BOARD OF COUNTY COMMISSIONER'S MEETING

Monday, December 18th, 2023

224 Seminary Street

Kenansville, N.C. 28349

The Duplin County Board of Commissioners met at 6:00 p.m. on Monday, December 18th, 2023 in the Commissioners Room located at 224 Seminary Street, Kenansville, N.C.

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

Absent: Commissioner Dexter Edwards

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

Call to Order

The meeting was called to order by Vice-Chairman Garner.

Invocation and Pledge of Allegiance

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

Approval of the Meeting Agenda

Vice-Chairman Garner asked if the members of the Board approved the proposed meeting agenda, and if any Board Member, County Manager, Assistant County Manager, or Clerk to the Board wished to make any changes or additions to the agenda. Jaime W. Carr, Clerk to the Board, requested to add the acceptance of additional Senior Health Insurance Information Program (SHIIP) funds in the amount of $3,451.00 and to authorize the necessary budget amendment to the Consent Agenda.

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

Approval of the Minutes – Governing Body

Motion was made by Commissioner Branch, seconded by Commissioner J. Edwards, carried unanimously to approve the minutes of the December 4th, 2023 Board of Commissioners Meeting as presented.

REGULAR MEETING AGENDA

CONSENT AGENDA

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, carried unanimously, to approve the consent agenda which consisted of: Budget Amendments Journal Entry Proof; Tax and Solid Waste Releases - #21462 - #21544; Change the Public

Hearing Date Previously Approved at the December 4th, 2023 Commissioner Meeting from January 2nd, 2024 to January 16th, 2024 to Receive Public Comments Regarding a Request Received from Richard Miller to Name a Lane at 143 Dogwood Lane, Rose Hill, Rose Hill Township, Miller Lane; Letter to HomeTrust Bank Regarding Municipal Lease and Option Agreement Between HomeTrust Bank and Potters Hill Volunteer Fire Department and Authorize Vice-Chairman to Sign; and the addition to Acceptance of Additional Senior Health Insurance Information Program (SHIIP) Funds in the Amount of $3,451.00 and to Authorize the Associated Budget Amendment.

ITEMS TO BE MADE PART OF MINUTES

Administrative Budget Amendment Journal Entry Report

AGENDA

Public Comments

No Public Comments

End Public Comments

Brian Matthis, Duplin County Emergency Management Coordinator, appeared before the Board to request the acceptance of the 2023 Homeland Security Grant Program (HSGP) Funds in the amount of $21,500.00. Grant funding was secured through the North Carolina Emergency Management Domestic Preparedness Region Homeland Security Grant Program for the purchase of a Mobile Event Response Trailer (MERT) containing cones, barricades, and signage to support events requiring traffic or crowd control. The purpose of HSGP is to increase response and recovery capabilities of Duplin County, as well as the other nine counties within Domestic Preparedness Region 2. This money will be reimbursed by North Carolina Department of Safety Emergency Management after finalization, as specified in the award documentation.

Motion was made by Commissioner Branch, seconded by Commissioner J. Edwards, carried unanimously to accept the 2023 Homeland Security Grant Program (HSGP) funds in the amount of $21,500.00 and authorize the associated budget amendment

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

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

Tracey Simmons-Kornegay, Duplin County Health Director, appeared before the Board to request acceptance of grant funds for RFA A411 – Supporting Women's Health Services in the amount of $125,000.00. NC DHHS, NC DPH, and NC Women, Infant, and Community Wellness Section (WICWS) developed a grant program for Supporting Women's Health Services to increase access to contraceptives and improve maternal and infant health within local communities. The health of women of childbearing age and infants is critical to the health of our communities as some key indicators that provide information on the health of women and infants include unintended pregnancies, infant mortality, and maternal mortality. The Duplin County Health Department recently submitted a grant application and received an acceptable score with a recommendation to receive this state funding by the review committee. The first project period for Duplin County Health Department begins on February 1, 2024 and will end May 31, 2024 and then follow for 3-consecutive years (June 2024-May 2025, June 2025-May 2026, and June 2026-May 2027). This RFA for supporting women's health services is funded by 100% of state funding and an agreement addendum will be received by the start date.

Motion was made by Commissioner Branch, seconded by Commissioner Garner, carried unanimously to accept grant funds for RFA A411 – Supporting Women's Health Services in the amount of $125,000.00 and authorize the associated budget amendment.

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

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, carried unanimously to authorize the Duplin County Health Department to purchase a 2020 Ford Edge from Bill Carone in the amount of $30,599.00 and authorize the associated budget amendment.

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

Motion was made by Commissioner J. Edwards, seconded by Commissioner Dowe, carried unanimously to go out of regular session and into closed session for Personnel Matters pursuant to NCGS § 143-31.11 (a) (6).

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

Motion was made by Commissioner Branch, seconded by Commissioner J. Edwards, carried unanimously to adjourn until January 16th, 2024 for a Commissioners Meeting at the Administrative Building located at 224 Seminary Street in Kenansville, N.C.

Jaime W. Carr
Clerk to the Board

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Duplin County, NC

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

Duplin County, NC

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BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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

Duplin County, NC

BUDGET AMENDMENTS JOURNAL ENTRY PROOF

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

Duplin County, NC

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BUDGET AMENDMENT JOURNAL ENTRY PROOF

CLERK: blanca.pineda

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

Duplin County, NC

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BUDGET AMENDMENT JOURNAL ENTRY PROOF

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

Duplin County, NC

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BUDGET AMENDMENT JOURNAL ENTRY PROOF

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

Duplin County, NC

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BUDGET AMENDMENT JOURNAL ENTRY PROOF

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

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

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:

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

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

Finance Signature: Chelsey Ramirez
Date Approved: 12/6/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

12/5/23

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:

To roll forward grant funds for payback to state

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4100-39951	Fund Bal Carry Fwd Grants	1,183 75	6143-44008	Grant Payback	1,183 75
Total		1 183 75	Total		1,183.75

Finance Signature: Chelsey Ramirez
Date Approved: 12/7/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____ Duplin County
Budget Amendment

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

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

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

Brief description of why this amendment is being requested:

Zero out Capital Accounts

Line Item to DECREASE	Line Item Description	Credit Amount	Line Item to INCREASE	Line Item Description	Debit Amount
4314-45100	Capital Outlay	1,103.50	4314-41990	Professional Services	1,103.5(
4324-45100	Capital Outlay	18,177.00	4324-41990	Professional Services	18,177.0(
Total		19,280.50	Total		19,280.5(

Chelsey Ranier

Finance Signature: _____
Date Approved: 12/12/2023

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

3A # _____ Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:

Vidant Grant

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

Finance Signature: Chelsey Ranier
Date Approved: 12/12/23

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

9/28/23

BA # _____ Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Carryover funds for Covid -19 (Actual)

Revenue code	Line Item Description	Amount	Expense code	Line Item Description	Amount
4950-34948	4-H DHHS Grant Supplementa	11,005.76	4957-40121	Salaries	8,013.29
			4957-40181	Social Security	426.67
			4957-40183	Health Insurance	1,739.49
			4957-40184	Life Insurance	5.76
			4955-43110	Travel	820.56
Total		11,005.76	Total		11,005.76

Finance Signature: Chelsey Ponier
Date Approved: 12/12/23

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

11/7/23

BA # _____ Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
To correct revenues

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

Finance Signature: Chelsey Ponier
Date Approved: 12/12/23

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

000877

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Additional Covid-19 2023-24 year

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

Finance Signature: Chelsey Ramier
Date Approved: 12/12/23

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

11/8/23

BA # _____

Duplin County
Budget Amendment

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

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

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

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

Finance Signature: Chelsey Ramier
Date Approved: 12/12/23

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

000878

#890 Sheriff
INSURA

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

[redacted]

DUPLIN COUNTY
PO BOX 950
KENANSVILLE NC 28349

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

Claimant Name	Loss Date	Claim Number
DUPLIN COUNTY	06/16/2023	4A2306M7TFW-3001
Amt Paid 511.60	Description Miscellaneous CM-PI	
Dates 08/01/2023 - 08/01/2023	Comment 2019 Dodge Charger V-N# 4178	

Vehicle 890

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

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

ORIGIN 1841278 Wells Fargo Bank, N.A.

VOID AFTER 90 DAYS

DATE: 08/01/2023

136299088
62-22
311

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

$511.60

PAY TO THE ORDER OF DUPLIN COUNTY

Sedgwick

MEMO

NC Counties Liability and Property Pools
Sedgwick Claims Management Services Inc, Agent for

⑈136299088⑈ ⑆031100225⑆ 2079950059703⑈

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

[redacted]

DUPLIN COUNTY
PO BOX 950
KENANSVILLE NC 28349

DATE	CHECK AMOUNT	CHECK NUMBER
11/30/2023	2,770.28	136867948
PAYEE		TAX ID
DUPLIN COUNTY		None
SCMS UNIT		PAGE
184 Sedgwick Claims Management Services, Inc		01 of 01

Claimant Name	Loss Date	Claim Number
DUPLIN COUNTY	10/27/2023	4A23[illegible]XQ4CF-0001
Amt Paid 2,770.28	Description Miscellaneous CM-PI	
Dates 11/30/2023 - 11/30/2023	Comment 2022 Chevy Tahoe V-N#5235	

Vehicle 1019

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

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

ORIGIN 1841278 Wells Fargo Bank, N.A.

VOID AFTER 90 DAYS

DATE: 11/30/2023

136867948
62-22
311

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

$2,770.28

PAY TO THE ORDER OF DUPLIN COUNTY

Sedgwick

⑈136867948⑈ ⑆031100225⑆ 2079950059703⑈

000879

000880

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

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

DUPLIN COUNTY
PO BOX 950
KENANSVILLE NC 28349

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

4100 38398

Vehicle 893

SWK RM 5IXM 00 NF

THE FACE OF THIS CHECK IS PRINTED ON BLUE BACKGROUND ... DETAILS

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

ORIGIN 1841278 Wells Fargo Bank, N.A.

VOID AFTER 60 DAYS

DATE: 11/30/2023

138867947

62-22
311

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

$4,503.96

PAY TO THE ORDER OF DUPLIN COUNTY

Sedgwick

MEMO

MP

Sedgwick Claims Management Services, Inc. Agent for

⑈138867947⑈ ⑆031100225⑆ 2079950059703⑈

CW 12-11-23

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

RELEASE NUMBER	NAME	TOWNSHIP	FIRE DISTRICT 1	FIRE DISTRICT 2	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	FIRE TAX 1	FIRE TAX 2	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
21462	BARWICK, F NEIL & WIFE	13			2023	0288440					$ 53 42		$ 53 42	BP LISTING WAS NOT LATE
21463	BASS, GARY ALLEN	09	F017		2023	1000755	$ 178 75	$ 5 00	$ 17 50				$ 201 25	APPLIED LATE FOR ELDERLY EXEMPTION
21464	BEAMAN, CECIL WOOD JR & WF LYNDA	13	F021		2023	0397212	$ 321 75	$ 9 00	$ 31 50				$ 362 25	APPLIED LATE FOR VETERAN EXEMPTION
21465	BEST, BILLY R & WIFE	01	F007		2023	0484182	$ 321 75	$ 9 00	$ 31.50				$ 362 25	APPLIED LATE FOR VETERAN EXEMPTION
21466	BEST, PRENIS Z	01	F007		2023	0509596	$ 321 75	$ 9 00	$ 31.50				$ 362.25	APPLIED LATE FOR VETERAN EXEMPTION
21467	CARR, DOTTIE ROGERS	09			2023	1563435	$ 178 75	$ 5.00					$ 183.75	APPLIED LATE FOR ELDERLY EXEMPTION
21468	CASE FARMS, LLC	02	F015		2023	1707516	$ 289 28	$ 8 09	$ 20.23				$ 317 60	BUSINESS PERSONAL OVER ASSESSED
21469	CASTELANO, RONALD W & WIFE	07	F004		2023	1730775	$ 266.70	$ 7 46	$ 17.08				$ 291 24	APPLIED LATE FOR ELDERLY EXEMPTION
21470	CARTER, KENNETH RAY & WF LATONYA	07	F004		2023	010000931	$ 222.37	$ 6.22	$ 14.24				$ 242.83	APPLIED LATE FOR ELDERLY EXEMPTION
21471	COLE, DAVID LEE	07	F004		2023	1888568	$ 14.30	$ 0 40	$ 0 92				$ 15.62	APPLIED LATE FOR ELDERLY EXEMPTION
21472	COLE, DAVID LEE	07	F004		2023	1888568	$ 115.12	$ 3 22	$ 7 37				$ 125.71	APPLIED LATE FOR ELDERLY EXEMPTION
21473	CORBETT INDUSTRIES, INC	09			2023	1967051	$ 102 25	$ 2.86					$ 105.11	DOUBLE LISTED
21474	CORBETT, JAMES CHRISTOPHER	09			2023	10005665	$ 459 58	$ 12 86			$ 47.24		$ 519 68	VALUE REDUCED FOR MYT PER BILL OF SALE
21475	FLEET, STEVEN	06	F003		2023	10005270	$ 178.75	$ 5.00	$ 13.75				$ 197.50	APPLIED LATE FOR ELDERLY EXEMPTION
21476	FUENTE DE AGUA VIVA, INC	02			2023	010002513	$ 1,501 50	$ 42.00					$ 1,543 50	LATE EXEMPT APPLICATION
21477	GRADY, ANNIE MAE HRS.	05			2023	3212480						$ 110 00	$ 110 00	BILLED 2 SOLID WASTE FEES IN ERROR
21478	GRADY, ANNIE MAE HRS.	05			2022	3212480						$ 110 00	$ 110.00	BILLED 2 SOLID WASTE FEES IN ERROR
21479	GRADY, ANNIE MAE HRS	05			2021	3212480						$ 90.00	$ 90 00	BILLED 2 SOLID WASTE FEES IN ERROR
21480	GRADY, ANNIE MAE HRS	05			2020	3212480						$ 90.00	$ 90.00	BILLED 2 SOLID WASTE FEES IN ERROR
21481	GRADY, ANNIE MAE HRS	05			2019	3212480						$ 90 00	$ 90 00	BILLED 2 SOLID WASTE FEES IN ERROR
21482	HAMMERBERG, EDWIL L & WF GAIL	09	F009		2023	3518883	$ 321 75	$ 9 00	$ 40.50				$ 371 25	APPLIED LATE FOR VETERAN EXEMPTION
21483	HEATH, PHILLIP HARVEY	06	F004		2023	3735420	$ 154 44	$ 4 32	$ 9 89				$ 168 65	APPLIED LATE FOR LAND USE
21484	HENDERSON, PANSY MARIE	07	F004		2023	1000747	$ 321 75	$ 9 00	$ 20 61				$ 351 36	APPLIED LATE FOR VETERAN EXEMPTION
21485	HERNANDEZ, JAZMIN	07	F016		2023	10003974	$ 14 30	$ 0 40	$ 1 40		$ 1 61	$ 110 00	$ 127 71	SWMH DOUBLE LISTED
21486	HERNANDEZ, JAZMIN	07	F016		2022	10003974	$ 14 30	$ 0 40	$ 1 40		$ 1 61	$ 110.00	$ 127 71	SWMH DOUBLE LISTED
21487	HIGH HILLS	13	F021		2023	000001050	$ 28,257 79	$ 790 43	$ 2,766.50				$ 31,814.72	BOER REDUCED VALUE OF AIRPLANE
21488	HUNTINGTON TECHNOLOGY FINANCE	11			2023	10005880	$ 60.88	$ 1 70					$ 62.58	BUSINESS PERSONAL OVER ASSESSED
21489	HUNTINGTON TECHNOLOGY FINANCE	09			2023	10004294	$ 110.78	$ 3 10					$ 113.88	BUSINESS PERSONAL OVER ASSESSED
21490	JONES, FRANCES KELLY & HUSBAND	04	F001		2023	4596902	$ 564 14	$ 15.78	$ 39.45				$ 619.37	HOUSE LISTED ON WRONG PARCEL
21491	JORDAN, GENE & WF EARLENE JORDAN	09			2023	4711565	$ 309 60	$ 8 66				$ 110 00	$ 428.26	APPLIED LATE FOR ELDERLY EXEMPTION
21492	JORDAN, GENE & WF EARLENE JORDAN	09			2023	4715565						$ 110 00	$ 110.00	PROPERTY IN THE TOWN OF TEACHEY
21493	JORDAN, GENE & WF EARLENE JORDAN	09			2021	4711565						$ 90 00	$ 90 00	PROPERTY IN THE TOWN OF TEACHEY
21494	JORDAN, GENE & WF EARLENE JORDAN	09			2020	4711565						$ 90 00	$ 90 00	PROPERTY IN THE TOWN OF TEACHEY
21495	JORDAN, GENE & WF EARLENE JORDAN	09			2019	4711565						$ 90.00	$ 90 00	PROPERTY IN THE TOWN OF TEACHEY
21496	KENNEDY, EARNEST R & WF TAMMY	06			2023	4876262						$ 31 05	$ 31.05	SHOULD HAVE RECEIVED PRIVATE HAULER RATE
21497	KENNEDY, EARNEST R & WF TAMMY	06			2023	4881474						$ 31.05	$ 31.05	SHOULD HAVE RECEIVED PRIVATE HAULER RATE
21498	KENNEDY, EARNEST REGINALD	06			2023	4880120						$ 31.05	$ 31 05	SHOULD HAVE RECEIVED PRIVATE HAULER RATE
21499	LEE, JUDI MARTIN	05	F006		2023	5308898	$ 196 27	$ 5 49	$ 20 59				$ 222.35	APPLIED LATE FOR ELDERLY EXEMPTION
21500	MARTIN, HUNTER CARR & WF ELIZABETH	02			2023	1000233	$ 321.75	$ 9.00					$ 330 75	APPLIED LATE FOR VETERAN EXEMPTION
21501	MER HOLDINGS, LLC	10	F018	F017	2023	1001558	$ 275 27	$ 7 70	$ 8 62	$ 18 33			$ 309 92	APPLIED LATE FOR LAND USE
21502	MER HOLDINGS, LLC	10	F018	F017	2023	1001558	$ 275 27	$ 7 70	$ 8 62	$ 18.33			$ 309.92	APPLIED LATE FOR LAND USE
21503	MER HOLDINGS, LLC	10	F018	F017	2023	1001558	$ 275.27	$ 7 70	$ 8.62	$ 18 33			$ 309 92	APPLIED LATE FOR LAND USE
21504	MER HOLDINGS, LLC	10	F018	F017	2023	1001558	$ 275.27	$ 7 70	$ 8.62	$ 18 33			$ 309.92	APPLIED LATE FOR LAND USE
21505	NEWGEN FARMS LLC	07			2023	010003394	$ 9,472.68	$ 264 97					$ 9,737.65	DWMH BILLED ON WRONG VALUE
21506	NOBLE, TIMOTHY B	06	F003		2023	6428182	$ 291 72	$ 8 16	$ 22 44				$ 322 32	APPLIED LATE FOR LAND USE
21507	NOBLE, TIMOTHY B.	06	F003		2023	6428180	$ 669 24	$ 18 72	$ 51 48				$ 739.44	APPLIED LATE FOR LAND USE
21508	OWEN, KRYSTLE LEIGH & HUS	01	F007		2023	10000080	$ 203 78	$ 5.70	$ 19.95				$ 229.43	APPLIED LATE FOR LAND USE

