2,500.00	
							PROFESSIONAL SERVICES			
4	4130	43111				T		2,800.00		
							TRAINING			
5	4130	41990				T			2,800.00	
							PROFESSIONAL SERVICES			
6	4130	43110				T		700.00		
							TRAVEL			
7	4130	41990				T			700.00	
							PROFESSIONAL SERVICES			
							** JOURNAL TOTAL	0.00	0.00	

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	197	BUA	02/12/2026	02/12/2026	amend	lisa.scronce	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
							ACCOUNT DESCRIPTION			
1	7401	42500				T	move to uniforms		2,000.00	
							VEHICLE GASOLINE			
2	7401	42120				T	move to uniforms	2,000.00		
							UNIFORMS			
							** JOURNAL TOTAL	0.00	0.00	

Duplin County, NC

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	242	BUA	02/16/2026	02/16/2026	SHIIP 26	melisa.brown	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
							ACCOUNT DESCRIPTION			
1	5601	40121				T			8.61	
							SALARIES			
2	5601	40181				T			13.85	
							SOCIAL SECURITY			
3	5601	40184				T			1.06	
							Life Insurance			
4	5601	40182				T		4.27		
							RETIREMENT			
5	5601	40183				T		15.71		
							HOSPITAL INSURANCE			
6	5601	42600				T		3.54		
							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
2026	08	243	BUA	02/16/2026	02/16/2026	Training	chris.vernon	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
							ACCOUNT DESCRIPTION			
1	4324	41990		Telcom		T	Move to Training		1,760.00	
							PROFESSIONAL SERVICES			
2	4324	42000		Telcom		T	Move to Training	1,760.00		
							TELE COMM TRAINING			
							** 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
2026	08	268	BUA	02/17/2026	02/17/2026	amend	lisa.scronce	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
							ACCOUNT DESCRIPTION			
1	7401	43551				T	expense to expense		500.00	
							REPAIRSINDUSTRIAL RENTAL BOXES			
2	7401	43250				T	expense to expense	500.00		
							POSTAGE			
							** JOURNAL TOTAL	0.00	0.00	

Duplin County, NC

munis a tyler erp solution

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	273	BUA	02/18/2026	02/18/2026	BA	jordon.whaley	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	6130	43910				T	ADVERTISING		2,394.90	
2	6130	43510				T	REPAIRS BUILDING AND GROUNDS	394.90		
3	6130	42100				T	HOUSEKEEPING	2,000.00		
							** 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
2026	08	289	BUA	02/18/2026	02/18/2026	Software	Sandra.Ayala	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4230	43520				T	move to Software Maintenan REPAIRS & MAINTENANCE EQUIPME		50,000.00	
2	4230	43540				T	move from Repairs & Maint SOFTWARE MAINTENANCE	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
2026	08	365	BUA	02/23/2026	02/23/2026	move fund	steresa.chambers	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4920	45000				T	move funds GRANTCLIENTS		1,000.00	
2	4920	43520				T	move funds REPAIRS & MAINTENANCE EQUIPME	1,000.00		
							** 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
2026	08	372	BUA	02/23/2026	02/23/2026	over spent	samantha.lane	1	N	Hist	2026	

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

Duplin County, NC

munis a tyler erp solution

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	372	BUA	02/23/2026	02/23/2026	over spent	samantha.lane	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4380	44910		2025		T	move to repairs and mainte DUES AND SUBSCRIPTIONS		2,000.00	
2	4380	43520		2025		T	cover over spent REPAIRS & MAINTENANCE EQUIPME	2,000.00		
							** 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
2026	08	410	BUA	02/24/2026	02/24/2026	transfer	angel.venecia	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4380	43110				T	move to bldg repairs TRAVEL		1,000.00	
2	4380	43510				T	move to bldg repairs REPAIRS BUILDING AND GROUNDS	1,000.00		
							** 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
2026	08	454	BUA	02/26/2026	02/26/2026	JMS users	greta.reese	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT	OB
1	4320	41966				T	add add'l user to JMS INMATE HOUSING COUNTY		9,500.00	
2	4320	44910				T	add add'l user to JMS DUES AND SUBSCRIPTIONS	9,500.00		
							** 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
2026	08	463	BUA	02/26/2026	02/26/2026	BA	justin.cox	1	N	Hist	2026	

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

Duplin County, NC

munis a tyler erp solution

JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2026	08	463	BUA	02/26/2026	02/26/2026	BA	justin.cox	1	N	Hist	2026	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	4230	43520				T	Move to Office Supplies REPAIRS & MAINTENANCE EQUIPME		2,000.00
2	4230	42600				T	Move to Office Supplies OFFICE SUPPLIES	2,000.00	
							** JOURNAL TOTAL	0.00	0.00
							** GRAND TOTAL	0.00	0.00

19 Journals printed

** END OF REPORT - Generated by CHELSEY LANIER **

LL 1-23-26
tl 01/23/26
AN 01-23-26

TOWN OF ROSE HILL
TAX REQUEST
RELEASE DATE FEBRUARY 2, 2026

NAME	TOWNSHIP	TOWN	TAX YEAR	ACCOUNT NUMBER	TOWN TAX	LATE LIST PENALTY	TOTAL RELEASE	REASON FOR RELEASE
BARRIOS, LEILA	11	T-077	2025	0284788	$ 590.08		$ 590.08	SHOULD HAVE RECEIVED ELDERLY EXEMPTION
HENDERSON, TERRY ALLEN HRS.	11	T-077	2025	3776425	$ 12.76	$ 1.28	$ 14.04	2001 BOAT DOUBLE LISTED
HENDERSON, TERRY ALLEN HRS.	11	T-077	2024	3776425	$ 14.95	$ 1.50	$ 16.45	2001 BOAT DOUBLE LISTED
MATHIS, DERRICK D. & WIFE	11	T-077	2025	5556092	$ 288.00		$ 288.00	APPLIED LATE FOR VETERAN EXEMPTION
SAVAGE, CHARLES J. & JOYCE PISTNER	11	T-077	2025	1004689	$ 83.20		$ 83.20	BILLED FOR TOWN IN ERROR
SAVAGE, CHARLES JAMES & JOYCE PISTNER	11	T-077	2025	7653672	$ 1,605.76		$ 1,605.76	BILLED FOR TOWN IN ERROR
GRAND TOTAL					$ 2,594.75	$ 2.78	$ 2,597.53	

SUBMITTED BY: _____ **FINAL APPROVAL BY:** _____ **DATE APPROVED:** 2-10-26

LL 1-23-26
01/23/26
AB) 01-23-26

TOWN OF WALLACE
TAX REQUEST
RELEASE DATE FEBRUARY 2, 2026

NAME	TOWNSHIP	TOWN	TAX YEAR	ACCOUNT NUMBER	TOWN TAX	LATE LIST PENALTY	TOTAL RELEASE	REASON FOR RELEASE
BLACK, MARIA Z.	09	T-079	2025	0100001791	$ 238.50		$ 238.50	APPLIED LATE FOR VETERAN EXEMPTION
BROOKS, DAVID SCOTT & AMANDA	09	T-079	2025	1140900	$ 206.70		$ 206.70	CLERICAL ERROR ON HEATED SF & GRADE
BROOKS, DAVID SCOTT & AMANDA	09	T-079	2024	1140900	$ 66.96		$ 66.96	CLERICAL ERROR ON HEATED SF & GRADE
BROOKS, DAVID SCOTT & AMANDA	09	T-079	2023	1140900	$ 66.96		$ 66.96	CLERICAL ERROR ON HEATED SF & GRADE
BROOKS, DAVID SCOTT & AMANDA	09	T-079	2022	1140900	$ 66.96		$ 66.96	CLERICAL ERROR ON HEATED SF & GRADE
BROOKS, DAVID SCOTT & AMANDA	09	T-079	2021	1140900	$ 66.96		$ 66.96	CLERICAL ERROR ON HEATED SF & GRADE
GRAND TOTAL					$ 713.04	$ -	$ 713.04	

