

## REQUEST FOR BOARD ACTION

### HENDERSON COUNTY BOARD OF COMMISSIONERS

**MEETING DATE:** July 20, 2022

**SUBJECT:** Communicable Disease Pandemic Recovery Funds & Public Health  
Project Position Request

**PRESENTER:** Steve Smith, Health Director

**ATTACHMENTS:** Yes

1. Budget Amendment
2. Communicable Disease Pandemic Recovery Funds AA – NC DHHS

#### **SUMMARY OF REQUEST:**

The NC General Assembly has advanced expanded communicable disease funding to all local health departments through an agreement addendum with NC DHHS for FY 23. The allocation for the Henderson County Department of Public Health is \$190,747. There are several unique aspects to this funding priority including the requirements to address comprehensive communicable disease demands; to achieve reportable performance measures; and to utilize the funding for new expenditures meaning that these funds cannot be used to support existing communicable disease budgetary expenditures.

The Henderson County Board of Health was presented with this information at their June 21, 2022 meeting with a staff recommendation to create a part-time project position (Public Health Nurse II) to accomplish some of the additional work demands outlined in the agreement. The board supported that recommendation and asked that it be forwarded to the Henderson County Board of Commissioners for consideration and approval. No local appropriations are required, and the position would only be authorized while the funding is available and there is a need for the services.

Note: The part-time nurse position (3 days a week) has been discussed with Henderson County Human Resources.

#### **BOARD ACTION REQUESTED:**

The Henderson County Board of Commissioners is requested to approve the addition of 1 part-time public health nurse position to accomplish the deliverables for the expanded communicable disease pandemic recovery funds.

#### **Suggested Motion:**

*I move the Board approve the addition of a part-time nurse project position to accomplish the objectives of the expanded funding for the public health communicable disease program.*



**LINE-ITEM TRANSFER REQUEST  
HENDERSON COUNTY**

**Department:** Public Health

*Please make the following line-item transfers:*

**What expense line-item is to be increased?**

Account	Line-Item Description	Amount
<u>115510-569931-9044</u>	<u>Unallocated Grant Funds</u>	<u>\$190,747</u>
_____	_____	_____
_____	_____	_____

**What expense line-item is to be decreased? Or what additional revenue is now expected?**

Account	Line-Item Description	Amount
<u>114510-452047-9044</u>	<u>546 CD Pandemic Recovery - ARPA</u>	<u>\$190,747</u>
_____	_____	_____
_____	_____	_____

**Justification** *Please provide a brief justification for this line-item transfer request.*  
 To provide funding for DPH Aid-to-Counties Project 546 - Communicable Disease Pandemic Recovery Funds.  
 Approved by the Board July 20, 2022.

Authorized by Department Head	Date
Authorized by Budget Office	Date
Authorized by County Manager	Date

*For Budget Use Only*

Batch # \_\_\_\_\_

BA # \_\_\_\_\_

Batch Date \_\_\_\_\_

# Division of Public Health

## Agreement Addendum

### FY 22-23

Henderson County Department of Public Health  
**Local Health Department Legal Name**

Epidemiology / Communicable Disease Branch  
**DPH Section / Branch Name**

546 Communicable Disease Pandemic Recovery  
**Activity Number and Description**

Vanessa Gailor 919-546-1658  
vanessa.gailor@dhhs.nc.gov  
**DPH Program Contact**  
(name, phone number, and email)

06/01/2022 – 05/31/2023  
**Service Period**

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

07/01/2022 – 06/30/2023  
**Payment Period**

Original Agreement Addendum  
 Agreement Addendum Revision # \_\_\_\_\_

**I. Background:**

The federal American Rescue Plan Act (ARPA) enacted on March 11, 2021, provides relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. A component of ARPA is the State and Local Fiscal Recovery Funds which provides state, local, and Tribal government with the resources needed to respond to the pandemic and its economic effects and to build a stronger, more equitable economy during the recovery. With this, the COVID-19 pandemic has highlighted the need for additional funding of communicable disease programs at the local level to ensure that all communicable disease activities are able to be completed.

