FORSYTH COUNTY BOARD OF COMMISSIONERS

MEETING DATE: OCTOBER 22, 2020

BRIEFING DRAFT

AGENDA ITEM NUMBER:

SUBJECT: AMENDMENT TO THE FY 2020-2021 BUDGET ORDINANCE TO INCREASE REVENUES AND APPROPRIATIONS FOR THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH DUE TO ADDITIONAL FUNDING FOR COVID-19 RELATED ACTIVITIES FROM THE NORTH CAROLINA DEPARTMENT OF **HEALTH AND HUMAN SERVICES** COUNTY MANAGER'S RECOMMENDATION OR COMMENTS: **SUMMARY OF INFORMATION:** This Budget Ordinance Amendment creates an appropriation for the Forsyth County Department of Public Health arising from additional funding from the North Carolina Department of Health and Human Services. Pursuant to North Carolina Division of Public Health Agreement Addendum, the Forsyth County Department of Public Health will receive additional funds of \$430,687. These funds are to be used by the Department of Public Health for COVID-19 related activities such as staffing support related to infection control services, environmental health services related to infection prevention and control, technological needs for providing telehealth services, testing, investigation, contact tracing, infection-control training, disinfection of public areas and facilities, purchase of personal protective equipment, and COVID-19 infection control related medical expenses. ATTACHMENTS: x yes SIGNATURE: COUNTYMANAGER

FORSYTH COUNTY, NORTH CAROLINA AMENDMENT TO 2020-2021 BUDGET ORDINANCE

FROM: BUDGET & MANAGEMENT MEETING DATE: October 22, 2020

EXPLANATION:

This Budget Ordinance Amendment creates an appropriation for the Forsyth County Department of Public Health arising from additional funding from the North Carolina Department of Health and Human Services. Pursuant to North Carolina Division of Public Health Agreement Addendum, the Forsyth County Department of Public Health will receive additional funds of \$430,687. These funds are to be used by the Department of Public Health for COVID-19 related activities such as staffing support related to infection control services, environmental health services related to infection prevention and control, technological needs for providing telehealth services, testing, investigation, contact tracing, infection-control training, disinfection of public areas and facilities, purchase of personal protective equipment, and COVID-19 infection control related medical expenses.

BE IT ORDAINED BY THE FORSYTH COUNTY BOARD OF COMMISSIONERS THAT THE FISCAL YEAR 2020-2021 BUDGET ORDINANCE IS HEREBY AMENDED AS FOLLOWS:

INCREASE:

SECTION 1. REVENUES.

GENERAL FUND

INTERGOVERNMENTAL

\$430,687

INCREASE:

SECTION 2. APPROPRIATIONS.

GENERAL FUND PUBLIC HEALTH

\$430.687

Same fund [] Other: MINUTES DATED AGENDA ITEM NUMBER [] 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 20-21

	Page 1 of 3
Foreuth County Demonstrated S.D. 111 V.	Administrative, Local, and Community Support /
Forsyth County Department of Public Health	Local Technical Assistance and Training (LTAT)
Local Health Department Legal Name	DPH Section / Branch Name
115 COVID 10 LC	Susan Little, 919-215-4471
115 COVID-19 Infection Prevention Support	susan.little@dhhs.nc.gov
Activity Number and Description	DPH Program Contact
	(name, phone number, and email)
07/01/2020 - 12/30/2020	m /o
Service Period	n/a DPH Program Signature
00/01/0000	DPH Program Signature (only required for a negotiable agreement addendum)
09/01/2020 - 01/31/2021	(they require for a <u>negotiable</u> agreement addendum)
Payment Period	
Original Agreement Addendum	
Agreement Addendum Revision #	
available under the COVID-19 Recovery Legithat is consistent with the authorizing federal I health and economic well-being of North Card Fund (CRF) was established. The primary purpose of the CRF is to provide effects of COVID-19. These funds were provide provide flexible funds for local health departm II. Purpose:	d Session Law 2020-4 (H1043) to fulfill their constitutional all CARES Act funds appropriated or otherwise made dislation, and to direct the use of those funds in a manner legislation and that responsibly provides for the public olina. Through this legislation, the Coronavirus Relief and assistance from the dided to the Department of Health and Human Services to ments to support infection-prevention related activities.
prevention during the COVID-19 pandemic.	al Health Department's ability to support infection
infection-related expenditures may include, infection control services or programs, envi	alth Department (LHD) to support any locally identified vention, through any public health program. Examples of the but are not limited to, staffing support related to irronmental health services related to infection prevention logical needs including those for providing telehealthing, infection-control training, disinfection of public areas
Health Director Signature (use blue ink)	9/14/2020
Land Hash Pa	Date
(If follow-up information is needed by DPH) LHD program contains the complete: Phone number with Email address:	area code: 3 2/ , 203 3/0
Signature on this page similar	J. C. T. S. T. T. C.

