

## **REQUEST FOR BOARD ACTION**

### **HENDERSON COUNTY BOARD OF COMMISSIONERS**

**MEETING DATE:** February 18, 2026

**SUBJECT:** Department of Public Health - Request for Foreign Language Interpreter II Project Position

**PRESENTER:** G. David Jenkins, Health Director

**ATTACHMENTS:** Yes  
1. AA 117 Public Health Infrastructure: Local Workforce Development

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

The Henderson County Department of Public Health has identified the need for one (1) dedicated full-time Foreign Language Interpreter II (FLI II) project position.

There is currently a Foreign Language Interpreter II on the Care Management team that serves a dual function, providing both referral coordination for Care Management and foreign language interpretation services across the department. Due to recent changes to the Care Management program, the referral coordination component of the position is no longer needed. As a result, the permanent position in its current form is being discontinued.

Despite the elimination of the referral coordination, the department continues to have a demonstrated need for interpretation services to support department-wide programs. Transitioning this position to a project role focused solely on interpretation will allow the department to retain critical interpreting capacity and ensure continuity of language access services.

This project position will be funded by AA 117 Public Health Infrastructure: Local Workforce Development federal funds in the estimated amount of \$121,000. The position would end in June 2027 unless further board action is approved. No local appropriations are required.

The Henderson County Board of Health supported the need for this position at their January 20, 2026 meeting. This position has been discussed with the Human Resources Department.

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

The Board is requested to approve the Foreign Language Interpreter II project position to be funded by AA 117 Public Health Infrastructure: Local Workforce Development federal funds from March 2026 through June 2027.

#### **Suggested Motion:**

*I move the Board to approve the Foreign Language Interpreter II project position to be funded by AA 117 Public Health Infrastructure: Local Workforce Development funds from March 2026 through June 2027.*

# Division of Public Health

## Agreement Addendum

### FY 25-26

Page 1 of 5

Henderson County Department of Public Health

**Local Health Department Legal Name**

117 Public Health Infrastructure: Local Workforce Development

**Activity Number and Description**

06/01/2025 – 05/31/2026

**Service Period**

07/01/2025 – 06/30/2026

**Payment Period**

- ☒ Original Agreement Addendum  
☐ Agreement Addendum Revision # \_\_\_\_\_

Local and Community Support Section

**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 pandemic emphasized the critical importance of a robust public health system. Public health departments need to continue their response work, apply lessons learned, and prepare for future public health emergencies. The pandemic accentuated long-standing weaknesses and created new challenges to the public health infrastructure. This Centers for Disease Control and Prevention (CDC) funding, awarded to the North Carolina Division of Public Health for a five-year period ending October 31, 2027, recognizes a history of underinvestment in the public health system and the foundational services it provides.

The Foundational Public Health Services (FPHS) framework was developed in 2013 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. These foundational service areas are core functions of local health departments and include 1) preventing the spread of communicable disease, 2) ensuring food, air, and water quality are safe, 3) supporting maternal and child health, 4) improving access and linkages to clinical care services, and 5) preventing chronic disease and injury. In addition to these foundational services, public health departments provide local protections and services unique to their community's needs.

Foundational Capabilities are the cross-cutting skills, knowledge, and practice needed in order to support and provide core public health services, functions, programs, and activities which are key to ensuring opportunities for health, promoting wellbeing and achieving health outcomes across a community. The Foundational Capabilities include: 1) Assessment & Surveillance, 2) Community

D. David Jenkins

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

Date

07/11/25

LHD to complete:

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

LHD program contact name:

Camden Stewart

Phone and email address:

(828) 694-6036 cstewart@hendersoncountync.gov

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

Template rev. July 2022

Partnership Development, 3) Equity, 4) Organizational Competencies, 5) Policy Development & Support, 6) Accountability & Performance Management, 7) Emergency Preparedness & Response, and 8) Communications.<sup>1</sup>

## II. **Purpose:**

This funding 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. This 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 scope of workforce investment to support these foundational capabilities is wide and includes hiring, retaining, supporting, and training the workforce.

Short-term outcomes include increased hiring, training, and improvement in operational processes. Long-term outcomes include increasing the size of the public health workforce equipped with stronger foundational capabilities in order to better serve and protect the health of communities.

Funding is distributed to each individual local health department based on county population, social vulnerability, and equity indices and is to be used to invest in one or more of the five CDC-stated program areas.