Funding provided in the American Rescue Plan Act of 2021 is delineated in Senate Bill 105 for 2021-2023, as outlined below:

Of the funds appropriated in this act from the State Fiscal Recovery Fund to the Department of Health and Human Services, Division of Public Health, the sum of thirty-six million dollars (\$36,000,000) in nonrecurring funds for the 2021-2022 fiscal year shall be allocated to local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 public health emergency. The Division of Public Health shall expend up to eighteen million dollars (\$18,000,000) of these allocated funds during the 2021-2022 fiscal year and any remaining funds during the 2022-2023 fiscal year. In the distribution of these funds to local health departments under this section, for each year of the 2021-2023 fiscal biennium, the Division of Public Health shall divide nine million dollars (\$9,000,000) equally among the local health departments based on the number of

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

Date

LHD to complete: LHD program contact name: \_\_\_\_\_  
[For DPH to contact in case follow-up information is needed.] Phone and email address: \_\_\_\_\_

counties served by each local health department. The Division of Public Health shall distribute the remaining nine million dollars (\$9,000,000) to local health departments based upon the percentage of the State population served by each of the local health departments. The Division shall begin distributing the funds allocated under this section no later than 60 days after this act becomes law. In utilizing these funds, local health departments shall comply with applicable federal rules and guidance governing the State Fiscal Recovery Fund (SFRF).

## II. Purpose:

The primary mission of the North Carolina Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public, through detection, tracking, investigation, control, education, and care activities to improve the health of people in North Carolina. Under the overarching goal of providing the best level of care possible to North Carolinians, the Communicable Disease Branch works with Local Health Departments to control the spread of communicable diseases in the community, detect cases of communicable disease and monitor for the occurrence of new cases.

Since the beginning of the Coronavirus disease (COVID-19) pandemic, local health departments have served as a primary response agency for the communities within their jurisdiction. The scope and magnitude of the COVID-19 response required an “all hands-on deck” approach that redirected staff from much of their normal day-to-day responsibilities. This created a disproportionate focus on COVID-19 cases at the expense of other communicable diseases. As a result, the ability to perform routine activities (e.g., case investigation/management, patient education, etc.) for these other diseases has been suboptimal compared to pre-pandemic efforts. This project is intended to assist local health departments to return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

In accordance with the memorandum of understanding between the North Carolina Pandemic Recovery Office (NCPRO) and the Department of Health and Human Services, the SLFRF federal award to North Carolina provides financial assistance for the state to do the following:

- To provide government services to the extent of the reduction in revenue due to the COVID– 19 public health emergency relative to revenues collected in the most recent full fiscal year prior to the emergency.

**Within the applicable category described above, the 2021 Appropriations Act allocated funds to administer the following project with a total appropriation of \$36,000,000.00:**

**Provides funds for local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address COVID-19 and other communicable disease-related challenges impacted by the COVID-19 pandemic.**

*Note: All funds will be made available through AA 546 Communicable Disease Pandemic Recovery to support obligations and expenditures through December 31, 2024. Unspent funds will carry forward until the federal grant period end date.*

## III. Scope of Work and Deliverables:

To ensure the community’s health and to achieve equitable health outcomes, the Local Health Department (LHD) will expand essential public health services to control communicable diseases in their community. Services provided will include communicable disease surveillance, investigation, detection, control, reporting, and prevention activities at the local level to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 pandemic.

To ensure the effective delivery of these services, recommended LHD activities include:

1. Enhancing workforce capacity by hiring temporary staff with knowledge in communicable disease, public health, public health nursing, or other applicable fields in order increase the number of full-time equivalent employees.
  - a. The LHD will maintain a minimum of two public health nurses with communicable disease program responsibilities who have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course or successfully completed the challenge exam and received an orientation to communicable disease investigation and reporting by a Regional Communicable Disease Nurse Consultant.
2. Providing staff training opportunities including, but not limited to, training staff on applicable systems and databases (NC EDSS, NC COVID) to improve LHD capacities to effectively conduct surveillance, investigation, detection, control, and prevention of communicable diseases.
  - a. Within one year of employment, every public health nurse with responsibility for communicable disease surveillance and investigation will complete the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course offered by the Technical Assistance and Training Program (TATP) of the CDB.
  - b. Public health nurses assigned to communicable disease investigation in a primary or backup role will be oriented to the role of Communicable Disease Nurse by the Regional TATP Nurse Consultant Team within three months of assignment of a new primary or backup Communicable Disease Nurse.
  - c. Public health nurses assigned to the primary role of communicable disease are encouraged to incorporate additional training relevant to communicable disease into their continuing education plans.
3. Advancing data infrastructure by purchasing software and equipment that enhance or expand data management and infrastructure, including systems designed for flexible data collection, reporting, and analysis.
4. Supporting community partners by offering appropriate meetings, webinars, and educational opportunities.
5. Engaging community partners by referring clients to relevant and applicable resources.
6. Engaging community partners by developing and disseminating educational resources.
7. Other operational activities in addition to those listed above, including the expenses incurred in conduct or support of those activities.