and facilities, purchase of personal protective equipment, COVID-19 infection control related medical expenses including clinical care, and infection prevention capital improvements directly related to the COVID-19 public health emergency.

2. Infection prevention and related activities must support standardized infection control basic principles as described in the NC DHHS COVID-19 Guidance found here: https://covid19.ncdhhs.gov/guidance

IV. Performance Measures/Reporting Requirements:

1. Performance Measure

100% of LHD funds expensed will be for the specific purpose of infection prevention and related support activities.

2. Reporting Requirements

The LHD shall provide Infection Prevention Reports for Activity 115 COVID-19 Infection Prevention Support which detail and justify how the funds were allocated to infection-prevention related activities. The LHD must provide monthly Infection Prevention Reports using the attached templates, C-1 and C-2 as mandated by the NC Pandemic Relief Office according to the following schedule:

Report Period	Report Submission Deadline
July 2020 - August 2020 (2 months)	September 15, 2020
September 2020	October 15, 2020
October 2020	November 16, 2020
November 2020	December 15, 2020
December 2020	January 15, 2021

Email reports to: Beth Murray beth.murray@dhhs.nc.gov and copy Jeneen Preciose jeneen.preciose@dhhs.nc.gov and Pat Ward pat.ward@dhhs.nc.gov.

V. Performance Monitoring and Quality Assurance:

Performance will be monitored by the LTAT Branch Head by a review of the Activity 115 Infection Prevention Reports. If additional information is required, a phone conference will be conducted.

VI. Funding Guidelines or Restrictions:

- 1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 Requirements for pass-through entities, the Division of Public Health provides Federal Award Reporting Supplements to the LHD receiving federally funded Agreement Addenda.
 - a. 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 funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health 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 LHD 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.

- Any infection prevention capital improvement directly related to the COVID-19 public health emergency must receive preapproval from DPH Program Contact, Susan Little, in writing prior to expending.
- 3. The following is a nonexclusive list of costs that would not be eligible expenditures:
 - a. Administrative costs. Neither indirect costs nor allocated overhead are allowable costs. All salary expenses for permanent employees must be direct expensed.
 - b. Lobbying. Federally funded lobbying, either directly or indirectly (i.e., "grassroots" lobbying), is prohibited by law.
 - c. Expenses for the State share of Medicaid.
 - d. Damages covered by insurance.
 - e. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
 - f. Expenses that have been or will be reimbursed under any federal program.
 - g. Reimbursement to donors for donated items or services.
 - h. Workforce bonuses other than hazard pay or overtime.
 - i. Severance pay.
 - j. Legal settlements.
 - k. Elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death.
 - i. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
 - ii. Furthermore, no government which receives payments from the Coronavirus Relief Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.
- 4. The final drawdown of funds for services performed through December 30, 2020 request must be submitted in the Aid-to-Counties database no later than 01/15/2021.

Attachment C-1 Covid-19 Grant Project Status Report

Before it will be possible to make any disbursement, you are required to provide to the Agency the status towards the specific purpose as stated in the grant contract. This report is to be completed by the grant recipient and each subrecipient. The grant recipient is to ensure all subrecipients' reports are to be included with cost reimbursement requests.

