



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
October 1, 2018**

6:00 pm Convene Regular Meeting (County Auditorium)

Invocation and Pledge of Allegiance
Approve Agenda as Published

Reports and Presentations

- a. Hurricane Florence Response and Recovery Update – NCDOT
- b. Hurricane Florence Response and Recovery Update – EMS

Tab 1 Action Items

- a. Public Hearing – FY20 Community Transportation Program Grants 1 - 31
- b. Rescheduling of Water Work Session 32
- c. Sampson County Schools – Request for Funding for Start-Up Costs for School Resource Officer (SRO) Grant Project 33 - 38
- d. Appointment – DSS Advisory Committee 39

Tab 2 Consent Agenda

- a. Approve the revised Drug and Alcohol Policy for Sampson Area Transportation 41 - 68
- b. Approve a delinquent disabled veteran exclusion application for Janie T. Holmes (surviving spouse of Colonel Holmes) 69 - 71
- c. Approve tax refunds and releases as submitted 72 - 84
- d. Approve budget amendments as submitted 85

Tab 2 Consent Agenda, Board of Health items

- e. Approve Operating Procedures of Board of Commissioners sitting as Board of Health 86 - 90

Tab 3 Board Information Items (no action needed)

- a. Invitation to Clinton Garden Club Ribbon Cutting, Adult Day Care Center Gardens 91
- a. Invitation to Clinton Garden Club Ribbon Cutting, Adult Day Care Center Gardens 92

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County Manager's Reports

(Manager will provide updates and reports on various matters.)

Public Comment Period

93 - 94

Policy can be found as last page of agenda. Copies are available at sign in desk of meeting room. All written materials to be presented to the Board must be provided to the Clerk for distribution in advance of the Public Comment Period.

Recess to Reconvene - Date TBD for Water Work Session

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1 (a)

Meeting Date: October 1, 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 - FY 19-20 Community Transportation Program (CTP) Grant Funding Application

DEPARTMENT: Sampson Area Transportation/Dept. of Aging

PUBLIC HEARING: Yes

CONTACT PERSON(S): Rosemarie Oates, Sampson Area Transportation Director
 Lorie Sutton, Department of Aging Director

PURPOSE: To consider public comment with regard to the submission of the applications for CTP transportation grant funding for the period July 1, 2019 - June 30, 2020

ATTACHMENTS: Public Hearing Notice; Grant Documents, including Certifying Resolutions for both Admin/Operations and Capital Grant Portions

BACKGROUND:

Each year the County applies to the North Carolina Department of Transportation for Community Transportation Funding, which is used by our Sampson Area Transportation program to coordinate existing transportation programs operating in Sampson County and to provide transportation services within our communities. Sampson Area Transportation is requesting permission to submit grant requests for:

FY20 CTP 5311 Administrative/Capital Grants (federal allocation to non-urbanized areas)
 Administrative Grant Request - \$229,736 (Fed/State 85%, local match 15% \$34,460)
 Capital Grant Request - \$62,500 (Fed/State 90%, local match 10% \$6,250)

FY20 CTP 5310 Enhanced Mobility of Seniors/Individuals with Disability Program (competitive grant) Grant Request - \$50,000 (local match 50% \$25,000, with ROAP funding used as match)

RECOMMENDED ACTION OR MOTION:

Adopt resolutions authorizing submission of grant and making assurances and certifications regarding compliance with federal and state requirements.

Sampson County Department of Aging
405 County Complex Road
Clinton, NC 28328
(P) 910-592-4653 (F) 910-590-2142

Lorie Sutton, Director

Memorandum

TO: Ed Causey, County Manager

FROM: Lorie Sutton, Aging Director
Rosemarie Oates, Transportation Director

DATE: September 26, 2018

RE: Public Hearing – Requesting for submission of FY 2019-2020
Community Transportation Program Grants – 5311 Admin & Capital and 5310
Enhanced Mobility of Seniors and Individuals with Disabilities Program

We are requesting permission from the Board of Commissioners to submit the FY20 CTP 5311 Administrative/Capital Grants and the 5310 Enhanced Mobility of Seniors and Individuals with Disabilities. The Federal Transit Administration, on behalf of the Secretary of Transportation, apportions appropriated 5311 funds annually to each state for public transportation projects in non-urbanized areas. The 5310 grant is a competitive grant process.