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

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which can be accessed at <https://app.smartsheet.com/b/publish?EQBCT=8716e48245fe46559be725a9d628d031>.

1. **Performance Measure #1:** The LHD shall complete both monthly financial reporting and quarterly performance reporting, as outlined below, via Smartsheet.
  - a. The LHD shall complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard. The first financial report is to report for June 2022 and is due by July 22, 2022.

- b. The LHD shall complete a **Quarterly Program Report** each quarter via the Smartsheet dashboard. These quarterly program reports will report on the prior quarter, with the due dates posted on the Smartsheet dashboard and below. The Service Quarters for these quarterly program reports are defined as:

<b>Quarter Months</b>	<b>Program Report Due Date</b>
<ul style="list-style-type: none"> <li>• April-June 2022</li> </ul>	07/22/2022
<i>April and May 2022 data are from services provided under the Agreement Addendum for state fiscal year 2022.</i>	
<ul style="list-style-type: none"> <li>• July-September 2022</li> </ul>	10/31/2022
<ul style="list-style-type: none"> <li>• October – December 2022</li> </ul>	01/31/2023
<ul style="list-style-type: none"> <li>• January – March 2023</li> </ul>	04/28/2023

2. **Performance Measure #2:** The LHD will perform and document disease investigations in NC EDSS and reassign disease events to the State Disease Registrar within 30 days of notification of a reportable communicable disease or condition. Follow North Carolina Communicable Disease Manual Guidelines for NC EDSS documentation.

- a. **Reporting Requirements:** The LHD will run the General Communicable Disease Control (GCDC) and Vaccine-Preventable Disease (VPD) reports for the designated timeframes below and report via Smartsheet to DPH:

<u>Reporting Timeframes</u>	<u>Due Dates</u>
<ul style="list-style-type: none"> <li>• Pre-pandemic</li> </ul>	July 1, 2019 – February 29, 2020
<ul style="list-style-type: none"> <li>• During pandemic pre-project</li> </ul>	March 1, 2020 – March 31, 2022
<i>For reference, reporting for Agreement Addenda in future fiscal years will be as follows:</i>	
<ul style="list-style-type: none"> <li>• End of year 1 of the project</li> </ul>	April 1, 2022 – June 30, 2023
<ul style="list-style-type: none"> <li>• End of year 2 of the project</li> </ul>	July 1, 2023 – June 30, 2024
<ul style="list-style-type: none"> <li>• Partial of year 3 of the project</li> </ul>	July 1, 2024 – December 31, 2024

For each timeframe above, the following measures will be reported:

1. Mean First Report Interval (in days)
2. Mean Completed Report Interval (in days)
3. Percentage of reports which meet the 30-day first report goal of having a disease investigation documented and reported to DPH within 30-days of initial notification to the LHD.

The LHD will refer to the Human Immunodeficiency Virus and Sexually Transmitted Disease reports, found at <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>, to measure their performance of work within the timeframes listed above.

3. **Performance Measure #3:** Increasing the visibility of work the LHD within the community through Community Based Organizations (CBOs) and Nongovernmental Organizations (NGOs).
- a. **Reporting Requirements:** Provide at a minimum each quarter on the Performance Reporting Smartsheet dashboard, one example of educational resources, training agendas, fliers, CBO outreach services or other resources that have been disseminated by the LHD.
4. **Performance Measure #4:** Training new staff with knowledge in communicable disease, public health, and public health nursing.

