



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
January 8, 2018**

6:00 pm Convene Regular Meeting (County Auditorium)

Invocation and Pledge of Allegiance

Approval of Agenda

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	a. RZ-12-17-1: Request to Rezone 42.2 Acres Along Giddensville Road from RA-Residential Agriculture to C-Commercial	8 (map)
	b. RZ-12-17-2: Request to Rezone 9.71 Acres Along Connector Road and Eldon Thornton Road from RA-Residential Agriculture to C-Commercial	9 (map)
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**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1 (a-c)

Meeting Date: January 8, 2018	<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 - ALL

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:

Planning Director Mary Rose will review the following rezoning requests - each of which is a public hearing:

- a. RZ-12-17-1 The Planning Board has unanimously recommended approval of the request to rezone approximately 42.2 acres located along Giddensville Road from RA-Residential Agriculture to C-Commercial, with the findings of fact found in the enclosed memo and minutes.
- b. RZ-12-17-2 The Planning Board has unanimously recommended approval of the request to rezone approximately 9.71 acres located along Connector Road and Eldon Thornton Road from RA-Residential Agriculture to C-Commercial, with the findings of fact found in the enclosed memo and minutes.
- c. RZ-12-17-3 The Planning Board has unanimously recommended approval of the request to rezone approximately 19.42 acres located along Ralph Hargrove Road from RA-Residential Agriculture to C-Commercial, with the findings of fact found in the enclosed memo and minutes.

RECOMMENDED ACTION OR MOTION:

- a. Motion to approve rezoning request RZ-12-17-1, accepting the 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-12-17-1** 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 within 1.5 miles of the Highway 403/I-40 interchange, a major thoroughfare, where commercial development is encouraged.*

Continued next page

- b. Motion to approve rezoning request RZ-12-17-2, accepting the 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-12-17-2** 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 within 2900' of the Highway 403/I-40 interchange, a major thoroughfare, where commercial development is encouraged.*

- c. Motion to approve rezoning request RZ-12-17-3, accepting the 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-12-17-3** 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 in close proximity to existing commercial development.*



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: December 18, 2017 Sampson County Planning and Zoning Board Meeting -
County Board of Commissioners January 8, 2018 Agenda Items
Date: December 19, 2017

The following requests were addressed by the Planning and Zoning Board at their December 18, 2017 meeting:

RZ-12-17-1 - A rezoning request by Steven Bass to rezone approximately 42.2 acres located along Giddensville Road from RA-Residential Agriculture to C-Commercial was unanimously recommended for approval with the following findings of fact and zoning consistency statement: (see attached location map)

1. Steven Bass has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 42.2 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 Giddensville Road. The properties adjoining to the north, east and south are zoned RA-Residential Agriculture. The property is bordered to the west by C-Commercial.
5. 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-12-17-1** 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 within 1.5 miles of the Highway 403/I-40 interchange, a major thoroughfare, where commercial development is encouraged.

RZ-12-17-2 - A rezoning request by Robert Price to rezone approximately 9.71 acres located along Connector Road and Eldon Thornton Road from RA-Residential Agriculture to C-Commercial was unanimously recommended for approval with the following findings of fact and zoning consistency statement: (see attached location map)

1. Robert Price has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 9.71 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 at the intersection of Eldon Thornton Road and Connector Road. The properties adjoining to the north, east and south are zoned RA-Residential Agriculture. The property is bordered to the west by I-Industrial.
5. 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-12-17-2** 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 within 2900' of the Highway 403/I-40 interchange, a major thoroughfare, where commercial development is encouraged.

RZ-12-17-3 - A rezoning request by David Blackmon to rezone approximately 19.42 acres located along Ralph Hargrove Road from RA-Residential Agriculture to C-Commercial was unanimously recommended for approval with the following findings of fact and zoning consistency statement: (see attached location map)

1. David Blackmon has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 19.42 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 Ralph Hargrove Road. The properties adjoining to the north and east are zoned RA-Residential Agriculture. The property is bordered to the south and west by I-40.
5. There is existing industrially zoned property within 1700' and commercially zoned property within 2200' of the proposed property.
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-12-17-3** 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 in close proximity to existing commercial development.

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

December 18, 2017

Members Present

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

Members Absent

Minutes Approved

Upon a motion by Clayton Hollingsworth and seconded by Steve Parker, the minutes of the November 20, 2017 meeting were unanimously approved as presented by the Board.

RZ-12-17-1

A rezoning request by Steven Bass to rezone approximately 42.2 acres located along Giddensville Road from RA-Residential Agriculture to C-Commercial (See attached location map)

Staff presented the following findings of fact and zoning consistency statement for consideration by the Planning Board:

1. Steven Bass has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 42.2 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 Giddensville Road. The properties adjoining to the north, east and south are zoned RA-Residential Agriculture. The property is bordered to the west by C-Commercial.
5. 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-12-17-1** 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 within 1.5 miles of the Highway 403/I-40 interchange, a major thoroughfare, where commercial development is encouraged.

DECISION. After Board discussion, Andrew Jackson moved to recommend approval of RZ-12-17-1 with the above referenced findings of fact and zoning consistency statement. The motion was seconded by Nancy Blackman and unanimously recommended for approval by the Board.

Ayes: Unanimous

RZ-12-17-2

A rezoning request by Robert Price to rezone approximately 9.71 acres located along Connector Road and Eldon Thornton Road from RA-Residential Agriculture to C-Commercial (See attached location map)

Staff presented the following findings of fact and zoning consistency statement for consideration by the Planning Board:

1. Robert Price has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 9.71 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 at the intersection of Eldon Thornton Road and Connector Road. The properties adjoining to the north, east and south are zoned RA-Residential Agriculture. The property is bordered to the west by I-Industrial.
5. 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-12-17-2** 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 within 2900' of the Highway 403/I-40 interchange, a major thoroughfare, where commercial development is encouraged.

Mrs. Eldon Thornton appeared before the Board with concerns related to road access for this property and future plans as they may relate to I-795 at this particular location. Mrs. Rose informed Mrs. Thornton and the Planning Board they were at this time considering the rezoning as the property currently exists and Planning staff did not have any plans for I-795 at this time.

DECISION. After Board discussion, Ann Naylor moved to recommend approval of RZ-12-17-2 with the above referenced findings of fact and zoning consistency statement. The motion was seconded by Clayton Hollingsworth and unanimously recommended for approval by the Board.

Ayes: Unanimous

RZ-12-17-3

A rezoning request by David Blackmon to rezone approximately 19.42 acres located along Ralph Hargrove Road from RA-Residential Agriculture to C-Commercial (See attached location map)

Staff presented the following findings of fact and zoning consistency statement for consideration by the Planning Board:

1. David Blackmon has signed the rezoning application as the owner of the property under consideration.
2. This rezoning will include approximately 19.42 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 Ralph Hargrove Road. The properties adjoining to the north and east are zoned RA-Residential Agriculture. The property is bordered to the south and west by I-40.
5. There is existing industrially zoned property within 1700' and commercially zoned property within 2200' of the proposed property.
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-12-17-3 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 in close proximity to existing commercial development.

DECISION. After Board discussion, Andrew Jackson moved to recommend approval of RZ-12-17-3 with the above referenced findings of fact and zoning consistency statement. The motion was seconded by Steve Parker and unanimously recommended for approval by the Board.

Ayes: Unanimous

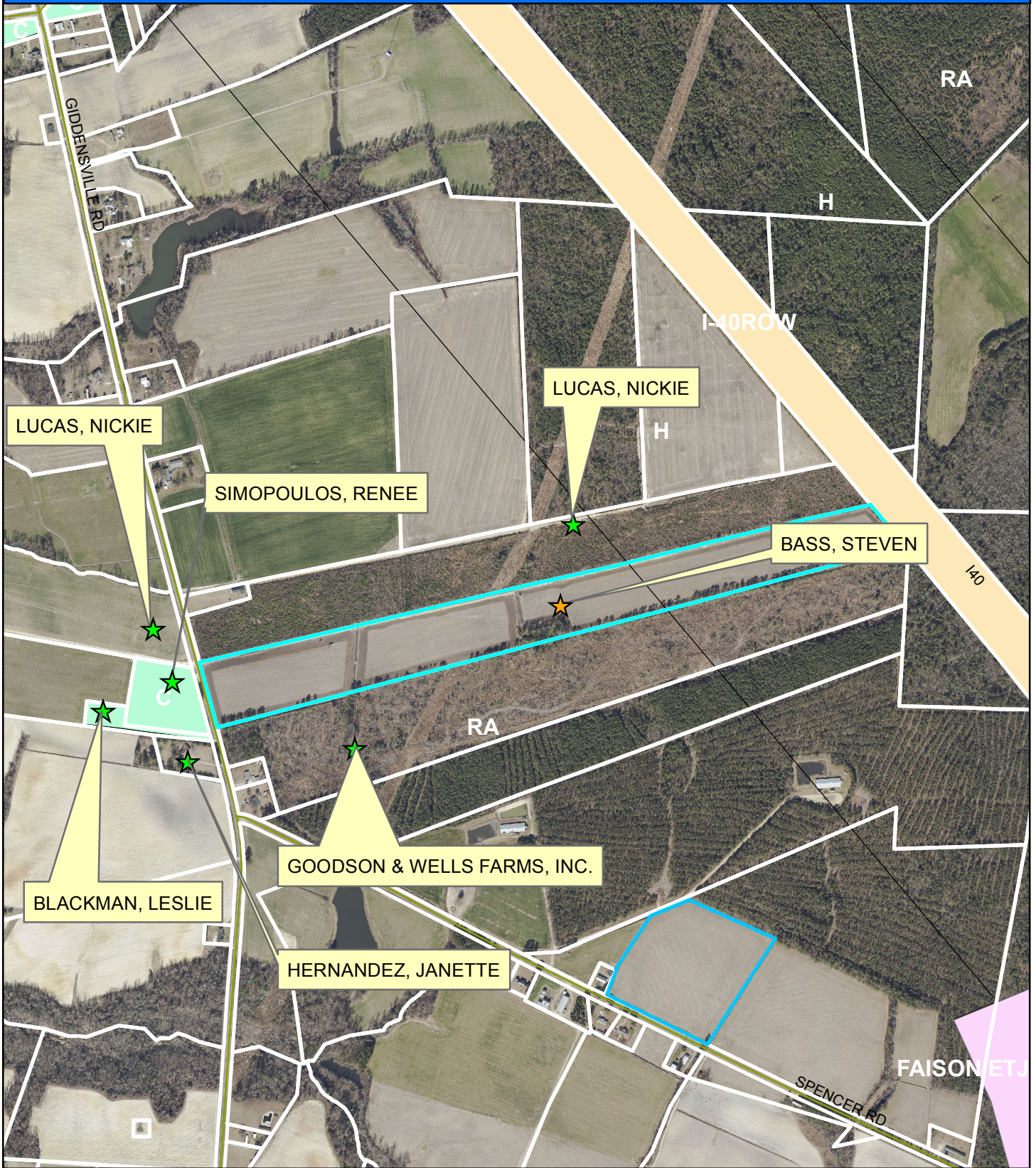
Mrs. Rose informed the Board the January meeting of the Sampson County Planning Board would be held on Tuesday, January 16, 2018 at 6:30 pm due to the Martin Luther King, Jr. Holiday which falls on the 3rd Monday of January.

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

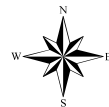
Chairman

Secretary

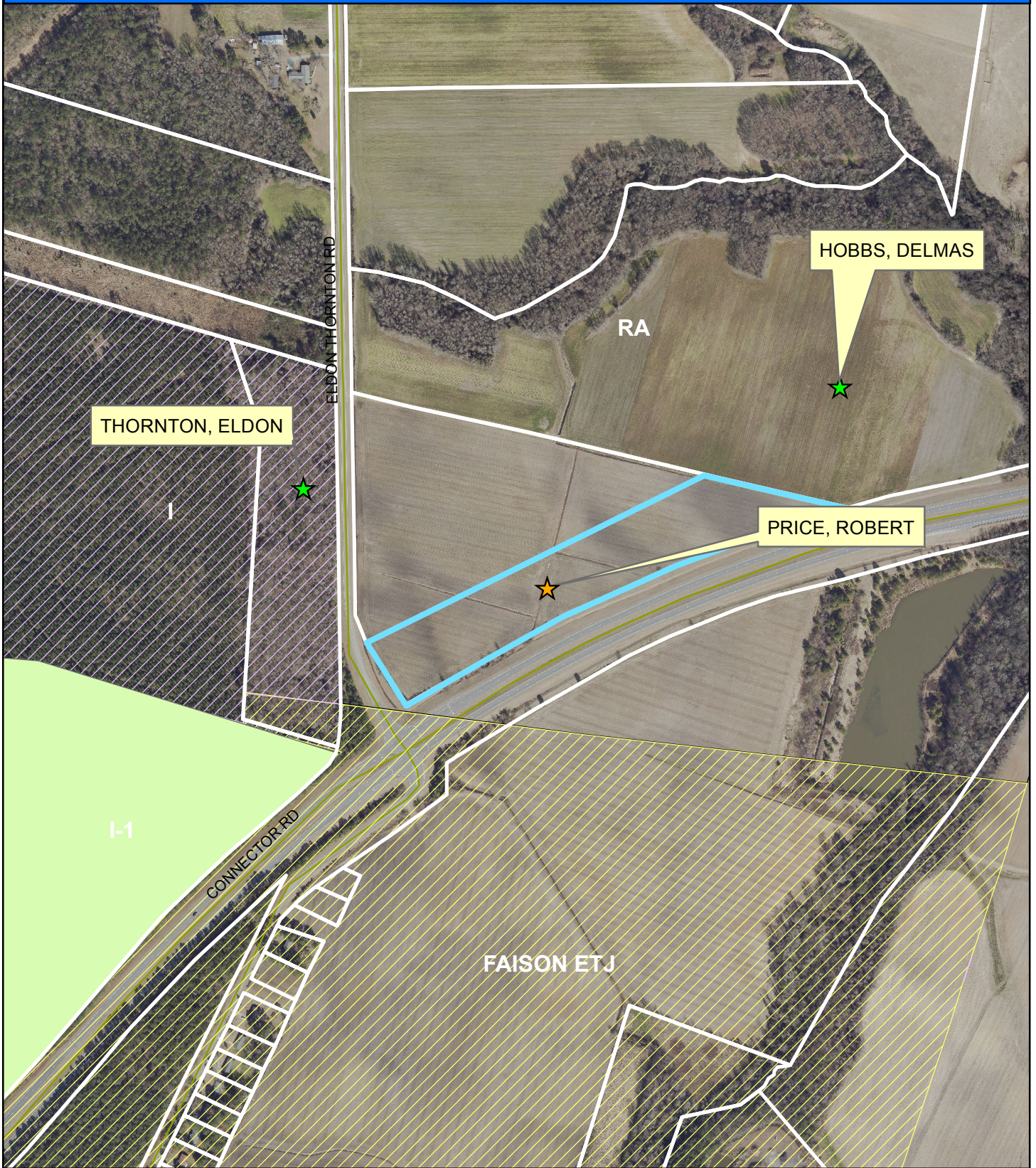
RZ-12-17-1
Steven Bass
Giddensville Road



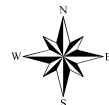
- ★ Proposed Property
- ★ Property Owners Within 100 Feet



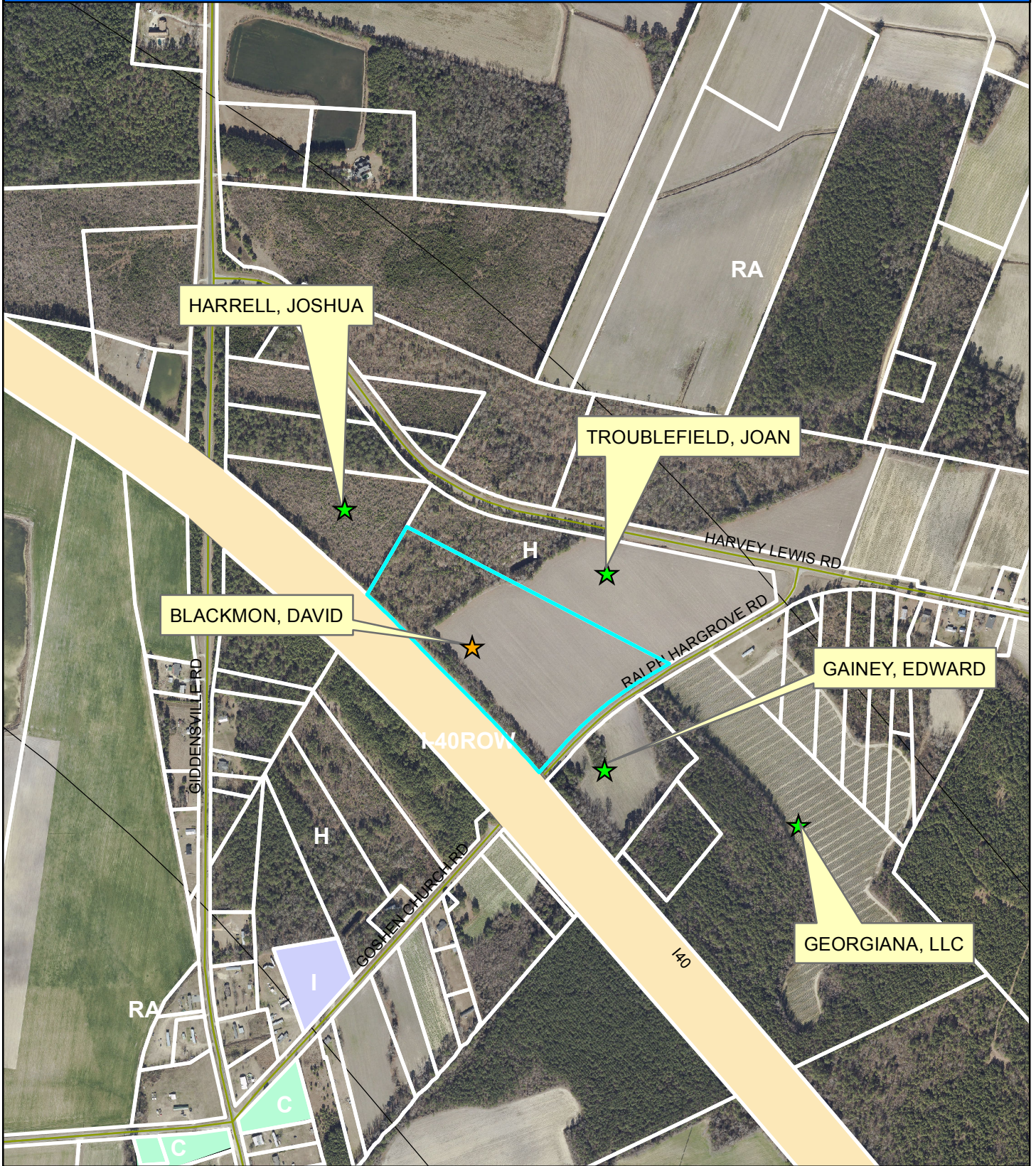
RZ-12-17-2 Robert Price Connector Road



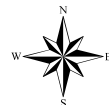
- ★ Proposed Property
- ★ Property Owners Within 100 Feet



RZ-12-17-3
David Blackmon
Ralph Hargrove Road



- ★ Proposed Property
- ★ Property Owners Within 100 Feet



**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2 (a)

Meeting Date:	January 8, 2018	<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

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:

There are a number of long-tenured employees who have retired as of the end of November and December. Each should be presented with a plaque honoring them for their service:

- Jerry Bradshaw, Sheriff's Department (April 2001 - December 2017)
- Marie Carroll, Emergency Management/911 (August 1990 - December 2017)
- Carrie Cooper, Tax Office (October 1984 - December 2017)
- Thomas Jackson, Emergency Management/Rescue (September 1996 - December 2017)
- Kathie Johnson, Health Department (April 1996 - December 2017)
- Roberta Parker, Emergency Management/911 (February 1991 - December 2017)
- Elizabeth Phillips, Finance (September 2004 - December 2017)
- Ardith Taylor, Cooperative Extension (October 1997 - November 2017)

RECOMMENDED ACTION OR MOTION:

Present plaques honoring their years of service. The Sheriff will also present retiring officer Jerry Bradshaw with his service weapon.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2 (b)

Meeting Date:	January 8, 2018	<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

SUBJECT: Progress Report – Property Revaluation

DEPARTMENT: Tax Office

PUBLIC HEARING: No

CONTACT PERSON: Fred Pearson, Pearson Appraisal Service
Robert Ezzell, Pearson Appraisal Service (Project Manager)

PURPOSE: To receive a progress report on the 2019 Revaluation

ATTACHMENTS: Progress Report

BACKGROUND: State law requires revaluation of real property at a minimum of every eight years. This readjustment in values ensures the County’s tax system remains fair and equitable because the values are based upon what the property is worth on the open market. Sampson County’s last revaluation became effective January 1, 2011. Our current revaluation will become effective January 2019.

