



**SAMPSON COUNTY  
BOARD OF COMMISSIONERS  
MEETING AGENDA  
June 5, 2017**

**6:00 pm Convene Regular Meeting (County Auditorium)**

Invocation and Pledge of Allegiance  
Approve Agenda as Published

**Tab 1 Reports and Presentations**

- |    |   |       |
|----|---|-------|
| a. | Recognition of 2017 Miss Spivey's Corner and 2017 Miss Spivey's Corner Outstanding Teen                                 | 1     |
| b. | Recognition of Retirees   | 2     |
| c. | Recognition of Governor's Volunteer Award Recipient   | 3     |
| d. | Introduction of New Public Works Director   | 4     |
| e. | Report - Fiscal Impact of Sampson Community College's Request for County to Serve as Co-Applicant for EDA Grant Funding | 5 - 6 |

**Tab 2 Planning and Zoning**

**7 - 13**

- |    |   |  |
|----|---|--|
| a. | RZ-5-17-1 Request to Rezone 3.3 Acres Located Along Roseboro Highway and Bass Lake Road from RA-Residential Agriculture to C-Commercial                                   |  |
| b. | RZ-5-17-2 Request to Rezone 4.6 Acres Located Along Boyette Road and I-40 from RA-Residential Agriculture to C-Commercial (Open and continue hearing until July 10, 2017) |  |

**Tab 3 Action Items**

- |    |   |         |
|----|---|---------|
| a. | Public Hearing - Proposed Budget for Fiscal Year 2017-18                        | 14 - 15 |
| b. | Emergency Management - Granting of Franchise for Convalescent Transport Service | 16 - 52 |
| c. | Emergency Management - Approval of Change in EMS Director                       | 53 - 59 |
| d. | Finance - Award of Bid for Construction of 60 x 28 Foot Building for DSS        | 60 - 71 |

**Tab 3 Action Items, continued**

- e. Appointments 72 - 74
  - Sampson Community College Board of Trustees
  - Jury Commission
  - Social Services Board

**Tab 4 Consent Agenda 75**

- a. Approve the minutes of the May 1, 2017 and May 15, 2017 meetings 76 - 84
- b. Approve the Juvenile Crime Prevention Council’s Funding Plan for Fiscal Year 2017-18 85 - 91
- c. Approve the Memorandum of Understanding between Sampson County EMS and Wayne Community College for clinical/field internships 92 - 98
- d. Approve Sampson Area Transportation’s revised Title VI Plan, contingent upon subsequent final approval by the North Carolina Department of Transportation 99 - 124
- e. Approve revision to the Sampson Are Transportation System Safety Program Plan (SSPP) to designate the Transportation Supervisor as the system’s Safety Officer 125
- f. Approve the Home and Community Care Block Grant Funding Plan for Fiscal Year 2017-18 126 - 128
- g. Approve tax refunds and releases as submitted 129 - 140
- h. Approve budget amendments as submitted 141 - 146

**Tab 5 Board Information 147**

- a. Resolution Adopted by the DSS Board Related to B 594/HB 608, Proposed Action to Reform the Child Welfare System by Removing Local County Governance and Creating Regional Social Services Authorities 148

**County Manager’s Reports**

**Public Comment Period (see policies and procedures in agenda) 149**

**Closed Session – Consultation with Attorney, GS 143-318.11 (a)(3)**

**Recess to Reconvene – as determined by BOC for budget work session**

**OUR PUBLIC CHARGE**

*The Board of Commissioners pledges to the citizens of Sampson County its respect. The Board asks its citizens to likewise conduct themselves in a respectful, courteous manner, both with Board members and fellow citizens. At any time should any member of the Board or any citizen fail to observe this public charge, the Chair (or presiding officer) will ask the offending person to leave the meeting until that individual regains personal control. Should decorum fail to be restored, the Chair (or presiding officer) will recess the meeting until such time that a genuine commitment to this public charge is observed. All electronic devices such as cell phones, pagers, and computers should please be turned off or set to silent/vibrate.*

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    1(a)

Meeting Date:    June 5, 2017                       Information Only                       Public Comment  
 Report/Presentation                       Closed Session  
 Action Item                                       Planning/Zoning  
 Consent Agenda                                 Water District Issue

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SUBJECT:                      Recognition of 2017 Miss Spivey’s Corner and 2017 Miss Spivey’s Corner Outstanding Teen

DEPARTMENT:                Governing Body

PUBLIC HEARING:              No

CONTACT PERSON:            Wayne Edwards

PURPOSE:                      To recognize the new Miss Spivey’s Corner and Miss Spivey’s Corner Outstanding Teen

ATTACHMENTS:                None

BACKGROUND:                The Board has the opportunity to recognize the achievements of two young Sampson County women: Miss Spivey’s Corner Karen Stallings and Miss Spivey’s Corner Outstanding Teen Mackie Brown. These young women will be competing in the Miss North Carolina and Miss North Carolina Outstanding Teen pageants in late June. Both have very important platforms they will be promoting.

RECOMMENDED ACTION OR MOTION:            Greet congratulate the pageant winners

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    1 (b)

Meeting Date:    June 5, 2017

<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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SUBJECT:                    Recognition of Retirees

DEPARTMENT:            Governing Body

PUBLIC HEARING:         No

CONTACT PERSON:        Vice Chairperson Sue Lee

PURPOSE:                 To recognize County employees for their dedicated service

ATTACHMENTS:          None

BACKGROUND:            Retirees for May:

Lee Cannady (Public Works) - May 1988 - May 2017  
Angela Sanderson (Tax) - October 1985 - May 2017

RECOMMENDED  
ACTION OR MOTION:      Present retirees with a County plaque in recognition of their years of service to  
the County



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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    1 (c)

Meeting Date:	June 5, 2017	___	Information Only	___	Public Comment
		<input checked="" type="checkbox"/>	Report/Presentation	___	Closed Session
		___	Action Item	___	Planning/Zoning
		___	Consent Agenda	___	Water District Issue

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**SUBJECT:** Recognition of Governor’s Volunteer Award Recipient

**DEPARTMENT:** Governing Body

**PUBLIC HEARING:** No

**CONTACT PERSON:** Vice Chairperson Sue Lee

**PURPOSE:** To recognize Chris Driver as a recipient of a Medallion Award for Volunteer Service

**ATTACHMENTS:** None

**BACKGROUND:** Recently, Sampson County’s Chris Driver was awarded the Governor’s Medallion Award for Volunteer Service. The Governor’s Medallion Award for Volunteer Services was founded by the North Carolina Commission on Volunteerism and Community Service in 2006, and the top 20-25 volunteers in the State are recognized each year. Medallion award recipients are nominated at the local level, then evaluated by a panel of community service leaders from across the State on the basis of the volunteer’s efforts and commitment of time, the community impact and enhancement of the lives of others.

Mr. Driver received his Medallion Award in recognition of his dedication to the Diaper Bank of Sampson County. Since its founding in 2015, the Bank has distributed over 70,000 diapers and had over 2,800 participants. Through Mr. Driver’s efforts, the Diaper Bank has cultivated a cadre of committed volunteers and fostered many effective public - private partnerships including agencies such as our Sampson County Health Department.

**RECOMMENDED ACTION OR MOTION:** Recognize Mr. Driver

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    1 (d)

Meeting Date:    June 5, 2017

<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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SUBJECT:                    Introduction of New Public Works Director

DEPARTMENT:            Governing Body

PUBLIC HEARING:        No

CONTACT PERSON:      Ed Causey, County Manager

PURPOSE:                To introduce new Public Works Director Linwood E. Reynolds

ATTACHMENTS:         None

BACKGROUND:           We have hired Linwood E. Reynolds as the County's new Public Works Director. Many of you may know Mr. Reynolds from his days with the NC Department of Transportation, where he spent nearly 30 years of his career, including serving as the District Engineer here in Sampson County. Mr. Reynolds will formally begin service with the County on June 19<sup>th</sup>.

RECOMMENDED ACTION OR MOTION:    Introduce Mr. Reynolds

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 1 (e)

Meeting Date: June 5, 2017	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Consent Agenda	<input type="checkbox"/> Public Comment <input type="checkbox"/> Closed Session <input type="checkbox"/> Planning/Zoning <input type="checkbox"/> Water District Issue
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**SUBJECT:** Fiscal Impact of Sampson Community College’s Request for County to Serve as Co-Applicant for Economic Development Administration (EDA) Grant Funding

**DEPARTMENT:** Sampson Community College

**PUBLIC HEARING:** No

**CONTACT PERSON:** Dr. Paul Hutchins, SCC President

**PURPOSE:** To receive follow-up on information on previous request that the County serve as co-applicant of College’s application to EDA for grant funding for a welding and metal fabrication building

**ATTACHMENTS:** President’s Letter of Request

**BACKGROUND:** In April, the Board considered a request from the Community College for the Board to serve as a co-applicant on the College’s application to EDA for grant funding for a welding and metal fabrication building. Because the costs of operations and maintenance of campus facilities are provided by the County’s annual appropriations, the grant application required both the College Board of Trustees and the Board of Commissioners be applicants. Grant funding of 80% would be matched by Connect NC bond monies, and the County would have no obligation to provide matching funds. The Board agreed to serve as co-applicant, but requested that the Community College provide additional information on the costs of the operational and maintenance costs of their facilities and what the fiscal impact of the maintenance and upkeep of the new welding and metal fabrication facility would be.

Dr. Paul Hutchins will be present to provide information for the Board.

**RECOMMENDED ACTION OR MOTION:** Receive requested information

# SAMPSON COMMUNITY COLLEGE

*A member institution of the North Carolina Community College System*

P.O. BOX 318  
HIGHWAY 24 WEST  
CLINTON, NORTH CAROLINA 28329-0318



Established 1967

Voice (910) 592-8081

Fax (910) 592-8048

March 23, 2017

Edwin W. Causey, County Manager  
Sampson County Administrative Office  
406 County Complex Road  
Clinton, NC 28328

Dear Mr. Causey:

Sampson Community College is seeking grant funding from the U.S. Economic Development Administration for a Welding and Metal Fabrication Building that has been presented to the Board of Commissioners as part of the master plan for the main campus.

The college may qualify for up to 80% of the \$2.3-million-dollar project if we demonstrate a nexus between the project scope of work and applicable disaster; demonstrate that the project will foster job creation and promote private investment; align with a relevant strategic, economic development, or disaster recovery plan; and, demonstrate the incorporation of disaster resiliency. The balance of the cost of the building will be met with the Connect NC Bond money. Local Industry partners are in place to support the project.

Since the costs of operations and maintenance of all campus facilities are provided through annual appropriations from the Sampson County Board of Commissioners to the College's Board of Trustees, the EDA requires both entities be co-applicants.

We respectfully ask that the Sampson County Board of Commissioners agree to sign as a co-applicant with the Sampson Community College Board of Trustees in the application to procure federal funds to support the expansion of our Welding and Metal Fabrication Program. The county will have no obligation to provide matching funds to the project. The full application must be submitted by March 31.

Sincerely,

A handwritten signature in blue ink that reads "Paul Hutchins". The signature is stylized with a large initial "P" and a long horizontal stroke at the end.

Paul Hutchins  
President

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    2 (a-b)

Meeting Date: June 5, 2017	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Consent Agenda	<input checked="" type="checkbox"/> Public Comment <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Planning/Zoning <input type="checkbox"/> Water District Issue
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SUBJECT: Planning Issues

DEPARTMENT: Clinton-Sampson Planning and Zoning

PUBLIC HEARING: Yes

CONTACT PERSON: Mary Rose, Planning Director

PURPOSE: To consider actions on planning and zoning items as recommended by Planning Board

ATTACHMENTS: Planning Staff Memorandum; Maps

BACKGROUND:

- a. **RZ-5-17-1** Planning staff will review a request to rezone approximately 3.3 acres located along Roseboro Highway and Bass Lake Road from RA-Residential Agriculture to C-Commercial. The Planning Board has heard certain findings of fact (as shown in attached documents) and determined that the request was consistent with the goals and objectives of the Sampson County Land Use Plan for residential growth due to the fact this property is located along a major thoroughfare where commercial development is encouraged. Based upon these findings, the Planning Board unanimously recommended **approval** of the rezoning request and the adoption of a zoning consistency statement.
- b. **RZ-5-17-2** Planning staff have requested that this rezoning hearing be opened and continued to the July 10, 2017 meeting.

RECOMMENDED ACTION OR MOTION:

- a. Motion to **approve** rezoning request RZ-5-17-1, accepting the presented findings of fact and making the following zoning consistency statement: *Whereas, in accordance with the provisions of North Carolina General Statute 153A-341, the Sampson County Board of Commissioners does hereby find and determine that the recommendation of the ordinance amendment RZ-5-17-1 is consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents due to the fact that this property is located along a major thoroughfare where commercial development is encouraged.*
- b. Open the hearing then move to continue it to July 10, 2017.



## Clinton-Sampson Planning Department

227 Lisbon Street

Post Office Box 199

Clinton, North Carolina 28329

(910) 299-4904 (T) - (910) 592-4261 (F)



**To:** Ed Causey, County Manager  
**From:** Mary M. Rose, Planning Director  
**Subject:** May 15, 2017 Sampson County Planning and Zoning Board Meeting -  
County Board of Commissioners June 5, 2017 Agenda Item  
**Date:** May 22, 2017

The following requests were addressed by the Planning and Zoning Board at their May 15, 2017 meeting:

**RZ-5-17-1** - A rezoning request by Dianna Wood to rezone approximately 3.3 acres located along Roseboro Highway and Bass Lake Road from RA-Residential Agriculture to C-Commercial. (See attached location map)

### Findings of Fact:

1. Dianna Wood has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 3.3 acres as shown on the location map.
3. The property is currently zoned RA-Residential Agriculture. (see attached site map)
4. This property is located along the proposed NC Hwy 24/Roseboro Highway and Bass Lake Road. The properties adjoining to the north, south, east, and west are zoned RA-Residential Agriculture.
5. In section 1 of the Sampson County Land Use Plan, economic growth and commercial activities are encouraged at locations with access to major thoroughfares such as NC 24.
6. All adjacent property owners within 100' have been notified by mail and the property has been posted.

### **Zoning Consistency Statement:**

Whereas, in accordance with the provisions of North Carolina General Statute 153A-341, the Sampson County Planning Board does hereby find and determine that the recommendation of the ordinance amendment **RZ-5-17-1** is consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents due to the fact this property is located along a major thoroughfare where commercial development is encouraged.

**RZ-5-17-2** - A rezoning request by Hubbard Sutton to rezone approximately 4.6 acres located along Boyette Road and I-40 from RA-Residential Agriculture to C-Commercial was continued until the June 2017 Sampson County Planning Board meeting at the request of the applicant. Planning staff would respectfully request the Board of Commissioners continue the public hearing to the July 10, 2017 Board of Commissioners meeting.

Please contact my office with any additional questions or comments.

attachments

cc: Susan Holder, Assistant County Manager

MINUTES OF THE SAMPSON COUNTY  
PLANNING AND ZONING BOARD

Meeting Date  
May 15, 2017

Members Present  
Ann Naylor  
Clayton Hollingsworth  
Debra Bass  
Nancy Blackman  
Andrew Jackson  
Steve Parker  
Sherri Smith

Members Absent

Minutes Approved

Upon a motion by Andrew Jackson and seconded by Steve Parker, the minutes of the April 17, 2017 meeting were unanimously approved as presented by the Board.

**SU-5-17-2**

A special use request by Martin Adams to construct a 65x85 foot building, to use for an event venue for special events, parties, and wedding receptions along Boykin Bridge Road in a RA-Residential Agriculture district.

Staff has reviewed the Special Use Permit request and made the following findings:

1. Martin Adams has signed the special use application as the owner of the property under consideration.
2. The property under consideration contains approximately 81.24 acres as shown on the location map. (See the attached location map and site plan.)
3. The property is currently zoned RA-Residential Agriculture.
4. The proposed project meets all setbacks, and other dimensional criteria required by the Sampson County Zoning Ordinance.
5. The properties adjacent to the north, south, east, and west are zoned RA-Residential Agriculture.
6. The applicant is proposing an event venue for special events, parties, and wedding receptions with the hours of operation to be Monday through Sunday, from 8:00 am to 12:00 am. The business as proposed will employ ten individuals (as amended during the Planning Board meeting by the applicant) and the maximum capacity of the building and property for any given event is proposed to be 300.
7. All adjacent property owners within 100' have been notified by mail and the property has been posted.

The Planning Board must make the following findings in order to grant a Special Use permit:

- A. That the use will not materially endanger the public health or safety if located according to the plan submitted and approved;
- B. That the use meets all required conditions and specifications;
- C. That the use will not substantially injure the value of adjoining or abutting property, or that the use is a public necessity, and;

- D. That the location and character of the use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and in general conformity with the Sampson County Land Use Plan.

Mrs. Rose informed the board and the applicant that if approved, the applicant would be required to comply with the above referenced findings of facts.

Mr. Adams of 335 Sprunt Drive, Clinton, asked the board to amend his current request for 2 employees to be increased to 10. Mr. Adams also informed the board there would be an employee on site to ensure any event utilizing the proposed development would adhere to the hours of operation.

DECISION.

1. **The use will not materially endanger the public health or safety, if located according to the plan submitted and approved.**  
*FACT: Nancy Blackman made a motion that the use would not materially endanger the public health or safety if located according to the plan submitted and approved because the submitted site plan and facts as presented satisfies the requirements of the Sampson County Zoning Ordinance. The motion was seconded by Sherri Smith and was unanimously approved by the board.*
2. **The use meets all required conditions and specifications.**  
*FACT: Clayton Hollingsworth made a motion that the use meets all required conditions and specifications of the Sampson County Zoning Ordinance due to the facts as presented and staff's review and confirmation of all required conditions and specifications of the Sampson County Zoning Ordinance being met with the site plan as submitted. The motion was seconded by Nancy Blackman and unanimously approved by the board.*
3. **The use will not substantially injure the value of adjoining or abutting property, or the use is a public necessity.**  
*FACT: Steve Parker made a motion that the use will not substantially injure the value of adjoining or abutting property due to the facts as presented. The motion was seconded by Nancy Blackman and was approved by a vote of 6 ayes and 1 nay. Ayes: Nancy Blackman, Steve Parker, Debra Bass, Sherri Smith, Ann Naylor, Clayton Hollingsworth Nays: Andrew Jackson*
4. **The location and character of the use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and in general conformity with the Sampson County Land Use Plan.**  
*FACT: Debra Bass moved the facts as presented during the meeting demonstrate the use was in harmony with the area in which the request is to be located and is in general conformity with the Sampson County Land Use Plan in that Section 1 of the Sampson County Land Use Plan under Economic Development Objective 2 encourages well planned commercial establishments to provide necessary goods and services to area employers and residents. The motion was seconded by Sherri Smith and unanimously approved by the board.*

With all four standards being approved, the request was approved under all proposed and amended plans as presented in the Findings of Facts.



### **RZ-5-17-1**

A rezoning request by Dianna Wood to rezone approximately 3.3 acres located along Roseboro Highway and Bass Lake Road from RA-Residential Agriculture to C-Commercial. (See attached location map)

Staff has prepared the following findings of fact for consideration by the Planning Board:

1. Dianna Wood has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 3.3 acres as shown on the location map.
3. The property is currently zoned RA-Residential Agriculture. (see attached site map)
4. This property is located along Roseboro Highway and Bass Lake Road. The properties adjoining to the north, south, east, and west are zoned RA-Residential Agriculture.
5. In section 1 of the Sampson County Land Use Plan, economic growth and commercial activities are encouraged at locations with access to major thoroughfares such as NC 24.
6. All adjacent property owners within 100' have been notified by mail and the property has been posted.

### **Zoning Consistency Statement:**

Whereas, in accordance with the provisions of North Carolina General Statute 153A-341, the Sampson County Planning Board does hereby find and determine that the recommendation of the ordinance amendment RZ-5-17-1 is consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents due to the fact this property is located along a major thoroughfare where commercial development is encouraged.

Mrs. Rose informed the Board Mrs. Wood's property is located along the proposed Hwy 24 corridor which will be constructed just south of Bonnetsville and will therefore have frontage along Hwy 24 when the project has been completed.

**DECISION.** After Board discussion, Andrew Jackson moved to recommend approval of RZ-5-17-1 with the above referenced findings of fact and zoning consistency statement. The motion was seconded by Steve Parker and unanimously approved by the Board.

Ayes: Unanimous

### **RZ-5-17-2**

A rezoning request by Hubbard Sutton to rezone approximately 4.6 acres located along Boyette Road and I-40 from RA-Residential Agriculture to C-Commercial. (See attached location map)

Staff has prepared the following findings of fact for consideration by the Planning Board:

1. Hubbard Sutton has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 4.6 acres as shown on the location map.
3. The property is currently zoned RA-Residential Agriculture. (see attached site map)
4. This property is located along I-40 and has access to Boyette Road. The properties adjoining to the north, south, east, and west are zoned RA-Residential Agriculture.
5. In section 1 of the Sampson County Land Use Plan, economic growth and commercial activities are encouraged at locations with access to major thoroughfares such as I-40. Access to I-40 is approximately 2.5 miles from the property under consideration for rezoning.
6. All adjacent property owners within 100' have been notified by mail and the property has been posted.

**Zoning Consistency Statement:**

Whereas, in accordance with the provisions of North Carolina General Statute 153A-341, the Sampson County Planning Board does hereby find and determine that the recommendation of the ordinance amendment **RZ-5-17-2 is/is not** consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents.

DECISION. Ms. Rose informed the board the applicant had requested RZ-5-17-2 be continued until the June Planning Board meeting. Andrew Jackson moved to recommend continuing this case to the June Planning Board meeting. The motion was seconded by Nancy Blackman and unanimously approved by the Board.

There being no further business, the meeting was adjourned at 7:00 p.m.

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Chairman

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Secretary



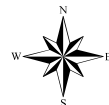
**RZ-5-17-1**  
**Dianna Wood**  
**Roseboro Highway & Bass Lake Road**



**Proposed Properties**



**Properties Owners Within 100 Feet**





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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    3 (a)

Meeting Date:    June 5, 2017

<input type="checkbox"/>	Information Only	<input checked="" type="checkbox"/>	Public Comment
<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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SUBJECT:                    Public Hearing – Proposed Budget for Fiscal Year 2017-2018

DEPARTMENT:            Finance/ Administration

PUBLIC HEARING:        Yes

CONTACT PERSON:       Ed Causey, County Manager  
                                 David Clack, Finance Officer

PURPOSE:                To receive public comments on the recommended budget for FY 2017-2018, in accordance with NCGS 159-12(b)

ATTACHMENTS:         Ad

BACKGROUND:           In accordance with NC General Statute 159-12(b), we have duly advertised a public hearing to receive public comment on the proposed budget. The Chairman should open the public hearing and call upon those persons who have signed up to speak. After these have been heard, the floor can be opened for additional comments by those who may not have signed up. The hearing should then be closed.

RECOMMENDED ACTION OR MOTION:    Schedule budget work session(s) as desired by Board

# **NOTICE OF PUBLIC HEARING**

## **SAMPSON COUNTY BOARD OF COMMISSIONERS**

### **PROPOSED BUDGET FOR FISCAL YEAR 2017-18**

In accordance with NC General Statute 159-12, the Proposed Budget for Fiscal Year 2017-2018 has been presented to the Sampson County Board of Commissioners and is available for public inspection in the Office of the Clerk to the Board, County Administration Building, 406 County Complex Road in Clinton between the hours of 8:00 a.m. and 5:00 p.m., weekdays. The proposed budget may also be viewed online at [www.sampsonnc.com](http://www.sampsonnc.com), and budget comments are welcomed at [budgetcomments@sampsonnc.com](mailto:budgetcomments@sampsonnc.com).

In accordance with NC General Statute 159-12(b), a Public Hearing on the proposed budget will be held on Monday, June 5 at 6:00 p.m., or as soon as possible thereafter, in the County Auditorium, 435 Rowan Road in Clinton, NC.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.     3 (b)

Meeting Date:	June 5, 2017	<input type="checkbox"/> Information Only	<input type="checkbox"/> Public Comment
		<input type="checkbox"/> Report/Presentation	<input type="checkbox"/> Closed Session
		<input checked="" type="checkbox"/> Action Item	<input type="checkbox"/> Planning/Zoning
		<input type="checkbox"/> Consent Agenda	<input type="checkbox"/> Water District Issue

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**SUBJECT:** Granting of Franchise for Convalescent Transport Service

**DEPARTMENT:** Emergency Management

**PUBLIC HEARING:** No

**CONTACT PERSON:** Ronald Bass, EM Director

**PURPOSE:** To consider award of franchise to North State Medical Transport

**ATTACHMENTS:** Memo and Application

**BACKGROUND:** As you are aware, the County has been seeking ambulance service provider(s) to replace Johnston Ambulance Service. Pursuant to the ordinance related to the award of such franchises, the EMS Advisory met recently to consider applications from two providers, LifeStar Emergency Services LLC and North State Medical Transport. Since that meeting, LifeStar has tabled their application as they do not deem it financially feasible to provide services at this time. The EMS Advisory Board has recommended that a franchise be awarded to North State Medical Transport.

We would be remiss if we did not recognize the extra efforts of our County rescue personnel and volunteer squads who have assisted in meeting the convalescent transport needs of our community in the interim period.

