

# FORSYTH COUNTY

## BOARD OF COMMISSIONERS

MEETING DATE: APRIL 24, 2017

AGENDA ITEM NUMBER: 8 A&B

**SUBJECT: A. RESOLUTION AUTHORIZING EXECUTION OF NECESSARY DOCUMENTS TO RECEIVE ADDITIONAL FUNDS FROM THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION FOR THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH'S ZIKA VIRUS MOSQUITO CONTROL ACTIVITIES**

**B. AMENDMENT TO THE FY 2016-2017 BUDGET ORDINANCE TO APPROPRIATE ADDITIONAL FUNDS FROM THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION FOR THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH'S ZIKA VIRUS MOSQUITO CONTROL ACTIVITIES**

**(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

**COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:** Recommend Approval

### SUMMARY OF INFORMATION:

Forsyth County has received \$30,833.00 in additional funding from the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section for the Forsyth County Department of Public Health's Zika Virus Mosquito Control Activities to develop capacity to strengthen vector surveillance and control in the County and region. The funding period for these funds is March 1, 2017 through June 30, 2017.

Funds will be used to purchase equipment and supplies needed to support vector surveillance and control, and for travel expenses related to conferences and regional networking events related to the Zika Virus.

The additional \$30,833.00 in non-recurring funds will support the Forsyth County Department of Public Health's Zika Virus Mosquito Control initiatives. Funds must be spent and documentation provided to the State by May 31, 2017 for full reimbursement.

ATTACHMENTS:  YES  NO

SIGNATURE: \_\_\_\_\_

*J. Audrey White, Jr.*  
COUNTY MANAGER

DATE: April 18, 2017

RESOLUTION AUTHORIZING EXECUTION OF NECESSARY DOCUMENTS TO RECEIVE ADDITIONAL FUNDS FROM THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION FOR THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH'S ZIKA VIRUS MOSQUITO CONTROL ACTIVITIES (FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)

BE IT RESOLVED by the Forsyth County Board of Commissioners that the Chairman or County Manager and the Clerk to the Board are hereby authorized to execute necessary documents, on behalf of Forsyth County, and its Department of Public Health, to receive additional funds in the amount of \$30,833 from the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section, for Zika Virus Mosquito Control Activities, subject to a pre-audit certificate thereon, by the County Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

Adopted this the 24th day of April 2017.

FORSYTH COUNTY, NORTH CAROLINA  
AMENDMENT TO  
FY 2016-2017 BUDGET ORDINANCE

FROM: BUDGET & MANAGEMENT

MEETING DATE: April 24, 2017

EXPLANATION:

Forsyth County has received \$30,833.00 in additional funding from the North Carolina Department of Health and Human Services, Division of Public Health, Environmental Health Section for the Forsyth County Department of Public Health's Zika Virus Mosquito Control Activities to develop capacity to strengthen vector surveillance and control in the County and region. The funding period for these funds is March 1, 2017 through June 30, 2017.

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The additional \$30,833.00 in non-recurring funds will support the Forsyth County Department of Public Health's Zika Virus Mosquito Control initiatives. Funds must be spent and documentation provided to the State by May 31, 2017 for full reimbursement.

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BE IT ORDAINED BY THE FORSYTH COUNTY BOARD OF COMMISSIONERS THAT THE 2016-2017 BUDGET ORDINANCE IS HEREBY AMENDED AS FOLLOWS:

DECREASE: SECTION 2. APPROPRIATIONS.  
GENERAL FUND  
PUBLIC HEALTH \$30,833

INCREASE: SECTION 2. APPROPRIATIONS.  
GENERAL FUND  
PUBLIC HEALTH \$30,833

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NATURE OF TRANSACTION:  
 Additional Revenue Available  
 Transfer within Accounts of  
Same fund  
 Other:

APPROVED BY BOARD OF COUNTY  
COMMISSIONERS AND ENTERED ON  
MINUTES DATED \_\_\_\_\_  
AGENDA ITEM NUMBER \_\_\_\_\_

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# Division of Public Health

## Agreement Addendum

### FY 16-17

\_\_\_\_\_  
**Forsyth County Department of Public Health**  
**Local Health Department Legal Name**