SUBMITTED BY: _____ FINAL APPROVAL BY: Cam Tolson DATE APPROVED: 2-12-26

DUPLIN COUNTY BUILDING INSPECTIONS ACTIVITY AUGUST 2025 TO JANUARY 2026	August-25	September-25	Octorber-25	November-25	December-25	January-26
NUMBER OF INSPECTIONS	861	914	916	570	685	698
NOTES	FLORENCE RECOVERY	FLORENCE RECOVERY	FLORENCE RECOVERY	FLORENCE RECOVERY	FLORENCE RECOVERY	FLORENCE RECOVERY
BUILDING PERMITS ISSUED						
NEW RESIDENCE	6	10	5	13	7	14
RESIDENTIAL ADDITION/RENOVATION/ALTERATIONS	6	7	6	5	5	7
COMMERCIAL/MULTI FAMILY NEW CONSTRUCTION	1	0	0	1	3	2
COMMERICAL ADDITION/RENOVATION/UPFIT	13	12	9	9	6	12
MANUFACTURED/MODULAR HOMES	25	24	14	26	9	21
SIGNS/ABC/DAYCARE/POOL/OTHER	12	7	14	2	6	6
STORM DAMAGE RENOVATION	0	0	0	0	0	0
RELOCATED BUILDING	1	0	0	1	2	0
STORAGE BLDG./DECK/PORCH	3	0	1	2	4	5
ELECTRICAL PERMITS ISSUED						
GENERAL ELECTRICAL	123	134	103	92	94	126
POULTRY/SWINE HOUSES	0	0	0	0	0	0
POOL BONDING	1	0	0	0	0	0
MECHANICAL PERMITS ISSSUED						
MECHANICAL	70	68	54	55	50	67
PLUMBING PERMITS ISSUED						
PLUMBING	46	58	52	36	38	55
GAS PIPING	10	11	13	5	2	12
INSULATION PERMITS ISSUED						
INSULATION	2	2	1	0	0	2
FEES COLLECTED	32,745.96	37,176.40	24,546.72	29,617.60	20,495.72	36,114.88

DUPLIN COUNTY ECONOMIC DEVELOPMENT
SCOTTY SUMMERLIN, DIRECTOR
TERESA T. CHAMBERS, ADMINISTRATIVE SUPPORT SPECIALIST

ACTIVITY REPORT – JANUARY-FEBRUARY 2026

- With guidance from the Commission, working to identify and expedite additional infrastructure improvement projects in Duplin County. Potential projects have been identified, as we work with grant administrators and our elected officials to procure contracts for additional work and services. County industrial park improvements remain at the forefront of identified projects.
- Phase I Utility Improvements including roadways, water/sewer extensions, and utilities 98% complete. Final punch list items being addressed. Construction completion expected towards the end of Quarter 1-2026. Persistent delays due to multiple-contractor coordination issues continue, though progress is being made.
- NC Forest Service Region 1 Headquarters groundbreaking ceremony has kicked off construction activities. Site work completed includes lot clearing and initial grading activities. Vertical construction will soon commence. Construction period anticipated for 18 months.
- AirPark and SouthPark Shell Buildings construction continues to run smoothly with no major issues. Phase I completion remains end of Quarter 1-2026.
- Marketing efforts increasing on Shell Buildings with help from North Carolina's SouthEast, the Economic Development Partnership of NC (EDPNC), and other allies.
- Coordinating Economic Development Partnership of NC (EDPNC) Recruitment Team visit and tours of Shell Buildings at AirPark and SouthPark Business and Industry Parks. Tours scheduled for March 4, 2026. Other ED allies invited to tour buildings.
- Attended site selection/broker meeting in Raleigh to further promote Duplin shell buildings and existing sites/buildings.
- NC Southeast (NCSE) Industrial Park Site Enhancement Program (ISEP) back on track. Readvertised for construction bids and received three responsive bids. Contracting and construction to commence in February. Additional Parks' signage to be added.
- NC Southeast sponsored due diligence activities – first phase for EastPark-Beulaville closed out.
- Presented to the Town of Beulaville Board of Commissioners on progress of County Infrastructure Improvements. Beulaville formally identified town owned property as business and industrial property for marketing purposes.

- Duke Energy Site Readiness Program (updated due diligence) for WestPark-Warsaw, SouthPark-Wallace, and EastPark-Beulaville picking up momentum. Engineering Services Agreement previously forwarded to Commissioners has been approved with a finalized scope of work underway.
- As an additional opportunity for updated due diligence efforts at no direct expense to the County, EPA Brownfield Assessment grant funds are being utilized. Funds to be expended by September 2026 deadline.
- County Economic Development Revolving Loan Program Committee review completed. Sent to Commissioners for public hearing and action for March 2026.
- WestPark-Warsaw rail spur maintenance and repairs completed successful.
- Finalized and fully executed the Performance and Incentive Agreement – Project Pear. Company reporting 20 of 26 local employees (committed) have been hired.
- With assistance from Duplin County Planning Department, holding County-level transportation advisory committee meetings. Group includes participation from municipal/county elected officials/staff and transportation planners from ECCOG and NCDOT. Group advocates for local transportation-related improvements.

Sales Tax Report for the Purchase Month of November Received in February

Article 39

Purchase Month	Distribution Month	FY 26 Actual	FY 25 Actual	FY 24 Actual	FY 23 Actual	FY 22 Actual	FY 21 Actual
July	October	532,981.00	512,413.10	495,991.40	460,818.32	457,573.41	427,182.25
August	November	554,514.10	527,645.33	513,122.83	479,755.43	427,349.77	392,404.62
September	December	537,472.17	478,348.51	490,037.02	496,342.32	414,041.24	405,011.20
October	January	547,870.21	443,241.60	460,118.92	463,630.99	400,175.55	384,453.05
November	February	549,955.85	758,680.89	518,248.14	364,212.57	351,915.06	351,358.13
December	March	-	601,865.28	423,877.90	546,338.21	476,025.91	443,143.03
January	April	-	450,972.43	467,630.40	453,297.42	400,423.99	404,614.63
February	May	-	456,723.43	465,628.42	400,734.07	396,214.81	358,703.95
March	June	-	583,598.96	543,549.20	500,590.56	486,430.41	456,776.99
April	July	-	484,226.02	471,382.38	476,825.85	483,971.68	459,458.81
May	August	-	550,139.87	526,073.62	514,839.19	436,910.71	440,756.95
June	September	-	563,399.25	562,486.87	533,561.50	489,732.40	457,573.41
	Article Total	**2,722,793.33**	**6,411,254.67**	**5,938,147.10**	**5,690,946.43**	**5,220,764.94**	**4,981,437.02**

Article 40

Purchase Month	Distribution Month	FY 26 Actual	FY 25 Actual	FY 24 Actual	FY 23 Actual	FY 22 Actual	FY 21 Actual
July	October	283,999.55	284,234.61	286,511.95	277,217.58	314,630.28	270,611.54
August	November	278,759.73	284,758.24	284,657.82	280,024.99	236,164.76	249,665.05
September	December	269,354.67	127,731.20	240,291.48	275,221.91	236,119.58	264,679.48
October	January	274,413.01	263,006.53	265,881.15	264,742.13	235,572.14	258,943.88
November	February	282,174.35	277,070.68	277,188.00	261,224.00	252,646.72	282,949.70
December	March	-	301,295.57	310,302.54	306,365.33	283,307.22	307,713.65
January	April	-	233,878.49	244,364.29	257,322.75	217,544.16	260,832.19
February	May	-	233,331.71	237,471.64	211,806.82	210,454.03	218,240.63
March	June	-	290,509.64	289,861.51	287,821.87	271,478.36	309,547.51
April	July	-	278,302.11	262,421.11	254,700.06	268,244.37	289,056.33
May	August	-	280,966.15	287,522.25	284,649.97	265,359.04	321,629.72
June	September	-	296,961.65	307,544.77	302,591.56	285,899.57	314,630.28
	Article Total	**1,388,701.31**	**3,152,046.59**	**3,294,018.51**	**3,263,688.96**	**3,077,420.23**	**3,348,499.95**

Article 42

Purchase Month	Distribution Month	FY 26 Actual	FY 25 Actual	FY 24 Actual	FY 23 Actual	FY 22 Actual	FY 21 Actual
July	October	18,057.26	44,363.77	35,329.73	23,964.58	2,171.79	21,433.94
August	November	32,255.22	52,136.04	43,302.05	28,729.47	35,798.87	21,223.96
September	December	31,890.35	21,263.70	2,031.07	42,608.75	29,992.58	17,808.56
October	January	33,010.70	(8,346.96)	32,498.43	32,862.17	25,284.67	10,615.56
November	February	26,990.69	135,414.15	53,022.92	(9,836.24)	(12,782.68)	10,746.11
December	March	-	37,469.89	(16,806.26)	45,798.34	23,571.72	4,059.20
January	April	-	19,949.64	52,199.35	35,456.72	42,561.14	21,219.86
February	May	-	23,547.71	57,947.17	45,504.28	42,039.91	28,537.48
March	June	-	37,110.73	57,935.11	34,409.98	39,082.30	93,318.08
April	July	-	(1,172.52)	40,938.82	51,376.66	40,750.36	18,783.51
May	August	-	28,941.28	48,387.55	43,974.94	20,552.71	(13,493.46)
June	September	-	21,957.51	52,889.98	40,887.13	29,628.10	2,171.79
	Article Total	**142,204.21**	**412,634.93**	**459,675.91**	**415,736.78**	**318,651.47**	**236,424.59**