**RECOMMENDED ACTION OR MOTION:** Award franchise as recommended



**SAMPSON COUNTY  
EMERGENCY  
MANAGEMENT  
SERVICES**

RONALD BASS  
DIRECTOR  
(910) 592-8996

107 UNDERWOOD ST., CLINTON, NORTH CAROLINA 28328

**MEMORANDUM:**

TO: Mr. Ed Causey  
FROM: <sup>RB</sup> Ronald Bass, Emergency Management  
DATE: May 12, 2017  
SUBJECT: **Franchise Convalescent Transport Service**



On May 2, 2017, the Sampson County EMS Advisory Board met to review two applications for convalescent transport service in Sampson County. The two applicants were North State Medical Transport and LifeStar Emergency Services LLC. It was discussed at the meeting that North State did not submit a copy of their Articles of Incorporation, or a Cash-Flow Report. They submitted a one year financial statement, but the application requires a two- year financial statement. The EMS office has since received all the required information from North State. Since the meeting, I have spoken with the President of LifeStar, and he indicated that he would like to table his request to operate in Sampson County as he does not deem it financially feasible at this time.

The Sampson County EMS Advisory Board would like to recommend that North State Medical Transport be granted a franchise to operate in Sampson County.

Please feel free to contact me should you have any questions.

RB/ntr

Enclosures



# North State Medical Transport

Sampson County Application - March 2017



# NORTH STATE



## MEDICAL TRANSPORT

To whom it may concern,

I am writing to you in reference to North State Medical Transport's request to obtain a franchise with Sampson County, which would allow us to operate within county lines. Our goal with Sampson County, as with all counties we are franchised with, is to assist with non-emergent BLS and ALS-level transports. NSMT would be able to assist in transports ranging from transporting a nursing home patient to their doctor's appointment, to discharging a vent patient back home from Sampson Regional. I believe we would continue to be a great asset to your county system, and would give Sampson Regional and the various nursing homes in Sampson County another option to call for local transports.

If you need any additional information, or would like to set up a time to meet, please contact me.

Thank you for your time,

*Carlie Coward*

North State Medical Transport  
Director, Business Development  
919-215-8430 (mobile)  
919-896-7824 (office)  
ccoward@nsmtd.biz

# APPLICATION FOR FRANCHISE TO OPERATE AN AMBULANCE IN SAMPSON COUNTY

Application is hereby made for the purpose of operating an ambulance service in Sampson County pursuant to the enclosed Sampson County Ambulance Franchise. The following information must be completed in its entirety and returned to the Sampson County Emergency Management Office located at 107 Underwood Street in Clinton.

1. Provider Name, Address and Telephone Number

North State Medical Transport Inc.  
(Provider Name)  
1240 Corporation Pkwy  
(Provider Address)  
Raleigh, NC 27610  
(Provider City, State, Zip)  
919-261-8911  
(Provider Telephone Number)

2. List the trade or other fictitious names(s), if any, under which the applicant does business together with a certified copy of an assumed name certificate duly filed as required by law, or articles of incorporation establishing such name in corporate form.

North State Investment Group d/b/c North State Medical Transport  
(Trade or Other Fictitious Names)  
1240 Corporation Pkwy  
(Address)  
Raleigh, NC 27610  
(City, State, Zip)  
919-261-8911  
Telephone Number

- Certified copy of an assumed named certificate or articles of incorporation enclosed as Attachment 1.
3. Resume of training and experience in the transportation and care of patients.
- Resume of applicant's training and experience in the transportation and care of patients enclosed as Attachment 2.

4. Describe the type and level of service to be provided.

Non-Emergent  
(Type of Service)

BLS/ALS  
(Level of Service)

5. Describe or identify the location of the place or places from which the service is intended to operate.

Primarily, NSMT would send ambulances from  
Raleigh headquarters. With appropriate call volume,  
We would purchase property within Sampson  
County to base operations.

(If additional space is needed please enclose as Attachment 3)

6. Describe the manner in which the public will be able to obtain assistance and how the vehicles will be dispatched through that service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed please enclose as Attachment 4.)

7. Compiled financial statement of the applicant as requested on page 5 subsection 5 of the franchise ordinance.

Compiled financial statement enclosed as Attachment 5.

8. List the radio frequencies that you are authorized to operate on, along with a copy of the FCC license in the name of the person providing the service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of FCC License enclosed as Attachment 6.

9. Describe your capabilities to provide twenty-four hour coverage, seven days a week, for the district covered by the franchise applied for. Also provide an accurate estimate of the minimum and maximum times for a response to calls within the district.

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(If additional space is needed please enclose as Attachment 7.)

10. Copy of Ambulance Provider License as issued by the Office of Emergency Medical Services and the Medical Care Commission along with the service's state provider number.

North State Medical Transport  
(Service Name)

1608  
(State Provider Number, if applicable)

Copy of Ambulance Provider License enclosed as Attachment 8.

11. Provide a listing of the vehicles utilized for this service along with the appropriate owner's name.

Year	Make	Model	Type	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If additional space is needed please enclose as attachment 9.)

12. Provide proof of insurance as specified in the minimum limits listed in Section IX, page 10 of the Sampson County Ambulance Franchise Ordinance.

Proof of insurance in the specified limits enclosed as Attachment 10.

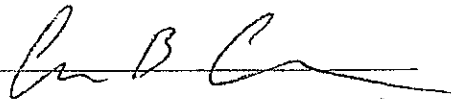
13. Provide a copy of the type of records that will be utilized to meet the requirements in Section X, page 10 of the Sampson County Ambulance Franchise Ordinance.
- Copy of each type of record is enclosed as Attachment 11.
14. Provide a schedule of the proposed rates for service.
- Copy of proposed rate for service is enclosed as Attachment 12.
15.  Background check for all employees performing services in the County of Sampson reasonably required by Franchisor and permitted by law as Attachment 13.
16. Provide any other relative information that you would like to have considered as a part of your application.
- Additional information is enclosed as Attachment 14.

If granted a franchise, the undersigned Applicant agrees to abide by and comply with all terms and provisions of the amended ordinance adopted by the Sampson County Board of Commissioners at a meeting thereof on May 15, 2000. The described ordinance is attached to this application and is entitled: "Sampson County Ordinance Regulating Emergency Medical Services and Granting of Franchise for Convalescent Transport Service". I have reviewed the terms of the ordinance and agree to abide by the provisions of said ordinance and agree to abide by all other North Carolina State regulations and laws applicable to the operation of ambulances and ambulance service in North Carolina.

This 30<sup>th</sup> day of March, 2017

North State Medical Transport  
Name of Firm/Service/Provider

BY:

  
x Carlie B Coward

**NORTH STATE**



**MEDICAL TRANSPORT**

**Attachment 1: Articles of Incorporation**

WAKE COUNTY, NC 29  
LAURA M RIDDICK  
REGISTER OF DEEDS  
PRESENTED & RECORDED ON  
08/24/2004 AT 09:09:38

BOOK:010982 PAGE:01972 - 01973

CERTIFICATE OF ASSUMED NAME FOR A LIMITED LIABILITY COMPANY (LLC)

The undersigned LLC, proposing to engage in business in Wake County, North Carolina, under an assumed name other than its LLC name, hereby certifies that:

1. The name under which the business is to be conducted is:

North State Medical Transport  
(Insert assumed name)

2. The name and address of the owner(s) of such business is (are):

Stuart Coward 8729 NC 395 Zebulon NC 27597  
Richard Hardin 1982 Robersonville Rd, Washington NC 27889  
M. Jason Wells 213 Chamberlain Dr. Clayton NC 27527  
North State Investment Group, LLC 213 Chamberlain Dr.  
Clayton NC 27527  
(Insert name and address of LLC)

In witness whereof, this certificate is signed in the name of the LLC by its manager(s), this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

By: [Signature] SEAL  
Manager

By: [Signature] SEAL  
Manager

By: [Signature] SEAL  
Manager

State of NORTH CAROLINA  
County of WAKE

I, TIMOTHY EDWARDS a Notary Public, do hereby certify that M. JASON WELLS, RICHARD HARDIN STUART COWARD manager(s) of NORTH STATE INVESTMENT GROUP LLC, personally appeared before me this 19th day of AUGUST, 2004, and that they signed the foregoing certificate on behalf of the LLC.

Witness my hand and official seal, this the 19th day of AUGUST, 2004.

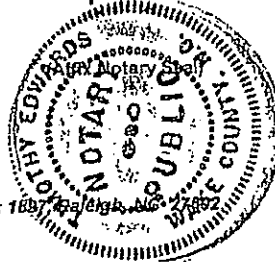
[Signature]

Notary Public

My Commission Expires:

1-12-08

Mailing Address: Wake County Register of Deeds, P. O. Box 1897 Raleigh, NC 27602





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ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ ԱՍՏՆԱԿԱՆ ԵՎ ԳՆԱԿԱՆ ԿՈՄԻՏԵ

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# NORTH STATE



## MEDICAL TRANSPORT

### Attachment 2:

### Officers and Resume of training and experience of the applicant

#### Our Team Is Here For You

**Stuart Coward (CEO):** Stuart has lived in Franklin County for the past 30 years. He previously owned and operated a moving and furniture business and is married with 2 children. He proudly served with the Pilot Fire Department where he rose to the rank of captain, and was later Chairman of the Board of Directors. Stuart was instrumental in the implementation of Franklin County's earliest First Responder Program. In 1992, Stuart became involved in Zebulon Rescue Squad and through hard work received his paramedic credentials. This opened new avenues and he began a second career with Wake County EMS. Stuart is a current EMT-Paramedic certified in Advanced Cardiac Life Support (ACLS), Basic Trauma Life Support (BTLS), and Pediatric Advanced Life Support (PALS). Stuart has over 36 years of managerial experience.

**Bryan Perry (COO):** Bryan is a lifelong Franklin County resident, and is married with 4 children who reside with him on his family farm in Pilot. Bryan was heavily involved with the Pilot Fire department where he rose to the rank of Captain. Bryan has an A.S. in Emergency Medical Science from Wake Tech Community College and a B.S. in Health and Business Administration from Campbell University, where he graduated Magna Cum Laude. Bryan was with Wake County EMS for 20 years where he served as a Field Paramedic, Paramedic II / Field Training Officer, and Supervisor.

**Richard Hardin (Communications Director):** Richard is a resident of Washington, North Carolina, where he has lived on a family farm since 1972 with his wife and 2 children. Richard has been involved with EMS since 1977, beginning his career with Beaufort County shortly after completing his EMT. He moved later to Winterville Rescue Squad, and lastly to Wake County EMS 27 years ago. Richard has served on the EMS Audit and Review Committee and as an acting supervisor. He is current EMT-Paramedic with ACLS, BTLS, and PALS certifications.

**Quint Coward (Daily Operations Supervisor):** Quint received his BS from NC State University and supervises daily operations bridging the gap between field and management operations. Quint has an MBA from North Carolina State University and is a valuable asset to the North State Medical Transport team.

**Carlie Coward (Director of Business Development)** Carlie graduated with her MBA from East Carolina University in May 2014. Since graduating, Carlie has worked with North State Medical

Transport in developing its' Marketing and HR practices. Carlie spends her days managing NSMT staffing as well as visiting our customers to assure their needs are met.

**Tyler Macemore (Communications Manager)**

Tyler graduated with a B.S. in Public Health from East Carolina University. He oversees our Dispatch & Communications Department.

**Field Staff:** In any EMS operation the most important part of our team is our field staff. They are vital as the initial point of contact for those in need of service. We have a well trained staff of EMT-Basics, EMT-Intermediates, and Paramedics. Our medical professionals provide transportation services and medical care Johnston County and its customers should expect.

# NORTH STATE



## MEDICAL TRANSPORT

### **Attachment 3: Intended Operations – Sampson County**

If awarded with a franchise to operate in Sampson County, we will primarily send ambulances from our Raleigh office to stage for in-county transports. Foreseeing increased call volume, we would then search for an appropriate facility to house our Sampson County division, so that trucks would not have to travel from our Raleigh office.

# NORTH STATE



# MEDICAL TRANSPORT

## Attachment 5: Financial Statement

NSMT, Inc.  
(North State Medical Transport, Inc.)

FINANCIAL STATEMENTS  
(Unaudited)

DECEMBER 31, 2015

**MAY & PLACE, PA**  
CERTIFIED PUBLIC ACCOUNTANTS  
1685 US 401 HWY S.  
LOUISBURG, NORTH CAROLINA 27549

NSMT, Inc.  
 (North State Medical Transport, Inc.)  
 STATEMENT OF ASSETS, LIABILITIES, AND STOCKHOLDERS' EQUITY-  
 INCOME TAX BASIS  
 December 31, 2015.

ASSETS

	2015
<b>CURRENT ASSETS</b>	
Cash	\$ 133,365
Due from North State Investment Group, LLC	181,136
<b>TOTAL CURRENT ASSETS</b>	<b>314,501</b>
<b>PROPERTY AND EQUIPMENT</b>	
Furniture and Fixtures	173,317
Vehicles and Equipment	1,691,929
Less Accumulated Depreciation	1,865,246
<b>TOTAL PROPERTY AND EQUIPMENT</b>	<b>96,773</b>
<b>TOTAL ASSETS</b>	<b>\$ 411,274</b>
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>	
<b>CURRENT LIABILITIES</b>	
Payroll Taxes Payable	\$ -
Current Portion of Notes Payable	153,463
<b>TOTAL CURRENT LIABILITIES</b>	<b>153,463</b>
<b>LONG TERM LIABILITIES</b>	
Notes Payable, Net of Current Portion	237,140
<b>TOTAL LIABILITIES</b>	<b>390,603</b>
<b>STOCKHOLDERS' EQUITY</b>	
Common Stock, no Par Value, 100,000 Shares Authorized, 25,000 Issued and Outstanding	25,000
Retained Earnings	(4,329)
<b>TOTAL STOCKHOLDERS' EQUITY</b>	<b>20,671</b>
<b>TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY</b>	<b>\$ 411,274</b>

See independent accountant's compilation report.

NSMT, Inc.  
 (North State Medical Transport, Inc.)  
 STATEMENT OF REVENUES, EXPENSES, AND RETAINED EARNINGS—INCOME TAX BASIS  
 For the Year Ended December 31, 2015

	2015
TRANSPORTATION REVENUES (Net)	\$ 3 589 173
OPERATING EXPENSES	
Officers' Salaries	133 916
Salaries and Wages	1 539 268
Payroll Taxes	230 820
Repairs and Maintenance	138 872
Dues and Subscriptions	700
Medical Supplies	134 683
Other Taxes and Licenses	38 427
Depreciation	317 082
Advertising	32 745
Fuel	173 867
Billings and Collections	208 906
Uniforms	3 556
Postage	159
Insurance	262 988
Legal and Professional	18 005
Meals and Entertainment	537
Merchant Fees	12 018
Office Expense	147 811
Utilities	18 569
Telephone	24 370
Travel	813
Rent Expense	136 611
Penalties	4 686
Miscellaneous	15 044
TOTAL OPERATING EXPENSES	3 594 453
NET INCOME (LOSS) FROM OPERATIONS	(5 280)
OTHER INCOME AND (EXPENSE)	
Commissions	
Interest Expense	(10 402)
TOTAL OTHER INCOME AND EXPENSE	(10 402)
NET INCOME (LOSS) BEFORE INCOME TAXES	(15 682)
INCOME TAXES	(12 248)
NET INCOME (LOSS)	(27 930)
RETAINED EARNINGS - BEGINNING OF YEAR	23 601
RETAINED EARNING - END OF YEAR	\$ (4 329)

See independent accountant's compilation report.

# NORTH STATE



# MEDICAL TRANSPORT

## Attachment 6: Radio Frequencies





**Federal Communications Commission**  
Public Safety and Homeland Security Bureau

**RADIO STATION AUTHORIZATION**

LICENSEE: NORTH STATE MEDICAL TRANSPORT

ATTN: RICHARD HARDIN  
NORTH STATE MEDICAL TRANSPORT  
1240 CORPORATION PKWY  
RALEIGH, NC 27610-1348

Call Sign WQAX350	File Number 0006323146
Radio Service PW - Public Safety Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 00TT225604

Grant Date 07-07-2014	Effective Date 07-07-2014	Expiration Date 08-23-2024	Print Date 07-08-2014
--------------------------	------------------------------	-------------------------------	--------------------------

**STATION TECHNICAL SPECIFICATIONS**

**Fixed Location Address or Mobile Area of Operation**

Loc. 1 Area of Operation  
Countywide: WAKE, NC

**Antennas**

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000155.34000000	MO	10		11K2F3E	100.000	100.000			08-23-2005
1	1	000155.28000000	MO	10		11K2F3E	100.000	100.000			08-23-2005
1	1	000156.07500000	MO	10		11K2F3E	100.000	100.000			08-23-2005

**Control Points**

Control Pt. No. 3

Address: 1240 CORPORATION PKWY

City: RALEIGH

County: WAKE

State: NC

Telephone Number: (919)815-2745

**Waivers/Conditions:**

NONE

**Conditions:**

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

FCC 601-ULSHS1  
August 2007

# NORTH STATE



## MEDICAL TRANSPORT

### Attachment 7: Coverage

Upon receipt of a franchise, we will work out a timeline to implement services with existing emergency services staff. Once the timeline is completed, our stocked and staffed units will begin providing twenty-four hour coverage of point-to-point and out-of-county services to the citizens of Sampson County. We will work with existing services to determine system needs and continue to reevaluate the need for additional resources over the long-term. Short-term needs for additional resources would be evaluated on a daily basis and additional resource needs would be located accordingly. Through system status management, additional North State Medical Transport resources will be brought into the county from our other base locations, such as Wake and Franklin Counties, to cover any overflow needs. Our service currently provides 24 hour ALS/BLS coverage to our customers. Since we currently offer 24 hour staffing a transition into Sampson County should be easily accomplished.

Upon receipt of an EMS Franchise and pursuant to Franchise requirements, North State Medical Transport would begin providing BLS services from existing locations while locating suitable accommodations for crew and quarters within Sampson County. The exact location has yet to be determined. Our Sampson county facilities will be geographically located in a manner in order to minimize response times and maximize unit availability. Any operation base chosen will meet all county codes and safety requirements for EMS quarters. The location will also meet any OEMS unit requirements for safety and protection from heat or cold exposure.

North State Medical Transport will work with Sampson County to identify dispatch requirements or needs for integration prior to the start of operations in Sampson County. Dispatching will be handled through our dispatch center, which is staffed 24 hours per day. Toll-free phone numbers will be provided to agencies throughout Sampson County. Our field units are equipped with Zoll fleet management systems that allow efficient communication between the dispatch center and each ambulance. In addition, each unit has cellular phone service and local Sampson County radio channels for communication. Once a call is received, the dispatch center sends the unit specific information regarding the referring and receiving locations of the call, time of requested service, and necessary details concerning the patient to a data terminal head located in each unit. The crew is notified by visual and audible prompts they have received a new message. If deemed necessary, phone contact is initiated between the dispatch center and the unit if the call information is not acknowledged through the data terminal. The data terminals allow units to timestamp all unit activities during a call. Dispatch staff also oversees GPS tracking of units via computer monitors, which show unit location, roadway mapping, and speed.

Due to the nature of most calls for service, the majority of our calls will be prescheduled; therefore, response times will be governed by appointment times. For calls which are not prescheduled, units will be required to respond immediately upon request if no predetermined time has been set. Available units will be dispatched from the local office. Any backfill calls that are not prescheduled will be worked out with local facilities based on a procedure for response requirements.

# NORTH STATE



# MEDICAL TRANSPORT

**Attachment 8: Ambulance Provider License**



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Mark Payne, Director  
Health Service Regulation

November 15, 2016

North State Medical Transport  
Bryan E. Perry  
1240 Corporation Parkway  
Raleigh, NC 27610

Re: Provider License Renewal #1608

Dear Mr. Perry:

The provider license renewal application for North State Medical Transport to operate as a licensed emergency medical service provider has been approved. License #1608 has been renewed through November 30, 2022. According to our records, North State Medical Transport is affiliated with the Wake County Emergency Medical Services System. Please review the enclosed license to ensure that the information is correct. It should be permanently displayed at the primary provider base. Photocopies of the license are acceptable to display in satellite and/or other locations.

If you have any questions, please contact your local Office of Emergency Medical Services regional specialist.

Sincerely,

Tom Mitchell, Chief  
North Carolina Office of Emergency Medical Services

cc: Jose G. Cabanas, Wake County Medical Director  
Jim Hartmann, Wake County Manager  
Christopher A. Colangelo, Wake County System Administrator  
Wally Ainsworth, NCOEMS Central Regional Manager  
Anthony Davis, NCOEMS Systems Specialist

Office of Emergency Medical Services

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.ncems.org](http://www.ncems.org)  
Phone: 919-855-3935 • Fax: 919-733-7021

Location: 1201 Umstead Drive • Dorothea Dix Hospital Campus • Raleigh, NC 27603  
Mailing Address: 2707 Mail Service Center • Raleigh, NC 27699-2707  
An Equal Opportunity • Affirmative Action Employer



# State of North Carolina

Office of Emergency  
Medical Services



Medical Care  
Commission

Department of Health and Human Services  
Division of Health Service Regulation

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies,

## NORTH STATE MEDICAL TRANSPORT (WAKE)

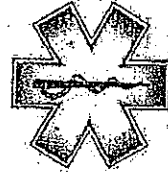
is hereby issued an

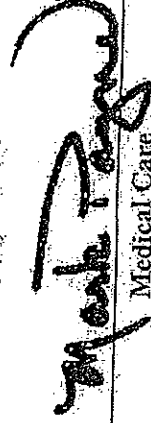
### EMS Agency License

This License, Number 1608, expires the last day of November, 2022.



Office of Emergency  
Medical Services





Medical Care  
Commission

# NORTH STATE



## MEDICAL TRANSPORT

### Attachment 9: Vehicle List – Updated 03/28/2017

List of Units Owned and Operated by North State Medical Transport								
Unit #	Yr	MAKE	LEVEL	MODEL	VIN#	Cert #	Exp Date	LIC#
1015	2015	MERCEDES	ALS	3500 Type III	WDAPF3CCXF9604747		Pending Inspection	DKA7684
313	2013	FORD	ALS	E-350 Type III	1FDWE3F55CDB19175	NC07933	3/31/17	BJL3113
612	2011	CHEVY	ALS	4500 Type III	1GB6G5CLXB1151485	NC06127	7/31/18	BCF8162
814	2014	MERCEDES	ALS	3500 Type III	WDAPF3DC8E9562916	NC06148	11/30/19	DAY3182
714	2014	FORD	ALS	E-350 Type III	1FDWE3FSOEDA74911	NC06135	8/31/18	CKJ6784
713	2013	FORD	ALS	E-350 Type III	1FDWE3FS9DDA74890	NC07426	8/31/19	BLV2390
614	2014	FORD	ALS	E-350 Type III	1BG6BSCLOE1189425	NC07062	09/30/2018	DHW3306
715	2015	FORD	BLS	E-350 Type III	1FDWE3FS5FDA29187	NC 07726	8/31/17	CKJ6483
411	2011	FREIGHTLINER	BLS	2500 Type II	WDYPE7CC9A5468669	NC07239	4/30/17	AAH7722
511	2011	FREIGHTLINER	BLS	2500 Type II	WDYPE7CC8A5464984	NC 07283	5/31/17	ACV2390
1214	2015	MERCEDES	ALS	3500 Type III	WDAPF3CCSF9591440	NC 07169	3/31/17	DPB4840
613	2013	DODGE	BLS	2500 Type III	WD3PE7000D5771527	NC07476	6/30/17	BLV2012
1114	2014	FREIGHTLINER	BLS	2500 Type III	WDAPF3CC5E9562518	NC 002374	1/31/19	DAY4617
516	2016	FORD	ALS	E-350 Type III	1FDWE3FS2GDC27582	NC000584	5/31/18	ECT-1723
416	2016	FORD	ALS	E-350 Type III	1FDWE3FS0GDC27578	NC000583	5/31/18	ECT-1722
816	2016	CHEVY	ALS	4500 Type III	1GB3GRCG2G1230508	NC001612	9/30/18	EEL-7292
916	2016	CHEVY	ALS	4501 Type III	1GB3GRCG1G1229656	NC001613	9/30/18	EEL-7423
1116	2016	CHEVY	ALS	4502 Type III	1GB6GUCL1G1236829	NC000430	12/31/18	EFT-9162
217	2017	MERCEDES	BLS	2500 Type III	WDAPF3DC1F9607034		Pending Inspection	EJB-5237

**NORTH STATE**



**MEDICAL TRANSPORT**

**Attachment 10: Proof of Insurance**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/28/2017

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Sentinel Risk Advisors, LLC 4700 Six Forks Road Suite 200 Raleigh NC 27609	<b>CONTACT NAME:</b> Elizabeth C Holden <b>PHONE (A/C No. Ext.):</b> 919-388-1914 <b>FAX (A/C No.):</b> 919-926-4664 <b>E-MAIL ADDRESS:</b> lholden@sentinelra.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> North State Investment Group LLC Richard Hardin 1240 Corporation Pkwy Raleigh NC 27610	<b>INSURER A:</b> Arch Insurance Company <b>NAIC #</b> 11150 <b>INSURER B:</b> ACCIDENT FUND INS CO      10166 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER: 1921167231**      **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Lia GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MAPK08365703	8/25/2016	8/25/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MAPK08365703	8/25/2016	8/25/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			MAUMD8498003	8/25/2016	8/25/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6095375-00	11/4/2015	11/4/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> Sampson County EMS 107 Underwood Street Clinton NC 28328	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# NORTH STATE



## MEDICAL TRANSPORT

### Attachment 11: Transport Time Displays

EDIT Time Stamp, Odometer, Crew, Vehicle

Tip: 0051 - On 03/27/2017 for WEST, MATILDA

Crew Members		Time Stamp		Odometer	
Vehicle: 0010		Started: 03/27/2017	14:30:00		
Vehicle Type: ALS		Taken: 03/27/2017	14:32:50		
#1: _____		Assigned: 03/27/2017	14:32:56		
#2: _____		Weather Check:			
#3: _____		En Route: 03/27/2017	14:34:04		0.0
<input type="button" value="Calculate Crew"/>		At Scene: 03/27/2017	15:42:57		312299.0
Additional Crew Members		Transporting: 03/27/2017	16:13:45		
#4: _____		At Destination: 03/27/2017	16:23:47		312301.4
#5: _____		Partially Available: 03/27/2017	16:37:53		
#6: _____		Complete: 03/27/2017	16:37:59		
#7: _____		Completed:			
#8: _____					
Crew Members waiting on this trip only		<input type="button" value="Miscellaneous Time Stamp"/>			
A. Crew Member	ID:				
		<input type="button" value="Add"/>			
		<input type="button" value="Delete"/>			

# NORTH STATE



## MEDICAL TRANSPORT

### **Attachment 12: Proposed Rate Schedule**

For the Sampson County division, I have attached the below rate schedule. As advised by CMS, NSMT will not charge below the current Medicare Fee Schedule; these rates are reflected in the chart on the following page.

