

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: February 18, 2025

SUBJECT: AA 123 Investment in Performance Management

PRESENTER: G. David Jenkins, Health Director

ATTACHMENTS: 1. Budget Amendment
2. Agreement Addendum

SUMMARY OF REQUEST:

This Activity is to help meet the short-term critical infrastructure needs and to make strategic investments which will have lasting effects on local public health departments in North Carolina. The funding supports the foundational capabilities, and the local health department workforce needed to support service areas. Investments and improvements to foundational capabilities help rebuild and modernize public health departments, positioning local health departments to better serve their communities.

The Activity is to strengthen the capacity of expertise of the Local Health Department (LHD) to carry out the foundational capability of Accountability and Performance Management as measured by the NC Federal Capabilities Assessment.

The LHD will use this funding to invest and support its capacity and expertise specific to Foundational Capability Accountability and Performance Management. Capacity is defined as having the tools, the people, and the time to carry out the Foundational Capability. Expertise is defined as having the training, experience, and skill to cover the Foundational Capability.

BOARD ACTION REQUESTED:

The Board of Commissioners is requested to approve the Investment in Performance Management funds to authorize the appropriate budgetary actions necessary to implement subject to the funding limitations of the agreement.

Suggested Motion:

I move the Board to approve the acceptance of the Investment in Performance Management funds for the Henderson County Department of Public Health and authorize the necessary budgetary actions necessary to implement subject to the funding limitations of the agreement.

Department: Public Health

Please make the following line-item transfers:

What expense line-item is to be increased?

[illegible]

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

[illegible]

Justification: *Please provide a brief justification for this line-item transfer request.*

AA 123-Investment in Performance Management federal funds were received to help meet short term needs to invest and support Accountability and Performance Management. The service period is 2/4/2025 - 5/31/2025. BOC approved 2/18/2025.

M. David Jenkins
Authorized by Department Head

02/12/25
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 24-25

Page 1 of 6

Henderson County Department of Public Health

Local Health Department Legal Name

123 Investment in Performance Management

Activity Number and Description

02/04/2025 – 05/31/2025

Service Period

03/01/2025 – 06/30/2025

Payment Period

☒ Original Agreement Addendum

☐ Agreement Addendum Revision # _____

Local and Community Support Section / Local
Infrastructure and Workforce Support Unit

DPH Section / Branch Name

Douglas Urland, (919) 604-6230

doug.urland@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

(only required for a negotiable Agreement Addendum)

Date

I. **Background:**

The COVID-19 pandemic led to a historic investment in the infrastructure of U.S. public health agencies including the Public Health Infrastructure grant *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems* (PHIG). This Centers for Disease Control and Prevention (CDC) funding, awarded to the North Carolina Division of Public Health (DPH), recognizes a history of underinvestment in the public health system and the foundational services it provides. This funding supports core infrastructure improvements that include, but are not limited to workforce, foundational capabilities, and data infrastructure.

The Foundational Public Health Services (FPHS) framework was developed by the Public Health Accreditation Board Center for Innovation in 2013, revised in 2022, to define a minimum package of core public health services areas that no public health jurisdiction can be without. The FPHS framework outlines the unique responsibilities of governmental public health and the vital role of governmental public health in a thriving community.

One of the DPH PHIG strategies focuses on Foundational Capabilities within the FPHS framework. Foundational Capabilities are the cross-cutting skills, knowledge, and practice needed in order to support and provide core public health functions, programs, and activities which are key to ensuring opportunities for health, promoting wellbeing and achieving health outcomes across a community.¹

These Foundational Capabilities include (1) Assessment and Surveillance, (2) Emergency Preparedness

¹ <https://phaboard.org/wp-content/uploads/FPHS-Factsheet-2022.pdf>

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

Date

LHD to complete:

[For DPH to contact in case
follow-up information is needed.]

LHD program contact name: _____

Phone and email address: _____

Signature on this page signifies you have read and accepted all pages of this document.

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and Response, (3) Policy Development and Support, (4) Communications, (5) Community Partnership Development, (6) Organizational Competencies, (7) Accountability and Performance Management, and (8) Equity.