- a. **Reporting Requirements:** Provide names, email addresses, and telephone numbers of nurses and dates that have completed the NC EDSS and NC COVID training to the Regional TATP Nurse Consultant by December 1, 2022, and upon request.
  - b. **Reporting Requirements:** Provide the names of nurses, their dates of hire into the communicable disease position, and dates they have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course or successfully passed the written challenge exam to the Regional TATP Nurse Consultant by December 1, 2022, and upon request.
5. **Performance Measure #5:** As an update to the information the LHD provided for FY22, this Response Plan Update Form is to provide information related to the LHD's COVID-19 preparedness and response. The Response Plan Update Form will present a series of questions to be answered in a short-answer format on topics including testing, contact tracing, vaccination, equity, and preparedness.

- a. **Reporting Requirements:** Complete a **FY23 COVID-19 Response Plan Update Form** via the Smartsheet dashboard no later than August 1, 2022. (DPH will add the FY23 COVID-19 Response Plan Update Form to the Smartsheet dashboard by July 1, 2022.)

Submission of a single COVID-19 Response Plan Update will meet the reporting requirements described under this Agreement Addendum as well as for other COVID-related Activities.

The LHD's COVID-19 Response Plan Update will receive DPH oversight from the DPH Program Contact for each relevant COVID-related Activity. Specific questions regarding individual topics in the Response Plan Update Form should be directed to those individuals. Any general questions the LHD has should be directed to the DPH Division Director's Office at [lhhealthserviceta@dhhs.nc.gov](mailto:lhhealthserviceta@dhhs.nc.gov).

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

1. Subrecipient monitoring, including financial and performance reporting, shall be conducted via the Smartsheet dashboard. This reporting will be provided by the LHD to DPH via the Smartsheet dashboard. DPH staff will assess reports daily and work with LHDs to provide technical assistance and feedback (as needed) to ensure all reporting is accurate and timely.
2. On a quarterly basis, approximately ten LHD subrecipients will be selected by an electronic randomizer to undergo a "desk audit" which entails the submission of all source documentation supporting their reported expenditures for a given month within the quarter. The affected subrecipients will be notified via email of their selection approximately two weeks after the end of the quarter under review. Selected LHDs will have 30 days to submit the requested expenditure documents. The Subrecipient Monitoring Team performs desk audits to ensure the expenditure information is accurate, complete and only includes allowable expenditures. The results are reported to the affected LHD Directors and, if corrective actions are required, they are outlined in the report with recommendations and a date by which to be completed.
3. The TATP Nurse Supervisor will review the Local Health Department's quarterly program performance through Smartsheet reporting completed by the LHD.
4. If the review results in compliance concerns, the TATP Nurse Supervisor shall conduct conference calls with the Local Health Department to provide technical assistance in order to rectify the concerns.

5. If the LHD is deemed out of compliance, program staff shall provide technical assistance to bring the LHD back into compliance with deliverables. If technical assistance does not prove beneficial, the CDB will issue a letter of non-compliance and the LHD may lose access to NC EDSS and NC COVID. Noncompliance with this agreement will result in a reduced capacity for the LHD to detect and control communicable disease in their community.

## **VI. Funding Guidelines or Restrictions:**

1. **Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities***, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda. These funds constitute federal financial assistance to the State of North Carolina, and therefore, use of these funds must be in accordance with applicable federal uniform guidance found in 2CFR 200. None of these requirements is waived.
  - a. **Definition:** A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. **Frequency:** Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
  - c. At the time of this AA issuance, the NC Department of State Treasury has determined that the federal Uniform Guidance, Subpart D – *Subrecipient Monitoring and Management* does not apply to these funds. Therefore, no Supplement will accompany this AA.
2. **Requirements for use of funds: Must comply with NCAC Chapter 09, Subchapter 03M – *Uniform Administration of State Awards of Financial Assistance*.** [NCAC 09 03M](#)
3. **Requirements for cost principles: In compliance with 2 CFR §200.400 - §200.476 - *Subpart E Cost Principles***, such principles must be used in determining the allowable costs of work performed by the non-Federal entity under Federal awards.
4. **Requirements for use of funds: In compliance with 31 CFR §35.5 – *Use of funds*.**
  - a. A recipient may only use funds to cover costs incurred during the period beginning July 1, 2021 and ending December 31, 2024.
  - b. A cost shall be considered to have been incurred for purposes of paragraph (a) of this section if the recipient has incurred an obligation with respect to such cost by December 31, 2024.
  - c. A recipient must return any funds not obligated by December 31, 2024, and any funds not expended to cover such obligations by December 31, 2026.
5. **Requirements for use of funds: In compliance with NCGS 143C-6-23 – *Administrative code requirements***, recipients must comply with the following:
  - a. NCGS 143C-6-23 (b) Prior to disbursing funds a grantee must provide a copy of its conflict- of-interest policy for management employees and its governance body.