Organization Name		
Contract Agreement Number		
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. Financial Summary		
	Total Funding	
Total Funding Authorized	Received to	Balance
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essary.	ecipient's scope of w	ant contract. The description should include activities and progr ork and outcomes of that work. Attach additional documents
Descriptive summary of how the	he funds were used incl	nding and the deliteration of the second
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I certify that funds referenced in this document were used in accordance	
with applicable laws and regulations; and the terms and conditions as	
stated in any contracts, agreements, or use of allocated funds between the State of North Carolina.	A1
the State of North Carolina.	Signature:
	Name: Title:
	Phone:
	Email:

ATTACHMENT C-2: NCPRO Coronavirus grant Monthly Reimbursement Request

Attachment C-1 must accompany this form.

				A STATE OF THE STA		
NAME OF RECIPIENT ORGANIZATION:	Contract Agreement Number	Total Funding Authorized by HB 1043:	Advance	July Reimbursement Request (Details in Part B)	August Reimbursement Request (Details in Part B)	September Reimbursement Request (Details in Part B
			N/A			

Point of Contact Name	Point of Contact	Point of Contact	Point of Contact
	Title	Email	Phone Number

PLEASE REMEMBER INDIRECT COST ALLOCATION AND PERCENTAGE OF ADMINISTRATION COST ARE UNALLOV

PART B: Detailed Expense (In lieu of completing Part B manually, detailed information can be exported from your systems in

Recipient Name or Subrecipent Name	Date of Invoice, payroll, or service,	Employee Name or Vendor Name or Contractor	Employee ID Number or Invoice Number	Employee Title or Description of Item Puchased	Required Monthly Hours Worked or Total invoice Amount	Actual Employee Hours Dedicated to COVID or Invoice Quantity or # of Patients Served

October Reimbursement Request (Details in Part B)	November Relmbursement Request (Details in Part B)	December Reimbursement Request (Details in Part B)	January Reimbursement Request for December Expenses (Details in Part B)	Total Received to Date
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Excel or .CSV form	mat, however,	at minimum, the	requested fie	ds must be pro	vided)			
Employee Expenses (Payroll and benefits cost for employee that are dedicated to COVID-	Contracted Labor Expenses	Other Service Expenses (e.g. utilities, telephone, data, lease related expenses)	Subcontract Expenses (e.g. construction, maintenance)	Goods Expenses (e.g. Supplies, PPE)	Equipment Expenses	Other Expenses (e.g. related charges not assigned in columns H-M and described by recipient, such as, patient services)	TOTA Expendit	
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					(2019-2020)		of fed awd:	V
CFDA Construir	a Sinkaf Sund		Fed award project description:		Coronavirus Aid to States)	, Relief, and Ec	onomic Security Act, Co	rronavirus Relief Funds
name: Coronaviro	s Relief Fund		Fed awarding U.S	S. Treasur,	,		deral award NC Di- direct cost rate: Subav	IHS limited to: 0% vardee limited to: 0%
Subrecipient	Subrecipient DUNS This	Fed funds for Supplement	Total of All Fed Fur for This Activ	S1	ubrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Fund for This Activit
Alamance	965194483	20185	20185	57 Ja	ackson	019728518	67821	
Albemarie	130537822	33581	33581	L3 14	hnston	097599104	238037	
Alexander	030495105	6180	6180)1. Jo	ones	095116935	31127	
Anson	847163029	4759	4759	98 L	ee	067439703	86438	
Appalachian	780131541	16487	16487	71 L	enoir	042789748	82049	
Seaufort	091567776	7181	7181	ii u	incoln	086869336	112491	
Bladen	084171628	5772	5772	23 N	facon	070626825	59398	
Brunswick	091571349	16962			fadison	831052873	44403	
Buncombe	879203560	30490			1TW	087204173	103301	
Burke	883321205	11975			lecklenburg	074498353	1207750	
Cabarrus	143408289	24825		theorem	fontgomery	025384603	50144	
Caldwell	948113402	11089			loore	050988146	128467	
Carteret	058735804	9715			ash	050425677	124033	
Caswell	077846053	4584		-	ew Hanover	040029563	273459	
Catawba	083677138	19295			orthampton	097594477		
Chatham	131356607	10104			nslow	172663270	42501	
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Davidson	077839744	20344			ichmond	027873132 070 6 21339	177244	
Davie	076526651	6690		_	obeson		69327	
Duplin	095124798	8523			ockingham	082367871 077847143	163619	
Durham	088564075	35958			owan	074494014	120125	
Edgecombe	093125375	7753		-			174753	
Foothills	782359004	165286		_	ampson cotland	825573975	89940	
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Franklin	084168632				anly	131060829	89112	
Gaston	071062186	94224			okes	085442705	70716	
Graham				-	ırry	077821858	99920	
Granville-Vance	020952383	29479			wain	146437553	35761	
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Greene	091564591	4294			ransylvania	030494215	58322	
Guilford	071563613	60314		-	nion (also	079051637	273696	
Halifax	014305957	76260			/ake	019625961	1187939	
Harnett	091565986	16533			/arren	030239953	41899	
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Henderson	085021470	147530		Albreno -	/ilkes	067439950	96298	
Hoke	091563643	78923	7892	:5 W	/ilson	075585695	109433	109433
Hyde	832526243	25673	2567	101	adkin	089910624	61580	61580

