Budget Revision # _____

Item No. _____

Board Action Date _____

Caldwell County Board of Commissioners

BUDGET REVISION

Board Meeting _____

Subject: 121 ARPA TSF Public Health Services

Background and explanation for the Budget Revision:

Caldwell County Health Department received an Agreement Addenda in the amount of $37,692 This Agreement Addendum further enhances the abilitly of local health departments to deliver the essential services and core functions of publlic helath to address the specific health needs or health status indicators selected by the health department.

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

SUPPLEMENTAL APPROPRIATION

Revenues: Increase / Decrease (Circle One)			**Expenditures: Increase / Decrease (Circle One)**		
Line Item #	Title	Amount	Line Item #	Title	Amount
10.5110.330000.10194	PH Services	37,692.00	10.5110.429000.10194	PH Services	37,692.00
Total		**37,692.00**	**Total**		**37,692.00**

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

Local and Community Support /
Local Technical Assistance and Training
DPH Section / Branch Name

121 ARPA TSF Public Health Services
Activity Number and Description

Susan H. Little, 919-215-4471
susan.little@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:

This funding, provided through budget receipts transferred from the ARPA Temporary Savings fund and made available through the NCGA 2023 Appropriations Act, HB 259, provides a $50,000 grant in each year of the 2023-2025 fiscal biennium to each local health department to support activities authorized under the General Aid-to-Counties Agreement Addendum including the delivery of the 10 Essential Public Health Services per GS § 130A-1.1.[1], the core functions of public health (Assessment, Policy Development, Assurance), and the specific health needs or health status indicators selected by each local health department.

Per HB 259, Section 4.7.(i), "The funds appropriated from the State Fiscal Recovery Fund in this act and in prior enactments of the General Assembly shall not revert at the end of each fiscal year of the 2023-2025 fiscal biennium but shall remain available to expend and appropriate until the date set by applicable federal law or guidance."

II. Purpose:

This Agreement Addendum for Activity 121 further enhances the ability of local health departments to deliver the essential services and core functions of public health to address the specific health needs or health status indicators selected by the local health department.

[1] https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_130A/Article_1.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.

The North Carolina General Statute § 130A-1.1(b) states: a local health department shall ensure that the following **10 Essential Public Health Services** are available and accessible to the population in each county served by the local health department:

Assessment

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

Policy Development

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

Assurance

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

III. Scope of Work and Deliverables:

These funds may be used for any public health program or purpose, any locally identified need or current health status indicator, and to support the delivery of the core functions of public health and 10 Essential Public Health Services. The Local Health Department must report at the end of the fiscal year how the funds were spent related to the 10 Essential Public Health Services and core public health functions to address priority health needs or health status indicators selected by each local health department. Use of these funds may NOT supplant current state, federal or local funding.

To qualify for these funds, the Local Health Department must have a Permanent or Interim Health Director per NC GS § 130A-40. In addition, if that Health Director has never served in that role in North Carolina previously, that Health Director must participate in the *Orientation for New Local Health Directors* coordinated by the North Carolina Association of Local Health Directors. Additionally, the Local Health Department must be currently accredited by the North Carolina Local Health Department Accreditation Board.

IV. Performance Measures / Reporting Requirements:

1. **Performance Measures**

   a. **Measure #1:** The LHD shall invest this funding in specific health needs or health indicators including but not limited to the 10 Essential Public Health Services or core public health functions.

   b. **Measure #2**: The LHD shall identify the specific health needs or health status indicators selected for prioritization under this funding.

   c. **Measure #3:** The LHD shall identify the impact funding will have/had on the identified health needs or health status indicators selected for prioritization.

2. **Reporting Requirements**

   By June 30, 2026, the LHD shall complete the following reports via the Smartsheet dashboard.[2]

[2] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb

a. **Expenditures by Type Report**: LHD will provide funding expenditures by type for the annual reporting period.
    1. Personnel (Salaries, Fringe, Benefits, etc. Do not include contracted staff)
    2. Training and Education
    3. Travel and Mileage
    4. Medical Supplies
    5. Office/Administrative Supplies
    6. Contracted Services (included contracted staff)
    7. Other administrative costs (specify)
    8. Other (specify)

b. **Prioritized Health Needs or Indicators and Statement of Impact Reports**: LHD will select one or more of the following health needs or indicators prioritized for the annual reporting period:
    1. Environmental Health
    2. Communicable Disease
    3. Maternal Health
    4. Child Health
    5. Chronic Disease
    6. Injury Prevention
    7. Access to or Linkage to Care
    8. Mental Health
    9. Behavioral Health
    10. Other health needs or indicators

    Statement of Impact: LHD will provide a statement that demonstrates what impact these funds had on prioritized health needs or indicators.

3. **Reporting Required Subcontract Information**
In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for <u>every subcontract</u> receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.

    This information is <u>not</u> to be returned with the signed Agreement Addendum (AA) but <u>is</u> 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. <u>Subcontractors</u> 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. <u>Subrecipients</u> 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:

The LTAT Branch will monitor performance by reviewing the annual Expenditures by Type Report, the Prioritized Health Needs or Indicators and Statement of Impact Reports. These financial and performance reports are provided by the LHD via the Smartsheet dashboard.

If the LHD seeks assistance in clarifying any part of this Agreement Addendum's requirements, LTAT Branch staff shall provide technical assistance upon request. If additional information is required, a phone conference will be conducted.