- b. NCGS 143C-6-23(c) The grantee must provide a written statement required under oath by the grantee's governing body that it has no overdue tax debts.
6. **Non-reverting Appropriation:** In compliance with *Session Law 2021-180 Section 4.9(k)*.
    - a. This as a non-reverting state appropriation over multiple fiscal years:
      1. Reversion. The funds appropriated in this act from the State Fiscal Recovery Fund shall not revert at the end of each fiscal year of the 2021-2023 fiscal biennium but shall remain available to expend until the date set by applicable federal law or guidance.
  7. **Period of Retention:** Administering Agencies and subrecipients are required to maintain records for at least five years after the completion of the last project across the entire set of SFRF projects funded by the SFRF Award. Therefore, Administering Agencies and subrecipients should seek specific written authorization from OSBM/NCPRO for destruction of any records prior to five years after all funds have been expended or returned to Treasury.

DPH-Aid-To-Counties

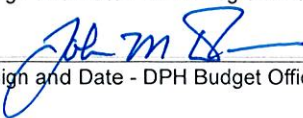
For Fiscal Year: 22/23

Budgetary Estimate Number : 0

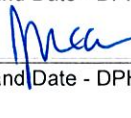
Activity 546	AA	2SF1 249N TT	Total Allocated	2SF1 249N TT	Total Allocated	2SF1 249N TT	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31		06/01-05/31		07/01-05/31			
Payment Period		07/01-06/30		07/01-06/30		08/01-06/30			
01 Alamance	* 0	234,937	\$0.00	234,937	\$0.00	0	\$0.00	469,874	469,874
D1 Albemarle	* 0	856,172	\$0.00	765,988	\$0.00	0	\$0.00	1,622,160	1,622,160
02 Alexander	* 0	122,567	\$0.00	122,567	\$0.00	0	\$0.00	245,134	245,134
04 Anson	* 0	110,058	\$0.00	110,058	\$0.00	0	\$0.00	220,116	220,116
D2 Appalachian	* 0	351,472	\$0.00	344,018	\$0.00	0	\$0.00	695,490	695,490
07 Beaufort	* 0	129,866	\$0.00	81,341	\$0.00	0	\$0.00	211,207	211,207
09 Bladen	* 0	118,924	\$0.00	118,924	\$0.00	0	\$0.00	237,848	237,848
10 Brunswick	* 0	217,408	\$0.00	217,408	\$0.00	0	\$0.00	434,816	434,816
11 Buncombe	* 0	314,057	\$0.00	307,151	\$0.00	0	\$0.00	621,208	621,208
12 Burke	* 0	167,293	\$0.00	167,293	\$0.00	0	\$0.00	334,586	334,586
13 Cabarrus	* 0	275,620	\$0.00	275,620	\$0.00	0	\$0.00	551,240	551,240
14 Caldwell	* 0	161,360	\$0.00	161,360	\$0.00	0	\$0.00	322,720	322,720