The total amount for the administrative request is \$229,736.00. Federal/State pays 85% with a 15% local match of \$34,460.00. The total amount for our capital request is \$62,500.00. Federal/State pays 90% with a 10% local match of \$6,250.00. The 5310 grant request is \$50,000.00 with a 50% *local match of \$25,000.00. **ROAP funding would be used to meet this match.*

The administrative grant primarily covers our administrative staff salaries and benefits. The capital request is replacing 1 van that has met its mileage threshold. The 5310 grant is for operating expenses to provide additional trips for the elderly and disabled population.

Attached are all the documents that are required for this application package. Please let me know if you have any questions or concerns.

Thank you.

/ls

PUBLIC HEARING NOTICE

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

This is to inform the public that a public hearing will be held on the proposed Sampson County Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than November 2, 2018. The public hearing will be held on October 1, 2018 at 6:00pm before the Sampson County Board of Commissioners.

Those interested in attending the public hearing and needing either auxiliary aids and services under the Americans with Disabilities Act (ADA) or a language translator should contact the County Manager's Office on or before September 28, 2018, at telephone number 910-592-6308 or via email at susanh@sampsonnc.com.

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in Sampson County as well as provides transportation options and services for the communities within this service area. These services are currently provided using Sampson Area Transportation. Services are rendered by Sampson Area Transportation.

The total estimated amount requested for the period July 1, 2019 through June 30, 2020

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>	
Administrative	\$ 229,736.00	\$ 34,460.00	(15%)
Operating (5311)	\$	\$	(50%)
Capital			
(Vehicles & Other)	\$ 62,500.00	\$ 6,250.00	(10%)
5310 Operating	\$50,000.00	\$25,000.00	(10%)
Other	\$	\$	(%)
TOTAL PROJECT	\$ 342,236.00	\$ 65,710.00	
	Total Funding Request	Total Local Share	

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This application may be inspected at Sampson Area Transportation from Monday – Friday 8:00am to 5:00pm. Written comments should be directed to Rosemarie Oates before October 1, 2018.

AVISO DE AUDIENCIA PÚBLICO

FY20 COMMUNITY TRANSPORTATION PROGRAM FUNDING

(Año Fiscal 19-20 Financiamiento para el Programa de Transporte de Comunidad)

La Junta de Comisionados de el Condado de Sampson sostendrá una audiencia pública el Lunes, Octubre 1, 2018 a las 6:00p.m. en relación a la propuesta Aplicación sobre el Transporte de la Comunidad a ser presentada en el Departamento de Transportación de Carolina del Norte no más tarde de Noviembre 2, 2018. La audiencia será sostenida en el Auditorio del Condado de Sampson, Edificio de Administración del Condado, 435 Rowan Road en Clinton, Carolina del Norte.

El Programa de Transporte de Comunidad proporciona la ayuda necesaria para coordinar los programas de transporte existentes en el Condado Sampson, así como proporcionar opciones y servicios para las comunidades dentro del condado. El Transporte de Área de Sampson actualmente proporciona servicios usando las necesidades publicas en demanda y rutas fijadas. Los servicios son dados utilizando camionetas.

El total estimado que se solicita para el período de desempeño es de Julio 1, 2019 hasta el 30 de Junio de 2020 es \$342,236.00 dólares. Los gastos Administrativo/los gastos de Desarrollo de empleado son estimados en \$229,736 dólares (15% participación local del \$34,460.00), y los gastos de Capital son estimados en \$62,500.00 dólares (participación local del 10% = \$6,250.00), y los gastos de 5310 operativo, de funcionamiento los fondos para mayor y discapacitado, gente en \$50,000.00 dólares (50% participación local del \$25,000.00).

La aplicación puede ser inspeccionada en la oficina de Transporte de Área de Sampson, 405 County Complex Road; Suite 140 en Clinton de las 8:00a.m. a las 5:00p.m. Los comentarios/petición escritos para una audiencia pública deberían ser dirigidos a: Rosemarie Oates, Director, 311 County Complex Road, Clinton, NC 28328. Cualquier persona con una incapacidad que necesite ayuda auxiliar o el servicio a fin de participar en esta reunión puede ponerse en contacto con la Oficina del Gerente del Condado al 910-592-6103 y via email susanh@sampsonnc.com al menos 24 horas antes de la reunión.