\_\_\_\_\_  
**Environmental Health Section**  
**DPH Section / Branch Name**

\_\_\_\_\_  
 908 Zika Virus Mosquito Control  
**Activity Number and Description**

\_\_\_\_\_  
 Larry Michael (919) 707-5858  
 larry.michael@dhhs.nc.gov

\_\_\_\_\_  
**DPH Program Contact**  
 (name, telephone number with area code, and email)

\_\_\_\_\_  
 03/01/2017 – 05/31/2017  
**Service Period**

\_\_\_\_\_  
**DPH Program Signature** **Date**  
 (only required for a negotiable agreement addendum)

\_\_\_\_\_  
 04/01/2017 – 06/30/2017  
**Payment Period**

- Original Agreement Addendum**  
 **Agreement Addendum Revision #**   1   (Please do not put the Budgetary Estimate revision # here.)

- I. Background:** No change.
- II. Purpose:**  
 This Agreement Addendum Revision #1 provides additional funding for nine local health departments for travel expenses associated with the work as defined in Section III below.
- III. Scope of Work and Deliverables:**  
*This Agreement Addendum Revision #1 adds Paragraphs 10 and 11 to A. Vector Surveillance, as follows:*
- 10. Travel to conferences and regional networking events, such as participating in North Carolina Mosquito and Vector Control Association training and events.
  - 11. Travel to neighboring counties in order to set up mosquito control programs, train staff, and provide consultation on trapping sites.
- IV. Performance Measures/Reporting Requirements:** No change.
- V. Performance Monitoring and Quality Assurance:** No change.
- VI. Funding Guidelines or Restrictions:** No change.

Health Director Signature	(use blue ink)	Date						
<table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">Local Health Department to complete: (If follow-up information is needed by DPH)</td> <td style="width: 65%;">LHD program contact name: _____</td> </tr> <tr> <td></td> <td>Phone number with area code: _____</td> </tr> <tr> <td></td> <td>Email address: _____</td> </tr> </table>			Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____		Phone number with area code: _____		Email address: _____
Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____							
	Phone number with area code: _____							
	Email address: _____							

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

**FY17 Activity:** 908 Zika Virus Mosquito Control

**Supplement 1**

Supplement reason:  In AA+BE or AA+BE Rev  -OR-  -

CFDA # 93.322 Federal awd date: 08/01/16 Is award R&D no FAIN: NU50CK000384 Total amount of fed awd: \$ 3,193,322

CFDA Epidemiology and Laboratory Capacity for Prevention and Control of Infectious Diseases (ELC) Fed award project description: North Carolina Affordable Care Act Proposal for Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity

Fed awarding agency: DHHS, Centers for Disease Control and Prevention Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fec funds for this Supplement	Total All fec funds for this Activity	Subrecipient	Subrecipient DUNS	Fec funds for this Supplement	Total All fec funds for this Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	11,111	11,111	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Anson	847163029	=	=	Lee	067439703	=	=
Appalachian	780131541	=	=	Lenoir	042789748	=	=
Beaufort	091567776	=	=	Lincoln	086869336	=	=
Bladen	084171628	=	=	Macon	070626825	=	=
Brunswick	091571349	=	=	Madison	831052873	=	=
Buncombe	879203560	=	=	MTW	087204173	=	=
Burke	883321205	=	=	Mecklenburg	074498353	11,111	11,111
Cabarrus	143408289	=	=	Montgomery	025384603	=	=
Caldwell	948113402	=	=	Moore	050988146	=	=
Carteret	058735804	11,111	11,111	Nash	050425677	=	=
Caswell	077846053	=	=	New Hanover	040029563	11,111	11,111
Catawba	083677138	=	=	Northampton	097594477	=	=
Chatham	131356607	=	=	Onslow	172663270	=	=
Cherokee	130705072	=	=	Orange	139209659	=	=
Clay	145058231	=	=	Pamlico	097600456	=	=
Cleveland	879924850	=	=	Pender	100955413	=	=
Columbus	040040016	=	=	Person	091563718	=	=
Craven	091564294	=	=	Pitt	080889694	11,111	11,111
Cumberland	123914376	=	=	Randolph	027873132	=	=
Dare	082358631	=	=	Richmond	070621339	=	=
Davidson	077839744	=	=	Robeson	082367871	=	=
Davie	076526651	=	=	Rockingham	077847143	=	=
Duplin	095124798	=	=	Rowan	074494014	=	=
Durham	088564075	=	=	RPM	782359004	=	=
Edgecombe	093125375	=	=	Sampson	825573975	=	=
Forsyth	105316439	11,111	11,111	Scotland	091564146	=	=
Franklin	084168632	=	=	Stanly	131060829	=	=
Gaston	071062186	=	=	Stokes	085442705	=	=
Graham	020952383	=	=	Surry	077821858	=	=
GranvilleVance	063347626	=	=	Swain	146437553	=	=
Greene	091564591	=	=	Toe River	113345201	=	=
Guilford	071563613	=	=	Transylvania	030494215	11,111	11,111
Halifax	014305957	=	=	Union	079051637	=	=
Harnett	091565986	=	=	Wake	019625961	11,111	11,111
Haywood	070620232	11,111	11,111	Warren	030239953	=	=
Henderson	085021470	=	=	Wayne	040036170	=	=
Hertford	627320971	=	=	Wilkes	067439950	=	=
Hoke	091563643	=	=	Wilson	075585695	=	=
Hyde	832526243	=	=	Yadkin	089910624	=	=
Iredell	074504507	=	=				