For	Fiscal	Year:	20/21

Activity 115	ITI-	1175		
ractivity 115		4026		
		HN		
	AA	1114	Proposed	New
Service Period		07/01-12/30	Total	Total
Payment Period		08/01-01/31		
01 Alamance	* 0	201,857	201,857	201.857
D1 Albemarie	*0	335.813	335.813	335,813
02 Alexander	* 0	61,801	61,801	61,801
04 Anson	* 0	47,598	47,598	47.598
D2 Appalachian	* 0	164,871	164,871	164,871
07 Beaufort	* O	71,811	71,811	71,811
09 Bladen	*0	57,723	57,723	57,723
10 Brunswick	*0	169,625	169,625	169,625
11 Buncombe	*0	304,908	304,908	304,908
12 Burke	*0	119,750	119,750	119,750
13 Cabarrus	*0	248,252	248,252	248,252
14 Caldwell	*0	110,898	110,898	110,898
16 Carteret	* 0	97,153	97.153	97,153
17 Caswell	*0	45,842	45,842	45,842
18 Catawba	*0	192,957	192,957	192,957
19 Chatham	*0	101,047	101,047	101,047
20 Cherokee	*0	51,949	51,949	51,949
22 Clay	*0	32,723	32,723	31,723
23 Cleveland	* 0	128,195	128,195	128,195
24 Columbus	* 0	81,577	81,577	81,577
25 Craven	*0	133,055	133,055	133,055
26 Cumberland	*0	382,064	382,064	382,064
28 Date	*0	60,376	60,376	60,376
29 Davidson	* 0	203,445	203,445	203,445
30 Davie	* 0	66,901	66,901	66,901
31 Duplin	* 0	85,231	85,231	85,231
32 Durham	*0	359,582	359,582	359.582
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50 Jackson * 0 67,821 67,821 67,821 67,821 51 Johnston * 0 238,037 31,127 31,112 </td <td>48 Hyde</td> <td>* 0</td> <td>25,673</td> <td>25,673</td> <td>25.673</td>	48 Hyde	* 0	25,673	25,673	25.673
51 Johnston * 0 238,037	49 Iredell	*0	215,054	215,054	215.054
52 Jones * 0 31,127 31.127 31.127 53 Lee * 0 86,438 86,438 86,43 54 Lenoir * 0 82,049 82,049 82,04 55 Lincoln * 0 112,491 112,491 112,491 56 Macon * 0 59,398 59,398 59,398 57 Madison * 0 44,403 44,403 44,403 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 128,467 128,467 128,467 64 Nash * 0 124,033 124,033 124,033	50 Jackson	* 0	67,821	67.821	67.821
53 Lee * 0 86.438	51 Johnston	* 0	238,037	138,037	238.037
54 Lenoir * 0 82,049 82,049 82,049 55 Lincoln * 0 112,491 112,491 112,491 56 Macon * 0 59,398 59,398 59,398 57 Madison * 0 44,403 44,403 44,403 D4 M-T-W * 0 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 50,144 50,144 50,144 63 Moore * 0 128,467 128,467 128,46 64 Nash * 0 124,033 124,033 124,033	52 Jones	* 0	31,127	31.127	31.127
55 Lincoln * 0 112,491 112,491 112,491 56 Macon * 0 59,398 59,398 59,398 57 Madison * 0 44,403 44,403 44,40 D4 M-T-W * 0 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 50,144 50,144 50,14 63 Moore * 0 128,467 128,467 128,46 64 Nash * 0 124,033 124,033 124,033	53 Lee	*0	86.438	86,438	86,438
56 Macon * 0 59,398	54 Lenoir	* 0	82,049	82,049	82,049
57 Madison * 0 44,403 44,403 44,403 44,403 D4 M-T-W * 0 103,301 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 50,144 50,144 50,144 63 Moore * 0 128,467 128,467 128,467 64 Nash * 0 124,033 124,033 124,033	55 Lincoln	* 0	112,491	112,491	112,491
D4 M-T-W * 0 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 50,144 50,144 50,14 63 Moore * 0 128,467 128,467 128,46 64 Nash * 0 124,033 124,033 124,033	56 Macon	* 0	59,398	59.398	59.398
60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 50,144 50,144 50,14 63 Moore * 0 128,467 128,467 128,46 64 Nash * 0 124,033 124,033 124,033	57 Madison	* 0	44,403	44,403	44,403
62 Montgomery * 0 50,144 50.14 50.14 63 Moore * 0 128,467 128,467 128,467 64 Nash * 0 124,033 124,033 124,03	D4 M-T-W	* 0	103,301	103,301	103_301
63 Moore * 0 128,467 128,467 128,467 64 Nash * 0 124,033 124,033 124,03	60 Mecklenburg	* 0	1,207,755	1,207,755	1,207,755
64 Nash * 0 124,033 124.033 124.03	62 Montgomery	* 0	50,144	50.144	50,144
	63 Moore	* 0	128,467	128,467	128,467
65 New Handrat # 0 272 450 273 450 273 450	64 Nash	* 0	124,033	124.033	124,033
	65 New Hanover	* 0	273,459	273.459	273,459
	66 Northampton		42,501	42,501	42,501
67 Onslow * 0 236,891 236,891 236,89	67 Onslow	* 0	236,891	236,891	236,891
68 Orange * 0 178,869 178,869 178,86	68 Orange	* 0	178,869	178,869	178,869
69 Pamlico * 0 34,579 34,579 34,57	69 Pamlico	* 0	34,579	34.579	34,579
71 Pender *0 87846 87846 979	71 Pender	* 0	87,846	87.846	87.846