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2020 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by (*Board Member's Name*) _____ and seconded by (*Board Member's Name or N/A, if not required*) _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for "purchase-of-service" projects under the Capital budget Section 5310 program.

WHEREAS, (*Legal Name of Applicant*) Sampson County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the *(Authorized Official's Title)** County Manager of *(Name of Applicant's Governing Body)* Sampson County is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I *(Certifying Official's Name)** _____ *(Certifying Official's Title)* _____ do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the *(Name of Applicant's Governing Board)* _____ duly held on the _____ day of _____, _____.

Signature of Certifying Official

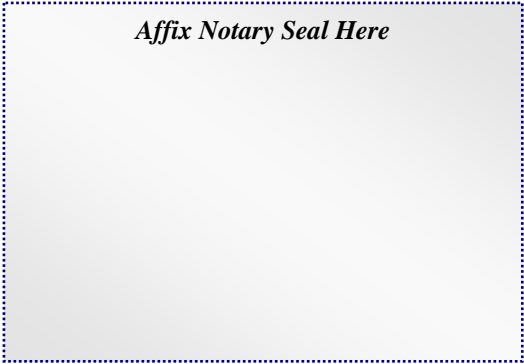
***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me *(date)* _____

*Notary Public**

Printed Name and Address

My commission expires *(date)* _____



DBE GOOD FAITH EFFORTS CERTIFICATION

This is to certify that in all purchase and contract selections Sampson County is committed to and shall make good faith efforts to purchase from and award contracts to Disadvantaged Business Enterprises (DBEs).

DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:

Required by PTD	Check all that apply	Description
*	<input checked="" type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input checked="" type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input checked="" type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network;
*	<input checked="" type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input checked="" type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input checked="" type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should contact the office of contractual services at (919) 707-4800 for more information
*	<input checked="" type="checkbox"/>	Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information
*	<input checked="" type="checkbox"/>	Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at https://www.ebs.nc.gov/VendorDirectory/default.html
	<input type="checkbox"/>	Other efforts: Describe:
	<input type="checkbox"/>	Other efforts: Describe:

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <https://www.ebs.nc.gov/VendorDirectory/default.html>

Reminder: Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

Signature of Authorized Official

Date

Edwin W. Causey, County Manager

Type Name and Title of Authorized Official

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION**

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2020

APPLICANT'S NAME: Sampson County **PERIOD COVERED**
MAILING ADDRESS: 311 County Complex Road **From:** July 1, 2019
VENDOR NUMBER: 7666 **To:** June 30, 2020

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2020:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
				TOTAL

- The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY 2020.
- The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2020.

Signature of Authorized Official

Date

LOCAL SHARE CERTIFICATION FOR FUNDING

Sampson County
(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ <u>229,736.00</u>	\$ <u>34,460.00</u> (15%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ <u>50,000.00</u>	\$ <u>25,000.00</u> (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Capital	\$ <u>62,500.00</u>	\$ <u>6,250.00</u> (10%)
Mobility Management	\$ _____	\$ _____ (10%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)
_____	\$ _____	\$ _____ (____%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>342,236.00</u>	\$ <u>65,710.00</u>
	Total Funding Requests	Total Local Share

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Grant Applied To</u>	<u>Amount</u>
<u>ROAP Funding</u>	<u>5310 Operating</u>	\$ <u>25,000.00</u>
<u>Local Funding</u>	<u>Administrative</u>	\$ <u>34,460.00</u>
<u>Local Funding</u>	<u>Capital</u>	\$ <u>6,250.00</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ <u>65,710.00</u>

** Fare box revenue is not an applicable source for local share funding

FY 2020 Local Share Certificate (page 2)

I, the undersigned representing **Sampson County** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2020 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2019**, which has a period of performance of July 1, 2019 – June 30, 2020.