**NORTH STATE**  
  
**MEDICAL TRANSPORT**

Disclaimer: NSMT is not a 119 provider. Rates are subject to change. Additionally, the information provided below is typical but not definite and is intended to help customers understand pricing and which transportation best meets their needs. All pricing will be determined on a case by case basis. Specific questions can be answered by contacting our office at (919) 261-8911 or (919) 261-8991.

CONTRACT Rate Attachment - Written for Sampson County

Updated 03-28-2017

ALS Advanced Life Support				
Service Type	Base Cost each way	Typical Customer(s)	Provider Level	Description
Emergency	\$395	Hospital	Paramedic	Any patient deemed emergent by a physician and requires paramedic level monitoring, ie- IV fluids and/or cardiac monitor.
Non-Emergency	\$249			Patient is deemed non-emergent by physician, but still requires paramedic monitoring, ie- IV fluids and/or cardiac monitor.
Specialty Care	\$675			Patient requires the assistance of a ride-a-long specialist. I.E- Respiratory therapist or RN
ALS 2	\$571			Patients are critical / extremely acute and require special interventions during transfer.

BLS Basic Life Support				
Service Type	Base Cost each way	Typical Customer(s)	Provider Level	Description
Emergency	\$342	Hospital, SNFs, Hospice, Dialysis Centers, Private Citizens	EMT	Immediate response to call (Non-scheduled); Patient is not on any drugs or IVs, doesn't need cardiac monitor. A BLS crew may perform basic patient stabilization while at the scene or during the transfer.
Non-Emergency	\$214			Scheduled calls: Dialysis transfers, Hospital discharges, Medically necessary procedures
Rural Emergency	\$345			Same as an emergency BLS but originating from a rural zipcode
Rural Non-Emergency	\$216			Same as an Non-emergency BLS but originating from a rural zipcode

Wheel Chair Van				
Service Type	Total Cost (Round Trip + mileage)	Typical Customer(s)	Provider Level	Description
Wheel Chair Van	\$63.00	SNFs, Private Citizens	EMT	Patient doesn't meet medical necessity for a stretcher transport, yet can't transport themselves.

Mileage			
Service Type	Cost	Pick-Up	Explanation
ALS and BLS	\$7.24	Urban	If the zipcode at the origination of the call is considered <u>urban</u> .
ALS and BLS	\$7.31	Rural	If the zipcode at the origination of the call is considered <u>rural</u> .
Wheel Chair	\$3.15	Urban	Starting in the county of pick up the patient will be charged \$3.15 per mile until they leave the county of origination of the call at which time the cost will be \$4.20 per mile.
Wheel Chair	\$3.15	Rural	

# NORTH STATE



## MEDICAL TRANSPORT

### **Attachment 13: Background Checks**

All employees are responsible for getting their certified background checks to NSMT HR before employment can begin. In the scenario that NSMT is granted a franchise to operate in Sampson County, we will send all background checks for those that will be operating in the Sampson division, we currently do not know which employees that will be. This can and will be collected and sent in less than one hour.

# NORTH STATE



## MEDICAL TRANSPORT

### Attachment 14: Additional Information

#### Dispatch Services

Dispatching will be handled through our dispatch center, which is staffed 24 hours per day. Toll-free phone numbers will be provided to agencies throughout Sampson County. Our field units are equipped with Zoll fleet management systems that allow for easy communication via messaging between the dispatch center and each ambulance. In addition, each unit has cellular phone service and local Sampson County radio channels for communication. Once a call is received, the dispatch center sends the unit specific information regarding the referring and receiving locations of the call, time of requested service, and necessary details concerning the patient to a data terminal head located in each unit. The crew is notified by visual and audible prompts they have received a new message. If deemed necessary, phone contact is initiated between the dispatch center and the unit if the call information is not acknowledged through the data terminal. The data terminals allow units to timestamp all unit activities during a call. Dispatch staff also oversees GPS tracking of units via computer monitors, which show unit location, roadway mapping, and speed. If required there will also be a dedicated phone line for our Sampson County field office. Toll-free contact information would be listed with the 911 center, local agencies, and local phone directories.

#### Reporting

North State Medical Transport uses Zoll EPCR for patient care reports. Our data collection meets all NCOEMC PreMis extract reporting requirements. Required Data points are uploaded daily per state requirements. North State Medical Transport maintains current CIS agency and staff information in accordance with NCOBMS requirements on the state CIS site.

## Vehicle Maintenance

### EMS Vehicles

1. North State Medical Transport ambulances are designed to ensure the highest degree of safety, efficiency, effectiveness, and operability for NSMT personnel.
2. Ambulances will be cleaned in order to maintain a neat appearance and to ensure they are sanitary for patients, personnel, and visitors.
3. All response vehicles will be washed daily if weather conditions deem this feasible.
4. Vehicles will be washed at any time prior to 10:00 hours where the appearance of the vehicle is such that it does not properly represent the image of North State Medical Transport. This will be dependent upon the ongoing weather conditions.
5. Vehicles should be washed and dried with supplies as provided by North State Medical Transport
6. The interiors will be cleaned daily to ensure that all trash and debris are removed and that it presents with a neat, clean image for riders.
7. Vehicles should be vacuumed as needed or no less than once a week
8. Interior cab surfaces should be wiped down daily for infection control purposes
9. Interior cabinets will have all equipment removed and be wiped down weekly

### Daily Maintenance

North State Medical Transport personnel will be required to perform basic maintenance and evaluation daily on their assigned response vehicle.

For specific duties employees should follow the North State Medical Transport daily check off sheet.

1. The following is a list of tasks that should be completed as early into every shift as possible.
  - A. Check oil level
  - B. Check coolant level
  - C. Check windshield washer solution
  - D. Check tires for sufficient pressure and for wear
  - E. Check all vehicle and emergency lighting
  - F. Check all vehicle and emergency audible warning devices
  - G. Check all seatbelts to ensure they are operating properly
  - H. Check vehicle integrity for safety issues (broken windshields, mirrors, improperly functioning doors, damaged steps, etc)
2. Should any deficiencies be noted they should be reported through E-Pro to a member of management in order to maintain safe working conditions?
3. All mechanical defects and deficiencies should be noted in E-Pro online vehicle maintenance database as soon as they are identified.

4. At no time should a North State Medical Transport vehicle with a known deficiency, that impacts crew safety or medical operations, remain in service as a response unit.
5. Richard Hardin will maintain scheduled maintenance on North State Medical Transport vehicles.
6. Personnel should weekly check mileage to identify service periods. If the vehicle has exceeded or is approaching the mileage limit, they should notify their district supervisor or Richard Hardin to schedule servicing.
7. North State Medical Transport personnel are prohibited from performing any maintenance on vital functions of the ambulances for which they have not been trained and approved by administration to complete.
8. Whenever a vehicle is removed from service for a mechanical problem, it is essential that the crew inform Richard Hardin.
9. Crews should identify the reason for removing the vehicle from service and E-Pro online should updated in the vehicle maintenance database

## **Complaint Investigation Process**

All complaints external and internal will be directed to the compliance officer from the original point they are received. All staff is expected to report any suspected violations or other irregularities to their supervisor, manager, or the Compliance Officer. If any employee with an internal complaint or concern wishes to remain anonymous, that employee may submit his/her report through the anonymous NSMT notification portal found in E-pro under the anonymous incident reporting tab. Staff will collect sufficient information for the Compliance Officer to investigate the concerns raised. The Company will treat such reports confidentially to protect the identity of the complainant who has made a report to the maximum extent consistent with fair and rigorous enforcement.

Any manager, supervisor, or other high-ranking employee who receives a report of a suspected violation or irregularity shall contact the Compliance Officer regarding this report immediately.

Upon receipt of a suspected violation, the NSMT Compliance Officer will immediately begin a detailed investigation. The investigation by the Compliance Officer shall include interviews and the review of relevant documents. If the Compliance Officer believes that the integrity of an investigation may be compromised because of the presence of employees under investigation, the employee(s) allegedly involved in the misconduct may be removed from his/her present work activity, with or without pay, pending the outcome of the investigation. Any investigation from and external complaint will result in a follow up call with the complainant informing them there has been a resolution. Details will be provided to the extent they can be released.



### CORRECTIVE ACTION

The Compliance Officer will work with managers, supervisors and a FCEMS representative to make a determination further action is warranted. If a determination is made that an operational or patient treatment policy has been violated, that employee, subject to appropriate corrective action as determined by the appropriate parties

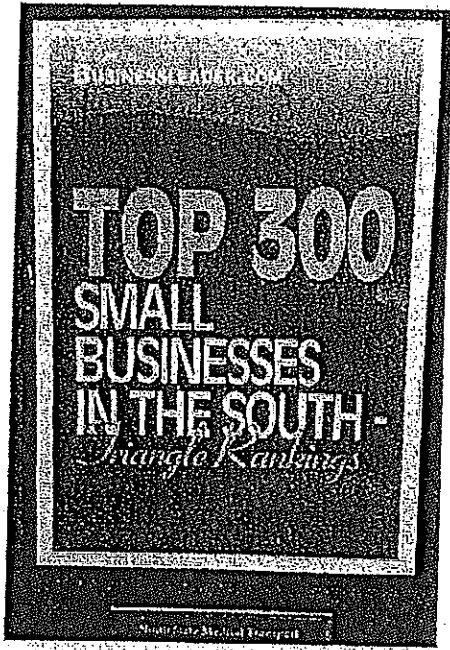
The extent of the corrective action will depend on the seriousness of the offense. A record of the event and the corrective action or medical sanctions imposed shall be maintained in the employee's personnel file.

Corrective action will be taken against a violator's manager(s) or supervisor(s) to the extent that circumstances reflect inadequate supervision or a lack of due diligence. In addition, managers and supervisors may be sanctioned for failing to detect non-compliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations and given the Company the opportunity to correct them earlier. A record of the event and the discipline imposed against the manager or supervisor shall be maintained in the employee's personnel file.

A record of all complaints will be documented and provided within three days of the event. Investigations and corrective actions will be provided to the Sampson County director or their designated staff.

## Award Winning

We are so honored to have been chosen as one of the "Top 300 Small Businesses in the South" by BusinessLeader.Com in 2011. We were ranked #4 out of 37 eligible businesses in the Triangle area. This award was presented to North State Medical Transport for the work we do in the communities we serve, as well as employee relations, and business growth.



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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    3 (c)

Meeting Date:	June 5, 2017	<input type="checkbox"/> Information Only	<input type="checkbox"/> Public Comment
		<input type="checkbox"/> Report/Presentation	<input type="checkbox"/> Closed Session
		<input checked="" type="checkbox"/> Action Item	<input type="checkbox"/> Planning/Zoning
		<input type="checkbox"/> Consent Agenda	<input type="checkbox"/> Water District Issue

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**SUBJECT:** Approval of Change in EMS Medical Director

**DEPARTMENT:** Emergency Management

**PUBLIC HEARING:** No

**CONTACT PERSON:** Ronald Bass, EM Director

**PURPOSE:** To consider change in designation of EMS Medical Director

**ATTACHMENTS:** EM Director Memo; SRMC Director Memo; Current Medical Director contract

**BACKGROUND:** North Carolina law requires that every EMS system have a medical director for adult and pediatric patients appointed, either directly or by written delegation, by the county responsible for establishing the EMS System. Any medical director or assistant medical directors shall meet the criteria defined in the North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection.

Dr. Steven Kelley has very capably served as our EMS system’s Medical Director since 2008; however, he has indicated a desire to step down from this position. Because of the importance of the partnership between the County’s EMS system and the emergency care provided by Sampson Regional Medical Center, we have sought their input on the designation of a replacement Medical Director. We are pleased that Christopher Occhino, M.D. of their staff has interest in serving as the Medical Director.

The Board of Commissioners must designate the system’s Director, and once this designation is made, the candidate can be submitted for State OEMS approval. Dr. Kelley has agreed to serve until Dr. Occhino’s application can be reviewed and approved by the State, which typically takes 30 days. Dr. Occhino would enter into the same type of contract with the County that is currently held by Dr. Kelley, at the same contract price.

**RECOMMENDED ACTION OR MOTION:** Designate Dr. Christopher Occhino as the EMS system Medical Director, contingent upon OEMS approval; authorize termination of contract with Dr. Steven Kelley upon Dr. Occhino’s state approval and execution of contract with the County



**MEMORANDUM:**

TO: Ed Causey  
FROM: <sup>RB</sup> Ronald Bass, Emergency Management  
DATE: May 25, 2017  
SUBJECT: **Medical Director for Sampson County**



In March 2017, Dr. Steve Kelley, the county's current medical director, submitted his resignation letter to the county, giving the ninety day notice as required by his contract. Mr. Erick Herring and I recently met with Dr. Christopher Occhino, who currently serves as a physician in the Emergency Department, at Sampson Regional Medical Center.

Dr. Occhino has expressed great interest in becoming the medical director for Sampson County. Dr. Occhino meets the requirements for the medical director position as required by North Carolina Office of Emergency Medical Services. He indicated he would operate under the same provisions as outlined in the contract that we currently have with Dr. Kelley, receiving an annual salary of \$24,000.

I would like to recommend that Dr. Occhino be appointed to this position, as I feel he would be an asset to Sampson County EMS. If he is approved by the Board of Commissioners I would then submit his name to the NCOEMS for their approval.

Please feel free to contact me should you have any questions.

RB/ntr

Enclosures

# SAMPSON

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## REGIONAL MEDICAL CENTER

607 Beaman Street (28328), Post Office Drawer 260, Clinton, NC 28329-0260

Telephone: (910) 592-8511, Fax (910) 590-2321

May 25, 2017

Mr. Ronald Bass  
Director  
Sampson County Emergency Services  
107 Underwood Street  
Clinton, North Carolina 28328

Dear Mr. Bass:

I would like to recommend Dr. Chris Occhino to serve as the Sampson County Emergency Medical Services Medical Director. Dr. Occhino has been on Medical Staff at Sampson Regional Medical Center since 2013. During this time, he has earned a reputation of being a competent, conscientious, and compassionate physician; he would be an asset to the EMS Department. I have zero reservations in highly recommending him for this role.

If I can be of further assistance, please do not hesitate to reach out to me.

Respectfully,



Shawn Howerton, M.D.  
Chief Executive and Medical Officer

original

**NORTH CAROLINA**  
**SAMPSON COUNTY**

**CONTRACT**  
**FOR**  
**EMS MEDICAL DIRECTOR SERVICES**

**THIS CONTRACT**, is made and entered into this 15<sup>th</sup> day of December, 2008, by and between **SAMPSON COUNTY**, a body politic whose mailing address is 435 Rowan Road, Clinton, North Carolina 28328, hereinafter designated and referred to as "County," and **Steven Kelley, M.D.** of Jayetteville, North Carolina, whose mailing address is 6371 Hombuckle Dr. Jayetteville, NC 28311, hereinafter designated and referred to as "Physician."

**WITNESSETH:**

Whereas, through its Department of Emergency Medical Services, County operates an emergency medical services system for the benefit and general welfare of its citizens; and

Whereas, the provision of these emergency medical services is regulated by the State of North Carolina though the regulations promulgated by the North Carolina Medical Care Commission of the State Department of Health and Human Services and set out in Subchapter P of Chapter 13 of Title 10A of the North Carolina Administrative Code; and

Whereas, 10A NCAC 13P.0401 requires that the County appoint, either directly or by documented delegation, a Medical Director to provide medical oversight of the County's emergency medical services system; and

Whereas, Physician is a duly licensed medical doctor and is qualified and willing to serve as Medical Director for County's emergency medical services system.

**NOW THEREFORE**, in consideration of the terms and conditions expressed herein and the remuneration to be paid by County to Physician for the services to be provided by Physician, the parties hereby agree as follows:

**1. APPOINTMENT AND TERM.** Execution of this contract shall formalize the appointment of Physician as Medical Director for County's Department of Emergency Medical Services and the acceptance of those duties by Physician for a term that shall commence on December 15, 2008. This appointment and contract shall continue until terminated by either party's giving ninety days written notice of termination to the other, subject to such modifications as the parties may agree to in writing at any time.

**2. GOVERNING LAW.** This contract is made and shall be construed in accordance with the laws of the State of North Carolina.

2.1. This contract is specifically authorized and executed as a continuing contract in accordance with the provisions of N.C.G.S. § 153A-13.

2.2. Physician shall perform all services under this contract in full compliance with any applicable federal, state, and local laws, rules and regulations.

**3. DUTIES AND RESPONSIBILITIES OF PHYSICIAN.** In his capacity as Medical Director for County's Emergency Medical Service systems, Physician shall do, provide and perform as follows:

3.1. Maintain the qualifications and complete and maintain the initial and continuing medical education requirements for a Medical Director of an EMS system as established by the North Carolina College of Emergency Physicians.

3.2. Pursuant to 10A NCAC 13P.0403(a), be responsible for the following:

3.2.1. ensuring that medical control is available 24 hours a day;

3.2.2. the establishment, approval and annual updating of treatment protocols;

3.2.3. emergency medical dispatcher programs, the establishment, approval, and annual updating of the emergency medical dispatch priority reference system;

3.2.4. medical supervision of the selection, system orientation, continuing education and performance of EMS personnel;

3.2.5. medical supervision of a scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system;

3.2.6. the medical review of the care provided to patients;

3.2.7. providing guidance regarding decisions about the equipment, medical supplies, and medications that will be carried on ambulances or EMS nontransporting vehicles within the scope of practice of EMT-I or EMT-P; and

3.2.8. keeping the care provided up to date with current medical practice.

3.3. Pursuant to 10A NCAC 13P.0403(b), any tasks identified in Paragraph 3.2 of this contract may be completed, through written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMD's, or EMT-P's.

3.4. Pursuant to 10A NCAC 13P.0403(c) the Medical Director may suspend temporarily, pending due process review, any EMS personnel from further participation in the EMS System when it is determined the activities or medical care rendered by such personnel may be



detrimental to the care of the patient, constitute unprofessional behavior, or result in non-compliance with credentialing requirements.

**3.5.** Schedule and maintain regular office hours for consultation with appropriate staff from the County's Department of Emergency Medical Services. The day and time of such meetings to be at the discretion of Physician to accommodate his schedule.

**3.6** Attend Protocol/Education Committee and Quality Management Meetings, typically held once a quarter.

**4. FEE FOR PHYSICIAN'S SERVICES.** For Physician's services under this contract, County shall pay Physician the sum of Fifteen Hundred Dollars (\$1,500) monthly in arrears on or before the 10th day of each month. **This amount was increased in subsequent budgets to \$2,000/month.**

**5. COMMUNICATIONS BETWEEN THE PARTIES.** Physician shall be responsible to the Director of County's Department of Emergency Medical Services for all matters arising out of this contract. Physician shall receive any instructions from the EMS director and Physician shall communicate any complaints about any matters arising out of this contract directly to the EMS Director.

**6. INDEPENDENT CONTRACTOR.** Physician's relationship with County shall at all times be that of an independent contractor. In performing services under this contract, Physician shall exercise his sole discretion and professional judgment.

**7. INSURANCE.** Physician shall provide and maintain his own medical malpractice insurance in such amounts as Physician deems adequate to satisfy any claims against him which may arise out of his performance under this contract. County shall maintain general liability with/and/or errors and omissions coverage for those acts or omissions of Physician in his capacity as Medical Director that are not instances of medical malpractice. County shall not hold Physician harmless nor indemnify Physician for any claims arising out of Physician's performance under this contract except to the extent such claims are covered by any policy of insurance maintained by County.

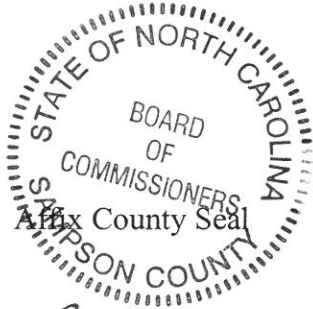
**8. NOTICES.** Any notice of intent to terminate this agreement, or of a request to modify or clarify this agreement shall be made in writing and mailed by certified mail, return receipt requested, to the other party at its address as set out in this contract or as may be provided to the other party at any time hereafter.

**9. CONFIDENTIAL INFORMATION.** Physician acknowledges and agrees that any information received by him which concerns the personal, financial or other affairs of patients transported or served by the County's EMS shall be treated by Physician in full confidence and shall not be revealed to any other persons, firms or organizations except in accordance with accepted medical practice and state and federal law regarding the confidentiality of such information.



**10. ENTIRE AGREEMENT.** This contract constitutes the entire agreement between the parties.

**IN TESTIMONY WHEREOF,** County and Physician have each caused this contract to be executed in duplicate originals, one of which is retained by each of the parties.



SAMPSON COUNTY

By

Jeffrey Wilson  
Jeffrey Wilson, Chairman  
Board of Commissioners

Attest:

Susan Holder  
Susan Holder, Clerk to the Board of Commissioners

Steven Kelley  
Steven Kelley, MD

(SEAL)

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

Sylvia S. Blinson  
Sylvia Blinson, Sampson County Finance Officer

Reviewed and approved as to form and execution.

Rick Moorefield  
Rick Moorefield, Sampson County Attorney

Drafted by Rick Moorefield, Sampson County Attorney, 8/31/2007

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    3 (d)

Meeting Date:    June 5, 2017	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Consent Agenda	<input type="checkbox"/> Public Comment <input type="checkbox"/> Closed Session <input type="checkbox"/> Planning/Zoning <input type="checkbox"/> Water District Issue
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**SUBJECT:**                    Award of Bid for Construction of 60 x 28-Foot Building for DSS

**DEPARTMENT:**            Finance

**PUBLIC HEARING:**         No

**CONTACT PERSON:**       David Clack, Finance Officer

**PURPOSE:**                To consider award of bid for construction of a 60 x 28-foot building for DSS

**ATTACHMENTS:**         Memo, RFP document

**BACKGROUND:**            The Finance Office has solicited bids for a Department of Social Services project to construct a 60 x 28-foot building on a concrete slab. The building is to be used to facilitate activities of the foster children programs and for storage. State funding is available for the costs.

The bid opening was scheduled to occur after the agendas were to be distributed; therefore, bids and bid award recommendations will be provided at the Board meeting. Finance Officer David Clack will review.

**RECOMMENDED ACTION OR MOTION:**    Award bid as recommended



*Sampson County Finance Department*  
*David K. Clack, Finance Officer*

*MEMORANDUM*

**TO:** Sampson County Board of Commissioners

**FROM:** David K. Clack, Finance Officer

**DATE:** May 25, 2017

**SUBJECT:** Award of Bid DSS Building Project

The bid for the construction of a 60 x 30 foot building on the campus will be opened on May 31, 2017 and evaluated. We will be presenting the results of the bid evaluation and requesting that the Board award the bid.



**REQUEST FOR PROPOSAL**  
**Social Services Building Project**  
**May 17, 2017**

Bid Receipt & Opening Date	<b>Wednesday, May 31, 2017, 2:00pm</b> Sampson County Finance Office 406 County Complex Road, Suite 120 Clinton, NC 28328
Pre-Bid Meeting/Site Visit	Monday, May 22, 2017, 2:00pm Sampson County Finance Office 406 County Complex Road, Suite 120 Clinton, NC 28328
Last Day for Specification Inquiries or Clarifications	Tuesday, May 23, 2017, 10:00am Joseph Royal, Public Works Department 827 Southeast Boulevard Clinton, NC 28328 910-592-0188 ext. 4941 jroyal@sampsonnc.com
Procurement Contact Person	Juanita Brewington, CLGPO Purchasing and Contracting Officer Email: <a href="mailto:jbrewington@sampsonnc.com">jbrewington@sampsonnc.com</a> Telephone: (910) 592-7181 ext. 2256

**Sampson County  
Social Services Building Project**

**ADDENDA #1**

Several changes in the Bid Schedule Specifications have been made for the Social Services Building Project.