188006

LL 12-11-2023
CW 12-11-23

21509	PLAYER, BARBARA C.	01			2023	6925793	$ 110.83	$ 3.10					$ 113.93	APPLIED LATE FOR ELDERLY EXEMPTION
21510	PLAYER, BARBARA H.	01			2023	6925800	$ 14.30	$ 0.40					$ 14.70	APPLIED LATE FOR ELDERLY EXEMPTION
21511	POWERS, LARRY M.	09	F011		2023	1001537	$ 321.75	$ 9.00	$ 31.50				$ 362.25	SHOULD HAVE RECEIVED VETERAN EXEMPTION
21512	PRICE, LEONARD L. & WF AVA	04	F002		2023	7056603	$ 217.72	$ 6.09	$ 19.79				$ 243.60	APPLIED LATE FOR ELDERLY EXEMPTION
21513	QUINN, EDWIN LOUIS	12			2023	7109615	$ 202.70	$ 5.67					$ 208.37	APPLIED LATE FOR DISABILITY EXEMPTION
21514	ROGERS, DIANE P.	09	F018		2023	010004855	$ 135.85	$ 3.80	$ 13.30				$ 152.95	APPLIED LATE FOR ELDERLY EXEMPTION
21515	ROGERS, DIANE P.	09	F008		2023	010004855			$ 19.00				$ 19.00	BILLED FOR WRONG FIRE DISTRICT
21516	ROGERS, DIANE P.	09	F008		2022	010004855			$ 19.00				$ 19.00	BILLED FOR WRONG FIRE DISTRICT
21517	SHOLAR, WOODIE R. & WF JANETT D. SHOLAR	08			2023	7807200						$ 110.00	$ 110.00	NO DWELLING ON PARCEL
21518	SHOLAR, WOODIE R. & WF JANETT D. SHOLAR	08			2022	7807200						$ 110.00	$ 110.00	NO DWELLING ON PARCEL
21519	SHOLAR, WOODIE R. & WF JANETT D. SHOLAR	08			2021	7807200						$ 90.00	$ 90.00	NO DWELLING ON PARCEL
21520	SHOLAR, WOODIE R. & WF JANETT D. SHOLAR	08			2020	7807200						$ 90.00	$ 90.00	NO DWELLING ON PARCEL
21521	SHOLAR, WOODIE R. & WF JANETT D. SHOLAR	08			2019	7807200						$ 90.00	$ 90.00	NO DWELLING ON PARCEL
21522	SMITH, SHERRY	01	F007		2023	8059560	$ 178.75	$ 5.00	$ 17.50				$ 201.25	APPLIED LATE FOR DISABILITY EXEMPTION
21523	SOUTHERLAND VILLAGE LLC	09			2023	8101184	$ 6,797.05	$ 190.14					$ 6,987.19	VALUE ADJUSTED DUE TO SECTION 42 HOUSING
21524	SOUTHERN PRODUCE, LLC	02			2023	010000858	$ 372.74	$ 10.43					$ 383.17	PROPERTY SOLD TO TOWN 2019-BLDG DOUBLE LISTED
21525	SOUTHERN PRODUCE DIST.	02			2019	8138853	$ 372.74	$ 10.43					$ 383.17	PROPERTY SOLD TO TOWN 2019-BLDG DOUBLE LISTED
21526	UNDERHILL, JAMES LEWIS	03	F001		2023	8897800	$ 153.01	$ 4.28	$ 10.70				$ 167.99	APPLIED LATE FOR VETERAN EXEMPTION
21527	VENECIA, DORA C.	12			2023	8958421	$ 14.30	$ 0.40			$ 1.47	$ 110.00	$ 126.17	SWMH DESTROYED HF 2018
21528	VENECIA, DORA C.	12			2022	8958421	$ 14.30	$ 0.40			$ 1.47	$ 110.00	$ 126.17	SWMH DESTROYED HF 2018
21529	VENECIA, DORA C.	12			2021	8958421	$ 14.30	$ 0.40			$ 1.47	$ 90.00	$ 106.17	SWMH DESTROYED HF 2018
21530	VENECIA, DORA C.	12			2020	8958421	$ 14.30	$ 0.40			$ 1.47	$ 90.00	$ 106.17	SWMH DESTROYED HF 2018
21531	VENECIA, DORA C.	12			2019	8958421	$ 14.30	$ 0.40			$ 1.47	$ 90.00	$ 106.17	SWMH DESTROYED HF 2018
21532	WALLACE, BRIAN KEITH & WF ANN	13	F021		2023	1000608	$ 321.75	$ 9.00	$ 31.50				$ 362.25	APPLIED LATE FOR VETERAN EXEMPTION
21533	WHALEY, CECIL H. HRS	07			2023	9315008						$ 78.95	$ 78.95	HOUSE VACANT SINCE 2018
21534	WHALEY, CECIL H. HRS	07			2022	9315008						$ 78.95	$ 78.95	HOUSE VACANT SINCE 2018
21535	WHALEY, CECIL H. HRS	07			2021	9315008						$ 66.60	$ 66.60	HOUSE VACANT SINCE 2018
21536	WHALEY, CECIL H. HRS	07			2020	9315008						$ 66.60	$ 66.60	HOUSE VACANT SINCE 2018
21537	WHALEY, DENELDA S. & HUS. JAMES	05	F006		2023	9324625	$ 321.75	$ 9.00	$ 33.75				$ 364.50	APPLIED LATE FOR VETERAN EXEMPTION
21538	WHALEY, JIMMY RAY & JOHNNY GREEN WHALEY	07			2023	9344450						$ 110.00	$ 110.00	NO DWELLING ON PARCEL
21539	WHALEY, LEMMIE FRANK & WF SHELBY	13			2023	9352470						$ 31.05	$ 31.05	APPLIED LATE FOR PRIVATE HAULER
21540	WHALEY, LEMMIE FRANK & WF SHELBY	13			2023	9352470						$ 31.05	$ 31.05	APPLIED LATE FOR PRIVATE HAULER
21541	WHITEHURST, DEBORAH HODGES	02	F012		2023	9415290	$ 198.06	$ 5.54	$ 18.01				$ 221.61	APPLIED LATE FOR ELDERLY EXEMPTION
21542	WIGGINS, CARRIE JUANITA	02	F012		2023	9451815	$ 240.24	$ 6.72	$ 21.84				$ 268.80	APPLIED LATE FOR ELDERLY EXEMPTION
21543	WILKINSON, BARRY LEE SR. & WF JUDITH	02	F007		2023	9475720	$ 240.96	$ 6.74	$ 23.59				$ 271.29	APPLIED LATE FOR ELDERLY EXEMPTION
21544	WYATT, BRANDI LYNN & TIMOTHY J. ROSARIO	06	F003		2023	9883461	$ 160.88	$ 4.50	$ 12.38				$ 177.76	APPLIED LATE FOR VETERAN EXEMPTION
													$ -	
													$ -	
													$ -	
	GRAND TOTAL						**$ 57,291.43**	**$ 1,602.58**	**$ 3,486.14**	**$ 73.32**	**$ 111.23**	**$ 2,736.35**	**$ 65,301.05**	

SUBMITTED BY: _____ **FINAL APPROVAL BY:** _____ **DATE APPROVED:** 12/18/23

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

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

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

December 18, 2023

HomeTrust Bank
PO Box 10
Asheville, NC 28802-0010

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

Dear Sirs,

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

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

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

Sincerely,

Elwood Garner
Vice-Chairman
Duplin County Board of Commissioners

FW: SHIIP Base Grant Contract for dates 7/1/23 - 6/30/24

Robertson, Kevin <Kevin.Robertson@ncdoi.gov>
Fri 10/20/2023 9:28 AM
To: Melisa Brown <melisab@duplincountync.com>

4 attachments (538 KB)
SHIP Base Grant Statement of Work 2023-2024.pdf; How to Use Grant Funds.pdf; Budget Narrative SHIIP Base Grant.docx; Instructions for SHIIP Base Grant.pdf;

External Sender: 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.

Melisa

I apologize. Here is the correct table to review for the grant.

County	Agency	Name of Person Responding to Contract Questions/ E-Mail	Address	Phone/ Fax	✓ Base Grant Amount	Certifying Official-Signer	Tax Id. No.	DUNS #
Duplin	Duplin County/ Services for the Aged	Melisa Brown melisab@duplincountync.com	P.O. Box 928 Kenansvil e, NC 28349	910-296-2140 910-296-2142	$7,652	Melisa Brown melisab@duplincountync.com	56-6000296	95124798

Kevin Robertson, MPA
NCSMP Director & Assistant SHIIP Director

N.C. Department of Insurance
1201 Mail Service Center
Raleigh, NC 27699-1201
919-814-9947 office

From: Robertson, Kevin
Sent: Friday, October 20, 2023 8:32 AM
To: Melisa Brown <melisab@duplincountync.com>
Subject: SHIIP Base Grant Contract for dates 7/1/23 - 6/30/24
Importance: High

Melisa

It's important for you to review the contents of this email along with the following attachments:

- Instructions for completing contracts in SimpliGov
- Statement of Work for SHIIP Base Grant
- Budget Narrative
- How to Use Grant Funds

The "Statement of Work" and "How to Use Grant Funds" attachments will aide you in preparing responses with your SimpliGov contract.

If your agency/county requires a pre-audit, you will need to complete the attached "Budget Narrative" and have it signed.

Please share this email with individuals that will be completing the contract in the new SimpliGov system.

Below you will find information specific to your agency. Please review the information and **RESPOND** with one of the three following responses:

1. All information is correct,
2. If some information is incorrect, provide me with the corrected information, or
3. Our agency will not be taking the grant contract this year.

NON-Government agencies are required to upload two additional documents, your agency's "Conflict of Interest Statement" and a "NO Overdue Tax Debt" letter on your agency letterhead.

SPECIAL NOTE: The amount you are receiving this year in the BASE grant will be larger than future grants. SHIIP received a carryforward from the Administration for Community Living (ACL) that is allowing us to provide you with additional funds this year. Please do not expect the funds next year to be at this level. This will also help offset the amount of MIPPA funds that you will be receiving later this year as that grant has decreased.

NORTH CAROLINA
DEPARTMENT OF INSURANCE
MIKE CAUSEY, COMMISSIONER

State of North Carolina

County of Wake

Grant Name: CDAP - State Health Insurance Assistance Program

Federal Award Agency: US Department of Health & Human Services, Administration for Community Living

CDFA # 93.324 **Fiscal Year:** 2023-2024

Federal Award Date: 03/28/2023 **Performance Period:** 07/01/2023–06/30/2024

Account # 536405

Grant Award # 90SAPG0099-04-00 **Cost Center:** 16001636G23 **Award Amount $** $7,652.00

Total Amount $ $7,652.00

Contract Between

Recipient:	**Subrecipient:**
State of North Carolina	**Name:** Duplin County Senior Services
Department of Insurance	**County:** Duplin
SHIIP Division	**Tax ID/FIN #** 56-6000296
	DUNS # 95124798

This Contract and its attachments shall be completed and returned to the Recipient within 45 days of receiving the electronic document in order for the Recipient to process the award and provide funds to the Subrecipient. The Subrecipient shall provide the Recipient with progress reports and a final report detailing the Subrecipient's use of State funds.

1. **Contract Documents:** This Contract shall consist of the following documents, incorporated herein by reference:

(1) This Contract;
(2) General Terms and Conditions for Public Sector Contracts (Attachment A)
(3) Statement of Work (Attachment B)
(4) Line Item Budget and Budget Narrative (Attachment C)
(5) Certifications Regarding, Drug-Free Work-Place; Lobbying; and Debarment, Suspension and Other Responsibility Matters (Attachment D)

These documents constitute the entire agreement between the Parties and supersede all prior statements or agreements.

2. **Precedence Among Contract Documents:** In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

3. **Subrecipient's Duties:** The Subrecipient shall provide the services as described in Attachment B with the terms of this Contract and in accordance with the approved budget in Attachment C. The Subrecipient shall maintain and make available all records, papers, vouchers, books, correspondence or other documentation or evidence at reasonable times for review, inspection, or audit by duly authorized officials of the Recipient, the North Carolina State Auditor, or applicable federal agencies. Upon termination of contract as a SHIIP Coordinating Site, any equipment or property less than five (5) years old purchased by Subrecipient with grant funds to perform SHIIP functions shall be returned to the Recipient in good working order. The Subrecipient shall submit to the Recipient all plans, reports, documents, or other products that the Recipient may require, in the form specified by the Recipient, including at the least following:
A) A final budget report of expenses incurred during the contract period date;
B) A mid-year report of the contracted activities of the Subrecipient due by January 31;
C) A final comprehensive report within sixty (60) days of the project end date; due on or before August 31.

4. **Recipient's Duties:** The Recipient shall reimburse the Subrecipient for the costs of services and activities described in Attachment B and in accordance with the approved budget in Attachment C. The Recipient shall monitor the Subrecipient for compliance with the terms of this Contract; and shall specify all reports and other deliverables required from the Subrecipient. The Recipient shall pay the Subrecipient in the manner and in the amounts specified in the Contract Documents.

[X] a. There are no matching requirements from the Subrecipient.

[ ] b. The Subrecipient's matching requirement is $n/a, which shall consist of:
[ ] In-kind [ ] Cash
[ ] Cash and In-kind [ ] Cash and/or In-kind

The contributions from the Subrecipient shall be source from non-federal funds.

5. **Conflict of Interest Policy:** The Recipient has determined that this Contract is not subject to NCGS 143C6-22 & 23.

6. **Reversion of Unexpended Funds:** Any unexpended grant funds shall revert to the Recipient upon termination of this Contract.

7. **Grants:** The Subrecipient has the responsibility to ensure that all sub-grantees, if any, provide all information necessary to permit the Subrecipient to comply with the terms and conditions set forth in this Contract. The grant award for the contract is not to be used for Research & Development (R&D).

8. **Payment Provisions:** As provided in NCGS 143C-6-21 this Contract is an annual appropriation of $100,000 or less to or for the use of a non-profit corporation and payment shall be made in a single annual payment.

9. **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, address, telephone number and fax number of the Parties' respective initial Contract Administrators are set out below. Either Party may change the name, address, telephone number and fax number of its Contract Administrator by giving timely written notice to the other Party.

For the Recipient:	**For the Subrecipient:**
Melinda Munden, Deputy Commissioner	Melisa Brown
SHIIP Division	Duplin County Senior Services
1201 Mail Service Center	P.O. Box 928 Kenansville, NC 28349
Raleigh, NC 27699-1201	
Telephone: 919-807-6900	Telephone: (910) 296-2140

10. **Supplementation of Expenditures of Public Funds:** The Subrecipient assures that funds received under this Contract shall be used only to supplement, not to supplant, the total amount of federal, state, and local public funds the Subrecipient otherwise expends for SHIIP services and related programs. Funds received under this Contract shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Subrecipient's total expenditure of other public funds for such services.

11. **Disbursements:** As a condition of this Contract, the Subrecipient acknowledges and agrees to make disbursements in accordance with the following requirements:
    a. Implement adequate internal controls over disbursements;
    b. Pre-audit all vouchers presented for payment to determine:
        - Validity and accuracy of payment;
        - Payment due date;
        - Adequacy of documentation supporting payment; and
        - Legality of disbursement;
    c. Assure adequate control of signature stamps/plates;
    d. Assure adequate control of negotiable instruments; and
    e. Implement procedures to ensure that the account balance is solvent and reconcile the account monthly.

12. **Outsourcing:** The Subrecipient certifies that it has identified to the Recipient all jobs related to the Contract that have been outsourced to other countries, if any. Subrecipient further agrees that it will not outsource any such jobs during the term of this Contract without providing notice to the Recipient.

13. **Executive Order # 24:** NCGS 133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State Employee of any gift from anyone with a contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

14. **Audit:** The Recipient reserves the right to conduct an audit through the NCSMP Program Director. The Subrecipient must permit access to records and financial statements by the audit staff of Recipient as necessary.

15. **Federal Certifications:** The Subrecipient agrees to execute the following federal certifications that are attached to this agreement (applicable when receiving federal funds).

    A. Certification Regarding Lobbying.
    B. Certification Regarding Department.
    C. Certification Regarding Drug-Free Workplace Requirements.

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

Subrecipient:

BY: Melisa S. Brown DATE: 12/12/2023 04:12 PM

Division of SHIIP:

BY: Melinda Munden DATE: 11/21/2023 01:55 PM

BY: Jackie Obusek 12/13/2023 9:36:00 PM GMT
Email: jackie.obusek@ncdhhs.gov
Date: 12/13/2023 GMT

Contract is not executed until last signature is obtained.

Attachment A
General Terms and Conditions

DEFINITIONS

Unless indicated otherwise from the context, the following terms shall have the following meanings in this Contract. If the rule or statute that is the source of the definition is changed by the adopting authority, the change shall be incorporated herein.

(1) "Recipient" (as used in the context of the definitions below) shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political sub-agency of government. For other purposes in this Contract, "Recipient" shall mean the entity identified as one of the parties hereto.

(2) "Audit" has the meaning in 09 NCAC 03M .0102(2): an examination of records or financial accounts to verify their accuracy.

(3) "Contract" has the meaning in 09 NCAC 03M .0102(4): a legal instrument that is used to reflect a relationship between the Recipient, Subrecipient, and sub-grantee.

(4) "Fiscal Year" has the meaning in 09 NCAC 03M .0102(7): the annual operating year of the non-State entity.

(5) "Financial Assistance" means assistance that non-State entities receive or administer in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance. Financial assistance does not include amounts received as reimbursement for services rendered to individuals for Medicare and Medicaid patient services.

(6) "Financial Statement" has the meaning in 09 NCAC 03M .0102(8):a report providing financial data relative to a given part of an organization's operations or status.

(7) "Grant" means financial assistance provided by a Recipient, Subrecipient, or sub-grantee-to carry out activities whereby the grantor anticipates no programmatic involvement with the Subrecipient or sub-grantee during the performance of the grant.