Signature of Authorized Official

Edwin W. Causey, County Manager

Type Name and Title of Authorized Official

Date

SECTION 5311, 5310, 5339, Consolidated Capital, 5307 or State Funds Call for Projects
TITLE VI PROGRAM REPORT

Legal Name of Applicant: **Sampson County**
 (Complete either Part A or Part B; and Part C)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against **Sampson Area Transportation** during the period **July 1, 2017 through June 30, 2018**.

Signature of Authorized Official

Date

Edwin W. Causey, County Manager

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against _____ *Transit System Name*) during the period **July 1, 2017 through June 30, 2018**.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

Part C - Title VI Plan

Do you currently have a Title VI Plan: **Yes**

Date of last plan update: **6/5/2017**

BUDGET SUMMARY

September 2015 - June 2020

Legal Name:	SAMPSON COUNTY		
Address:	DBA SAMPSON AREA TRANSPORTATION 405 COUNTY COMPLEX RD # 140 CLINTON, NC 28328		
County:	SAMPSON COUNTY	Congressional District:	2
Contact Person:	Lorie Sutton		
Telephone:	+1 (910) 592-4653		
Fax:	+1 (910) 590-2142		
Email:	lbsutton@sampsonnc.com		
Web Site:	www.sampsonnc.com		
Federal ID Number:	56-6000338	DUNS Number:	040044067
CFDA #			
Period of Performance:	Sep 1, 2015	to	Jun 30, 2020
Federal Billable/Non-Billable	Billable		

I. Total Project Expenditures		
(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Total Expenses	\$229,736	\$229,217
Total Contra Accts and Fare Revenue		
Total Net Expenses/Cost	\$229,736	\$229,217

II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$229,736	\$183,788	\$0	\$11,486	\$34,462

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)			
	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

PROPOSED BUDGET
SALARY AND WAGE DETAIL

Applicant : SAMPSON COUNTY

Object Code	Position Title	No.	Total Annual Salary	Pct. (%) Oper Transp. Tasks	No. of Years	Budgeted Amount	No. of Positions Approved	NCDOT Maximum Participation
FULL TIME EMPLOYEES								
G121	Transportation Director	1	\$55,632	100%	1	\$55,632	1	\$55,632
G121	Transportation Supervisor	1	\$44,718	100%	1	\$44,718	1	\$44,718
G121	Transportation Office Manager	1	\$33,372	100%	1	\$33,372	1	\$33,372
G121	Administrative Office Assist	2	\$28,824	100%	1	\$57,648	2	\$57,648
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		5				\$191,370	5	\$191,370
PART-TIME EMPLOYEES - RECEIVING BENEFITS								
G125								
G125								
G125								
G125								
G125								
G125								
TOTAL G125 SALARIES								
PART-TIME EMPLOYEES - RECEIVING NO BENEFITS								
G126								
G126								
G126								
G126								
G126								
G126								
TOTAL G126 SALARIES								
TOTAL SALARY & WAGE		5				\$191,370	5	\$191,370

Applicant: SAMPSON COUNTY

Project Number :

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total Cost	For NCDOT Use Only
G120	Salaries and Wages		
G121	Full-time employees	\$191,370	\$191,370
G122	Overtime		
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$191,370	\$191,370
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$14,640	\$14,640
G182	Retirement contribution; total salaries X participating percentage \$191,370 X 7.81%	\$14,946	
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$734.00 X 1 X 5	\$3,670	\$17,616
G184	Disability insurance; cost per month X no. of months X no. of employees. X X		
G185	Unemployment compensation; Number of Employees:		
G186	Workers compensation; Number of Employees:		
G189	Other:		
Subtotal Fringe:		\$33,256	\$32,256
TOTAL SALARY & FRINGE:		\$224,626	\$223,626
G190	Professional Services		
G191	Accounting		
G192	Legal		
G195	Management Consultant		
G196	Drug & Alcohol Testing Contract		
G197	Drug & Alcohol tests Provide # of employees in test pool:		
G198	Medical review officer		
G199	Other:		
G200	Supplies and Materials		
G211	Janitorial Supplies - (Housekeeping)		
G212	Uniforms		
G233	First Aid supplies (replacement)		
G251	Motor Fuels and Lubricants		
G252	Tires and Tubes		
G253	Associated Capital Maint		