DPH-Aid-To-Counties

For Fiscal Year: 16/17

Budgetary Estimate Number : 1

Activity 908	AA	1153 4801 00	1175 4896 HJ	Proposed Total	New Total
<b>Service Period</b>		03/01-05/31	03/01-05/31		
<b>Payment Period</b>		04/01-06/30	04/01-06/30		
01 Alamance		0	0	0	0
D1 Albemarle	* 1	0	11,111	11,111	30,834
02 Alexander		0	0	0	0
04 Anson		0	0	0	0
D2 Appalachian		0	0	0	0
07 Beaufort		0	0	0	0
09 Bladen		0	0	0	0
10 Brunswick		0	0	0	0
11 Buncombe		0	0	0	0
12 Burke		0	0	0	0
13 Cabarrus		0	0	0	0
14 Caldwell		0	0	0	0
16 Carteret	* 1	0	11,112	11,112	30,834
17 Caswell		0	0	0	0
18 Catawba		0	0	0	0
19 Chatham		0	0	0	0
20 Cherokee		0	0	0	0
22 Clay		0	0	0	0
23 Cleveland		0	0	0	0
24 Columbus		0	0	0	0
25 Craven		0	0	0	0
26 Cumberland		0	0	0	0
28 Dare		0	0	0	0
29 Davidson		0	0	0	0
30 Davie		0	0	0	0
31 Duplin		0	0	0	0
32 Durham		0	0	0	0
33 Edgecombe		0	0	0	0
34 Forsyth	* 1	0	11,111	11,111	30,833
35 Franklin		0	0	0	0
36 Gaston		0	0	0	0
38 Graham		0	0	0	0
D3 Gran-Vance		0	0	0	0
40 Greene		0	0	0	0
41 Guilford		0	0	0	0
42 Halifax		0	0	0	0
43 Harnett		0	0	0	0
44 Haywood	* 1	0	11,111	11,111	30,833
45 Henderson		0	0	0	0
46 Hertford		0	0	0	0
47 Hoke		0	0	0	0
48 Hyde		0	0	0	0
49 Iredell		0	0	0	0