## III. **Scope of Work and Deliverables:**

To ensure local public health is prepared and capable to respond to the community's health needs and emerging health threats, the Local Health Department (LHD) shall invest in workforce and resources to meet the foundational services areas and needs of their communities. The LHD is encouraged to utilize the North Carolina Institute for Public Health's LHD Regional Foundational Capabilities Gap Analysis reports to inform its workforce investment activities. Regional Foundational Capabilities Gap Analysis reports are available in the Smartsheet dashboard for this activity.<sup>2</sup>

### 1. The LHD shall invest in one or more of these five **CDC-stated program areas**:

- a. **Recruit and hire new public health staff**, such as expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
- b. **Retain public health staff**, such as by providing retention bonuses, creating opportunities for promotion and transitioning staff to other hiring mechanisms.
- c. **Support and sustain public health staff**, such as creating or strengthening workplace well-being and resilience programs, and creating or expanding workforce engagement.
- d. **Train new and existing public health staff**, such as creating and expanding professional development opportunities.
- e. **Strengthen public health workforce planning, systems, processes, and policies**, such as maintaining and upgrading human resources systems, creating or improving workforce data collection, and creating or revising policies to facilitate workforce development and management.

### 2. The LHD shall participate in an annual assessment conducted no later than March 31, 2026 by the North Carolina Institute of Public Health to evaluate progress in addressing Foundational Capabilities.

<sup>1</sup> <https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pdf>

<sup>2</sup> <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>



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

1. In each quarterly Performance Report, the LHD shall indicate in which of the five CDC-stated program areas funds were invested and information about the LHD's investment efforts including:
  - a. Number and type of positions hired
  - b. Number and type of retention efforts
  - c. Number and type of staff support programs
  - d. Number and type of training opportunities
  - e. Number and type of workforce systems improvements
2. The LHD shall complete the following reports via the Smartsheet dashboard.<sup>3</sup> All of the due dates for these reports are posted on the Smartsheet dashboard.
  - a. **Monthly Financial Reports:** The monthly financial report will report on the prior month to document expenditures. The first financial report is for June 2025 and is due by July 24, 2025.
  - b. **Quarterly Performance Reports:** The quarterly performance reports will report on the service quarters and by the deadlines as indicated below:

<u>Service Quarter</u>	<u>Report Submission Deadline</u>
June – August 2025	September 19, 2025
September – November 2025	December 19, 2025
December 2025 – February 2026	March 20, 2026
March – May 2026	June 19, 2026

#### 3. **Reporting Required Subcontract Information**

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

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

- a. Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor") or a pass-through entity ("Subrecipient").
  1. Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA's reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities 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

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

- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

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

The Local and Community Support Section's LHD Liaison will monitor the LHD's performance by reviewing the financial reports monthly and the performance reports quarterly, as received from the LHD through Smartsheet.

If the LHD is deemed out of compliance with deliverables, the program staff shall provide technical assistance to support the LHD in meeting the deliverables.

As contracted for by the Division of Public Health (DPH), the North Carolina Institute of Public Health will conduct an annual foundational capabilities assessment of the LHD. The assessment results will be presented to the DPH Public Health Infrastructure leadership and to each LHD participating in the assessment.

**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:** A 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. Funds may be used for reasonable program purposes including personnel, travel, supplies, and services.
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)<sup>4</sup> for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

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<sup>4</sup> <https://www.cdc.gov/grants/additional-requirements/ar-12.html>

**FY26 - FAS**  
federal award  
supplement

Activity Nbr + Name: **117**

**PH Infrastructure: Local Workforce Development**

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: **NE11OE000015**

IDC rate: **n/a**

Fed awd total amt: \$ **18,221,039**

Fed award project description: **Strengthening North Carolina's Public Health Infrastructure, Workforce, and Data Systems**

