FORSYTH COUNTY **BOARD OF COMMISSIONERS**

MEETING DATE:	OCTOBER 22, 2020	AGENDA ITEM NUMBER:	17
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AMENDMENT TO THE FY 2020-2021 BUDGET ORDINANCE TO INCREASE SUBJECT:

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: Recommend Approval

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	no		
SIGNATURE:	Prelle	WATER, J. /AMS	DATE:	October 20, 2020

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

[] Transfer within Accounts of Same fund AGENDA ITEM NUMBER	Same fund	
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Division of Public Health Agreement Addendum FY 20-21

	Page 1 of 3
Foreyth County Department - CD 111 vs	Administrative, Local, and Community Support /
Forsyth County Department of Public Health	Local Technical Assistance and Training (T.T.A.T.)
Local Health Department Legal Name	DPH Section / Branch Name
115 COVID 101 C	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 Simulation
00/01/0000	OPH Program Signature (only required for a negotiable agreement addendum)
09/01/2020 - 01/31/2021	de la
Payment Period	
Original Agreement Addendum	
Agreement Addendum Revision #	
available under the COVID-19 Recovery Lethat is consistent with the authorizing federal health and economic well-being of North Carry Fund (CRF) was established. The primary purpose of the CRF is to provide effects of COVID-19. These funds were pro-	eral CARES Act funds appropriated or otherwise made egislation, and to direct the use of those funds in a manner al legislation and that responsibly provides for the public arolina. Through this legislation, the Coronavirus Relief de necessary and appropriate relief and assistance from the evided to the Department of Health and Human Services to
II. Purpose:	ocal Health Department's ability
1. These funds may be used by the Local Homed to support COVID-19 infection proinfection-related expenditures may include infection control services or programs, en and control (e.g., site assessments), technology.	ealth Department (LHD) to support any locally identified evention, through any public health program. Examples of de, but are not limited to, staffing support related to avironmental health services related to infection prevention cological needs including those for providing telehealth acing, infection-control training, disinfection of public areas
Joshu Son /f	9/14/2020
realth Director Signature (use blue ink)	Dale
Local Health Department to complete: (If follow-up information is needed by DPH) Email address:	ith area code: 3.3/
Signature on this page simile	

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 Submission Deadline
September 15, 2020
October 15, 2020
November 16, 2020
December 15, 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. <u>Performance Monitoring and Quality Assurance</u>:

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		
Date		
	*	
. Financial Summary		
	Total Funding	
Total Funding Authorized	Received to	Balance
	Date	ene state it
ainst the recipient's or subressary.	recipient's scope of w	ant contract. The description should include activities and progress and outcomes of that work. Attach additional documents
Descriptive summary of how t	he funds were used incl	
		Hilling specific deliverables achieved and anomare a main at a bit and
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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.

NAME OF RECIPIENT ORGANIZATION:	Contract Agreement	Total Funding Authorized by HB		July Reimbursement Request	August Reimbursement Request	September Reimbursement Request
ORGANIZA HON:	Number	1043:	Advance	(Details in Part B)	(Details in Part B)	(Details in Part B)