Article 44

Purchase Month	Distribution Month	FY 26 Actual	FY 25 Actual	FY 24 Actual	FY 23 Actual	FY 22 Actual	FY 21 Actual
July	October	-	-	-	13.09	-	253.14
August	November	-	-	-	10.48	1.74	44.21
September	December	-	-	-	-	-	10.14
October	January	-	-	-	-	-	15.51
November	February	-	0.39	(0.66)	-	15.33	(22.36)
December	March	-	-	-	(0.98)	-	(188.91)
January	April	-	(1.40)	-	12.27	-	-
February	May	-	-	-	-	-	18.58
March	June	-	-	-	(74.55)	-	4.28
April	July	-	-	19.15	-	(103.19)	-
May	August	-	-	-	-	(0.02)	-
June	September	-	(53.53)	0.64	(323.15)	-	-
	Article Total	**-**	**(54.54)**	**19.13**	**(362.84)**	**(86.14)**	**134.59**

Article 44-524

Purchase Month	Distribution Month	FY 26 Actual	FY 25 Actual	FY 24 Actual	FY 23 Actual	FY 22 Actual	FY 21 Actual
July	October	211,574.48	205,087.27	198,613.11	182,507.34	159,517.49	139,634.41
August	November	211,333.51	205,025.27	198,640.40	182,454.62	157,647.11	139,815.46
September	December	211,333.51	205,025.27	198,640.40	182,454.62	157,647.11	139,815.46
October	January	211,333.51	205,025.27	198,640.40	182,454.62	157,647.11	139,815.46
November	February	211,350.46	204,973.90	198,743.97	182,485.74	157,748.35	139,812.65
December	March	-	204,973.90	198,743.97	182,485.74	157,748.35	139,812.65
January	April	-	204,973.90	198,743.97	182,485.74	157,748.35	139,812.65
February	May	-	204,973.90	198,743.97	182,485.74	157,748.35	139,812.65
March	June	-	204,973.90	198,743.97	182,485.74	157,748.35	139,812.65
April	July	-	204,973.90	198,743.97	182,485.74	157,748.35	139,812.65
May	August	-	204,973.90	198,743.97	182,485.74	157,748.35	159,517.49
June	September	-	211,574.48	205,087.27	198,613.11	182,507.34	159,517.49
	Article Total	**1,056,925.47**	**2,466,554.86**	**2,390,829.37**	**2,205,884.49**	**1,919,204.61**	**1,716,991.67**

City Hold Harmless

Purchase Month	Distribution Month	FY 26 Actual	FY 25 Actual	FY 24 Actual	FY 23 Actual	FY 22 Actual	FY 21 Actual
July	October	(113,521.23)	(108,472.43)	(110,581.15)	(108,260.82)	(119,296.78)	(100,004.97)
August	November	(109,662.32)	(107,433.01)	(109,242.71)	(109,815.57)	(91,005.34)	(90,917.30)
September	December	(105,782.83)	(97,730.39)	(98,380.36)	(105,304.44)	(91,274.94)	(96,637.64)
October	January	(108,461.12)	(108,440.85)	(102,623.14)	(103,004.55)	(91,133.01)	(95,698.71)
November	February	(111,701.37)	(94,577.19)	(104,184.28)	(105,815.88)	(103,344.26)	(102,869.56)
December	March	-	(117,898.60)	(126,022.94)	(116,655.57)	(111,531.17)	(114,866.63)
January	April	-	(91,600.59)	(91,366.71)	(98,833.04)	(80,256.64)	(94,582.66)
February	May	-	(91,761.17)	(87,178.83)	(78,456.16)	(78,884.60)	(77,852.07)
March	June	-	(113,144.08)	(107,798.28)	(111,538.51)	(104,233.92)	(116,904.76)
April	July	-	(114,344.92)	(99,974.82)	(94,740.40)	(102,414.29)	(107,968.37)
May	August	-	(110,336.50)	(109,195.47)	(109,081.66)	(103,751.80)	(124,472.05)
June	September	-	(118,136.80)	(116,092.24)	(116,597.12)	(111,820.54)	(119,296.78)
	Article Total	**(549,128.87)**	**(1,273,876.53)**	**(1,262,640.93)**	**(1,258,103.72)**	**(1,188,947.29)**	**(1,242,071.50)**
	GRAND TOTAL	**4,761,495.46**	**11,168,559.98**	**10,820,049.09**	**10,317,790.10**	**9,347,007.82**	**9,041,416.32**

	FY 26 Budget	FY 26 Actuals	FY 26 Estimates	FY 25 Actuals	FY 24 Actuals	FY 23 Actuals	FY 22 Actuals
Article 39	4,591,000.00	2,173,664.46	5,216,794.70	5,137,378.14	4,675,506.17	4,432,842.71	4,031,817.65
Article 40	3,266,700.00	1,388,701.31	3,332,883.15	3,152,046.59	3,294,018.51	3,263,688.96	3,077,420.23
Article 42	427,500.00	142,204.21	341,290.11	412,634.93	459,675.91	415,736.78	318,651.47
Article 44	-	-	-	(54.54)	19.13	(362.84)	(86.14)
Article 44-524	2,384,400.00	1,056,925.47	2,536,621.13	2,466,554.86	2,390,829.37	2,205,884.49	1,919,204.61
	10,669,600.00	4,761,495.46	11,427,589.10	11,168,559.98	10,820,049.09	10,317,790.10	9,347,007.82

Duplin County
FY 25-26 Financial Summary
General Fund Revenues Through January 2026

ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	YTD	AVAILABLE BUDGET	% YTD
General Government					
AD VALOREM TAXES	-34,668,731.00	-34,668,731.00	-32,990,935.84	-1,677,795.16	95.16%
REFUND AD VALOREM TAXES	0.00	0.00	333,645.58	-333,645.58	0.00%
RENTAL VEH GROSS RECEIPTS TAX	-19,500.00	-19,500.00	-8,020.64	-11,479.36	41.13%
REFUND MOTOR VEHICLES TAX	0.00	0.00	4,628.41	-4,628.41	0.00%
COUNTY TAXES MOTOR VEHICLE	-4,203,739.00	-4,203,739.00	-2,399,843.35	-1,803,895.65	57.09%
SALES TAX ART 39	-5,223,453.00	-5,223,453.00	-1,735,409.98	-3,488,043.02	33.22%
SALES TAX 1/2 ART 40	-3,037,672.00	-3,037,672.00	-1,106,526.96	-1,931,145.04	36.43%
SALES TAX 1/2 ART 42	-518,144.00	-518,144.00	-115,213.53	-402,930.47	22.24%
SALES TAX ART 44524	-2,460,146.00	-2,460,146.00	-845,575.01	-1,614,570.99	34.37%
EXCISE TAX (REAL PROPERTY TRAN	-170,000.00	-170,000.00	-116,452.38	-53,547.62	68.50%
P-Card Rebate	-20,000.00	-20,000.00	-22,092.21	2,092.21	110.46%
BEER LICENSE NCGS 105 .113.78	-2,000.00	-2,000.00	-90.00	-1,910.00	4.50%
FRANCHISE CABLE TV	-15,000.00	-15,000.00	-2,536.57	-12,463.43	16.91%
REGISTER OF DEEDS FEES	-205,000.00	-205,000.00	-121,510.60	-83,489.40	59.27%
MARRIAGE LICENSES FEES	-24,000.00	-24,000.00	-10,620.00	-13,380.00	44.25%
PUBLIC HEARING FEES	-1,500.00	-1,500.00	-2,750.00	1,250.00	183.33%
COURT FACILITY FEESNCGS 7A300	-94,000.00	-94,000.00	-67,388.83	-26,611.17	71.69%
ELECTION FILING FEES	0.00	0.00	-7,144.02	7,144.02	0.00%
ELECTIONSMUNICIPAL REIMB	0.00	0.00	-21,648.30	21,648.30	0.00%
SALES: GASOLINE & OIL	-800,000.00	-800,000.00	-437,788.36	-362,211.64	54.72%
SALES: POSTAGE	-100,000.00	-100,000.00	-59,499.43	-40,500.57	59.50%
SALES: GARAGE	-350,000.00	-350,000.00	-138,459.24	-211,540.76	39.56%
SALES: GARAGE LABOR	-37,000.00	-37,000.00	-18,678.03	-18,321.97	50.48%
NCACC Grant	0.00	-4,500.00	-3,000.00	-1,500.00	0.00%
Leased Property	-25,715.00	-25,715.00	-250.00	-25,465.00	0.97%
Planning Review Fees	-8,000.00	-8,000.00	-2,625.00	-5,375.00	32.81%
INTEREST EARNED	-1,450,000.00	-1,450,000.00	-1,146,349.00	-303,651.00	79.06%
RENT FARM SERVICES FEDERAL	-76,076.00	-76,076.00	-44,444.55	-31,631.45	58.42%
SALE OF ASSETS	0.00	0.00	-24,679.00	24,679.00	0.00%
ABC PROFITS (35% GENERAL)	-20,000.00	-20,000.00	-7,700.00	-12,300.00	38.50%
MISCELLANEOUS	0.00	0.00	-2,799.06	2,799.06	0.00%
COPIES	0.00	0.00	-248.25	248.25	0.00%
INSURANCE SETTLEMENTS	0.00	-30,111.03	-30,111.03	0.00	0.00%
RETURN CHECK FEE	0.00	0.00	-70.00	70.00	0.00%
RENTUTILITIESWEST PARK TECH CT	-12,000.00	-12,000.00	-12,000.00	0.00	100.00%
RENT-214 DUPLIN ST	-12,600.00	-12,600.00	-7,350.00	-5,250.00	58.33%
ADM. FEE FUNDS COLLECTED	-175,000.00	-175,000.00	-147,656.21	-27,343.79	84.37%
ADM. FEE TOURISM DEVELOPMENT	-7,500.00	-7,500.00	0.00	-7,500.00	0.00%
ADM. FEE SOLID WASTE FEES	-48,775.00	-48,775.00	0.00	-48,775.00	0.00%
Transfer from Tourism	0.00	0.00	-734,293.83	734,293.83	0.00%
FUND BALANCE APP-RESV MEDICAID	0.00	-4,000.00	0.00	-4,000.00	0.00%
FUND BAL CARRY FWD GRANTS	0.00	-1,610,661.61	0.00	-1,610,661.61	0.00%
FUND BALANCE	-7,730,233.00	-8,033,054.30	0.00	-8,033,054.30	0.00%
Veterans' Office	-2,100.00	-20,388.97	0.00	-20,388.97	0.00%
JCPC	-212,657.00	-212,657.00	-124,062.00	-88,595.00	58.34%
Public Safety					
4310 SHERIFF	-1,490,139.00	-1,975,767.31	-1,219,469.67	-756,297.64	81.84%
4330 Emergency Management	-20,625.00	-23,625.00	-31,762.95	8,137.95	154.00%
4350 BUILDING INSPECTIONS	-355,000.00	-1,326,922.98	-193,103.12	-1,133,819.86	54.40%
4370 EMERGENCY MEDICAL SERVIC	-2,650,000.00	-2,650,000.00	-1,802,361.75	-847,638.25	68.01%
4380 ANIMAL SERVICES	-20,000.00	-20,000.00	-18,128.00	-1,872.00	90.64%
4411 FEMA Cybersecurity Grant	0.00	-234,378.20	0.00	-234,378.20	0.00%
4430 NCEM Grants	0.00	0.00	-6,521.05	6,521.05	0.00%
4948 LIVESTOCK ARENA	-600.00	-600.00	0.00	-600.00	0.00%
4950 Cooperative Extension	-19,750.00	-123,769.16	-71,761.39	-52,007.77	363.35%

Duplin County
FY 25-26 Financial Summary
General Fund Revenues Through January 2026

ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	YTD	AVAILABLE BUDGET	% YTD
4952 EASTPOINT 4-H GRANT	0.00	-33,205.32	0.00	-33,205.32	0.00%
Environmental Protection					
4960 SOIL CONSERVATION	-8,600.00	-8,600.00	-2,950.00	-5,650.00	34.30%
Human Services					
5110 HEALTH	-32,581.00	-32,831.00	-32,631.61	-199.39	100.16%
5111 ENVIRONMENTAL HEALTH	-143,100.00	-143,100.00	-89,895.00	-53,205.00	62.82%
5112 STATE COMMUNITY HEALTH G	-150,000.00	-150,000.00	-45,420.54	-104,579.46	30.28%
5113 COMMUNICABLE DISEASE	-63,190.00	-68,190.00	-20,240.17	-47,949.83	32.03%
5114 IMMUNIZATIONS	-247,148.00	-247,148.00	-98,274.78	-148,873.22	39.76%
5116 STD DRUGS	-2,984.00	-2,984.00	-58.28	-2,925.72	1.95%
5119 DENTAL PROGRAMS	-2,000.00	-2,000.00	0.00	-2,000.00	0.00%
5123 BIOTERRORISM	-35,444.00	-35,444.00	-17,021.94	-18,422.06	48.02%
5124 TUBERCULOSIS	-54,508.00	-54,508.00	-45,054.91	-9,453.09	82.66%
5126 Cape Fear Memorial Grant	-95,000.00	-95,000.00	-95,000.00	0.00	100.00%
5127 Eastpointe Grant	0.00	-60,000.00	-17,907.18	-42,092.82	0.00%
5129 COUNTY WELLNESS PROGRAM	-74,900.00	-74,900.00	-62,989.76	-11,910.24	84.10%
5136 VIDANT-DIABETIC GRANT	0.00	-8,000.00	-8,000.00	0.00	0.00%
5139 PREGNANCY CARE MANAGEMEN	-224,500.00	-224,500.00	-141,716.08	-82,783.92	63.13%
5142 CVD WISEWOMAN	-5,225.00	-1,825.00	0.00	-1,825.00	0.00%
5151 PRIMARY CARE	-301,500.00	-301,500.00	-91,382.57	-210,117.43	30.31%
5154 COMMUNITY HEALTH PROMOTI	-34,526.00	-34,526.00	-17,957.62	-16,568.38	52.01%
5155 WIC-NUTRITION EDUCATION	-200,000.00	-200,000.00	-83,416.06	-116,583.94	41.71%
5156 WIC-BREASTFEEDING PROMOT	-20,000.00	-20,000.00	-11,155.02	-8,844.98	55.78%
5157 WIC-GENERAL ADMINISTRATI	-15,000.00	-15,000.00	-6,841.66	-8,158.34	45.61%
5160 NC FIELD	0.00	-15,000.00	0.00	-15,000.00	0.00%
5162 PCM-NON-MEDICAID	-50,000.00	-50,000.00	-30,052.75	-19,947.25	60.11%
5163 MATERNAL HEALTH	-192,818.00	-204,818.00	-76,265.64	-128,552.36	39.55%
5164 FAMILY PLANNING	-209,462.00	-209,462.00	-140,797.10	-68,664.90	67.22%
5165 WIC-CLIENT SERVICES	-215,499.00	-238,339.00	-102,250.07	-136,088.93	47.45%
5166 PEER BREASTFEEDING	-32,000.00	-32,000.00	-17,538.04	-14,461.96	54.81%
5167 CHILD HEALTH	-425,508.00	-425,508.00	-208,582.21	-216,925.79	49.02%
5171 Breast and Cervical Canc	-26,100.00	-58,600.00	-19,500.00	-39,100.00	74.71%
5173 CC4C	-178,297.00	-178,297.00	-106,858.07	-71,438.93	59.93%
5179 ORH Medication Assistanc	0.00	-29,315.00	-9,955.36	-19,359.64	0.00%
5188 Duplin Coalition for Hea	0.00	0.00	-34,826.18	34,826.18	0.00%
5190 Local Workforce Developm	0.00	0.00	-20,232.00	20,232.00	0.00%
5191 Supporting Womens Health	-125,000.00	-125,000.00	-24,835.47	-100,164.53	19.87%
5194 Reg Found Capabilities D	-107,452.00	-107,452.00	-1,976.74	-105,475.26	1.84%
5195 Capacity Building Grant	0.00	-31,417.55	-56,023.49	24,605.94	0.00%
5300 DEPARTMENT OF SOCIAL SER	-6,337,140.00	-6,337,140.00	-3,092,284.39	-3,244,855.61	48.80%
5600 SENIOR SERVICES	-623,203.00	-607,777.00	-238,966.90	-368,810.10	38.34%
5616 SENOIR CENTER OPERATIONS	-833.00	-1,111.00	-444.40	-666.60	53.35%
Cultural & Recreational					
6105 Tourism	0.00	-195,000.00	-89,524.73	-105,475.27	0.00%
6110 Library	-145,144.00	-155,144.00	-94,988.23	-60,155.77	65.44%
6130 PARKS AND RECREATION	-82,000.00	-91,600.00	-65,673.00	-25,927.00	80.09%
6140 MUSEUM	0.00	-250.00	-4,136.91	3,886.91	0.00%
6160 Event Center	-205,000.00	-205,000.00	-129,338.56	-75,661.44	63.09%
Total	-76,952,317.00	-81,167,478.43	-50,973,618.57	-30,193,859.86	