The North Carolina Foundational Capabilities Assessment (NC FCA) examines the North Carolina governmental Public Health system's capacity to deliver on the Foundational Public Health Services. DPH has commissioned the North Carolina Institute for Public Health (NCIPH) to facilitate this assessment annually to provide actionable, state-wide and region-specific data to governmental public health leaders, which informs their efforts in improving public health infrastructure in North Carolina. Local health department participants identified the Foundational Capability Accountability and Performance Management as an area of opportunity and further investment for local public health. Accountability and Performance Management includes organization-level monitoring of objectives, use of evidence-based practices, maintaining performance standards, tracking performance measures, reporting of progress and continuous quality improvement. In the NC FCA, the local health department participants highlighted the challenges posed by limited state funding, current performance management systems, and accreditation processes.

II. Purpose:

This Activity is to help meet the short-term critical infrastructure needs and to make strategic investments which will have lasting effects on local public health departments in North Carolina. The funding supports the foundational capabilities, and the local health department workforce needed to support service areas. Investments and improvements to foundational capabilities help rebuild and modernize public health departments, positioning local health departments to better serve their communities.

The Activity is to strengthen the capacity of expertise of the Local Health Department (LHD) to carry out the foundational capability of Accountability and Performance Management as measured by the NC FCA.

The LHD will use this funding to invest and support its capacity and expertise specific to Foundational Capability Accountability and Performance Management. Capacity is defined as having the tools, the people, and the time to carry out the Foundational Capability. Expertise is defined as having the training, experience, and skill to cover the Foundational Capability.

This funding is distributed to local health departments using an 80% base, 10% per capita, and 10% per county served.

III. Scope of Work and Deliverables:

The LHD shall:

1. Strengthen the Accountability and Performance Management Foundational Capability by investing in one or more the following Performance Management focus areas:
 - a. Support efforts required to apply for **public health department accreditation or reaccreditation** through the Public Health Accreditation Board.² This may include:
 1. Contracting or hiring for support to accreditation readiness efforts
 2. Support for accreditation fees
 3. Obtaining relevant training or technical assistance

² <http://www.phaboard.org>

4. Supporting efforts required to address identified gaps or areas for improvement for those health departments that are accredited or in the process of seeking accreditation or reaccreditation.
- b. Develop and maintain a **performance management system**. This may include:
 1. Procuring appropriate performance management software to monitor achievement of organizational objectives
 2. Supporting upgrades and improvements to existing performance management systems.
- c. Invest and support in culture of **continuous quality improvement** and organizational use of quality control tool and methods. This may include:
 1. Contracting for training and/or technical assistance for quality improvement
 2. Establishing partnerships to creating or maintain existing quality improvement
 3. Procuring appropriate quality improvement tools to enhance efforts.
- d. Support **Performance Management and Quality Improvement Workforce Development**. This may include:
 1. Investing in specialized training based on enhancing capacity and expertise of performance management and accountability
 2. Seeking external contract assistance and establish partnerships to improve or maintain an organization-wide culture of performance management and accountability
 3. Contracting or hiring for support of implementation, processes, and other efforts.
2. Participate in the annual NC FCA conducted by the NCIPH.

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

1. By May 31, 2025, the LHD shall have invested in one or more of the allowable areas of focus as documented by the monthly financial reporting and annual performance reporting.
2. By March 30, 2025, the LHD will participate in the annual NC FCA.
3. By May 31, 2025, the LHD will demonstrate an increase from the prior fiscal year in the capacity and expertise score for Accountability and Performance Management in the NC FCA, as documented in the annual performance reporting.
4. The LHD shall complete the following reports via the Smartsheet dashboard.³
 - a. **Monthly Financial Reports:** The monthly financial report will report on the prior month to document expenditures and are due by the 24th of the month.
 - b. **Annual Performance Report:** The annual performance report will demonstrate the focus area of investment and the specific strategies employed. The annual performance report will be due June 15, 2025.

5. **Reporting Required Subcontract Information**

In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for every subcontract receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.

This information is not to be returned with the signed Agreement Addendum (AA) but is to be provided to DPH when the entities are known by the LHD.

