Budget Revision # _____

Item No. _____

Board Action Date _____

Caldwell County Board of Commissioners

BUDGET REVISION

Board Meeting _____

Subject: 546-Communicabale Disease Pandemic Recovery

Background and explanation for the Budget Revision:

Caldwell County Health Department received an Agreement Addenda in the amount of $55,213. This acitivity provides funds for local health departments to expands communicable diesease surveillance, detection, control, and prevention activities to address COVID-19 and other communicable disease-related challenges imapced by the COVID-19 pandemic.

The Budget Ordinance is hereby amended by making a Supplemental Appropriation with appropriations and revenues being

SUPPLEMENTAL APPROPRIATION

Revenues: Increase / Decrease (Circle One)			**Expenditures: Increase / Decrease (Circle One)**		
Line Item #	Title	Amount	Line Item #	Title	Amount
10.5116.330000	Clinic-Other Grants	55,213.00	10.5116.426000	Supplies	55,213.00
Total		**55,213.00**	**Total**		**55,213.00**

Attachments (Yes or No):

Public Hearing (Yes or No):

Distribution:
Original - Finance Office
Duplicate - Clerk to the Board
Triplicate - Department Head

Staff Recommendation:

Board Action:

Department Head	Date	Finance Director	Date	County Manager	Date
Anna Cook	7/30/25				

Division of Public Health
Agreement Addendum
FY 25-26

Caldwell County Health Department
Local Health Department Legal Name

Epidemiology / Communicable Disease Branch
DPH Section / Branch Name

546 Communicable Disease Pandemic Recovery
Activity Number and Description

Vanessa Gailor, 984-236-7728
vanessa.gailor@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

06/01/2025 – 05/31/2026
Service Period

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

07/01/2025 – 06/30/2026
Payment Period

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ___

I. Background:

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 counties served by each local health department. The

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.

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.

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 COVID-19 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.[1]

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 and are due by the 24th of each month.
   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 and are due by the dates listed below. The Service Quarters for these quarterly program reports are defined as:

[1] https://app.smartsheet.com/b/publish?EQBCT=8716e48245fe46559be725a9d628d031

Reporting Periods	Program Report Due Date
April–June 2025	July 31, 2025
April and May 2025 data are from services provided under the Agreement Addendum for state fiscal year 2025.	
July–September 2025	October 31, 2025
October–December 2025	January 31, 2026
January–March 2026	April 30, 2026
April–May 2026	June 30, 2026

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:

Reporting Timeframes		Due Dates
End of year 2 of the project	July 1, 2023 – June 30, 2024	July 22, 2024
End of year 3 of the project	July 1, 2024 – May 31, 2025	June 22, 2025
End of year 4 of the project	July 1, 2025 – May 31, 2026	June 22, 2026

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

   - Mean First Report Interval (in days)
   - Mean Completed Report Interval (in days)
   - 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[2] to measure their performance of work within the timeframes listed above.

3. **Performance Measure #3**: Increasing the visibility of the work by 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 newly trained staff and the dates that they have completed the NC EDSS training in the applicable quarterly Program Report via Smartsheet.

   b. **Reporting Requirements**: Provide the names of staff, their dates of hire into the communicable disease program, 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 in the applicable quarterly Program Report via Smartsheet.

5. **Performance Measure #5:** Develop a detailed spending plan outlining how the LHD will fully utilize the funding provided during this Agreement Addendum's service period. The spending plan will include the specific spending categories of Staffing, Training, Data/Infrastructure, Supporting Community Organizations, and Other, and provide approximate amounts in each category.
    a. Complete the spending plan via the link on the Smartsheet dashboard by September 30, 2025.

6. **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 provided 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. 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 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. **Federal Funding Requirements**: where federal grant dollars received by DPH are passed through to the LHD for all or any part of this 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. **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.
   b. **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.