The current revaluation process began with the award of the bid for revaluation services to Pearson Appraisal Service in December 2016. Mr. Fred Pearson and Mr. Robert Ezzell will be present to update the Board on their progress to date.

RECOMMENDED ACTION OR MOTION: Receive report; no action required.

SAMPSON COUNTY REVALUATION PROJECT UPDATE

AS OF DECEMBER 2017

Project Supervisor: Robert Ezzell

Previous Project Supervisor Revaluation projects in Sampson County for 1995 and 2003

26 years' experience

Field appraisers:

Audrey Pruitt (Appraiser): 25 years' experience, 3 previous Revaluations for Sampson County

Buzz Accock (Appraiser): 12 years' experience

Brian Brewer (Appraiser): 4 years' experience

Angie Johnson (Appraiser): 3 years' experience

Amy Whitley (IT): 3 years' experience

All appraisers are certified through The Department of Revenue in N.C.

Production:

Total number of parcels in Sampson County: 50,000

Total number visited in the field: 30,900

% Complete as of December 1, 2017: 58%

Field production is averaging 3,000 parcels per month

We anticipate all field work will be completed by July 2018

Tyler Appraisal Software

As of December, we have been able to get access to the software and began to evaluate and make changes to the appraisal tables and rates. Pearson's anticipates by February 2019 all tables and rates will be adjusted to reflect market value.

Market Status

According to the North Carolina Department of Revenue the most recent sales ratio study lists Sampson County as just over 100% of market value. This means we are reviewing all qualified sales and determining which properties need value adjustments and which property may not need an adjustment. After careful study and analysis some properties will increase in value and some properties will decrease in value.

Staffing

We appreciate the assistance of the Sampson County Tax Administrator's office. In our experience the more we work together the better the project results. Local knowledge is valuable and the history of certain properties is useful information for us to have. We thank Jim Johnson and his staff for their continued assistance.

Fred W. Pearson

Pearson's Appraisal Service, Inc.

December 14, 2017

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3 (a)

Meeting Date: January 8, 2018	<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 type="checkbox"/> Planning/Zoning <input type="checkbox"/> Water District Issue
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SUBJECT: Public Hearing - Potential Consolidation of Human Services Departments

DEPARTMENT: Governing Body

PUBLIC HEARING: Yes

CONTACT PERSON(S): Edwin W. Causey, County Manager
Joel Starling, County Attorney

PURPOSE: To hold the public hearing required by General Statutes prior to the decision on whether to consolidate our human services department and if so, by which option

ATTACHMENTS: Draft Resolutions; PowerPoint Materials (SOG)

BACKGROUND:

The Board has received a synopsis of options for consolidation of the County's Human Service agencies (particularly Social Services and the Health Department). You have sought and received additional information from the School of Government during a special meeting also attended by members of the Social Services Board and Board of Health, along with directors and key staff from those departments which could be impacted. Now, at the Board's direction, we have duly advertised the public hearing required pursuant to GS 153A-77 to receive public comments on the options for consolidation. The Chairman should open the hearing and call upon the County Manager and County Attorney, who will recap the options for consolidation via PowerPoint. The Board should then open the floor for anyone who wishes to offer comments, setting any time limits based upon the numbers who may wish to speak. Once comments are received, the hearing should be closed. Any desired action should be taken by resolution adoption. Three sample resolutions have been provided in your agenda.

RECOMMENDED ACTION OR MOTION:

If the Board chooses to pursue consolidation Option 1: Motion to adopt Option 1 resolution, assuming direct control over the Sampson County Board of Social Services and the Sampson County Board of Health, as authorized by N.C. Gen. Stat. §§ 153A-76 and 153A-77, appointing an Advisory Board to the Sampson County Department of Social Services members of which shall be appointed by the Sampson County Board of Commissioners; and appointing an

Advisory Committee to the Sampson County Department of Health, the members of which shall be appointed by the Sampson County Board of Commissioners provided such membership complies with membership requirements set forth in N.C. Gen. Stat. § 130A-35; the Board of Commissioners assuming authority to hire and fire the Directors of the Sampson County Department of Social Services and the Sampson County Health Department, with both Directors under the supervision of the County Manager. Effective April 1, 2018.

If the Board chooses to pursue Option 2: Motion to adopt Option 2 resolution, consolidating the Sampson County Department of Social Services and the Sampson County Health Department into one consolidated human services agency, creating the Sampson County Consolidated Human Services Agency and creating the Sampson County Consolidated Human Services Board, which shall serve as the policymaking, rulemaking, and administrative board of the Consolidated Human Services Agency, whose twenty-five (25) members shall be appointed by the Sampson County Board of Commissioners and shall fulfill the membership and residency requirements set forth in N.C. Gen. Stat. § 153A-77(c); the County Manager to appoint and supervise, with the advice and consent of such Board, a Consolidated Human Services Agency Director. Effective April 1, 2018.

If the Board chooses to pursue Option 3: Motion to adopt Option 3 resolution, consolidating the Sampson County Department of Social Services and the Sampson County Health Department into one consolidated human services agency and creating the Sampson County Consolidated Human Services Agency; abolishing the Sampson County Board of Social Services and the Sampson County Board of Health and constituting the Sampson County Board of Commissioners as the newly-constituted Sampson County Consolidated Human Board, which shall serve as the policymaking, rulemaking, and administrative board of the Sampson County Consolidated Human Services Agency; the County Manager to appoint and supervise, with the advice and consent of the Board of Commissioners, a Consolidated Human Services Agency Director. Effective April 1, 2018.

NOTICE OF PUBLIC HEARING

The Sampson County Board of Commissioners will hold a public hearing on Monday, January 8, 2018 at 6:00 p.m., or as soon as possible thereafter, in the Sampson County Auditorium, 435 Rowan Road in Clinton, NC. The purpose of the hearing is to receive public comment on the Board's consideration of options for consolidation of the County's human service agencies. Under these options, the Board can consider the following: (1) abolishing the Sampson County Social Services Board and/or the Sampson County Board of Health, (2) assuming direct control of the activities of the Sampson County Social Services Board and/or the Sampson County Board of Health, (3) establishing a consolidated human services agency, and/or (4) establishing a consolidated human services board.

OPTION 1



RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS ASSUMING DIRECT CONTROL OF THE SAMPSON COUNTY BOARD OF SOCIAL SERVICES AND THE SAMPSON COUNTY BOARD OF HEALTH

WHEREAS, North Carolina General Statutes §§ 153A-76 and 153A-77 confer upon all County Boards of Commissioners the authority to exercise their jurisdiction over certain boards, commissions, and agencies, including, but not limited to, the Boards of Social Services and Boards of Health of the several Counties, provided that the Boards of Commissioners conduct a public hearing upon thirty (30) days' notice given in a newspaper having general circulation in the Board of Commissioner's County, as required by N.C. Gen. Stat. § 153A-77(a); and

WHEREAS, the Sampson County Board of Commissioners desires to assume direct control over the Sampson County Board of Social Services and the Sampson County Board of Health, as it is authorized to do by N.C. Gen. Stat. §§ 153A-76 and 153A-77; and

WHEREAS, the Sampson County Board of Commissioners conducted a public hearing upon 30 days' notice given in a newspaper having general circulation in Sampson County as required by N.C. Gen. Stat. § 153A-77(a), which notice was duly given and which public hearing was conducted by the Sampson County Board of Commissioners at its regular monthly meeting on January 8, 2018; and

WHEREAS, the Sampson County Board of Commissioners desires in its discretion to appoint an Advisory Board to the Sampson County Department of Social Services, as authorized by N.C. Gen. Stat. § 153A-77, the members of which shall be appointed by the Sampson County Board of Commissioners; and

WHEREAS, the Sampson County Board of Commissioners shall appoint an Advisory Committee to the Sampson County Department of Health, as required by N.C. Gen. Stat. § 153A-77, the members of which shall be appointed by the Sampson County Board of Commissioners; provided, however, that the membership of the Advisory Committee must comply with membership requirements set forth in N.C. Gen. Stat. § 130A-35.

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE SAMPSON COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:

1. That pursuant to § 153A-77, the Sampson County Board of Commissioners hereby assume direct control over all activities heretofore conducted by the Sampson County Board of Social Services and the Sampson County Board of Health, including all those powers, duties,

responsibilities, and authorities of the Sampson County Board of Social Services and the Sampson County Board of Health as set forth in N.C. Gen. Stat. §§ 108A-9 and 130A-39;

2. That the Sampson County Board of Commissioners, acting in their respective capacities as the Sampson County Board of Social Services and the Sampson County Board of Health, hereby assume authority to hire and fire the Directors of the Sampson County Department of Social Services and the Sampson County Health Department, and both Directors shall report to the County Manager, who will supervise both Directors;

3. That the Sampson County Board of Social Services and the Sampson County Board of Health are hereby abolished as by law provided;

4. That the Directors of the Sampson County Department of Social Services and the Director of the Sampson County Health Department shall retain their authorities as they are defined in N.C. Gen. Stat. §§ 108A-14 and 130A-41, respectively;

5. That the employees of the Sampson County Department of Social Services and the Sampson County Health Department shall continue to be subject to the North Carolina State Personnel Act, codified in Chapter 126 of the North Carolina General Statutes;

6. That the Sampson County Board of Commissioners hereby in its discretion creates an Advisory Board to the Sampson County Department of Social Services which shall be comprised of five (5) members who shall be appointed by the Sampson County Board of Commissioners;

7. That the Sampson County Board of Commissioners, pursuant to N.C. Gen. Stat. §§ 130A-35 and 153A-77, hereby creates an Advisory Committee to the Sampson County Department of Health which shall be comprised of eleven members who shall be appointed by the Sampson County Board of Commissioners and whose members shall meet the membership requirements set forth in N.C. Gen. Stat. § 130A-35;

8. That the Sampson County Board of Commissioners shall complete any Department of Social Services or Health Department training required by law or otherwise necessary to maintain departmental accreditation;

9. That the Sampson County Board of Commissioners retains budgetary authority over the Sampson County Department of Social Services and the Sampson County Health Department,

ADOPTED at its regular meeting, the ____ day of January, 2017.

CLARK H. WOOTEN, Chairman

ATTEST: _____
SUSAN J. HOLDER, Clerk



OPTION 2

RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS CONSOLIDATING THE SAMPSON COUNTY DEPARTMENT OF SOCIAL SERVICES AND THE SAMPSON COUNTY HEALTH DEPARTMENT INTO THE SAMPSON COUNTY CONSOLIDATED HUMAN SERVICES AGENCY

WHEREAS, North Carolina General Statutes §§ 153A-76 and 153A-77 confer upon all County Boards of Commissioners the authority to exercise their jurisdiction over certain boards, commissions, and agencies, including, but not limited to, the Boards of Social Services and Boards of Health of the several Counties, provided that the Boards of Commissioners conduct a public hearing upon thirty (30) days' notice given in a newspaper having general circulation in the Board of Commissioner's County, as required by N.C. Gen. Stat. § 153A-77(a); and

WHEREAS, the Sampson County Board of Commissioners desires to consolidate the Sampson County Board of Social Services and the Sampson County Board of Health into the Sampson County Consolidated Human Services Agency, as it is authorized to do by N.C. Gen. Stat. §§ 153A-76 and 153A-77; and

WHEREAS, the Sampson County Board of Commissioners conducted a public hearing upon 30 days' notice given in a newspaper having general circulation in Sampson County as required by N.C. Gen. Stat. § 153A-77(a), which notice was duly given and which public hearing was conducted by the Sampson County Board of Commissioners at its regular monthly meeting on January 8, 2018; and

WHEREAS, the Sampson County Board of Commissioners desires to create a Consolidated Human Services Board, as authorized by N.C. Gen. Stat. § 153A-77, to serve as the policy making, rulemaking, and administrative Board of the Sampson County Consolidated Human Services Agency, the members of which shall be appointed by the Sampson County Board of Commissioners.

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE SAMPSON COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:

1. That pursuant to N.C. Gen. Stat. § 153A-77, the Sampson County Board of Commissioners hereby consolidates the Sampson County Department of Social Services and the Sampson County Health Department into one consolidated human services agency and creates the Sampson County Consolidated Human Services Agency,

2. That pursuant to N.C. Gen. Stat. § 153A-77, the Sampson County Board of Commissioners hereby consolidates the Sampson County Board of Social Services and the Sampson

County Board of Health and creates the Sampson County Consolidated Human Board, which shall serve as the policymaking, rulemaking, and administrative board of the Consolidated Human Services Agency and whose twenty-five (25) members shall be appointed by the Sampson County Board of Commissioners and shall fulfill the membership and residency requirements set forth in N.C. Gen. Stat. § 153A-77(c);

3. That the County Manager shall appoint, with the advice and consent of the Consolidated Human Services Board, a Consolidated Human Services Agency Director who exercise those authorities promulgated in N.C. Gen. Stat. § 153A-77(e); provided, however, that the Consolidated Human Services Agency Director shall be under the supervision of the County Manager also in accordance with the provisions of N.C. Gen. Stat. § 153A-77(e);

4. That the employees of the Consolidated Human Services Agency shall be subject to the personnel policies and ordinances of Sampson County; provided, however, that the Consolidated Human Services Agency must comply with all applicable federal laws, rules, and regulations requiring the establishment of merit personnel systems;

5. That the Sampson County Board of Commissioners hereby in its discretion creates an Advisory Board to the Sampson County Department of Social Services which shall be comprised of five (5) members who shall be appointed by the Sampson County Board of Commissioners;

6. That the Sampson County Board of Commissioners, pursuant to N.C. Gen. Stat. §§ 130A-35 and 153A-77, hereby creates an Advisory Committee to the Sampson County Department of Health which shall be comprised of eleven members who shall be appointed by the Sampson County Board of Commissioners and whose members shall meet the membership requirements set forth in N.C. Gen. Stat. § 130A-35;

7. That the Sampson County Board of Commissioners retains budgetary authority over the Sampson County Consolidated Human Services Agency.

ADOPTED at its regular meeting, the ____ day of January, 2017.

CLARK H. WOOTEN, Chairman

ATTEST: _____
SUSAN J. HOLDER, Clerk



OPTION 3

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS
CONSOLIDATING THE SAMPSON COUNTY DEPARTMENT OF SOCIAL
SERVICES AND THE SAMPSON COUNTY HEALTH DEPARTMENT INTO THE
SAMPSON COUNTY CONSOLIDATED HUMAN SERVICES AGENCY AND
ASSUMING CONTROL OF THE SAMPSON COUNTY CONSOLIDATED HUMAN
SERVICES AGENCY**

WHEREAS, North Carolina General Statutes §§ 153A-76 and 153A-77 confer upon all County Boards of Commissioners the authority to exercise their jurisdiction over certain boards, commissions, and agencies, including, but not limited to, the Boards of Social Services and Boards of Health of the several Counties, provided that the Boards of Commissioners conduct a public hearing upon thirty (30) days' notice given in a newspaper having general circulation in the Board of Commissioner's County, as required by N.C. Gen. Stat. § 153A-77(a); and

WHEREAS, the Sampson County Board of Commissioners desires to consolidate the Sampson County Board of Social Services and the Sampson County Board of Health into the Sampson County Consolidated Human Services Agency, as it is authorized to do by N.C. Gen. Stat. §§ 153A-76 and 153A-77; and

WHEREAS, the Sampson County Board of Commissioners desires to create a Consolidated Human Services Board and for the Sampson County Board of Commissioners to act as said Consolidated Human Services Board, assuming the policymaking, rulemaking, and administrative functions of the newly-constituted Sampson County Consolidated Human Services Agency, as authorized by N.C. Gen. Stat. §§ 153A-76 and 153A-77; and

WHEREAS, the Sampson County Board of Commissioners conducted a public hearing upon 30 days' notice given in a newspaper having general circulation in Sampson County as required by N.C. Gen. Stat. § 153A-77(a), which notice was duly given and which public hearing was conducted by the Sampson County Board of Commissioners at its regular monthly meeting on January 8, 2018; and

WHEREAS, the Sampson County Board of Commissioners desires to create a Consolidated Human Services Board, as authorized by N.C. Gen. Stat. § 153A-77, and further desires that the Sampson County Board of Commissioners shall serve as said Consolidated Human Services Board, assuming the policymaking, rulemaking, and administrative functions of the newly-constituted Sampson County Consolidated Human Services Agency.