³ <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>

- a. Subcontracts are contracts or agreements issued by the LHD to a vendor (“Subcontractor”) or a pass-through entity (“Subrecipient”).
 1. Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA’s reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.
 2. Subrecipients of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

The following information must be submitted via Smartsheet for review prior to the entity being awarded a contract or agreement from the LHD:

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

V. Performance Monitoring and Quality Assurance:

1. The Local and Community Support Section’s Local Infrastructure and Workforce Support team will monitor the LHD’s performance by reviewing:
 - a. The report supplied by NCIPH that provides the results of the LHD’s annual Foundational Capabilities Assessment.
 - b. The monthly financial reports.
 - c. The annual performance report.
2. The program staff shall provide technical assistance to support the LHD in meeting the deliverables.

VI. Funding Guidelines or Restrictions:

1. **Federal Funding Requirements:** where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (AA).
 - a. Requirements for Pass-through Entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
 1. Definition: An FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.

2. Frequency: An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
- b. Required Reporting Certifications: Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”
2. Terms and Conditions for COVID funding: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to:
 - a. Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19
 - b. In consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and
 - c. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
3. Allowable costs: Funds may be used to support salary and wages, fringe benefits and travel expenses associated with LHD regional hub positions.
4. Unallowable costs:
 - a. Research
 - b. Clinical care
 - c. Generally, the LHD may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified and prior written approval must be obtained by the DPH Program Contact.
 - d. Publicity, propaganda, and lobbying:
 1. Other than for normal and recognized executive-legislative relationships, no funds may be used for publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

2. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
3. See Additional Requirement-12 (AR-12) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

FY25 - FAS	Activity Nbr + Name:	123	Investment in Performance Management	
federal award supplement	FAS Number + Reason:	1	This FAS is accompanying an AA+BE or an AA Revision+BE Revision.	
Assistance Listing Nbr + Name:		93.967	CDC's Collaboration with Academia to Strengthen Public Health	
Is award R&D?: no	FAIN:	NE110E000015	IDC rate: n/a	Fed awd total amt: \$102,746,788
Fed award project description:		Strengthening orth Carolina's Public Health Infrastructure, Workforce, and Data Systems		
Fed awd date + awarding agency:		12-15-24 HHS, Centers for Disease Control and Prevention		

Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity	Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	F5VHYUU13NC5	\$ 12,602	\$ 12,602	Jackson	X7YWWY6ZP574	\$ 11,073	\$ 11,073
Albemarle	WAAVS51PNMK3	\$ 19,485	\$ 19,485	Johnston	SYGAGEFDHYR7	\$ 13,141	\$ 13,141
Alexander	XVEEJSNY7UX9	\$ 10,994	\$ 10,994	Jones	HE3NNNUE27M7	\$ 10,656	\$ 10,656
Anson	PK8UYTSNJCC3	\$ 10,834	\$ 10,834	Lee	F6A8UC99JWJ5	\$ 11,293	\$ 11,293
Appalachian	CD7BFHB8W539	\$ 13,724	\$ 13,724	Lenoir	QKUFL37VPGH6	\$ 11,214	\$ 11,214
Beaufort	RN1SXF4DLXN6	\$ 11,110	\$ 11,110	Lincoln	UGGQGSCKBGJ5	\$ 11,603	\$ 11,603
Bladen	TLCTJWDJH1H9	\$ 10,940	\$ 10,940	Macon	LLPJBC6N2LL3	\$ 10,977	\$ 10,977
Brunswick	MJBMXLN9NJT5	\$ 12,334	\$ 12,334	Madison	YQ96F8BJYTJ9	\$ 10,806	\$ 10,806
Buncombe	W5TCDKMLHE69	\$ 13,708	\$ 13,708	MTW	ZKK5GNRNB6Y6	\$ 13,035	\$ 13,035
Burke	KVJHUFURQDM5	\$ 11,630	\$ 11,630	Mecklenburg	EZ15XL6BMM68	\$ -	\$ -
Cabarrus	RDXNEJKJFU7	\$ 13,204	\$ 13,204	Montgomery	E78ZAJM3BFL3	\$ 10,872	\$ 10,872
Caldwell	HL4FGNJNGE97	\$ 11,531	\$ 11,531	Moore	HFNSK95FS7Z8	\$ 11,786	\$ 11,786
Carteret	UC6WJ2MQMJS8	\$ 11,380	\$ 11,380	Nash	NF58K566HQM7	\$ 11,684	\$ 11,684
Caswell	JDJ7Y7CGYC86	\$ 10,814	\$ 10,814	New Hanover	F7TLT2GMEJE1	\$ 13,386	\$ 13,386
Catawba	GYUNA9W1NFM1	\$ 12,470	\$ 12,470	Northampton	CRA2KCAL8BA4	\$ 10,774	\$ 10,774
Chatham	KE57QE2GV5F1	\$ 11,454	\$ 11,454	Onslow	EGE7NBXW5JS6	\$ 12,994	\$ 12,994
Cherokee	DCEGK6HA11M5	\$ 10,894	\$ 10,894	Orange	GFFMCW9XDA53	\$ 12,335	\$ 12,335
Clay	HYKLQVNWLXK7	\$ 10,683	\$ 10,683	Pamlico	FT59QFEAU344	\$ 10,697	\$ 10,697
Cleveland	UWMUYMPVL483	\$ 11,734	\$ 11,734	Pender	T11BE678U9P5	\$ 11,321	\$ 11,321
Columbus	V1UAJ4L87WQ7	\$ 11,202	\$ 11,202	Person	FQ8LFJGMABJ4	\$ 11,024	\$ 11,024
Craven	LTZ2U8LZQ214	\$ 11,760	\$ 11,760	Pitt	VZNPMLFT5R6	\$ 12,741	\$ 12,741
Cumberland	HALND8WJ3GW4	\$ 14,584	\$ 14,584	Polk	QZ6BZPGLX4Y9	\$ 10,797	\$ 10,797
Dare	ELV6JGB11QK6	\$ 10,996	\$ 10,996	Randolph	T3BUM1CVS9N5	\$ 12,280	\$ 12,280
Davidson	C9P5MDJC7KY7	\$ 12,577	\$ 12,577	Richmond	Q63FZNTJM3M4	\$ 11,077	\$ 11,077
Davie	L8WBGLHZV239	\$ 11,064	\$ 11,064	Robeson	LKBEJQFLAAK5	\$ 12,106	\$ 12,106
Duplin	KZN4GK5262K3	\$ 11,251	\$ 11,251	Rockingham	KGCCCHJJZZ43	\$ 11,641	\$ 11,641
Durham	LJ5BA6U2HLM7	\$ 14,475	\$ 14,475	Rowan	GCB7UCV96NW6	\$ 12,256	\$ 12,256
Edgecombe	MAN4LX44AD17	\$ 11,155	\$ 11,155	Sampson	WRT9CSK1KJY5	\$ 11,306	\$ 11,306
Foothills	NGTEF2MQ8LL4	\$ 12,920	\$ 12,920	Scotland	FNVTCUQGCHM5	\$ 10,961	\$ 10,961
Forsyth	V6BGVQ67YPY5	\$ 15,154	\$ 15,154	Stanly	U86MZUYPL7C5	\$ 11,304	\$ 11,304
Franklin	FFKTRQCNN143	\$ 11,408	\$ 11,408	Stokes	W41TRA3NUNS1	\$ 11,094	\$ 11,094
Gaston	QKY9R8A8D5J6	\$ 13,265	\$ 13,265	Surry	FMWCTM24C9J8	\$ 11,405	\$ 11,405
Graham	L8MAVKQJTYN7	\$ 10,646	\$ 10,646	Swain	TAE3M92L4QR4	\$ 10,715	\$ 10,715
Granv-Vance	MGQJKK22EJB3	\$ 12,828	\$ 12,828	Toe River	JUA6GAUQ9UM1	\$ 11,955	\$ 11,955
Greene	VCU5LD71N9U3	\$ 10,796	\$ 10,796	Transylvania	YLN4BFCJCP39	\$ 10,959	\$ 10,959
Guilford	YBEQWGFJPMJ3	\$ 17,035	\$ 17,035	Union	LHMKBD4AGRJ5	\$ 13,481	\$ 13,481
Halifax	MRL8MYNJJ3Y5	\$ 11,139	\$ 11,139	Wake	FTJ2WJPLWMJ3	\$ -	\$ -
Harnett	JBDCD9V41BX7	\$ 12,190	\$ 12,190	Warren	TLNAU5CNHSU5	\$ 10,779	\$ 10,779
Haywood	DQHZEAV95G5	\$ 11,301	\$ 11,301	Wayne	DACFHCLQKMS1	\$ 12,033	\$ 12,033
Henderson	TG5AR81JLFQ5	\$ 11,967	\$ 11,967	Wilkes	M14KKHY2NNR3	\$ 11,362	\$ 11,362
Hoke	C1GWSADARX51	\$ 11,215	\$ 11,215	Wilson	ME2DJHMYWG55	\$ 11,529	\$ 11,529
Hyde	T2RSYN36NN64	\$ 10,603	\$ 10,603	Yadkin	PLCDT7JFA8B1	\$ 10,996	\$ 10,996
Iredell	XTNRLKJLA4S9	\$ 12,775	\$ 12,775	Yancey	L98MCUHKC2J8	\$ 10,762	\$ 10,762