G254	Licenses, tags and fees		
G255	Vehicle cleaning supplies		
G256	Hand tools		
G257	Vehicle signs & Paint Supplies		
G258	Vehicle touch up paint (non-contract)		
G259	Other:		
G261	Office Supplies and Materials		
G281	Air Conditioner / Furnace Filters		
G291	Computer Supplies		
G292	Fire Extinguisher- recharging system		
G300	Travel and Transportation (other than employee development)		
G311	Travel: Anticipated trips:		
G312	Travel subsistence		
G313	Transportation of clients/others		
G314	Travel - Motor-pool or leased vehicles (Does NOT include vehicles used in the provision of contracted transportation services.)		
G320	Communications		
G321	Telephone Service		
G322	Internet Service Fee		
G323	Combined Service Fee		
G325	Postage		
G329	Other Communications:		
G330	Utilities		
G331	Electricity		
G332	Fuel oil		
G333	Natural Gas		
G334	Water		
G335	Sewer		
G336	Trash collection		
G337	Single/combined utility bill		
G339	Other:		
G340	Printing and Binding		
G341	Printing and reproduction		
G349	Other:		
G350	Repairs and Maintenance		
G353	Vehicles (use 257/258 for vehicle signs & in-house paint supplies)		
G354	Shop equipment		
G355	Office and computer equipment		
G357	Communications equipment		
G358	Other Repairs and Maintenance - Office Related		
G359	Other-Describe:		
G370	Advertising/Promotion		

G371	Marketing (paid ads, marketing firm, etc.) Describe: Paid advertisements Minimum Amount (2% of Admin Budget): \$4,493		\$4,493	\$4,473
G372	Promotional items Describe: Outreach items such as pens, totes, Maximum Amount (25% of G371 Total Cost): \$1,123		\$617	\$1,118
G373	Other:			
G380	Computer Support Services (contracted)			
G381	Computer programming services			
G382	Computer support/technical assistance			
G390	Other Services			
G391	Legal advertising			
G392	Laundry and dry cleaning			
G393	Temporary help services			
G394	Cleaning services			
G395	Training - Employee Education Expense			
G396	Management services (contracted transit system mgmt/admin services)			
G398	Security services			
G399	Other:			
G410	Rental of Real Property (include copy of current lease agreement)			
G412	Rent of building X number of monthly payments			
	X			
G413	Rent of offices X number of monthly payments			
	X			
G419	Other:			
G420	Lease of Computer Equipment			
G421	Lease of Computer Hardware			
G422	Lease of Computer Software			
G430	Lease of Equipment			
G431	Lease of Reproduction equipment			
G432	Lease of Postage Meter			
G433	Lease of Communications equipment (includes radio, cable lines and antennae)			
G439	Other:			
G440	Service and Maintenance Contracts			
G441	Communications equipment			
G442	Office equipment			
G443	Reproduction equipment			
G444	Vehicles			
G445	Computer equipment			
G446	Tires			
G448	Other Service and Maintenance Contracts - Office Related			
G449	Other:			
G450	Insurance and Bonding			

G451	Property and general liability (does not include vehicle insurance)			
G452	Vehicles			
	Number of Fleet Vehicle:	Maximum Amount:	\$0	
G453	Fidelity			
G454	Professional liabilities			
G455	Special liabilities			
G480	Indirect Costs			
G481	Central services: (budget direct cost base) X (percentage rate)			
	X	Maximum Amount	\$0	
	Prior approval of Indirect Cost Percentage Rate required. Questions should be directed to NCDOT Financial Management			
G490	Other Fixed Charges			
G491	Dues and subscriptions:			
G499	Other:			
G600	Private / Public Operator Contracts - Purchase Services			
G611	Direct purchase of service from privately owned provider			
G612	User side subsidy			
G621	Volunteer reimbursement			
G641	Direct purchase of service from publicly owned provider			
	Total Expenses:		\$229,736	\$229,217
OPERATING REVENUES				
	Contra Account			
G821	General Fund			
G822	Capital Reserve Fund			
G832	N.C. Sales Taxes			
G833	N.C. Gas Tax Refund			
G834	County Sales Taxes			
G836	Fed Gas Tax Refund			
G839	Other Taxes			
G841	Charter Expenses			
G842	Garage Services			
G843	Advertising Expenses			
G844	Insurance Settlement			
G847	Inc Elderly/Disable			
G849	Other Contra Accts			
G991	Contingency/Prog Res			
	TOTAL CONTRA ACCOUNTS:			
F500	Fare Revenue			
F511	General Public Fares			
F521	Prepaid Fares/Bulk Discounts			
F522	Senior Citizen Fares			
F523	Student Fares			
F524	Child Fares			
F525	Paratransit Fares			