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE SAMPSON COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:

1. That pursuant to N.C. Gen. Stat. § 153A-77, the Sampson County Board of Commissioners hereby consolidates the Sampson County Department of Social Services and the Sampson County Health Department into one consolidated human services agency and creates the Sampson County Consolidated Human Services Agency;

2. That pursuant to N.C. Gen. Stat. § 153A-77, the Sampson County Board of Commissioners hereby abolishes the Sampson County Board of Social Services and the Sampson County Board of Health and constitutes the Sampson County Board of Commissioners as the five (5) members of the newly-constituted Sampson County Consolidated Human Board, which shall serve as the policymaking, rulemaking, and administrative board of the Sampson County Consolidated Human Services Agency; provided, however, that the Sampson County Commissioners are only entitled to serve as members of the Sampson County Consolidated Human Services Board so long as they are sitting members of the Sampson County Board of Commissioners;

3. That the County Manager shall appoint a Consolidated Human Services Agency Director to exercise those authorities promulgated in N.C. Gen. Stat. § 153A-77(e), with the advice and consent of the Sampson County Board of Commissioners, sitting as the Sampson County Consolidated Human Services Board; provided, however, that the Consolidated Human Services Agency Director shall be under the supervision of the County Manager as required by the provisions of N.C. Gen. Stat. § 153A-77(e);

4. That the employees of the Consolidated Human Services Agency shall be subject to the personnel policies and ordinances of Sampson County; provided, however, that the Consolidated Human Services Agency must comply with all applicable federal laws, rules, and regulations requiring the establishment of merit personnel systems;

5. That the Sampson County Board of Commissioners, pursuant to N.C. Gen. Stat. §§ 130A-35 and 153A-77, hereby creates an Advisory Committee to the Sampson County Consolidated Human Services Agency which shall be comprised of eleven (11) members who shall be appointed by the Sampson County Board of Commissioners and who shall meet the membership requirements set forth in N.C. Gen. Stat. § 130A-35;

6. That the Sampson County Board of Commissioners retains budgetary authority over the Sampson County Consolidated Human Services Agency.

ADOPTED at its regular meeting, the ____ day of January, 2017.

CLARK H. WOOTEN, Chairman

ATTEST:

SUSAN J. HOLDER, Clerk

Human Services Organization and Governance: *Options Under NC Law*

Jill D. Moore



Thinking About Change in County Human Services

- Counties are required to provide public health and social services
- In 2012, legislation created new options for these services' departmental organization and governance
- Thinking about change in your county?
 - What are your goals?
 - What are your options?
 - What are some of the lessons learned thus far?



Defining Goals



- What are the county's goals and what route will get you there?
 - Improve service delivery for citizens
 - Create a new vision for human services programs
 - Create a unified personnel system for all county personnel
 - Change the relationship between board of county commissioners and the departments
 - Identify efficiencies and reduce human services spending
 - Others?

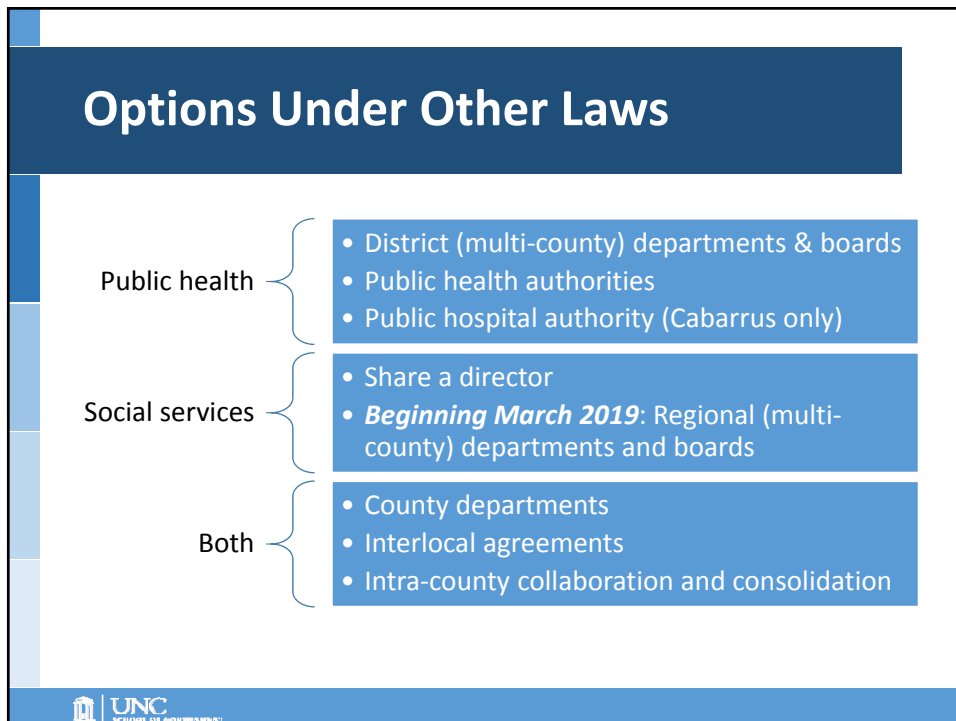
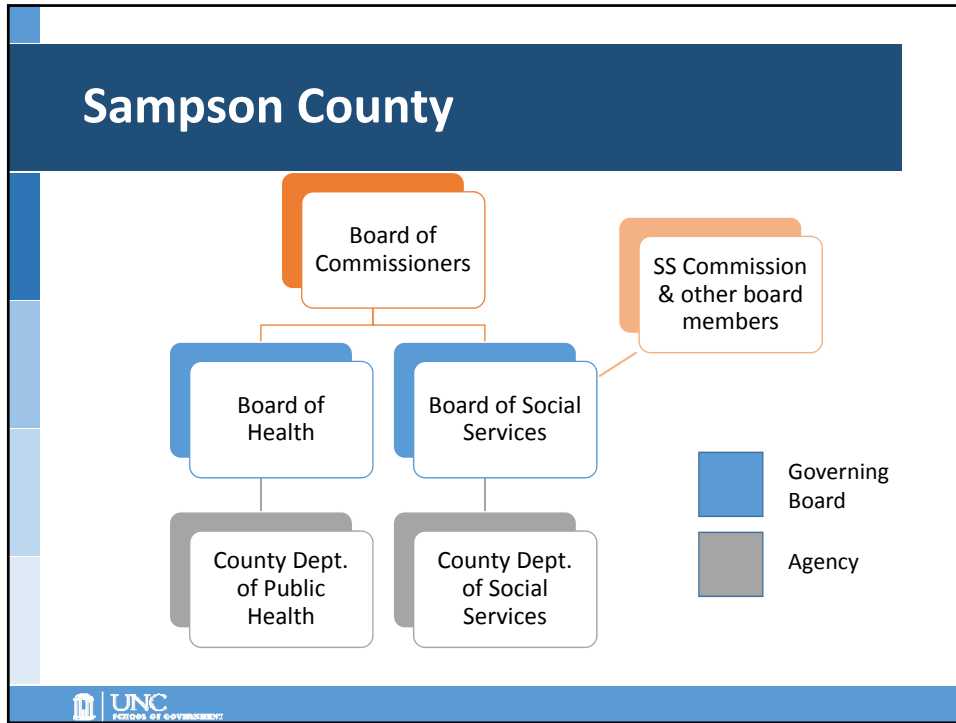
Options



Stay the same

Options under other laws

Options under consolidation law (GS 153A-77)



Consolidation Law Options – Key Decisions

How will local human services be governed?


- Appointed board(s)
- BOCC assumes powers/duties of board(s); advisory committee(s)

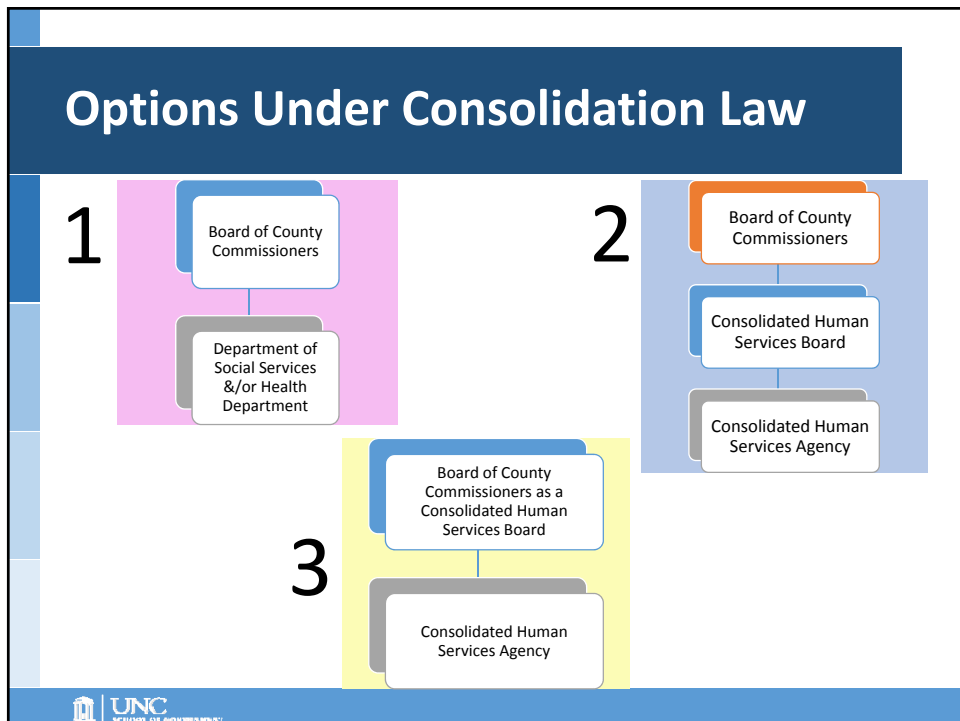
How will local human services be organized?

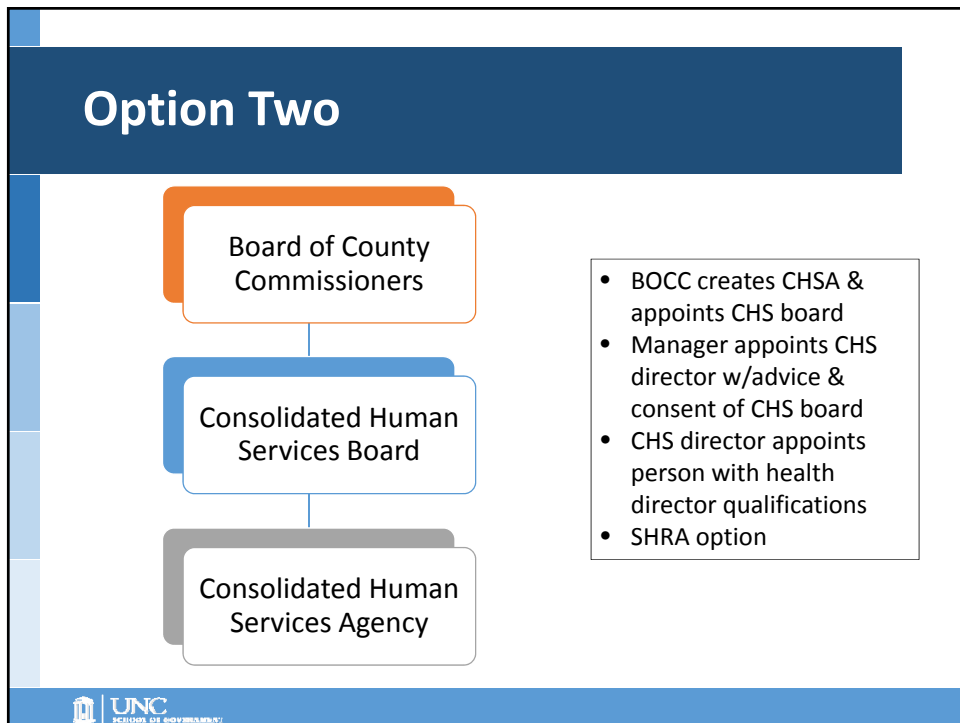
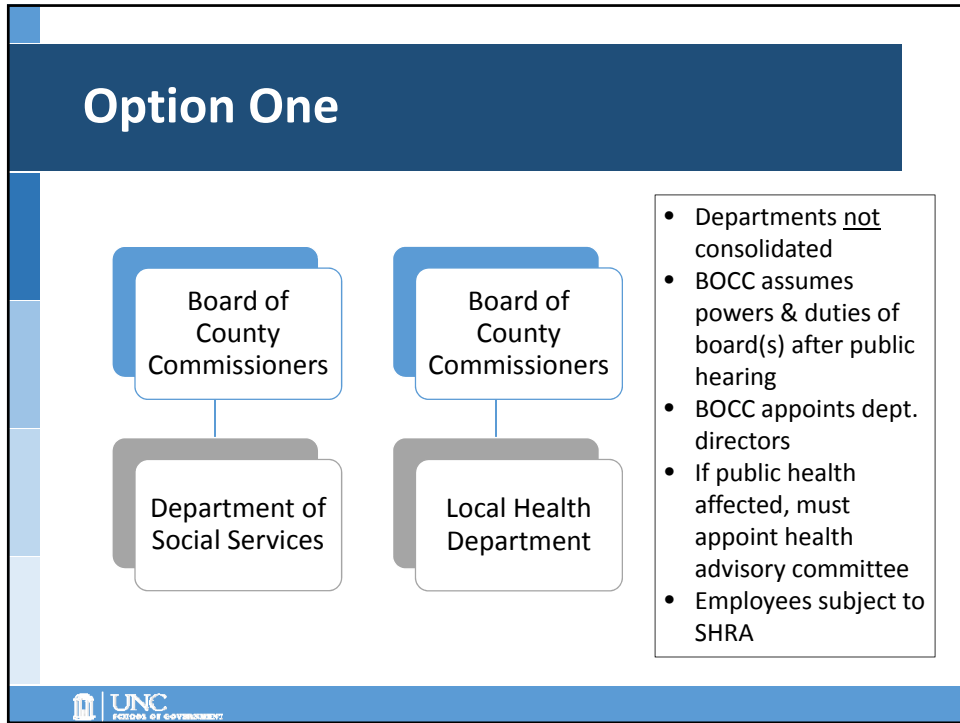
- Separate agencies
- Consolidated agency (CHSA)

If a CHSA is created, which personnel policies apply?

- County personnel policies
- State Human Resources Act







Option Three

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graph TD
    A[Board of County Commissioners as a Consolidated Human Services Board] --- B[Consolidated Human Services Agency]
            
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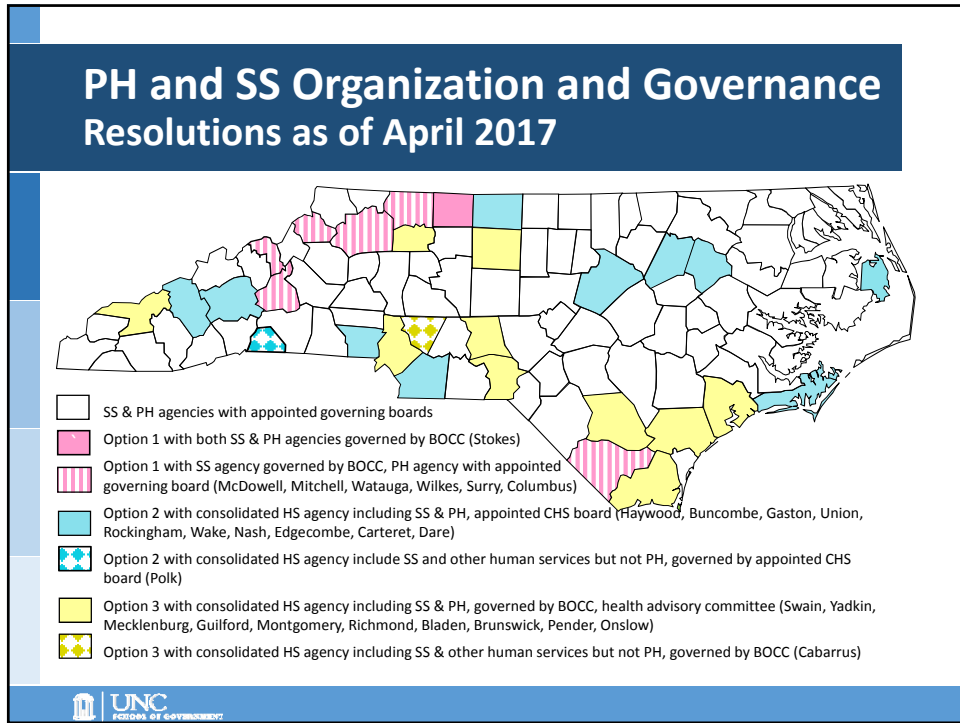
- BOCC creates CHSA & assumes powers & duties of CHS board after public hearing
- Manager appoints CHS director w/advice & consent of BOCC acting as CHS board
- CHS director appoints person with health director qualifications
- SHRA option
- If agency includes PH, must appoint health advisory committee

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PH and SS Organization and Governance June 2012

	Not consolidated
	Consolidated human services agency (CHSA) with a consolidated human services board (Wake)
	CHSA with BOCC as governing board (Mecklenburg)

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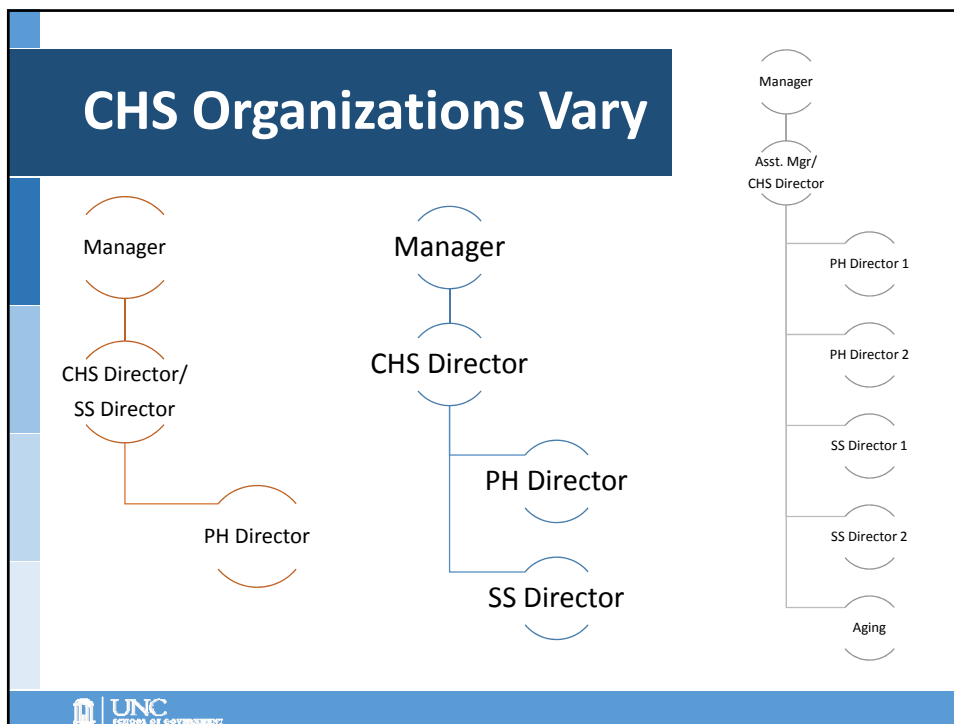


Key Differences

	Board	Hire Agency Director	
DSS	Appointed; 3-5 mem.	Board hires	SHRA
PH	Appointed; 11 mem.	Board hires	SHRA
One	Elected*	BOCC hires	SHRA
Two	Appointed; up to 25 mem.	Manager hires with advice & consent of CHS board	SHRA Optional
Three	Elected*	Manager hires with advice & consent of BOCC	SHRA optional

* If public health affected, must appoint health advisory committee

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CHS Board

Who?	What?
<ul style="list-style-type: none"> ▪ County commissioner ▪ 4 consumers of human services ▪ Professionals: Psychologist, Pharmacist, Engineer, Dentist, Optometrist, Veterinarian, Social Worker, Registered Nurse, Two physicians (one must be a psychiatrist) ▪ Up to 12 others 	<ul style="list-style-type: none"> ▪ Assume all powers and duties of PH/SS boards, except hiring director ▪ Other powers and duties <ul style="list-style-type: none"> ▪ Advise and consent to hiring/firing of director ▪ “Plan and recommend” a budget ▪ Assure compliance with state/federal laws ▪ Recommend creation of human services programs ▪ Perform public relations and advocacy functions

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Commissioners as Board

Board of Commissioners

- Assumes legal powers and duties of board(s) that are abolished
- Appoints advisory committee(s)

Advisory Committees

- Required: Health advisory committee, same membership as appointed board of health
- Optional: Additional advisory committees, or expand health advisory committee to include broader HHS with additional members

If commissioners assume health board powers/duties, who does what?