1. The size of the building has been reduced to a 60 x 28 foot building due to the size of the lot.
2. Kitchen should include four foot base cabinet with Formica top for a standard kitchen sink. Water heater should be at least a 15 gallon unit. Kitchen should have outlets for a stove, refrigerator and one above the kitchen counter. Flooring should be tile.
3. Storage room floors should be sealed concrete. Storage rooms should each have one outlet on the same wall as the light switch.
4. Bathrooms will have one outlet in each. Bathroom flooring should be tile.
5. The main area of the building (front) should have an outlet on each side of the entrance door and three on each exterior wall. The flooring for this room should be tile.
6. There should be one exterior faucet outside the kitchen window.
7. Site preparation will require building up the site for positive drainage and should be clearly shown in the survey and plot plan required within 30 days of awarding of contract to the successful Bidder.
8. Roof of the building should a single slope roof like the roof on Building C in the County Complex.
9. Windows should be the same type vinyl windows as is installed in Building F, only two foot in size.
10. Siding on the building should be the same type metal siding as is installed on Building C.
11. Installation of a drain pan under Air Handler with a safety switch.
12. Installation of a fire alarm.

Please make note of this Addenda #1 dated May 23, 2017 on the Bid Form (#3) when submitting your Bid.

**SOCIAL SERVICES BUILDING PROJECT  
INSTRUCTIONS TO BIDDERS  
AND GENERAL CONTRACT TERMS AND CONDITIONS**

**Notice is hereby given that Sampson County is soliciting and will receive sealed bids for the Social Services Building Project from qualified vendors.**

1. Said sealed bids will be received at Sampson County Finance Office, 406 County Complex Road, Suite 120, Clinton, NC 28328 until Wednesday, May 31, 2017 at 2:00pm and should be clearly marked "BID – Social Services Building Project".
2. Qualified vendors are those currently licensed as general contractors in the state of North Carolina.
3. There will be a pre-bid meeting on Monday, May 22, 2017 at 2:00pm to conduct a pre-bid meeting and site visit. This meeting will be held at the Sampson County Finance Office, 406 County Complex Road, Clinton, NC 28328 (Building C). Bidders are highly recommended to attend and participate in this meeting. Any Addenda necessary in response to questions arising at the meeting will be transmitted to all prospective Bidders of record by the Purchasing & Contracting Officer. Oral comments, statements, explanations or commitments by whosoever made shall not be relied upon and will not be binding or legally effective.
4. The bidder shall review the bidding documents. Any specification inquiries or clarifications for this bid shall be directed to: Joseph Royal, Sampson County Public Works, 827 S.E. Boulevard, Clinton, NC 28328 or call (910) 592-0188 or email to [jroyal@sampsonnc.com](mailto:jroyal@sampsonnc.com) & copied to [jbrewington@sampsonnc.com](mailto:jbrewington@sampsonnc.com) no later than 10:00am Tuesday, May 23, 2017. Any specification inquiries or clarifications considered necessary by the Public Works Department will be issued by Addenda and forwarded to all prospective Bidders of record. Oral comments, statements, explanations or commitments by whosoever made shall not be relied upon and will not be binding or legally effective.
5. Addenda may be issued to clarify, correct, or change the bidding documents as deemed advisable by the Public Works Department.
6. The bid opening will be held in the Board Room of the Administration Building, located at 406 County Complex Road, Building C, Clinton, NC 28328 on Wednesday, May 31, 2017 at 2:00pm.
7. It is the County's policy to furnish bid tabulation to all Bidders upon request. All Bidders are welcome to attend the bid opening.
8. Specifications enclosed herein are intended to obtain competitive bids.

9. The successful bidder is responsible for the following:
  - All permits
  - Insuring building meets NC Building Codes per the Inspection department
  - Providing water and sewer connections
  - Providing Surveyors plot plan showing elevations and ensuring positive drainage within 30 days of awarding contract
  - Providing a contract price broken down by trade (Electrical, HVAC, Plumbing & General work (not included in previously listed trades)), due to limits of funding from Funding source
  - Providing complete plans and specification taking into consideration the appearance of this building to be compatible with current Social Services/Health Department building within 30 days of awarding contract
10. This building is a 60 foot by 30 foot building on a concrete slab. Exterior is vinyl siding with 4 foot brick walls. Roofing is to be metal with the pitch being compatible with roofs within the complex. Heating and Air (Split system heat pump) is to be provided for the entire building. The building will have two storage rooms located in the rear of the building, one storage room being a 30 foot by 10 foot room with an exterior metal door and one storage room being a 30 foot by 12 foot with an exterior metal door and an interior door. Building will have two handicap restrooms each being 8 foot by 8 foot. Next to the restrooms will be a 10 foot by 10 foot kitchen with an interior door and one window. Kitchen should include a sink and should be wired for a stove and refrigerator. There is a 4 foot hallway between the restrooms and the kitchen that accesses the most interior storage room. Outside of the two restrooms is a water cooler. The largest part of the building (the front) should have one window on each exterior wall and two windows on both sides of the glass double doors. Locks for all the doors must be Best locks to match our system. Core code will be provided.
11. Interior is to be finished and painted sheetrock walls with proper insulation. Ceilings are to be 9 foot drop in ceilings with lights. Flooring will be indoor/outdoor carpet or tile.
12. All proposals shall be signed in ink by a duly authorized person. The forms enclosed shall be completed in their entirety. All requested information must be submitted.
13. Bidders must provide past experience references, including names and telephone numbers, for similar type and size projects with the past five (5) years.
14. The bid form is included with the bidding documents. All blanks on the bid form shall be completed and signed in ink. Erasures or alterations shall be initialed in ink by the person signing the bid form.
15. Bid form shall be executed by the principal owner of the company. Contractor's license number should be included on the bid form. Bid forms include an acknowledgment of receipt of all

Addenda, the numbers of which shall be filled in on the bid form. Both postal and email addresses and telephone numbers for communications regarding the bid shall be completed on the bid form.

16. Bid packets shall be submitted no later than the date and time prescribed and at the place indicated and shall be enclosed in a plainly marked package with "BID – Social Services Building Project".
17. Bids will be opened at the time and place indicated and, unless obviously non-responsive, read aloud publicly. Bid tally's will be available upon request.
18. In evaluating bids, the County will consider whether or not the bids comply with the prescribed requirements and other data, as may be requested in the bid. A responsive Bidder is a Bidder who accurately and completely delivers to the County the required documentation and certifications outline herein. Sampson County will consider the qualifications of Bidders and may conduct investigations as deemed necessary to establish the responsibility and qualifications of Bidders.
19. Project must be completed within 90 days of approval of submitted plans.
20. After opening, the bids will be reviewed and submitted to appropriate County Officials for action. Awarding of this contract is contingent on funding availability.
21. The Contract, if awarded, will be on the basis of materials and equipment specified or described in the bidding documents.
22. If the Contract is awarded, Sampson County will award the Contract to the Bidder whose bid is the lowest responsible, responsive bid, taking into consideration quality, performance and the time specified in the proposals for the performance of the contract.
23. Progress payment(s) will be computed using the percentage of total work completed less 10% retainage. Contractor may request no more than two progress payment draws. Upon satisfactory completion of the work, the 10% retainage will be released.
24. Sampson County Board of County Commissioners reserves the right to reject any or all bids, including without limitation, nonconforming, nonresponsive, not responsible, unbalanced, or conditional Bids and to award contracts in part or complete.



**BID FORM**  
**SOCIAL SERVICES BUILDING PROJECT**

1. The undersigned Bidder proposes and agrees, if this bid is accepted, to enter into a Contract with the County in the form included in the bidding documents to perform all work as specified or indicated in the bidding documents at the TOTAL price of \$ \_\_\_\_\_ and within the times indicated in this bid and in accordance with the other terms and conditions of the bidding documents. Price by trade is as follows:

(1) Electrical	\$ _____
(2) HVAC	\$ _____
(3) Plumbing	\$ _____
(4) General Work	\$ _____

2. Bidder accepts all of the terms and conditions of the Instruction to Bidders and General Terms and Conditions. This bid will remain subject to acceptance for 45 days after the bid opening, or for such longer period of time that Bidder may agree to in writing upon request of the County.

3. Bidder has examined and carefully studied the bidding documents, other related data identified in the bidding documents, and the following addenda, receipt of which is hereby acknowledged:

<u>Addenda #</u>	<u>Addenda Date</u>
_____	_____
_____	_____
_____	_____

4. Bidder has visited the site and become familiar with and is satisfied as to the general, local and site conditions that may affect cost, progress and performance of the work.

5. Bidder is familiar with and is satisfied as to all Laws and Regulations that may affect cost, progress and performance of the work.

6. Bidder has considered the information known to Bidder; information commonly known to contractors doing business in the locality of the site; information and observations obtained from visits to the site; the bidding documents; and the site related drawings identified in the bidding documents, with respect to the effect of such information, observations, and documents on the cost, progress, and performance of the work; the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder, including applying the specific means, methods, techniques, sequences, and procedures of construction expressly required by the bidding document; and the Bidder's safety precautions and programs.

7. The bidding documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance of the work for which this Bid is submitted.

8. The bidder certifies that this bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any collusive agreement or

rules of any group, association, organization, or corporation. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham bid. Bidder has not solicited or induced any individual or entity to refrain from bidding. Bidder has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the Contract.

- 9. Bidder will complete the work in accordance with the Contract documents for the following price(s) on the attached bid schedule.
- 10. Bidder agrees that the work will be completed and ready for final payment in accordance with Instructions to Bidders and General Contract Terms and Conditions on or before the dates or within the number of calendar days indicated in the Contract.
- 11. Bidder agrees that Insurance Certification will be provided when Contract is executed.
- 11. Bidder's list of three (3) references for past experience for similar type and size projects with the past five (5) years.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- 12. The following documents are submitted with and made a condition of this bid. **Failure to provide the documentation with the bid may be grounds for rejection of the bid.**

- Signed Bid Form (included in bid packet)
- Contractors Qualification Statement (included in bid packet)
- Letter of Compliance to E-Verify (included in bid packet)
- Iran Divestment Act Certification (included in bid packet)

This bid is submitted by:

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Name & Title \_\_\_\_\_

Date \_\_\_\_\_

State General Contractor License Number \_\_\_\_\_

**CONTRACTOR'S QUALIFICATION STATEMENT**

The undersigned hereby authorizes any person, firm, or corporation to furnish any information requested by Sampson County in verification of the information stated in the attached qualifications.

I, the undersigned, affirm that the information provided is true and correct to the best of my knowledge and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

BIDDER: \_\_\_\_\_

By: \_\_\_\_\_  
(Signed)

Name: \_\_\_\_\_  
(Please print)

Title: \_\_\_\_\_

NORTH CAROLINA

\_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County, North Carolina, do hereby certify that \_\_\_\_\_  
Personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

(Official Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_.

**LETTER OF COMPLIANCE TO E-VERIFY**

- 1. I have submitted a bid for contract with Sampson County;
- 2. As part of my duties and responsibilities pursuant to said bid and/or contract, I affirm that I am aware of and in compliance with the requirements of E-Verify, Article 2 of Chapter 64 of the North Carolina General Statutes, to include (mark which applies):

\_\_\_\_\_ After hiring an employee to work in the United States I verify the work authorization of said employee through E-Verify and retain the record of the verification of work authorization while the employee is employed and for one year thereafter;

**OR**

\_\_\_\_\_ I employ less than twenty-five (25) employees in the State of North Carolina.

- 3. As part of my duties and responsibilities pursuant to said bid and/or contract, I affirm that to the best of my knowledge and subcontractors employed as a part of this bid and/or contract, are in compliance with the requirements of E-Verify, Article 2 of Chapter 64 of the North Carolina General Statutes, to include (mark which applies):

\_\_\_\_\_ After hiring an employee to work in the United States the subcontractor verifies the work authorization of said employee through E-Verify and retains the record of the verification of work authorization while the employee is employed and for one year thereafter;

**OR**

\_\_\_\_\_ Employ less than twenty-five (25) employees in the State of North Carolina.

Specify subcontractor: \_\_\_\_\_

\_\_\_\_\_ (Company Name)

By: \_\_\_\_\_ (Typed Name)

\_\_\_\_\_ (Authorized Signatory)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Date)

Name of Vendor or Bidder: \_\_\_\_\_

**IRAN DIVESTMENT ACT CERTIFICATION  
REQUIRED BY N.C.G.S.143C-6A-5(a)**

As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

_____ Signature	_____ Date
_____ Printed Name	_____ Title

\*\*\*\*\* Notes to persons signing this form:

N.C.G.S. 143C-6A-5(a) requires this certification for bids or contracts with the State of North Carolina, A North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- ❖ When a bid is submitted
- ❖ When a contract is entered into (if the certification was not already made when the vendor made its bid)
- ❖ When a contract is renewed or assigned

N.C.G.S. 143C-6A-5(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must **not** utilize any subcontractor found on the State Treasurer’s Final Divestment List.

The State Treasurer’s Final Divestment List can be found on the State Treasurer’s website at [www.nctreasurer.com/Iran](http://www.nctreasurer.com/Iran) and will be updated every 180 days.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 3 (e)

Meeting Date: June 5, 2017

Information Only  
 Report/Presentation  
 Action Item  
 Consent Agenda

Public Comment  
 Closed Session  
 Planning/Zoning  
 Water District Issue

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SUBJECT: Appointments

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON: Vice Chairperson Sue Lee

PURPOSE: To consider appointments to various boards and commissions

Sampson Community College Board of Trustees

Larinda Haight's term on the SCC Board of Trustees expires June 30, 2017. She is eligible for reappointment.

Jury Commission

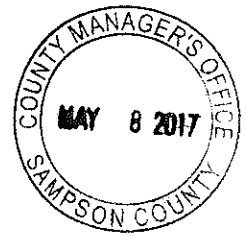
The Clerk of Court has requested the appointment of an individual to serve on the Jury Commission for the biennium term.

Social Services Board

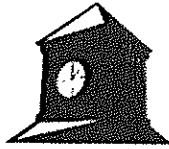
Mr. Jeff Gray's term will end in June, and at that time he will have completed two consecutive three-year terms as one of the two county commissioner-appointed seats on the DSS Board. Therefore, he will be ineligible for reappointment.

# SAMPSON COMMUNITY COLLEGE

*A member institution of the North Carolina Community College System*



POST OFFICE BOX 318  
HIGHWAY 24 WEST  
CLINTON, NC 28329-0318



Established 1967

Voice (910) 592-8081  
Fax (910) 592-8048

May 3, 2017

Mr. Ed Causey, County Manager  
Sampson County Board of Commissioners  
435 Rowan Road  
Clinton, NC 28328

SUBJECT: Appointment of a Trustee to the Sampson Community College  
Board of Trustees

Dear Ed:

Under the terms of the General Statutes of North Carolina, the Board of Commissioners must appoint a person to serve a four-year term as a trustee of Sampson Community College, beginning July 1, 2017. Ms. Larinda Haight's term will expire on June 30, 2017.

Appointments to the SCC Board of Trustees must comply with the requirements of House Bill 1843, the State Government Ethics Act. The Act mandates that individuals must complete the Statement of Economic Interest. The Statement must be approved by the State Ethics Commission prior to individuals assuming their position on the Board of Trustees.

We would appreciate your notifying the college of your selection at your earliest convenience in order to meet these requirements.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Paul Hutchins".

Paul Hutchins  
President

/fks

pc: Mr. Michael Chestnutt, Chairman – Board of Trustees  
Ms. Larinda Haight



*State of North Carolina*  
*General Court of Justice*  
**CLERK OF SUPERIOR COURT**  
**SAMPSON COUNTY**

**NORMAN WAYNE NAYLOR, CLERK**  
**EX OFFICIO JUDGE OF PROBATE**

CLINTON, NC

**W. DOUGLAS PARSONS**  
**SENIOR RESIDENT JUDGE**

May 8, 2017

Mr. Clark Wooten, Chairman  
Sampson Co. Board of Commissioners  
406 County Complex Rd.  
Suite 120  
Clinton, NC 28328

**RE: JURY COMMISSION**  
**BIENNIUM 2018-2019**

Dear Chairman Wooten:

We respectfully ask that the Sampson County Board of Commissioners appoint someone to serve on the Jury Commission in Sampson County for the next biennium.

Thank you for your assistance in this matter.

Sincerely,

Norman Wayne Naylor  
Clerk of Superior Court

cc: Edwin Causey, County Manager



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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.     4

Meeting Date:    June 5, 2017

Information Only  
 Report/Presentation  
 Action Item  
 Consent Agenda

Public Comment  
 Closed Session  
 Planning/Zoning  
 Water District Issue

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SUBJECT:                      Consent Agenda

DEPARTMENT:              Administration/Multiple Departments

ITEM DESCRIPTIONS/ ATTACHMENTS:

- a. Approve the minutes of the May 1, 2017 and May 15, 2017 meetings
- b. Approve the Juvenile Crime Prevention Council's Funding Plan for FY 2017-18
- c. Approve the Memorandum of Understanding between Sampson County EMS and Wayne Community College for clinical/field internships
- d. Approve Sampson Area Transportation's revised Title VI Plan, contingent upon subsequent final approval by the North Carolina Department of Transportation
- e. Approve revision to the Sampson Area Transportation System Safety Program Plan (SSPP) to designate the Transportation Supervisor as the system's Safety Officer
- f. Approve the Home and Community Care Block Grant Funding Plan for FY 2017-2018
- g. Approve tax refunds and releases as submitted
- h. Approve budget amendments as submitted

RECOMMENDED

ACTION OR MOTION:    Motion to approve Consent Agenda as presented

The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, May 1, 2017 in the County Auditorium, 435 Rowan Road in Clinton, North Carolina. Members present: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Albert Kirby Jr., and Harry Parker. Absent: Commissioner Jerol Kivett.

The Chairman convened the meeting and called upon Commissioner Parker for the invocation. Commissioner Kirby then led the Pledge of Allegiance.

### **Approval of Agenda**

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kirby, the Board voted unanimously to approve the agenda with the following changes: Sheriff's Department Budget Amendment was added as Item 4 (h).

### **Roads**

Keith Jackson, NCDOT Highway Maintenance Engineer, was present to provide the Board an update on county road conditions. He informed the Board that all roads damaged by Hurricane Matthew had been repaired. He also mentioned that eight roads were scheduled to be temporarily closed for maintenance, and that recent flooding had resulted in three road closures. He concluded by informing the Board that Operation Litter Sweep 2017 was a great success. The floor was opened for public comment, and the following were received:

Lithia Fields (1044 Isaac Weeks Rd., Clinton): Ms. Fields expressed concerns of flooding on her property and neighboring properties due to drainage being emptied into her yard, which has caused erosion to her property of up to approximately 10 feet. She explained that during Hurricane Matthew of October 2016 that the flooding was so severe that drainage created a huge mass of standing water which eventually flooded her yard, a section of Isaac Weeks Road, as well as other properties in the adjacent Miry Creek subdivision. She noted that she had previously spoken with Soil and Water Conservation staff, and they had evaluated the cause of flooding noting that creeks are bringing sand into the drainage pipes causing blockage, which subsequently causes flooding. Commissioner Kirby questioned whether the drainage pipe was inappropriately positioned, thus causing the flooding, and requested that Mr. Jackson to assist Ms. Fields in resolving the issue.

## **Item 1: Reports and Presentations**

Recognition of Retirees Service plaques were presented to retirees Connie Fann and Addie Hodges.

Recognition of Employee Accomplishments (Admin/Finance) The Board acknowledged the recent accomplishments of Juanita Brewington, who earned the designation as a Certified Local Government Purchasing Officer (CLGPO), and Richard Carr, who successfully completed the UNC School of Government Municipal and County Administration Course.

Reports – Human Service Agencies - Social Services: 2016 Community Child Protection Team Annual Report Social Services Director Sarah Bradshaw introduced DSS staff member Lynn Fields who presented the 2016 CCPT Annual Report to the Board on behalf of the Community Child Protection Team, as required to meet the federal Child Abuse Prevention and Treatment Act (CAPA), as amended in 1998, and the Keeping Children and Families Safe Act of 2003. Ms. Fields provided a program update, highlighting accomplishments, achievements, and study findings.

Reports – Human Service Agencies - Health: 2016 Communicable Disease Report; 2017 NC Child Health Report Card Health Director Wanda Robinson introduced Communicable Disease Nurse Ms. Kelly Parrish who provided overview of the 2016 Communicable Disease Report. Ms. Robinson then presented the 2017 NC Child Health Report Card to the Board, noting significant improvement in health insurance coverage for children, ranking Sampson County in the top 25 percentile. Ms. Robinson also noted that the Report showed a decrease in uninsured children totals and teen pregnancy rates.

## **Item 2: Planning and Zoning**

CZ-3-17-1 Chairman Wooten called the hearing to order and recognized Planning Director Mary Rose who informed the Board that the applicant had withdrawn the request. The hearing was closed.

RZ-4-17-1 Chairman Wooten called the hearing to order and recognized Planning Director Mary Rose who reviewed a request to rezone approximately 1.83 acres located along Roseboro Highway from RA-Residential Agriculture to C-Commercial. The Chairman opened the floor for comments, and none were received. The hearing was closed. Upon a motion made by Chairman Wooten and seconded by Vice Chairperson Lee, the Board voted unanimously to approve rezoning request RZ-4-17-1, accepting the presented findings of fact and making the following zoning consistency statement: *Whereas, in accordance with the provisions of North Carolina General Statute 153A- 341, the Sampson County Board of Commissioners does hereby find and*

*determine that the recommendation of the ordinance amendment RZ-4-17-1 is consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents due to the fact this property is located along a major thoroughfare where commercial development is encouraged.*

RZ-4-17-2 Chairman Wooten called the hearing to order and recognized Planning Director Mary Rose who reviewed a request to rezone approximately 49 acres located along Autry Highway from RA-Residential Agriculture to C-Commercial. Commissioner Kirby inquired of the purpose of the rezoning request. Ms. Rose stated that it could possibly be for billboard development but could not guarantee being the property could accommodate other commercial uses. Upon a motion made by Commissioner Kirby and seconded by Commissioner Parker, the Board voted unanimously to approve rezoning request RZ-4-17-2, accepting the presented findings of fact and making the following zoning consistency statement: *Whereas, in accordance with the provisions of North Carolina General Statute 153A-341, the Sampson County Board of Commissioners does hereby find and determine that the recommendation of the ordinance amendment RZ-4-17-2 is consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents due to the fact this property is located along a major thoroughfare where commercial development is encouraged.*

RZ-4-17-3 Chairman Wooten called the hearing to order and recognized Planning Director Mary Rose who reviewed a request to rezone approximately 1.68 acres located along Autry Mill Road from RA-Residential Agriculture to C-Commercial. The Chairman opened the floor for comments, and none were received. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to approve rezoning request RZ-4-17-3, accepting the presented findings of fact and making the following zoning consistency statement: *Whereas, in accordance with the provisions of North Carolina General Statute 153A-341, the Sampson County Board of Commissioners does hereby find and determine that the recommendation of the ordinance amendment RZ-4-17-3 is consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents due to the fact this property is located along a major thoroughfare where commercial development is encouraged.*

**Item 3:        Action Items**

Award of Bid for County Complex Paving Finance Officer David Clack reported that the Finance Office sent Requests for Proposals (RFPs) to fourteen paving companies whose names were obtained from the NC Licensing Board of General Contractors. Seven contractors responded that the project was out of their service area, four were booked with other work, and one had bonding issues. After only one bid was received by the initial bid opening, 47 additional companies were contacted. Again, 36 of the companies stated the project was out of their service area, five were already booked, and three did not offer asphalt paving services. Seventeen RFPs were again sent out,

and two bids were received. Based upon evaluation of these bids, it was recommended that the bid be awarded to the lowest bidder, Blizzard Construction, in the amount of \$871,925. Upon a motion made by Commissioner Kirby and seconded by Commissioner Parker, the Board voted unanimously to award the bid as recommended to lowest bidder, Blizzard Construction, in the amount of \$871,925.

Calendaring of Budget Adoption Process County Manager Ed Causey presented the Board the following meeting dates for consideration, obtaining a consensus for each:

- May 22, 6 pm – Special Meeting for presentation of the proposed budget (this would immediately follow the water summit planned for 1-5 pm that same day)
- June 5, 6 pm – Public Hearing regarding proposed budget (at regularly scheduled Board meeting)
- June 19, 6 pm – Special Meeting for Adoption of FY 2017-2018 budget

Mr. Causey also noted the Board of Equalization meeting on May 11 at 10 am, the Cooperative Extension Report to the People on May 15, and that dates for budget work sessions would be determined at a later date.

Appointment – Sampson Community College Board of Trustees Upon a motion by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to appoint Michael Chestnut to the Sampson Community College Board of Trustees to fill the remainder of Jimmy Thornton’s term.

**Item 4: Consent Agenda**

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to approve the Consent Agenda items as follows:

- a. Approved the minutes of the April 3, 2017 meeting
- b. Adopted a resolution proclaiming May as Older Americans Month (Copy of resolution filed in Inc. Minute Book \_\_\_\_ Page \_\_\_\_.)
- c. Authorized renewal of the lease between the County and State Employees Credit Union for the SECU Cash Points ATM kiosk located on the County Complex for a period of one year (Copy of resolution filed in Inc. Minute Book \_\_\_\_ Page \_\_\_\_.)
- d. Authorized execution of a revision to the Home and Community Care Block Grant (HCCBG) Funding Plan (Copy of resolution filed in Inc. Minute Book \_\_\_\_ Page \_\_\_\_.)
- e. Declared as surplus two Sheriff’s vehicles (2010 Charger VIN# 2B3AA4CT7AH303189 and 2010 Charger VIN# 2C3CDXAT4CH13822) and authorized transfer to Bladen County Sheriff’s Office Training Division.