(8) "Subrecipient" has the meaning in G.S. § 143C-6-23(a)(2): a non-State entity that receives a grant of State funds from a State agency, department, or institution but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission. For other purposes in this Contract, "Subrecipient" shall mean the entity identified as one of the parties hereto.

(9) "Grantor" means an entity that provides resources, generally financial, to another entity in order to achieve a specified goal or objective.

(10) "Non-State Entity" has the meaning in G.S. § 143C-1-1(d)(18): Any of the following that is not a State agency: An individual, a firm, a partnership, an association, a county, a corporation, or any other organization acting as a unit. The term includes a unit of local government and public authority.

(11) "Public Authority" has the meaning in G.S. § 143C-1-1(d)(22): A municipal corporation that is not a unit of local government or a local governmental authority, board, commission, council, or agency that (i) is not a municipal corporation and (ii) operates on an area, regional, or multiunit basis, and the budgeting and accounting systems of which are not fully a part of the budgeting and accounting systems of a unit of local government.

(12) "State Funds" has the meaning in 09 NCAC 03M .0102(12): 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. Pursuant to G.S. § 143C-6-23(a)(1), the terms "State grant funds" and "State grants" do not include any payment made by the Medicaid program, the State Health Plan for Teachers and State Employees, or other similar medical programs.

(13) "Sub-grantee" has the meaning in G.S. § 143C-6-23(a)(4): a non-State entity that receives State funds as a grant from a subrecipient or from another sub-grantee but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission.

(14) "Unit of Local Government" has the meaning in G.S. § 143C-1-1(d)(29): A municipal corporation that has the power to levy taxes, including a consolidated city-county as defined by G.S. § 160B-2(1), and all boards, agencies, commissions, authorities, and institutions thereof that are not municipal corporations.

Relationships of the Parties

Independent Contractor: The Subrecipient is and shall be deemed to be an independent contractor in 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. The Subrecipient represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Recipient.

Subcontracting: The Subrecipient shall not subcontract any of the work contemplated under this Contract without prior written approval from the Recipient. Any approved subcontract shall be subject to all conditions of this Contract. Only the subcontractors or sub-grantees specified in the contract documents are to be considered approved upon award of the contract. The Recipient shall not be obligated to pay for any work performed by any unapproved subcontractor or sub-grantee. The Subrecipient shall be responsible for the performance of all of its sub-grantees and shall not be relieved of any of the duties and responsibilities of this Contract.

Sub-grantees: The Subrecipient has the responsibility to ensure that all sub-grantees, if any, provide all information necessary to permit the Subrecipient to comply with the standards set forth in this Contract.

Assignment: No assignment of the Subrecipient's obligations or the Subrecipient's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may:

(a) Forward the Subrecipient's payment check(s) directly to any person or entity designated by the Subrecipient; or

(b) Include any person or entity designated by Subrecipient as a joint payee on the Subrecipient's payment check(s).

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

Beneficiaries: Except as herein specifically provided otherwise, 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 Recipient and the named Subrecipient. 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 Recipient and Subrecipient that any such person or entity, other than the Recipient or the Subrecipient, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

Ineligible Vendors: As provided in G.S. § 147-86.60 and G.S. § 147-86.82, the following companies are ineligible to contract with the State of North Carolina or any political subdivision of the State: a) any company identified as engaging in investment activities in Iran, as determined by appearing on the list of restricted companies created by the State Treasurer pursuant to G.S. § 147- 86.58, and b) any company identified as engaged in a boycott of Israel as determined by appearing on the list of restricted companies created by the State Treasurer pursuant to G.S. § 147-86.81. A contract with the State or any of its political subdivisions by any company identified in a) or b) above shall be void ab initio.

Indemnity

Indemnification: The Subrecipient agrees to indemnify and hold harmless the Recipient, the State of North Carolina, and any of their officers, agents and employees, from any claims of third parties arising out of any act or omission of the Subrecipient in connection with the performance of this Contract to the extent permitted by law.

Default and Termination

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

Termination Without Cause: The Recipient may terminate this contract without cause by giving 60 days written notice to the Subrecipient. In that event, all finished or unfinished deliverable items prepared by the Subrecipient under this contract shall, at the option of the Recipient, become its property and the Subrecipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made.

Termination for Cause: If, through any cause, the Subrecipient shall fail to fulfill its obligations under this Contract in a timely and proper manner, the Recipient shall have the right to terminate this Contract by giving written notice to the Subrecipient and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the Subrecipient under this Contract shall, at the option of the Recipient, become its property and the Subrecipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Subrecipient shall not be relieved of liability to the Recipient for damages sustained by the Recipient by virtue of the Subrecipient's breach of this agreement, and the Recipient may withhold any payment due the Subrecipient for the purpose of setoff until such time as the exact amount of damages due the Recipient from such breach can be determined.

Waiver of Default: Waiver by the Recipient of any default or breach in compliance with the terms of this Contract by the Subrecipient 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 Recipient and the Subrecipient and attached to the contract.

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 appropriation, allocation, and availability of funds for this purpose to the Recipient.

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.

Survival of Promises: 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.

Health Insurance Portability and Accountability Act (HIPAA): The Subrecipient agrees that, if the Recipient determines that some or all of the activities within the scope of this contract are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the Recipient may require to ensure compliance.

Executive Order # 24: By Executive Order 24, issued by Governor Perdue, and G.S. § 133-32, it is unlawful for any vendor or contractor (i.e. 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 (i.e., Administration, Commerce, Correction, Crime Control and Public Safety, Cultural Resources, Environment and Natural Resources, Health and Human Services, Juvenile Justice and Delinquency Prevention, Revenue, Transportation, and the Office of the Governor). This prohibition covers those vendors and contractors who have a contract with a governmental agency; or have performed under such a contract within the past year; or anticipate bidding on such a contract in the future.

For additional information regarding the specific requirements and exemptions, vendors and contractors are encouraged to review Executive Order 24 and G.S. § 133-32.

Executive Order 24 also encouraged and invited other State Agencies to implement the requirements and prohibitions of the Executive Order to their agencies. Vendors and contractors should contact other State Agencies to determine if those agencies have adopted Executive Order 24.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this Contract are the exclusive property of the Recipient. The Subrecipient shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

Compliance with Laws: The Subrecipient shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Subrecipient shall comply with all federal and state laws relating to equal employment opportunity.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Subrecipient under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Recipient. The Subrecipient acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this Contract.

Oversight

Access to Persons and Records: The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with G.S. § 147-64.7. Additionally, as the State funding authority, the Recipient and all applicable federal agencies or their agents shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Recipient. State 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 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.

Miscellaneous

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 Subrecipient, 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 agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters, whether sounding in contract or

tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Amendment: This Contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Recipient and the Subrecipient.

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.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this Contract.

Key Personnel: The Subrecipient shall not replace any of the key personnel assigned to the performance of this contract without the prior written approval of the Recipient. The term "key personnel" includes any and all persons identified as such in the contract documents and any other persons subsequently identified as key personnel by the written agreement of the parties.

Care of Property: The Subrecipient agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this Contract and will reimburse the Recipient for loss of, or damage to, such property. At the termination of this Contract, the Subrecipient shall contact the Recipient for instructions as to the disposition of such property and shall comply with these instructions.

Travel Expenses: Reimbursement to the Subrecipient for travel mileage, meals, lodging and other travel expenses incurred in the performance of this Contract shall be reasonable and supported by documentation. State rates should be used as guidelines. International travel shall not be reimbursed under this Contract.

Sales/Use Tax Refunds: If eligible, the Subrecipient and all sub-recipients 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 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.

Advertising: The Subrecipient shall not use the award of this Contract as a part of any news release or commercial advertising, except as allowed in Attachment B.

Attachment B

For the period 07/01/2023 - 06/30/2024

Statement of Work

Subrecipient: Duplin County Senior Services

This statement should be a short summary describing what the Subrecipient does and how the Subrecipient will use these funds. The terms of the contract between the SHIIP office and the agencies require local programs meet these goals for the contract period. The uses of these funds are not limited to but MUST include the following activities:

1. Initiate and develop relationships with local community partners such as, Community Health Centers, Chambers of Commerce, Realtor Associations, Food Banks/Pantries, Local Senior Games, Area Agency on Aging, Parks & Recreation Departments, other Aging Programs, etc.... that support/align the overall Administration for Community Living (ACL) Performance Measures including diverse, hard-to-reach populations of Low-Income, Rural, and English as Second Language to promote SHIIP's toll-free number and services provided by SHIIP;

2. Provide ongoing Medicare counseling and enrollment assistance, including telephonic, virtual and/or in-person during the Medicare Open Enrollment Period of 10/15/23 through 12/07/23 and the Medicare Advantage Open Enrollment Period of 01/01/24 through 03/31/24;

3. Conduct a minimum of two (2) presentations in person or virtual – at least one (1) New to Medicare or Medicare 101 presentation to the general public and one (1) Medicare Education presentation to a disability group or potential Extra Help group in your county including information on the Senior Medicare Patrol Program, Medicare Fraud; and represent SHIIP at a minimum of two (2) health fairs/senior fairs/special events utilizing local certified SHIIP counselors;

4. Submit Beneficiary Contact, Group Outreach and Education, and Media Outreach and Education forms by the 15th of the month following the counseling session or event through the Federal reporting system STARS website for the date range of 4/1/2023 through 3/31/2024;

5. Counsel at least three (3) percent of the county's Medicare population and report in the Federal reporting system STARS for the date range of 4/1/2023 through 3/31/2024;

6. Reach out to 50 percent of the county's total population for Group Outreach and Education events and Media Outreach and Education events along with reporting in the Federal reporting system STARS for the date range of 4/1/2023 through 3/31/2024 (Group Outreach and Education events include: health fairs, senior fairs, interactive presentation to the public and enrollment events. Media Outreach and Education events include: television, radio, local newspapers, health fairs, promoting SHIIP on Agency website, newsletters, magazines, emails, flyers, digital banners, etc.);

7. Coordinate a county volunteer recognition event during the grant period providing volunteers with appreciation items from the North Carolina SHIIP office and engage your Regional Manager;

8. Coordinators will provide program information to county volunteers, including emails, SHIIP News and other materials received from the North Carolina SHIIP office;

9. Coordinators will utilize current SHIIP marketing materials and dispose outdated items to ensure accuracy of information;

10. Coordinators will ensure that agency promotes SHIIP services on/through agency website and social media platforms; and

11. Participate in monthly Coordinator webinars/conference calls, follow-up meetings, SHIIP network trainings, and statewide and/or regional conferences during the reporting period. Funds should be allocated for possible phone costs, travel and/or meal reimbursement per agency guidelines.

Subrecipient Response to Scope of Work:

In June, 2023, the department name was changed to Duplin County Senior Services. The mission remains the same as we have been known for over three decades as "Duplin County Services for the Aged." The department will continue to seek and promote opportunities to provide the requirements set forth by the SHIIP office. The first community/partner engagement event that meets a goal to initiate and develop relationships with community partners, is a senior scam jam event scheduled for December 13th, 2023. During the summer months, the agency plans to host two additional events in May/June 24, combining "Older Americans Month & Elder Abuse Awareness.

In the absence of an SHIIP Coordinator, the Director has been filling the role of counseling, social media, outreach, and completing budgets. A new SHIIP Coordinator was hired in October, 2023, and will definitely be an asset to the program. Specific, to cover the administrative costs, a portion of the funds will be used for salary, and fringes for the SHIIP Coordinator and the Director. Once the SHIIP Coordinator (45%) has completed the certification process, she will be the primary person working with the clients. The Director (55%) will assist with clients (especially during the open enrollment timeframe) and complete the budget reports, assist with the social media/flyer circulations. In addition to the administration costs, funds will be used to cover costs with communication (telephone expense), software expense, copier/printing expense, postage, and travel. In the equipment/technology line item, a laptop will be purchased for the SHIIP Coordinator to utilize at outreach events in an effort to input data real time and assist with outreach efforts.

The Medicare 101/New to Medicare presentations and attendance with health fairs will be coordinated with local partners inside and outside the senior center. For anyone that is interested in participating in the virtual format, that option will be available. The SHIIP Coordinator and volunteer(s) will make every effort to record the client counseling forms in a timely manner trough the STARS system. The volunteer celebration will be held in April, 2024, when the department recognizes all agency volunteers. We continue to actively seek those individuals that are willing to become volunteers with the SHIIP program. Volunteer recruitment continues to be a tremendous challenge. It is our overall goal to continue to recruit more volunteers that would be willing to assist with open enrollment and events as well as create new partnerships in the community.

The SHIIP Coordinator and or Director will participate in the monthly coordinator calls, webinars, and the state-wide virtual conference calls. Media outreach will continue through articles included in the agency newsletter, distribute flyers/publications in coordination with the meal distribution ongoing programs, as well as include on the agency social media page/local newspaper.

Attachment C

For the period 07/01/2023 - 06/30/2024

Line Item Budget and Budget Narrative

Provide a budget and short narrative on the use of the funding amount reflected on the contract. Please provide details of all expenses including routine charges. These expenditures may include telephone, postage, salary, equipment purchases, internet services etc. Upon termination of contract as a SHIIP Coordinating Site, any equipment or property less than five (5) years old purchased by Subrecipient with grant funds to perform SHIIP functions shall be returned to the Recipient in good working order.

All budgets must be approved by the Recipient.

Subrecipient Name: Duplin County Senior Services Award Amount: $7,652.00

All fields must be completed.

Zero is an acceptable answer.

Must agree to the award amount.

Is this required by your local government?

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

No

Budget	Amount
Contractual	$0.00
Construction	$0.00
Supplies	$237.00
Equipment	$1,200.00
Other	$1,094.00
Travel	$300.00
Personnel	$3,451.00
Fringe	$1,370.00
Total	$7,652.00

Written description of planned expenditures:

Supplies - computer ink/toner/paper/envelopes/general office supplies.

Equipment - laptop/case/software, etc.

Other Amount - printing/copier (300), communications (200), software (119), postage (475).

Travel - local travel/partial expense towards conference/hotel

Personnel - Director (55%); SHIIP Coordinator (45%)

Fringes - social security, retirement, hospital insurance/life insurance, workers compensation = 1,370.00.

Attachment D
Certifications Regarding, Drug-Free Work-Place; Lobbying; and Debarment, Suspension and Other Responsibility Matters

1. Drug-Free Work-Place

The undersigned (authorized official) certifies that it will provide a drug-free workplace in accordance with the Drug-Free Work-Place Act of 1988, 45 CFR Part 76, subpart F. The certification set out below is a material representation of fact upon which reliance will be placed when awarding the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspensions or termination of grants or government wide suspension or debarment.

The Subrecipient certifies that it will or will continue to 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 an on-going 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 to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a); above;

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the Recipient, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to Recipient on whose grant activity the convicted employee was working.

Notices shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted—
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; 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;

(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).

The Subrecipient certifies that, as a condition of the grant, it will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant.

2. Lobbying

Title 31 of the United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who request or received a Federal grants or cooperative agreement must disclose lobbying undertaking with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part93).

The undersigned (authorized official) certifies, to the best of his or her knowledge and belief, that:

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

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

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

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 and not more than $100,000 for each such failure.

3. Debarment, Suspension and Other Responsibility Matters

NOTE: In accordance with 45 CFR Part 76, amended June 26, 1995, any debarment, suspension, proposed debarment or other government wide exclusion initiated under the Federal Acquisition Regulation (FAR) on or after August 25, 1995, shall be recognized by and effective for Executive Branch agencies and participants as an exclusion under 45 CFR Part 76.

(a) Primary Covered Transactions

The undersigned (authorized official) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(2) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(3) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (a)(2) of this certification; and

(4) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed under the assurances page in the application package.

(b) Lower Tier Covered Transactions

The applicant agrees by submitting this proposal that it will include, without modification, **the following clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transaction"** (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subrecipients and/or contractors) and in all solicitations for lower tier covered transactions:

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

(1) The prospective lower tier participant certifies by submission of this proposal, 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.

(2) 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.

Signature of Authorized Certifying Official *Melisa S. Brown*	**Title** Director, Duplin County Senior Services
Subrecipient Name Duplin County Senior Services	**Date Submitted** 12/12/2023 04:12 PM

NORTH CAROLINA
DEPARTMENT OF INSURANCE
MIKE CAUSEY, COMMISSIONER

State of North Carolina

County of Wake

Federal Award Agency: US Department of Health & Human Services, Administration for Community Living

Grant Information

Contract Type	CDFA #		This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.
SHIIP Govt	93.324		
Federal Award Date		Fiscal Year	Clubsy Rawls
03/28/2023		2023-2024	Finance Officer
Performance Period Start Date		Performance Period End Date	
07/01/2023		06/30/2024	
Grant Award #	Cost Center		Award Amount
90SAPG0099-04-00	16001636G23		$7,652.00

Award Total Amount
$7,652.00

Subrecipient Information

Subrecipient Business Name	Subrecipient Address (incl. City, State Zip)	Subrecipient Telephone #
Duplin County Senior Services	P.O. Box 928 Kenansville, NC 28349	(910) 296-2140

List of Required Subrecipient Statement of Work activities

1. Initiate and develop relationships with local community partners such as, Community Health Centers, Chambers of Commerce, Realtor Associations, Food Banks/Pantries, Local Senior Games, Area Agency on Aging, Parks & Recreation Departments, other Aging Programs, etc.... that support/align the overall Administration for Community Living (ACL) Performance Measures including diverse, hard-to-reach populations of Low-Income, Rural, and English as Second Language to promote SHIIP's toll-free number and services provided by SHIIP;

2. Provide ongoing Medicare counseling and enrollment assistance, including telephonic, virtual and/or in-person during the Medicare Open Enrollment Period of 10/15/23 through 12/07/23 and the Medicare Advantage Open Enrollment Period of 01/01/24 through 03/31/24;

3. Conduct a minimum of two (2) presentations in person or virtual - at least one (1) New to Medicare or Medicare 101 presentation to the general public and one (1) Medicare Education presentation to a disability group or potential Extra Help group in your county including information on the Senior Medicare Patrol Program, Medicare Fraud; and represent SHIIP at a minimum of two (2) health fairs/senior fairs/special events utilizing local certified SHIIP counselors;

4. Submit Beneficiary Contact, Group Outreach and Education, and Media Outreach and Education forms by the 15th of the month following the counseling session or event through the Federal reporting system STARS website for the date range of 4/1/2023 through 3/31/2024;

5. Counsel at least three (3) percent of the county's Medicare population and report in the Federal reporting system STARS for the date range of 4/1/2023 through 3/31/2024;

6. Reach out to 50 percent of the county's total population for Group Outreach and Education events and Media Outreach and Education events along with reporting in the Federal reporting system STARS for the date range of 4/1/2023 through 3/31/2024 (Group Outreach and Education events include: health fairs, senior fairs, interactive presentation to the public and enrollment events. Media Outreach and Education events include: television, radio, local newspapers, health fairs, promoting SHIIP on Agency website, newsletters, magazines, emails, flyers, digital banners, etc.);

7. Coordinate a county volunteer recognition event during the grant period providing volunteers with appreciation items from the North Carolina SHIIP office and engage your Regional Manager;

8. Coordinators will provide program information to county volunteers, including emails, SHIIP News and other materials received from the North Carolina SHIIP office;

9. Coordinators will utilize current SHIIP marketing materials and dispose outdated items to ensure accuracy of information;

10. Coordinators will ensure that agency promotes SHIIP services on/through agency website and social media platforms; and

11. Participate in monthly Coordinator webinars/conference calls, follow-up meetings, SHIIP network trainings, and statewide and/or regional conferences during the reporting period. Funds should be allocated for possible phone costs, travel and/or meal reimbursement per agency guidelines.