Board of Commissioners

- Adopt local public health rules
- Adjudicate disputes about local rules or local fines
- Non-delegable accreditation activities:
 - Be trained in service as a public health board
 - Assure the development, implementation, and evaluation of local health services and programs to protect or promote health
 - Participate in the establishment of public health goals & objectives
 - Assure the resources to implement the essential public health services prescribed in law

Advisory Committee

- Advise on public health matters
- Accreditation activities (if delegated by commissioners):
 - Review community health assessment data and citizen input to plan & monitor progress toward health goals; assure that community members have the opportunity to participate in developing goals
 - Communicate with governmental and private entities in support of public health funding and programs, and community health improvement
 - Advocate for public health in the community
 - Promote community-based public health partnerships

Lessons Learned

- **Organizational structure**
 - Flexibility, but still must comply with state and federal mandates
- **Employees**
 - Advance discussion about implications of change
 - Update HR policies/ordinance well in advance
 - Open legal question about transitioning career status employees
- **Advisory committees**
 - Define roles, including appropriate delegation
- **Information sharing**
 - Don't assume a components of a CHSA will be able to share information more freely than they could before consolidation
- **Budget impact**
 - Don't assume creating a CHSA will save money

Budget Impact

- **How might a county save money in human services programs when creating a CHSA?**
 - Not filling vacancies, including agency director position
 - Cross-training program staff to work in both PH and SS
 - Combining back office functions such as finance, HR or IT
 - Moving operations into new, less expensive, shared space
 - Realizing efficiencies through operational changes
 - Reducing or eliminating optional services
 - Entering into interlocal agreements with neighboring counties for select services

Budget Impact

- How might a county save money in human services programs ***without creating a CHSA?***
 - ~~Not filling vacancies, including agency director position~~
 - ~~Cross training program staff to work in both PH and SS~~
 - Combining back office functions such as finance, HR or IT
 - Moving operations into new, less expensive, shared space
 - Realizing efficiencies through operational changes
 - Reducing or eliminating optional services
 - Entering into interlocal agreements with neighboring counties for select services

Questions?

- Jill Moore
 - 919.966.4442
 - moore@sog.unc.edu
- Aimee Wall
 - 919.843.4957
 - wall@sog.unc.edu
- CHSA Resources
 - <https://www.sog.unc.edu/resources/microsites/north-carolina-public-health-law/consolidated-human-services-agencies-chsas>



**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3 (b)

Meeting Date: January 8, 2018	<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
	<input type="checkbox"/>			

SUBJECT: Scheduling of Annual Planning Sessions

DEPARTMENT: Administration/Governing Body

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager

PURPOSE: To schedule annual pre-budget work sessions

ATTACHMENTS: None

BACKGROUND:

It is time to schedule dates for the annual pre-budget work session. Last year the Board opted for three sessions (two full days and one half day) day in two successive weeks. Typically, the sessions are held in the second and/or third weeks of February. We have been advised that the dates of February 14-16 will not work for the city schools.

RECOMMENDED ACTION OR MOTION:

Schedule work sessions as Board desires.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 4

Meeting Date: January 8, 2018	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input type="checkbox"/> Action Item <input checked="" 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: Consent Agenda

DEPARTMENT: Administration/Multiple Departments

ITEM DESCRIPTIONS/ATTACHMENTS:

- a. Approve the minutes of the December 4, 2017 meeting
- b. Approve execution of the Department of Aging’s grant application for United Way funding for wheelchair ramps
- c. Approve a request to surplus certain confiscated and obsolete weapons, to be used as purchase credit with appropriate vendor(s)
- d. Approve the Department of Aging’s submission of an application for 2018 Urgent Repair Program funds from the North Carolina Finance Agency
- e. Approve a request from the Tax Office to dispose of certain files in accordance with the Records and Retention Schedule for Tax Administration
- f. Approve tax refunds and releases
- g. Approve budget amendments

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, December 4, 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., Jerol Kivett, and Harry Parker.

Chairperson Wooten convened the meeting and recognized Vice Chairperson Lee. She called upon Dr. Ray Ammons for the invocation. She then called upon Commissioner Kirby to lead the Pledge Allegiance.

Approval of Agenda

Upon a motion made by Chairman Wooten and seconded by Commissioner Parker, the Board voted unanimously to approve the agenda with the following changes: Item 3(b): Presentation Regarding Opioid-Related Federal Litigation was moved to be provided as Board Information only.

Item 1: Organization of the Board

County Manager Ed Causey conducted the election for Chairman. Commissioner Sue Lee nominated Commissioner Clark Wooten. There were no other nominations. The Board voted unanimously to elect Commissioner Clark Wooten as Chairman. Newly-elected Chairman Wooten conducted the election for Vice Chairman and nominated Commissioner Sue Lee. There were no other nominations. The Board voted unanimously to elect Commissioner Sue Lee as Vice Chairperson. The newly elected Chairman and Vice Chairperson expressed thanks to the Board.

Item 2: Planning and Zoning Items

Approval of Final Plat - Sand Stone Subdivision Chairman Wooten acknowledged Planning Director Mary Rose, who presented the final subdivision plat to the Board, per the recommendation of the Planning Board. Upon a motion made by Chairman Wooten and seconded by Vice Chairperson Lee, the Board voted unanimously to approve the final subdivision plat for Sand Stone Subdivision as recommended.

Item 3: Presentations and Reports

Presentation of Audit for Fiscal Year Ending June 30, 2017 Chairman Wooten called upon Wade Green of W. Green, PLLC, who presented the Board with the audit

report for fiscal year ending June 30, 2017. Finance Officer David Clack noted that the audit had been approved by the Local Government Commission. Upon a motion made by Commissioner Kivett and seconded by Vice Chairperson Lee, the Board voted unanimously to approve the audit (Copy filed in Inc. Minute Book ____ Page ____).

Presentation Regarding Opioid-Related Federal Litigation This item was moved to be provided as Board Information.

Presentation of 2017 Community Health Assessment Health Director Wanda Robinson introduced Health Educator Sydney Smith and Nursing Director Kathie Johnson, who presented the Board with the 2017 Community Health Assessment. The Community Health Assessment, referred to as the CHA, is the foundation for improving and promoting the health of county residents. It collects and presents information on health status, community health needs, resources, and other studies of current local health problems. The CHA revealed that the Sampson County morbidity rate was higher than the state average, and identified cancer as the leading cause of death. Substance Abuse, STD/Sexual Activity and Pregnancy Prevention, and Chronic Disease were presented to the Board as the Top Three Health Priorities for 2018-2020. Upon a motion made by Commissioner Parker and seconded by Vice Chairperson Lee, the Board voted unanimously to accept the Community Health Assessment as reported.

Item 4: Action Items

Local Resolution Supporting Naming a Portion of NC 24 for Medal of Honor Recipient R. Geddie Herring Mr. Greg Butler presented a request for adoption of a resolution supporting a community group's efforts to have the NCDOT name a portion of the new NC24 for Sampson County native and Medal of Honor recipient R. Geddie Herring. Mr. Herring was born and raised in Roseboro and became an active citizen and successful businessman in the poultry business. He served as Mayor of Roseboro from 1947 to 1950, served in World War II as a naval officer (Lt. Commander) in the Pacific Theater, and was presented the Congressional Medal of Honor by James Forrestal (SEC Navy) standing in for President Harry S. Truman. He was a recipient of the Order of the Long Leaf Pine and was inducted into the Sampson County Hall of Fame in 1999. NCDOT was in support of the honorary designation. Mr. Butler collected the necessary character recommendation letters and completed the necessary application documents including verification of the valor medal. The family pledged payment of the administrative fee of \$2,000.00, so that there was no cost to the County. The Chairman opened the floor for public comment, and the following were received:

Ann Knowles: Veterans Office Director Ann Knowles spoke highly of Mr. Geddie Herring and noted that it would be an honor for the portion of Hwy 24 to be named in his honor.

Jefferson Strickland: Former Commissioner Strickland expressed high regard for Mr. Geddie Herring and some of his life accomplishments.

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to adopt the resolution of support naming a portion of NC 24 for Medal of Honor recipient R. Geddie Herring. (Copy filed in Inc. Minute Book _____, Page _____.)

Consideration of Temporary Reduction in Tap Fees with Contractual Obligations Public Works Director Lin Reynolds recommended that the Board consider authorizing the reduction of tap-on fees for a specified limited time, with the requirement that those who sign up for the reduced fee be required to pay the minimum water fees for a period of 24 months, even if they do not purchase water. The reduced fee would be available throughout the county's system, but only for the period of January 1, 2018 - March 31, 2018. (The recently amended water ordinances provided the Board this authority to reduce such fees with such water purchase requirements.) Upon a motion made by Commissioner Kivett and seconded by Vice Chairperson Lee, the Board voted unanimously to authorize a reduction in tap fees for the period of January 1, 2018 - March 31, 2018, with the 24-month minimum fee payment requirement; necessary contractual documents or applications to be drafted by the County Attorney.

Public Hearing - Naming of a Private Roads The Chairman opened the hearing and called upon Assistant County Manager Susan Holder who reviewed the recommendations for naming certain private roads. The floor was opened for public comments and none were received. The hearing was closed. Upon a motion made by Vice Chairperson Lee and seconded by Chairman Wooten, the Board voted unanimously to name private roads as follows:

PVT 1832 224 109	Kitty Ln
PVT 421SC 14965	Pecan Trace Ln
PVT 421SC 14965 N	N Creeks Edge Ln
PVT 421SC 14965 S	S Creeks Edge Ln
PVT 1712 497	Angus Ave

Appointment - Board of Health Upon a motion made by Vice Chairperson Lee and seconded by Chairman Wooten, the Board reappointed Linda Peterson in the statutorily required position of registered nurse on the Board of Health.

Appointment - Workforce Development Board Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board appointed Hugh Carr to the Workforce Development Board

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 November 6, 2017 meeting.
- b. Approved the execution of the Agreement for Clinical Affiliation Between Sampson County Emergency Services and Central Carolina Community College (Copy filed in Inc. Minute Book ____ Page ____.)
- c. Approved the execution of the contract with Vanns Crossroads Fire Department for the provision of rescue technician (RT) services (Copy filed in Inc. Minute Book ____ Page ____.)
- d. Approved the renewal of the lease agreement for the Dismal solid waste convenience site property between Sampson County and Billy L. Wrench and Ruth M. Wrench (Copy filed in Inc. Minute Book ____ Page ____.)
- e. Adopted a resolution authorizing the lease of agriculture tracts adjacent to the Detention Center for the period January 1, 2018 – December 31, 2018 to Mac Sutton for farming purposes (Copy filed in Inc. Minute Book ____ Page ____.)
- f. Approved tax refunds and releases as submitted

#8311	Coastal Carolina Pumping Inc.	\$211.39
#8318	Shirley Ann Rooks	\$253.14
#8333	Brenda Hairr Dudley	\$135.13
#8325	Sadie Oates Brookhouse	\$136.86
#8324	Pamela Robinson McQuirt	\$245.57
#8338	Terry Wayne Long	\$275.50
#8345	Scott Clemmo	\$170.12
Tax Release	Robert & Cynthia Heath	\$567.38

- g. Approved budget amendments as submitted

<u>EXPENDITURE</u>		<u>Cooperative Ext.</u>		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11449500	526200	Departmental Supplies	\$176.00	
11449500	529900	Miscellaneous Expenses	\$364.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034950	408900	Miscellaneous Revenue	\$540.00	

<u>EXPENDITURE</u>		<u>Aging</u>		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
02558790	526201	Information & Referral - Debt Equipment	\$2,000.00	

02558790	531100	Information & Referral - Travel	\$1,000.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
02035879	403602	Information & Referral – Health Promo	\$3,000.00	
<u>EXPENDITURE</u>				
		<u>Planning</u>		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11449100	512100	Salaries	\$33,336.00	
11449100	518100	FICA	\$2,077.00	
11449100	518120	Medicare	\$486.00	
11449100	518200	Retirement	\$2,533.00	
11449100	518300	Group Insurance	\$6,272.00	
11449100	518400	Dental Insurance	\$240.00	
11449100	518700	Cafeteria Fees	\$36.00	
11449100	518901	401K County	\$1,675.00	
11449100	526201	Dept Supplies Equipment	\$6,000.00	
11449100	526200	Departmental Supplies	\$8,600.00	
11449100	538100	Data Processing Programs	\$2,000.00	
11142600	535100	Maint/Repair Bldgs	\$50,000.00	
11999000	509700	Contingency		\$113,255.00
<u>EXPENDITURE</u>				
		<u>Finance</u>		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
67981700	519900	Other Professional Costs		\$324.00
11998110	596060	Transfer To Water Capital Project	\$38,751.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
67038170	409600	County Contribution		\$324.00
11039999	409800	Fund Balance Appropriated Encum	\$38,751.00	

- Approved Clinton City Schools Amendment No. 1 (State).

Item 5: Consideration of Tax Appeals

Upon a motion made by Chairman Wooten and seconded by Commissioner Parker, the Board voted unanimously to adjust the penalty applied to the following tax accounts for failure to timely list business personal property by forgiving one-half of the assessed penalties.

AJ Family Farms (Tax \$10,421.77) **Assessed Penalty \$4,204.76 Adjusted by Half**

Item 6: Board Information

The Board was provided with the following items for information only:

- a. Presentation Regarding Opioid-Related Federal Litigation

County Manager Reports

County Manager Ed Causey reflected on the audit presentation, and expressed gratitude to the Board, Finance Officer, and county employees for their hard work on the audit. He advised the Board to be prepared to schedule budget planning sessions dates during the January 2018 meeting.

Public Comments

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

The Commissioners deliberated on their attendance for the 2017 Christmas municipal parades.

Adjournment

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

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board

**Program Funding Request Application Guidelines
United Way of Sampson County**



**P.O. Box 1677, Clinton, NC 28329
email:uwaysampsonco@embarqmail.com**

Funding Request Due: January 8, 2018

INTRODUCTION

Funds allocated to programs, and their sponsoring agencies, by United Way of Sampson County are contributed dollars. Full and fair disclosure is required in the completion of all budget forms and agency/program information. In public financial reporting, full and fair disclosure principles are well established.

One (1) original copy of the signed application (unstapled and three-hole-punched) by the stated deadline to the United Way office.

Funding Requests which are incorrect, incomplete or submitted after due date, will not be accepted.

Funding Requests must be compliant with the guideline instructions, complete, and presented in order. Responses must be brief and concise with clarity and limited to the spaces provided.

Do not use technical terms, agency terminology, acronyms, etc..

If questions arise, please contact Nancy Carr, Executive Director at 592-4263 or uwaysampsonco@embarqmail.com.

CRITERIA FOR SUBMITTED FUNDING REQUESTS

1. United Way of Sampson County does not fund:
 - Capital improvement cost
 - Direct influencing of legislation
 - Expenses already incurred
 - Religious programming
 - Support of political activities
 - Lost funding from any source of any type
 - Endowments
 - Capital campaigns
 - Fundraising events
 - Scholarship funds – unless restricted by United Way
2. The program for which funding is requested must only provide services within Sampson County.
3. All financial information must be rounded to the nearest dollar.
4. Loss of program licensure [local, state, or federal] will result in immediate termination of funding.

INSTRUCTIONS FOR FUNDING REQUEST SUBMISSION

1. All forms must be typed or computer generated whenever possible.
2. Funding request and proposed budgets must be approved by the organization's Board of Directors prior to submission to United Way of Sampson County and properly signed.

INSTRUCTIONS FOR COMPLETION OF FUNDING REQUEST APPLICATION

Cover Sheet/Certification

The cover sheet must be signed and dated by both the Executive Director and Board President or authorized board member, as verification that the application is complete and Board approved.

Specific Use of UWSC Funding

Using only the space provided, explain in paragraph format how the requested funds would be used.

Organization Governance & Oversight

Reviews organization's volunteer governance and oversight.

Organization Overview

Provides an overview of agency's operations.

Program Overview

Completion for *each* program, for which funding is being requested. Responses must be clear and concise and presented by program.

Program Outcomes Logic Model

Provide a Logic Model for each program for which funding is being requested, identifying *inputs* (resources dedicated to or consumed by the program), *activities* (services provided by the program to fulfill the mission, what the program does with the inputs) and *outputs* (the direct products of the program operation, the quantity of the services provided by the program).

Program Outcomes Framework – Outcome Measurement Management Process

Provide a Framework for each of the programs for which funding is being requested.

Identify program *outcomes* (goals) which are the benefit(s) that the program has on its participants either during or after participating in the program, or the desired goal the program hopes to achieve with the people served, and *indicators* (objectives) which are used to measure the level of accomplishment achieved in reaching stated outcomes. For each outcome, there will be one or more indicators. Data sources and methods of data collection are also required. Every indicator has one or more data source. A *data source* is the tool from which information is gathered on the indicator (e.g. test, journal, participant, teacher, log book, etc.).

For every data source there is a method to use to retrieve the information being collected. This is the *data collection* method. There will be one or more methods for collecting data for each data source.

Arrange information in the Framework appropriately.

- a.) For each outcome (goal) list the indicator(s)
- b.) For each indicator (measurable objective), list the data source(s).
- c.) For each data source, list the collection method(s).

Measuring Program Effectiveness – Outcome Measurement Results

Responses must be clear and concise and directly related to the outcomes framework page of the application.

Responses should reflect the results projected for the funding cycle for which funding is requested.

Budget & Variance Form

The following instructions are provided to assist in the completion of the budget form. Full and fair disclosure is required in the completion of all budget forms and requested information.

Financial information must be rounded to the nearest dollar.