Fed awd date + awarding agency: **03-28-23 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	F5VHYU13NC5	\$ 492,493	\$ 492,493	Jackson	X7YWWY6ZP574	\$ -	\$ -
Albemarle	WAAVS51PNMK3	\$ 563,035	\$ 563,035	Johnston	SYGAGEFDHYR7	\$ 476,049	\$ 476,049
Alexander	XVEEJSNY7UX9	\$ 149,035	\$ 149,035	Jones	HE3NNUE27M7	\$ 111,547	\$ 111,547
Anson	PK8UYTSNJCC3	\$ -	\$ -	Lee	F6A8UC99JWJ5	\$ 47,156	\$ 47,156
Appalachian	CD7BFHB8W539	\$ 152,480	\$ 152,480	Lenoir	QKUFL37VPGH6	\$ 263,467	\$ 263,467
Beaufort	RN1SXF4DLXN6	\$ 154,501	\$ 154,501	Lincoln	UGGQGS5K8GJ5	\$ 227,415	\$ 227,415
Bladen	TLCTJWDJH1H9	\$ 126,801	\$ 126,801	Macon	LLPJBC6N2LL3	\$ 77,987	\$ 77,987
Brunswick	MJBMXLN9NJT5	\$ 410,434	\$ 410,434	Madison	YQ96F8BJYTJ9	\$ -	\$ -
Buncombe	W5TCDKMLHE69	\$ 435,903	\$ 435,903	MTW	ZKK5GNRNB8Y6	\$ -	\$ -
Burke	KVJHUFURQDM5	\$ 145,315	\$ 145,315	Mecklenburg	EZ15XL6BMM68	\$ -	\$ -
Cabarrus	RXDXNEJKJFU7	\$ -	\$ -	Montgomery	E78ZAJM3BFL3	\$ 36,244	\$ 36,244
Caldwell	HL4FGNJNGE97	\$ 80,462	\$ 80,462	Moore	HFNSK95FS7Z8	\$ 230,133	\$ 230,133
Carteret	UC6WJ2MQMJ58	\$ 111,353	\$ 111,353	Nash	NF58K566HQM7	\$ 320,561	\$ 320,561
Caswell	JDJ7Y7CGYC86	\$ 111,724	\$ 111,724	New Hanover	F7TLT2GMEJE1	\$ 499,728	\$ 499,728
Catawba	GYUNA9W1NFM1	\$ 342,356	\$ 342,356	Northampton	CRA2KCAL8BA4	\$ 16,935	\$ 16,935
Chatham	KE57QE2GV5F1	\$ 216,608	\$ 216,608	Onslow	EGE7NBXW5J56	\$ 520,602	\$ 520,602
Cherokee	DCEGK6HA11M5	\$ -	\$ -	Orange	GFMCW9XDA53	\$ 258,460	\$ 258,460
Clay	HYKLVQVNLXK7	\$ -	\$ -	Pamlico	FT59QFEAU344	\$ 12,333	\$ 12,333
Cleveland	UWMUYPVL483	\$ 143,020	\$ 143,020	Pender	T11BE678U9P5	\$ 200,818	\$ 200,818
Columbus	V1UAJ4L87WQ7	\$ 30,931	\$ 30,931	Person	FQ8LFJGMABJ4	\$ 179,166	\$ 179,166
Craven	LTZ2U8LZQ214	\$ 100,000	\$ 100,000	Pitt	VZNPMLFT5R6	\$ 449,210	\$ 449,210
Cumberland	HALND8WJ3GW4	\$ 512,649	\$ 512,649	Polk	QZ6BZPGLX4Y9	\$ 67,768	\$ 67,768
Dare	ELV6JGB11QK6	\$ -	\$ -	Randolph	T3BUM1CVS9N5	\$ 442,224	\$ 442,224
Davidson	C9P5MDJC7KY7	\$ 477,625	\$ 477,625	Richmond	Q63FZNTJM3M4	\$ 142,337	\$ 142,337
Davie	L8WBLGHZV239	\$ 105,987	\$ 105,987	Robeson	LKBEJQFLAAK5	\$ 148,488	\$ 148,488
Duplin	KZN4GK5262K3	\$ 242,823	\$ 242,823	Rockingham	KGCCCHJJZZ43	\$ 253,185	\$ 253,185
Durham	LJ5BA6U2HLM7	\$ 802,450	\$ 802,450	Rowan	GCB7UCV96NW6	\$ 430,037	\$ 430,037
Edgecombe	MAN4LX44AD17	\$ 93,173	\$ 93,173	Sampson	WRT9CSK1KJY5	\$ 287,860	\$ 287,860
Foothills	NGTEF2MQ8LL4	\$ 13,781	\$ 13,781	Scotland	FNVTUQGCHM5	\$ 207,301	\$ 207,301
Forsyth	V6BGVQ67YPY5	\$ 991,706	\$ 991,706	Stanly	U86MZUYPL7C5	\$ 205,073	\$ 205,073
Franklin	FFKTRQCNN143	\$ 202,606	\$ 202,606	Stokes	W41TRA3NUNS1	\$ -	\$ -
Gaston	QKY9R8A8D5J6	\$ 463,724	\$ 463,724	Surry	FMWCTM24C9J8	\$ 139,118	\$ 139,118
Graham	L8MAVKQJTYN7	\$ -	\$ -	Swain	TAE3M92L4QR4	\$ -	\$ -
Granv-Vance	MGQJJK22EJB3	\$ 354,247	\$ 354,247	Toe River	JUA6GAUQ9UM1	\$ -	\$ -
Greene	VCU5LD71N9U3	\$ 163,283	\$ 163,283	Transylvania	YLN4BFCJCP39	\$ 86,538	\$ 86,538
Guilford	YBEQWGFJPMJ3	\$ 1,095,067	\$ 1,095,067	Union	LHMKBD4AGRJ5	\$ 568,902	\$ 568,902
Halifax	MRL8MYNJ3Y5	\$ 65,996	\$ 65,996	Wake	FTJ2WJPLWMJ3	\$ -	\$ -
Harnett	JBDCD9V41BX7	\$ 100,242	\$ 100,242	Warren	TLNAU5CNHSU5	\$ 157,034	\$ 157,034
Haywood	DQHZEVAV95G5	\$ 147,580	\$ 147,580	Wayne	DACFHCLQKMS1	\$ 94,334	\$ 94,334
Henderson	TG5AR81JLFQ5	\$ 330,054	\$ 330,054	Wilkes	M14KKHY2NNR3	\$ 226,328	\$ 226,328
Hoke	C1GWSADARX51	\$ 202,059	\$ 202,059	Wilson	ME2DJHMYWG55	\$ 335,419	\$ 335,419
Hyde	T2RSYN36NN64	\$ 92,251	\$ 92,251	Yadkin	PLCDT7JFA8B1	\$ 116,133	\$ 116,133
Iredell	XTNRLKJLA4S9	\$ 161,395	\$ 161,395	Yancey	L98MCUHKC2J8	\$ -	\$ -