Commissioners Parker and Kirby asked for more information regarding the surplus of Sheriff's vehicles. Mr. Causey and Mr. Clack informed that Board that the Bladen County Sheriff's Department assisted in advanced law enforcement driver's training of Sampson County officers and that providing Bladen County surplus vehicles, which were not in condition for patrol use, was considered to assist in the training efforts.

f. Approved tax refunds and releases as submitted

#7960	Ricky I. Lee, Jr.	\$860.50
#7967	Crown Farms, Inc.	\$573.43
#7990	Robert Clayton Sink	\$201.96
#7992	Theresa Recasino Guy	\$303.50
#8002	Michael Ross Harrison	\$254.62
#7998	Cynthia Ann Wallace	\$287.31
#7980	Mark Kevin Faircloth	\$318.09
#8003	Joseph McRae Andrews	\$186.23
#7996	Linda Faye McDuffie	\$154.68
#7963	Stephanie Denise Hollingsworth	\$1,860.83
Tax Release	Tasha Carr Sanders	\$630.71

g. Approved budget amendments as submitted

<u>EXPENDITURE</u>		<u>Sampson Soil &amp; Water</u>			
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>		<u>Increase</u>	<u>Decrease</u>
28349610	523100	Educational Supplies		\$2,630.00	

<u>REVENUE</u>					
<u>Code Number</u>		<u>Source of Revenue</u>		<u>Increase</u>	<u>Decrease</u>
28349610	523100	Fund Bal Appropriated State		\$2,630.00	

<u>EXPENDITURE</u>		<u>Finance – Suppl. Current Expense Fund</u>			
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>		<u>Increase</u>	<u>Decrease</u>
26659100	581001	Transfer of Funds		\$112,000.00	

<u>REVENUE</u>					
<u>Code Number</u>		<u>Source of Revenue</u>		<u>Increase</u>	<u>Decrease</u>
26031840	412000	Ad Valorem Taxes-Current		\$112,000.00	

<u>EXPENDITURE</u>		<u>Aging</u>			
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>		<u>Increase</u>	<u>Decrease</u>
02549580	526200	Rural Health – Senior Health Ins-Dept Sup		\$2,412.00	

<u>REVENUE</u>					
<u>Code Number</u>		<u>Source of Revenue</u>		<u>Increase</u>	<u>Decrease</u>
02034958	404088	Rural Health – Senior Health Insurance		\$2,412.00	

<b><u>EXPENDITURE</u></b>		<u>City Schools Capital Outlay</u>	
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u> <u>Decrease</u>
11659110	555030	Category 1-drainage at various sites	\$60,000.00
11659110	555031	Category 2-furniture and equipment	\$165,000.00
11659110	555032	Category 3-vehicles	\$104,500.00
11659110	550000	Unallocated capital outlay	\$329,500.00

<b><u>REVENUE</u></b>			
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u> <u>Decrease</u>

<b><u>EXPENDITURE</u></b>		<u>Sampson Soil &amp; Water</u>	
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u> <u>Decrease</u>
28349610	531109	Travel	\$1,950.00

<b><u>REVENUE</u></b>			
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u> <u>Decrease</u>
28334961	403609	Conservation District Revenues	\$1,950.00

<b><u>EXPENDITURE</u></b>		<u>Aging</u>	
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u> <u>Decrease</u>
02558670	526200	H/R – Departmental Supplies	\$644.00

<b><u>REVENUE</u></b>			
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u> <u>Decrease</u>
02035867	408403	H/R – Fan Project	\$644.00

<b><u>EXPENDITURE</u></b>		<u>Aging</u>	
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u> <u>Decrease</u>
02558660	544000	PCII – Contracted Services	\$6,443.00
02558680	526200	Senior Center – Dept Supplies	\$5,000.00
02558710	526200	ADHC – Dept Supplies	\$7,243.00
02558800	522100	Nutrition – Food Provision	\$6,205.00
02558800	596000	Nutrition – Trans To SAT	\$405.00

<b><u>REVENUE</u></b>			
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u> <u>Decrease</u>
02035866	403601	PC II – State Grant – Mid-Carolina	\$6,443.00
02035868	403601	Senior Center – State Grant – Mid-Caroli	\$5,000.00
02035871	403601	ADHC – State Grant – Mid-Carolina	\$7,243.00
02035880	403601	Nutrition – State Grant – Mid-Carolina	\$6,205.00
02035880	403665	Nutrition – Transp- State Grant – Mid-Car	\$405.00

<b><u>EXPENDITURE</u></b>		<u>CD</u>	
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u> <u>Decrease</u>
12551250	523900	MEDICAL SUPPLIES	\$608.00

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535125	404000	STATE ASSISTANCE	\$608.00	

<b><u>EXPENDITURE</u></b>				
<u>EH FOOD &amp; LODGING</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
12551830	532100	TELEPHONE AND POSTAGE	\$1,500.00	
12551830	535300	M/R VEHICLES	\$500.00	
12551830	526200		\$2,416.00	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535183	404000	STATE ASSISTANCE	\$4,416.00	

<b><u>EXPENDITURE</u></b>				
<u>SHERIFF'S</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100	535300	MAINT/REPAIR VEHICLES	\$2,400.00	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	535300	MISC. REV.	\$2,400.00	

<b><u>EXPENDITURE</u></b>				
<u>SHERIFF'S</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100	554070	C.O. – VEHICLES FED ASSETS FUND	\$35,000.00	
11243100	555079	C.O. – OTHER EQUIPMENT-NARCOTICS	\$5,000.00	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	402603	FED ASSEST FUNDS (NARC)	\$40,000.00	

- Approved Clinton City Schools Amendment No. 6 (State) as submitted.

h. (Walk-on Budget Amendment)

<b><u>EXPENDITURE</u></b>				
<u>SHERIFF'S</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100	554070	C/O – VEHICLES FED ASSETS FUND	\$6,205.00	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	402603	FED ASSET FUNDS (NARC)	\$6,205.00	



## **County Manager Reports**

County Manager Ed Causey invited the Board to attend a NCACC Human Services program session on May 31, 2017 in Wilmington, NC. He then reminded the Board of the upcoming Water Summit scheduled for May 22, 2017 to discuss water planning. Mr. Causey concluded by providing the Board a recap on a meeting held by himself, Mr. Clack and the Board of Education regarding the county school system's declining fund balance and budget request, and the State's decline in low-wealth funding. Commissioner Kirby noted concerns with school funding and requested the opportunity for he and Commissioner Parker to also meet with representatives of the County School system to hear the presentation firsthand.

## **Public Comments**

The floor was opened for comments, and none were received.

## **Recess to Reconvene**

Upon a motion made by Commissioner Kirby and seconded by Vice Chairperson Lee, the Board voted unanimously to recess to reconvene on May 15, 2017 at 6:00 p.m. for Cooperative Extension Service's annual Report to the People dinner.

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Clark H. Wooten, Chairman

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Susan J. Holder, Clerk to the Board

The Sampson County Board of Commissioners reconvened for the annual Report to the People presentation at 6:00 p.m. on Monday, May 15, 2017 at the Sampson County Cooperative Extension Center, 55 Agriculture Place, Clinton, North Carolina. Members present: Chairman Clark H. Wooten, Vice Chairperson Sue Lee, and Commissioners Albert D. Kirby Jr., Harry Parker, and Jerol Kivett.

Following dinner, County Extension Director Eileen Coite and members of her staff presented the Report to the People and recognized Sampson County natives Jarmin and Nancy Sullivan as National Outstanding Young Farmer recipients.

### **Adjournment**

Upon a motion made by Commissioner Parker and seconded by Commissioner Kivett, the Board voted unanimously to adjourn.

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Clark H. Wooten, Chairman

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Susan J. Holder, Clerk to the Board

NORTH CAROLINA'S  
**SAMPSON COUNTY**

FINANCE DEPARTMENT  
*David K. Clack, Finance Director*

June 5, 2017

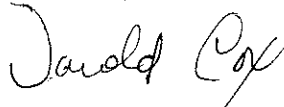
To: Honorable Chair and Members of the Board of Commissioners  
From: Department of Public Safety- Sampson County Juvenile Justice Council  
Subject: Recommendations to the Board for Approval of Funding for Sampson County Juvenile Crime Prevention Council for FY 2017-2018

The Department of Juvenile Justice and Delinquency has the responsibility for protecting the public from juvenile crime and promoting the positive development of youth. Our goal is to promote public safety as the cornerstone of North Carolina's juvenile justice system, to promote juvenile delinquency prevention, intervention, and treatment at the state and community levels so that juvenile crime and delinquency are reduced.

The Department of Juvenile Justice and Delinquency Prevention on behalf of Sampson County met Monday, May 8, 2017 in the Sampson County Finance Office Board Room. This meeting resulted in the approval by the full Council to submit a proposal to the Board of Commissioners for funding of JCPC Programs for Fiscal Year 2017-2018.

Thank you for your continued interest in the youth of Sampson County and for your consideration of this request.

Respectfully,



Darold Cox, JCPC Chair  
Sampson County Crime Prevention Council

## Sampson County NC DPS - Community Programs - County Funding Plan

Available Funds: \$ 168,092 Local Match: \$ 54,045 Rate: 10%

DPS JCPC funds must be committed with a Program Agreement submitted in NC Allies and electronically signed by authorized officials.

#	Program Provider	DPS-JCPC Funding	LOCAL FUNDING			OTHER	OTHER	Total	% Non DPS-JCPC Program Revenues
			County Cash Match	Local Cash Match	Local In-Kind	State/Federal	Funds		
1	JCPC Administration	\$15,500						\$15,500	
2	Sampson Co Coop Ext 4-H Development (Psychological Services)	\$12,000			\$1,900			\$13,900	14%
3	Coastal Horizons, Inc ( Temporary Shelter Care)	\$16,800			\$2,400			\$19,200	13%
4	Sampson Co Coop Ext 4-H Development (Restitution/Community Service/Teen Court)	\$76,972			\$15,850			\$92,822	17%
5	Sampson Co Coop Ext 4-H Development (Interpersonal Skill Building)	\$29,903			\$33,895			\$63,798	53%
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
<b>TOTALS:</b>		<b>\$151,175</b>			<b>\$54,045</b>			<b>\$205,220</b>	<b>26%</b>

The above plan was derived through a planning process by the Sampson County  
Juvenile Crime Prevention Council and represents the County's Plan for use of these funds in FY 2017-2018

Amount of Unallocated Funds \$16,917

Amount of funds reverted back to DPS \_\_\_\_\_

Discretionary Funds added \_\_\_\_\_

check type  initial plan  update  final

-----DPS Use Only-----

Reviewed by _____	Date _____
Area Consultant	
Reviewed by _____	Date _____
Program Assistant	
Verified by _____	Date _____
Designated State Office Staff	

\_\_\_\_\_  
Chairperson, Juvenile Crime Prevention Council (Date)

\_\_\_\_\_  
Chairperson, Board of County Commissioners (Date)  
or County Finance Officer



NC Department of Public Safety
Juvenile Crime Prevention Council Certification

Fiscal Year: 2017 -2018

County: Sampson Date: May 15, 2017

CERTIFICATION STANDARDS

STANDARD #1 - Membership

- A. Have the members of the Juvenile Crime Prevention Council been appointed by county commissioners? Y
B. Is the membership list attached? Y
C. Are members appointed for two year terms and are those terms staggered? Y
D. Is membership reflective of social-economic and racial diversity of the community? Y
E. Does the membership of the Juvenile Crime Prevention Council reflect the required positions as provided by N.C.G.S. §143B-846? N

If not, which positions are vacant and why?

Chief of Police, District Attorney, AMH/DD/SA, Substance Abuse Professional, 2 persons under the age of 18, Juvenile Defense Attorney, Chief District Judge, United Way or Non-profit, County Commissioners Appointees. Have requested and asked for members or a designee. Have not received any response.

STANDARD #2 - Organization

- A. Does the JCPC have written Bylaws? Y
B. Bylaws are [X] attached or [ ] on file (Select one.)
C. Bylaws contain Conflict of Interest section per JCPC policy and procedure. Y
D. Does the JCPC have written policies and procedures for funding and review? Y
E. These policies and procedures [X] attached or [ ] on file. (Select one.)
F. Does the JCPC have officers and are they elected annually? Y
JCPC has: [X] Chair; [X] Vice-Chair; [X] Secretary; [X] Treasurer.

STANDARD #3 - Meetings

- A. JCPC meetings are considered open and public notice of meetings is provided. Y
B. Is a quorum defined as the majority of membership and required to be present in order to conduct business at JCPC meetings? Y
C. Does the JCPC meet bi-monthly at a minimum? Y
D. Are minutes taken at all official meetings? Y
E. Are minutes distributed prior to or during subsequent meetings? Y

STANDARD #4 - Planning

- A. Does the JCPC conduct an annual planning process which includes a needs assessment, monitoring of programs and funding allocation process? Y
B. Is this Annual Plan presented to the Board of County Commissioners and to DPS? Y
C. Is the Funding Plan approved by the full council and submitted to Commissioners Y

**Juvenile Crime Prevention Council Certification (cont'd)**

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**STANDARD #5 - Public Awareness**

- A. Does the JCPC communicate the availability of funds to all public and private non-profit agencies which serve children or their families and to other interested community members? ( RFP, distribution list, and article attached) \_\_\_\_\_ Y
- B. Does the JCPC complete an annual needs assessment and make that information available to agencies which serve children or their families, and to interested community members? \_\_\_\_\_ Y

**STANDARD #6 – No Overdue Tax Debt**

- A. As recipient of the county DPS JCPC allocation, does the County certify that it has no overdue tax debts, as defined by N.C.G.S. §105-243.1, at the Federal, State, or local level? \_\_\_\_\_ Y


Briefly outline the plan for correcting any areas of standards non-compliance.

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Having complied with the Standards as documented herein, the Juvenile Crime Prevention Council may use up to \$15,500 of its annual Juvenile Crime Prevention fund allocation to cover administrative and related costs of the council. *Form JCPC/OP 002 (b) JCPC Certification Budget Pages* detailing the expenditure budget must be attached to this certification.  
**The JCPC Certification must be received by June 30, 2017.**

**JCPC Administrative Funds  
SOURCES OF REVENUE**

<b>DPS JCPC</b>	
Only list requested funds for JCPC Administrative Budget.	_____ \$15,500
<b>Local</b>	_____
<b>Other</b>	_____
<b>Total</b>	_____ \$15,500


\_\_\_\_\_ May 16, 2017  
 \_\_\_\_\_  
 JCPC Chairperson Date

\_\_\_\_\_ Date

Chairman, Board of County Commissioners

\_\_\_\_\_ Date

DPS Designated Official

**SECTION VI: BUDGET NARRATIVE**

JCPC Administration		Fiscal Year	FY 17-18
Item #	Justification	Expense	In Kind Expense
220	Food and Provisions for JCPC meetings	\$5,550	
260	Office supplies, paper, toner, etc.	\$400	
260	JCPC Members Operational Supplies (portfolio's, pens, etc...)	\$2,000	
370	Advertising for JCPC/Requests for proposals	\$800	
390	JCPC Member Conference/Workshop/Seminar expense	\$6,750	
<b>TOTAL</b>		<b>\$15,500</b>	

Job Title	Annual Expense Wages	Annual In Kind Wages
<b>TOTAL</b>		

**SECTION VII**

Program: JCPC Administration

Fiscal Year: FY 17-18

Number of Months: 12

	Cash	In Kind	Total
<b>I. Personnel Services</b>			<b>\$0</b>
120 Salaries & Wages			\$0
180 Fringe Benefits			\$0
190 Professional Services*			\$0
*Contracts MUST be attached			
<b>II. Supplies &amp; Materials</b>	<b>\$7,950</b>		<b>\$7,950</b>
210 Household & Cleaning			\$0
220 Food & Provisions	\$5,550		\$5,550
230 Education & Medical			\$0
240 Construction & Repair			\$0
250 Vehicle Supplies & Materials			\$0
260 Office Supplies and Materials	\$2,400		\$2,400
280 Heating & Utility Supplies			\$0
290 Other Supplies and Materials			\$0
<b>III. Current Obligations &amp; Services</b>	<b>\$7,550</b>		<b>\$7,550</b>
310 Travel & Transportation			\$0
320 Communications			\$0
330 Utilities			\$0
340 Printing & Binding			\$0
350 Repairs & Maintenance			\$0
370 Advertising	\$800		\$800
380 Data Processing			\$0
390 Other Services	\$6,750		\$6,750
<b>IV. Fixed Charges &amp; Other Expenses</b>			<b>\$0</b>
410 Rental or Real Property			\$0
430 Equipment Rental			\$0
440 Service and Maint. Contracts			\$0
450 Insurance & Bonding			\$0
490 Other Fixed Charges			\$0
<b>V. Capital Outlay</b>			<b>\$0</b>
<b>[This Section Requires Cash Match]</b>			
510 Office Furniture & Equipment			\$0
530 Educational Equipment			\$0
540 Motor Vehicle			\$0
550 Other Equipment			\$0
580 Buildings, Structure & Improv.			\$0
<b>Total</b>	<b>\$15,500</b>		<b>\$15,500</b>



**Juvenile Crime Prevention Council Certification (cont'd)**

**Sampson**

**County**

**FY 2017-2018**

Instructions: N.C.G.S. § 143B-846 specifies suggested members be appointed by county commissioners to serve on local Juvenile Crime Prevention Councils. In certain categories, a designee may be appointed to serve. Please indicate the person appointed to serve in each category and his/her title. Indicate appointed members who are designees for named positions. Indicate race and gender for all appointments.

Specified Members	Name	Title	Designee	Race	Gender
1) School Superintendent or designee	Tommy Macon	Superintendent	<input type="checkbox"/>	b	m
2) Chief of Police	Vacant		<input type="checkbox"/>		
3) Local Sheriff or designee	Chris Godwin	Detective	<input checked="" type="checkbox"/>	w	m
4) District Attorney or designee	Vacant		<input type="checkbox"/>		
5) Chief Court Counselor or designee	Tracy Arrington	Chief Court Counselor	<input type="checkbox"/>	b	f
6) Director, AMH/DD/SA, or designee	Vacant		<input type="checkbox"/>		
7) Director DSS or designee	Lynn Field	DSS	<input checked="" type="checkbox"/>	w	f
8) County Manager or designee	David K Clack	Finance Officer	<input type="checkbox"/>	w	m
9) Substance Abuse Professional	Vacant				
10) Member of Faith Community	Rev. Neal	Pastor Retired		w	m
11) County Commissioner	Clark Wooten	Commissioner (Chairman)		w	m
12) Two Persons under age 18 (State Youth Council Representative, if available)	Vacant				
13) Juvenile Defense Attorney	Vacant				
14) Chief District Judge or designee	Vacant		<input type="checkbox"/>		
15) Member of Business Community					
16) Local Health Director or designee	Tamara Jones	DSS	<input checked="" type="checkbox"/>	w	f
17) Rep. United Way/other non-profit	Vacant				
18) Representative/Parks and Rec.	Dana Hall	Director		w	f
19) County Commissioner appointee	Elizabeth Phillip	Secretary/JCPC		w	f
20) County Commissioner appointee	Darold Cox	Chairman JCPC		w	m
21) County Commissioner appointee	Clem Mason	ViceChair JCPC		b	f
22) County Commissioner appointee	Billy F Jackson	General Public		w	m
23) County Commissioner appointee	Terrace Miller	Clinton City Sch		b	f
24) County Commissioner appointee	CourtneyBoyett	Eastpointe		w	f
25) County Commissioner appointee					



**SAMPSON COUNTY  
EMERGENCY  
MANAGEMENT  
SERVICES**

RONALD BASS  
DIRECTOR  
(910) 592-8996

107 UNDERWOOD ST., CLINTON, NORTH CAROLINA 28328

**M E M O R A N D U M :**

**TO:** Ms. Susan Holder, Assistant County Manager  
**FROM:** *RB*  
Ronald Bass, Emergency Management Director  
**DATE:** May 18, 2017  
**SUBJECT: MEMORANDUM OF UNDERSTANDING**



Wayne Community College has reached out to us regarding renewal of the collaborative Memorandum of Understanding between the College and our agency. I would like this item placed on the agenda for the Board of Commissioners meeting scheduled for June 5, 2017.

Please feel free to contact me should you have any questions.

RB/mw

Enclosures

RECEIVED APR 27 2017



P.O. Box 8002 • Goldsboro, NC 27533-8002  
Tel: 919-735-5151 • Fax: 919-736-9425

www.waynecc.edu

March 29, 2017

Mr. Ronald Bass  
Sampson County EMS  
PO Box 8  
Clinton, NC 28328

Dear Mr. Bass,

Another year has come and gone and it is once again time to renew our clinical contracts. I am writing to you requesting the renewal of the collaborative Memorandum of Understanding between Wayne Community College and your healthcare/emergency services agency. This affords us the opportunity to allow our EMT, Intermediates/AEMT, and Paramedic interns to complete their clinical and/or field internship which is required by the North Carolina Office of Emergency Services for all individuals who enroll in an EMT or Paramedic program for certification purposes.

If you accept this request for renewal, please sign the enclosed contract, retain a copy for your records and return the original contract signed by the appropriate persons to: Wayne Community College P.O. Box 8002 Goldsboro, NC 27533-8002, Attention: Kimberly M. Boswell, EMS Coordinator.

I would like to thank you in advance for the opportunity you are granting to our EMT, Intermediate/AEMT, and Paramedic interns within your agency.

If you need any additional information please contact me at (919) 739-6893.

Sincerely,

A handwritten signature in black ink that reads 'Kim Boswell'.

Kimberly M. Boswell,  
EMS Coordinator  
Wayne Community College  
919-739-6893  
kmboswell@waynecc.edu

MEMORANDUM OF UNDERSTANDING

WAYNE COMMUNITY COLLEGE

And

SAMPSON COUNTY EMS

THIS AGREEMENT made this 1<sup>st</sup> day May 2017 by and between **WAYNE COMMUNITY COLLEGE** (hereinafter referred to as the **COLLEGE**), and **SAMPSON COUNTY EMS**. (hereinafter referred to as the **AGENCY**);

WITNESSETH

**WHEREAS** the **AGENCY** has given and desires to continue to give special attention and strong support to the needs of the Health Related programs of the **COLLEGE**; and

**WHEREAS** the **AGENCY** intends to continue to cultivate its clinical bonds with the **COLLEGE**; and

**WHEREAS THE COLLEGE**, is interested in providing educational opportunities in Health Related Programs and desires to continue its relationship with the **AGENCY**;

NOW THEREFORE, the parties agree as follows:

I. **COLLEGE RESPONSIBILITIES** - It shall be the responsibility of the **COLLEGE** to do the following:

A) To sponsor and promote an educational program at the **COLLEGE** education in the health related disciplines.

B) To provide qualified faculty to develop, implement, and evaluate the health programs. The program director shall be responsible for coordinating the following continuing education program: EMS.

C) To provide faculty to plan and to supervise clinical experiences and to evaluate student performance in accordance with course guidelines and objectives.

D) To require each student and/or faculty assigned to the **AGENCY** to comply with the policies, procedures, rules and regulations of the **AGENCY**, as the same may be from time to time amended, including but not limited to the Employee Health and Infection Control Policies; and the Confidentiality Policy, regarding the records of those served by the **AGENCY**; and the blood and body fluid exposure policies in effect during any student and/or faculty rotation.

E) To provide the **AGENCY** with a rotation schedule to include the names, numbers of the students, the level of the students, time, days, clinical area and responsible instructor.

**MEMORANDUM OF UNDERSTANDING**

**Wayne Community College**

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Page 2 of 5

F) To require students and faculty to carry adequate professional liability insurance while at the **AGENCY**. The limits of liability of said insurance shall be at least one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) per aggregate. Proof of such coverage shall be maintained by the director of the program and available upon request. A criminal background check and drug testing are done prior to beginning clinical rotations. Upon request of the **AGENCY** this information will be made available prior to clinical.

G) To remove any student from the **AGENCY**, whenever in the opinion of the **AGENCY** and the **COLLEGE**, it is deemed to be in the best interest of either the **AGENCY** consumers and/or employees.

H) To recommend for placement in the clinical education program of the facility only those students who have earned a satisfactory or passing grade point average as defined by the **COLLEGE**.

I) To provide the **AGENCY** with copies of current course syllabi, and written evaluations of the clinical experiences upon request of the **AGENCY**.

J) To adhere to the essential guidelines for the applicable accrediting bodies for the particular Health fields covered pursuant to this agreement.

K) To cooperate with Agency facilitator and/or designee, to assign students to specific areas with the **AGENCY**.

II. **AGENCY RESPONSIBILITIES** – It shall be the responsibility of the **AGENCY** as follows:

A) To offer its facilities as a clinical learning experience to the **COLLEGE'S** enrolled students in Health programs and to foster among its staff and employees, both technical and professional, a “teaching attitude” of helpfulness to the **COLLEGE'S** students and/or faculty.

B) To retain direct **responsibility** for and control of its health delivery services.

C) To provide sufficient and qualified supervisory and staff personnel, as required by the particular Boards governing the areas within the **AGENCY** selected for learning experiences for the students.

D) To provide opportunities for faculty-staff planning.