Subrecipient Statement of Work and Line Item Budget Information

Attachment B - Statement of Work Items

Provide a narrative response for each question within the Statement of Work. *

In June, 2023, the department name was changed to Duplin County Senior Services. The mission remains the same as we have been known for over three decades as "Duplin County Services for the Aged." The department will continue to seek and promote opportunities to provide the requirements set forth by the SHIIP office. The first community/partner engagement event that meets a goal to initiate and develop relationships with community partners, is a senior scam jam event scheduled for December 13th, 2023. During the summer months, the agency plans to host two additional events in May/June 24, combining "Older Americans Month & Elder Abuse Awareness.

In the absence of an SHIIP Coordinator, the Director has been filling the role of counseling, social media, outreach, and completing budgets. A new SHIIP Coordinator was hired in October, 2023, and will definitely be an asset to the program. Specific, to cover the administrative costs, a portion of the funds will be used for salary, and fringes for the SHIIP Coordinator and the Director. Once the SHIIP Coordinator (45%) has completed the certification process, she will be the primary person working with the clients. The Director (55%) will assist with clients (especially during the open enrollment timeframe) and complete the budget reports, assist with the social media/flyer circulations. In addition to the administration costs, funds will be used to cover costs with communication (telephone expense), software expense, copier/printing expense, postage, and travel. In the equipment/technology line item, a laptop will be purchased for the SHIIP Coordinator to utilize at outreach events in an effort to input data real time and assist with outreach efforts.

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Attachment C - Line Item Budget and Budget Narrative

All fields must be completed. Zero dollar amount is an acceptable answer. Must agree to the award amount.

Contractual Amount *	Construction Amount *	Supplies Amount *
$0.00	$0.00	$237.00
Equipment Amount *	Other Amount *	Travel Amount *
$1,200.00	$1,094.00	$300.00
Personnel Amount *	Fringe Amount *	Award Total
$3,451.00	$1,370.00	$7,652.00

Total Project Amount *
$7,652.00

Written Description of Planned Expenditures *

Supplies - computer ink/toner/paper/envelopes/general office supplies.

Equipment - laptop/case/software, etc.

Other Amount - printing/copier (300), communications (200), software (119), postage (475).

Travel - local travel/partial expense towards conference/hotel

Personnel - Director (55%); SHIIP Coordinator (45%)

Fringes - social security, retirement, hospital insurance/life insurance, workers compensation = 1,370.00.

After filling out this required Statement of Work responses and Line Item Budget information:

1. Press the Ctrl key and the letter P key at the same time. This will open a new screen to print out this information.
2. The printed document needs to be signed by your financial officer
3. Scan the signed document so that it can be digitized for uploading.
4. Upload the signed document by pressing the "Select files" button at the Attach Pre-Audit document area shown below.

Does your County require a pre-audit? *	Attach Pre-Audit document *
Yes	

Subrecipient Reviewer (person completing the questions and budget) Decision *

The information that you enter will get merged into the Contract document when you press the Submit button below.

SHIIP-Govt-Contract

Created:	**12/13/2023**
Status:	Signed
Transaction ID:	63750e85-1928-4988-9bcd-9aa4f61ab0fe

"SHIIP-Govt-Contract" history

Jim Conrad created the document.
12/13/2023 12:49:24 PM GMT - IP address 149.168.74.8

Document was emailed to Jackie Obusek
12/13/2023 12:49:25 PM GMT

Jackie Obusek signed the document.
12/13/2023 9:36:00 PM GMT - IP address 149.168.74.9:14442

Document was successfully signed and filed
12/13/2023 9:36:01 PM GMT

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	112	BUA	12/11/2023	12/11/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	4130	43250				T	POSTAGE		2,000.00
2	4130	42600				T	OFFICE SUPPLIES	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
2024	06	113	BUA	12/11/2023	12/11/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	4160	43300				T	UTILITIES		8,000.00
2	4160	43510				T	REPAIRS BUILDING AND GROUNDS	8,000.00	
							** JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	114	BUA	12/11/2023	12/11/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	5167	43250				T	POSTAGE		100.00
2	5167	43540				T	SOFTWARE MAINTENANCE		100.00
3	5167	42420				T	IN HOUSE LAB	200.00	
							** JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	130	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

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

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	130	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	5178	42980				T	PROGRAM SUPPLIES		208.83
2	5178	43250				T	POSTAGE	208.83	
							** JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	131	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	4520	42600				T	OFFICE SUPPLIES		500.00
2	4520	43720				T	PROMOTIONAL ITEMS	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
2024	06	132	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION	DEBIT	CREDIT OB
1	5164	42410				T	PHARMACY		300.00
2	5164	42980				T	PROGRAM SUPPLIES	300.00	
							** JOURNAL TOTAL	0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	133	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

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

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	133	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION		DEBIT	CREDIT OB
1	5111	43510					T			20.00
								REPAIRS BUILDING AND GROUNDS		
2	5111	43250					T		20.00	
								POSTAGE		
							** JOURNAL TOTAL		0.00	0.00

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	134	BUA	12/12/2023	12/12/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION		DEBIT	CREDIT OB
1	5129	42980					T			1,425.00
								PROGRAM SUPPLIES		
2	5139	42500					T			332.50
								VEHICLE GASOLINE		
3	5167	43250					T			332.50
								POSTAGE		
4	5151	43250					T			332.50
								POSTAGE		
5	5164	44300					T			150.00
								RENT		
6	5164	43250					T			182.50
								POSTAGE		
7	5114	43520					T			665.00
								REPAIRS & MAINTENANCE EQUIPME		
8	5129	43510					T		1,425.00	
								REPAIRS BUILDING AND GROUNDS		
9	5139	43510					T		332.50	
								REPAIRS BUILDING AND GROUNDS		
10	5167	43510					T		332.50	
								REPAIRS BUILDING AND GROUNDS		
11	5151	43510					T		332.50	
								REPAIRS BUILDING AND GROUNDS		
12	5164	43510					T		150.00	
								REPAIRS BUILDING AND GROUNDS		
13	5164	43510					T		182.50	
								REPAIRS BUILDING AND GROUNDS		
14	5114	43510					T		665.00	
								REPAIRS BUILDING AND GROUNDS		
							** JOURNAL TOTAL		0.00	0.00

Duplin County, NC

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JOURNAL INQUIRY

YEAR	PER	JOURNAL	SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
2024	06	143	BUA	12/13/2023	12/13/2023	121823	blanca.pineda	1	N	Hist	2024	

LN	ORG	OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION / ACCOUNT DESCRIPTION		DEBIT	CREDIT OB
1	5171	42990					T			300.00
								INCENTIVES		
2	5171	42980					T		300.00	
								PROGRAM SUPPLIES		
							** JOURNAL TOTAL		0.00	0.00
							** GRAND TOTAL		0.00	0.00

9 Journals printed

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

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Cover overspent account

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

Finance Signature: Chelsey Ponies
Date Approved: 12/11/23

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Cover cost of courthouse alarm repairs

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

Finance Signature: Chelsey Ponies
Date Approved: 12/8/23

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Need funds to complete Requisition

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

Chelsey Panion

Finance Signature
Date Approved: 12/11/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

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

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

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

Chelsey Panion

Finance Signature
Date Approved: 12/11/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
move funds to cover promotional items

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

Chelsey Ramos

Finance Signature
Date Approved: 12/11/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Increasing to create requisition

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

Chelsey Ramos

Finance Signature
Date Approved: 12/11/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Shipping charge

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

Chelsey Ramier

Finance Signature
Date Approved: 12/12/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
COVER REPAIRS TO BUILDINGS AND GROUNDS

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

Finance Signature
Date Approved: Chelsey Ramier 12/7/23

Manager Signature
Date Approved:

Commisioner Approval
Date Approved:

000899

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
COVER PROGRAM SUPPLIES

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

Finance Signature: Chelsey Farrior
Date Approved: 12/11/23

Manager Signature: _____
Date Approved: _____

Commisioner Approval: _____
Date Approved: _____

NC Department of Public Safety
EMERGENCY MANAGEMENT

Roy Cooper, Governor

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

Homeland Security Grant Program (HSGP)

Fiscal Year 2023

AL#: 97.067
Grant #: EMW-2023-SS-00034

Memorandum of Agreement (MOA)

between

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

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

MOA #: 2340009
Award amount: $21,500.00
Cost center: 1502-7A38-3H13
Period of performance (POP): September 1, 2023 to February 28, 2026

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

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

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

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

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

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

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

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

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

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

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

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

SUBRECIPIENT must:

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

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

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

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

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

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

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

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

SUBRECIPIENT:

A. Understands and acknowledges that total funding level available under this MOA will not exceed the awarded amount $21,500.00. SUBRECIPIENT acknowledges that they are further prohibited from sub-granting these funds. Attachment 1 and any approved amendments constitute the approved scope of work for this grant award.

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

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

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

A. SUBRECIPIENT must:

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

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

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

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

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

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

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

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

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

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

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

Documentation to be provided throughout POP:

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

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

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

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

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

F. Training course roster, description and syllabus.

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

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

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

H. Any other documentation requested by RECIPIENT.

11. Responsibilities
RECIPIENT:

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

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

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

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

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

SUBRECIPIENT:

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

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

C. Procurement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

N. Conflicts of Interest.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15. Audit Requirements

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

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

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

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

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

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

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

16. Construction and Renovation, and Infrastructure Projects

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

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

Subrecipients using funds for construction projects must comply with:

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

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

B. Build America, Buy America Act (BABAA)

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

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

17. Subrecipient Monitoring

See Attachment 7 for subrecipient monitoring.

18. Points of Contact

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

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

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

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

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

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

19. Public Records Access

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

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

20. Contracting/Subcontracting

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

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

21. Antitrust Laws

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

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

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

Definitions

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

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

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

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

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

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

23. Divestment and Do-Not-Contract Rules

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

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

24. Acknowledgement of Federal Funding from DHS

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

25. Lobbying Prohibition

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27. Assurance of Compliance with Privacy Act
SUBRECIPIENT agrees:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DocuSign Envelope ID: 3CD12C3A-3BE0-4314-9961-24A9317EFFD2

AUTHORIZED SIGNATURE WARRANTY

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

For RECIPIENT:

Approved

By: William Ray **Date:** 10/17/2023 | 11:19:40 EDT

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

For SUBRECIPIENT:

Approved

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

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

By: _____ **Date:** _____

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

Approved

By: _____ **Date:** _____

Approved as to Form:

By: Will Polk **Date:** 10/16/2023 | 14:46:02 EDT

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

BA # ____________________

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Budgeting grant funding for the 2023 North Carolina Emergency Management, Homeland Security Grant Program Domestic Preparedness Region Grant MOA 2340009.

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

Finance Signature ____________________
Date Approved: ____________________

Manager Signature ____________________
Date Approved: ____________________

Commisioner Approval ____________________
Date Approved: ____________________

12/13/2023

DocuSign Envelope ID: E131F89E-D186-455D-955B-6A4C85C8C7B8

James B. Duke
THE DUKE ENDOWMENT

December 1, 2023

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

Dear Mr. Dial:

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

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

We anticipate paying the grant according to the following schedule:

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

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

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

We are pleased to be a part of this project.

Sincerely,

DocuSigned by:
Lin Hollowell
Lin Hollowell
Director, Health Care

cc: Michele Cherry

Attachments

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

Miller, Christina <Christina.Miller@ecuhealth.org>
Thu 12/7/2023 9:53 AM
To Tracey Kornegay <TRACEY.S.KORNEGAY@duplincountync.com>; Maury Castillo <MAURY.CASTILLO@duplincountync.com>

1 attachments (179 KB)
ECU Duplin 7181-SP Award Letter.pdf;

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

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

CM

Christina Miller, BSN, RN, MBA
Vice President of Patient Care Services, CNO
ECU Health Duplin Hospital
401 N. Main Street | PO Box 278
Kenansville, NC 28349

910-296-2803 (o) | 910-271-0203(c)
christina.miller@ecuhealth.org

ECU HEALTH

From: Dial, Jeff <JWDial@ecuhealth.org>
Sent: Thursday, December 7, 2023 9:39 AM
To: Maready, Laura <Laura.Maready@ecuhealth.org>; Miller, Christina <Christina.Miller@ecuhealth.org>; Cherry, Michele <Michele.Cherry@ecuhealth.org>; Luckey, Bridgett <Bridgett.Luckey@ecuhealth.org>
Subject: FW: The Duke Endowment | Trustee Approval | East Carolina University Health Duplin Hospital

FYSA

From: Julie Hale <mail@grantapplication.com>
Sent: Monday, December 4, 2023 10:25 AM
To: Dial, Jeff <JWDial@ecuhealth.org>
Cc: Cherry, Michele <Michele.Cherry@ecuhealth.org>
Subject: The Duke Endowment | Trustee Approval | East Carolina University Health Duplin Hospital

This Message Is From an External Sender Report Suspicious

This message came from outside of ECU Health.

Dear Mr. Dial

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

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

We anticipate paying the grant according to the following schedule:

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

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

If you would like to publicize your grant through traditional and social media channels, please send a copy of the text to Shaheen Towles, our associate director of communications, at **stowles@tde.org** for her review. You'll find helpful communication resources, including a news release template, on our website at https://urldefense.com/v3/__http://www.dukeendowment.org__;!!LiVd0WTpCyk!7qWttJyY05nYmOCmSkXgkxhu6x2Bd59ycyDnJUI3c6qxI9moHX5adu9_M3bpe-Efi_0DtoXoR0ritLpYQc8$.

We are pleased to be a part of this project.

Sincerely,

Lin Hollowell
Director, Health Care

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
Duplin Coalition for Health -TDE 5-year funding award

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

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

12/13/2023

Attachments:

Notice of Funding Annoucement 12.8.2 | RFA A411_Supporting W | BA - AA 411.pdf

Instructions for what to do with attachments once approved:

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

Funding Announcement Supporting Women's Health Services

Carroll, Kristen <kristen.carroll@dhhs.nc.gov>
Fri 12/8/2023 10:19 AM

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

Dear Tracey Simmons Kornegay,

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

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

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

Sincerely,
Kristen

Kristen Carroll, MPH
Pronouns:she/her/hers
Branch Head
Reproductive Health Branch - Women, Infant, and Community Wellness Section
Division of Public Health – NC Department of Health and Human Services

Office: Tues & Fri; Telework: Mon, Wed & Thurs
919 707 5695 office
919 612 1448 cell
919 870 4827 fax
Kristen.carroll@dhhs.nc.gov

5601 Six Forks Road Raleigh, NC 27609
1929 Mail Service Center Raleigh, NC 27699-1929

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

600,000 more people can get health coverage starting Dec. 1. Learn more at [Medicaid.ncdhhs.gov]Medicaid.ncdhhs.gov.

Twitter | Facebook | Instagram | YouTube | LinkedIn

Request for Applications

RFA # A411

Supporting Women's Health Services

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

ISSUE DATE: October 2, 2023

DEADLINE DATE: November 17, 2023

INQUIRIES and DELIVERY INFORMATION:
Direct inquiries concerning this RFA to:

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

Applications will be received until 5:00 p.m. on November 17, 2023
Electronic copies of the application are available at https://wicws.dph.ncdhhs.gov/.

Send all applications electronically as indicated below:

Email address:
Kristen.carroll@dhhs.nc.gov

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

RFA Table of Contents

DocuSign Envelope ID: C1F4AD69-562B-4475-9946-843970912988

I. INTRODUCTION

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

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

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

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

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

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

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

[1] Source: NC DHHS State Center for Health Statistics, 24JAN2023.

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

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

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

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

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

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

The project funding periods will be distributed as follows:
February or March 1, 2024 – May 31, 2024
June 1, 2024 – May 31, 2025
June 1, 2025 – May 31, 2026
June 1, 2026 – May 31, 2027

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

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

II. BACKGROUND

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

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

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

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III. SCOPE OF SERVICES

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

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

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

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

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

Program Aims

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

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

2. Evidence-Based/Informed Strategies (**must choose at least one strategy**):
   a. Offer extended clinical hours beyond normal business hours for patients to access contraceptive services. A 2015 survey from Guttmacher Institute indicated that 51% of patients reported preferring to go to clinics with extended hours because they did not have to take time off from work or school, were more likely to find free or low-cost childcare, and

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

b. Offer contraceptive services in locations beyond your regular clinical space to reach additional patients. Offering alternative locations provides an opportunity to bring reproductive health services directly to communities in need, including those who face systemic barriers to care and those in rural areas[3]. These satellite locations may be utilizing another agency's space to offer services, such as a community college or university health center. Another way to offer a satellite location may be a mobile unit where services are provided.

3. Agencies working on this program aim will be required to implement a Patient Experience Survey, provided by the WICWS, with patients served under this funding. This will be a voluntary survey for patients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.

4. Training:
   a. Staff providing contraceptive services with patients under this funding, will be required to complete a contraceptive counseling training during year one (and subsequent years for new staff). There will be no costs associated with completing this training requirement. Additional contraceptive-related trainings may be identified annually for staff to complete.
   b. Staff from funded agencies will be required to attend a community engagement training to assist with increasing the number of individuals aware of services within the community.

5. Funding Requirements:
   a. Funding from this RFA can be utilized to purchase contraceptive methods, pay for LARC insertions and removals, cover staff time, and other supplies needed for contraceptive services. Community health centers are only eligible to purchase LARCs and LARC associated costs in regards to types of birth control methods. Funds could also support a community health worker assisting with increasing awareness of services.