F533	Special Route Guarantees		
F529	Other Special Fares:		
TOTAL FARE REVENUES:			
TOTAL CONTRA ACCOUNTS AND FARE REVENUES:			
TOTAL EXPENSES LESS TOTAL CONTRA ACCOUNTS AND FARE REVENUES = TOTAL NET OPERATING EXPENSES (TNOE):		\$229,736	\$229,217
R400	Contract Service Revenue		
R411	Aging Program		
R412	Department of Social Services		
R413	Sheltered Workshop		
R414	Mental Health Program(s)		
R415	Health Department		
R416	Community Action Program		
R417	Head Start Program		
R418	Daycare		
R419	Medical		
R420	Parks and Recreation		
R421	Public/Private School		
R422	Teen Parent		
R423	Community Living Skills		
R424	Hospital		
R425	Community College		
R426	College/University		
R427	Aging Program Supplement		
R428	Child Development		
R429	Work First		
R431	Blind Services		
R432	Vocational Rehabilitation		
R433	Community Services Block Grant		
R434	Smart Start		
R435	Agricultural Extension		
R436	JTPA		
R437	Nursing Home		
R438	Rest Home		
R439	Private Individual		
R440	Elderly and Disabled Transportation Assistant Program (EDTAP)		
R430	Other:		
TOTAL CONTRACT SERVICE REVENUE:			
	Miscellaneous Revenue and Income		
R385	Advertising Profits		
R497	Investment Income		
R811	Sale of materials and scrap		
R821	Sale proceeds from fixed assets		
R844	Cash Donations		

R861	Rental Income		
R891	Other revenue not elsewhere classified:		
TOTAL MISCELLANEOUS REVENUE AND INCOME:			
	Local Match		
R264	Federal Vocational Rehabilitation		
R265	Federal Older Americans Act – Title III Fund		
R269	Other non-DOT grant (Specify):		
R362	State Operating - SMAP		
R364	State Operating - RGP		
R369	Non-federal grant (Specify):		
R372	Local Cash (list each source, fares are not an eligible source of matching funds):		
TOTAL LOCAL MATCH:			
A	TOTAL CONTRACT SERVICE REVENUE + TOTAL MISC. REVENUE AND INCOME + TOTAL LOCAL MATCH MUST BE AT LEAST 15.00% OF TNOE (\$34,460)		

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

Project Number :

CAPITAL BUDGET

July 2011 - June 2022

Legal Name:	SAMPSON COUNTY		
Address:	DBA SAMPSON AREA TRANSPORTATION 405 COUNTY COMPLEX RD # 140 CLINTON, NC 28328		
County:	SAMPSON COUNTY	Congressional District:	2
Contact Person:	Lorie Sutton		
Telephone:	+1 (910) 592-4653		
Fax:	+1 (910) 590-2142		
Email:	lbsutton@sampsonnc.com		
Web Site:	www.sampsonnc.com		
Federal ID Number:	56-6000338	DUNS Number:	040044067
CFDA #:			
Period of Performance:	Jul 1, 2011	to	Jun 30, 2022
		Federal Billable/Non-Billable	Billable

I. Total Project Expenditures

(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Replacement Vehicles	\$62,500	\$62,500
Expansion Vehicles	\$0	\$0
Other Capital Expenses	\$0	\$0
Advanced Technology Expenses	\$0	\$0
Baseline Technology Expenses	\$0	\$0
Facility Improvement Expenses	\$0	\$0
Other Expenses	\$0	\$0
Total	\$62,500	\$62,500

II. Proposed Project Funding*

	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		10.00%	10.00%
Total Funding	\$62,500	\$50,000	\$0	\$6,250	\$6,250