Duplin County
FY 25-26 Financial Summary
General Fund Expenses Through January 2026

ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% YTD
General Government					
4110 GOVERNING BOARD	510,457.00	510,457.00	290,847.12	105,863.38	56.98%
4111 NON-DEPARTMENTAL	740,000.00	678,786.00	16,387.41	662,398.59	2.41%
4130 FINANCE	960,805.00	960,805.00	492,124.24	378,411.96	51.22%
4140 TAX	1,757,467.00	1,757,467.00	846,640.17	852,760.51	48.17%
4160 COURT FACILITY	269,800.00	269,800.00	145,753.35	115,822.76	54.02%
4163 Adult Probation Intensiv	22,800.00	22,800.00	931.43	20,045.57	4.09%
4170 ELECTIONS	481,701.00	481,701.00	221,930.64	257,902.45	46.07%
4180 REGISTER OF DEEDS	521,187.00	521,187.00	258,402.81	248,960.28	49.58%
4210 MANAGER'S OFFICE	565,691.00	565,691.00	346,807.82	176,083.18	61.31%
4211 PERSONNEL	324,799.00	346,271.00	232,671.30	107,599.70	67.19%
4230 INFORMATION TECHNOLOGY	1,425,056.00	1,324,608.20	634,904.92	585,463.14	47.93%
4240 CENTRAL SUPPLY	1,250,000.00	1,250,000.00	603,291.85	101,259.74	48.26%
4250 GARAGE	381,322.00	381,322.00	209,210.48	169,452.47	54.86%
4260 PUBLIC BUILDINGS	1,558,162.00	1,558,162.00	703,399.01	721,394.33	45.14%
4270 HOUSEKEEPING	664,915.00	664,915.00	324,598.95	340,316.05	48.82%
4910 PLANNING	128,906.00	128,906.00	71,003.93	57,902.07	55.08%
4948 LIVESTOCK ARENA	13,225.00	13,225.00	2,940.61	9,659.39	22.24%
4949 CENTRAL PLANT DUPLIN COM	40,000.00	44,000.00	39,830.91	-974.69	90.52%
5820 Veterans' Office	278,718.00	298,206.97	144,513.55	153,693.42	48.46%
5830 JCPC	240,300.00	240,300.00	106,002.67	134,297.33	44.11%
Public Safety					
4310 SHERIFF	6,893,495.00	6,914,169.62	3,655,566.61	3,101,374.75	52.87%
4311 SEPARATION ALLOWANCE	168,061.00	168,061.00	99,919.50	68,141.50	59.45%
4313 FINGER PRINTING	18,000.00	20,883.42	1,648.00	19,235.42	7.89%
4314 COMMUNICATIONS	2,003,187.00	2,003,187.00	1,235,161.56	747,559.29	61.66%
4315 SPECIAL RESPONSE TEAM	85,000.00	85,000.00	58,374.43	26,625.57	68.68%
4317 SCHOOL RESOURCE OFFICER	1,100,000.00	1,237,835.09	501,588.19	733,373.83	40.52%
4318 NC GRANT DARE	0.00	1,946.25	241.99	56.23	12.43%
4319 FED SEIZED JUSTICE	0.00	224,288.29	0.00	168,569.36	0.00%
4320 JAIL	4,923,371.00	4,925,371.00	2,274,246.81	2,134,846.77	46.17%
4321 CONCEALED WEAPONS	0.00	221,078.54	0.00	221,078.54	0.00%
4322 2016 SCAAP	0.00	3,362.00	3,362.00	0.00	100.00%
4325 FED SEIZED CUSTOM	0.00	30,975.25	0.00	30,975.25	0.00%
4326 FED SEIZED IRS	0.00	3,164.50	0.00	3,164.50	0.00%
4327 FED SEIZED ATF	0.00	0.70	0.00	0.70	0.00%
4328 DOJ BPV GRANT	0.00	1,367.61	0.00	0.00	0.00%
4329 NCPS Law Enforcement Gra	0.00	6,008.67	6,008.67	0.00	100.00%
4330 Emergency Management	592,740.00	633,707.50	295,252.88	330,820.50	46.59%
4350 BUILDING INSPECTIONS	355,000.00	1,326,922.98	157,114.71	1,169,808.27	11.84%
4360 MEDICAL EXAMINER	100,000.00	100,000.00	56,350.00	43,650.00	56.35%
4370 EMERGENCY MEDICAL SERVIC	7,744,991.00	7,794,602.41	3,780,554.28	3,783,687.97	48.50%
4373 VIDANT DUPLIN EMS GRANT	0.00	0.00	0.00	0.00	0.00%
4380 ANIMAL SERVICES	1,010,688.00	1,010,688.00	490,210.33	491,495.87	48.50%
4411 FEMA Cybersecurity Grant	0.00	334,826.00	0.00	334,826.00	0.00%
Physical Development					
4920 ECONOMIC DEVELOPMENT	1,136,054.00	1,146,473.45	771,397.58	374,935.87	67.28%
4922 SOUTH PARK	4,297.00	4,297.00	1,283.69	3,013.31	29.87%
4924 WESTPARK	26,950.00	32,450.00	27,597.60	4,852.40	85.05%
4950 Cooperative Extension	579,063.00	579,063.00	238,261.76	335,069.93	41.15%
4952 EASTPOINT 4-H GRANT	0.00	33,205.32	14,269.50	18,935.82	42.97%
4955 4H Vidant Grant	0.00	5,000.00	0.00	5,000.00	0.00%
4958 FARM SERVICE AGENCY	13,460.00	13,460.00	5,861.42	6,083.43	43.55%
4959 4H State Enhancement Fun	0.00	38,590.00	35,214.27	3,375.73	91.25%
4991 4H Prevention-Other Serv	0.00	65,429.16	28,504.45	35,463.86	43.57%

Duplin County
FY 25-26 Financial Summary
General Fund Expenses Through January 2026

ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% YTD
Environmental Protection					
4960 SOIL CONSERVATION	1,033,006.00	1,038,341.43	412,324.14	623,901.13	39.71%
Human Services					
5110 HEALTH	1,063,912.00	912,162.00	249,951.13	629,835.57	27.40%
5111 ENVIRONMENTAL HEALTH	771,491.00	771,491.00	380,144.75	390,096.85	49.27%
5112 STATE COMMUNITY HEALTH G	150,000.00	150,000.00	87,051.37	16,457.99	58.03%
5113 COMMUNICABLE DISEASE	247,868.00	251,049.88	163,032.19	71,963.36	64.94%
5114 IMMUNIZATIONS	343,832.00	383,832.00	250,144.26	88,960.34	65.17%
5116 STD DRUGS	2,984.00	2,984.00	58.28	0.00	1.95%
5117 ST COMMUNITY HEALTH MAP	0.00	826.54	200.06	626.48	24.20%
5119 DENTAL PROGRAMS	2,000.00	6,000.00	1,228.09	4,771.91	20.47%
5123 BIOTERRORISM	35,444.00	35,444.00	20,679.29	14,764.71	58.34%
5124 TUBERCULOSIS	157,619.00	162,569.00	62,981.94	89,823.26	38.74%
5126 Cape Fear Memorial Grant	95,000.00	95,000.00	23,618.34	67,210.16	24.86%
5127 Eastpointe Grant	0.00	60,000.00	28,552.76	6,029.74	47.59%
5129 COUNTY WELLNESS PROGRAM	445,865.00	444,200.00	237,595.34	184,712.59	53.49%
5136 VIDANT-DIABETIC GRANT	0.00	8,000.00	2,750.85	3,812.32	34.39%
5139 PREGNANCY CARE MANAGEMEN	243,109.00	243,109.00	136,077.36	104,263.06	55.97%
5141 Cape Fear Memorial Grant	0.00	46,615.11	899.98	45,715.13	1.93%
5142 CVD WISEWOMAN	5,225.00	1,825.00	0.00	1,825.00	0.00%
5151 PRIMARY CARE	587,913.00	591,396.12	375,056.42	178,049.12	63.42%
5154 COMMUNITY HEALTH PROMOTI	34,526.00	34,576.00	20,289.19	14,236.99	58.68%
5155 WIC-NUTRITION EDUCATION	200,000.00	200,000.00	118,875.10	67,094.13	59.44%
5156 WIC-BREASTFEEDING PROMOT	20,000.00	20,000.00	21,046.84	-1,046.84	105.23%
5157 WIC-GENERAL ADMINISTRATI	15,000.00	15,000.00	11,503.09	3,496.91	76.69%
5160 NC FIELD	0.00	15,000.00	0.00	15,000.00	0.00%
5161 VITAL RECORDS	7,816.00	7,816.00	3,790.73	4,025.27	48.50%
5162 PCM-NON-MEDICAID	50,000.00	50,000.00	41,208.17	8,791.83	82.42%
5163 MATERNAL HEALTH	520,100.00	532,100.00	264,720.67	248,873.98	49.75%
5164 FAMILY PLANNING	518,260.00	518,260.00	314,993.37	141,468.33	60.78%
5165 WIC-CLIENT SERVICES	215,499.00	238,339.00	124,545.68	104,407.83	52.26%
5166 PEER BREASTFEEDING	32,000.00	32,000.00	26,506.24	5,493.76	82.83%
5167 CHILD HEALTH	566,980.00	673,980.00	307,741.89	244,050.22	45.66%
5169 ANN WOLFE MINI GRANT	0.00	309.14	263.97	45.17	85.39%
5171 Breast and Cervical Canc	26,100.00	106,588.07	6,076.65	85,462.11	5.70%
5173 CC4C	178,297.00	178,297.00	83,417.11	89,961.05	46.79%
5179 ORH Medication Assistanc	0.00	29,315.00	21,240.32	8,074.68	72.46%
5187 Cape Fear Memorial-Diabe	0.00	80,088.32	1,396.83	74,798.32	1.74%
5188 Duplin Coalition for Hea	0.00	873,438.30	54,595.93	818,842.37	6.25%
5190 Local Workforce Developm	0.00	242,823.00	34,166.75	203,512.90	14.07%
5191 Supporting Womens Health	125,000.00	125,000.00	31,151.74	93,848.26	24.92%
5194 Reg Found Capabilities D	107,452.00	107,452.00	2,087.03	105,364.97	1.94%
5195 Capacity Building Grant	0.00	66,700.40	6,277.29	60,423.11	9.41%
5196 BCBS Grant	0.00	4,029.90	3,998.54	31.36	99.22%
5197 ECU Hypertension Grant	0.00	1,500.00	687.24	812.76	45.82%
5199 Opioid Funds Non DOJ	0.00	22,621.29	0.00	22,621.29	0.00%
5300 DEPARTMENT OF SOCIAL SER	9,216,785.00	9,216,785.00	5,371,989.23	3,717,343.19	58.28%
5372 WORK FIRST/TANF	57,700.00	57,700.00	0.00	57,700.00	0.00%
5373 CHILD SUPPORT	146,000.00	146,000.00	72,581.48	36,186.54	49.71%
5410 TANF	1,000.00	1,000.00	0.00	1,000.00	0.00%
5420 SPECIAL ASSISTANCE	280,000.00	280,000.00	167,869.50	112,130.50	59.95%
5440 FOSTER CARE	334,000.00	334,000.00	216,833.44	20,791.26	64.92%
5450 MEDICAID	121,000.00	121,000.00	29,414.04	91,585.96	24.31%
5460 AID TO THE BLIND	0.00	0.00	7,525.61	-7,525.61	0.00%
5470 ADOPTION ASSISTANCE	109,500.00	217,548.25	59,458.99	153,395.61	27.33%

Duplin County
FY 25-26 Financial Summary
General Fund Expenses Through January 2026

ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% YTD
5480 CRISIS INTERVENTION	0.00	0.00	-300.00	300.00	0.00%
5581 GENERAL ASSISTANCE	54,963.00	54,963.00	9,741.63	40,791.37	17.72%
5582 DAY CARE	15,000.00	15,000.00	0.00	15,000.00	0.00%
5600 SENIOR SERVICES	577,520.00	577,520.00	321,137.97	245,243.62	55.61%
5601 SHIIP	4,532.00	4,662.72	4,044.97	617.75	86.75%
5604 MIPPA	9,506.00	9,674.34	4,405.49	5,268.85	45.54%
5605 IN-HOME AIDE	146,237.00	115,126.00	47,866.24	67,259.76	41.58%
5606 SMP SHIIP Shred	2,800.00	2,800.00	454.66	1,345.34	16.24%
5607 TITLE III-TRANSPORATION	98,428.00	110,850.00	40,966.87	15,005.88	36.96%
5608 TITLE III=HEALTH PROGRAM	6,021.00	5,556.00	2,903.03	2,652.97	52.25%
5616 SENOIR CENTER OPERATIONS	16,667.00	22,222.00	11,454.80	10,167.20	51.55%
5617 SENOIR CENTER GENERAL PU	5,007.00	4,876.00	2,694.72	1,631.14	55.26%
5618 FAMILY CAREGIVER	7,850.00	9,707.00	4,176.40	5,530.60	43.02%
5619 ARPA-ECCAAA	0.00	17,044.79	16,995.88	16.91	99.71%
5950 NUTRITION HOMEBOUND MEAL	139,578.00	142,387.00	63,155.81	36,180.14	44.36%
5951 NUTRITION	158,915.00	158,297.00	76,811.45	38,500.20	48.52%
Debt					
5702 DEBT SERVICE-DUPLIN COMM	578,270.00	578,270.00	578,270.00	0.00	100.00%
Education					
5900 Education	13,880,685.00	14,046,098.53	9,253,789.92	4,792,308.61	65.88%
Cultural & Recreational					
6105 Tourism	0.00	195,000.00	123,488.04	69,531.96	63.33%
6110 Library	772,174.00	782,174.00	439,764.55	308,975.78	56.22%
6121 LSTA GRANT	0.00	489.87	431.78	58.09	88.14%
6122 Nonrecurring Aid	0.00	3,181.32	3,181.30	0.02	100.00%
6130 PARKS AND RECREATION	437,308.00	447,850.00	265,971.09	166,138.87	59.39%
6140 MUSEUM	119,950.00	120,200.00	45,506.17	62,694.01	37.86%
6144 MUSEUM GRANT	0.00	0.00	20,877.72	-20,877.72	0.00%
6145 MUSEUM ARPA	0.00	36,213.18	20,127.86	14,913.62	55.58%
6160 Event Center	811,828.00	817,653.00	320,348.67	450,373.09	39.18%
Contributions & Transfers					
9100 OUTSIDE AGENCIES	433,701.00	433,701.00	178,257.67	255,443.33	41.10%
9800 INTERFUND TRANSFERS	1,717,426.00	1,717,826.00	220,949.81	1,496,876.19	12.86%
Total	76,952,317.00	81,167,478.43	41,366,257.11	36,601,396.81	50.96%

Duplin County Library
Director's Report
October 2025 - January 2026

ADULT PROGRAMMING: Facilitated by Library Director - there is not an Adult Outreach Coordinator on staff

Stained Glass Class
October 28 1 session Debby Scott, local stained glass artist taught a class to 12 participants
Participants created an ornament using techniques demonstrated by D. Scott

Adult Mahjong Classes
January 8 sessions held each Monday and Thursday at the Beulaville Branch with 7 participants.
Group continues to meet on Mondays 2-5pm facilitated by Laura Jones, Director

February 17- March 17 5 sessions will be held in the Kenansville Branch each Tuesday from 6-8pm
Currently 8 participants. This class is facilitated by Laura Jones and Debby Scott.

**Next class will be hosted in the Rose Hill Library beginning late March on Thursdays from 6 to 8pm.*
A class for the Albertson Library is in the works for April.