6. Annual Performance Outcome Measures
   a. 100% of individuals receiving contraceptive services shall be underserved, uninsured, or medically indigent patients.
   b. 100% of clinical staff providing contraceptive services to staff shall complete a contraceptive counseling training.

[2] Source: Guttmacher Institute: https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015
[3] Source: Robert Wood Johnson Foundation (2018). https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mobile-reproductive-health-clinics

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

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

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

      ii. Annual Performance Outcomes Measures
         a. At least 18 unduplicated pregnant women per hire or contracted birth doula shall receive complete doula services, with at least 50% shall represent historically marginalized populations.
         b. At least 75% of LHD clients who received doula services shall complete a birth satisfaction survey.

b. Implement a group prenatal care model as part of the LHD maternal health clinical services. The group prenatal care model is supported by the American College of Obstetricians and Gynecologists (ACOG) due to documented evidence that suggests that patients have better prenatal knowledge, feel better prepared for labor and birth, have reduction in preterm births, improved breastfeeding initiation and satisfaction with maternal health care.

i. Program Requirements

a. For a new group prenatal care program, choose one of these two group prenatal care models:

1. Centering Healthcare Institute (CHI) Centering Pregnancy model of group prenatal care incorporates three major components: assessment, education, and support. This model of care promotes greater patient engagement, personal empowerment, and community building (https://www.centeringhealthcare.org/).
2. March of Dimes (MOD) Supportive Pregnancy Care model includes prenatal care, perinatal health education, and social support. This model of care is a flexible education and resource framework that enables maternity care providers to implement group prenatal care in a way that works best for their practice setting and the patients they serve (https://www.marchofdimes.org/supportivepregnancycare#:~:text=Supportive%20Pregnancy%20Care%C2%AE%20is,to%20implement%20group%20prenatal%20care).
3. Hire or reassign program staff to conduct group sessions.
4. Complete facilitator training for selected model.
5. Create cohorts from its prenatal clients and provide each cohort with a minimum of ten group prenatal sessions, each lasting 90- to 120-minutes.
6. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.

b. For an existing group prenatal care program, activities shall include:

1. Support existing program staff and/or hire or reassign additional program staff to conduct group sessions.
2. Complete training with selected group prenatal care model for new or re-assigned program staff (if needed).
3. Create cohorts from its prenatal clients and provide each cohort with a minimum of ten group prenatal sessions, each lasting 90- to 120-minutes.
4. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.

ii. Annual Performance Outcomes Measures

a. 100% of staff identified to facilitate group prenatal care sessions will complete training either through CHI or MOD.
b. At least 3 prenatal care groups shall be conducted annually.

c. At least 30% unduplicated pregnant women shall receive group prenatal care services and at least 50% shall represent historically marginalized populations.
d. At least 40% program participants shall initiate breastfeeding.

c. Implement or Enhance existing Home Visit for Postnatal Assessment (HVPNA) and Follow up Care service to pregnant individuals following delivery. These funds can only be utilized to serve underinsured and uninsured postpartum women in the county. The HVPNA should be provided within 2 – 3 weeks of delivery. The goals of HVPNA are to provide a key mechanism for reaching families early post-delivery with preventative and anticipatory services, provide opportunities for timely referral of problems, promote spacing of subsequent pregnancies, and provide a link to women's preventative health services.

i. Program Requirements

a. Hire a full-time or re-assign a percent FTE for a Registered Nurse (RN) to coordinate HVPNA services. A RN who is 100% FTE for Care Manager for Care Management for High-Risk Pregnancies (CMHRP) or Care Management for At-Risk Children (CMARC) is not eligible to coordinate services.
b. RN must provide one-on-one, face-to-face visits in the client's home.
c. Follow the Home Visit for Postnatal Assessment and Follow-up Care Protocol. Protocol available at: https://wicws.dph.ncdhhs.gov/Forms/4152-HomeVPNAFollow-UpInstructions-22.pdf

ii. Annual Performance Outcomes Measures

a. 100% of staff identified to conduct postnatal home visits will be appropriately trained to provide the service.
b. At least 90% of home visits are conducted within the first 3 weeks after birth.
c. At least 75% of postpartum clients referred for home visits will receive services.
d. 70% of postpartum clients receiving the home visit will return for their postpartum office visit between 6 – 8 weeks after birth.
e. 100% of the clients receiving the home visit will develop a reproductive life plan to discuss with provider during postpartum office visit.
f. 100% of clients will receive education on maternal warning signs (i.e., Post-birth Warning Signs) during the home visit.

d. Integrate a Community Health Worker (CHW) model into the program area or evidence-based strategy selected. The American Public Health Association (APHA) defines a community health worker as "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served" whose relationship with the community "enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." CHWs are uniquely qualified to work with individuals of reproductive age, their children, and families in our efforts to improve community outcomes for maternal and infant health.

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

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

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

ii. Annual Performance Outcomes Measures
   a. 100% of CHW(s) will successfully complete the CHW training within 9 months of hire.
   b. At least 75% of clients served in the selected program area will engage with the CHW(s).
   c. 100% of clients who engage with the CHW will be educated about 12-month postpartum Medicaid coverage and about application process for Medicaid.

e. Increase access to Behavioral Health/Maternal Mental Health providers by hiring or contracting with new providers or increasing FTE of existing staff. Perinatal mental health symptoms impact more than 1 in 5 people, but often go untreated or undertreated. Psychotherapy is the first-line treatment for perinatal mood disorders regardless of symptom

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

i. Program Requirements
   a. Hire or contract with a new Behavioral Health/Maternal Mental Health provider OR increase the percent of full-time equivalent (FTE) of an existing staff.
   b. Develop or enhance protocols to identify pregnant and postpartum women who could benefit from behavioral health services (brief intervention, referral to treatment (SBIRT) for substance use disorders and mental health disorders), which includes appropriate referrals and follow-up after a positive screening.
   c. Develop a plan for how the LHD shall integrate perinatal behavioral health services to include, but not limited to, 1) use of shared care plans, 2) use of the NC Maternal Mental Health MATTERS psychiatric access line (ncmatters.org) among LHD clinical providers, 3) collaborate with the NC MATTERS perinatal psychiatry team to carry out assessments and treatment planning with patients, 4) plan for care coordination to support quick coordination and triage of patients, 5) education to pregnant and postpartum women and their family on integrated care and 6) plan for connecting pregnant and postpartum women to external behavioral health resources, providers, and other community resources.
   d. Designate at least one behavioral health provider to participate in a LHD Community of Practice, convened by WICWS, to discuss ways to learn, improve, or address issues, problems or situations related to perinatal behavioral or mental health.

ii. Annual Performance Outcomes Measures
   a. 90% of LHD clients with a positive score on a behavioral health screening tool(s) shall be referred to the behavioral health professional.
   b. 100% of LHD clients referred to behavioral health provider will develop a care plan that is reflective of client goals and shared with all maternal health providers.
   c. Behavioral health provider will participate in at least 90% of Community of Practice meetings.

iii. Training
   a. Staff from funded agencies will be required to attend a community engagement training to assist with increasing the number of individuals aware of services within the community.

C. Annual Reporting Requirements

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

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

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IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

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

1. **Announcement of the Request for Applications (RFA)**
The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **October 2, 2023**: http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

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

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

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

4. **Notice of Intent**
Any agency that plans to submit an application shall submit a Notice of Intent no later than **5pm on October 20, 2023**. Notice of Intent is not required in order to submit an application but is requested to assist in planning for the review of applications. The link to submit a notice of intent is: https://www.surveymonkey.com/r/MJP9B8C. The following information will be requested in the Notice of Intent:
   - The legal name of the agency.
   - The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
   - County(ies) where services will be provided.

5. **Applications**
Applicants shall email a PDF version of the full application to Kristen.carroll@dhhs.nc.gov. Faxed applications will not be accepted.

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

7. **Space Allowance**
   Page limits are clearly marked in each section of the application.

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

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

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

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

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

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

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

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Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000
Level 3: $500,000 or more

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

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

14. **Additional Documentation to Include with Application for Nonprofit Community Health Centers**
    All community health centers are required to include documentation of their tax identification number.

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

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

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

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

17. **Additional Documentation Prior to Contract Execution**
    Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

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

       If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

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

a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)

b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

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

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

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

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

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

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

22. **Application Process Summary Dates**
10/02/2023: Request for Applications released to eligible applicants.
10/11/2023: Mandatory Pre-application Webinar.
10/20/2023: Notice of Intent due.
10/27/2023: End of Q&A period. All questions due in writing by 5pm.

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

VI. PROJECT BUDGET

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

Narrative Justification for Year One (3 or 4 months) and Year Two (12 month) Expenses
A narrative justification must be included for every expense listed in the year one and year two budgets. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be found on the Women, Infant, and Community Wellness Section website at https://wicws.dph.ncdhhs.gov/.

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

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

Current Rates for Travel and Lodging

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

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

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

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

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

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

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

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

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

Audits
G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.
There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:
Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000
Level 3: $500,000 or more
Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Cost

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

This RFA is funded by 100% State Funds.

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

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VII. EVALUATION CRITERIA

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

Content Areas

1. **Cover Letter:**
   Total maximum points = 3
2. **Needs Assessment:**
   Total maximum points = 18
3. **Program Plan:**
   Total maximum points = 24
4. **Data Collection, Evaluation and Reporting**:
   Total maximum points = 10
5. **Agency Ability**:
   Total maximum points = 15
6. **Budget**:
   Total maximum points = 6

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

VIII. APPLICATION

Application Checklist

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

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Project Budget**
   Include a budget in the format provided.
   Indirect costs are allowed and shall not exceed 10%.

   IRS Documentation for Community Health Centers:
5. ___ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

   or

   ___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)

   and
6. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

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1. **Cover Letter (3 points)**
   The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. Please cover the following in the letter: agency mission, brief history, background & current services provided, and how this proposed work fits within your agency mission. There is no page limit for the cover letter.

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

2. Application Face Sheet

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

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

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3. Applicant's Response

Section 1
Needs Assessment

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

Total Point Value:
18

Page Limit:
6 single-spaced
(excluding citation page)

1-1. Provide a written description that includes which Program Aim(s) were selected and which evidence-based strategy(ies) (EBSs), and how the selections were made. **At least one (1)** Program Aim and **at least one (1)** EBS must be selected under each program aim. (Note: Community Health Centers can only apply for the Increase Contraceptive Access Program Aim) (4 points)

1-2. Provide a written description for the need of each selected EBS. Provide appropriate and **recent data** to support the need for each selected EBS, including your agency data. Please include qualitative data if available. (8 points)

1-3. Describe the specific population to be served within the county for each selected EBS. This description should include factors that have an impact on outcomes, such as: race/ethnicity, age, educational level, income level, and housing. Please note that it is not sufficient to state that potential program participants are at "high risk." (5 points)

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

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Section 2
Program Plan

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

Total Point Value:
24 points

Page Limit:
8 single-spaced

2-1. Describe how your agency will implement each selected evidence-based strategy (EBS). Describe, in detail, how your agency will set up or expand current services to implement the strategy(ies). Include who is responsible, when, where and how the work will occur. Include the number of proposed people you plan to reach for each EBS. If you currently provide this service, how many individuals are you seeing currently and how many additional individuals do you plan to serve with this funding. (8 points)

2-2. Describe how the training requirements will be met for program staff under each selected EBS. (2 points)

2-3. Describe how your agency will meet each performance outcome measure under each selected EBS. (4 points)

2-4 Describe how your agency will address barriers that affect implementation and meeting performance outcomes. (Examples: staff turnover, advertising, loss of contact with participants, no shows for appointments, recruitment and retention issues, and low attendance at sessions). (4 points)

2-5 For each selected EBS, describe how the priority populations and/or persons with lived experience have been or will be involved in the program planning, implementation, or evaluation. (6 points)

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Section 3
Data Collection, Evaluation and Reporting

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

Total Point Value:
10

Page Limit:
4 single-spaced

3-1. Describe who will be responsible for collecting program data for each EBS. (2 points)

3-2. Describe who will be responsible for submitting program reports that include program data and detailed information on program activities and annual performance outcome measures. (2 points)

3-3. For each selected EBS, describe who will be responsible for administering the program participant satisfaction surveys. (4 points)

a. How will you use participant feedback to improve each selected EBS?

b. Who will be responsible for collecting and reviewing feedback from the surveys?

c. Who will be responsible for submitting the annual survey summary?

3-4. Describe how participant/patient information will be kept confidential. (2 point)

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Section 4
Agency Ability

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

Total Point Value:

15

Page Limit:
6 single-spaced

4-1. Describe your agencies experience working with reproductive health services (if implementing Program Aim A) and/or maternal and infant health (if a LHD and implementing Program Aim B). Describe your agency's experience working with uninsured, underinsured, and marginalized communities. Include the agency's organizational chart in Attachment A. (3 points)

4-2. Describe who will be responsible for managing grant funds, budgeting, purchasing, tracking program expenses, and submitting monthly expenditure reports. (2 points)

4-3. Describe the process for recruiting and hiring staff if they are not currently in place. Describe the plan for training program staff for selected EBSs with required trainings. (2 points)

4-4. Using the chart below, list each staff position title that is necessary to implement and support each selected EBS. Include the employee's name if already hired, or if not hired list as vacant. Please insert additional rows if needed. (4 points)

Position Title	Employee Name	Full-Time Equivalency (FTE) %	Evidence-Based Strategy

4-5. Describe your agency's history of staff turnover over the past four (4) years. Describe how you will minimize staff turnover during the grant period. (2 points)

4-6. How are your agency staff reflective of the population your agency plans to serve (race/ethnicity/language)? (2 points)

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Section 5
Budget

Total Point Value:
6

Page Limit:
Not Applicable

Insert Open Windows Budget Form

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

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

Attachment A: Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.

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

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

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

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

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

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____ ("Organization"), and by that authority duly given
(Legal Name of Organization)
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

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

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

_____
(Signature)

Appendix A Forms for Reference

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

FEDERAL CERTIFICATIONS

The undersigned states that:

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

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

   OR

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

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

Signature **Title**

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

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

I. Certification Regarding Nondiscrimination

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

II. Certification Regarding Drug-Free Workplace Requirements

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

f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) taking appropriate personnel action against such an employee, up to and including termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

_____

City, State, Zip Code:

_____

Street Address No.2:

_____

City, State, Zip Code:

_____

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.

4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

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

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

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

Instructions

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

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

Certification

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

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

V. Certification Regarding Lobbying

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

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

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

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

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

VI. Disclosure of Lobbying Activities

Instructions

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

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

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

2. Identify the status of the covered Federal action.

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

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Type of Federal Action: ☐ a. contract ☐ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	2. Status of Federal Action: ☐ a. Bid/offer/application ☐ b. Initial Award ☐ c. Post-Award	3. Report Type: ☐ a. initial filing ☐ b. material change **For Material Change Only:** Year_____ Quarter_____ Date of Last Report: _____
4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, (if known) Congressional District (if known)	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: 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 Registrant (*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	13. Type of Payment (*check all that apply*): ☐ a. retainer ☐ b. one-time fee ☐ c. commission ☐ d. contingent fee ☐ e. deferred ☐ f. other: specify: _____	
12. Form of Payment (*check all that apply*): ☐ a. cash ☐ b. In-kind; specify: Nature _____ Value _____		
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

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 (0348-0046), Washington, D. C. 20503

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CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____
County _____
I, _____ (Printed Name) hereby state that I am the _____ (Title)
of _____ (Legal Name of Organization) ("Organization"), and by that authority duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ (Day of Month) day of _____ (Month), _____ (Year). I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.
I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ (Day of Month) day of _____ (Month), 20_____ (Year).

_____
(Signature)

Instruction for Organization:
Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

_____
Name of Organization

Reference only — Not for signature

_____
Signature of Organization Official

Conflict of Interest Policy Example

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

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

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

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

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

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

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

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

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

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

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

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

Approved by:

_____
Name of Organization

_____
Signature of Organization Official

_____
Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts[1]

To: State Agency Head and Chief Fiscal Officer

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

Sworn Statement:

_____ [Name of Board Chair] and

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

_____ [Title of Second Authorizing Official], respectively, of _____

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

Reference only — Not for signature	Board Chair	
	Title	Date
Reference only — Not for signature		
Signature	Title of Second Authorizing Official	Date

Sworn to and subscribed before me this _____ day of _____, 20___.

Reference only — Not for signature

_____
Notary Signature and Seal

Notary's commission expires _____, 20 ____.

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

MS&NCD Form 0009, Eff. July 1, 2005, Revised July 18, 2006, 7/07, 8/09, 9/11

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CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

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

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- 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 Contractor 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 Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

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

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

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

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

☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "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 Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

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

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FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

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

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

The entire FFATA reporting requirement:

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

Only executive compensation data reporting:

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

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

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

Entity's Legal Name _____ Contract Number _____

☐ Active UEI registration record is attached
An active registration with UEI is required

Entity's UEI _____ Entity's Parent's UEI (if applicable) _____

Entity's Location	**Primary Place of Performance for specified contract** Check here if address is the **same** as Entity's Location ☐
street address _____	street address _____
city/st/zip+4 _____	city/st/zip+4 _____
county _____	county _____

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

	Title	Name	Total Compensation
1.			
2.			
3.			
4.			
5.			

Page left intentionally blank.