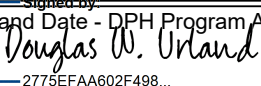
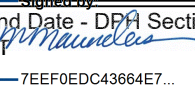

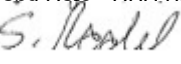
DPH-Aid-To-Counties

For Fiscal Year: 24/25

Budgetary Estimate Number : 0

Activity 123	AA	131204 2B0SG23 20G0216002	Total Allocated	Proposed Total	New Total
Service Period		02/04-05/31			
Payment Period		03/04-06/30			
01 Alamance	* 0	12,602	\$0.00	12,602	12,602
D1 Albemarle	* 0	19,485	\$0.00	19,485	19,485
02 Alexander	* 0	10,994	\$0.00	10,994	10,994
04 Anson	* 0	10,834	\$0.00	10,834	10,834
D2 Appalachian	* 0	13,724	\$0.00	13,724	13,724
07 Beaufort	* 0	11,110	\$0.00	11,110	11,110
09 Bladen	* 0	10,940	\$0.00	10,940	10,940
10 Brunswick	* 0	12,334	\$0.00	12,334	12,334
11 Buncombe	* 0	13,708	\$0.00	13,708	13,708
12 Burke	* 0	11,630	\$0.00	11,630	11,630
13 Cabarrus	* 0	13,204	\$0.00	13,204	13,204
14 Caldwell	* 0	11,531	\$0.00	11,531	11,531
16 Carteret	* 0	11,380	\$0.00	11,380	11,380
17 Caswell	* 0	10,814	\$0.00	10,814	10,814
18 Catawba	* 0	12,470	\$0.00	12,470	12,470
19 Chatham	* 0	11,454	\$0.00	11,454	11,454
20 Cherokee	* 0	10,894	\$0.00	10,894	10,894
22 Clay	* 0	10,683	\$0.00	10,683	10,683
23 Cleveland	* 0	11,734	\$0.00	11,734	11,734
24 Columbus	* 0	11,202	\$0.00	11,202	11,202
25 Craven	* 0	11,760	\$0.00	11,760	11,760
26 Cumberland	* 0	14,584	\$0.00	14,584	14,584
28 Dare	* 0	10,996	\$0.00	10,996	10,996
29 Davidson	* 0	12,577	\$0.00	12,577	12,577
30 Davie	* 0	11,064	\$0.00	11,064	11,064
31 Duplin	* 0	11,251	\$0.00	11,251	11,251
32 Durham	* 0	14,475	\$0.00	14,475	14,475
33 Edgecombe	* 0	11,155	\$0.00	11,155	11,155
D7 Foothills	* 0	12,920	\$0.00	12,920	12,920
34 Forsyth	* 0	15,154	\$0.00	15,154	15,154
35 Franklin	* 0	11,408	\$0.00	11,408	11,408
36 Gaston	* 0	13,265	\$0.00	13,265	13,265
38 Graham	* 0	10,646	\$0.00	10,646	10,646
D3 Gran-Vance	* 0	12,828	\$0.00	12,828	12,828
40 Greene	* 0	10,796	\$0.00	10,796	10,796
41 Guilford	* 0	17,035	\$0.00	17,035	17,035
42 Halifax	* 0	11,139	\$0.00	11,139	11,139
43 Harnett	* 0	12,190	\$0.00	12,190	12,190
44 Haywood	* 0	11,301	\$0.00	11,301	11,301
45 Henderson	* 0	11,967	\$0.00	11,967	11,967
47 Hoke	* 0	11,215	\$0.00	11,215	11,215
48 Hyde	* 0	10,603	\$0.00	10,603	10,603
49 Iredell	* 0	12,775	\$0.00	12,775	12,775
50 Jackson	* 0	11,073	\$0.00	11,073	11,073