E) To provide sufficient and properly maintained equipment and supplies suitable for students use within the facility.

F) To provide faculty and students access to first aid and emergency care for illnesses and/or accidents occurring on the property operated by the **AGENCY**. Costs for such care shall be the responsibility of the faculty member or student receiving such services: except in the event, the exposure may have resulted from any error or omission by the **AGENCY** and/or its agents or employees, the Agency facilitator or designee shall notify the Health Program director regarding assistance from the **AGENCY** for diagnostic tests, including but not limited to RPR, Hepatitis B surface Antibody, Hepatitis B Surface Antigen, HIV for exposed student/faculty and source person.

G) To give to the **COLLEGE** consideration with other educational institutions with respects to the scheduling for the use of the **AGENCY** for all purposes set out in this Memorandum of Understanding.

H) To cooperate with the Program Director, or designee, to assign students to specific areas within the **AGENCY**.

I) To provide an orientation session to include rules and regulations, policies and a tour of the **AGENCY** for the students and faculty prior to their first clinical experience.

### III. MUTUAL RESPONSIBILITIES:

A) **TERMS:** The term of this Agreement shall commence as of the date first found above and shall continue in full force and effect until mutually dissolved. Either party shall have the right to terminate this Agreement with or without cause, upon ninety (90) days notice in writing to the other party.

B) **EQUAL EMPLOYMENT AFFIRMATIVE ACTION EMPLOYERS:** The parties agree that they are Equal Employment Affirmative Action Employers and shall not discriminate in any manner against any student or faculty member regardless of race, color, national origin, religion, sex, age or disability.

C) **AGENCY:** Under no circumstances are any other **COLLEGE** faculty or students to be considered agents or employees of the **AGENCY** while they are engaged in clinical activities/supervising students from the **COLLEGE**.

D) **SCHEDULING:** Clinical scheduling (for priority commitment) will be designated each year at a joint conference between the **AGENCY** and the **COLLEGE** and other affiliating schools.

E) **DISMISSAL:** Only the **COLLEGE** shall have the authority to dismiss students from any Health Program.

Page 4 of 5

F) **MODIFICATION:** This agreement may be modified or amended at any time by mutual consent. Such amendment shall be in writing with said writing signed by both parties.

G) **ENTIRE AGREEMENT AND AMENDMENTS:** This Agreement contains the entire understanding between the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous written or oral negotiations in agreement between them regarding the subject matter hereof.

H) **LIABILITY:** The **COLLEGE** on its behalf accepts responsibility for its tortuous acts to the extent allowed under the North Carolina Tort Claims Acts, North Carolina General Statutes 143-300.1 et seq. and accepts responsibility for any and all claims, losses, liabilities, demands, damages or any other financial demands that may be alleged or realized due to its own negligence and or negligence of its agents, employees or students while in the performance of their duties or assignment pursuant to this Agreement to the extent permitted by law, except that the **COLLEGE** does not agree to hold harmless the **AGENCY** from any claims which may have resulted from any error omission by the **AGENCY** and/or its agents or employees.

I) **SEVERABILITY:** If any provision of this agreement is determined to be invalid or unenforceable, the provision shall be deemed to be severable from the remainder of the Agreement and shall not cause the invalidity or unenforceability of the remainder of the Agreement.

J) **WAIVER CLAUSE:** The failure by the party at any time to require performance by the other party of any provision hereof shall not effect in any way the right to require such performance at a later time not shall the waiver by either party of a breach of any provision hereof be taken or be held to be waiver of such provision.

K) **ASSIGNMENT:** This agreement is personal to each of the parties hereto, and neither party may assign nor delegate any of its rights or obligations without first obtaining the written consent of the other party unless otherwise provided for in this Agreement. Any purported assignment without prior written consent shall be null and void.

L) **NOTICE:** Any notice required or permitted to be given hereunder shall be in writing and shall be deemed to have been given when delivered personally or 3 days after being mailed to the following address:

SAMPSON COUNTY EMS  
ATTN: ANGELA MCGILL  
PO BOX 8  
CLINTON, NC 28328

WAYNE COMMUNITY COLLEGE  
ATTN: BEVERLY DEANS, DIRECTOR  
EMS, FIRE & LAW ENFORCEMENT  
PO BOX 8002  
GOLDSBORO, N.C. 27533

**MEMORANDUM OF UNDERSTANDING**  
**Wayne Community College**

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Page 5 of 5

Health Programs: Paramedic  
AEMT-(Intermediate)  
EMT

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first written above.


  
\_\_\_\_\_  
RONALD BASS, EMS DIRECTOR

5-18-17  
\_\_\_\_\_  
DATE

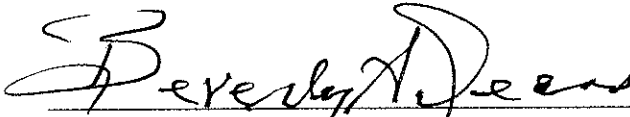
\_\_\_\_\_  
EDWIN CAUSEY, COUNTY MANAGER

\_\_\_\_\_  
DATE


**WAYNE COMMUNITY COLLEGE**

  
\_\_\_\_\_  
RENITA DAWSON, VICE PRESIDENT  
CONTINUING EDUCATION SERVICES

4-21-17  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
BEVERLY DEANS, PUBLIC SAFETY DIRECTOR  
EMS, FIRE, AND LAW ENFORCEMENT

4-12-2017  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
KIMBERLY M. BOSWELL, EMS COORDINATOR

3/29/2017  
\_\_\_\_\_  
DATE



**Sampson County Department of Aging  
405 County Complex Road; Suite 140  
Clinton, NC 28328  
910-592-4653**

**Lorie Sutton, Director**

Memorandum

To: Susan Holder, Assistant County Manager  
From: Lorie Sutton, Aging/Transportation Director  
Date: May 24, 2017  
Re: Title VI Plan

I am requesting approval from the Board of Commissioners for Sampson Area Transportation's revised Title VI Plan. This would be contingent upon final approval from the NCDOT- Equal Opportunity and Workforce Services office.

We received preliminary approval by the officer working with us to update our plan, however, he has since left employment with NCDOT. We are now waiting on final approval from the Director.

I am asking for approval now, so that we will stay in compliance with the Federal and State regulations. Any changes that are made to the plan will be submitted back to the Board. However, we do not anticipate that happening.

Thank you.

/ls

# **Sampson Area Transportation**

## **Title VI Plan**

### **Sampson County**

*This policy is hereby adopted and signed by:*

\_\_\_\_\_  
Chairman of Board of Commissioners

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature: County Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director

\_\_\_\_\_  
Date

## Table of Contents

Section 1: Title VI Non-discrimination Agreement

Section 2: Overview

Section 3: Policy Statement

Section 4: SAT's Title VI Notice to the Public

Section 5: Processing Procedures for Complaints of Discrimination

Section 6: Public Involvement Plan

Section 7: Limited English Proficiency Plan (LEP)

**Section 1: Title VI Nondiscrimination Agreement – NCDOT and Sampson County**

**TITLE VI NONDISCRIMINATION AGREEMENT  
BETWEEN  
THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
AND  
THE SAMPSON AREA TRANSPORTATION SERVICES**

In accordance with DOT Order 1050.2A, SAT assures the North Carolina Department of Transportation (NCDOT) that no person shall, on the ground of **race, color, national origin, limited English proficiency, income status, sex, creed (religion), age, or disability**, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 and related nondiscrimination authorities, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by SAT.

Further, SAT hereby agrees to:

1. Designate a Title VI Coordinator that has a responsible position within the organization and easy access to the Transportation Planner of the organization.
2. Issue a policy statement, signed by the Transportation Planner of the organization, which expresses a commitment to the nondiscrimination provisions of Title VI and related applicable statutes. The signed policy statement shall be posted and circulated throughout the organization and to the general public, and published where appropriate in languages other than English. The policy statement will be re-signed when there is a change of Transportation Planner.
3. Insert the clauses of the contract language from Section 6.1 in every contract awarded by the organization. Ensure that every contract awarded by the organization's contractors or consultants also includes the contract language.
4. Process all and, when required, investigate complaints of discrimination consistent with the procedures contained within this Plan. Log all complaints for the administrative record.
5. Collect statistical data (race, color, national origin, sex, age, disability) on participants in, and beneficiaries of, programs and activities carried out by the organization.
6. Participate in training offered on Title VI and other nondiscrimination requirements. Conduct or request training for employees or the organization's sub recipients.
7. Take affirmative action, if reviewed or investigated by NCDOT, to correct any deficiencies found within a reasonable time period, not to exceed 90 calendar days, unless reasonable provisions are granted by NCDOT.
8. Document all Title VI nondiscrimination-related activities as evidence of compliance. Submit information and reports to NCDOT on a schedule outlined by NCDOT.

**THIS AGREEMENT** is given in consideration of, and for the purpose of obtaining, any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all programs and activities and is binding.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Ed Causey  
County Manager

## **Section 1: Overview**

### **INTRODUCTION**

Title VI of the 1964 Civil Rights Act, 42 U.S.C. 2000d provides that: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." The broader application of nondiscrimination law is found in other statutes, executive orders, and regulations, which provide additional protections based on age, sex, creed, and disability, including the 1987 Civil Rights Restoration Act, which extended nondiscrimination coverage to all programs and activities of federal-aid recipients, subrecipients, and contractors, including those that are not federally-funded (see Appendix A – Applicable Nondiscrimination Authorities).

Sampson Area Transportation (SAT) is a recipient of Federal financial assistance from the North Carolina Department of Transportation (NCDOT) and the United States Department of Transportation (USDOT), receiving Federal Transit Administration (FTA) funds through the NCDOT. As the primary recipient of USDOT funds in North Carolina, the NCDOT's comprehensive Title VI Nondiscrimination Program includes compliance oversight and technical assistance responsibilities towards its subrecipients and those subrecipients must use federal and state funds in a nondiscriminatory manner.

Sampson Area Transportation (SAT) establishes this Title VI Nondiscrimination Plan for the purpose of complying with Title VI of the Civil Rights Act of 1964, as required by FTA Circular 4702.1B, and related requirements outlined under Group 01.D, "Nondiscrimination Assurance," of the FTA Certifications and Assurances. This document details the nondiscrimination program, policies, and practices administered by this organization, and will be updated periodically to incorporate changes and additional responsibilities as they are made.

### **DESCRIPTION OF PROGRAMS AND SERVICES**

#### **PROGRAM(S) AND SERVICES ADMINISTERED**

Sampson County Transportation (SAT) provides public transportation options to its elderly, disabled and general public residents on Monday through Friday from 5:30am to 5:00pm for trips to local agencies, work, non-emergency medical appointments, individual shopping trips, community college, Nutrition Sites, Senior Centers and Veteran's out-of-county medical trips.

Appointments should be made two days in advance by calling our office at 910-299-0127. Medicaid Transportation clients call DSS at 910-592-7131.

SAT receives Rural Operating Assistance Program funding from State funds to pay for non-Medicaid client's trips. The majority of the trip cost and we charge a \$2.00 round trip fare for in-county trips and \$5.00 for Veteran's out-of-county trips; \$1.00 additional for each extra stop.

SAT staffing include the following: Project Director, Transportation Supervisor, Transportation Office Manager, Two Admin Support Specialists, six full-time drivers and twenty part-time drivers.

#### **FUNDING SOURCES / TABLES**

For the purpose of federally-assisted programs, "federal assistance" shall include:

1. grants and loans of Federal funds;
2. the grant or donation of Federal property and interest in property;
3. the detail of Federal personnel;
4. the sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease to the recipient; and
5. any Federal agreement, arrangement, or other contract which has, as one of its purposes, the provision of assistance.

Each FTA Formula Grant received by our system during the past year, and whether the funds were received through NCDOT or directly from FTA, is checked below. Additional details are provided on how often each of the grants is received (*annually, first time, etc.*) and the amount.

Grant Title	NCDOT	FTA	Details (i.e., purpose, frequency, and duration of receipt)
5307 (Urbanized Area Formula)	<input type="checkbox"/>	<input type="checkbox"/>	
5309 (b)(2) (Fixed Guideway Modernization)	<input type="checkbox"/>	<input type="checkbox"/>	
5310 (Transportation for Elderly Persons and Persons with Disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	
5311 (Formula Grants for Other than Urbanized Areas)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	We receive annually. FY16-17 we received \$192,924 for admin costs and \$137,148 for capital costs.
5311 (b)(3) (Rural Transit Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	
5316 (Job Access and Reverse Commute)	<input type="checkbox"/>	<input type="checkbox"/>	
5317 (New Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	
5303, 5304 and/or 5305 (Metropolitan & Statewide Planning)	<input type="checkbox"/>	<input type="checkbox"/>	
5339 (Bus and Bus Facilities Formula)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

#### DECISION-MAKING PROCESS

The Sampson County Board of Commissioners is the governing board for Sampson Area Transportation and they make the final decision on adopting program documents. The BOC meet once per month. When approval from the BOC is needed, a request will be made by Agency Director with all pertinent information being sent to County Manager for approval and then to put on monthly Board of Commissioners agenda. All plans, policies, grants, rate changes and budgets are required to be adopted by the BOC. Sampson County Local Coordinated Plan (LCP) must be approved every four years, Drug and Alcohol, System Safety Program Plan, Title VI Plan are initially approved by the board, as well as, any revisions or updates made. The BOC approves by votes from the five (5) member board. A Resolution granting permission for SAT to apply and receive the annual CTP funds must be passed by the BOC.

Any documents that need BOC approval will be discussed and voted on by the Transportation Advisory Board at a quarterly meeting that is held on the third Wednesday of January, April, July, and October prior to sending it to the BOC for final approval. The TAB also may vote on issues that do not require BOC approval.

## SECTION 2: POLICY STATEMENT

### TITLE VI NONDISCRIMINATION POLICY STATEMENT

It is the policy of Sampson Area Transportation (SAT), as a federal-aid recipient, to ensure that no person shall, on the ground of **race, color, national origin, limited English proficiency, income status, sex, creed, age or disability**, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any of our programs and activities, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and all other related nondiscrimination laws and requirements.

---

Lorie Sutton, Agency Director

---

Date

#### **Title VI and Related Authorities**

Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d) provides that, "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." The 1987 Civil Rights Restoration Act (P.L. 100-259) clarified and restored the original intent of Title VI by expanding the definition of "programs and activities" to include all programs and activities of federal-aid recipients (such as, Sampson County Area Transportation Services), sub recipients, and contractors, whether such programs and activities are federally-assisted or not.

Related nondiscrimination authorities include, but are not limited to: U.S. DOT regulation, 49 CFR part 21, "Nondiscrimination in Federally-assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act"; 49 U.S.C. 5332, "Nondiscrimination (Public Transportation)"; FTA Circular 4702.1B - Title VI Requirements and Guidelines for Federal Transit Administration Recipients; DOT Order 5610.2a, "Actions to Address Environmental Justice in Minority Populations and Low-Income Populations"; FTA C 4703.1 - Environmental Justice Policy Guidance For Federal Transit Administration Recipients; Policy Guidance Concerning (DOT) Recipient's Responsibilities to Limited English Proficient (LEP) Persons, 74 FR 74087; The Americans with Disabilities Act of 1990, as amended, P.L. 101-336; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 790; Age Discrimination Act of 1975, as amended 42 U.S.C. 6101; Title IX of the Education Amendments of 1972, 20 U.S.C. 1681; Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, 42 U.S.C. 4601; Section 508 of the Rehabilitation Act of 1973, 29 U.S.C. 794d;

#### **Implementation**

- This statement will be signed by the Agency Director of the Sampson Area Transportation, and re-signed whenever a new person assumes that position.
- The signed statement will be posted on office bulletin boards, near the receptionist's desk, in meeting rooms, at transit stops, inside vehicles, and disseminated within brochures and other written materials.
- The *core* of the statement (signature excluded) will circulate *internally* within annual acknowledgement forms.
- The statement will be posted or provided in languages other than English, when appropriate.

## Sampson Area Transportation, Title VI Coordinator, Duties & Responsibilities

The individual below has been designated as the Title VI Coordinator for Sampson County – Sampson Area Transportation, and is empowered with sufficient authority and responsibility to implement the Title VI Nondiscrimination Program:

Name: Lorie Sutton  
Official Title: Director  
Address: 405 County Complex Road, Suite 140, Clinton, NC 28328  
Phone: 910-592-4653  
Email: lbsutton@sampsonnc.com

Key responsibilities of the Coordinator include:

- Maintaining knowledge of Title VI and related requirements.
- Attending civil rights training when offered by NCDOT or any other regulatory agency.
- Administer the Title VI Nondiscrimination Program and coordinate implementation of the plan.
- Making sure internal staff and officials are familiarized and complying with Title VI nondiscrimination requirements.
- Disseminating Title VI information internally and to the general public, including in languages other than English.
- Presenting Title VI-related information to decision-making bodies for input and approval.
- Ensuring Title VI-related posters are prominently and publicly displayed.
- Developing a process to collect data related to race, national origin, sex, age, and disability to ensure minority, low-income, and other underserved groups are included and not discriminated against.
- Ensuring that non-elected boards and committees reflect the service area and that minorities are represented.
- Implementing procedures for prompt processing (receiving, logging, investigating and/or forwarding) of discrimination complaints.
- Coordinating with, and providing information to, NCDOT and other regulatory agencies during compliance reviews or complaint investigations.
- Ensuring compliance with Title VI nondiscrimination requirements, including promptly resolving areas of deficiency.



### Section 3: TITLE VI Notice to the Public

Sampson Area Transportation's Notice to the Public is as follows:

Notifying the Public of Rights Under Title VI

**Sampson Area Transportation**

- ✓ Sampson Area Transportation operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Sampson Area Transportation
- ✓ For more information on Sampson Area Transportation's civil rights program, and the procedures to file a complaint, contact Lorie Sutton at 910-592-4653. (TTY 800-735-2962); email [lbsutton@sampsonnc.com](mailto:lbsutton@sampsonnc.com) ; or visit our administrative office at 405 County Complex Road, Suite 140, Clinton, NC 28328.
- ✓ A complainant may file a complaint directly with the North Carolina Department of Transportation by contacting the Office of Civil Rights, External Civil Rights Section, 1511 Mail service Center, Raleigh, NC 27699-1511, Attention: Title VI Nondiscrimination Program; phone 919-508-1808 or 800-533-0453, or YFF/TTY: 800-735-2962.
- ✓ A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact 910-592-4653 or 910-299-0127.  
*Si se necesita informacion en otro idioma de contacto, 910-592-4653 or 910-299-0127.*

Sampson Area Transportation's Notice to the Public is posted in the following locations:

- ✓ Agency website [www.sampsonnc.com](http://www.sampsonnc.com)
- ✓ Front office of the Sampson Area Transportation
- ✓ Inside vehicles
- ✓ Brochures
- ✓ Other: Sampson County Department of Aging

## Section 4: Procedures for Complaints of Discrimination

### EXTERNAL DISCRIMINATION COMPLAINT PROCEDURES

These discrimination complaint procedures describe the process used by SAT to process and investigate complaints of alleged discrimination filed under Title VI of the Civil Rights Act of 1964 and related nondiscrimination laws that are applicable to programs, services, and activities carried out by Sampson Area Transportation.

Complaints will be investigated by the appropriate authority. Upon completion of every investigation, Sampson Area Transportation will inform the complainant of all avenues of appeal. Sampson Area Transportation will make every effort to obtain early resolution of complaints at the lowest level possible. The option of informal mediation between the affected parties and SAT staff may be utilized for resolution.

#### FILING OF COMPLAINTS

1. **Applicability** – The complaint procedures apply to the beneficiaries of Sampson Area Transportation programs, activities, and services, such as the members of the public and any consultants/contractors hired by Sampson Area Transportation.
2. **Eligibility** – Any person or class of persons who believes that he/she has been subjected to discrimination or retaliation prohibited by any of the Civil Rights authorities based upon race, color, national origin, limited English proficiency, income status, sex, age, creed, or disability, may file a written complaint with Sampson Area Transportation. The law prohibits intimidation or retaliation of any sort. The complaint may be filed by the affected individual or a representative, and must be in writing.
3. **Time Limits and Filing Options** – A complaint must be filed no later than 180 calendar days after the following:
  - The date of the alleged act of discrimination; or
  - The date when the person(s) became aware of the alleged discrimination; or
  - Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Complaints may be submitted to the following entities:

- **Sampson Area Transportation**, 405 County Complex Road; Suite 140, Clinton, NC 28328
  - **North Carolina Department of Transportation**, Office of Civil Rights, External Civil Rights Section, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1830 or toll free 800-522-0453
  - **US Department of Transportation**, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070
  - **Federal Transit Administration**, Office of Civil Rights, ATTN: Title VI Program Coordinator, East Bldg. 5<sup>th</sup> Floor – TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590
  - **Federal Highway Administration**, Office of Civil Rights, 1200 New Jersey Avenue, SE, 8<sup>th</sup> Floor, E81-314, Washington, DC 20590, 202-366-0693 / 366-0752
  - **Federal Highway Administration**, North Carolina Division Office, 310 New Bern Avenue, Suite 410, Raleigh, NC 27601, 919-747-7010
  - **Federal Aviation Administration**, Office of Civil Rights, 800 Independence Avenue, SW, Washington, DC 20591, 202-267-3258
  - **US Department of Justice**, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-5228
4. **Format for Complaints** – Complaints shall be in **writing** and **signed** by the complainant(s) or a representative and include the complainant's name, address, and telephone number. Complaints received by fax or e-mail will be acknowledged and processed. Allegations received by telephone or in person will be reduced to writing, may be recorded and will be provided to the complainant for confirmation or revision before processing. Complaints will be accepted in other languages, including Braille.
  5. **Discrimination Complaint Form** – The Discrimination Complaint Form is consistent with the Nondiscrimination Assurance in Group 01.D of the FTA Certifications & Assurances.

6. **Complaint Basis** – Allegations must be based on issues involving race, color, national origin, sex, age, or disability. The term “basis” refers to the complainant’s membership in a protected group category.

Protected Categories	Definition	Examples	Applicable Statutes and Regulations	
			FHWA	FTA
Race	An individual belonging to one of the accepted racial groups; or the perception, based usually on physical characteristics that a person is a member of a racial group	Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, White	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; 23 CFR 200	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; Circular 4702.1B
Color	Color of skin, including shade of skin within a racial group	Black, White, brown, yellow, etc.		
National Origin	Place of birth. Citizenship is not a factor. Discrimination based on language or a person’s accent is also covered.	Mexican, Cuban, Japanese, Vietnamese, Chinese		
Sex	Gender	Women and Men	1973 Federal-Aid Highway Act	Title IX of the Education Amendments of 1972
Age	Persons of any age	21 year old person	Age Discrimination Act of 1975	
Disability	Physical or mental impairment, permanent or temporary, or perceived.	Blind, alcoholic, para-amputee, epileptic, diabetic, arthritic	Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990	

### Complaint Processing

1. When a complaint is received by SAT, a written acknowledgment and a Consent Release form will be mailed to the complainant within ten (10) business days by registered mail.
2. **SAT cannot investigate Title VI complaints filed against itself**, but can investigate ADA complaints against itself. SAT will consult with the NCDOT External Civil Rights Section to determine the acceptability and jurisdiction of all complaints received. (Note: If NCDOT has jurisdiction, the External Civil Rights Section will be responsible for the remainder of this process. SAT will record the transfer of responsibility in its complaints log).
3. Additional information will be requested if the complaint is incomplete. The complainant will be provided 15 business days to submit any requested information and the signed Consent Release form. Failure to do so may be considered good cause for a determination of no investigative merit.
4. Upon receipt of the requested information and determination of jurisdiction, SAT will notify the complainant and respondent of whether the complaint has sufficient merit to warrant investigation.
5. If the complaint is investigated, the notification shall state the grounds of the SAT’s jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
6. If the complaint does not warrant investigation, the notification to the complainant shall specifically state the reason for the decision.

### Complaint Log

1. When a complaint is received by SAT, the complaint will be entered into the Discrimination Complaints Log with other pertinent information, and assigned a **Case Number**. (Note: All complaints must be logged).
2. The complaints log will be submitted to the NCDOT’s Civil Rights office during Title VI compliance reviews. (Note: NCDOT may also be request the complaints log during pre-grant approval processes).
3. The **Log Year(s)** since the last submittal will be entered (e.g., FY16-17, FY 17-18) and the complaints log will be signed before submitting the log to NCDOT.
4. When reporting **no complaints**, check the **No Complaints or Lawsuits** box and sign the log.