BA # _____

Duplin County
Budget Amendment

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

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

Brief description of why this amendment is being requested:
AA 411 Supporting women Health services - New Program

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

Finance Signature _____
Date Approved: _____

Manager Signature _____
Date Approved: _____

Commisioner Approval _____
Date Approved: _____

12/14/2023

Deal: 11163
Stock#: LBA75175R

CAR INVOICE

Bill Carone

PHONE (910) 285-2139

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

Sold To DUPLIN COUNTY HEALTH DEPARTMENT Date 12/06/2023

Address 340 SEMINARY STREET KENANSVILLE NC 28439 Salesman TERRY WILLIAMS

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

NO OTHER WARRANTY EXPRESSED OR IMPLIED IS VALID

Plate No. _____

Sticker _____

Lic. & Title Fee _____

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

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

_____ (Purchaser's Signature)

_____ (Seller's Signature)

☐ Sold as is

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

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

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

One Payment of 32126.72 due 20th of January 20 24

Total Balance of _____ Due 01/20/2024

FINANCE COMPANY: **CASH DEAL**

Price of Car	30500.00
Sales Tax	932.97
Delivered Price	31432.97
Trade In Allowance	N/A
Trade Difference	31432.97
Rebate	N/A
Cash on Delivery	N/A
Pay Off	N/A
Unpaid Balance	31432.97
DMV	94.75
Service Tax	N/A
Admin. Tax	N/A
DOC Fee	699.00
Mechanical Insurance	N/A
Life Insurance	N/A
A & H Insurance	N/A
Amount to be Financed	32126.72
Finance Charges	N/A
Total Time Price	32126.72
A. P. R.	N/A
Total Sale Price	32126.72

48980*1*BF-FI

EXTENDED BY _____ POSTED BY _____

CHECKED BY _____ POSTING BY _____

SALES DISTRIBUTION

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

USED CAR TRADED IN

TRADE-IN ALLOWANCE	
OVER ALLOWANCE	
APPRAISED VALUE	

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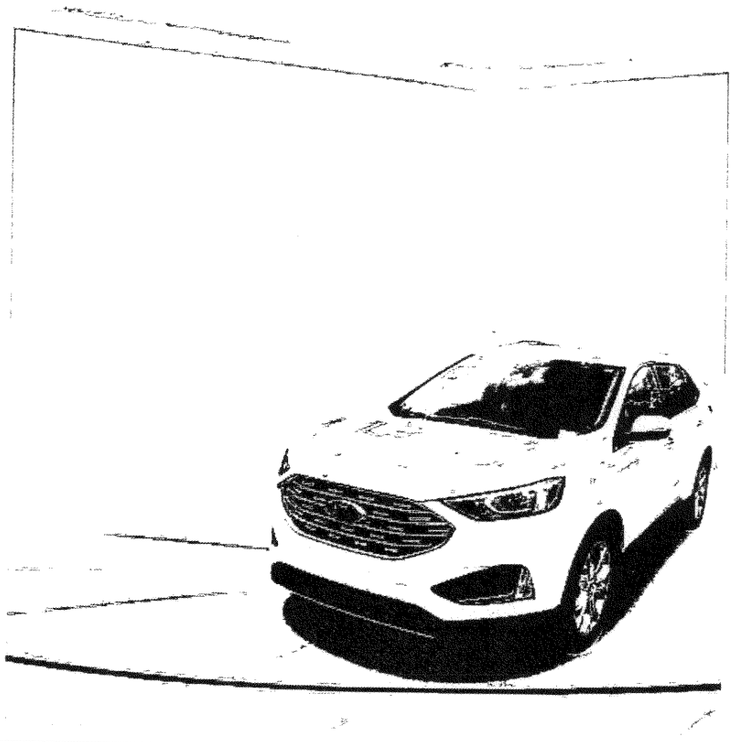
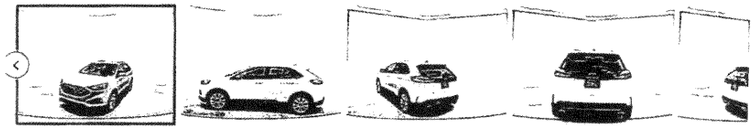


2021 Ford Edge
Mileage: 23,083 · Wilmington, NC

$31,105
GOOD DEAL
$1,602 Below market



Features

- Mileage: 23,083
- Drivetrain: All-Wheel Drive
- Exterior color: White
- MPG: 24 MPG
- Engine: 250 hp 2L I4
- Fuel type: Gasoline
- Transmission: Automatic
- Bluetooth

Finance in Advance

No Impact on Your Credit Score

Only Takes Minutes

View financing options

Overview

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

Mileage: 23,083 mi
Blue Advantage Blue Certified
Certified:
Condition: Certified Pre-Owned
VIN: 2FMPK4K93MBA30850
Stock number: 23T1090A

Fuel economy

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

Highway gas mileage: 28 MPG
Fuel type: Gasoline

Performance

Transmission: Automatic
Drivetrain: All-Wheel Drive

Engine: 250 hp 2L I4
Horsepower: 250 hp

Safety

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

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

2021 Ford Edge
Mileage: 23,083 · Wilmington, NC

$31,105
GOOD DEAL
$1,602 Below market

Measurements

Doors: 4 doors
Front legroom: 42 in
Back legroom: 40 in
Cargo volume: 39 cu ft

Options

Alloy Wheels
Android Auto
Bluetooth
CarPlay
Heated Seats
Leather Seats
Navigation System
Remote Start

History[1]

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

Save 20% on the full AutoCheck vehicle history report

Pricing

$31,105
GOOD DEAL

$32,707
Avg. market price (MV)

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

Price decreased
Price went down by $1,740.

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

Show price history

Finance in advance

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

Your estimated payment* is

$574/mo est

2021 Ford Edge
Mileage: 23,083 · Wilmington, NC

$31,105
GOOD DEAL
$1,602 Below market

Down payment (0%)

$0

Credit score

Rebuilding 4640	Fair 641-699	Good 700-749

Loan term

36 mo	48 mo	60 mo

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

View financing options

Already pre-qualified? Retrieve your offer.

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

Dealer

Capital Ford Lincoln of Wilmington
Open Closes at 8:00 PM
(910) 812-1662
4222 Oleander Drive, Wilmington, NC 28403
View inventory
Dealer website

Dealer reviews

★ 4.8 (50 reviews)

Show all reviews

Dealer's description

Show full description

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Email address Email me

By clicking "Email me," you agree to our Privacy Policy and Terms of Use.

2021 Ford Edge
Mileage: 23,083 · Wilmington, NC

$31,105
GOOD DEAL
$1,602 Below market

Recommended from this dealer

2022 Ford Explorer
Limited AWD
$35,000 GOOD DEAL
31,849 mi

2017 Ford Explorer
XLT AWD
$14,900 GREAT DEAL
120,516 mi

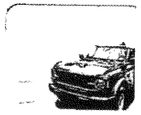
2020 Ford Escape
SE FWD
$22,685 FAIR DEAL
16,977 mi

2019 Ford Escape
SE AWD
$22,385 FAIR DEAL
12,600 mi

2018 Ford Explorer
Sport AWD
$27,625 FAIR DEAL
73,343 mi

2019 Ford Escape
Titanium AWD
$24,170 GOOD DEAL
25,121 mi

2022 Ford Expedition
Timberline 4WD
$63,425 GREAT DEAL
20,455 mi



2022 Ford Bronco
2-Door 4WD
$46,675 FAIR DEAL
12,004 mi

View all cars at this dealership

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

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

2021 Ford Edge Titanium AWD
Wilmington, NC
$31,105
GOOD DEAL
$1,602 below market

We are online

Contact dealer

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

Thank you!

+ Add comments

☑ Email me new results for my search

Send message

Pre-qualify for financing with no impact to your credit score.

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Help
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United States (EN)

CROSSROADS MITSUBISHI-LUMBERTON

CALL (910) 420-9582 (TEL:+19104209582) | DIRECTIONS (//MAPS.GOOGLE.COM/MAPS?SADDR=CURRENT%20LOCATION&DADDR=5047%20HWY%20301%20S%20LUMBERTON%2C%20NC%2028358)

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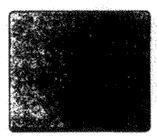
Confirm Availability

1 / 31





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2022 FORD EDGE SE

$32,980
BUY NOW

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

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

Sales: (910) 430-5152 (tel:+19104305152)
Service: 910-802-9828 (tel:9108029828)
Parts: 910-802-9827 (tel:9108029827)

Vehicle Information

VIN: 2FMPK4G90NBB16644 Stock #: Y3035A

BODY STYLE
Sport Utility

CITY/HIGHWAY
21/28 MPG

EXTERIOR COLOR
Oxford White

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

INTERIOR COLOR
Ebony

TRANSMISSION
Automatic / AWD

MILEAGE
12,088

4.4/ (27 Reviews (https://www.edmunds.com/ford/edge/2022/#subnav-consumer-reviews)) - Edmunds.com (https://www.edmunds.com/ford/edge/2022/#subnav-consumer-reviews)

Highlighted Features

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

- Bluetooth®
- 4WD/AWD
- Keyless Entry
- Wi-Fi Hotspot
- Automatic High Beams
- Emergency Brake Assist
- Lane Departure Warning
- Lane Keep Assist

View More Highlights...

Dealer Comments

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

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Eligible Benefits

CARFAX (//www.carfax.com/VehicleHistory/p/Report.cfx?vin=2FMPK4G90NBB16644&partner=DON_0)

All Features

Options | Specs

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

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2016 NISSAN ROGUE

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$13,998

BUY NOW

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$18,498

BUY NOW

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BA # _____

Duplin County
Budget Amendment

Department Title: HEALTH

Department Head's Signature: TRACEY SIMMONS-KORNEGAY

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

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

Brief description of why this amendment is being requested:

Vehicle Purchase (2020 Ford Edge)

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

Finance Signature
Date Approved: _____

Manager Signature
Date Approved: _____

Commisioner Approval
Date Approved: _____

12/14/2023

LL 11-13-23
CR 11-13-23

TOWN OF KENANSVILLE
TAX REQUEST
RELEASE DATE NOVEMBER 20, 2023

NAME	TOWNSHIP (4 Char Maximum)	TOWN	FIRE DISTRICT	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	TOWN TAX	FIRE DISTRICT	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
BLANCHARD TRANSPORTATION SERVICES, INC		TOT2		2023	0580575			$ 85.38		$ 8.54		$ 93.92	BUSINESS CLOSED OCTOBER 2008
GRAND TOTAL						$ -	$ -	$ 85.38	$ -	$ 8.54	$ -	$ 93.92	
SUBMITTED BY:			FINAL APPROVAL BY:							DATE APPROVED:		12/5/23	

LL 11-30-23

TOWN OF TEACHEY
TAX REQUEST
RELEASE DATE DECEMBER 4, 2023

NAME	TOWNSHIP	TOWN	FIRE DISTRICT	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	TOWN TAX	FIRE DISTRICT	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
HP HOA, INC	09	T-78		2023	3417576			$ 179.10				$ 179.10	EXEMPT PROPERTY BILLED IN ERROR
GRAND TOTAL						$ -	$ -	$ 179.10	$ -	$ -	$ -	$ 179.10	
SUBMITTED BY:			FINAL APPROVAL BY:							DATE APPROVED:		12/11/23	

Cw 10-4-23

TOWN OF WARSAW
TAX REQUEST
RELEASE DATE OCTOBER 16, 2023

NAME	TOWNSHIP	TOWN	FIRE DISTRICT	TAX YEAR	ACCOUNT NUMBER	COUNTY TAX	CAPITAL FUND	TOWN TAX	FIRE DISTRICT	LATE LIST PENALTY	SOLID WASTE	TOTAL RELEASE	REASON FOR RELEASE
HAND, MARY LEE WILLIAMS	01	T73		2023	3533738			$ 217.17				$ 217.17	PARCEL BILLED TO WRONG TAXPAYER
HAND, MARY LEE WILLIAMS & LULA RUTH WILLIAMS TYLER	01	T73		2023	3533739			$ 174.42				$ 174.42	PARCEL BILLED TO WRONG TAXPAYER
NEWTON, CYNTHIA GAIL	01	T73		2023	6409599			$ 11.40				$ 11.40	REPLACED MH WITH NEW MH
												$ -	
GRAND TOTAL						$ -	$ -	$ 402.99	$ -	$ -	$ -	$ 402.99	
SUBMITTED BY:				FINAL APPROVAL BY:						DATE APPROVED:		11/13/2023	

Cw 10-31-23

TOWN OF WARSAW
TAX REQUEST
RELEASE DATE NOVEMBER 6, 2023

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

DUPLIN COUNTY
NORTH CAROLINA

Airport Commission
Month End Report
November 2023

DUPLIN COUNTY AIRPORT

Airport Staff

Josh Rayner	Airport Director
Danny Ossendine	Airport Technician
AJ Warren	Sub Airport Technician
Justin Conn	Sub Airport Technician

Airport Commission Members

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

Operating Hours

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

Month	Av-Gas Sales	Jet-A Sales	Total	Av-Gas Gals	Jet-A Gals	Total	Previous FY Gallons
July	$8,946.33	$43,465.46	$52,411.79	1,654.08	11,207.38	12,861.46	18,946.72
August	$7,015.58	$71,587.02	$78,602.60	1,272.03	16,750.29	18,022.32	26,582.48
September	$8,740.47	$52,338.35	$61,078.82	1,583.66	11,395.90	12,979.56	17,152.58
October	$19,568.44	$131,393.10	$150,961.54	3,692.13	28,870.81	32,562.94	25,283.74
November	$8,328.76	$97,974.81	$106,303.57	1,597.44	22,076.08	23,673.52	15,749.63
December			$0.00			0.00	11,406.65
January			$0.00			0.00	14,740.29
February			$0.00			0.00	16,364.15
March			$0.00			0.00	31,026.20
April			$0.00			0.00	20,870.16
May			$0.00			0.00	14,641.42
June			$0.00			0.00	17,410.79
TOTAL	$52,599.58	$396,758.74	$449,358.32	9,799.34	90,300.46	100,099.80	228,168.82

Operations YTD Totals

	# Aircraft	# Operations	# Passengers
July	509	1017	1201
Aug	583	1066	1303
Sept	432	863	1024
Oct	633	1266	1457
Nov	459	917	1079
Dec			
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Totals	2366	5129	6044
Avg/MTH	513.2	1025.8	1208.8

Products Sold

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

Fuel by Percentage

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

Facts and Figures

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

Recent Project Activity & Updates

Second best month this year.
Murphy Family Ventures started rehabbing the corporate hangar. Looking very good.
Parrish & Partners design phase of New Connector Taxiway submitted to DOA for review.
Design of Fuel Farm has been submitted to NCDOA for review, cost estimate looks good at $1.9m
All new T-hangars & Legacy T-hangars fully occupied. Communal hangar is mostly full now.
Received $5,000,000 from NC Legislator, very excited at investing it in the airport

Project Update

Project Name	Project #	$ Amount
Drainage Assessment	7549	$100,000.00
Drainage Repair	7549	$310,000.00
Connector Taxiway Design	7553	$97,625.00
Fuel Farm Design	7554	$99,931.00
Total Project $		**$607,556.00**

DUPLIN COUNTY ANIMAL SERVICES

Nov-23

CANINE ADOPTION FEE	$	60.00
RESCUE DOG TRANSFER FEES	$	375.00
FELINE ADOPTION FEE	$	165.00
RESCUE CAT TRANSFER FEE	$	40.00
LONNIE'S ANGELS 72-22065	$	125.00
HORSE/GOAT FEE		
RODENT/PIG/RABBIT/GUINEA PIG		
RABIES VACCINATION REQUIRED		
DUTY TO CONTROL 2ND		
DUTY TO CONTROL 1ST		
NUISANCE ANIMAL PROHIBITE		
DOG AT- LARGE PROHIBITED 1ST		
DOG AT- LARGE PROHIBITED 2ND		
RABIES VACCINATION REQUIRED		
NUISANCE ANIMAL PROHIBITED 1ST		
NUISANCE ANIMAL PROHIBITED 2ND		
CRUELTY AND NEGLECT		
CANINE VOUCHER	$	600.00
FELINE VOUCHER	$	920.00
LONNIE'S ANGELS VOCHER	$	240.00
ADMIN FEES	$	110.00
RABVAC	$	180.00
BORDETELLA	$	140.00
DURAMUNE MAX 5	$	140.00
FELINE FELOCEL CVR-C	$	90.00
BITE INVESTIGATION		
BOARDING FEE	$	255.00
BUILDING FUND 71-3438-381	$	18.93
POTENTIALLY DANGEROUS ANNUAL		
DANGEROUS ANNUAL		
GENERAL DONATION		
JUDGEMENTS 4380-34347		
MISC 10-3438-410		
OWNER SURRENDER EUTHANASIA		
OWNER SURRENDER FEE 10-3438-410	$	20.00
OWNER SURRENDER PER LITTER	$	25.00
OWNER SURRENDER TRANSPORT		
RECLAIM FEE	$	225.00
MICROCHIP	$	30.00
BOARDING FEE FOR LIVESTOCK		
RECLAIMLIVESTOCK FEE		
VET FEES	$	213.04
TOTAL AMOUNT	$	3,971.97

SIGNATURE _____

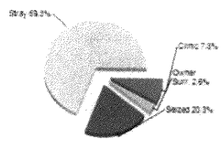
SIGNATURE _____

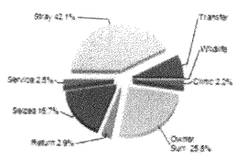
PetPoint
DATA MANAGEMENT SYSTEM

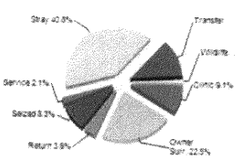
Shelter Statistics - Intake

Start Date: November 01, 2023
End Date: November 30, 2023

USNC100 Duplin County Animal Services	Your Shelter					North Carolina (57 organizations) does not include your shelter's data					United States (1316 organizations) does not include your shelter's data				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intakes That were:															
Previously Altered	0	2	0	2	0	69	325	140	197	2	4,122	12,811	6,654	10,528	268
Totals by Intake															
Clinic	3	8	1	0	0	16	50	8	26	0	1,662	3,233	3,373	3,886	86
Owner Surrender	3	1	0	0	0	237	393	339	275	29	4,697	8,126	8,642	7,165	1,530
Return	0	0	0	0	0	27	68	21	24	1	880	2,015	643	1,065	96
Seized	3	8	2	16	2	136	353	75	239	22	1,772	5,787	955	1,905	752
Service	0	0	0	0	0	7	8	10	97	0	167	975	462	1,214	62
Stray	29	22	16	39	0	384	876	475	533	12	8,251	17,750	15,010	13,091	798
Transfer	0	0	0	0	0	99	83	144	55	0	5,402	4,123	5,046	2,231	171
Wildlife	0	0	0	0	0	0	0	0	0	9	0	0	0	0	1,261
Total	**38**	**39**	**19**	**55**	**2**	**906**	**1,641**	**1,072**	**1,249**	**73**	**23,021**	**42,009**	**34,331**	**30,557**	**4,756**