50 Jackson			0	0	0	0
51 Johnston			0	0	0	0
52 Jones			0	0	0	0
53 Lee			0	0	0	0
54 Lenoir			0	0	0	0
55 Lincoln			0	0	0	0
56 Macon			0	0	0	0
57 Madison			0	0	0	0
D4 M-T-W			0	0	0	0
60 Mecklenburg	*	1	0	11,111	11,111	30,833
62 Montgomery			0	0	0	0
63 Moore			0	0	0	0
64 Nash			0	0	0	0
65 New Hanover	*	1	0	11,111	11,111	30,833
66 Northampton			0	0	0	0
67 Onslow			0	0	0	0
68 Orange			0	0	0	0
69 Pamlico			0	0	0	0
71 Pender			0	0	0	0
73 Person			0	0	0	0
74 Pitt	*	1	0	11,111	11,111	30,833
76 Randolph			0	0	0	0
77 Richmond			0	0	0	0
78 Robeson			0	0	0	0
79 Rockingham			0	0	0	0
80 Rowan			0	0	0	0
D5 R-P-M			0	0	0	0
82 Sampson			0	0	0	0
83 Scotland			0	0	0	0
84 Stanly			0	0	0	0
85 Stokes			0	0	0	0
86 Surry			0	0	0	0
87 Swain			0	0	0	0
D6 Toe River			0	0	0	0
88 Transylvania	*	1	0	11,111	11,111	30,834
90 Union			0	0	0	0
92 Wake	*	1	0	11,111	11,111	30,833
93 Warren			0	0	0	0
96 Wayne			0	0	0	0
97 Wilkes			0	0	0	0
98 Wilson			0	0	0	0
99 Yadkin			0	0	0	0
Totals			0	100,000	100,000	277,500

Sign and Date - DPH Program Administrator <i>Lena Williams</i> 02-23-17	Sign and Date - DPH Section Chief <i>James M. ...</i> 2-23-17
Sign and Date - DPH Contracts Office <i>Michelle Miller</i> 2-23-17	Sign and Date - DPH Budget Officer <i>...</i> 2/24/17

⑤ 2/24/17

# Division of Public Health

## Agreement Addendum

### FY 16-17

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

Environmental Health Section  
**DPH Section / Branch Name**

908 Zika Virus Mosquito Control  
**Activity Number and Description**

Larry Michael (919) 707-5858  
larry.michael@dhhs.nc.gov

**DPH Program Contact**  
 (name, telephone number with area code, and email)

03/01/2017 – 05/31/2017  
**Service Period**

**DPH Program Signature** **Date**  
 (only required for a negotiable agreement addendum)

04/01/2017 – 06/30/2017  
**Payment Period**

- Original Agreement Addendum**  
 **Agreement Addendum Revision #** \_\_\_\_ (Please do not put the Budgetary Estimate revision # here.)

**I. Background:**

To prepare for the possible arrival of the Zika virus in North Carolina, and for the ongoing challenges of other vector-borne diseases, it is imperative to give front line environmental health professionals the tools to identify and control vector insects in their jurisdictions. To this end the North Carolina Department of Health and Human Services (NCDHHS) Environmental Health Branch has determined to fund ten health departments across the state to serve as regional centers of expertise.

**II. Purpose:**

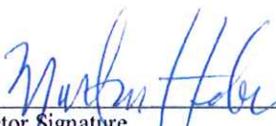
This Agreement Addendum provides funding for ten local health departments to become regional experts on mosquito surveillance and control, and to develop capacity to strengthen vector surveillance and control in their areas. This will allow them to lead efforts in their region, and aid other local health departments with vector surveillance and control when needed.

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

The Local Health Department shall perform one or more of the following three activities:

**A. Vector Surveillance**

1. Conduct mosquito surveillance using methodologies, including light traps, Biogent's BG Sentinels traps, ovitraps, gravid, or other traps approved by the Division of Public Health. Mosquitoes are to be collected at least once every two weeks, preferably weekly. Collected mosquitoes are to be identified by species and species counts recorded.

  
 Health Director Signature (use blue ink)

2/6/17  
 Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____ Phone number with area code: _____ Email address: _____
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**Signature on this page signifies you have read and accepted all pages of this document.**

2. Conduct tick surveillance using standard methodologies (tick drags or counts) with species identified and species counts recorded.
3. Pathogen testing may also be performed on mosquito and tick specimens, as determined in consultation with the State Public Health Entomologist.
4. Conduct Insecticide Resistance Testing (e.g., CDC Bottle Bioassay method [https://www.cdc.gov/parasites/education\\_training/lab/bottlebioassay.html](https://www.cdc.gov/parasites/education_training/lab/bottlebioassay.html)).
5. Purchase surveillance equipment, including traps and laboratory equipment (such as microscopes and bioassay bottles) and additional trapping or testing supplies (such as dry ice or other equipment) as has been approved by the State Public Health Entomologist.
6. Train its own and other local health departments' staff for mosquito and tick identification.
7. Conduct and sponsor surveillance using tools such as participation in the Invasive Mosquito Project (<http://www.citizenscience.us/imp/>), as has been approved by the State Public Health Entomologist
8. Subcontract with external partners (e.g., university partners) to conduct vector surveillance activities on behalf of the Local Health Department, following the same methods as described in this Agreement Addendum.
9. Aid other local health departments performing mosquito or other vector surveillance activities. This includes providing technical expertise and consultation on methods and best practices.