**SAMPSON AREA TRANSPORTATION  
DISCRIMINATION COMPLAINT FORM**

**Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin, or disability may file a written complaint with Sampson Area Transportation, within 180 days after the discrimination occurred.**

Last Name:		First Name:		<input type="checkbox"/> Male
				<input type="checkbox"/> Female

Mailing Address:	City	State	Zip
------------------	------	-------	-----

Home Telephone:	Work Telephone:	E-mail Address
-----------------	-----------------	----------------

Identify the Category of Discrimination:

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE
<input type="checkbox"/> CREED (RELIGION)	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX/GENDER	

Identify the Race of the Complainant

<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

Names of individuals responsible for the discriminatory action(s):

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. **(Attach additional page(s), if necessary).**

The law prohibits intimidation or **retaliation** against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

5. DISCRIMINATION COMPLAINT FORM

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- NC Department of Transportation \_\_\_\_\_
- Federal Transit Administration \_\_\_\_\_
- Federal Highway Administration \_\_\_\_\_
- US Department of Transportation \_\_\_\_\_
- Federal or State Court \_\_\_\_\_
- Other \_\_\_\_\_

Have you discussed the complaint with any Sampson Area Transportation representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

**\*\*WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

**MAIL COMPLAINT FORM TO:**  
Sampson Area Transportation  
Title VI Coordinator  
405 County Complex Road; Suite 140  
Clinton, NC 28328  
910-592-4653

FOR OFFICE USE ONLY

Date Complaint Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Case #: \_\_\_\_\_

Referred to: NCDOT FTA Date Referred: \_\_\_\_\_

### DISCRIMINATION COMPLAINTS LOG

Log Year(s):

CASE NO.	COMPLAINANT NAME	RACE/ GENDER	RESPONDENT NAME	BASIS	DATE FILED	DATE RECEIVED	ACTION TAKEN	DATE INVESTIG. COMPLETED	DISPOSITION

No Complaints or Lawsuits

I certify that to the best of my knowledge, the above described complaints or lawsuits alleging discrimination, or no complaints or lawsuits alleging discrimination, have been filed with or against Sampson Area Transportation since the previous Title VI Program submission to NCDOT.

\_\_\_\_\_  
Lorie Sutton, Director, Title VI Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ed Causey, County Manager, Authorized Official

\_\_\_\_\_  
Date

## Section 5: Public Involvement Plan

### INTRODUCTION

Effective public involvement is a key element in addressing Title VI in decision-making. Recipients engaged in planning and other decision-making activities must have a documented public participation process that provides adequate notice of public participation activities, and early and continuous opportunities for public review and comment at key decision points. Underlying these efforts is our commitment to determining the most effective outreach methods for a given project or population.

This **Public Participation Plan** describes how **SAT** will disseminate vital agency information and engage the public by seeking out and considering the needs and input of interested parties and those traditionally underserved by existing transportation systems, such as minority and limited English proficient persons, who may face challenges accessing programs and other services. General public involvement practices will include:

- Scheduling meetings at times and locations that are convenient and accessible for minority and LEP communities.
- Employing different meeting sizes and formats.
- Coordinating with community- and faith-based organizations, educational institutions, and other entities to implement public engagement strategies that reach out specifically to members of affected minority and/or LEP communities.
- Providing opportunities for public participation through means other than written communication, such as personal interviews or use of audio or video recording devices to capture oral comments.
- Considering radio, television, or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP persons could also include audio programming available on podcasts.

### PUBLIC NOTIFICATION

Passengers and other interested persons will be informed of their rights under Title VI and related authorities with regard to our program. The primary means of achieving this will be posting and disseminating the policy statement and notice as stipulated in **Sections 2 and 5**, respectively. Additional measures may include openly stating our obligations and the public's rights at meetings, placing flyers at places frequented by targeted populations, and an equal opportunity tag-on at the end of radio announcements. The method of notification will be determined through an initial screening of the area.

### DISSEMINATION OF INFORMATION

Information on Title VI and other programs will be crafted and disseminated to employees, stakeholders, and the general public. Public dissemination efforts may vary depending on factors present, but will generally include: posting public statements setting forth our nondiscrimination policy in eye-catching designs and locations; placing brochures in public places, such as government offices, transit facilities, and libraries; having nondiscrimination language within contracts; including nondiscrimination notices in meeting announcements and handouts; and displaying our Notice of Nondiscrimination at all our public meetings.

At a minimum, nondiscrimination information will be disseminated on our website and on posters in conspicuous areas at our office(s). Project-related information and our most current Title VI-related information will be maintained online.

### MEETINGS AND OUTREACH

There is no one-size-fits-all approach to public involvement. A variety of comprehensive and targeted public participation methods will be used to facilitate meaningful public involvement. Methods for engaging stakeholders and target audiences, including traditionally underserved and excluded populations (i.e., minorities, youth, low-income, the disabled, etc.) will include the following:

#### *Public Relations and Outreach*

Public relations and outreach (PRO) strategies aim to conduct well-planned, inclusive and meaningful public participation events that foster good relations and mutual trust through shared decision-making with the communities we serve.

- We will seek out and facilitate the involvement of those potentially affected.
- Public events will aim to be collaborative, fun, and educational for all, rather than confrontational and prescriptive.
- Media plans will typically involve multiple channels of communication like mailings, radio, TV, and newspaper ads.

- Abstract objectives will be avoided in meeting announcements. Specific “attention-grabbing” reasons to attend will be used, such as “Help us figure out how to relieve congestion on [corridor name]” or “How much should it cost to ride the bus? Let us know on [date].”
- Efforts will be made to show how the input of participants can, or did, influence final decisions.
- We will do our best to form decision-making committees that look like and relate to the populations we serve.
- We will seek out and identify community contacts and partner with local community- and faith-based organizations that can represent, and help us disseminate information to, target constituencies.
- Demographic data will be requested during public meetings, surveys, and from community contacts and committee members.

#### *Public Meetings*

“Public meeting” refers to any meeting open to the public, such as hearings, charrettes, open house and board meetings.

- Public meetings will be conducted at times, locations, and facilities that are convenient and accessible.
- Meeting materials will be available in a variety of predetermined formats to serve diverse audiences.
- An assortment of advertising means may be employed to inform the community of public meetings.
- Assistance to persons with disabilities or limited English proficiency will be provided, as required.

#### *Small Group Meetings*

A small group meeting is a targeted measure where a meeting is held with a specific group, usually at their request or consent. These are often closed meetings, as they will typically occur on private property at the owner’s request.

- If it is determined that a targeted group has not been afforded adequate opportunities to participate, the group will be contacted to inquire about possible participation methods, including a group meeting with them individually.
- Unless unusual circumstances or safety concerns exist, hold the meeting at a location of the target group’s choosing.
- Share facilitation duties or relinquish them to members of the target group.
- Small group discussion formats may be integrated into larger group public meetings and workshops. When this occurs, the smaller groups will be as diverse as the participants in the room.

#### *Community Surveying*

- Opinion surveys will occasionally be used to obtain input from targeted groups or the general public on their transportation needs, the quality or costs of our services, and feedback on our public outreach efforts.
- Surveys may be conducted via telephone, door-to-door canvassing, at community fairs, by placing drop boxes in ideal locations, or with assistance from other local agencies like social services.



**DEMOGRAPHIC REQUEST**

The following form was used to collect required data on Key Community Contacts and nonelected committee members. A single copy of the "Demographic Request" form is located in Appendix A at the end of this plan...

SAT is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p><b>Race/Ethnicity:</b></p> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	<p><b>National Origin:</b> (if born outside the U.S.)</p> <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
<p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Age:</b></p> <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
<p><b>Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>I choose not to provide any of the information requested above:</b> <input type="checkbox"/></p>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please contact:

Lorie Sutton, Title VI Coordinator  
 Sampson Area Transportation  
 405 County Complex Road; Suite 140  
 Clinton, NC 28328  
 910-592-4653

Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Implementation**

- Forms will be completed prior to triennial Title VI compliance reviews and remain on file for three years.
- All new and existing members of appointed decision-making boards or committees will be **required** to complete this form for reporting purposes.
- If a member, for whatever reason, selects *"I choose not to provide any of the information requested above,"* they will have also **completed** the form.
- If a member chooses not to provide any of the information on the form, the Title VI Coordinator will be permitted to indicate that member's race and gender, based on the Coordinator's best guess.
- Data from these forms will be used to complete the Demographic Request Table.
- Once a new member submits this form, the Demographic Request Table for the associated committee will be updated.

**KEY COMMUNITY CONTACTS**

Contact Name	Community Name	Interest or Affiliation	Also a Committee Member? (Y/N)
Ann Knowles	Sampson County	Veterans	Y
Wanda Robinson	Sampson County	Health Department	Y
Pam Gonzales	Sampson County	Domestic Violence	N
Sarah Bradshaw	Sampson County	DSS	N
Raquel Rosario	Sampson County	Aspire Program	Y
Peggy Ammons	Sampson County	Coharie Intra-Tribal Council	Y

\*\*Contact information for key community contacts is not public information and is maintained outside of this document. Any staff member who wishes to contact anyone listed above must request that information from the Title VI Coordinator.

**Plan Monitoring and Evaluation**

Evaluation of the success of any public involvement efforts must be result-oriented. It is never safe to assume that just because people don't come to an event that they are uninterested in the project. The goal is to educate and include the public at all levels of planning, not just to invite them. Evaluation, then, must be two-fold. The first part is to track what efforts are being made, and the results of those efforts, and the second part is to make regular assessments of the success of a technique within a given program, and to strategize for future successes.

**Tracking Efforts and Success**

In order to track our public participation efforts, it is necessary that the individuals involved record their efforts.

1. SAT will keep a log of their outreach activities (*See Below*).
2. Copies will be kept of any print ads, and transcripts of any public service announcements.
3. Notes should be made after the meeting regarding the overall tone of the meeting and any ideas or observations made regarding the process.

Event Date	Transit System Staffer(s)	Event	Date Publicized and Communication Method (Public Notice, Posters, Social Media)	Outreach Method (Meeting, Focus Group, Survey, etc).	Notes (Meeting size and format, location, Number of Attendees, etc.)
Ea month 1 <sup>st</sup> Tues	All staff participate	Radio interview	None	Local AM radio station	County-wide
Oct every year	Paula Cruz or Lynn Adams	Breast Cancer Awareness Event	Posters, Newspaper, Radio	Booth	250 people. Talk w/people and give out promo items and brochures
Sept every year	Paula Cruz or Lynn Adams	Coharie Intra-tribal Pow-Wow	Posters, Social Media, Newspaper	Booth at Pow Wow Event	150 people. We set up a booth, talk w/people and gave out promo items and brochures.

## Section 6: Limited English Proficiency Plan (LEP)

### Language Assistance Plan for Sampson Area Transportation

#### Introduction

Sampson Area Transportation is a consolidated transportation system operating in Sampson County. SAT offers demand response transportation to residents. SAT is part of Sampson County Local Government. Sampson County is a large county with mostly small rural communities.

Sampson County has a large number of Spanish speaking residents. As a recipient of federal US DOT funding, SAT is required to take reasonable steps to ensure meaningful access to our programs, services, and information, at no additional cost, by limited-English proficient (LEP) persons. This includes the following plan for LEP persons within Sampson County.

Limited English Proficient (LEP): Refers to persons for whom English is not their primary language and who have a limited ability to read, write, speak or understand English. This includes those who have reported to the U.S. Census that they speak English less than very well, not well, or not at all.

A Language Assistance Plan starts with an assessment to identify LEP individuals who need assistance. Implementation of the Language Assistance Plan includes the development of language assistance measures, staff training, notification measures to LEP individuals, and monitoring and updating of the plan on a yearly basis.

#### Purpose

The purpose of this Language Assistance Plan (hereinafter "plan") is to ensure members of the public have access to public information and services provided by SAT and to meet Federal Transit Administration's (FTA) requirements to comply with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin. As a subrecipient of FTA funds, SAT is required to take reasonable steps to provide meaningful access to its transit services for persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. The FTA refers to these persons as Limited English Proficient (LEP) persons.

The U.S. DOT's FTA Office of Civil Rights' publication "*Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient Persons – A Handbook for Public Transportation Providers*" was used in the preparation of this plan.

#### Contents

Sampson Area Transportation's Language Assistance Plan contains:

- A. A needs assessment based on the results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
- B. A description of how language assistance services are provided by language
- C. A description of how LEP persons are informed of the availability of language assistance service
- D. A description of how the language assistance plan is monitored and updated
- E. A description of how employees are trained to provide language assistance to LEP persons

## A. LEP Needs Assessment – the Four-Factor Analysis

### Methodology

To determine if an individual is entitled to language assistance and what specific services are appropriate, SAT has conducted a *Four Factor Analysis*<sup>1</sup> of the following areas: 1) Demography, 2) Frequency, 3) Importance and 4) Resources and Costs.

Sampson County, North Carolina	2015	
	Estimate	Margin of Error
Total:	59,743	+/-26
Speak only English	50,319	+/-388
Spanish or Spanish Creole:	8,993	+/-383
Speak English "very well"	3,481	+/-454
Speak English less than "very well"	5,512	+/-379

### *LEP Four Factor Analysis*

#### **Factor 1: Demography**

Based on Census estimates, factoring in margins of error, there is one individual LEP language groups within Sampson County that meet the safe harbor threshold which is Spanish speaking individuals. In accordance with the USDOT LEP Guidance, SAT will provide Title-VI related written notice and materials, free of cost in Spanish. When circumstances warrant, SAT will translate other materials if that is the best way to communicate with other LEP persons or community groups in Sampson County.

#### **Factor 2: Frequency of LEP populations' contact with existing programs, activities, and services**

SAT provides rides to approximately 25 LEP persons per year. While formal data has not been collected, the agency has indicated it has encountered 25 LEP persons using the service within the last six months.

Our agency has an open door policy and will provide rides to any county resident who requests a ride. If an individual has speech limitations, the dispatcher or driver will work with the Transit Manager and the County of Sampson, if needed to ensure the individual receives access to the transportation service.

SAT will be annually distributing a survey card with three questions in English and in Spanish:

1. What purpose do you often use our services? Please check all that apply:  
Employment \_\_\_\_\_  
Medical \_\_\_\_\_  
Shopping \_\_\_\_\_
2. How often a week are you using our services?
3. What is your primary language?

### Factor 3: Importance to LEP population of programs, activities, and services

The Sampson Area Transportation (SAT) understands an LEP person with language barrier challenges also faces difficulties obtaining health care, education or access to employment. A transportation system is a key link to connecting LEP persons to these essential services. SAT provides transportation residents to and from the following agencies:

- Department of Social Services
- Health Department
- Department of Aging Svcs/Nutrition Sites/Senior Centers/Adult Day Health Care
- Vocational Rehabilitation
- Community College

SAT has identified activities and services which would have serious consequences to individuals if language barriers prevented access to information or the benefits of those programs. The activities and services include providing emergency evacuation instructions in our facilities and vehicles and providing information to the public on security awareness or emergency preparedness.

SAT's assessment of what programs, activities and services that are most critical included contact with community organization(s) that serve LEP persons, as well as contact with LEP persons themselves to obtain information on the importance of the modes or the types of services that are provided to the LEP populations.

In order for SAT to understand the significance of our program to our community, we place additional questions on the same card as previously mentioned:

- Is SAT important to you?
- If so which one?  
I have no other means for transportation \_\_\_\_\_  
Using Public Transportation helps me financially \_\_\_\_\_  
Other \_\_\_\_\_

### Factor 4: Resources available to SAT and overall cost to provide LEP assistance

SAT makes every reasonable effort to communicate with LEP persons about available transit services, including providing the funding for translation of current services and bilingual materials and pay for Language Line services as needed. As resources permit, SAT will include training for all drivers on best practices for serving LEP individuals.

SAT works with Sampson County Health Department and Social Services to gain insight regarding the needs and concerns of LEP persons about local transit services. SAT is continually exploring options for the best methods of delivering information and meeting the transit needs of all LEP persons and Sampson County residents.

### B. Language Assistance Measures

Language measures currently used and planned to be used by SAT to address the needs of LEP person including the following:

- Translation of key documents in the following language(s): Spanish
- Translation of information on website
- Special brochure printed and available in every SAT vehicle
- Communication with LEP advocacy groups about transit services

- Increased use of signage with graphic visual images and pictograms to promote universal understanding
- Posting of bilingual notices information LEP persons of available services

### C. Notice to LEP Persons about Available Language Assistance

SAT will notify LEP individuals about the language assistance services available to them without cost by using the following methods:

- Brochures
- Sending information to local organizations service LEP populations
- Website notices
- Posting of bilingual flyers at Health Department, DSS, Nutrition Sites, Senior Centers, Libraries
- Radio advertisements
- Participation in local community events

### D. Monitoring, Evaluating and Updating Plan

SAT staff will review this plan annually, including:

- Assessing the sufficiency of staff training and budget for language assistance,
- Reviewing current sources for assistance to ensure continuing availability, and
- Reviewing any complaints, comments and suggestions from LEP persons, or agencies service LEP populations, received during the past year.

Annual plan revisions will be reviewed by the Transportation Advisory Board, County Manager's office and agency Director and dated accordingly.

### E. Staff Training

To ensure effective implementation of this plan, SAT will schedule orientations for new staff and annual training for all employees whose position requires regular contact with the public. Training will include a review of this plan and how to handle verbal request for transit service in a language other than English. Education and Acknowledgment form will be annually be completed. **See Appendix B**

### F. Dissemination of Plan

This plan is available on the Sampson County Website at [www.sampsonnc.com](http://www.sampsonnc.com).

This plan is also available at no cost in English or Spanish upon request by telephone, fax, U.S. Postal Service mail, e-mail, or in person at Sampson Area Transportation or Sampson County Department of Aging.

### Contact Information

Questions or comments about this plan may be submitted to:

Sampson Area Transportation  
 ATTN: Lorie Sutton, Director, Civil Rights Officer  
 405 County Complex Road; Suite 140  
 Clinton, NC 28328  
 910-592-4653

## Minority Representation Information

### A. Minority Representation Table

The table shown in Appendix C depicts SAT committees and councils related to transit: the Sampson County Commissioners and SAT Transportation Advisory Board.

### B. Efforts to Encourage Minority Participation

SAT understands diverse representation on committees, councils and boards results in sound policy reflective of its entire population. As such, SAT encourages participation of all its citizens. As vacancies on boards, committees and councils become available, SAT will make efforts to encourage and promote diversity. To encourage participation on its boards, committees and councils, SAT will continue to reach out to community, ethnic and faith-based organizations to connect with all populations. In addition, SAT will use/create ways to make participating realistic and reasonable. Such as, scheduling meetings at times best suited to its members and providing transportation and child care, if needed for its members. Further strategies in regard of recruiting representative Committees:

We will seek minority participation and strive for committees that are representative of our constituencies by:

- Openly asking public and small group meeting participants if they would be interested in serving on a committee.
- Seeking referrals from local organizations and key community contacts that serve or represent minorities.
- Exploring different types of committees, such as ad hoc minority- or youth-only Citizen Advisory Committees.
- Outreach efforts and responses (or lack thereof from those asked to serve or refer others) will be documented.

## APPENDIX A

### SAMPSON AREA TRANSPORTATION

**DEMOGRAPHIC REQUEST**

The following form was used to collect required data on Key Community Contacts and nonelected committee members.

SAT is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p><b>Race/Ethnicity:</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p><b>National Origin:</b> (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p><b>Gender:</b> <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>Age:</b></p> <p><input type="checkbox"/> Less than 18    <input type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 18-29            <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p><b>Disability:</b> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p><b>I choose not to provide any of the information requested above:</b> <input type="checkbox"/></p>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please call 910-592-4653 or by email at lbsutton@sampsonnc.com.

Please sign below acknowledging that you have completed this form.

Lorie Sutton, Title VI Coordinator  
 Sampson Area Transportation  
 405 County Complex Road; Suite 140  
 Clinton, NC 28328  
 910-592-4653

Thank you for your participation!

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_



**APPENDIX B**

**Annual Education and Acknowledgement Form**

**Title VI Nondiscrimination Policy**

(Title VI and related nondiscrimination authorities)

No person shall, on the grounds of race, color, national origin, limited English proficiency, income status, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of Sampson Area Transportation.

All employees and representatives of Sampson Area Transportation System are expected to consider, respect, and observe this policy in their daily work and duties. If any person approaches you with a civil rights-related question or complaint, please direct him or her to Lorie Sutton Director at 405 County Complex Road; Suite 140 Clinton, NC 28328 or at 910-592-4653.

In all dealings with the public, use courtesy titles (e.g., Mr., Mrs., Miss, Dr.) to address or refer to them without regard to their race, color, national origin, sex, age or disability.

**Acknowledgement of Receipt of Title VI Program**

I hereby acknowledge receipt of Sampson Area Transportation System Title VI Program and other nondiscrimination guidelines. I have read the Title VI Program and I am committed to ensuring that no person is excluded from participation in or denied the benefits of Sampson Area Transportation System programs, policies, services and activities on the basis of race, color, national origin, limited English proficiency, sex, age, or disability, as provided by Title VI of the Civil Rights Act of 1964 and related nondiscrimination statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5311 Transit Advisory Board (TAB) Composition															
Applicant: <span style="border: 1px solid black; padding: 2px;">Sampson County</span>  Number of Projected TAB Meetings for FY2016: <span style="border: 1px solid black; padding: 2px;">4</span>  Number of TAB Meetings held in FY2015 as of: <span style="border: 1px solid black; padding: 2px;">5/22/2017</span> <span style="border: 1px solid black; padding: 2px;">4</span>						Service Area Demographics									
						Elderly 18%	Minority 43%	Disabled 27%	Low Income 14%	Hispanic or Latino 16%					
2000 Census data used for Disabled Calculations 2005-2009 ACS Estimates used for Elderly & Low Income Calculations 2010 Census data used for Minority & Origin Calculations															
TAB Member's Name	What best describes the role or position of this board member in the community?					This person knows the transportation needs of this group or groups.					Board Service				
	Human Service or Non-Profit Agency	Transportation Provider	Business	Gvmt or Gvmt Affiliate	Transit User	General Public	Elderly	Disabled	Minority or Hispanic	Limited English	Low Income	Year Term Began	Year Term Ends	Appointed or Selected	# Years Served
Select only <b>one</b> description per board member						Check as many as apply						Current Term Status			
1 David Clack				Government Staff		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2009	n/a	A	8
2 Ronald Bass		Ambulance Service				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2010	n/a	A	6
3 Ann Knowles	Veterans Admin					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1991	n/a	A	25
4 Susan Holder				Government Staff		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1991	n/a	A	25
5 Lorie Sutton	Senior Services					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2003	n/a	A	13
6 Ricky Moore			Employer			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002	n/a	A	14
7 Wanda Robinson	Other					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2005	n/a	A	11
8 Mary Rose				RPO Rep		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2011	n/a	A	5
9 Terry Wilson			Dialysis Ctr Staff			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2011	n/a	A	5
10 Peggy Ammons			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017	n/a	A	0
11 Kari Phillips	DSS					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2012	n/a	A	4
12 Raquel Rosario			Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2013	n/a	A	3
13						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Sampson County Department of Aging  
405 County Complex Road; Suite 140  
Clinton, NC 28328  
910-592-4653**

**Lorie Sutton, Director**

Memorandum

To: Susan Holder, Assistant County Manager  
From: Lorie Sutton, Aging/Transportation Director  
Date: May 24, 2017  
Re: Board approval for assignment of Safety Officer for SAT

Sampson Area Transportation has recently undergone a compliance review. One small issue that needs to be addressed, to stay in compliance with Federal and State regulations, is assigning a position title for the safety officer in our policies and procedures (The SSPP -System Safety Program Plan). Any revision or addition to the plan must be approved by the Board of Commissioners.

The position that will act as Safety Officer is the Transportation Supervisor. That person will oversee the safety program for SAT which includes training employees, establishing and having quarterly safety meetings with staff, making daily inspections of the department to ensure that no unsafe conditions or unsafe practices exist, safeguarding hazards, enforcing safety rules and regulations and reporting safety issues to the county in a timely manner.

The entire SSPP will be updated in several areas in the coming months and the policy in its entirety will be submitted at that point.

Thank you.

/ls

---

# Sampson County Department of Aging

---

Lorie Sutton  
Director

Services

CAP/DA Program

Family Caregiver

Nutrition Program

In-Home Aide Services

Information & Referral

Adult Day Health Care

Transportation

Home Repairs

Garland Senior Center

Butler Court Senior Center

405 County Complex Rd.  
Suite 140  
Clinton, NC 28328  
910-592-4653  
Fax 910-590-2142

lbsutton@sampsonnc.com  
www.sampsonnc.com

## Memorandum

TO: Ed Causey, County Manager  
FROM: Lorie Sutton, Aging/Transportation Services Director  
DATE: May 22, 2017  
RE: Home and Community Block Grant Funding  
Fiscal Year 2017-2018

The Home and Community Care Block Grant provides service to older adults, age 60 and above, through the following programs: Adult Day Health Care, Transportation, Home Improvement, In-Home Aide, Senior Center, Information and Case Assistance and Nutrition (congregate and home-delivered meals). This funding allows those who are not eligible for Medicaid and who are not financially able to pay out of pocket, receive needed services.

The State has not given Mid-Carolina Council of Governments the actual budget numbers for FY17-18. It may be after July before the budget numbers are approved. We have been instructed to use the current year budget numbers and make a revision, if needed, after the money has been appropriated. The federal/state amount we are currently allocated is \$562,979; with a required county match in the amount of \$62,553. The total HCBG funding amount is \$625,532.

The attached proposal will require approval from the Board of Commissioners and signatures from the Chairman and the Finance Officer.

We appreciate your support and that of our Commissioners.