UEI = Unique Entity Identifier

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

DPH v1 05-30-24 [ag]



DPH-Aid-To-Counties

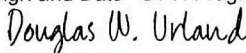
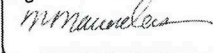
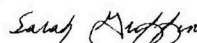

For Fiscal Year: 25/26

Budgetary Estimate Number : 0

Activity 117	AA	131204 2B0SGLH 20G0216001	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31			
Payment Period		07/01-06/30			
01 Alamance	* 0	492,493	\$0.00	492,493	492,493
D1 Albemarle	* 0	563,035	\$0.00	563,035	563,035
02 Alexander	* 0	149,035	\$0.00	149,035	149,035
04 Anson		0	\$0.00	0	0
D2 Appalachian	* 0	152,480	\$0.00	152,480	152,480
07 Beaufort	* 0	154,501	\$0.00	154,501	154,501
09 Bladen	* 0	126,801	\$0.00	126,801	126,801
10 Brunswick	* 0	410,434	\$0.00	410,434	410,434
11 Buncombe	* 0	435,903	\$0.00	435,903	435,903
12 Burke	* 0	145,315	\$0.00	145,315	145,315
13 Cabarrus		0	\$0.00	0	0
14 Caldwell	* 0	80,462	\$0.00	80,462	80,462
16 Carteret	* 0	111,353	\$0.00	111,353	111,353
17 Caswell	* 0	111,724	\$0.00	111,724	111,724
18 Catawba	* 0	342,356	\$0.00	342,356	342,356
19 Chatham	* 0	216,608	\$0.00	216,608	216,608
20 Cherokee		0	\$0.00	0	0
22 Clay		0	\$0.00	0	0
23 Cleveland	* 0	143,020	\$0.00	143,020	143,020
24 Columbus	* 0	30,931	\$0.00	30,931	30,931
25 Craven	* 0	100,000	\$0.00	100,000	100,000
26 Cumberland	* 0	512,649	\$0.00	512,649	512,649
28 Dare		0	\$0.00	0	0
29 Davidson	* 0	477,625	\$0.00	477,625	477,625
30 Davie	* 0	105,987	\$0.00	105,987	105,987
31 Duplin	* 0	242,823	\$0.00	242,823	242,823
32 Durham	* 0	802,450	\$0.00	802,450	802,450
33 Edgecombe	* 0	93,173	\$0.00	93,173	93,173
D7 Foothills	* 0	13,781	\$0.00	13,781	13,781
34 Forsyth	* 0	991,706	\$0.00	991,706	991,706
35 Franklin	* 0	202,606	\$0.00	202,606	202,606
36 Gaston	* 0	463,724	\$0.00	463,724	463,724
38 Graham		0	\$0.00	0	0
D3 Gran-Vance	* 0	354,247	\$0.00	354,247	354,247
40 Greene	* 0	163,283	\$0.00	163,283	163,283
41 Guilford	* 0	1,095,067	\$0.00	1,095,067	1,095,067
42 Halifax	* 0	65,996	\$0.00	65,996	65,996
43 Harnett	* 0	100,242	\$0.00	100,242	100,242
44 Haywood	* 0	147,580	\$0.00	147,580	147,580
45 Henderson	* 0	330,054	\$0.00	330,054	330,054
47 Hoke	* 0	202,059	\$0.00	202,059	202,059
48 Hyde	* 0	92,251	\$0.00	92,251	92,251
49 Iredell	* 0	161,395	\$0.00	161,395	161,395
50 Jackson		0	\$0.00	0	0