Budget information for both the sponsoring agency's overall budget and specific program for which funding is being requested, must be completed. **Please use the supplemental application for the *program* budget.**

Current year to date (YTD) budget information for January to December and projected financial information for calendar year for which funding is requested.

Expenses:

Salaries – Includes all salaries (executive, professional, clerical, technicians, counselors, etc.) to include full-time, part-time and temporary staff.

Employee Benefits – Employee health and retirement benefits including premiums for all insurance, policies, medical and dental plans, and retirement plans.

Payroll Taxes – F.I.C.A. (employer's share), Medicare, unemployment insurance, workers compensation insurance, disability insurance premiums.

Advertising – Any expenses related to the advertisement of provided services.

Professional Fees & Contracts – Fees and charges of professional practitioners, technical consultants, or semi-professional technicians who ARE NOT employees of the agency and are engaged as independent contractors for specified services on a fee or other individual contract basis. Examples include audit expense, consultant's, trainers, etc. (Does not include persons engaged for maintenance and repair services.)

Supplies – All supplies and materials used for operations and delivery of services. This includes office supplies, housekeeping supplies, cost of food and beverages purchased for use in agency food service programs, and all supplies used to implement programs and services.

Telephone – Expenses for telephone and similar communication activities such as cellular phone services.

Postage & Shipping – Self-explanatory

Occupancy (Building & Grounds) – All costs resulting from an agency's occupancy and use of owned or leased land, building and offices (not including salaries, depreciation and acquisition of equipment). Includes rent, building and building equipment insurance, maintenance services under contract, real estate and personal property taxes, licenses and permits (occupancy related only), and building and grounds maintenance supplies.

Utilities – Electricity, gas, water & sewer.

Insurance – Directors and officers liability insurance, program liability insurance, and other insurance not specifically covered in another category.

Property & Equipment – Purchase of property and equipment.

Rental & Maintenance of Equipment – Rental and maintenance of equipment such as computers, copy machines, etc.

Outside Printing – Includes printing charges of publications, mass printing, informational materials, purchased publications, subscription to technical journals and books. Can also include photography, film and processing.

Public/Private Transportation Fees – Staff and volunteer travel expenses to include mileage reimbursement, hotels, meals, owned vehicles maintenance, repairs, gas, oil, licenses & inspections, tires, etc.

Other Transportation – To include volunteer stipends, client transportation and any other miscellaneous travel expenses not covered in above definition.

Conferences and Conventions – Expenses of conducting meetings related to an agency's activities including registration or enrollment fees incurred by employees and volunteers while attending outside meetings.

Specific Assistance to Individuals – Expenses incurred for specific materials, appliances, services, and other assistance rendered including purchases made for agency/program participants.

Organization Dues – support to national "parent" organization

Special Events/Fundraisers/Sales to Public – Costs incurred in the implementation of fund-raising activities.

Miscellaneous – Expenses not reportable in another classification. Please explain what this line item includes in the comments line or individual or organizational dues in other organizations relevant to the functions of the agency. (Trade association, civic club, etc.).

Revenue:

Other United Ways – Contributions from other United Ways. Please list the names of the other United Ways in the comments line.

Combined Federal Campaign – Contributions received from the local Combined Federal Campaign

State Revenue/Grants – Contributions received from the State of North Carolina. If there is a specific department or name for funding received, please list the specific source or title in the variance line.

Federal Revenue/Grants – Contributions received from the federal government. If there is a specific department or name for funding received, please list the specific source or title in the comments line.

County Revenue/Grants – Contributions received from any county in North Carolina. If there is a specific department or name for funding received, or if funds are from a county other than Sampson please list the specific source or title in the comments line.

City Revenue/Grants – Contributions received from any municipality in Sampson County. If there is a specific department or name for funding received. Please list the specific municipality.

Special Events/Fundraisers/Sales to Public – Revenue produced by sales and/or events (fundraisers) done by the agency/program or affiliated groups

Membership Dues – Dues paid by members to join the organization.

Client Fees – Fees received for services provided by the organization.

Investment Income – Interest, dividends, rentals and royalties from any type of investment. All investment income, regardless of type and origin should be reported here.

Endowment Contribution – Contributions made to the organization for specific endowments.

Variations/Comments:

Provide a variance explanation for budget line items in the projected budget which include both a dollar difference of \$1000 or more and a percentage difference of 5% or more over the current approved budget.

EXAMPLE 1:

Your salary expenses in line 16 will increase from \$70,000 this year to \$73,000 in the projected budget. You should not include an explanation. Although the dollar difference is \$3,000 this amount represented only a 4.3% increase over this year's expenditures.

EXAMPLE 2:

Line 27, Printing & Publishing will increase from \$900 this year to \$1,350 in the projected budget. You should not include an explanation. Although there is a 50% increase, the dollar amount is only \$450.

EXAMPLE 3:

Your agency will receive a grant of \$35,000 this year. In the projected budget your agency will only be eligible for \$30,000. This \$5,000 reduction represents a 14% decrease. Please provide explanation.

Program Participant Demographics

Provide demographic information on all participants that the organization's program projects for the upcoming year.

Program Staff Positions

Complete for each program for which funding is being requested, listing all positions associated with each program.

Program Funding

Request Application



United Way of Sampson County

Sponsoring Agency: _____

Program Name: _____

Mailing Address: _____

Phone/email _____

Funding Request for 2018 Program Funding \$ _____

CERTIFICATION

The requested amount herein was considered and approved for submission by the

_____ Board of Directors at a meeting on _____
(Sponsoring Agency) (date)

Our fiscal year is _____ to _____
(date) (date)

Management and the Board of Directors have read and are prepared to discuss this Funding Request.

We acknowledge that funds allocated by United Way are contributed dollars and that fair and full disclosure is required in the completion of this Funding Request Application and all other requested information.

Executive Director ~ Name

Board President or Authorized person Name

Volunteer Title

Signature - Executive Director

Signature ~ Board President or Authorized Person

Date

Date

REQUIRED: Specific use of UWSC funding. (Use only space provided)

[Empty rectangular box for providing specific use of UWSC funding]

Organization's Governance & Oversight

Organizations *not currently* receiving UWSC funding *must* complete the following.

Board Meetings

1. How many meetings were scheduled during the last fiscal year?
2. How many times did the Board meet during the last fiscal year?
3. At how many of the Board meetings did you have a quorum during the last fiscal year?
4. Are detailed reports of agency activities provided to the board on a regular basis? (Y/N)

Current Demographics of Board of Directors

Male	_____	Black	_____	_____
Female	_____	White	_____	_____
Hispanic	_____	Other	_____	

Fiscal Oversight

1. Briefly describe the system used for safeguarding against unauthorized or improper disbursement of funds, (i.e. two signatures required on checks).

National/State Affiliations

1. Are you nationally and/or state affiliated? (Y / N)? _____ YES _____ NO
2. Does the organization adhere to national standards? _____ YES _____ NO

Please briefly describe those national standards.

ORGANIZATION OVERVIEW

Organizations *not currently* receiving UWSC funding *must* complete the following.

1. Describe the organization's mission.

2. List any organizations or programs with whom your organization has collaborated to provide joint programming, and briefly describe the type(s) of collaboration (co-sponsorship of events, seminars, community issues, etc.) and the results of those collaborations.

5. Does the organization employ paid staff?

_____ YES _____ NO

6. Does the organization have job descriptions for all staff?

_____ YES _____ NO

PROGRAM OVERVIEW

Program Name: _____

Program Director's name: _____

1. Provide a *brief* program description and goals.

2. What social/human welfare issue(s) does this program address?

3. What is the program's targeted population, capacity, and number of people to be served? Is it at capacity?

4. Do you have a waiting list for this program? If so, how many are on the waiting list, and what is the expected waiting time before your program will be able to provide services to them?

5. What are the eligibility requirements for participating in this program?

6. What fees are charged for services, and what percent of participants pay fees?

7. What is the long range plan for insuring financial stability for the program?

8. What impact would UWSC funding have on this program's outcomes?

9. To what extent are volunteers utilized in this program?

10. Are reference/background checks complete on all volunteers? _____ YES _____ NO

11. What type of training do volunteers receive? Are they evaluated on a regular basis?

**MEASURING PROGRAM EFFECTIVENESS
OUTCOMES LOGIC MODEL**

**PROGRAM
NAME** _____

Please submit a logic model for the program for which UWSC funding is being requested. **Do Not** report on program outcomes in this model. Present in narrative format.

INPUTS	ACTIVITIES	OUTPUTS

**MEASURING PROGRAM EFFECTIVENESS
OUTCOMES FRAMEWORK**

**PROGRAM
NAME:** _____

Complete an outcome measurement framework for the program for which UWSC funding is being requested.

OUTCOMES	INDICATORS	DATA SOURCE	DATA COLLECTION METHOD

OUTCOMES MEASUREMENT RESULTS

Program Name: _____

1. Viewing your outcomes as your program's goals, how many participants do you estimate will achieve the outcome results that you have targeted for the funding cycle requested?
2. How often do you measure this program's outcome results? (Daily, Monthly, Quarterly, Semi-Annually, etc)
3. Who is responsible for implementing, collecting, and reviewing the outcomes/program effectiveness information for this program? (i.e. Committee, individuals with specific responsibilities, etc.)
4. What level of involvement does the Board of Directors have in the process of program outcome measurements and implementation?
5. What changes have been planned or made to the program as a result of the outcome measurements?

AGREEMENT OF AFFILIATION

BETWEEN

with its office located

(Hereinafter referred to as the Agency)

And

UNITED WAY OF SAMPSON COUNTY, INC.

(Hereinafter referred to as United Way)

This agreement is entered into in the mutual beliefs of the above named parties that: (a) the county of Sampson, North Carolina forms the basis for our community--wide efforts and that participation from all areas of our community is essential; (b) a effective way of providing maximum resources for health and human care services: and (c) it is the consideration of the total health and human care needs of our community, development of volunteers and our commitment to bring about a delivery system according to open, rational and non-discriminatory procedures which form the basis for this working relationship.

Both United Way and the Agency Agree, That Each

1. Has an active, responsible, and voluntary governing body, with representation from diverse elements in the community, which exercises effective control over the operations of the organization;
2. Faithfully adheres to a policy of nondiscrimination with respect to age, sex, race, religion, and national origin in connection with the makeup of its governing body, committees, and staff and the persons whom it directly and indirectly serves;
3. Has been ruled exempt from taxation under Section 501(c) (3) of the Internal Revenue code as well as corresponding provisions of other applicable state, local, or foreign laws or regulations;
4. Uses ethical methods of publicity and promotion as established by national professional public relations associations. (For example, see attached "Code of Professional Standards" adopted by the Public Relations Society of America.);

5. Issues an annual report to the public, including a financial report that complies with the "Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations" or similar standards that are recognized and approved by United Way of America's Board of Governors.

B The Agency Agrees

1. To provide a needed, non-duplicated service of education, prevention, remediation and/or contribution in the field of health, welfare or recreation within our community/county;
2. To support and assist the United Way in the annual fund raising campaign;
3. To engage in an effective public relations program in which the objectives, services and accomplishments of the Agency and the United Way support of such services are adequately publicized; to cooperate with and assist the United Way in its public information programs; and to make use of the United Way logo on letterheads and at all of its public functions;
4. To submit its proposed annual budget and budget request approved in advance by its governing board and in the format prescribed by United Way to the United Way within the agreed upon time schedule and to cooperate with the Allocations Committee in accordance with its review procedures;
5. To cooperate with the United Way planning committee in its efforts to coordinate human care services in the community and cooperate in the conduct of such studies as may be needed in support or planning, Allocations, Communications and/ or Fund Raising;
6. To conform with the united Way audit policy as approved by the Board of Directors on 10/30/91 as revised 2/23/94. A copy of the audit, financial statement, or IRS form 990 should be submitted to the United Way within four months after the Agency's fiscal year;
7. To submit quarterly financial reports to the United Way on the forms provided for that purpose that accurately reflect the Agency's current financial status;
8. To submit for prior approval and discussion by the United Way, all proposals for supplementary fundraising efforts as outlined in the United Way Policy On

Supplementary Fund Raising;

9. To submit for prior approval and discussion by United Way all proposals for new programs and/or expansion of a programs that may require United Way financial support now or in the future; and

10. To realize and utilize all possible operating income that might be secured through the Agency's normal activities, e. g. , fees for service, interest, non-designated contributions and membership fees, while at no time paying a commission in connection with fund raising.

C. The United Way Agrees

1. To respect the essential autonomy of the individual Agency and the authority of its Board of Directors to determine its own policies and to manage its own service;
2. To develop its objectives for the annual fund raising campaign with due regard for the requirements of all anticipating agencies, fund raising realities and other pertinent considerations to raise the maximum funds. To use its best efforts to achieve the campaign objectives and to exceed those objectives whenever possible;
3. To provide a reasonable, comprehensive and courteous review of each Agency;
4. To allocate contributed funds in a manner which recognizes the relative need among services provided by the Agencies;
5. To pay the Agency on the basis of the annual approved allocation and campaign collections;
6. To act as a steward of contributed funds by informing the public of the allocations; and
7. To submit its annual financial records to an audit by a Certified Public Accountant, a copy of which shall be made available for inspection by the Agency upon request.

D. Enforcement and Termination

1. This agreement may be revoked by either party by such party giving written notice to the other party at least ninety (90) days prior to the United Way annual fund raising drive. The party to whom notice of termination

raising drive. The party to whom notice of termination is given shall have the right to a hearing before the governing board of the other party; and

2. The United Way reserves the right to issue a "Notice of Exception" to an agency exhibiting substantial problems or deficiencies as identified by the United Way in any area of operation. Said Notice, signed by the originating allocations review committee, shall describe such problem or deficiency and explain the nature of contraction to United Way policy or understanding. The Agency shall be given one (1) year to show substantial progress in eliminating the problem or deficiency.

If substantial progress has not been made during the year, a "Notice of Probation" will be issued. All officers and executives of the Agency, as well as, any state or national office to which the Agency is affiliated shall receive a copy of the "Notice of Probation". If the problem or deficiency noted has not been resolved to the satisfaction of United Way by the end of the second year, the Agency's affiliation with the United Way will be terminated. If the Agency requests a meeting, the United Way will arrange for a panel of representative board members and will insure the members of the originating allocations committee group attend the meeting.

In witness of approval of this Agreement of Affiliation, the undersigned have affixed their signatures:

AGENCY
BY: _____
CHAIRMAN / PRESIDENT OF BOARD OF DIRECTORS

BY: _____
CHIEF EXECUTIVE OFFICER OR SECRETARY

DATE

UNITED WAY OF SAMPSON COUNTY, INC.

BY: _____
PRESIDENT OF BOARD OF DIRECTORS

BY: _____
VICE PRESIDENT / SECRETARY / TREASURER

DATE

POLICY ON SUPPLEMENTAL FUND RAISING BY AFFILIATED

PREAMBLE

The United Way of Sampson County, Inc. (hereinafter referred to as United Way) and our affiliate agencies (hereinafter referred to as agencies) are jointly concerned with the total effect of all fund raising activities conducted throughout the Sampson County area by community service organizations. In order for the United Way to maintain its integrity, it must provide a clear set of guidelines for member agencies to follow when seeking additional (non-United Way) financial support. These guidelines for the conduct of supplemental fund raising activities are designed to maximize yield, minimize competition, and avoid excessive intrusion on the donor community.

In an environment of limited resources and expanding needs, the United Way recognizes the value to participating agencies and to the community served of expanded supplemental resources generated by activities which do not conflict with the United Way. The United Way endorses the concept that good management practices dictate that agencies explore all ethical avenues for earning and obtaining multiple sources of funding to provide human care services. However, the methods used by the agencies to approach these sources should be in harmony with the United Way's fund raising principle that there will be one (1) annual, comprehensive effort for contributions from the community.

It is therefore essential that supplemental fund raising activities be conducted in a manner which would not adversely affect the United Way annual campaign or the member agencies abilities to provide human care services.

STRUCTURE

The chairman of the allocations committee will be responsible for forming a standing subcommittee which will be called the supplemental income producing subcommittee. Membership may include representation from the executive committee to include the treasurer and from the planning committee. This subcommittee will provide a forum for careful consideration, encouragement, consultation and advice on agency income producing proposals. This subcommittee will also serve as a clearing house for gathering resource information and scheduling, as appropriate, to help prevent competing activities.

Agencies are encouraged to have preliminary discussion with United Way well in advance of commitments being made regarding any proposed fund raising activity. Agencies making proposals will submit a written request to the supplemental income producing subcommittee or the allocations committee chairman at least sixty (60) days

prior to the scheduled commencement dated, specifying the activity, the area and population to be covered, the resource development method to be employed, expected completion date and anticipated revenues. Annual activities will be discussed prior to the initial event and then again only if significant changes occur.

All supplemental income received by agencies will be considered part of the total agency budget and will be reviewed by the allocations committee.

III. DEFINITION

"Income producing activity" is any activity by or in behalf of a participating agency that produces income for any purpose in addition to and other than the support of United Way.

ACTIVITIES

Agency income producing activities as covered in these guidelines fall within three (3) major groups: (A) Self-support activities which do not require prior approval of United Way; (B) Activities which require consultation and prior approval by United Way; and (C) Activities which are generally inappropriate.

SELF-SUPPORT ACTIVITIES NOT REQUIRING PRIOR UNITED WAY APPROVAL

Certain types of revenues are encouraged by the United Way and do not require approval. Such operating revenue, however, must be reflected in the agency's annual operating budget.

1. Membership - All types of membership programs wherein the member becomes involved and identified with the agency and being a part of an active constituency.
2. Program Service Fees - Fees related to participating in agency programs and services. establishment of appropriate fees are entirely within the province of the agency's Board of directors.
3. Rental Fees - Fees for the use of agency facilities are appropriate sources of agency revenue.
4. Grants-In-Aid - Private and public foundations, corporations and individuals, government agencies and private organizations that are in the business of being grant makers to the extent that these funds have no implications for United Way funding.
5. Purchase of Service Contracts - Reimbursements

from private and public agencies for services rendered on a contractual basis.

6. Bequests and Memorials - Endowments, trusts, honor gifts, scholarships, real property, and other forms of deferred or donor restricted or unrestricted giving.
7. Investment Income - Agencies having endowment funds are encouraged to manage such funds in a manner consistent with the agency's endowment policy and donor's wishes.
8. Out of Area Contributions - Agencies rendering significant services outside the United Way of Sampson County defined community are expected to develop appropriate amounts of contribution support from such areas.
9. Sales of Services or Manufactured Products - Agencies able to derive income from the sale of services, salvaged materials, or manufactured items as a part of their service program are encouraged to develop income from these sources.
10. Contributed Equipment, Materials, or Services - which do not diminish the support of the annual United Way campaign, and for which no general appeal is made between September 1 and November 1.