Activity 546 Service Period Payment Period		AA	230329 2B0249N 200TT00000 06/01-05/31 07/01-06/30	Total Allocated	Proposed Total	New Total
01 Alamance			0	$0.00	0	0
D1 Albemarle			0	$0.00	0	0
02 Alexander			0	$0.00	0	0
04 Anson	*	0	21,188	$0.00	21,188	21,188
D2 Appalachian			0	$0.00	0	0
07 Beaufort			0	$0.00	0	0
09 Bladen	*	0	30,106	$0.00	30,106	30,106
10 Brunswick			0	$0.00	0	0
11 Buncombe			0	$0.00	0	0
12 Burke			0	$0.00	0	0
13 Cabarrus			0	$0.00	0	0
14 Caldwell	*	0	55,213	$0.00	55,213	55,213
16 Carteret			0	$0.00	0	0
17 Caswell	*	0	1,810	$0.00	1,810	1,810
18 Catawba	*	0	40,914	$0.00	40,914	40,914
19 Chatham	*	0	26,436	$0.00	26,436	26,436
20 Cherokee			0	$0.00	0	0
22 Clay			0	$0.00	0	0
23 Cleveland	*	0	6,002	$0.00	6,002	6,002
24 Columbus			0	$0.00	0	0
25 Craven			0	$0.00	0	0
26 Cumberland			0	$0.00	0	0
28 Dare			0	$0.00	0	0
29 Davidson			0	$0.00	0	0
30 Davie			0	$0.00	0	0
31 Duplin			0	$0.00	0	0
32 Durham	*	0	3,124	$0.00	3,124	3,124
33 Edgecombe			0	$0.00	0	0
D7 Foothills			0	$0.00	0	0
34 Forsyth	*	0	39,855	$0.00	39,855	39,855
35 Franklin			0	$0.00	0	0
36 Gaston	*	0	17,010	$0.00	17,010	17,010
38 Graham			0	$0.00	0	0
D3 Gran-Vance			0	$0.00	0	0
40 Greene	*	0	57,103	$0.00	57,103	57,103
41 Guilford	*	0	494,775	$0.00	494,775	494,775
42 Halifax			0	$0.00	0	0
43 Harnett			0	$0.00	0	0
44 Haywood	*	0	111,616	$0.00	111,616	111,616
45 Henderson	*	0	23,470	$0.00	23,470	23,470
47 Hoke			0	$0.00	0	0
48 Hyde			0	$0.00	0	0
49 Iredell	*	0	451	$0.00	451	451
50 Jackson			0	$0.00	0	0

51 Johnston			0	$0.00	0	0
52 Jones	*	0	25	$0.00	25	25
53 Lee	*	0	200,721	$0.00	200,721	200,721
54 Lenoir	*	0	28	$0.00	28	28
55 Lincoln			0	$0.00	0	0
56 Macon	*	0	2,600	$0.00	2,600	2,600
57 Madison			0	$0.00	0	0
D4 M-T-W			0	$0.00	0	0
60 Mecklenburg	*	0	33,465	$0.00	33,465	33,465
62 Montgomery			0	$0.00	0	0
63 Moore	*	0	168	$0.00	168	168
64 Nash	*	0	207,366	$0.00	207,366	207,366
65 New Hanover			0	$0.00	0	0
66 Northampton			0	$0.00	0	0
67 Onslow			0	$0.00	0	0
68 Orange	*	0	93,543	$0.00	93,543	93,543
69 Pamlico	*	0	200	$0.00	200	200
71 Pender			0	$0.00	0	0
73 Person			0	$0.00	0	0
74 Pitt			0	$0.00	0	0
75 Polk			0	$0.00	0	0
76 Randolph	*	0	52,896	$0.00	52,896	52,896
77 Richmond	*	0	24,738	$0.00	24,738	24,738
78 Robeson			0	$0.00	0	0
79 Rockingham			0	$0.00	0	0
80 Rowan	*	0	39,320	$0.00	39,320	39,320
82 Sampson			0	$0.00	0	0
83 Scotland			0	$0.00	0	0
84 Stanly			0	$0.00	0	0
85 Stokes	*	0	5,058	$0.00	5,058	5,058
86 Surry			0	$0.00	0	0
87 Swain			0	$0.00	0	0
D6 Toe River			0	$0.00	0	0
88 Transylvania	*	0	164,608	$0.00	164,608	164,608
90 Union			0	$0.00	0	0
92 Wake	*	0	749,704	$0.00	749,704	749,704
93 Warren	*	0	11,184	$0.00	11,184	11,184
96 Wayne			0	$0.00	0	0
97 Wilkes			0	$0.00	0	0
98 Wilson			0	$0.00	0	0
99 Yadkin	*	0	130	$0.00	130	130
00 Yancey			0	$0.00	0	0
Totals			2,514,827	0	2,514,827	2,514,827

Sign and Date - DPH Program Administrator Christopher M Kippes 07/23/25	Sign and Date - DPH Section Chief Mac Kemer 07/24/25
Sign and Date - DPH Budget Office – ATC Coordinator Sarah Griffin 7/24/2025	Sign and Date - DPH Budget Officer S. Rashid 7/28/2025