16 Carteret	* 0	150,404	\$0.00	150,404	\$0.00	0	\$0.00	300,808	300,808
17 Caswell	* 0	109,734	\$0.00	109,734	\$0.00	0	\$0.00	219,468	219,468
18 Catawba	* 0	226,241	\$0.00	214,156	\$0.00	0	\$0.00	440,397	440,397
19 Chatham	* 0	156,030	\$0.00	155,382	\$0.00	0	\$0.00	311,412	311,412
20 Cherokee	* 0	115,111	\$0.00	36,142	\$0.00	0	\$0.00	151,253	151,253
22 Clay	* 0	99,992	\$0.00	99,992	\$0.00	0	\$0.00	199,984	199,984
23 Cleveland	* 0	175,395	\$0.00	175,395	\$0.00	0	\$0.00	350,790	350,790
24 Columbus	* 0	136,947	\$0.00	136,947	\$0.00	0	\$0.00	273,894	273,894
25 Craven	* 0	176,687	\$0.00	176,687	\$0.00	0	\$0.00	353,374	353,374
26 Cumberland	* 0	371,451	\$0.00	371,451	\$0.00	0	\$0.00	742,902	742,902
28 Dare	* 0	122,357	\$0.00	122,357	\$0.00	0	\$0.00	244,714	244,714
29 Davidson	* 0	234,401	\$0.00	226,962	\$0.00	0	\$0.00	461,363	461,363
30 Davie	* 0	127,288	\$0.00	108,013	\$0.00	0	\$0.00	235,301	235,301
31 Duplin	* 0	140,786	\$0.00	140,786	\$0.00	0	\$0.00	281,572	281,572
32 Durham	* 0	364,074	\$0.00	364,074	\$0.00	0	\$0.00	728,148	728,148
33 Edgecombe	* 0	133,464	\$0.00	126,091	\$0.00	0	\$0.00	259,555	259,555
D7 Foothills	* 0	277,664	\$0.00	138,624	\$0.00	0	\$0.00	416,288	416,288
34 Forsyth	* 0	412,881	\$0.00	412,881	\$0.00	0	\$0.00	825,762	825,762
35 Franklin	* 0	150,822	\$0.00	150,822	\$0.00	0	\$0.00	301,644	301,644
36 Gaston	* 0	279,764	\$0.00	279,764	\$0.00	0	\$0.00	559,528	559,528
38 Graham	* 0	97,249	\$0.00	97,249	\$0.00	0	\$0.00	194,498	194,498
D3 Gran-Vance	* 0	270,655	\$0.00	257,387	\$0.00	0	\$0.00	528,042	528,042
40 Greene	* 0	107,626	\$0.00	107,626	\$0.00	0	\$0.00	215,252	215,252
41 Guilford	* 0	545,535	\$0.00	545,535	\$0.00	0	\$0.00	1,091,070	1,091,070
42 Halifax	* 0	132,546	\$0.00	104,774	\$0.00	0	\$0.00	237,320	237,320
43 Harnett	* 0	206,562	\$0.00	206,562	\$0.00	0	\$0.00	413,124	413,124
44 Haywood	* 0	143,776	\$0.00	143,776	\$0.00	0	\$0.00	287,552	287,552
45 Henderson	* 0	190,747	\$0.00	190,747	\$0.00	0	\$0.00	381,494	381,494
47 Hoke	* 0	136,336	\$0.00	133,383	\$0.00	0	\$0.00	269,719	269,719
48 Hyde	* 0	94,289	\$0.00	83,888	\$0.00	0	\$0.00	178,177	178,177
49 Iredell	* 0	246,219	\$0.00	246,219	\$0.00	0	\$0.00	492,438	492,438
50 Jackson	* 0	127,636	\$0.00	127,636	\$0.00	0	\$0.00	255,272	255,272
51 Johnston	* 0	272,952	\$0.00	270,816	\$0.00	0	\$0.00	543,768	543,768