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, payroli, 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 fiel	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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CFDA#: 21.019	Federal awd date:	03/27/20	Is award R&D? no		H.R. 748 - 1 (2019-2020)		215	Total amount of fed awd:	\$ 3,585,391	,176
CFDA	e e e e e e e e e e e e e e e e e e e		Fed award project description:		Coronavirus Aid (to States)	, Relief, and E	conomi	ic Security Act, Co	oronavirus Relie	Funds
name: Coronaviru	s Relief Fund		agency:	i. Treasur	у		ederal :	award NC DH	IHS limited to: vardee limited to	0%
Subrecipient	Subrecipient DUNS This	Fed funds for Supplement	r Total of All Fed Fun t for This Activ		ubrecipient	Subrecipien		Fed funds for s Supplement	Total of All F	
Alamance	965194483	20185	7 20185	7 J	ackson	019728518	3	67821		67821
Albemarie	130537822	33581	33581	13 3	ohnsten	097599104	1	238037		238037
Alexander	030495105	6180	6180)1.]	ones	095116935	5	31127		31127
Anson	847163029	4759	4759)8 L	ee	067439703	3	86438		86438
Appalachian	780131541	16487	16487	1 L	enoir	042789748	3	82049		82049
Beaufort	091567776	7181	7181	1 1	incoln	086869336	5	112491		112491
Bladen	084171628	5772		_	/lacon	070626825		59398		59398
Brunswick	091571349	16962		-	/ladison	831052873	-	44403		44403
Buncombe	879203560	30490			ИTW	087204173		103301		103301
Burke	883321205	11975			/lecklenburg	074498353		1207750		
Cabarrus	143408289	24825		barrers	Aontgomery	025384603		50144		207750
Caldwell	948113402	11089			Apore	050988146		128467		50144
Carteret	058735804	9715		_	lash					128467
Caswell	077846053	4584		_	lew Hanover	050425677 040029563	_	124033		124033
Catawba	083677138	19295						273459		273459
Chatham	131356607				lorthampton	097594477	-	42501		42501
Cherokee	130705072	10104		-	Prislow	172663270		236891		236891
Clay		5194		- Adjusted	range	139209659		178869		178869
Cleveland	145058231	3272			amilco	097600456		34579		34579
Columbus	879924850	12819			'ender	100955413		87846		87846
_	040040016	8157			erson	091563718	_	63880		63880
Cumberland	091564294	13305			itt	080889694		214737		214737
	123914376	38206			olk	079067930		43502		43502
Dare	082358631	6037		*********	landolph	027873132		177244		177244
Davidson	077839744	20344		_	lichmond	070621339		69327		69327
Davie	076526651	6690		-	obeson	082367871		163619		193619
Duplin	095124798	8523			lockingham	0778471.43		120125		120125
Durham	088564075	35958		-	owan	074494014	_	174753		174753
Edgecombe	093125375	7753			ampson	825573975		89940		89940
Foothills	782359004	16528		_	cotland	091564146		59009		59009
Forsyth	105316439	43068		7 S	tanly	131060829		89112		89112
Franklin	084168632	9422	9422	4 S	tokes	085442705		70716		70716
Gaston	071062186	60314	60314	8 5	urry	077821858		99920		99920
Graham	020952383	2947	2947	9 5	wain	146437553		35761		35761
Granville-Vance	063347626	15618	15618	7 T	oe River	113345201		116460		116460
Greene	091564591	4294	4294	4 T	ransylvania	030494215		58322		58322
Guilford	071563613	60314	60314	8 0	Inion	079051637		273696		273696
Halifax	014305957	7626	260 76260		Vake	019625961		1187939	1:	187939
Harnett	091565986	16533	ورجوات وسنت مرادين الراجوات المستند والمراجوات المستند		Varren	030239953		41899		41899
Haywood	070620232	8857	8857	8 V	Vayne	040036170)	156092		156092
Henderson	085021470	14753	14753	0 V	Vilkes	067439950		96298		96298
Hoke	091563643	7892	7892	.3 V	Vilson	075585695		109433		109433
Hyde	832526243	2567	2567	'3 Y	adkin	089910624		61580		61580
Iredell	074504507	21505	21505	4						

For	Fiscal	Year:	20/21

Activity 115		1175		
Pactivity 115		4026		
		HN		
	AA		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	÷ 0	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
33 Edgecombe	* 0	77,539	77.539	77,539