73 Person	*0	63,880	63.880	63.880
74 Pitt	*0	214,737	214,737	214,737
75 Polk	* 0	43,502	43,502	43,502
76 Randolph	*0	177,244	177,244	177,244
77 Richmond]*0	69,327	69,327	69,327
78 Robeson	*0	163,619	163,619	163,619
79 Rockingham	* 0	120,125	120,125	120,125
80 Rowan	* 0	174,753	174,753	174,753
D5 R-P-M	* 0	0	0	0
82 Sampson	* 0	89,940	89,940	89,940
83 Scotland	* 0	59,009	59,009	59,009
84 Stanly	* 0	89,112	89,112	89,112
85 Stokes	* 0	70,716	70,716	70,716
86 Surry	* 0	99,920	99,920	99,920
87 Swain	*0	35,761	35,761	35,761
D6 Toe River	*0	116,460	116,460	116,460
88 Transylvania	* 0	58,322	58,322	58,322
90 Union	* 0	273,696	273,696	273,696
92 Wake	*0	1,187,939	1,187,939	1,187,939
93 Warren	* 0	41,899	41,899	41,899
96 Wayne	*0	156,092	156.092	156,092
97 Wilkes	* 0	96,298	96,298	96,298
98 Wilson	*0	109,433	109,433	109,433
99 Yadkin	*0	61,580	61,580	61,580
Totals		13,338,000	13,338,000	13,338,000

09042020 Sign and Date - DPH Program Administrator	Pate - DPH Section Chief
Gremeko Stuart 9/4/2020 Sign and Date - DPH Contracts Office	Sign and Date - DPH Budget Officer