52 Jones	* 0	98,470	\$0.00	93,350	\$0.00	0	\$0.00	191,820	191,820
53 Lee	* 0	142,250	\$0.00	142,250	\$0.00	0	\$0.00	284,500	284,500
54 Lenoir	* 0	137,794	\$0.00	137,794	\$0.00	0	\$0.00	275,588	275,588
55 Lincoln	* 0	166,033	\$0.00	166,033	\$0.00	0	\$0.00	332,066	332,066
56 Macon	* 0	121,574	\$0.00	121,574	\$0.00	0	\$0.00	243,148	243,148
57 Madison	* 0	109,046	\$0.00	109,046	\$0.00	0	\$0.00	218,092	218,092
D4 M-T-W	* 0	302,402	\$0.00	0	\$0.00	0	\$0.00	302,402	302,402
60 Mecklenburg	* 0	1,051,020	\$0.00	1,051,020	\$0.00	0	\$0.00	2,102,040	2,102,040
62 Montgomery	* 0	113,383	\$0.00	113,383	\$0.00	0	\$0.00	226,766	226,766
63 Moore	* 0	177,925	\$0.00	177,925	\$0.00	0	\$0.00	355,850	355,850
64 Nash	* 0	171,826	\$0.00	171,826	\$0.00	0	\$0.00	343,652	343,652
65 New Hanover	* 0	290,496	\$0.00	290,496	\$0.00	0	\$0.00	580,992	580,992
66 Northampton	* 0	106,648	\$0.00	106,648	\$0.00	0	\$0.00	213,296	213,296
67 Onslow	* 0	268,908	\$0.00	268,908	\$0.00	0	\$0.00	537,816	537,816
68 Orange	* 0	215,667	\$0.00	215,667	\$0.00	0	\$0.00	431,334	431,334
69 Pamlico	* 0	101,179	\$0.00	101,179	\$0.00	0	\$0.00	202,358	202,358
71 Pender	* 0	144,483	\$0.00	144,483	\$0.00	0	\$0.00	288,966	288,966
73 Person	* 0	124,155	\$0.00	124,155	\$0.00	0	\$0.00	248,310	248,310
74 Pitt	* 0	246,077	\$0.00	246,077	\$0.00	0	\$0.00	492,154	492,154
75 Polk	* 0	108,576	\$0.00	108,576	\$0.00	0	\$0.00	217,152	217,152
76 Randolph	* 0	212,840	\$0.00	212,840	\$0.00	0	\$0.00	425,680	425,680
77 Richmond	* 0	127,809	\$0.00	127,809	\$0.00	0	\$0.00	255,618	255,618
78 Robeson	* 0	200,371	\$0.00	190,427	\$0.00	0	\$0.00	390,798	390,798
79 Rockingham	* 0	167,374	\$0.00	154,307	\$0.00	0	\$0.00	321,681	321,681
80 Rowan	* 0	210,663	\$0.00	210,663	\$0.00	0	\$0.00	421,326	421,326
82 Sampson	* 0	143,959	\$0.00	143,959	\$0.00	0	\$0.00	287,918	287,918
83 Scotland	* 0	120,063	\$0.00	120,063	\$0.00	0	\$0.00	240,126	240,126
84 Stanly	* 0	144,750	\$0.00	144,750	\$0.00	0	\$0.00	289,500	289,500
85 Stokes	* 0	129,325	\$0.00	129,325	\$0.00	0	\$0.00	258,650	258,650
86 Surry	* 0	151,972	\$0.00	151,972	\$0.00	0	\$0.00	303,944	303,944
87 Swain	* 0	102,216	\$0.00	102,216	\$0.00	0	\$0.00	204,432	204,432
D6 Toe River	* 0	199,521	\$0.00	199,521	\$0.00	0	\$0.00	399,042	399,042
88 Transylvania	* 0	120,101	\$0.00	120,101	\$0.00	0	\$0.00	240,202	240,202
90 Union	* 0	293,982	\$0.00	293,982	\$0.00	0	\$0.00	587,964	587,964
92 Wake	* 0	1,033,641	\$0.00	1,033,641	\$0.00	0	\$0.00	2,067,282	2,067,282
93 Warren	* 0	106,501	\$0.00	106,501	\$0.00	0	\$0.00	213,002	213,002
96 Wayne	* 0	196,726	\$0.00	196,726	\$0.00	0	\$0.00	393,452	393,452
97 Wilkes	* 0	149,336	\$0.00	149,336	\$0.00	0	\$0.00	298,672	298,672
98 Wilson	* 0	160,838	\$0.00	160,838	\$0.00	0	\$0.00	321,676	321,676
99 Yadkin	* 0	122,119	\$0.00	122,119	\$0.00	0	\$0.00	244,238	244,238
00 Yancey	* 0	0	\$0.00	0	\$0.00	229,252	\$0.00	229,252	229,252
Totals		17,885,374	0	17,080,413	0	229,252	0	35,195,039	35,195,039

Sign and Date - DPH Program Administrator

 6-27-22

Sign and Date - DPH Section Chief

 06-27-22

Sign and Date - DPH Budget Office – ATC Coordinator

Sign and Date - DPH Budget Officer