ACTIVITIES WHICH REQUIRE CONSULTATION AND PRIOR

APPROVAL BY UNITED WAY

1. Sustaining Membership - Sustaining membership is an affiliation with an agency for the primary purpose of financially supporting the aims of the organization without expectation of use of services or participating in the activities of the agencies. Those approached for membership should have a genuine personal interest in a relationship with the agency.
2. Entertainment - Motion pictures, concerts, stage plays, celebrity show, circuses, ice show, variety show, amateur nights, rodeos, etc.
3. Meals and Refreshments - Breakfast, lunches, dinners, picnics, wine-tasting, cocktail parties, teas, etc.
4. Shows - Painting, photography, antiques, home and garden, hobbies, flower arranging, pets, boats, autos, sporting goods, program activities, fashions, etc.
5. Public Sales - Income from value received sales of products directed toward the community-at-large.

6. Sports Tournaments - Golf, bowling, tennis, bridge, baseball, basketball, football, automobiles, airplanes, boats, horses, etc., directed toward the general public.
7. Social Activities - Dances, tours, charter trips, skating parties, excursions, etc., directed toward the general public.
8. Solicitations of Agency Board Members, Volunteers and Staff only.
9. Capital Fund Raising Campaigns.
10. Any and all other forms of fund raising not mentioned above but which might occur during or immediately preceding the United Way annual campaign.

C. ACTIVITIES WHICH ARE GENERALLY INAPPROPRIATE

1. Commercial Promotions - wherein a for-profit business or organization is given responsibility for raising funds for the agency.
2. Activities - seeking charitable gifts in which the persons being solicited are not likely to be identified by the agency or its representatives such as those names received from a purchased mailing list.
3. Solicitation - from companies which are not presently contributing to the United Way. Confirmation with the United Way office prior to making such contacts is required.
4. Lending its Name - to the promotional campaign of a business or sales organization.
5. Telethons - or similar mass media appeals designed to raise funds for special or specifically identified projects or purposes not otherwise provided for in the agency's budget.
6. Door-to-Door fund - solicitation of the general public.
7. Mailing of unordered items - with a request for money in return.
8. Employee work place solicitations.
9. Gambling

ADVOCATE BODIES

All fund raising activities conducted by guilds, auxiliaries, or other community organizations on behalf of the member agency shall be considered activities of the agency itself. The agency will be considered responsible to assure that the fund raising activities conform to the United Way guidelines.

VI. APPROVAL PROCEDURES

Where prior United Way approval is required, the following process will be followed:

1. A written request on United Way forms at least sixty (60) days prior to the beginning of the event.
2. The written request will be reviewed by the designated United Way committee.
3. A decision will be given to the agency within thirty (30) days of submission of the request.

AMENDMENTS

Certain programs and activities historic in character and/or required by charter terms of the member agencies' national organization may necessitate ratification of these guidelines. These requirements should be presented by the member agency to the United Way in the form of an addendum to this policy. Any waivers of addenda negotiated between the United Way and one member agency will be made known to all member agencies.

EFFECTIVE DATE

These guidelines will take effect October 30, 1991.

AGENCY

BY: _____
CHAIRMAN/PRESIDENT OF BOARD OF DIRECTORS

By: _____
CHIEF EXECUTIVE OFFICER OR SECRETARY

DATE

UNITED WAY OF SAMPSON COUNTY, INC.

By: _____
PRESIDENT OF BOARD OF DIRECTORS

BY: _____
VICE PRESIDENT/SECRETARY/TREASURER

DATE

United Way of Sampson County Audit Policy

The following Audit Policy was adopted by the United Way Board of Directors at a meeting held on October 30, 1991, and was revised on February 23, 1994, October 27, 1000, and February 7, 2005.

The financial records of the affiliated agencies shall be submitted and examined by the United Way of Sampson County, Inc. (UWSC) at least annually. Each agency should comply with the following set of rules when submitting financial reports to United Way, however, in no case should the reports be in any less detail than that which is required by each agency's governing board.

Failure to adhere to United Way of Sampson County's financial standing guidelines may restrict or prohibit funding of an agency and/or program.

- (A) If the total support and revenue to the agency from UWSC exceeds \$35,000 for the fiscal year, the agency shall submit a copy of their financial statement including both a balance sheet and income/expense statement in nothing less than an audit format and performed by a certified public accountant (CPA). Information as to the total support and revenue and all of the fundraising activities including the kind and amounts of all funds raised, costs and expenses incidental thereto, allocation and disbursement of funds raised, changes in fund balances, notes to the audit and opinion as to the fairness of the presentation by the accountant shall be included.

- (B) If the total support and revenue to the agency from UWSC exceeds \$10,000, but is less than or equal to \$35,000 for the fiscal year, the agency may select one of these options:
 - (1) A copy of their financial statement, audited by a certified public accountant as defined in (A) above, or
 - (2) A copy of their financial position (balance sheet and income statement) presented in a review format by a CPA.

- (C) If the total support and revenue to the agency from UWSC is less than or equal to \$10,000 for the fiscal year, the agency may select one of these options:
 - (1) A copy of the financial statements audited by a certified public accountant as defined in (A) above; OR
 - (2) A copy of a review performed by a certified public accountant as defined in (B) above; OR
 - (3) A copy of a compilation performed by an independent public accountant accompanied by a statement signed by three members of the organization's governing board that to the best of their knowledge and belief the financial reports are true and correct, OR
 - (4) A copy of your completed current year IRS Form 990 accompanied by a statement signed by three members of the organization's governing board that to the best of their knowledge and belief the financial report is true and correct. **In addition, the organization must provide an income statement, balance sheet and prior six months of bank statements.**

- (D) Annual financial statements shall be submitted to United Way within four months after the agency's fiscal year.

BY: _____
AGENCY

BY: _____
CHAIRMAN/PRESIDENT OF BOARD OF DIRECTORS

BY: _____
CHIEF EXECUTIVE OFFICER OR SECRETARY

DATE

UNITED WAY OF SAMPSON COUNTY, INC.

BY: _____
PRESIDENT OF BOARD OF DIRECTORS

BY: _____
VICE PRESIDENT/SECRETARY/TREASURER

DATE



Sampson County Finance Department
David K. Clack, Finance Officer

MEMORANDUM

TO: Board of Commissioners

FROM: David K. Clack, Finance Officer

DATE: December 21, 2017

SUBJECT: Surplus Weapons

Attached are lists of confiscated weapons that have been turned over to the Sheriff's Department and other weapons that have been determined to be obsolete by the Department. They would like permission to send those weapons to a vendor in exchange for credit to purchase supplies for the Sheriff's Department.

We respectfully request that the Board declare the above items surplus and authorize us to send them to the appropriate vendor to obtain credit to make purchases of supplies for the Sheriff's Department.

JIMMY THORNTON
SHERIFF
SAMPSON COUNTY




112 FONTANA ST
CLINTON, NC 28328
www.sampsonsheriff.com

December 15, 2017

MEMORANDUM

To: Lt. Marcus Smith, SCSO
From: Capt. Frischmann, Special Investigations Division, SCSO
Subject: Turn in of SID assigned weapons (Obsolete)

1. The following weapons have been turned over to Lt. Smith of the SCSO on December 15, 2017:
 - Uzi submachine gun, 9mm, serial # MU03187
 - Maverick 12 Ga. Shotgun, serial # MV27024C
 - Mossberg 12 Ga. Shotgun, serial # R374542
 - Mossberg 12 Ga. Shotgun serial # K694971
 - Mossberg 12 Ga. Shotgun serial # R372234
 - Benelli, M1 Super 90, serial # M233702

2. I, Lt. Marcus Smith received the following weapons from SID.
Sign:  Date: 12-15-17

cc: file

#	Weapon Description	Serial Number	Case #	Possessor	Purchaser	Date
1	Rifle AK-47	1975F00544	2010-0017	Herring	Lawmans	
2	Shotgun 12 Gauge Rock Island	RIA1355002	2010-0017	Johnson		
3	Pistol Glock 23	TWN578	2010-0017	Johnson		
4	Shotgun 20 Gauge	R055967	2015-0206	D. Luster		
5	Rifle Rem 30-06	M71706578	2013-0036	J. Williams		
6	Pistol, Beretta 9mm	NU022445	2014-0201	J. Owens		
7	Pistol, Lorcin .380	498680	2003-0373	Jose Sanchez		
8	Pistol, Titan .380	B104343	2004-0043	Anthony Wright		
9	Pistol, Highpoint 9mm	P156392	2004-0044	Freddie Simmons		
10	Pistol 38 Special Charter	287850	2003-0043	Roland Hodges		
11	Pistol Davis Ind. 22	553684	2004-0112	James A. Owens		
12	Shotgun, Mossberg MD 88	MV40845G	2007-0008	Keith Fennell		
13	Rifle, CBC 22 Cal	GR35351	2015-0206	D. Luster		
14	Pistol, Glock 23	HZZ903	2013-0122	K. Owens		
15	Pistol, Paven Arms MP25	1471371	2003-0015	D. Taylor		
16	Pistol, Glock	FBA626	2015-0180	T. Naylor		
17	Pistol, 9mm Ruger	311-85257	2004-0350	A. Tirado		
18	Pistol, Lorcin 9mm	L083209	2004-0350	A. Tirado		
19	Pistol, Smith & Wesson 32 Cal	681527	2004-0350	A. Tirado		
20	Pistol, Highpoint 9mm	P107194	2004-0350	A. Tirado		
21	Rifle, Lakefield 22 Cal	L123229	2004-0350	A. Tirado		
22	Rifle, SKS 7.62 Norenco	5-150B005	2004-0350	A. Tirado		
23	Rifle, Marlon 30/30	10124577	2004-0350	A. Tirado		
24	Pistol, Kimber 40 Cal	500239	2006-3716	B. Sutton		
25	Pistol, Davis Industries .380	AP292339	2001-0355	R. Rich		
26	Pistol, S&W .38	CJA5137	2005-0014	E. West		
27	Pistol, Glock 29	CKS454US	2003-0382	C. Barefoot		
28	Pistol, Rossi 44	AB105352	2001-0261	K. Cunningham		
29	Pistol, Highpoint 9mm	PO64823	2003-0190	P. Lamb		
30	Pistol, Ruger 9mm	307-37163	2008-0112	J. Davis		
31	Pistol, Taurus 38	MK16498	2015-0027	G. Sanchez		
32	Pistol, SDVVE, STW	FXU0052	2017-0164	A. Firneroa		

	Weapon Description	Serial Number	Case #	Possessor	Purchaser	Date
33	Revolver .22	1059942	2006-2057	Ben Troublefield		
34	Arms .38 Revolver	AP207489	2015-0077	Patrick Ford		
35	Hwm .357 Rolver	1056426	2015-0033	Devante Foster		
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**Sampson County Department of Aging
405 County Complex Road; Suite 140
Clinton, NC 28328
910-592-4653**

Lorie Sutton, Director

Memorandum:

TO: Ed Causey, County Manager
FROM: Lorie Sutton, Aging Director Services
DATE: December 21, 2017
RE: 2018 Urgent Repair Program Funding – Request

We are requesting approval from the Board of Commissioners to allow Sampson County Department of Aging to apply for the 2018 Urgent Repair Program funds from the North Carolina Finance Agency.

These funds will allow us to provide Urgent Home Repairs that will: 1) alleviate housing conditions which pose an imminent threat to the life or safety of very low-income homeowners with special needs; and 2) to provide accessibility modifications and other repairs necessary to prevent the imminent displacement of very low-income homeowners with special accessibility needs, such as frail elderly and person disabilities.

We will be applying for \$100,000 and no additional county funding will be required. We will partner with our Home and Community Block Grant Program-Home Repairs Program for matching funds. The program doesn't require matching funds, but it helps with the competitive nature of the program.

If we receive funding, this will be our sixth funding cycle. The program is extremely vital to those citizens we are able to help.

Please let me know if you have any questions.

Thanks you.

/ls

Attachments: Application for Funding

NORTH CAROLINA HOUSING FINANCE AGENCY

Application for Funding

**2018 Urgent Repair Program
(URP18)**

I. Program Applicant

A. Applicant Organization:

1. Legal Name	Sampson County		
2. Street Address	405 County Complex Road; Suite 140		
3. Mailing Address	405 County Complex Road; Suite 140		
4. City	Clinton	ZIP	28328
5. Fax Number	910-590-2142	6. Federal Tax ID	56-6000-338
7. DUNS Number	040044067		
8. Website address			

B. Chief Administrative Official:

1. Name	Edwin W. Causey	2. Title	County Manager
3. Phone Number	910-592-6308	4. Email	ecausey@sampsonnc.com

C. Contracted Administrator Information: (Consulting firm, COG, etc., if applicable)

1. Organization Name			
2. Mailing Address			
3. City		ZIP	
4. Fax Number			
5. Chief Operating Officer			

D. Project Contact Person: (Who should NCHFA contact for URP project details?)

1. Name	Lorie Sutton	2. Title	Director of Aging Services
3. Phone Number	910-592-4653	4. Email	lbsutton@sampsonnc.com

E. Type of Applicant:

1. Community Action Agency.	<input type="checkbox"/>	2. Other Nonprofit Corporation.	<input type="checkbox"/>
3. Public Housing Authority.	<input type="checkbox"/>	4. Other Public Agency.	<input type="checkbox"/>
5. Local Government.	<input checked="" type="checkbox"/>	6. Regional Council.	<input type="checkbox"/>

F. Brief Description of your Organization (Non Government Organizations ONLY)

G. Funding Requested:

1. Total amount of Program funds requested.	\$100,000
2. Total number of dwelling units targeted for Program assistance.	15

THIS SECTION FOR NCHFA USE ONLY

Date received	Ap. No.	Fee enclosed	No. copies	Thresh.	Score	Cap.

URP18 APPLICATION FOR FUNDING

II. Project Design

A. Service Area: In all cases, "service area" is defined as the geographic area or areas in which homeowners are equally eligible to apply for assistance. Recipients may choose to accept applications on a first-come, first-served basis from throughout the service area, while adhering to section 6 (Eligible households) of the Application Guidelines, or to allocate equitable portions of the grant to all eligible localities within the service area. Otherwise homeowners' applications must be rated and prioritized without regard to the applicant's specific locality within the service area.

1. Please define your service area in specific terms:

Our service area is Sampson County. We will accept applications on a first-come, first-serve basis throughout Sampson County for eligible recipients. Applications will be rated and prioritized according to URP guidelines.

2. Complete the following matrix to define your proposed service area by county, population, number of dwelling units targeted for assistance and amount of Program funds projected to be spent in each county. *If the service area comprises an entire county or city use the July 2016 population estimates from the North Carolina State Data Center available at*

https://files.nc.gov/ncosbm/demog/countygrowth_cert_2016.html

Use the July 2016 population column. Applications for grants exceeding \$100,000 must serve multiple counties in their entirety.

County(s) in which service area is located	Population of service area	Proposed	
		# of units	Program funds
a. Sampson County	64,398	15	\$100,000
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i. Totals =	64,398	15	\$100,000

3. If the service area contains other than an entire city or county, attach a map clearly delineating the proposed service area boundaries, and service area population. Label the map "Exhibit II A 2".

URP18 Application for Funding

II. Project Design *(continued)*

B. Beneficiary Targeting:

Do not submit your proposed project assistance policy with this application for funding. If your project is selected for funding, you will be requested to submit your assistance policy with the post approval documentation.

C. Client Relations:

Linking special needs households to services beyond housing is viewed as an integral part of the Urgent Repair Program. Explain in detail the system which will be used to screen and refer households for other needed services (list services) and describe the roles of those involved in the process. Be sure to explain the screening/referral roles of any URP project staff in detail. Please limit the narrative to one 8-1/2" x 11" attachment (min 11 font) labeled II. C in the upper right hand corner. Attachments should be attached in the order that they were requested, at the back of the application.

D. Proposed procurement and construction:

Indicate which of the following will be used to effect your URP-funded work.

	Yes	No
1. Private-sector construction contractors.	X	
2. Competitive sealed bids.		X
3. Competitive negotiation.		X
4. Telephone bid solicitation.	X	
5. Non-competitive negotiation.	X	
6. Work crews employed by the applicant organization.		X
7. Weatherization contractor procured under WAP guidelines.		X

E. Other resources to be used with URP funds for Hard Costs only:

	Yes	No	Value/Amt.
1. Weatherization Assistance Program (WAP) funds.		X	
2. Heating Appliance Repair & Replacement Program (HARRP) funds.		X	
3. Independent Living Center funds.		X	
4. Council on Aging funds.	X		\$10,000
5. USDA-Rural Development Section 504 loans.		X	
6. Volunteer labor*.		X	
7. Donated materials*.		X	
8. Matching local funds*.		X	
9. 			

**Attach documentation of matching contributions listed on lines 6, 7 and/or 8, above. Label as Exhibit II.E. Matching contributions on those lines must be used for eligible URP Hard Costs only. Other resources may be used for program support, but those contributions will provide no competitive advantage in URP application rankings.*

URP18 Application for Funding

II. Project Design *(continued)*

F. Project Schedule:

Assuming a maximum of 18 months from funding agreement until close-out and a hypothetical starting date of July 1, 2018, please indicate below your projected project progress, in terms of dwelling units repaired or modified with Program assistance during each calendar quarter. (Note: All Program funds must be obligated within 18 months. Recipient will have an additional forty-five (45) days to complete all units and submit closeout documentation). Please complete a proposed schedule for your project.

Quarter	Unit Completions	Quarter	Unit Completions
1. 7/1/18 - 9/30/18.	2	4. 4/1/19 - 6/30/19.	3
2. 10/1/18 - 12/31/18.	3	5. 7/1/19 - 9/30/19.	2
3. 1/1/19 - 3/31/19.	3	6. 10/1/19 - 12/31/19.	2
Total =			15

III. Applicant Capacity

A. Rehabilitation/Repair Program Experience and Status:

For each home repair, urgent repair or comprehensive housing rehabilitation grant received by the applicant since July 1, 2013, provide the information indicated below. If more than six separate grants were received during this 5-year period, copy page 6 and attach as page 6 A. Funding sources to list here include Community Development Block Grant ("CDBG"), HOME Investment Partnership Program ("HOME") allocations from a local government or consortium, Single-Family Rehabilitation Program (SFR) grants, USDA-Rural Development Housing Preservation Grant Program ("HPG") funds, Weatherization Assistance Program ("WAP") funds, Urgent Repair Program grants, minor home repair project, local emergency repair programs, etc. ***Please list the oldest grant first.***

B. We prefer that the following tables be used to record the applicants rehab/repair experience and current status of funding related to units which may be targeted for rehabilitation. However, for some applicants it may be more appropriate to provide a narrative which speaks to the capacity of the applicant to carry out comprehensive rehabilitation of owner-occupied units. If so, please limit the narrative to one 8-1/2" x 11" attachment (min 11 font) labeled III. B in the upper right hand corner. Attachments should be attached in the order that they were requested, at the back of the application. The narrative should detail the applicants housing rehabilitation experience including the number of units comprehensively rehabilitated in the past five years, (broken out by year), the average amount of funding per unit (including volunteer labor, materials and donated materials) and any other information relevant to documenting the applicants capacity to affectively perform comprehensive housing rehabilitation.