/ls

Attachments: County Services Summary – DOA -731  
Provider Services Summary – DOA-732

Home and Community Care Block Grant for Older Adults

County Funding Plan

County Services Summary

County: Sampson

July 1, 2017 through June 30, 2018

Services	A				B	C	D	E	F	G	H	I
	Access	In-Home	Other	Total	Required Local Match	Net Service Cost	USDA Subsidy (.75)	Total Funding	Projected HCCBG Units	Projected Reimbursement Rate	Projected HCCBG Clients	Projected Total Units
Adult Day Health		80322		//////////	8925	89247		89247	2,231	\$ 40.00	13	
In-home Aide		88307		//////////	9812	98119		98119	6,594	\$ 14.88	15	
Home Improvement		92000		//////////	10222	102222		102222			100	
Senior Center			39699	//////////	4411	44110		44110			125	
Transportation	28299			//////////	3144	31443		31443	4,410	\$ 7.13	25	
Information & Assis	19042			//////////	2116	21158		21158			1500	
Congregate			83160	//////////	9240	92400	16,500	108,900	22,000	\$ 4.20	142	
Home Delivered			132150	//////////	14683	146833	23,888	170,721	31,851	\$ 4.61	151	
Total	47341	260629	255009	562979	62553	625532	40,388	665,920	67,086	//////////	2071	0

Signature, Chairman, Board of Commissioners Date

NAME AND ADDRESS COMMUNITY SERVICE PROVIDER Sampson County Dept of Aging 405 County Complex Rd; Suite 140 Clinton, NC 28328	<b>Home and Community Care Block Grant for Older Adults</b>  <b>County Funding Plan</b>  <b>Provider Services Summary</b>	<b>DOA-732 (Rev. 2/14)</b> County <u>Sampson</u> <b>July 1, 2017 through June 30, 2018</b> <b>REVISION # , DATE :</b>
---	---	--

Services	Ser. Delivery		A				B	C	D	E	F	G	H	I
	(Check One)		Block Grant Funding				Required	Net*	NSIP	Total	Projected	Projected	Projected	Projected
	Direct	Purch.	Access	In-Home	Other	Total	Local Match	Serv Cost	Subsidy	Funding	HCCBG Units	Reimburse Rate	HCCBG Clients	Total Units
Adult Day Health Care	X			80322		//////////	8925	89247		89247	2,231	\$ 40.00	13	
In-Home Aide	X			88307		//////////	9812	98119		98119	6,594	\$ 14.88	15	
Home Improvements	X			92000		//////////	10222	102222		102222			100	
Senior Center	X				39699	//////////	4411	44110		44110			125	
Transportation	X		28299			//////////	3144	31443		31443	4,410	\$ 7.13	25	
Information & Assist	X		19042			//////////	2116	21158		21158			1500	
Congregate Meals	X				83160	//////////	9240	92400	16,500	108,900	22,000	\$ 4.20	142	
Home Delivered Meals	X				132150	//////////	14682	146833	23,888	170,721	31,851	\$ 4.61	151	
						//////////	0	0		0				
						//////////	0	0		0				
						//////////	0	0		0				
						//////////	0	0		0				
						//////////	0	0		0				
						//////////	0	0		0				
<b>Total</b>	//////////	//////////	47341	260629	255009	562979	62552	625532	40,388	665,920	67,086	//////////	2071	0

*Adult Day Care & Adult Day Health Care Net Service Cost		Certification of required minimum local match availability. Required local match will be expended simultaneously with Block Grant Funding.	_____ Signature, County Finance Officer                      Date	_____ Authorized Signature, Title                                      Date Community Service Provider
	ADC                      ADHC			
Daily Care	40.00			
Transportation	_____			
Administrative	_____			
Net Ser. Cost Total	40.00			

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

8014

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS  
406 COUNTY COMPLEX ROAD, BUILDING C  
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Robert Keith Shipp in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2016	\$ 222.33
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ 222.33

These taxes were assessed through clerical error as follows.

Bill # 0029603935  
Tag # PBE 5941  
2008 Chev CN  
Vehicle Sold TAG Turned In

Gov County Tax 134.21  
Sol School Tax 23.44  
Fire Tax  
Tot City Tax 64.68  
TOTAL \$ 222.33

Yours very truly  
Robert K. Shipp  
Taxpayer

Mailing Address.  
200 Stewart Ave  
Clinton N.C. 28328

Social Security # \_\_\_\_\_  
RECOMMEND APPROVAL:  
Jim Johnson  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

8017

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS  
406 COUNTY COMPLEX ROAD, BUILDING C  
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Penny Howard Underwood in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2017	\$ _____
/	\$ _____
	\$ _____
	\$ _____
	\$ _____

TOTAL REFUND \$ 109.21

These taxes were assessed through clerical error as follows.

*2010 Buick  
Vehicle Sold TAG Turned In  
TAG # XTP5094*

County Tax	<del>16.810</del> <sup>with</sup> 84.32
School Tax	14.73
Fire Tax	10.16
City Tax	
TOTAL \$	<u>109.21</u>

Mailing Address.

Yours very truly

X Penny H. Underwood by Margaret Chappell  
Taxpayer Exec.

X 193 Nathan Dudley Rd  
Clinton, N.C 28325

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

Jim Johnson  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_



**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

8019

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS  
406 COUNTY COMPLEX ROAD, BUILDING C  
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Russell Jay Boland in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2016	\$ 230.44
§	\$
§	\$
§	\$
§	\$
TOTAL REFUND	\$ 230.44

These taxes were assessed through clerical error as follows.

Bill # 002185-9720  
CE 24653  
Tag turned in (out of state)  
2014 Infiniti

G01	County Tax	209.03
	School Tax	
F14	Fire Tax	21.41
	City Tax	
	TOTAL \$	230.44

Mailing Address.

X 411 WALNUT ST # 8938  
GREEN COVE SPRINGS FL. 32043

Yours very truly

X Russell J Boland  
Taxpayer

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

Jim Johnson  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

8042

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS  
406 COUNTY COMPLEX ROAD, BUILDING C  
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Roby Mitchell Blakeley Jr.  
\_\_\_\_\_ in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	\$
2017	

TOTAL REFUND \$ 157.44

These taxes were assessed through clerical error as follows.

*2014 Chev  
Vehicle Sold Tag Turned In  
Tag # CCBV757*

*802* County Tax 145.19  
 School Tax \_\_\_\_\_  
*808* Fire Tax 12.25  
 City Tax \_\_\_\_\_  
 TOTAL \$ 157.44

Mailing Address.

16666 Julliard Dr Fayetteville  
NC 28328

Yours very truly

*[Signature]*  
Taxpayer

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

*[Signature]*  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

# OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

8044

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS  
406 COUNTY COMPLEX ROAD, BUILDING C  
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Cody Mack Langston in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2016</u>	\$ <u>259.80</u>
TOTAL REFUND	\$ <u>259.80</u>

These taxes were assessed through clerical error as follows.


Bill # 003461600  
2015 Toyota MP  
TAG # CFB 8284  
Vehicle Sold, TAG Turned In

Co2 County Tax 182.74  
School Tax \_\_\_\_\_  
F18 Fire Tax 77.06  
City Tax \_\_\_\_\_  
TOTAL \$ 259.80

Mailing Address.

415 Main St  
Newton Grove, NC 28366

Yours very truly

  
\_\_\_\_\_  
Taxpayer

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

  
\_\_\_\_\_  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

7862

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS  
406 COUNTY COMPLEX ROAD, BUILDING C  
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Lilley Idea Lease Inc (IRP Trgs) in Taylor's Bridge Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2016	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>TOTAL REFUND</b>	\$ <u>1792.10</u>

These taxes were assessed through clerical error as follows.

Acct. # 191985  
Bill # 20163404  
Leased to Ezzell / listed / pd by Ezzell  
\* Double Billed in error

001 County Tax 1502.47 Lak List 150.25  
 School Tax \_\_\_\_\_  
 F23 Fire Tax 126.71 Lak List 12.67  
 City Tax \_\_\_\_\_  
 TOTAL \$ 1792.10

Mailing Address. Attn: Betty  
Lilley Idea Lease Inc  
PO Box 670  
Williamston, NC 27892-670

Yours very truly

Lilley Idea Lease Inc by Betty Jenkins  
\* Taxpayer

\* Federal ID#  
\* Social Security #

RECOMMEND APPROVAL:

Jim Johnson  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

Ezzell Trucking Tractors

Unit #	Year	Make	Serial	Date Acquired	Aquisition Price
6 Tripack Generators for Tractors				2007	\$ 48,264
29109	2012	Freightliner	1FUJGLDR8CLBK2730	2011	\$ 123,246
29110	2012	Freightliner	1FUJGLDRXCLBK2731	2011	\$ 123,246
29111	2012	Freightliner	1FUJGLDR1CLBK2732	2011	\$ 123,246
1242	2013	International	1HSDJSJR8DJ130140	2012	\$ 104,000
1243	2013	International	1HSDJSJRXDJ130141	2012	\$ 104,000
1244	2013	International	1HSDJSJR1DJ130142	2012	\$ 104,000
1245	2013	International	1HSDJSRJ3DJ130143	2012	\$ 104,000
1246	2013	International	1HSDJSJRSDJ130144	2012	\$ 104,000
29112	2013	International	1HSDJSJR5DJ133903	2012	\$ 107,800
29113	2013	International	1HSDJSJR0DJ133906	2012	\$ 107,800
29114	2013	International	1HSDJSJR9DJ133905	2012	\$ 107,800
29115	2013	International	1HSDJSJR7DJ133904	2012	\$ 107,800
324490	2014	Freightliner	1FUJGBDV6ELFZ0403	2014	\$ 133,285
324491	2014	Freightliner	1FUJGBDV6FLFZ0404	2014	\$ 133,285
324492	2014	Freightliner	1FUJGBDV8FLFZ0405	2014	\$ 133,285
324493	2014	Freightliner	1FUJGBDVXFLFZ0406	2014	\$ 133,285
324768	2014	Freightliner	1FUJGBDV3ELFZ0407	2014	\$ 133,285
324770	2014	Freightliner	1FUJGBDV7ELFZ0409	2014	\$ 133,285
324771	2014	Freightliner	1FUJGBDV3ELFZ0410	2014	\$ 133,285
382520	2011	Freightliner	1FUJGEDVXCSBH4435	2014	\$ 88,856
408497	2012	Freightliner	1FUJGEDV8CSBL1927	2014	\$ 92,357
435847	2006	Freightliner	1FUJA6CK06LV77015	2014	\$ 31,248
453067	2012	Freightliner	1FUJGEDV4CLBU7374	2014	\$ 93,076
453069	2012	Freightliner	1FUJGEDV8CLBU7376	2014	\$ 93,076
453070	2012	Freightliner	1FUJGEDVXCLBU7377	2014	\$ 93,076
453071	2012	Freightliner	1FUJGEDV1CLBU7378	2014	\$ 93,076
468003	2007	Freightliner	1FUJA6CK97LW95324	2014	\$ 34,469
475538	2006	Freightliner	1FUJA6CKX6LX22769	2014	\$ 37,223
482112	2013	Freightliner	1FUJGEBG3DSBX6232	2014	\$ 102,115
482130	2013	Freightliner	1FUJGEBGXDLBX6240	2014	\$ 102,115
482209	2013	Freightliner	1FUJGEBG3DLBX6273	2014	\$ 102,115
482214	2013	Freightliner	1FUJGEBGXDSBX6275	2014	\$ 97,935
482215	2013	Freightliner	1FUJGEBG1DSBX6276	2014	\$ 102,115
482216	2013	Freightliner	1FUJGEBG3DSBX6277	2014	\$ 102,115
482217	2013	Freightliner	1FUJGEBG5DSBX6278	2014	\$ 102,115
482219	2013	Freightliner	1FUJGEBG0DLBX6280	2014	\$ 102,115
482220	2013	Freightliner	1FUJGEBG2DLBX6281	2014	\$ 102,115
541981	2014	Freightliner	1FUJGBDV0ELFU8325	2014	\$ 121,842
542013	2014	Freightliner	1FUJGBDVXELFU8333	2014	\$ 129,645
542014	2014	Freightliner	1FUJGBDV1ELFU8334	2014	\$ 129,645
542015	2014	Freightliner	1FUJGBDV3ELFU8335	2014	\$ 129,645
542016	2014	Freightliner	1FUJGBDV5ELFU8336	2014	\$ 129,645
542027	2014	Freightliner	1FUJGBDV7ELFU8337	2014	\$ 129,645
542028	2014	Freightliner	1FUJGBDV9ELFU8338	2014	\$ 129,645
542029	2014	Freightliner	1FUJGBDV0ELFU8339	2014	\$ 129,645
542030	2014	Freightliner	1FUJGBDV7ELFU8340	2014	\$ 129,645
542031	2014	Freightliner	1FUJGBDV9ELFU8341	2014	\$ 129,645
542054	2014	Freightliner	1FUJGBDV8ELFU8346	2014	\$ 129,645
542055	2014	Freightliner	1FUJGBDVXELFU8347	2014	\$ 129,645
542056	2014	Freightliner	1FUJGBDV1ELFU8348	2014	\$ 129,645



Property ID 40846 Version 1 - Tax Sequence 3

Tax year 2016 AR category 25 Bill number 20163404

Owner 191985 LILLY IDEA LEASE INC (JRP TAGS)

Value Charges PP Detail

Property type Personal Class code MV MOTOR VEHICLE

Value Information Personal Property Information

Item MV Tag/Certificate

Serial 2013 IMTL/ D113014 EZZEL TKG

Schedule Parcel

Park/Location Space number Year Make Model Width Length 0 Propulsion Horsepower 0.00

Navigation controls: 3 of 3, back, forward, search, etc.

My File Edit Tools Help



Bill Information

Original Bill  
 Reprint  
 Gamish  
 Preferences  
 Diagnostics

Year 2016  
 Category pp-D  
 Number 20163404

Notes/Alerts  
 JAN 1 Owner: LILLY IDEALLEASE INC

Special Conditions/Notes  
 View prior unpaid bills

Effective Date  
 Due 05/23/2017

Billed Item Information  
 Year\_Property 2016\_40846  
 Property ID View Source

Customer Information

Customer ID 191985 View Bills  
 LILLY IDEALLEASE INC (GRP TAGS)  
 PO BOX 670  
 WILLIAMSTON, NC 27892-670

Property Information

Parcel ID  
 Prop ID 40846 View Bills  
 Prop Loc

Installments	Charges	History	Events	Audits	Abt/Adj	Pmt/Crd	Unpaid	Interest Paid	Interest Due	Total Due
1	09/01/2016	Billed			0.00	1,792.10	0.00	0.00	0.00	0.00
Totals:					0.00	1,792.10	0.00	0.00	0.00	0.00





Property ID 40846 Version 1 - Tax Sequence 1

Tax year 2016 AR category 25 Bill number 20163404

Owner 191985 LILLY IDEA LEASE INC (IRP TAGS)

Value Changes PP Detail

Property type Personal Class code MV MOTOR VEHICLE

Value Information Personal Property Information

Item MV MV

Serial 2013 INT/J130144 Tag/Certificate EZZELL LEASE

Schedule

Parcel

Park/Location

Space number

Year Make Model

Width 0 Length 0

Horsepower 0.00 Propulsion

Navigation controls: 1 of 3, back, forward, search, refresh





Property ID 40846

Version 1 - Tax

Sequence 2

Tax year 2016

AR category

25 Bill number

20163404

Owner 191985

LILLY IDEA LEASE INC (JRP TAGS)

Value Charges

PP Detail

Property type Personal

Class code MV

MOTOR VEHICLE

Value Information

Personal Property Information

Item MV

Serial 2013 JMTL/J130143

Tag/Certificate

EZZELL TKG

Schedule

Parcel

Park/Location

Space number

Year

Width

Horsepower

Make

Length 0

Propulsion 0.00

Model

2 of 3

OVR

4-25-17

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by T-Bone Enterprises in Honeycutt Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2013</u>	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	<u>102.23</u>

Acct# 30297  
Property ID 32270  
Bill# 20133205

G1	County Tax	\$	<u>77.37</u>
	School Tax	\$	_____
F16	Fire Tax	\$	<u>9.86</u>
	LV4 City Tax	\$	<u>15.00</u>
	Total	\$	<u>102.23</u>

The taxes were assessed through clerical error or an illegal tax as follows:

1999 Mobile Home is a DW- 060761480-80  
billed in error  
Acct# 80328

Taxpayer: Darryl Howard

Tax Administrator: [Signature]

Board Approved: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

May 25, 2017

**MEMO:**

FROM: David K. Clack, Finance Officer  
 TO: Sampson County Board of Commissioners  
 VIA: County Manager & Finance Officer  
 SUBJECT: Budget Amendment for fiscal year 2016-2017

1. It is requested that the budget for the Veteran's Department be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11558200-526201	Dept supplies equipment	2,131.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11035820-403615	State grant veterans	2,131.00	

2. Reason(s) for the above request is/are as follows:  
 To budget grant funds received from the State to purchase laptops for the Veteran's department.

  
 \_\_\_\_\_  
 (Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. \_\_\_\_\_, 2017  
 \_\_\_\_\_  
 (County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
 (County Manager & Budget Officer)

\_\_\_\_\_  
 Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

5/2/2017

FROM: JIM JOHNSON Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

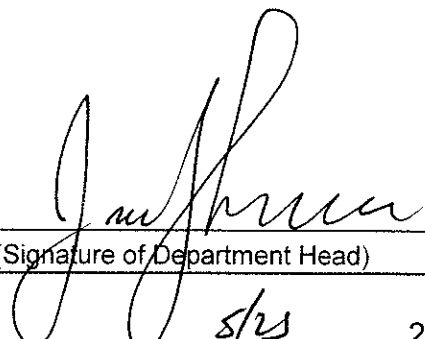
SUBJECT: Budget Amendment for fiscal year 2016-2017

1. It is requested that the budget for the \_\_\_\_\_ TAX \_\_\_\_\_ Department  
be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11141400-519100	PROFESSIONAL SERVICES	30,000.00	

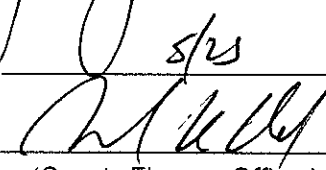
<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034140-404125	LEGAL FEES COLLECTED	30,000.00	

2. Reason(s) for the above request is/are as follows:  
FUNDS FOR TAX FORECLOSURES

  
 \_\_\_\_\_  
 (Signature of Department Head)

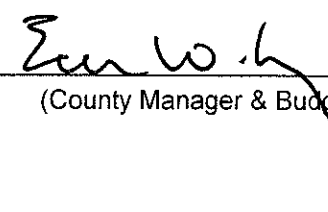
**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. 

  
 \_\_\_\_\_  
 (County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. 

  
 \_\_\_\_\_, 20\_\_\_\_  
 (County Manager & Budget Officer)

\_\_\_\_\_  
Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

May 3, 2017

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2016-2017

1. It is requested that the budget for the Aging Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558670-525000	Home Repairs - United Way	\$ 5,000.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035867-403602	Home Repairs - United Way	\$ 5,000.00	

2. Reason(s) for the above request is/are as follows:  
To budget United Way grant funds for 2017.

*Lorie B Sutton*

(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

5/3, 2017

*Paul K. Bell*

(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_

*Sean W. G.*

(County Manager & Budget Officer)

\_\_\_\_\_  
Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

May 17, 2017

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2016-2017

1. It is requested that the budget for the Aging Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558810-526200	FCG - Dept Supplies	\$ 400.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035881-408401	FCG-Donations	\$ 400.00	

2. Reason(s) for the above request is/are as follows:

To budget donation received - to be used to send 2 grand-children to camp.

Lorie B Sutton

(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

5/18, 2017

[Signature]

(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

, 20    

[Signature]

(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

5/22/2017

FROM: Heather Bonney, Library Director

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget amendment for fiscal year 2016-2017


1. It is requested that the budget for the LIBRARY Department  
be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11761100-523200	AV	450.00	
11761100-526200	Department Supplies	1,419.00	
11761100-566100	Books	2,000.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11761100-408401	Donations	\$1,419.00	
11761100-408930	Discard Sales	1,450.00	
11761100-404110	Fines & Fees	1,000.00	


2. Reason(s) for the above request is/are as follows:

Assignment of Donations, discard sales, and unanticipated fees collected this year.

  
\_\_\_\_\_  
(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

  
\_\_\_\_\_, 2017  
(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_  
  
\_\_\_\_\_  
(County Manager & Budget Officer)

\_\_\_\_\_  
Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

May 26, 2017

**MEMO:**

FROM: David K. Clack, Finance Officer  
 TO: Sampson County Board of Commissioners  
 VIA: County Manager & Finance Officer  
 SUBJECT: Budget Amendment for fiscal year 2016-2017

1. It is requested that the budget for the Emergency Management Department be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243300-544000	Capital outlay vehicles	5,000.00	

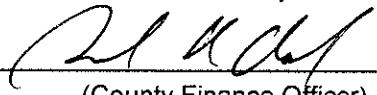
<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034330-408402	Donations	5,000.00	

2. Reason(s) for the above request is/are as follows:  
 To allocate funds donated by Duke Progress Energy to purchase trailers.

  
 \_\_\_\_\_  
 (Signature of Department Head)

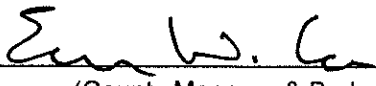
**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_  
 5/26, 2017  
  
 \_\_\_\_\_  
 (County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_  
  
 \_\_\_\_\_  
 (County Manager & Budget Officer)

\_\_\_\_\_  
 Date of approval/disapproval by B.O.C.



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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.     5    

Meeting Date: June 5, 2017

Information Only  
 Report/Presentation  
 Action Item  
 Consent Agenda

Public Comment  
 Closed Session  
 Planning/Zoning  
 Water District Issue

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INFORMATION ONLY

*For all Board Information items, please contact the County Manager's Office if you wish to have additional information on any of the following.*

- a. Resolution Adopted by the DSS Board Related to B 594/HB 608, Proposed Action to Reform the Child Welfare System by Removing Local County Governance and Creating Regional Social Services Authorities

SAMPSON COUNTY

DEPARTMENT OF SOCIAL SERVICES

CLINTON, NORTH CAROLINA

Director

Sarah W. Bradshaw

TELE: (910) 592-7131

FAX: (910) 592-4297

360 COUNTY COMPLEX RD, SUITE 100

**A RESOLUTION Regarding  
SB 594/HB 608 (Family/Child Protection & Accountability Act)**

**Whereas** serving and protecting hundreds of children, families and adults is of the utmost importance daily at local county departments of social services;

**Whereas** this proposed legislation mandates implementation of a plan to regionalize the 100 county departments of social services into 30 or fewer Regional Authorities;

**Whereas** this Board of Social Services attests that positive results for families and children in Sampson County have been achieved through collective county vision, commitment and persistence as well as through vital community partnerships;

**Whereas** we believe the child welfare and Medicaid programs in Sampson County are not broken and are not in need of extreme structural change;

**Whereas** this Board wants what is best for Sampson County's residents and believe the State needs to reform their training, supervision and support for local social services agencies; and

**Whereas** changing the administrative structure of social services is not a small endeavor, we believe all *local stakeholders should be connected in determining the best model*;


**Now therefore** we, the Sampson County Board of Social Services, implore the State of North Carolina and the members of the North Carolina General Assembly to:

1. be diligent, thoughtful, proactive, and open-minded regarding possible service delivery models for social services administration,
2. support the position as taken by both the NC Association of County Commissioners and the NC Association of County Directors of Social Services including amendments to Part I calling for *opposition to mandated regionalization*, and
3. consider alternatives such as maintaining local governance or having a study commission thoroughly evaluate all possible administrative models for social services.

Adopted this 18<sup>th</sup> day of May, 2017



Chairman, Franklin Brown



Vice-Chairman, Jeff Gray, Sr.



Board Member, Blonnie Carr



Board Member, Andrew Johnson III



Board Member, Pam McGuirt

## POLICIES AND PROCEDURES REGARDING PUBLIC COMMENT

A period reserved for comments from the public on topics not otherwise included on that evening's agenda will be included as an item of business on all agendas of regularly-scheduled Board of Commissioners meetings and shall be deemed the "Public Comment" segment of the agenda. The Public Comment segment of the agenda will be placed at the end of the agenda, following the conclusion of all other open session business.

As with Public Hearings, the Chair (or presiding officer) will determine and announce limits on speakers at the start of the Public Comment period. Generally, each speaker will be allocated five (5) minutes. **Speakers may not allocate their time to another speaker.** The Chairman (or presiding officer) may, at his discretion, decrease this time allocation, if the number of persons wishing to speak would unduly prolong the meeting.

The Public Comment period shall not exceed a total of thirty (30) minutes unless the Board entertains a successful majority vote to extend this period.

An individual wishing to address the Board during the Public Comment period shall register with the Clerk to the Board prior to the opening of the meeting by signing his or her name, address and a short description of his or her topic on a sign-up sheet stationed in the lobby of the County Auditorium.

If time allows, those who fail to register before the meeting may speak during the Public Comment period. These individuals will speak following those who registered in advance. At this time in the agenda, an individual should raise his or her hand and ask to be recognized by the Board Chair (or presiding officer); and then state his or her name, address and introduce the topic to be addressed.

Items of discussion during the Public Comment segment of the meeting will be only those appropriate to Open Meetings. Closed Meeting topics include, but are not limited to, such subjects as personnel, acquisition of real property, and information protected by the client-attorney privilege. Closed Meeting subjects will not be entertained.

Because subjects of Special and Emergency Meetings are often regulated by General Statutes, there will be no Public Comments segment reserved on agendas of these meetings; however, Special and Emergency Meetings are open for public attendance.

The Public Comments segment of the agenda is intended to provide a forum for the Board of Community to listen to citizens; **there shall be no expectation that the Board will answer impromptu questions.** However, Board members, through the presiding officer, may ask the speaker questions for clarification purposes. The Board will not take action on an item brought up during the Public Comments segment of the agenda and, when appropriate, items will be referred to the Manager or the proper Department Head.