CHILDREN'S PROGRAMMING: Facilitated by Youth Services Coordinator (YSC) - Cara Espino
October - no data entered for Story Times
We did host our annual Trunk-or-Treat event on Tuesday, October 28th with more than 1,100 people through the door and 15+ trunks from county offices, non-profits and community agencies.
November - 22 programs 478 participants
Story Time programs includes off-site visits to daycares, pre-schools and kindergartens in Kenansville, Beulaville and Rose Hill. JKHS EC class visits the Kenansville branch twice a month for story time and to check out materials. Pre-K classes from Beulaville,Chinquapin, Warsaw and Kenansville are also served by our YSC. Several daycares bring their children to the Kenansville and Rose Hill libraries.
December - 13 programs 278 participants
Our staff also participated with a library float in the Christmas Parades in Beulaville and Warsaw.
January - 19 programs 353 participants

Passport Services 51 passports issued from September to January $2,265 revenue
Our staff processes passport applications in the Kenansville Library by appointment only M-F 10am-4pm and Saturdays 11am. We offer passport photo services on-site for $15.00 (same as CVS).

****The Rose Hill Library branch has been without HVAC since December 12, 2025. We have operated on a minimal schedule based on weather to provide service to patrons without having staff in 50 degree building for an extended period of time. The new HVAC system was scheduled to be installed on Thursday, February 26th.*

UPCOMING Programs:
4th Annual Pi Day Pie Contest - Kenansville Library Friday 3/13 Judging at 2pm
2nd Annual: Partners In Poetry Night in collaboration with JSCC - Thursday April 16th 6:30-8:30 in the JSCC Library Lobby.

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@duplinnc.gov
www.duplinrod.com

DUPLIN COUNTY REGISTER OF DEEDS
MONTHLY REPORT
FOR
JANUARY 2026

Submitted this 4TH day of February, 2026
Anita Marie Savage
Register of Deeds

Recorder and Custodian of County Records

Ledger Summary Report - Roll-up

Printed 02/04/2026

Anita Marie Savage, REGISTER OF DEEDS
Duplin, NC
01/01/2026-01/31/2026

Category	Receipt Code		Count	Total										
ESCROW CREDIT					**Escrow Credit**									
	ESCROW	ESCROW CREDIT	2	$900.00	$900.00									
	Category Totals		2	$900.00	$900.00									
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	37	$819.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12.46	$80.73	$0.00	$0.00	$725.81
	Category Totals		37	$819.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12.46	$80.73	$0.00	$0.00	$725.81
MARR					**Fee**	**NCCTF**	**DVCF**	**Pension Fund**	**Automation Fund**	**County Receipts**					
	ML	MARRIAGE LICENSE	11	$660.00	$0.00	$55.00	$330.00	$9.90	$26.51	$238.59					
	Category Totals		11	$660.00	$0.00	$55.00	$330.00	$9.90	$26.51	$238.59					
NO BOOK					**Fee**	**Special**	**Pension Fund**	**Automation Fund**	**County Receipts**						
	AMDVIT	AMENDMENT - VITALS	3	$30.00	$0.00	$0.00	$0.45	$2.97	$26.58						
	BIRTH	CERTIFIED COPY - BIRTH	158	$1,580.00	$0.00	$0.00	$23.70	$156.42	$1,399.88						
	BIRTHSE	CERTIFIED COPY - SENIOR BIRTI	21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						
	CCOPY	CERTIFIED COPY - REAL PROPEI	4	$60.00	$0.00	$0.00	$0.90	$5.91	$53.19						
	COPY	COPIES	23	$41.75	$0.00	$0.00	$0.63	$4.08	$37.04						
	COPYP	COPIES - FULL SIZE PLAT	1	$16.00	$0.00	$0.00	$0.24	$1.58	$14.18						
	COPYV	COPIES - VITAL RECORDS	9	$5.75	$0.00	$0.00	$0.08	$0.54	$5.13						
	DEATH	CERTIFIED COPY - DEATH	330	$3,300.00	$0.00	$0.00	$49.50	$326.70	$2,923.80						
	FAXCO	FAX - NON TOLL FREE	1	$0.50	$0.00	$0.00	$0.01	$0.05	$0.44						
	MAIL	MAILING FEE - UNCERTIFIED COI	1	$0.50	$0.00	$0.00	$0.01	$0.05	$0.44						
	MARR	CERTIFIED COPY - MARRIAGE	36	$360.00	$0.00	$0.00	$5.40	$35.64	$318.96						
	Category Totals		587	$5,394.50	$0.00	$0.00	$80.92	$533.94	$4,779.64						
PROPERTY					**Recording**	**Special**	**Floodplain Mapping**	**Excise Tax**	**Land Transfer**	**Dept Cultural Res**	**Pension Fund**	**Automation Fund**	**State General Fund**	**State Treasurer Amt**	**County Receipts**

Ledger Summary Report - Roll-up

Printed 02/04/2026

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

01/01/2026-01/31/2026

Category	Receipt Code		Count	Total										
ABN	ASSUMED BUSINESS NAME		5	$130.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.95	$9.70	$0.00	$31.00	$87.35
ADM/COR	ADMINISTRATIVE CORRECTION		1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
AFDVT	AFFIDAVIT		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
AGMT	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
AN/W	ASSUMED BUSINESS NAME WITH		1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
ASGMT	ASSIGNMENT		27	$702.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.53	$52.38	$0.00	$167.40	$471.69
CM/D	COMMISSIONER DEED		1	$148.00	$0.00	$0.00	$0.00	$122.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
D/EASE	DEED OF EASEMENT		1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
D/REL	DEED OF RELEASE		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/T	DEED OF TRUST		83	$5,312.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$79.68	$514.60	$0.00	$514.60	$4,203.12
DECL	DECLARATION		4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
DEED	DEED		137	$28,837.00	$0.00	$0.00	$0.00	$25,327.00	$0.00	$0.00	$52.65	$261.90	$0.00	$837.00	$2,358.45
EASE	EASEMENT		36	$1,381.00	$0.00	$0.00	$0.00	$445.00	$0.00	$0.00	$14.04	$69.84	$0.00	$223.20	$628.92
FORECL	FORECLOSURE		2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
LEASE	LEASE		1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
M/A	MODIFICATION AGREEMENT		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
MISC	MISCELLANEOUS		2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
MTG	MORTGAGE		1	$64.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.96	$6.20	$0.00	$6.20	$50.64
NOTARY	NOTARY		19	$190.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.85	$18.81	$0.00	$0.00	$168.34
P/A	POWER OF ATTORNEY		10	$332.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.98	$26.49	$0.00	$62.00	$238.53
QCD	QUITCLAIM DEED		10	$742.00	$0.00	$0.00	$0.00	$330.00	$0.00	$0.00	$6.18	$34.37	$0.00	$62.00	$309.45
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
SAT	SATISFACTION		77	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUB/TR	SUBSTITUTION OF TRUSTEE		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
TR/D	TRUSTEES DEED		3	$2,278.00	$0.00	$0.00	$0.00	$2,200.00	$0.00	$0.00	$1.17	$5.82	$0.00	$18.60	$52.41
UCC/T	UCC TERMINATION		1	$38.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.57	$3.74	$0.00	$0.00	$33.69
UCC1	UCC1		5	$197.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.95	$19.79	$0.00	$0.00	$174.26
UCC3	UCC3		4	$152.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.28	$14.96	$0.00	$0.00	$134.76
Category Totals			452	$41,335.00	$0.00	$0.00	$0.00	$28,424.00	$0.00	$0.00	$193.66	$1,102.62	$0.00	$2,126.60	$9,488.12

Ledger Summary Report - Roll-up

Printed 02/04/2026

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

01/01/2026-01/31/2026

Category	Receipt Code		Count	Total						
VITAL RECORDING					**Fee**	**Special**	**Pension Fund**	**Automation Fund**	**Vital Records Receipts**	**County Receipts**
BAVAS	NCDAVE - BIRTH ABSTRACT SEA		41	$984.00	$0.00	$0.00	$6.15	$40.59	$574.00	$363.26
DAVAS	NCDAVE - DEATH ABSTRACT SE/		1	$24.00	$0.00	$0.00	$0.15	$0.99	$14.00	$8.86
DAVBADD	NCDAVE - BIRTH ABSTRACT ADD		2	$30.00	$0.00	$0.00	$0.30	$19.70	$10.00	$0.00
DAVEBSEA	NCDAVE - BIRTH SEARCH NO CC		2	$28.00	$0.00	$0.00	$0.00	$0.00	$28.00	$0.00
NCBAMD	NCDAVE - BIRTH AMEND		2	$30.00	$0.00	$0.00	$0.00	$0.00	$30.00	$0.00
Category Totals			48	$1,096.00	$0.00	$0.00	$6.60	$61.28	$656.00	$372.12

