

Division of Public Health

Agreement Addendum

FY 24-25

Wake County Health & Human Services
Local Health Department Legal Name

121 ARPA TSF Public Health Services
Activity Number and Description

06/01/2024 – 05/31/2025
Service Period

07/01/2024 – 06/30/2025
Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # ____

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

Susan H. Little, 919-215-4471
susan.little@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

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

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: _____ LHD program contact name: _____
[For DPH to contact in case follow-up information is needed.] 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 July 24, 2025, 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.

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. 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 Local Health Department 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 (AAs) 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 Local Health Department 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.
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: 24/25

Budgetary Estimate Number : 0

Activity 121	AA	131204 2BTS190 2000400000	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31			
Payment Period		07/01-06/30			
01 Alamance	* 0	50,000	\$0.00	50,000	50,000
D1 Albemarle	* 0	100,000	\$0.00	100,000	100,000
02 Alexander	* 0	100,000	\$0.00	100,000	100,000
04 Anson	* 0	97,861	\$0.00	97,861	97,861
D2 Appalachian	* 0	100,000	\$0.00	100,000	100,000
07 Beaufort	* 0	100,000	\$0.00	100,000	100,000
09 Bladen	* 0	100,000	\$0.00	100,000	100,000
10 Brunswick	* 0	79,133	\$0.00	79,133	79,133
11 Buncombe	* 0	100,000	\$0.00	100,000	100,000
12 Burke	* 0	50,000	\$0.00	50,000	50,000
13 Cabarrus	* 0	100,000	\$0.00	100,000	100,000
14 Caldwell	* 0	100,000	\$0.00	100,000	100,000
16 Carteret	* 0	50,000	\$0.00	50,000	50,000
17 Caswell	* 0	100,000	\$0.00	100,000	100,000
18 Catawba	* 0	82,804	\$0.00	82,804	82,804
19 Chatham	* 0	100,000	\$0.00	100,000	100,000
20 Cherokee	* 0	50,000	\$0.00	50,000	50,000
22 Clay	* 0	89,553	\$0.00	89,553	89,553
23 Cleveland	* 0	65,490	\$0.00	65,490	65,490
24 Columbus	* 0	100,000	\$0.00	100,000	100,000
25 Craven	* 0	100,000	\$0.00	100,000	100,000
26 Cumberland	* 0	100,000	\$0.00	100,000	100,000
28 Dare	* 0	100,000	\$0.00	100,000	100,000
29 Davidson	* 0	100,000	\$0.00	100,000	100,000
30 Davie	* 0	50,000	\$0.00	50,000	50,000
31 Duplin	* 0	100,000	\$0.00	100,000	100,000
32 Durham	* 0	100,000	\$0.00	100,000	100,000
33 Edgecombe	* 0	88,507	\$0.00	88,507	88,507
D7 Foothills	* 0	51,309	\$0.00	51,309	51,309
34 Forsyth	* 0	50,000	\$0.00	50,000	50,000
35 Franklin	* 0	100,000	\$0.00	100,000	100,000
36 Gaston	* 0	100,000	\$0.00	100,000	100,000
38 Graham	* 0	50,000	\$0.00	50,000	50,000
D3 Gran-Vance	* 0	50,000	\$0.00	50,000	50,000
40 Greene	* 0	100,000	\$0.00	100,000	100,000
41 Guilford	* 0	59,852	\$0.00	59,852	59,852
42 Halifax	* 0	50,000	\$0.00	50,000	50,000
43 Harnett	* 0	100,000	\$0.00	100,000	100,000
44 Haywood	* 0	71,188	\$0.00	71,188	71,188
45 Henderson	* 0	100,000	\$0.00	100,000	100,000
47 Hoke	* 0	78,547	\$0.00	78,547	78,547
48 Hyde	* 0	100,000	\$0.00	100,000	100,000
49 Iredell	* 0	100,000	\$0.00	100,000	100,000
50 Jackson	* 0	50,000	\$0.00	50,000	50,000
51 Johnston	* 0	100,000	\$0.00	100,000	100,000
52 Jones	* 0	50,000	\$0.00	50,000	50,000
53 Lee	* 0	71,607	\$0.00	71,607	71,607
54 Lenoir	* 0	100,000	\$0.00	100,000	100,000
55 Lincoln	* 0	100,000	\$0.00	100,000	100,000
56 Macon	* 0	100,000	\$0.00	100,000	100,000
57 Madison	* 0	55,352	\$0.00	55,352	55,352
D4 M-T-W	* 0	50,000	\$0.00	50,000	50,000
60 Mecklenburg	* 0	50,000	\$0.00	50,000	50,000
62 Montgomery	* 0	100,000	\$0.00	100,000	100,000
63 Moore	* 0	50,000	\$0.00	50,000	50,000
64 Nash	* 0	100,000	\$0.00	100,000	100,000
65 New Hanover	* 0	50,000	\$0.00	50,000	50,000
66 Northampton	* 0	100,000	\$0.00	100,000	100,000
67 Onslow	* 0	100,000	\$0.00	100,000	100,000
68 Orange	* 0	100,000	\$0.00	100,000	100,000
69 Pamlico	* 0	77,127	\$0.00	77,127	77,127
71 Pender	* 0	100,000	\$0.00	100,000	100,000

73 Person	* 0	100,000	\$0.00	100,000	100,000
74 Pitt	* 0	100,000	\$0.00	100,000	100,000
75 Polk	* 0	98,607	\$0.00	98,607	98,607
76 Randolph	* 0	100,000	\$0.00	100,000	100,000
77 Richmond	* 0	86,117	\$0.00	86,117	86,117
78 Robeson	* 0	91,327	\$0.00	91,327	91,327
79 Rockingham	* 0	55,593	\$0.00	55,593	55,593
80 Rowan	* 0	100,000	\$0.00	100,000	100,000
82 Sampson	* 0	84,537	\$0.00	84,537	84,537
83 Scotland	* 0	100,000	\$0.00	100,000	100,000
84 Stanly	* 0	50,000	\$0.00	50,000	50,000
85 Stokes	* 0	56,250	\$0.00	56,250	56,250
86 Surry	* 0	50,000	\$0.00	50,000	50,000
87 Swain	* 0	58,403	\$0.00	58,403	58,403
D6 Toe River	* 0	50,000	\$0.00	50,000	50,000
88 Transylvania	* 0	100,000	\$0.00	100,000	100,000
90 Union	* 0	100,000	\$0.00	100,000	100,000
92 Wake	* 0	100,000	\$0.00	100,000	100,000
93 Warren	* 0	62,435	\$0.00	62,435	62,435
96 Wayne	* 0	88,694	\$0.00	88,694	88,694
97 Wilkes	* 0	50,000	\$0.00	50,000	50,000
98 Wilson	* 0	100,000	\$0.00	100,000	100,000
99 Yadkin	* 0	100,000	\$0.00	100,000	100,000
00 Yancey	* 0	50,000	\$0.00	50,000	50,000
Totals		7,050,293	0	7,050,293	7,050,293

Sign and Date - Program Administrator
 Dr. Susan H. Pittle 06/27/24 3:07 PM EDT

Sign and Date - DPH Budget Office - ATC Coordinator
 Sarah Ruffin 6/27/2024

Sign and Date - DPH Budget Office
 mmaunders 06/27/24 | 3:16 PM EDT

Sign and Date - DPH Budget Office
 S. Ruffin 7/8/2024

SH 7/8/2024