#### **B. Vector Control**

1. Purchase equipment and supplies (e.g., backpack and trailer-mounted barrier sprayers, lethal ovitraps, ATSB [attractive toxic sugar bait] traps, larvicides, adulticides, mapping and data collection tools) for conducting vector control activities, as has been approved by the State Public Health Entomologist
2. Train for vector control activities.
3. Calibrate and repair of existing equipment, as long as the equipment can be used for mosquito control activities.
4. Establish vector control programs or contracts.
5. Aid other local health departments performing mosquito or other vector control activities. This includes providing technical expertise and consultation on methods and best practices.

#### **C. Education**

1. Educate the public about tick and mosquito bite avoidance using educational and public health campaigns designed by the Local Health Department or adapted for Local Health Department use from other sources (e.g., AMCA, CDC, PAHO, WHO). Educational information can be provided to the public via printed leaflets or flyers, billboards, radio advertisements, or other methods deemed most effective by the Local Health Department. The majority of the educational information shall be in English and Spanish, and also may be in another language of importance in the area.

2. Educate the public about specific diseases of importance in its geographic area such as Zika, West Nile Virus, Eastern Equine Encephalitis, and Lacrosse encephalitis.
3. Aid other local health departments in their education efforts by providing educational materials and other assistance.

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

**A. Vector Surveillance**

The Local Health Department shall:

1. Report all mosquito and tick trapping data to the State Public Health Entomologist at least monthly on a standard form (to be provided to the Local Health Department by March 2017). Alternative data formats are acceptable if the following surveillance information is included:
  - a. Type of traps and lures
  - b. Location of traps (e.g., GPS coordinates, Google Earth files, shapefiles)
  - c. Number of traps, and number of nights of trapped (i.e., "traps per night")
  - d. Total number of vectors captured, and
  - e. Breakdown by species.
2. Submit specimens for verification to one of the university partners if the Local Health Department identifies *Aedes aegypti* mosquitoes (adult or larva).
3. Submit a summary data package to the State Public Health Entomologist by June 15, 2017. This package shall include the surveillance information listed in Paragraphs A.1.a through A.1.e above.
4. Provide to the DPH Program Contact and the State Public Health Entomologist, by June 15, 2017, a written description to summarize each of the following items:
  - a. the methods used to do surveillance
  - b. results of any pathogen testing
  - c. results of any Insecticide Resistance Testing
  - d. surveillance equipment or testing supplies purchased
  - e. mosquito and tick identification training methods
  - f. Invasive Mosquito Project involvement
  - g. Funding of external partners (e.g., university partners) to conduct vector surveillance activities
  - h. Aid provided to other local health departments performing mosquito or other surveillance activities.

**B. Vector Control**

The Local Health Department shall:

1. Submit to the DPH Program Contact, by June 15, 2017, a written description to summarize each of the following items:
  - a. Vector control equipment and supplies purchased
  - b. Training for vector control activities
  - c. Equipment calibration and repair activities
  - d. Vector control programs or contracts.
  - e. Aid other local health departments performing mosquito or other vector control activities.

**C. Education**

The Local Health Department shall:

1. Provide copies of all materials created to the State Public Health Entomologist and to the DPH Program Contact within ten days of the materials' production. Such materials include but are not limited to fliers, school outreach materials, and social media recordings such as videos.
2. Provide electronic copies of all new educational materials and submit a report monthly to the State Public Health Entomologist and to the DPH Program Contact to include:
  - a. A list of what educational materials were created
  - b. Numbers of materials distributed
  - c. Number of billboards
  - d. Number of radio spots
  - e. Number of online postings.
3. Submit a one-page description of the methods used to distribute the materials, the approximate volume distributed, and the results of the educational efforts, to the DPH Program Contact. This shall be submitted by June 15, 2017.