Report Totals	1137	$50,204.50

Automation Fund Total:	$1,805.08
County Receipts Total:	$15,604.28
DVCF Total:	$330.00
Escrow Credit Total:	$900.00
Excise Tax Total:	$28,424.00
NCCTF Total:	$55.00
Pension Fund Total:	$303.54
State Treasurer Amount Total:	$2,126.60
Vital Records Receipts Total:	$656.00

Cash Total:	$3,708.25
Check Total:	$20,479.75
ACH Total:	$22,667.75
Card Total:	$1,823.75
Escrow Account Total:	$1,651.00
Overpayment Total:	($126.00)

DUPLIN COUNTY

Senior Services
Jan-26

1. NUTRITION CONGREGATE	
Units of Service	871
Persons served	116
Wellness Checks/Outreach	0

2. HOMEBOUND MEALS	
Units of Service	1215
Persons served	55
Waiting List	0
# of volunteers	26
# of volunteers hrs	23.5

3. GENERAL TRANSPORTATION	
Units of Service	574
Persons served	26

4. ARPA TRANSPORTATION	
Units of Service	0
Persons served	0

5. IN HOME AIDE SERVICE	
Units of Service	426
Persons served	71
Waiting List	26

6. ENSURE	
# of cases	105

7. FAMILY CAREGIVER -	
Persons served w/ vouchers	2

8. INCONTINENCE SUPPLIES	
Units served (packs)	1
Persons served	1

9. FAN PROGRAM	
Fans issued	0

10. SENIOR CENTER PROGRAM	
Units of Service	2521
Persons served	196
# of volunteers	19
# of volunteer hours	169

11. TELEPHONE REASSURANCE	
Units of Service	189
Persons served	13

12. INFORMATION & REFERRAL	
Units of Service	16
Persons served	16

13. TRAINING - EMPLOYEE-QUARTERLY	
Number of hours	0
Number of staff	0

14. INCOME TAX VOLUNTEER PROGRAM	
Number of hours	104
Number of volunteers	14

15. MEAL COST	
Meals Prepared	2259
Total Expenditures	(per meal)
$ 19,284.69	$8.54

16. FAMILY CAREGIVER - SUPPORT GROUP	
Persons Served	0

17. SENIOR TAR HEEL ATHLETIC CARDS	
Seniors Served - YTD	231

18. BREAKFAST BUNDLES	
Bags given away	0

19. BREAKFAST SERVED *(Continental Style)*	
Seniors Served (unduplicated)	78
Units Served	599

DUPLIN COUNTY SOLID WASTE
YEAR END CATEGORY TOTALS
2025-2026

CATEGORY	DESCRIPTION	JULY '25	AUG '25	SEPT '25	OCT '25	NOV '25	DEC '25	JAN '26	FEB '26	MAR '26	APR '26	MAY '26	JUN '26	TOTALS
**	GARBAGE	4299.30	3833.90	3924.84	4135.65	3267.72	3856.73	3444.54	0.00	0.00	0.00	0.00	0.00	26762.68
6	SCRAP METAL	60.48	50.46	49.51	41.96	30.62	37.76	44.48	0.00	0.00	0.00	0.00	0.00	315.27
19	YARD WASTE	150.17	413.21	162.10	266.88	257.96	258.06	426.74	0.00	0.00	0.00	0.00	0.00	1935.12
20	BRICKS, ETC.	120.40	147.02	78.01	150.59	24.44	47.54	73.34	0.00	0.00	0.00	0.00	0.00	641.34
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	81.99	87.13	94.34	81.50	67.38	67.98	105.83	0.00	0.00	0.00	0.00	0.00	586.15
40	MIXED PAPER	11.66	10.10	12.44	8.79	9.24	13.81	11.59	0.00	0.00	0.00	0.00	0.00	77.63
42	GLASS	15.12	20.07	6.40	23.40	5.20	12.75	9.79	0.00	0.00	0.00	0.00	0.00	92.73
44	CARDBOARD	18.56	11.41	15.11	12.60	10.70	17.38	12.65	0.00	0.00	0.00	0.00	0.00	98.41
47	PLASTIC	4.62	3.70	4.78	2.82	3.46	3.56	4.04	0.00	0.00	0.00	0.00	0.00	26.98
48	CANS	1.42	2.56	1.35	1.67	1.73	1.58	2.03	0.00	0.00	0.00	0.00	0.00	12.34
109	ELECTRONICS	0.50	0.78	2.90	0.00	0.79	1.31	0.74	0.00	0.00	0.00	0.00	0.00	7.02
***	STORM GARBAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120	BLOCKS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
119/124	YARD WASTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS		4764.22	4580.34	4351.78	4725.86	3679.24	4318.46	4135.77	0.00	0.00	0.00	0.00	0.00	30555.67
	TOTAL MSW	4299.30	3833.90	3924.84	4135.65	3267.72	3856.73	3444.54	0.00	0.00	0.00	0.00	0.00	26762.68

** 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

DUPLIN COUNTY SOLID WASTE
MONTHLY CATEGORY TOTALS

JAN '26	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9	Site 10	Site 11	Site 12	Site 13	Site 14	Site 15	Totals
Electronics										0.67						**0.67**
Site Garbage	33.30	27.71	47.02	55.14	30.52	42.15	39.98	43.31	27.42	33.85	31.68	44.47	58.34	8.43	45.05	**568.37**
Site Bulky	7.25	4.33	8.26	23.00	14.34	15.44	12.00	15.68	4.06	27.84	8.65	12.67	20.39	3.28	48.11	**225.30**
Mixed Paper	0.68	0.80	1.10	1.16	0.44	0.34	0.94	1.11	0.49	0.91	0.94	0.33	1.14	0.57	0.64	**11.59**
Glass	2.45			2.71			2.10			2.53						**9.79**
Cardboard	0.35	0.41	0.93	1.20	0.84	0.54	0.76	0.93		0.79	1.05	0.52	1.70	0.55	0.36	**10.93**
Plastics	0.25	0.28	0.22	0.40	0.18	0.33		0.18	0.28	0.34	0.19	0.25	0.57	0.33	0.24	**4.04**
Cans		0.41	0.22			0.22		0.32		0.44					0.42	**2.03**
Metal	2.32	2.98	2.05	3.52	1.64	4.73	2.15	4.81	1.92	2.20	1.08	3.39	3.63	1.29	2.12	**39.83**
Totals	**46.60**	**36.92**	**59.80**	**87.13**	**47.96**	**63.75**	**57.93**	**66.34**	**34.17**	**69.57**	**43.59**	**61.63**	**85.77**	**14.45**	**96.94**	**872.55**
Private Sector																
Electronics	0.07						**Citations:**		$300.00							
Yard Waste	426.74															
Concrete	73.34						**Duplin Commons**									
Construction	816.00						Paper									
Roadside	2.06						Cardboard									
Tires	105.83						Plastics									
Garbage	1700.99						No Chge MSW		6.23							
Mixed Paper							**TOTAL**		**6.23**							
Glass																
Cardboard	1.72															
Plastic																
Cans																
Metal	4.65															
No Chg MSW	4.27															
Mixed Loads	121.32															
TOTAL	**3256.99**															

JAN 2026 MONTHLY CATEGORY TOTALS PREPARED 1/30/26

Duplin County Water
Monthly Report

Month / Year	7/31/2025	8/31/2025	9/30/2025	10/31/2025	11/30/2025	12/31/2025	1/31/2026
Billed Customers	8093	8222	8329	8373	8655	8360	8392
Gallons Water Sold	55,654,000	53,722,000	62,033,000	59,607,000	45,749,000	45,333,000	59,170,000
Monthly Billed	$333,298.22	$335,877.58	$376,627.60	$343,675.82	$343,675.82	$303,514.28	$346,669.13
Bank Draft Payments	$43,122.71	$44,351.12	$45,347.73	$42,951.61	$44,850.61	$39,480.42	$40,250.27
Credit Card Payments	$129,350.49	$128,857.93	$131,310.12	$156,440.93	$135,727.96	$122,818.60	$147,040.22
New Customers	66	57	64	51	58	44	55
Discontinued	49	44	40	35	58	32	70
Repairs	13	7	3	2	14	3	7
Flushes	8	5	16	15	4	9	20
Locates	987	582	393	482	311	287	234
Reinstates	6	0	766	218	110	6	264
New Taps	18	12	12	6	14	9	7

THIS PAGE INTENTIONALLY LEFT BLANK