51 Johnston	* 0	476,049	\$0.00	476,049	476,049
52 Jones	* 0	111,547	\$0.00	111,547	111,547
53 Lee	* 0	47,156	\$0.00	47,156	47,156
54 Lenoir	* 0	263,467	\$0.00	263,467	263,467
55 Lincoln	* 0	227,415	\$0.00	227,415	227,415
56 Macon	* 0	77,987	\$0.00	77,987	77,987
57 Madison		0	\$0.00	0	0
D4 M-T-W		0	\$0.00	0	0
60 Mecklenburg		0	\$0.00	0	0
62 Montgomery	* 0	36,244	\$0.00	36,244	36,244
63 Moore	* 0	230,133	\$0.00	230,133	230,133
64 Nash	* 0	320,561	\$0.00	320,561	320,561
65 New Hanover	* 0	499,728	\$0.00	499,728	499,728
66 Northampton	* 0	16,935	\$0.00	16,935	16,935
67 Onslow	* 0	520,602	\$0.00	520,602	520,602
68 Orange	* 0	258,460	\$0.00	258,460	258,460
69 Pamlico	* 0	12,333	\$0.00	12,333	12,333
71 Pender	* 0	200,818	\$0.00	200,818	200,818
73 Person	* 0	179,166	\$0.00	179,166	179,166
74 Pitt	* 0	449,210	\$0.00	449,210	449,210
75 Polk	* 0	67,768	\$0.00	67,768	67,768
76 Randolph	* 0	442,224	\$0.00	442,224	442,224
77 Richmond	* 0	142,337	\$0.00	142,337	142,337
78 Robeson	* 0	148,488	\$0.00	148,488	148,488
79 Rockingham	* 0	253,185	\$0.00	253,185	253,185
80 Rowan	* 0	430,037	\$0.00	430,037	430,037
82 Sampson	* 0	287,860	\$0.00	287,860	287,860
83 Scotland	* 0	207,301	\$0.00	207,301	207,301
84 Stanly	* 0	205,073	\$0.00	205,073	205,073
85 Stokes		0	\$0.00	0	0
86 Surry	* 0	139,118	\$0.00	139,118	139,118
87 Swain		0	\$0.00	0	0
D6 Toe River		0	\$0.00	0	0
88 Transylvania	* 0	86,538	\$0.00	86,538	86,538
90 Union	* 0	568,902	\$0.00	568,902	568,902
92 Wake		0	\$0.00	0	0
93 Warren	* 0	157,034	\$0.00	157,034	157,034
96 Wayne	* 0	94,334	\$0.00	94,334	94,334
97 Wilkes	* 0	226,328	\$0.00	226,328	226,328
98 Wilson	* 0	335,419	\$0.00	335,419	335,419
99 Yadkin	* 0	116,133	\$0.00	116,133	116,133
00 Yancey		0	\$0.00	0	0
Totals		18,221,039	0	18,221,039	18,221,039

Sign and Date - DPH Program Administrator  07/01/25   3:28 PM EDT	Sign and Date - DPH Section Chief  07/02/25   7:54 AM EDT
Sign and Date - DPH Budget Office – ATC Coordinator  7/2/2025	Sign and Date - DPH Budget Officer  7/8/2025