34 Forsyth * 0 430,678 430,678 430,678 35 Franklin * 0 94,224 94,224 94,234 94,236 Gaston * 0 261,191 261,					
35 Franklin	D7 Footbills	* 0	165,280	165,280	165,280
36 Gaston	34 Forsyth	* 0	430,678	430,678	430,678
38 Graham * 0 29,479 29,479 29,479 29,4	35 Franklin	* 0	94,224	94,224	94,224
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46 Hertford * 0 0 47 Hoke * 0 78.923 78.923 78.92 48 Hyde * 0 25,673 25.673 25.6 49 Iredell * 0 215.054 215.054 215.054 50 Jackson * 0 67,821 67.821 67.8 51 Johnston * 0 238,037 238,037 238,037 52 Jones * 0 31,127 31.127 31.1 53 Lee * 0 86,438 86,438 86,4 54 Lenoir * 0 82,049 82,049 82,04 55 Lincoln * 0 112,491 112,491 112,49 56 Macon * 0 59,398 59,398 59,39 57 Madison * 0 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 128,467 128,467 128,467	44 Haywood	* 0	88,578	88.578	88,578
46 Hertford * 0 0 47 Hoke * 0 78.923 78.923 78.92 48 Hyde * 0 25,673 25.673 25.6 49 Iredell * 0 215,054 215,054 215,054 50 Jackson * 0 67,821 67.821 67.8 51 Johnston * 0 238,037 238,037 238,037 52 Jones * 0 31,127 31.127 31.12 53 Lee * 0 86,438 86,438 86,4 54 Lenoir * 0 82,049 82,049 82,0 55 Lincoln * 0 112,491 112,491 112,49 56 Macon * 0 59,398 59,398 59,39 57 Madison * 0 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 1,207,755 1,207,755 62 Montgomery * 0 128,467 128,467 128,467	45 Henderson	*0	147,530	147.530	147,530
48 Hyde * 0 25,673 25.673 25.6 49 Iredell * 0 215,054 215,054 215,0 50 Jackson * 0 67,821 67.821 67.8 51 Johnston * 0 238,037 238,037 238,0 52 Jones * 0 31,127 31.127 31.12 53 Lee * 0 86,438 86,438 86,4 54 Lenoir * 0 82,049 82,049 82,0 55 Lincoln * 0 112,491 112,491 112,491 56 Macon * 0 59,398 59,398 59,39 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 * 0 128,467 128,467 128,467	46 Hertford	* 0	0	0	0
49 Iredell * 0 215,054 238,037	47 Hoke	* 0	78.923	78,923	78.923
50 Jackson * 0 67,821	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 86,4 54 Lenoir * 0 82,049 82,049 82,0 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 50,14 63 Moore * 0 128,467 128,467 128,467	50 Jackson	* 0	67,821	67.821	67,821
53 Lee * 0 86.438 86.438 86.43 54 Lenoir * 0 82,049 82.049 82.04 55 Lincoln * 0 112,491 112,491 112,49 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 50,14 63 Moore * 0 128,467 128,467 128,467	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 * 0 128,467 128,467 128,467	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 50,14 63 Moore * 0 128,467 128,467 128,46	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 14,403 14,403 14,403 103,301 <td< td=""><td>55 Lincoln</td><td>* 0</td><td>112,491</td><td>112,491</td><td>112,491</td></td<>	55 Lincoln	* 0	112,491	112,491	112,491
D4 M-T-W * 0 103,301 103,301 103,301 103,301 60 Mecklenburg * 0 1,207,755 <td>56 Macon</td> <td>* 0</td> <td>59,398</td> <td>59.398</td> <td>59.398</td>	56 Macon	* 0	59,398	59.398	59.398
60 Mecklenburg * 0 1,207,755		* 0	44,403	44,403	44,403
62 Montgomery * 0 50,144 50,1363 Moore * 0 128,467 128,467 128,467	D4 M-T-W	* 0	103,301	103,301	103_301
63 Moore * 0 128,467 128,467 128,46	60 Mecklenburg	* 0	1,207,755	1,207,755	1,207,755
	62 Montgomery	* 0	50,144	50.144	50,144
64 Nash * 0 124,033 124,033 124,03	63 Moore	* 0	128,467	128,467	128,467
	64 Nash	* 0	124,033	124.033	124,033
			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 87 846 87 846 97 9	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	
75 Polk	* 0	-		
	1	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	Patt_OWN 09/04/2020
Sign and Date - DPH Program Administrator	Sign and Date - DPH Section Chief
Gremeko Stuart 9/4/2020 Sign and Date - DPH Contracts Office	Sign and Date - DPH Budget Officer