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

The State Public Health Entomologist shall review the monthly surveillance reports for accuracy and completeness. Missing or incomplete data will be addressed with individual counties via phone conference or site visit. Complications will be addressed by the entomologist on a case by case basis. Failure to provide complete data may result in a corrective action plan being issued and could result in loss of future funding.

**VI. Funding Guidelines or Restrictions:**

- A. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  1. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AA) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  2. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the LHD throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
- B. Travel and associated costs for providing training for other local health departments' staff are acceptable uses of these funds.
- C. Travel and associated costs for providing vector surveillance and control training are acceptable uses of these funds.

REC'D 07 2017

DPH-Aid-To-Counties

For Fiscal Year: 16/17

Budgetary Estimate Number : 0

Activity 908	AA	1153 4801 00	Proposed Total	New Total
Service Period		03/01-05/31		
Payment Period		04/01-06/30		
01 Alamance		0	0	0
D1 Albemarle	* 0	19,723	19,723	19,723
02 Alexander		0	0	0
04 Anson		0	0	0
D2 Appalachian		0	0	0
07 Beaufort		0	0	0
09 Bladen		0	0	0
10 Brunswick		0	0	0
11 Buncombe		0	0	0
12 Burke		0	0	0
13 Cabarrus		0	0	0
14 Caldwell		0	0	0
16 Carteret	* 0	19,722	19,722	19,722
17 Caswell		0	0	0
18 Catawba		0	0	0
19 Chatham		0	0	0
20 Cherokee		0	0	0
22 Clay		0	0	0
23 Cleveland		0	0	0
24 Columbus		0	0	0
25 Craven		0	0	0
26 Cumberland		0	0	0
28 Dare		0	0	0
29 Davidson		0	0	0
30 Davie		0	0	0
31 Duplin		0	0	0
32 Durham		0	0	0
33 Edgecombe		0	0	0
34 Forsyth	* 0	19,722	19,722	19,722
35 Franklin		0	0	0
36 Gaston		0	0	0
38 Graham		0	0	0
D3 Gran-Vance		0	0	0
40 Greene		0	0	0
41 Gullford		0	0	0
42 Halifax		0	0	0
43 Harnett		0	0	0
44 Haywood	* 0	19,722	19,722	19,722
45 Henderson		0	0	0
46 Hertford		0	0	0
47 Hoke		0	0	0
48 Hyde		0	0	0
49 Iredell		0	0	0
50 Jackson		0	0	0

51 Johnston		0	0	0
52 Jones		0	0	0
53 Lee		0	0	0
54 Lenoir		0	0	0
55 Lincoln		0	0	0
56 Macon		0	0	0
57 Madison		0	0	0
D4 M-T-W		0	0	0
60 Mecklenburg	* 0	19,722	19,722	19,722
62 Montgomery		0	0	0
63 Moore		0	0	0
64 Nash		0	0	0
65 New Hanover	* 0	19,722	19,722	19,722
66 Northampton		0	0	0
67 Onslow		0	0	0
68 Orange		0	0	0
69 Pamlico		0	0	0
71 Pender		0	0	0
73 Person		0	0	0
74 Pitt	* 0	19,722	19,722	19,722
76 Randolph		0	0	0
77 Richmond		0	0	0
78 Robeson		0	0	0
79 Rockingham		0	0	0
80 Rowan		0	0	0
D5 R-P-M		0	0	0
82 Sampson		0	0	0
83 Scotland		0	0	0
84 Stanly		0	0	0
85 Stokes		0	0	0
86 Surry		0	0	0
87 Swain		0	0	0
D6 Toe River		0	0	0
88 Transylvania	* 0	19,723	19,723	19,723
90 Union		0	0	0
92 Wake	* 0	19,722	19,722	19,722
93 Warren		0	0	0
96 Wayne		0	0	0
97 Wilkes		0	0	0
98 Wilson		0	0	0
99 Yadkin		0	0	0
Totals		177,500	177,500	177,500

Sign and Date - DPH Program Administrator <i>Lena Williams</i> 01-25-17	Sign and Date - DPH Section Chief <i>Joyce A. Michel</i> 1-25-17
Sign and Date - DPH Contracts Office <i>[Signature]</i> 1/25/17	Sign and Date - DPH Budget Officer <i>[Signature]</i> 1/26/17

*[Signature]* 1/27/17