51 Johnston	* 0	13,141	\$0.00	13,141	13,141
52 Jones	* 0	10,656	\$0.00	10,656	10,656
53 Lee	* 0	11,293	\$0.00	11,293	11,293
54 Lenoir	* 0	11,214	\$0.00	11,214	11,214
55 Lincoln	* 0	11,603	\$0.00	11,603	11,603
56 Macon	* 0	10,977	\$0.00	10,977	10,977
57 Madison	* 0	10,806	\$0.00	10,806	10,806
D4 M-T-W	* 0	13,035	\$0.00	13,035	13,035
60 Mecklenburg		0	\$0.00	0	0
62 Montgomery	* 0	10,872	\$0.00	10,872	10,872
63 Moore	* 0	11,786	\$0.00	11,786	11,786
64 Nash	* 0	11,684	\$0.00	11,684	11,684
65 New Hanover	* 0	13,386	\$0.00	13,386	13,386
66 Northampton	* 0	10,774	\$0.00	10,774	10,774
67 Onslow	* 0	12,994	\$0.00	12,994	12,994
68 Orange	* 0	12,335	\$0.00	12,335	12,335
69 Pamlico	* 0	10,697	\$0.00	10,697	10,697
71 Pender	* 0	11,321	\$0.00	11,321	11,321
73 Person	* 0	11,024	\$0.00	11,024	11,024
74 Pitt	* 0	12,741	\$0.00	12,741	12,741
75 Polk	* 0	10,797	\$0.00	10,797	10,797
76 Randolph	* 0	12,280	\$0.00	12,280	12,280
77 Richmond	* 0	11,077	\$0.00	11,077	11,077
78 Robeson	* 0	12,106	\$0.00	12,106	12,106
79 Rockingham	* 0	11,641	\$0.00	11,641	11,641
80 Rowan	* 0	12,256	\$0.00	12,256	12,256
82 Sampson	* 0	11,306	\$0.00	11,306	11,306
83 Scotland	* 0	10,961	\$0.00	10,961	10,961
84 Stanly	* 0	11,304	\$0.00	11,304	11,304
85 Stokes	* 0	11,094	\$0.00	11,094	11,094
86 Surry	* 0	11,405	\$0.00	11,405	11,405
87 Swain	* 0	10,715	\$0.00	10,715	10,715
D6 Toe River	* 0	11,955	\$0.00	11,955	11,955
88 Transylvania	* 0	10,959	\$0.00	10,959	10,959
90 Union	* 0	13,481	\$0.00	13,481	13,481
92 Wake		0	\$0.00	0	0
93 Warren	* 0	10,779	\$0.00	10,779	10,779
96 Wayne	* 0	12,033	\$0.00	12,033	12,033
97 Wilkes	* 0	11,362	\$0.00	11,362	11,362
98 Wilson	* 0	11,529	\$0.00	11,529	11,529
99 Yadkin	* 0	10,996	\$0.00	10,996	10,996
00 Yancey	* 0	10,762	\$0.00	10,762	10,762
Totals		1,000,041	0	1,000,041	1,000,041

Signed by Sign and Date - DPH Program Administrator  2775EFAA602F498... 02/04/25 3:06 PM EST		Signed by Sign and Date - DPH Section Chief  7EEF0EDC43664E7... 02/04/25 3:38 PM EST	
Sign and Date - DPH Budget Office – ATC Coordinator  2/4/2025		Sign and Date - DPH Budget Officer  2/7/2025	