URP18 Application for Funding

III. Applicant Capacity *(continued)*

A. Rehabilitation/Repair Program Experience and Status: *(continued)*

1. Program name (use standard abbreviations as shown above).....	URP
a. Funding cycle (2013, 2014, etc.).....	2013
b. Date of award or project commencement date.....	06/25/13
c. Grant/Funding Agreement number.....	URP1335
d. Project close-out date or deadline.....	12/31/14
e. Total grant allocation amount.....	\$88,001
f. Matching funds/local contribution.....	\$13,000
g. Program rehabilitation/repair budget (hard costs only).....	\$65,709
h. Number of dwelling units targeted for rehabilitation/repairs.....	20
i. Number of dwelling units completed to date.....	20
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$3,285
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>
2. Program name (use standard abbreviations as shown above).....	HCCBG
a. Funding cycle (2013, 2014, etc.).....	2013-2014
b. Date of award or project commencement date.....	07/01/13
c. Grant/Funding Agreement number.....	N/A
d. Project close-out date or deadline.....	06/30/14
e. Total grant allocation amount.....	\$102,222
f. Matching funds/local contribution.....	\$10,222
g. Program rehabilitation/repair budget (hard costs only).....	\$59,899
h. Number of dwelling units targeted for rehabilitation/repairs.....	70
i. Number of dwelling units completed to date.....	70
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$856
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>
3. Program name (use standard abbreviations as shown above).....	HCCBG
a. Funding cycle (2013, 2014, etc.).....	2014-2015
b. Date of award or project commencement date.....	07/01/14
c. Grant/Funding Agreement number.....	N/A
d. Project close-out date or deadline.....	06/30/15
e. Total grant allocation amount.....	\$102,222
f. Matching funds/local contribution.....	\$10,222
g. Program rehabilitation/repair budget (hard costs only).....	\$71,467
h. Number of dwelling units targeted for rehabilitation/repairs.....	70
i. Number of dwelling units completed to date.....	91
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$785
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>

URP18 Application for Funding

III. Applicant Capacity *(continued)*

A. Rehabilitation/Repair Program Experience and Status: *(continued)*

4. Program name (use standard abbreviations as shown above).....	HCCBG
a. Funding cycle (2013, 2014, etc.).....	2015-2016
b. Date of award or project commencement date.....	07/01/15
c. Grant/Funding Agreement number.....	N/A
d. Project close-out date or deadline.....	06/30/16
e. Total grant allocation amount.....	\$102,222
f. Matching funds/local contribution.....	\$10,222
g. Program rehabilitation/repair budget (hard costs only).....	\$61,867
h. Number of dwelling units targeted for rehabilitation/repairs.....	78
i. Number of dwelling units completed to date.....	78
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$793
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>
5. Program name (use standard abbreviations as shown above).....	HCCBG
a. Funding cycle (2013, 2014, etc.).....	2016-2017
b. Date of award or project commencement date.....	07/01/16
c. Grant/Funding Agreement number.....	N/A
d. Project close-out date or deadline.....	06/30/17
e. Total grant allocation amount.....	\$102,222
f. Matching funds/local contribution.....	\$10,222
g. Program rehabilitation/repair budget (hard costs only).....	\$60,158
h. Number of dwelling units targeted for rehabilitation/repairs.....	75
i. Number of dwelling units completed to date.....	75
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$802
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>
6. Program name (use standard abbreviations as shown above).....	URP
a. Funding cycle (2013, 2014, etc.).....	2016
b. Date of award or project commencement date.....	
c. Grant/Funding Agreement number.....	URP1630
d. Project close-out date or deadline.....	12/31/17
e. Total grant allocation amount.....	\$100,000
f. Matching funds/local contribution.....	\$10,000
g. Program rehabilitation/repair budget (hard costs only).....	\$48,264
h. Number of dwelling units targeted for rehabilitation/repairs.....	15
i. Number of dwelling units completed to date.....	12
j. Number of rehabilitation/repair jobs under contract at present.....	3
k. Average hard cost per unit completed (all sources).....	\$5,275
l. Current status of grant.....Closed-out.	<input type="checkbox"/> or Active. . <input checked="" type="checkbox"/>

URP18 Application for Funding

III. Applicant Capacity *(continued)*

C. Staff Qualifications and Experience:

Identify key personnel below according to their roles in implementing the URP project. Attach a current resume for each individual listed. Label resumes as "Exhibit III C". It is especially important that the resumes of technical staff - those responsible for the urgent repair management, work write-ups, etc. - list all relevant training workshops and seminars along with technical credentials such as building inspector certifications, contractor licenses, lead paint certification, etc.

Project Role	Name/Position Title	
1. URP project administration.	Name	Lorie Sutton
	Title	Director of Aging & In-Home Svcs
2. Financial management.	Name	Sarah Rich
	Title	Administrative Office Specialist
3. Construction oversight.	Name	Steven Wilson
	Title	Home Improvements Coordinator
4. Work write-ups/cost estimates.	Name	Steven Wilson
	Title	Home Improvements Coordinator
5. Interim inspections of work.	Name	Steven Wilson
	Title	Home Improvements Coordinator
6. Final inspections of work.	Name	Steven Wilson
	Title	Home Improvements Coordinator
7. Applicant intake/eligibility.	Name	Angela Faircloth
	Title	Information & Options Counselor
8. Client counseling/referrals.	Name	Angela Faircloth
	Title	Information & Options Counselor
9. Legal services, recording, etc.	Name	
	Title	

Applicants proposing to act as general contractor and use member-employed work crews and/or volunteers to facilitate the related rehabilitation work must demonstrate satisfactory capacity to fulfill this role. To do this applicants must, in part, have capable construction supervisory personnel on the job site. If applicable, please identify key construction supervisory personnel below according to their roles. Attach a current resume, including a list of all relevant training, workshops, seminars, and technical credentials, for each individual listed below.

9. Construction Supervisor.	Name	
	Title	
10. Job Site Volunteer Foreman.	Name	
	Title	

URP18 Application for Funding

IV. Certifications

The applicant hereby certifies that:

- A.** The information in this application is complete and accurate and the applicant possesses the legal authority to apply for and receive the Program funds and the person signing the application has the proper authority to do so; and,
- B.** The applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source; and,
- C.** The applicant understands that the North Carolina Housing Finance Agency will not be responsible for any costs incurred by the applicant in developing and submitting this application, and that all applications submitted become the property of the Agency; and,
- D.** The applicant is under no administrative restrictions from federal, state or local sources to receive funding; and,
- E.** The applicant, if funded, will comply with the applicable provisions of General Statute 143-6.1 related to conflicts of interest.

Attest (signature)
Typed Name
Title
Date

Chief Administrative Official (Signature)
Edwin W. Causey
Typed Name
County Manager
Title
Date

Applications must be received by the North Carolina Housing Finance Agency by 5:00 pm, January 22, 2018.
Mail or deliver to:

Attn: Amy Batel, Strategic Investment
North Carolina Housing Finance Agency
3508 Bush Street
Raleigh, NC 27609-7509

Submit one original signature version and one copy of your application. All applications must be accompanied by an application fee (\$75.00). Make checks payable to the N.C. Housing Finance Agency.

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

Date: December 21, 2018

To: Ed Causey, County Manager

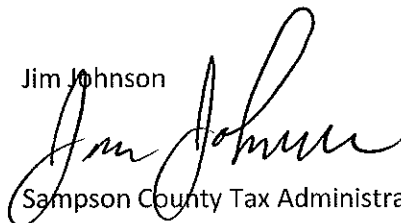
From: Jim Johnson, Tax Administrator

RE: Record Disposal Request

I am requesting approval to dispose of tax office records in accordance with the North Carolina Records and Retention Schedule for Tax Administration. The documents and tax years are as follows:

- | | | |
|-----|-------------------------------------------|---------------------------------|
| 1. | Tax Release and Refunds | 1980-2014 |
| 2. | Real Estate Transfer Files | 1975-2016 |
| 3. | Revaluation Records | 1987, 1995 |
| 4. | Tax Abstracts and Lists | 1979-2007 |
| 5. | Attachment and Garnishment Records | 2000-2015 |
| 6. | Delinquent Taxpayer Records | 2000-2007 |
| 7. | Tax Scrolls and Books | 1981-1989, 1991-1999, 2001-2007 |
| 8. | Advertising of Tax Liens on Real Property | 1990-2007 |
| 9. | Tax Foreclosure Records | 2000-2015 |
| 10. | Bankruptcy Records | 2000-2015 |
| 11. | Returned Mail | 2000-2016 |

Jim Johnson



Sampson County Tax Administrator

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

8347

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 Williams Everett Edward in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>151.80</u>
}	\$ _____
}	\$ _____
}	\$ _____
}	\$ _____
}	\$ _____
TOTAL REFUND	\$ <u>151.80</u>

These taxes were assessed through clerical error as follows.

Bill# 003911614
HD 7166F
Tag Turned in (sold)
2017 Ford

602	County Tax	<u>136.87</u>
	School Tax	_____
F06	Fire Tax	<u>14.93</u>
	City Tax	_____
	TOTAL \$	<u>151.80</u>

Mailing Address.

X 138 Star Lane
Dunn, NC 28334

Yours very truly

Everett Edward Williams
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

8356

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 Clay Matthew Strickland in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2014</u>	\$ <u>228.52</u>
<u>}</u>	\$ _____
<u>}</u>	\$ _____
<u>}</u>	\$ _____
<u>}</u>	\$ _____
<u>}</u>	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>228.52</u>

These taxes were assessed through clerical error as follows.

Bill # 00188 36010
BLB 3489

Tags Turned in (traded)
2010 BMW

607	County Tax	<u>137.94</u>
501	School Tax	<u>24.10</u>
	Fire Tax	_____
102	City Tax	<u>66.48</u>
	TOTAL \$	<u>228.52</u>

Mailing Address.

305 E. Arrowhead DR.
Clinton NC 28328

Yours very truly

Clay M. Strickland
Taxpayer Clay M. Strickland

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

8360

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 Sandra Blackburn Lesgett
_____ in _____ Township, Sampson County, for
the year(s) and in the amount(s) of:

YEAR	
<u>2016</u>	\$ <u>128.35</u>
§	\$
§	\$
§	\$
§	\$
§	\$
§	\$
TOTAL REFUND	\$ <u>128.35</u>

These taxes were assessed through clerical error as follows.

Bill# 0036331886
BBT 3438
Tag Turned In (sold)
2012 Inf!

602 County Tax	<u>99.10</u>
501 School Tax	<u>17.31</u>
F19 Fire Tax	<u>11.94</u>
City Tax	_____
TOTAL \$	<u>128.35</u>

Mailing Address.

61 Deer Grass Lane
Clinton, NC. 28328

Yours very truly

Sandra B. Lesgett
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

8359

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 Edward Alan Oneal
_____ in _____ Township, Sampson County, for
the year(s) and in the amount(s) of:

YEAR	
<u>2014</u>	\$ <u>209.74</u>
}	\$
}	\$
}	\$
}	\$
}	\$
}	\$
TOTAL REFUND	\$ <u>209.74</u>

These taxes were assessed through clerical error as follows.

<u>602</u> County Tax	<u>161.96</u>
<u>501</u> School Tax	<u>28.29</u>
<u>119</u> Fire Tax	<u>19.51</u>
City Tax	_____
TOTAL \$	<u>209.76</u>

Bill # 0018827428
PNT 7523
Tag turned in (sold)
2011 Chev

Mailing Address.

X 130 Pinehurst Lane
Clinton N.C. 28328

Yours very truly

X Edward Alan Oneal
Taxpayer

Social Security # X

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

8361

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 Terrie Baldwin Brown in North Clinton Township, Sampson County, for the year(s) and in the amount(s) of: 12017998306

YEAR	
<u>2017</u>	\$ <u>132.58</u>
<u>2016</u>	\$ <u>136.86</u>
<u>2015</u>	\$ <u>130.53</u>
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>399.97</u>

These taxes were assessed through clerical error as follows.
Double listed to 12017998312 per map bk 85/87

County Tax	<u>305.84</u>
⁵⁰¹ School Tax	<u>53.55</u>
^{FL9} Fire Tax	<u>36.92</u>
Interest City Tax	<u>3.66</u>
TOTAL \$	<u>399.97</u>

Mailing Address.

1827 Cabin Museum Rd.
Turkey, NC 28393

Yours very truly

Terrie Baldwin Brown
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

8363

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 Rosa Cannon Naylor in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>183.90</u>
}	\$ _____
}	\$ _____
}	\$ _____
}	\$ _____
}	\$ _____
TOTAL REFUND	\$ <u>183.90</u>

These taxes were assessed through clerical error as follows.

Acct# 734680
Bill # 35.48
Release # 30775
PID # 38187
Double Billed
2015 Boat

607	County Tax	<u>164.02</u>
	School Tax	_____
F22	Fire Tax	<u>19.88</u>
	City Tax	_____
	TOTAL \$	<u>183.90</u>

Mailing Address.

X 6204 Harrells Hwy
Garland, N.C. 28441

Yours very truly

X Rosa C. Naylor
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

8368

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 Crystal Gayle Matthews in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2016	\$ 107.72
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ 107.72

These taxes were assessed through clerical error as follows.

Bill # 0025731848
TAG # DCD 2700
2015 miss 45
Vehicle sold TAG turned IN
TAG # DCD 2900

County Tax	58.82
School Tax	_____
Fire Tax	_____
City Tax	48.90
TOTAL \$	107.72

Yours very truly Crystal Gayle Matthews
[Signature]
Taxpayer

Mailing Address.

PO Box 1606
Roseboro, NC 28382

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

8365

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 William Edison Murphy in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>121.73</u>
<u>§</u>	\$ _____
<u>§</u>	\$ _____
<u>§</u>	\$ _____
<u>§</u>	\$ _____
<u>§</u>	\$ _____
TOTAL REFUND	\$ <u>121.73</u>

These taxes were assessed through clerical error as follows.

Bill # 0039084025
PHE 1564
Tag Turned in (turn back in to dealer)
2014 Niss

302	County Tax	<u>110.97</u>
	School Tax	_____
FO9	Fire Tax	<u>10.76</u>
	City Tax	_____
	TOTAL \$	<u>121.73</u>

Mailing Address.

2426 Herring Rd
Rose Hill NC 28458

Yours very truly

William Edison Murphy
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

8349

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 Teresa Ann Jackson in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2016</u>	\$ <u>106.93</u>
}	\$ _____
}	\$ _____
}	\$ _____
}	\$ _____
}	\$ _____
TOTAL REFUND	\$ <u>106.93</u>

These taxes were assessed through clerical error as follows.

Bill # 0030937801
DHS 2936
Tas turned in (Turn Back in to Dealer)
16 Hyun

County Tax	<u>96.49</u>
School Tax	_____
Fire Tax	<u>10.46</u>
City Tax	_____
TOTAL \$	<u>106.93</u>

Yours very truly

Teresa Ann Jackson
Taxpayer

11-22-17

Social Security # _____

RECOMMEND APPROVAL

Jim Johnson
Sampson County Tax Administrator

Mailing Address.

X 1521 N. Spring Branch Rd
Dunn NC 28334

Board Approved _____ Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

8377

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 Gregory Johnson Barnes in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>158.48</u>

These taxes were assessed through clerical error as follows.

*Utility Tel
Incorrect Value AT LPA
20,210 reduced to 1,000
Tag# CH 92177*

600 County Tax	<u>158.48</u>
School Tax	_____
Fire Tax	_____
City Tax	_____
TOTAL \$	<u>158.48</u>

Mailing Address.

X 1008 Mt. Carmel Church Rd
Artryville NC 28318

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

8358

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 Walter Alan Morris in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2016</u>	\$ <u>255.14</u>
§	\$ _____
§	\$ _____
§	\$ _____
§	\$ _____
§	\$ _____
TOTAL REFUND	\$ <u>255.14</u>

These taxes were assessed through clerical error as follows.

Bill # 0036458353
Eds 4095
Tag Turned in (traded)
2016 Chev

607 County Tax	<u>255.14</u>
School Tax	§
Fire Tax	§
City Tax	§
TOTAL \$	<u>255.14</u>

Mailing Address.

X 142 Stonehenge Drive
Dunn NC 28334

Yours very truly

X Walter Alan Morris
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

8385

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 TAMMY LEE SMITH in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2016</u>	\$ <u>68.36</u>
<u>2017</u>	\$ <u>86.56</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>154.92</u>

These taxes were assessed through clerical error as follows.

Bill # 0018832619
BMY 1131
Tag Turned In (out of state)
2011 Chev

602	County Tax	<u>85.42</u>
	School Tax	_____
	Fire Tax	_____
407	City Tax	<u>69.50</u>
TOTAL \$		<u>154.92</u>

FAV7491
Tag Turned In (out of state)
2011 Ford
Yours very truly
Tammy Smith
Taxpayer

Mailing Address.
Tammy Smith
313 Mimosa dr.
Cheraw, SC 29520

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

8374

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 Janie Ruth Williams in Mingo Township, Sampson County, for the year(s) and in the amount(s) of: 10012661103

YEAR	
<u>2016</u>	\$ <u>280.09</u>
<u>2015</u>	\$ <u>272.96</u>
<u>2014</u>	\$ <u>286.07</u>
<u>2013</u>	\$ <u>254.52</u>
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>1093.64</u>

These taxes were assessed through clerical error as follows.
Double listed to 10012661119 + 1000285301.
Was made inactive when .50 acre was deeded out per DB 1502/1185 but system put parcel back on to bill for 2010 - 2017.

County Tax	<u>952.63</u>
Interest	<u>30.29</u>
School Tax	<u>104.72</u>
FZO	<u>6.00</u>
Fire Tax	
Advertising	
City Tax	
TOTAL \$	<u>1,093.64</u>

Mailing Address.