Earliest entry: 11/1/2023
Latest entry: 11/30/2023

Daily Use Date: 11/2/2013
Run Date: 12/11/2023 3:23:12 PM

PetPoint
DATA MANAGEMENT SYSTEM

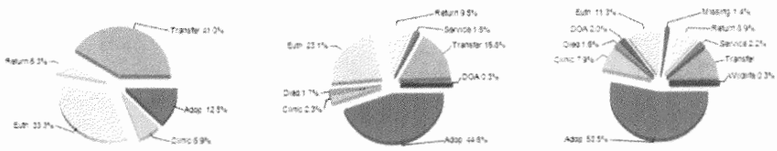
Shelter Statistics - Outcome

Start Date: November 01, 2023
End Date: November 30, 2023

USNC100 Duplin County Animal Services	Your Shelter					North Carolina (57 organizations) does not include your shelter's data					United States (1316 organizations) does not include your shelter's data				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Person															
A) Have Email Address	0	1	0	0	0	317	517	784	317	20	14,177	20,838	32,358	16,373	2,061
B) Have Phone Number	9	16	9	3	0	482	999	949	447	45	16,293	29,303	35,579	20,331	2,591
C) Have ZipCode	7	14	7	2	0	485	999	942	455	43	16,101	28,969	35,077	19,402	2,563
Totals by Outcome															
Adoption	6	1	8	3	0	418	580	926	364	44	13,670	17,231	31,725	14,105	2,274
Clinic	2	7	1	0	0	16	66	10	27	0	1,584	2,679	3,312	3,869	71
Died	0	0	0	0	0	10	5	41	30	4	294	351	968	673	134
DOA	0	0	0	0	0	0	3	0	6	2	55	1,017	72	1,209	571
Euthanasia	1	14	0	33	0	84	440	163	501	16	1,288	7,882	2,034	4,710	773
Missing	0	0	0	0	0	0	2	3	1	0	14	1,419	89	537	22
Return To Owner	1	6	0	0	0	52	371	11	63	0	1,105	9,512	484	1,772	211
Service	0	0	0	0	0	2	6	9	66	2	105	458	733	1,982	12
Transfer	22	13	13	11	0	253	305	179	136	5	3,773	4,850	3,573	3,444	425
Wildlife	0	0	0	0	0	0	0	0	0	1	0	0	0	0	413
Total	**32**	**43**	**22**	**47**	**0**	**835**	**1,778**	**1,342**	**1,194**	**74**	**21,888**	**45,599**	**42,990**	**32,301**	**4,906**

Earliest entry: 11/1/2023
Latest entry: 11/30/2023

Daily Use Date: 11/2/2013
Run Date: 12/11/2023 3:23:12 PM

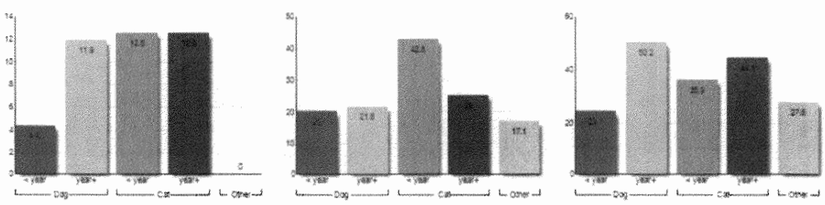


PetPoint
DATA MANAGEMENT SYSTEM

Shelter Statistics - Avg Length of Stay by Intake Type

Start Date: November 01, 2023
End Date: November 30, 2023

USNC100	Your Shelter					*does not include your shelter's data* North Carolina (57 organizations)					*does not include your shelter's data* United States (1316 organizations)				
Duplin County Animal Services	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intake Type															
Clinic	0	3.9	0	0	0	4.4	0.9	1.8	0.2	0	1.6	1.9	1.2	2.8	1.4
Owner Surrender	4.9	0	25.7	0	0	21.1	24.4	43.7	28.5	11.9	24.1	45.7	34	44.5	33.9
Return	0	0	0	0	0	16.6	34.2	15.5	60.8	7.2	14.8	64.2	13.7	62	35.9
Seized	3.3	21.7	0	13.3	0	18.7	23	48.4	14.4	2.2	28.3	28.5	43.7	30.2	25.6
Service	0	0	0	0	0	0	1.5	0	3.6	0	8.8	7	12.6	3.9	2.1
Stray	4.9	9.4	10.1	12	0	19.1	18.5	44.8	28.2	44.1	27.8	53.4	44.6	57.5	51.5
Transfer	0	0	0	0	0	28.1	34.1	35.2	26.2	0	26.2	65.9	31.5	52.4	47
Wildlife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.6
Total	**4.4**	**11.9**	**12.5**	**12.5**	**0**	**20**	**21.6**	**42.8**	**25**	**17.1**	**24.1**	**50.2**	**35.9**	**44.1**	**27.6**



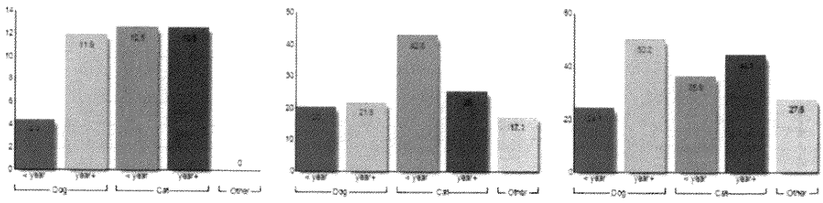
PetPoint
DATA MANAGEMENT SYSTEM

Shelter Statistics - Avg Length of Stay by Outcome Type

Start Date: November 01, 2023
End Date: November 30, 2023

USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (57 organizations) (does not include your shelter's data)					United States (1316 organizations) (does not include your shelter's data)				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Outcome Type															
Adoption	3.9	18.2	4.8	11.4	0	27.3	39.9	49.1	55.9	25.7	29.8	59.9	42.3	56.5	38.1
Clinic	0	3.9	0	0	0	3.2	0.9	1.6	0.2	0	1	2	1.3	2.8	2.1
Died	0	0	0	0	0	19.9	6.8	30.2	83.7	5.5	17.3	451.5	29.5	178.7	112.1
Euthanasia	4.7	18.3	0	8.6	0	18.2	15.7	17.4	7.6	0.6	19.7	22.1	16.5	18.9	7.4
Missing	0	0	0	0	0	0	176.9	31	29.2	0	122.7	477.7	123.1	518.9	567.5
Return To Owner	1	0.7	0	0	0	3.5	4.3	14.9	7.4	0	5.3	7.2	11.6	12.7	17.1
Service	0	0	0	0	0	0	0.7	4.1	3.8	37.6	5.3	9	9.5	7.6	8.3
Transfer	5.1	15.9	18.2	24.2	0	13.2	20.8	42.4	17.6	6.1	21.3	34.8	31.2	26.1	23.8
Wildlife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.7
Total	**4.4**	**11.9**	**12.5**	**12.5**	**0**	**20**	**21.6**	**42.8**	**25**	**17.1**	**24.1**	**50.2**	**35.9**	**44.1**	**27.6**



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Latest entry: 11/30/2023

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Run Date: 12/11/2023 3:23:12 PM

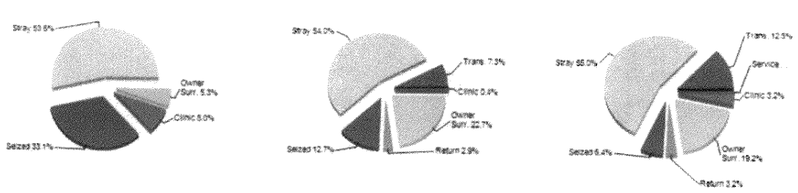
PetPoint
DATA MANAGEMENT SYSTEM

Shelter Statistics – Animal Care Days by Intake Type

Start Date: November 01, 2023
End Date: November 30, 2023

USNC100
Duplin County Animal Services

	Your Shelter					North Carolina (57 organizations) (does not include your shelter's data)					United States (1316 organizations) (does not include your shelter's data)				
	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intake Type															
Clinic	0	71	30	60	0	109	25	9	3	0	51288	142467	53827	61227	650
Owner Surrender	15	14	78	0	0	9805	13837	21958	10745	810	274226	529019	543880	431566	69815
Return	0	0	0	0	0	944	3992	665	1678	67	34818	154471	26305	87604	4033
Seized	196	214	50	205	3	5585	12789	5088	8477	181	98694	295878	83745	100349	38861
Service	0	0	0	0	0	101	43	235	306	30	2561	10149	7234	7917	868
Stray	293	196	231	364	0	12339	62262	38327	22765	625	760383	1606604	1506850	1012711	99485
Transfer	0	0	0	0	0	4551	5547	5996	2203	60	292397	374552	330744	186408	19519
Wildlife	0	0	0	0	0	0	0	0	0	90	0	0	0	0	12610
Total	**504**	**495**	**390**	**630**	**3**	**33434**	**98494**	**72278**	**46196**	**1863**	**1514388**	**3313141**	**2554585**	**1887781**	**245840**



Earliest entry: 11/1/2023
Latest entry: 11/30/2023

Daily Use Date: 11/2/2013
Run Date: 12/11/2023 3:23:12 PM

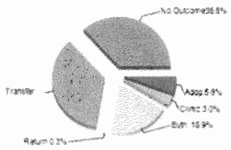
PetPoint

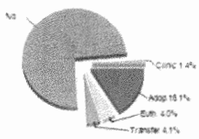
Shelter Statistics – Animal Care Days by Outcome Type

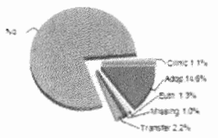
Start Date: November 01, 2023
End Date: November 30, 2023

does not include your shelter's data *does not include your shelter's data*

USNC100	Your Shelter					North Carolina (57 organizations)					United States (1316 organizations)				
Duplin County Animal Services	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Outcome Type															
Adoption	23	23	45	21	0	7351	8059	18704	5902	497	246778	280443	606351	231492	37267
Clinic	0	27	0	33	0	48	25	9	3	0	2623	3736	4823	3970	172
Died	0	0	0	0	0	120	26	639	335	15	3246	3824	12807	6539	1277
Euthanasia	5	108	0	270	0	1107	3926	2089	2917	9	17061	66367	19962	24674	1100
Missing	0	0	0	0	0	0	16	80	22	0	1044	52694	2341	41711	2256
Return To Owner	1	6	0	0	0	185	1206	90	281	0	4472	25975	3659	8067	3441
Service	0	0	0	0	0	0	4	57	301	53	433	2188	4010	8197	117
Transfer	135	145	285	156	0	2720	2835	3556	1173	31	55317	60191	55837	33960	5799
Wildlife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	857
No Outcome	340	187	60	149	3	21902	82396	47054	35262	1259	1183414	2817717	1944794	1529171	193554
Total															
	504	**495**	**390**	**630**	**3**	**33434**	**98494**	**72278**	**46196**	**1863**	**1514388**	**3313141**	**2654586**	**1887781**	**245840**







Earliest entry: 11/1/2023
Latest entry: 11/30/2023

Daily Use Date: 11/2/2013
Run Date: 12/11/2023 3:23:12 PM

EMPOWERING ANIMAL WELFARE THROUGH DATA MANAGEMENT

PetPoint

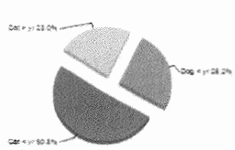
Shelter Statistics - Fees and Revenue

Start Date: November 01, 2023
End Date: November 30, 2023

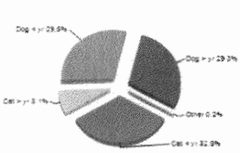
does not include your shelter's data *does not include your shelter's data*

USNC100	Your Shelter					North Carolina (57 organizations)					United States (1316 organizations)				
Duplin County Animal Services	Dog		Cat		Other	Dog		Cat		Other	Dog		Cat		Other
	< year	year+	< year	year+		< year	year+	< year	year+		< year	year+	< year	year+	
Intake Revenue															
Fees															
Avg Fees ($)	10	35	0	0	0	25	34	31	20	23	55	70	46	55	39
Total Revenue ($)	10	35	0	0	0	25	335	215	200	70	23,538	133,706	26,359	74,018	8,796
Adoption Revenue															
Fees															
Avg Fees ($)	16	0	26	23	0	109	90	69	46	11	225	123	108	69	36
Total Revenue ($)	80	0	155	70	0	18,035	17,866	20,109	4,944	95	1,266,626	983,448	1,329,458	435,664	32,928

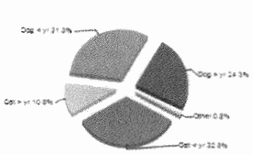
Total Adoption Revenue



Total Adoption Revenue



Total Adoption Revenue



Earliest entry: 11/1/2023
Latest entry: 11/30/2023

Daily Use Date: 11/2/2013
Run Date: 12/11/2023 3:23:12 PM

EMPOWERING ANIMAL WELFARE THROUGH DATA MANAGEMENT

Intake Detail Report

Print Date **Monday, December 11, 2023**

Intake StartDate	11/1/2023	Jurisdiction	All
Intake EndDate	11/30/2023	Injury Cause	All
Intake Type	All	PreAltered	All
Intake SubType	All	Site Name	All
Species	All	Age Group	All
DOA	All	Animal Tag Type	All
Intake Status	Completed		

Animal#	Animal Name	Species	Breed	Age	Gender	Color	PreAltered	IntakeDate	Intake Type	PetID
ARN	Tag type	Size	Location / Sublocation	Altered	Danger	Danger Reason	S/N	By	Subtype	DOA
Clinic							**Total Intakes: 12**		**Total Unique Animals: 12**	
Owner/Guardian Surrender							**Total Intakes: 4**		**Total Unique Animals: 4**	
Seized / Custody							**Total Intakes: 31**		**Total Unique Animals: 31**	
Stray							**Total Intakes: 106**		**Total Unique Animals: 106**	

Total Count: 153

Outcome Summary Report

Print Date **Monday, December 11, 2023**

Outcome StartDate	11/1/2023 12:00 AM	Outcome Type	All
Outcome EndDate	11/30/2023 11:59 PM	Outcome SubType	All
Species	All	Jurisdiction	All
Age Group	All	TransferOut Reason	All
Site	All	Outcome Status	Completed

Animal#	Name	Species	Primary Breed	Age	Sex	Alter	Outcome Type	Outcome SubType	Outcome By	Recorded By
ARN#	Secondary Breed		Danger	Danger Reason			Jurisdiction	TransferOut Reason	Outcome Date/Time	
Adoption							**Total Outcomes: 18**		**Total Unique Animals: 18**	
Clinic Out							**Total Outcomes: 10**		**Total Unique Animals: 10**	
Euthanasia							**Total Outcomes: 48**		**Total Unique Animals: 48**	
Return to Owner/Guardian							**Total Outcomes: 9**		**Total Unique Animals: 9**	
Transfer Out							**Total Outcomes: 59**		**Total Unique Animals: 59**	
Total Count:										**144**

Case Detail

Print Date **Monday, December 11, 2023**

Case Category	All	Case Result	All	Include Activities	False
Case Type	All	Case Result By	All	Include Conditions	False
Case SubType	All	Case Memo Type	All	Include Memos	False
Case Status	All	Include Case Address	False	Include Violations	False
Case Officer	All	Include Animal Info	False	Based On	Case Date/Time
Officer Site	All	Include Person Info	False	Date From	11/1/2023 12:00 AM
Case Jurisdiction	All	Include Animals	False	Date To	11/30/2023 11:59 PM
City	All	Include Persons	False		
Patrol Area	All				

Case#	Case Category	Case Type	Case Date/Time	Case Status	Case Officer	Case Jurisdiction	Case Result	Case Result Date/Time
	Case Reference #	Case SubType	Reported Date/Time			Patrol Area	Case Result By	Case Review Date/Time

abandoned on property	1
assist law enforcement	1
Bite / Scratch	6
Cruelty / Neglect	1
Enforcement	2
Owner In Custody	1
Owner In Hospital	1
Stray	27
Tearing up private property	1
Welfare Check	4
Total Count: 45	

Revenue Report

Print Date **Monday, December 11, 2023**

Receipt Date From	11/1/2023 12:00:00 AM	Item	All
Receipt Date To	11/30/2023 11:59:00 PM	Item Group	All
Account Code	All	Site	All
Cash Drawer	All	Payment Type	All
Refunds	Include		

Receipt#	Account	Receipt Date	Animal	Person	Payment	Subtotal	Discount	Reason	Tax	Total Due	Total
Paid Cash		Paid Check		Paid Debit		Paid Credit Card		Paid Gift Card		Paid Voucher	
Item	Code	Cash Drawer			Type	(# Units @ Price)	Staff Person	Reference		Total Paid	
Item Number		IRN			UPC#	Item Type		Item Category		Late Fee	
(# Units @ Cost)		Markup %	Tax Code 1 ($)		Tax Code 2 ($)		Discount %	Site			

*CANINE ADOPTION FEE	Group % of Total Sales: 1.11%	$80.00	$0.00	$0.00	$80.00/$80.00	$80.00
<No Account Code>	Total Items: 8	$80.00	$0.00	$0.00	$80.00	$80.00
*FELINE ADOPTION FEE	Group % of Total Sales: 4.19%	$165.00	$0.00	$0.00	$165.00/$165.00	$165.00
<No Account Code>	Total Items: 11	$165.00	$0.00	$0.00	$165.00	$165.00
*LONNIE'S ANGELS 72-22065	Group % of Total Sales: 3.15%	$125.00	$0.00	$0.00	$125.00/$125.00	$125.00
<No Account Code>	Total Items: 3	$125.00	$0.00	$0.00	$125.00	$125.00
*RESCUE CAT TRANSFER FEES	Group % of Total Sales: 1.01%	$40.00	$0.00	$0.00	$40.00/$40.00	$40.00
4360-34346	Total Items: 2	$40.00	$0.00	$0.00	$40.00	$40.00
*RESCUE DOG TRANSFER FEES	Group % of Total Sales: 9.44%	$375.00	$0.00	$0.00	$375.00/$375.00	$375.00
4360-34346	Total Items: 15	$375.00	$0.00	$0.00	$375.00	$375.00
1BORDETELLA BRONCHISEPTICA	Group % of Total Sales: 3.52%	$140.00	$0.00	$0.00	$140.00/$140.00	$140.00
<No Account Code>	Total Items: 14	$140.00	$0.00	$0.00	$140.00	$140.00

Sub Item	Discount	Tax	Total Due / Paid	Total

Revenue Report

1CANINE VOUCHER 72-2206-001	Group % of Total Sales: 15.11%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1Duramune Max 5 VACCINE ONLY	Group % of Total Sales: 3.52%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 14	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1FELINE VOUCHER 72-2206-001	Group % of Total Sales: 23.16%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
72-2206-001	Total Items: 11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1FELOCELL CVR-C	Group % of Total Sales: 2.27%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1RABVAC1	Group % of Total Sales: 4.52%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 18	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Admin Fee	Group % of Total Sales: 2.77%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
BOARDING FEE	Group % of Total Sales: 6.42%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 17	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
BUILDING DONATION 71-3438-381	Group % of Total Sales: 0.46%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
LONNIE'S ANGELS VOUCHER	Group % of Total Sales: 6.04%	SubTotal $240.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$240.00	Total $240.00
72-22065	Total Items: 2	$240.00	$0.00	$0.00	$240.00	$240.00
MICROCHIP	Group % of Total Sales: 0.76%	SubTotal $30.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$30.00	Total $30.00
<No Account Code>	Total Items: 1	$30.00	$0.00	$0.00	$30.00	$30.00