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. The Local Health Department is not required to seek prior approval to use the funds. The funds shall be used for the delivery of the 10 Essential Public Health Services per GS § 130A-1.1.[3], the core functions of public health (Assessment, Policy Development, Assurance), or the specific health needs or health status indicators selected by each Local Health Department.

[3] https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_130A/Article_1.pdf

DPH-Aid-To-Counties **For Fiscal Year: 25/26** **Budgetary Estimate Number : 0**

Activity 121 Service Period Payment Period		AA	131204 2BTS190 2000400000 07/01-05/31 08/01-06/30	Total Allocated	Proposed Total	New Total
01 Alamance			0	$0.00	0	0
D1 Albemarle			0	$0.00	0	0
02 Alexander	*	0	12,610	$0.00	12,610	12,610
04 Anson	*	0	2,523	$0.00	2,523	2,523
D2 Appalachian			0	$0.00	0	0
07 Beaufort			0	$0.00	0	0
09 Bladen	*	0	91,250	$0.00	91,250	91,250
10 Brunswick	*	0	7,884	$0.00	7,884	7,884
11 Buncombe			0	$0.00	0	0
12 Burke			0	$0.00	0	0
13 Cabarrus			0	$0.00	0	0
14 Caldwell	*	0	37,692	$0.00	37,692	37,692
16 Carteret			0	$0.00	0	0
17 Caswell	*	0	86,623	$0.00	86,623	86,623
18 Catawba			0	$0.00	0	0
19 Chatham	*	0	91,578	$0.00	91,578	91,578
20 Cherokee			0	$0.00	0	0
22 Clay			0	$0.00	0	0
23 Cleveland			0	$0.00	0	0
24 Columbus	*	0	8,845	$0.00	8,845	8,845
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	$0.00	0	0
33 Edgecombe	*	0	5,919	$0.00	5,919	5,919
D7 Foothills			0	$0.00	0	0
34 Forsyth			0	$0.00	0	0
35 Franklin			0	$0.00	0	0
36 Gaston	*	0	100,000	$0.00	100,000	100,000
38 Graham			0	$0.00	0	0
D3 Gran-Vance			0	$0.00	0	0
40 Greene	*	0	625	$0.00	625	625
41 Guilford			0	$0.00	0	0
42 Halifax			0	$0.00	0	0
43 Harnett			0	$0.00	0	0
44 Haywood	*	0	42,875	$0.00	42,875	42,875
45 Henderson			0	$0.00	0	0
47 Hoke			0	$0.00	0	0
48 Hyde			0	$0.00	0	0
49 Iredell	*	0	28,488	$0.00	28,488	28,488
50 Jackson			0	$0.00	0	0

51 Johnston			0	$0.00	0	0
52 Jones			0	$0.00	0	0
53 Lee	*	0	48,077	$0.00	48,077	48,077
54 Lenoir			0	$0.00	0	0
55 Lincoln	*	0	65,176	$0.00	65,176	65,176
56 Macon	*	0	77,595	$0.00	77,595	77,595
57 Madison			0	$0.00	0	0
D4 M-T-W	*	0	1,655	$0.00	1,655	1,655
60 Mecklenburg			0	$0.00	0	0
62 Montgomery			0	$0.00	0	0
63 Moore			0	$0.00	0	0
64 Nash	*	0	99,460	$0.00	99,460	99,460
65 New Hanover	*	0	36,637	$0.00	36,637	36,637
66 Northampton	*	0	1,694	$0.00	1,694	1,694
67 Onslow	*	0	3,125	$0.00	3,125	3,125
68 Orange			0	$0.00	0	0
69 Pamlico	*	0	23,640	$0.00	23,640	23,640
71 Pender			0	$0.00	0	0
73 Person			0	$0.00	0	0
74 Pitt			0	$0.00	0	0
75 Polk	*	0	60,036	$0.00	60,036	60,036
76 Randolph			0	$0.00	0	0
77 Richmond	*	0	16,664	$0.00	16,664	16,664
78 Robeson	*	0	31,251	$0.00	31,251	31,251
79 Rockingham	*	0	40,177	$0.00	40,177	40,177
80 Rowan	*	0	6,403	$0.00	6,403	6,403
82 Sampson	*	0	11,838	$0.00	11,838	11,838
83 Scotland	*	0	98,977	$0.00	98,977	98,977
84 Stanly	*	0	20,200	$0.00	20,200	20,200
85 Stokes			0	$0.00	0	0
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	17,919	$0.00	17,919	17,919
90 Union	*	0	76,541	$0.00	76,541	76,541
92 Wake			0	$0.00	0	0
93 Warren	*	0	39,421	$0.00	39,421	39,421
96 Wayne	*	0	25,723	$0.00	25,723	25,723
97 Wilkes			0	$0.00	0	0
98 Wilson			0	$0.00	0	0
99 Yadkin	*	0	76,247	$0.00	76,247	76,247
00 Yancey			0	$0.00	0	0
Totals			1,395,368	0	1,395,368	1,395,368

Signed by: 7EEF0EDC43664E7...
Sign and Date - DPH Program Administrator
07/22/25 | 9:37 AM EDT

Signed by: 7EEF0EDC43664E7...
Sign and Date - DPH Section Chief
07/22/25 | 9:37 AM EDT

Sign and Date - DPH Budget Office – ATC Coordinator
7/22/2025

Sign and Date - DPH Budget Officer
7/25/25

S H 7/22/2025