196 Straw Pond School Road
Newton Grove N.C. 28366
Janie Ruth Williams

Yours very truly

Janie Ruth Williams
Taxpayer

Social Security

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____

Date

Initials



Customer Information
 Customer ID: 124506 [View Bills](#)

WILLIAMS, JANIE RUTH
 196 STRAW POND SCHOOL RD
 NEWTON GROVE, NC 28366

Bill Information
 Year: 2013 **Category**: RE-R **Number**: 47064

Notes/Alerts
 JAN 1 Owner: WILLIAMS, JANIE RUTH

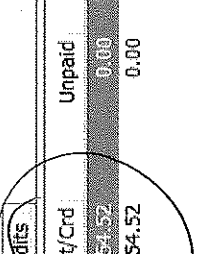
- [Special Conditions/Notes](#)
- [View prior unpaid bills](#)
- [View ancestor prior unpaid bills](#)

Property Information
 Parcel ID: 10-0126611-03 [View Bills](#)
 Alt Parc: 1521-#138
 Prop Loc: 162 HUMMINGBIRD LN

Effective Date
 Due 12/21/2017

Billed Item Information
 Year_Parcel: 2013_10012661103 [View Source](#)

Owner of record's customer number
 Owner of record's name



Installments	Charges	History	Events	Admits	Unpaid	Interest Paid	Interest Due	Total Due
Due Date	Billed	Abt/Adj		Pmt/Crd				
09/01/2013	254.52	0.00		254.52	0.00	0.00	0.00	0.00
Totals:	254.52	0.00		254.52	0.00	0.00	0.00	0.00



Bill Information

Year: 2014 /RE-R Number: 47187
 Notes/Alerts
 JAN 1 Owner: WILLIAMS, JANIE RUTH

Customer Information
 Customer ID: 124506 [View Bills](#)

WILLIAMS, JANIE RUTH
 196 STRAW POND SCHOOL RD
 NEWTON GROVE, NC 28366

- [Special Conditions/Notes](#)
- [View prior unpaid bills](#)
- [View ancestor prior unpaid bills](#)

Property Information
 Parcel ID: 10-0126611-03 [View Bills](#)
 Alt Parc: 1521-#138
 Prop Loc: 162 HUMMINGBIRD LN

Effective Date: Due 12/21/2017
 Billed Item Information: 2014_10012661103 [View Source](#)
 Year_Parc: 2014_10012661103
 Owner of record's customer number
 Owner of record's name

Installments Charges History Events Audits

Line	Charge	Description	Billed	Abtr/Adj	Pmty/Crd	Unpaid	Interest Paid	Interest Due	Total Due
1	F20	CLEMFD	26.18	0.00	26.18	0.00	1.51	0.00	0.00
2	G01	CNTY TAX	241.43	0.00	241.43	0.00	13.88	0.00	0.00
3	A01	ADV	0.00	3.00	3.00	0.00	0.07	0.00	0.00
Totals:			267.61	3.00	270.61	0.00	15.46	0.00	0.00



Bill Information

Year: 2015
 Category: RE-R
 Number: 47423
 Dates/Alerts
 JAN 1 Owner: WILLIAMS, JANIE RUTH

Customer Information
 Customer ID: 124506
 WILLIAMS, JANIE RUTH
 196 STRAW POND SCHOOL RD
 NEWTON GROVE, NC 28366

- Original Bill
- Reprint
- Garnish
- Preferences
- Diagnostics

Special Conditions/Notes
 View prior unpaid bills
 View ancestor prior unpaid bills

Property Information
 Parcel ID: 10-0126611-03
 Alt Parc: 1521-#138
 Prop Loc: 162 HUMMINGBIRD LN

Effective Date: Due 12/21/2017
 Billed Item Information: 2015_10012661103
 Year_Parcel: 2015_10012661103
 Owner of record's customer number
 Owner of record's name

Installments Charges History Events Audits

Line	Charge	Description	Billed	Abt/Adj	Pmty/Crd	Unpaid	Interest Paid	Interest Due	Total Due
1	F20	CLEMFD	26.18	0.00	26.18	0.00	0.52	0.00	0.00
2	G01	CNTY TAX	241.43	0.00	241.43	0.00	4.82	0.00	0.00
Totals:			267.61	0.00	267.61	0.00	5.35	0.00	0.00



Bill Information

Year: 2016
 Category: RE-R
 Number: 47627
 Notes/Alerts
 JAN 1 Owner: WILLIAMS, JANIE RUTH

Customer Information
 Customer ID: 124506
 WILLIAMS, JANIE RUTH
 196 STRAW POND SCHOOL RD
 NEWTON GROVE, NC 28366

- Original Bill
- Reprint
- Garnish
- Preferences
- Diagnostics

- Special Conditions/Notes
- View prior unpaid bills
- View ancestor prior unpaid bills

Property Information
 Parcel ID: 10-0126611-03
 Alt Parc: 1521-#138
 Prop Loc: 162 HUMMINGBIRD LN

Effective Date: Due 12/21/2017
 Billed Item Information: 2016_10012661103
 Year Parcel: View Source
 Owner of record's customer number
 Owner of record's name

Installments Charges History Events Audits

Line	Charge	Description	Billed	Abt/Adj	Pmty/Crd	Unpaid	Interest Paid	Interest Due	Total Dur
1	F20	CLEAFD	26.18	0.00	26.18	0.00	0.92	0.00	0.0
2	G01	CNTY TAX	241.43	0.00	241.43	0.00	8.45	0.00	0.0
3	A01	ADV	0.00	3.00	3.00	0.00	0.11	0.00	0.0
Totals:			267.61	3.00	270.61	0.00	9.48	0.00	0.0

94

SAMPSON

86-22-93



\$14.00 Real Estate Excise Tax

Excise Tax \$14.00

Filed for registration on the 22nd day of June 1993 at 4:26 P.M. and registered in the office of the Register of Deeds of Sampson County on the 22nd day of June 1993. In Book No. 116 Page No. 598

MAE H. TROUBLEFIELD

Register of Deeds

Patricia A. Woods deputy

VOL 1161 PAGE 598

Recording Time, Book and Page

Tax Lot No. Parcel Identifier No. Verified by County on the day of 19 by

Mall after recording to LYTCH, TART, WILLIS & FUSCO P. O. Box 157, Dunn, NC 28335

This instrument was prepared by Joseph L. Tart, Attorney

Brief description for the Index Lot #3, Section I, Lee S/D NO TITLE SEARCH

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 4th day of June, 1993, by and between

GRANTOR

GRANTEE

JOE McLAMB, III, Single; JOSEPH PAUL JOHNSON & Wife, YVONNE W. JOHNSON; and EDWARD LEE JOHNSON & Wife, DONNA M. JOHNSON

HENRY F. BLUE

249 Baileys Crossroads Benson, NC 27504

Route 2, Box 278 Newton Grove, NC 28336

Enter in appropriate block for each party; name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Mingo Township, Sampson County, North Carolina and more particularly described as follows:

Being all that certain 2.00 acre parcel shown as Lot Number 3, according to a map and survey entitled "Map for Lee Subdivision - Section I; Joe McLamb III, Joseph P. Johnson and Edward Johnson", dated February 17, 1993, as surveyed by W. R. Lambert, RLS 1211, and recorded in Plat Book 25, Page 90, Sampson County Registry, incorporated herein by reference.

EASEMENT GRANTED AND RESERVED:

A 50 foot perpetual easement for the purpose of ingress, egress and the location of public utilities is hereby granted for the use and benefit of Lot #3 and reserved for the use and benefit of Lots 1, 6, 10, 11, and future development of McLamb & Johnson property according map and survey entitled "Lee Subdivision, Section I. Said easement being further described according to a map and survey entitled "Map for Lee Subdivision - Section I; Joe McLamb, III; Joseph P. Johnson and Edward Johnson", dated February 17, 1993, as surveyed by W. R. Lambert, RLS 1211, and recorded in Plat Book 25, Page 90, Sampson County Registry, incorporated herein by reference.

The property hereinabove described was acquired by Grantor by instrument recorded in a portion of the property described in Book 1152, Page 628, Sampson Co. Reg.

A map showing the above described property is recorded in Plat Book 25 page 90

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

- a) General service and utility easements appearing of record.
- b) Ad Valorem taxes for the year 1993 and subsequent years, not yet due and payable.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

.....
(Corporate Name)

By:

..... President

ATTEST:

..... Secretary (Corporate Seal)

.....

.....

.....

.....

By:

..... President

ATTEST:

.....

..... Secretary (Corporate Seal)

.....

USE BLACK INK ONLY

USE BLACK INK ONLY

Joe McLamb III
JOE McLAMB, III, Single (SEAL)

Joseph Paul Johnson
JOSEPH PAUL JOHNSON (SEAL)

Yvonne W. Johnson
YVONNE W. JOHNSON (SEAL)

Edward Lee Johnson
EDWARD LEE JOHNSON (SEAL)

Donna M. Johnson
DONNA M. JOHNSON (SEAL)

..... (SEAL)

..... (SEAL)

..... (SEAL)

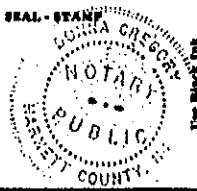


NORTH CAROLINA, Harnett County.

I, a Notary Public of the County and State aforesaid, certify that Joe McLamb, III, Single; Joseph Paul Johnson & Yvonne W. Johnson Grantor

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 11th day of June, 1993

My commission expires: 03/26/95 Donna Gregory Notary Public

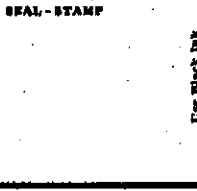


NORTH CAROLINA, Harnett County.

I, a Notary Public of the County and State aforesaid, certify that Edward Lee Johnson & Donna M. Johnson Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 11th day of June, 1993

My commission expires: 03/26/95 Donna Gregory Notary Public

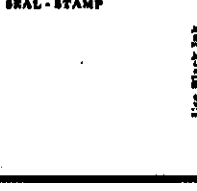


NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19_____

My commission expires: _____ Notary Public

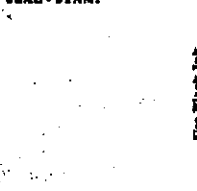


NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19_____

My commission expires: _____ Notary Public

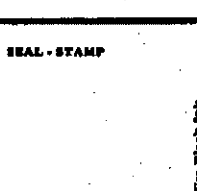


NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19_____

My commission expires: _____ Notary Public



NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19_____

My commission expires: _____ Notary Public

The foregoing Certificate(s) of Donna Gregory, a notary public of Harnett Co. NC

Were certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Miss H. H. Harkfield REGISTER OF DEEDS FOR Sampson COUNTY

By Patricia A. Child Deputy/Assistant-Register of Deeds.

1502
0085

BK 1502 PG 0085

SAMPSON COUNTY NC 08/11/2003
\$22.00



Real Estate
Excise Tax

Filed for registration on the 11th day of August, 2003
at 4:35 P.M. and registered in the office of the Registrar
of Deeds of Sampson County on the 11th day of August
2003 in Book No. 1502 Page No. 85

MAE H. TROUBLEFIELD

Registrar of Deeds

By: Donna Smith, Deputy

Excise Tax \$22.00

Recording Time, Book and Page

Tax Lot No. _____ Parcel Identifier No. Out of 10-0126611-03
Verified by _____ County on the _____ day of _____
by _____

Mail after recording to J. Michael McLeod, Atty.

McLEOD & HARROP
PO Box 943, Dunn, NC 28335

This instrument was prepared by J. Michael McLeod NO TITLE SEARCH PERFORMED

Brief Description for the index Lot 1, Containing 0.50 Acre

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this July 31, 2003, by and between

GRANTOR	GRANTEE
JANIE R. WILLIAMS, WIDOW 196 Straw Pond School Road Newton Grove, NC 28366	RICARDO MENDEZ AND WIFE, LUZ MARIA MENDEZ 136 Hummingbird Lane Godwin, NC 28344

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of n/a, MINGO Township, SAMPSON County, North Carolina and more particularly described as follows:

BEING all of Lot #1, containing 0.50 acre, more or less, as shown on that map entitled, "Survey and Map for Janie R. Williams," dated April 12, 2002, and recorded in Plat Book 44, Page 19, of the Sampson County Registry.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

- a) Easements, roadways, and rights-of-way of record.
- b) Easements visible by an inspection of the premises.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

(Corporate Name) James R. Williams (SEAL)
JANIE R. WILLIAMS

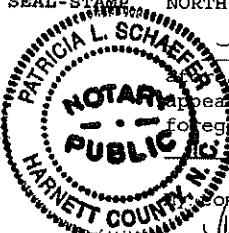
By: _____ (SEAL)

President

ATTEST: _____ (SEAL)

Secretary (Corporate Seal)

SEAL-STAMP NORTH CAROLINA, Harnett COUNTY

 Patricia L. Schaefer, a Notary Public of the County and State aforesaid, certify that JANIE R. WILLIAMS, WIDOW, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this August day of August, 2003.

My commission expires: 12-04-05

Patricia L. Schaefer Notary Public

SEAL-STAMP NORTH CAROLINA, _____ County.

I, _____ a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _____ he is _____ Secretary of a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ he as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 20____.

My commission expires: _____

Notary Public

The foregoing Certificate(s) of Patricia L. Schaefer,
Notary Public of Harnett Co. N.C.

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Mae H. Troublefield REGISTER OF DEEDS FOR SAMPSON COUNTY
By Donna Smith Deputy/Assistant-Register of Deeds.

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 Virginia Phillips Simmons

in Little Coharie Township, Sampson County, for the year(s) and in the

amount(s) of: 08091108002

Year	<u>2015</u>	\$ <u>107.70</u>
	<u>2014</u>	\$ <u>115.86</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Release/Adjustment		\$ <u>223.56</u>

<u>602</u> County Tax	\$ <u>194.14</u>
School Tax	\$ _____
<u>F21</u> Fire Tax	\$ <u>22.23</u>
<u>Ad-Advertising</u> City Tax	\$ <u>7.19</u>
Total	\$ <u>223.56</u>

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

All land sold to Dept. of Transportation
per DB 1852/923+1852/930

Taxpayer: Virginia Phillips Simmons

Tax Administrator: [Signature]

Board Approved: _____
Date Initials

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

12/20/17

FROM: COOPERATIVE EXTENSION SERVICE

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for Fiscal Year 2017-2018

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11449500-518200	Retirement	22700.00	
11449500-525100	Gas oil tires		1000.00
11449500-526200	Department supplies		1500.00
11449500-532100	Telephone and postage		500.00
11449500-535300	Maint/repair vehicles		500.00
11449500-531100	Travel		1000.00
11999000-509700	Contingency		18200.00

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
------------------------	------------------------------------	-----------------	-----------------

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

To allocate funds to correct an error in the original budget that understated the County share for the retirement costs for the Cooperative Extension employees.

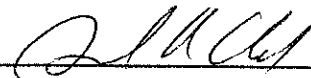


(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

12/21, 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:

12/20/17

FROM: COOPERATIVE EXTENSION SERVICE

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for Fiscal Year 2017-2018

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
04449500-555030	CAPITAL OUTLAY - OTHER EQUIPMENT	2800.00	
04449500-529930	MISCELLANEOUS	2516.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
04034950-403602	MISCELLANEOUS REVENUE	5,316.00	

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

To budget funds donated to the 4-H program for activities and to purchase a poster maker for the program.

W Lee A. Cate

(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

12/29, 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.

17-18-15

COUNTY OF SAMPSON
BUDGET AMENDMENT

MEMO:

November 30, 2017

FROM: Sarah W. Bradshaw

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2017-2018

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

Expenditure Account	Expenditure Account Description	Increase	Decrease
13554810-568414	LIEAP	42,781.00	

Revenue Account	Revenue Account Description	Increase	Decrease
13535480-403314	LIEAP	42,781.00	

2. Reason(s) for the above request is/are as follows: To adjust budgeted revenue to actual funding authorization received.


(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

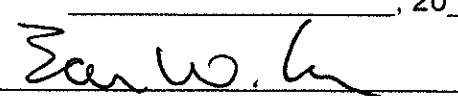
npo, 2017


(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____


(County Manager & Budget Officer)

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

17-18-14

COUNTY OF SAMPSON
BUDGET AMENDMENT

MEMO:

November 29, 2017

FROM: Sarah W. Bradshaw

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2017-2018

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
13553770-568405	Foster Care - Basic Needs	25,000.00	
13554310-568401	State Foster Care		50,000.00

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
13535430-403309	State Foster Care		25,000.00

2. Reason(s) for the above request is/are as follows: To reallocate unused State Foster Care funds to Foster Care-Basic Needs to cover the medical bills for an undocumented foster child.



(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

12/10, 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:

12/8/2017

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2017-2018

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551550-526200	DEPARTMENT SUPPLIES	1,810.00	
12551550-531100	TRAVEL	2,000.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535155-404000	STATE ASSISTANCE	3,810.00	

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

ALLOCATION ADDITIONAL STATE FUNDS

Wanda Rabun
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

12/4, 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:

20-Dec-17

FROM: Sheriff Jimmy Thornton Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2017-2018

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11243100-521300	Uniforms	2,299.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034310-402602	USDOJ-BPV Grant	2,299.00	

2. Reason(s) for the above request is/are as follows:
To budget grant funds for the purchase of replacement body armor for deputy sheriffs.



(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

12/20, 2017



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

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



(County Manager & Budget Officer)

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 5

Meeting Date: January 8, 2018	<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

SUBJECT: Consideration of Tax Appeals

DEPARTMENT: Board of Commissioners

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager
 Jim Johnson, Tax Administrator

PURPOSE: To consider taxpayer appeals of penalties assessed for failure to
 timely list business personal property

ATTACHMENTS: Appeal requests and tax billings

BACKGROUND:

Assessments and billings have been issued as a result of business personal property compliance reviews. The following individuals have requested an adjustment of the penalties applied to their accounts, pursuant to North Carolina General Statutes, for failure to timely list their business personal property. The Board has previously voted to require the appeal to be made in person (or by a designated representative).

Delmas Hobbs: (Tax \$5,545.80 + Penalty \$2,232.83 = \$7,778.63)

Gary Vann Nichols: (Tax \$7,154.35 + Penalty \$2,280.25 = \$9,434.60)

RECOMMENDED ACTION OR MOTION:

Allow each citizen opportunity to request adjustment and consider each appeal individually.

Date: 12/6/17

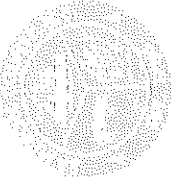
Delmas Hobbs
521 Calvin Hobbs Rd
Faison NC 28341

Account # 187494

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

Delmas Hobbs
Signature

BILL PREFIX	TOWNSHIP	PARCEL/ACCOUNT	SIZE	PROPERTY DESCRIPTION	ASSESSED VALUE	SPECIAL DISTRICT	TOTAL TAX
17	13	44280		PERSONAL ONLY	883603		7778.63
<p> T ROBERT DEL MAR LEE O 521 DEL MAR LEE RD O PLYMOUTH, NC 28754 </p>							
ACCOUNT NUMBER	ASSESSED VALUE	TAXES LEVIED	DATE				
107730	883603	001 CNTY TAX	.825	883603			
				2232.83			
				5545.80			
				.00			
				7778.63			
<p> DISCOUNT & INTEREST Discount for prompt payment: Current year, July, August 2%, September, October, November, December, Par; Interest January 2%, 3/4% per month thereafter. Advertising of unpaid taxes in April. </p>				<p> SAMPSON COUNTY TAX NOTICE (SEE BACK) </p> 			
<p> DATE PAID _____ </p>				<p> AMOUNT PAID _____ </p>			
RETURN THIS NOTICE WITH PAYMENT							

Date: 12/21/17

Gary Nichols Vann
561 Vann Rd
Clinton NC 28328

Account # 189239

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.


Signature

The following account would like to be put on the agenda for January 8th for consideration of relief of penalty:

Gary Vann Nichols # 187239

Tax 7,154.35 + Penalty 2,280.25 = 9,434.60

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 or Deputy 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.