Revenue Report

OWNER SURRENDER FEE	Group % of Total Sales: 0.50%	SubTotal $20.00	Discount $0.00	Tax $0.00	Total Due / Paid $0.00/$20.00	Total $20.00
<No Account Code>	Total Items: 2	$20.00	$0.00	$0.00	$20.00	$20.00
OWNER SURRENDER PER (LITTER)	Group % of Total Sales: 0.53%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
RECLAIM FEE	Group % of Total Sales: 5.66%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
VET FEES	Group % of Total Sales: 5.36%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
<No Account Code>	Total Items: 4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Total Price:	[illegible]	Total # Units Sold:	[illegible]
Total Revenue:	[illegible]	Total Cost:	[illegible]
Total Discount:	[illegible]	Markup % Total - For All Items:	[illegible]
Total Tax:	[illegible]	Markup % Total - Only for Inventory Items:	[illegible]
Grand Total:	[illegible]	Total Cost % against Total Sales:	[illegible]

Maintenance Type			Solid Waste Disposal				Collections			Water		
	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors	611.1	51.86	662.96	60.28	51.86	112.14						
Def Refuel	355.5		355.5	232.27		232.27	119.29		119.3			
Diesel Truck Service	1197.24	272.29	1469.54	499.47	77.8	577.27	697.78	194.49	892.27			
Diesel Equipment Service												
Garage Road Call	716.15	38.9	755.05									
General Repair	4848.66	920.62	5769.28	730.57	245.37	976.94	57.3	12.97	70.27	463.19	194.49	657.68
Oil Change/Service	1368.21	207.5	1575.71				64.98	51.87	116.85	125.69	155.63	281.32
Outside Repairs	22412.38		22412.38				21432.96		21432.96			
Alignment Only												
PM Maintennce	1388.79	596.44	1985.23									
State Inspection	3.4	12.97	16.37							0.85	12.97	13.82
Tire Change	5901.18	77.82	5979	279.02	12.97	291.99	1582.34	51.88	1634.22	300	12.97	312.97
Tire Repair	137.64	155.63	293.27	6.69	51.87	58.56	66.56	77.82	144.38	64.39	12.97	77.36
Wrecker Call												
Strip Vehicle												
Total			41274.29	1748.02	388.01	2137.03	24021.21	389.03	24410.25	954.12	389.03	1343.15

Maintenan+A36:S49ce Type	Transportation		EMS				Maintenance			Airport		
	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	
Brakes & Rotors				63.86		63.86						0
												0
Def Refuel				3.95		3.95						

Diesel Truck Service												
Diesel Equipment Service												
Garage Road Call				562.7		562.7						
General Repair	30.09	246.35	276.44	1095.54		1095.54	88.11		88.11			
Oil Change/Service				125.38		125.38						
Outside Repairs	185		185	370		370						
Alignment Only												
PM Maintenance	1388.79	596.44	1985.23									
State Inspection				0.85		0.85						
Tire Change				147.21		147.21						
Tire Repair												
Wrecker Call												
Strip Vehicle												
Total	1603.88	842.79	2446.67	2369.49	0	2369.49	88.11	0	88.11	0	0	0

Maintenance Type	Inspections		Fire Marshall				ENVIRONMENTAL HEALTH			COMMUNICATIONS	
	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost
Brakes & Rotors											
Def Refuel											
Diesel Truck Service											
Diesel Equipment Service											
Garage Road Call							54.64		54.64		

General Repair										51.87		51.87
Oil Change/Service	63.15		63.15				32.9		32.9	25.54		25.54
Outside Repairs										424.42		424.42
Alignment Only												
Parts Only												
State Inspection							0.85		0.85			
Tire Change												
Tire Repair												
Wrecker Call												
Strip Vehicle												
Total	63.15	0	63.15	0	0	0	88.39	0	88.39	501.83	0	501.83

Maintenance Type	Sheriff			Emerg Management			Health			Soil & Water		
	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors												
Def Refuel												
Diesel Truck Service												
Diesel Equipment Service												
Garage Road Call												
General Repair	2213.59		2213.59				115.63		115.63			
Oil Change/Service	853.5		853.5									
Outside Repairs												

Alignment Only												
Parts Only												
State Inspection												
Tire Change	3097.88		3097.88									
Tire Repair												
Wrecker Call												
Strip Vehicle												
Total	6164.97	0	6164.97	0	0	0	115.63	0	115.63	0	0	0

Maintenance Type	Social Services			Animal Control			Service to Aged			Parks and Rec		
	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors				346.97		346.97						
Def Refuel												
Diesel Truck Service												
Diesel Equipment Service												
Garage Road Call												
General Repair												
Oil Change/Service	37.33		37.33	39.73		39.73						
Outside Repairs												
Alignment Only												
PM Maintenance												
State Inspection				0.85		0.85						

Tire Change					494.73	494.73						
Tire Repair			12.97	12.97								
Wrecker Call												
Strip Vehicle												
Total	37.33	0		535.31	0	535.31	0	0	0	0	0	0

Maintenance Type	Economic Development			Cooperative Extension								
	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost	Part Cost	Labor Cost	Total Cost
Brakes & Rotors												
Def Refuel												
Diesel Truck Service												
Diesel Equipment Service												
Garage Road Call												
General Repair												
Oil Change/Service												
Outside Repairs												
Alignment Only												
PM Maintenance												
State Inspection												
Tire Change												
Tire Repair												
Wrecker Call												

Office of the
DUPLIN COUNTY REGISTER OF DEEDS
Anita Marie Savage, Register of Deeds
Post Office Box 970; 118 Duplin Street, Kenansville, NC 28349
Telephone: (910) 296-2108 Fax: (910) 296-2344
anita.savage@duplincountync.com
www.duplinrod.com

MONTHLY REPORT
FOR
DUPLIN COUNTY
REGISTER OF DEEDS
NOVEMBER 2023

Submitted this 1st day of December, 2023

Anita Marie Savage

Register of Deeds

Ledger Summary Report - Roll-up

Printed 12/01/2023

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Category	Receipt Code		Count	Total										
DOT RIGHT OF WAY					Recording	Special	Floodplain Mapping	Excise Tax	Land Transfer	Dept Cultural Res	Pension Fund	Automation Fund	State General Fund	State Treasurer Amt	County Receipts
	DOTR/W	DOT RIGHT OF WAY	1	$86.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.29	$2.07	$0.00	$0.00	$82.64
	Category Totals		1	$86.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.29	$2.07	$0.00	$0.00	$82.64
ESCROW CREDIT					Escrow Credit										
	ESCROW	ESCROW CREDIT	1	$490.00	$490.00										
	Category Totals		1	$490.00	$490.00										
MAP					Recording	Special	Floodplain Mapping	Excise Tax	Land Transfer	Dept Cultural Res	Pension Fund	Automation Fund	State General Fund	State Treasurer Amt	County Receipts
	MAP	MAP	29	$567.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.64	$55.89	$0.00	$0.00	$502.47
	Category Totals		29	$567.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.64	$55.89	$0.00	$0.00	$502.47
MARR					Fee	NCCTF	DVCF	Pension Fund	Automation Fund	County Receipts					
	ML	MARRIAGE LICENSE	33	$1,980.00	$0.00	$165.00	$990.00	$29.70	$79.53	$715.77					
	Category Totals		33	$1,980.00	$0.00	$165.00	$990.00	$29.70	$79.53	$715.77					
NO BOOK					Fee	Special	Pension Fund	Automation Fund	County Receipts						
	AMDVIT	AMENDMENT - VITALS	2	$20.00	$0.00	$0.00	$0.30	$1.98	$17.72						
	BIRTH	CERTIFIED COPY - BIRTH	137	$1,370.00	$0.00	$0.00	$20.55	$135.63	$1,213.82						
	BIRTHSE	CERTIFIED COPY - SENIOR BIRTI	5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						
	CCOPY	CERTIFIED COPY - REAL PROPEI	9	$53.00	$0.00	$0.00	$0.79	$5.20	$47.01						
	COPY	COPIES	42	$60.50	$0.00	$0.00	$0.93	$5.96	$53.61						
	COPYP	COPIES - FULL SIZE PLAT	1	$4.00	$0.00	$0.00	$0.06	$0.39	$3.55						
	COPYV	COPIES - VITAL RECORDS	12	$4.50	$0.00	$0.00	$0.04	$0.41	$4.05						
	DEATH	CERTIFIED COPY - DEATH	210	$2,100.00	$0.00	$0.00	$31.50	$207.90	$1,860.60						
	FAXTF	FAX - TOLL FREE	10	$2.50	$0.00	$0.00	$0.00	$0.20	$2.30						
	MARR	CERTIFIED COPY - MARRIAGE	63	$630.00	$0.00	$0.00	$9.45	$62.37	$558.18						

Ledger Summary Report - Roll-up

Printed 12/01/2023

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Category	Receipt Code		Count	Total										
Category Totals			491	$4,244.50	$0.00	$0.00	$63.62	$420.04	$3,760.84					
PROPERTY					Recording	Special	Floodplain Mapping	Excise Tax	Land Transfer	Dept Cultural Res	Pension Fund	Automation Fund	State General Fund	State Treasurer Amt	County Receipts
	ABN	ASSUMED BUSINESS NAME	5	$130.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.95	$9.70	$0.00	$31.00	$87.35
	ADM/COR	ADMINISTRATIVE CORRECTION	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	AFDVT	AFFIDAVIT	4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
	AGMT	AGREEMENT	3	$234.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.51	$21.19	$0.00	$18.60	$190.70
	APPT	APPOINTMENT	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	ASGMT	ASSIGNMENT	23	$598.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.97	$44.62	$0.00	$142.60	$401.81
	CERT	CERTIFICATE	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	CERT/TR	CERTIFICATION OF TRUST	3	$78.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.17	$5.85	$0.00	$18.60	$52.38
	CM/D	COMMISSIONER DEED	3	$159.00	$0.00	$0.00	$0.00	$81.00	$0.00	$0.00	$1.17	$5.82	$0.00	$18.60	$52.41
	D/COR	DEED OF CORRECTION	4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
	D/EASE	DEED OF EASEMENT	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	D/REL	DEED OF RELEASE	4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
	D/T	DEED OF TRUST	49	$3,136.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$47.04	$303.80	$0.00	$303.80	$2,481.36
	DECL	DECLARATION	3	$78.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.17	$5.82	$0.00	$18.60	$52.41
	DEED	DEED	117	$29,759.00	$0.00	$0.00	$0.00	$26,717.00	$0.00	$0.00	$45.63	$226.98	$0.00	$725.40	$2,043.99
	EASE	EASEMENT	6	$156.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.34	$11.64	$0.00	$37.20	$104.82
	FORECL	FORECLOSURE	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	M/A	MODIFICATION AGREEMENT	4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
	MEMO	MEMORANDUM	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	MTG	MORTGAGE	4	$256.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.84	$24.80	$0.00	$24.80	$202.56
	NOTARY	NOTARY	15	$150.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.25	$14.85	$0.00	$0.00	$132.90
	NOTICE	NOTICE	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	ORDER	ORDER	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
	P/A	POWER OF ATTORNEY	17	$498.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.47	$38.50	$0.00	$105.40	$346.63
	QCD	QUITCLAIM DEED	12	$312.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.68	$23.28	$0.00	$74.40	$209.64
	R/W	RIGHT OF WAY	2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
	REL	RELEASE	4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
	REL/D	RELEASE DEED	1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47

Ledger Summary Report - Roll-up

Printed 12/01/2023

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Category	Receipt Code		Count	Total										
REQ	REQUEST FOR NOTICE		4	$104.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.56	$7.76	$0.00	$24.80	$69.88
RES/TR	RESIGNATION OF TRUSTEE		1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
REV	REVOCATION OF POWER OF AT		2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
RIGHT	RIGHT OF FIRST REFUSAL		2	$52.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.78	$3.88	$0.00	$12.40	$34.94
S/INS	SEE INSTRUMENT		1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
SAT	SATISFACTION		57	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SEP/AG	SEPARATION AGREEMENT		1	$51.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.77	$4.40	$0.00	$6.20	$39.63
SUB/TR	SUBSTITUTION OF TRUSTEE		1	$26.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.39	$1.94	$0.00	$6.20	$17.47
TR/D	TRUSTEES DEED		5	$610.00	$0.00	$0.00	$0.00	$480.00	$0.00	$0.00	$1.95	$9.70	$0.00	$31.00	$87.35
UCC/T	UCC TERMINATION - 3 OR MORE		3	$128.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.91	$12.60	$0.00	$0.00	$113.49
UCC1	UCC1 - 3 OR MORE PAGES		6	$263.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.92	$29.25	$0.00	$0.00	$229.83
UCC3	UCC3		3	$121.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.81	$12.50	$0.00	$0.00	$106.69
Category Totals			380	$37,861.00	$0.00	$0.00	$0.00	$27,278.00	$0.00	$0.00	$158.71	$890.66	$0.00	$1,829.00	$7,704.63

VITAL RECORDING				Fee	Special	Pension Fund	Automation Fund	Vital Records Receipts	County Receipts
DAVADD	NCDAVE - ADDITIONAL COPIES	2	$30.00	$0.00	$0.00	$0.30	$1.98	$10.00	$17.72
DAVAS	NCDAVE - DEATH ABSTRACT SE	1	$24.00	$0.00	$0.00	$0.15	$0.99	$14.00	$8.86
VADD	VRAS BIRTH ADDITIONAL COPIE	1	$15.00	$0.00	$0.00	$0.15	$0.99	$5.00	$8.86
VRAS	VRAS BIRTH ABSTRACT SEARCH	22	$528.00	$0.00	$0.00	$3.30	$21.78	$308.00	$194.92
Category Totals		26	$597.00	$0.00	$0.00	$3.90	$25.74	$337.00	$230.36

Report Totals	961	$45,825.50

Automation Fund Total:	$1,473.93
County Receipts Total:	$12,996.71
DVCF Total:	$990.00
Escrow Credit Total:	$490.00
Excise Tax Total:	$27,278.00
NCCTF Total:	$165.00

Ledger Summary Report - Roll-up

Printed 12/01/2023

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

11/01/2023-11/30/2023

Category	Receipt Code	Count	Total
Pension Fund Total:		$265.86	
State Treasurer Amount Total:		$1,829.00	
Vital Records Receipts Total:		$337.00	

Cash Total:	$4,650.75
Check Total:	$15,520.00
ACH Total:	$22,747.00
Card Total:	$2,353.25
Escrow Account Total:	$580.50
Overpayment Total:	($26.00)

DUPLIN COUNTY SOLID WASTE
MONTHLY CATEGORY TOTALS

NOV '23	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9	Site 10	Site 11	Site 12	Site 13	Site 14	Site 15	Totals
Electronics			0.50													**0.50**
Site Garbage	37.56	30.55	63.00	50.77	35.95	39.98	43.22	47.99	34.43	18.08	21.82	20.58	59.10	16.35	35.61	**554.99**
Site Bulky	5.56	5.89	21.13	26.26	7.94	17.18	9.02	12.46	5.52	14.04	31.47	40.60	20.75	4.30	28.51	**250.63**
Mixed Paper	1.05	0.67	1.31	1.13	0.79	1.20	0.39	1.17	0.80		0.69	1.43	1.48		0.77	**12.88**
Glass	3.02			3.71		3.15					2.82					**12.70**
Cardboard	1.83	0.45	0.94	0.59	1.16	0.91	0.80	0.45	0.33	0.41	0.42		1.40		0.86	**10.55**
Plastics	0.20			0.36	0.27	0.55	0.30	0.27	0.29		0.34	0.25	0.62		0.42	**3.87**
Cans	0.41			0.21		0.34			0.35		0.25		0.28			**1.84**
Metal	2.14	1.72	4.43	4.84	3.70	4.59	2.32	1.10	2.37	2.20	2.78	1.23	5.28	1.65	1.75	**42.10**
Totals	**51.77**	**39.28**	**91.31**	**87.87**	**49.81**	**67.90**	**56.05**	**63.44**	**44.09**	**34.73**	**60.59**	**64.09**	**88.91**	**22.30**	**67.92**	**890.06**
Private Sector																
Electronics	0.31						**Citations:**		$20.00							
Yard Waste	1600.44															
Concrete	19.05						**Duplin Commons**									
Construction	659.86						Paper									
Roadside	2.82						Cardboard									
Tires	88.14						Plastics									
Garbage	1579.55						No Chge MSW		9.72							
Mixed Paper							**TOTAL**		**9.72**							
Glass	0.32															
Cardboard	0.94															
Plastic																
Cans																
Metal	1.57															
No Chg MSW	4.14															
Mixed Loads	114.19															
TOTAL	**4071.33**															

DUPLIN COUNTY SOLID WASTE
YEAR END CATEGORY TOTALS
2023-2024

CATEGORY	DESCRIPTION	JULY '23	AUG '23	SEPT '23	OCT '23	NOV '23	DEC '23	JAN '24	FEB '24	MAR '2	APR '24	MAY '24	JUN '24	TOTALS
**	GARBAGE	3361.63	3482.25	3224.57	3533.47	3175.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16777.82
6	SCRAP METAL	49.08	53.42	57.52	52.05	43.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	255.74
19	YARD WASTE	169.53	88.88	170.94	215.65	1600.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2245.44
20	BRICKS, ETC.	36.57	64.88	27.44	78.21	19.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	226.15
34	MIXED RECYCLABLES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	TIRES	56.35	79.63	102.27	94.08	88.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	420.47
40	MIXED PAPER	10.71	13.54	10.93	13.62	12.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.68
42	GLASS	12.67	8.60	26.09	8.04	13.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.42
44	CARDBOARD	11.12	11.53	9.52	11.01	11.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54.67
47	PLASTIC	3.92	4.59	4.37	3.86	3.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.61
48	CANS	0.81	1.03	3.28	1.50	1.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.46
109	ELECTRONICS	1.18	2.11	0.52	1.82	0.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.44
***	STORM GARBAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
120	BLOCKS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
119/124	YARD WASTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS		3713.57	3810.46	3637.45	4013.31	4971.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20145.90
	TOTAL MSW	3361.63	3482.25	3224.57	3533.47	3175.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16777.82

** GARBAGE Includes - Garbage, Site Garbage, Site Bulky, C&D, Roadside, No Chg MSW, Shingles, Banned Materials

*** STORM GARGAGE Includes - Garbage, C&D, Shingles, Materials From