IV. Proposed DBE, MBE, WBE Goals (Enter DBE Goal if Federal Funding applies, otherwise enter MBE/WBE Goals)

	DBE	MBE	WBE
%			
Amount	\$0	\$0	\$0

**North Carolina Department of Transportation (NCDOT)
Public Transportation Division (PTD)**

G546	Description	Budgeted Cost	Qty		Qty	
	20' Light Transit Vehicle w/wheelchair lift (Replacement) – Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 wheelchair station floor plan. Min. ambulatory capacity -8 pax; Max. ambulatory capacity -10 pax. (may be driven w/o CDL)	\$60,000				\$0
	Bike Rack	\$2,820				\$0
	Brake Retarder	\$8,600				\$0
				\$0		\$0
G547	Description	Budgeted Cost	Qty		Qty	
	25' Light Transit Vehicle w/wheelchair lift (Replacement) - Body-on-chassis type vehicle (Cutaway van chassis); retaining the van-type cab; offering increased headroom and wider body; fully automatic side lift. 2 and 4 Wheelchair Station floor plans Min. ambulatory capacity - 8 pax; Max. ambulatory capacity - 18 pax.	\$70,000				\$0
	Optional Engine - CNG	\$21,000				\$0
	Optional Engine - Hybrid Electric	\$30,000				\$0
	Optional Engine - Diesel/Upgraded Chasis	\$26,000				\$0
	Brake Retarder	\$9,000				\$0
	Bike Rack	\$2,820				\$0
				\$0		\$0
G548	Description	Budgeted Cost	Qty		Qty	
	Raised Roof Van w/lift (Replacement) - Side entry; rear fully automatic interior lift. 2 to 3 Wheelchair Stations. Min. ambulatory capacity - 3 pax; Max. ambulatory capacity-9 pax.	\$62,500	1		1	\$62,500
	Optional Engine - Diesel	\$3,550				\$0
				\$62,500		\$62,500
G571	Description	Budgeted Cost	Qty		Qty	
	Minivan / Crossover (Replacement) – Small vehicle; standard production vehicle; maximum capacity - 6 passengers. Crossover vehicle (6 pax) available ONLY for ALL-WHEEL DRIVE	\$30,000				\$0
	Option: Accessible Minivan compliant with ADA; Lowered floor, wheelchair ramp and 1 to 2 wheelchair stations.	\$16,000				\$0
				\$0		\$0

Legal Applicant Name: Sampson County

Service Area of this Application

- Small Urban Service Area
- Rural Service Area

Project Type:

Other Section 5310 Project

Large Urbanized Areas must contact an MPO about applying for 5310 funding.

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION



Applicant Information Project Information and Description

Enhanced Mobility of Seniors and Individuals
with Disabilities Program

(Federal Section 5310)

Operating

North Carolina Department of Transportation
Public Transportation Division
August 6, 2018

PART 1 – Applicant Information

Legal Name of Applicant: Sampson Area Transportation		
Applicant's Congressional District: 2 <i>If Applicant's city is included in more than one district, enter primary district only</i>	Applicant's County: Sampson <i>If Applicant has offices in more than one county, list county where main office is located</i>	
Address: 405 County Complex Rd #140		
City: Clinton	State: NC	Zip Code: 28328
Federal Taxpayer ID Number: 56-6000338		
Doing Business As (DBA) Name: <i>If applicable (normally the transit system name, if different than applicant)</i>		
Applicant's DUNS Number: 040044067 <i>Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform</i>		
Parent Agency DUNS Number: <i>Required only if different than Applicant</i>		
Applicant's Service Area's Congressional District: 2 <i>If Service Area is included in more than one district, enter primary district only</i>		
Project's Service Area: Sampson County <i>List the county or counties that will be served by the proposed project.</i>		
Project Manager and Title:	Rosemarie Oates, Director	
Telephone:	Area Code: 910	Phone Number: 299 - 0127
Fax:	Area Code: 910	Phone Number: 299 - 0973
E-mail Address:	roates@sampsonnc.com	
Website Address:	www.sampsonnc.com	
Current Vehicle Inventory: 3 Vans Vans/Lifts 3 Sedans or Minivans <i>Enter Number in Fleet</i>		
_____ LTVs 13 LTVs/Lifts _____ Buses _____ N/A		

Federal Financial Assistance Transparency Act (FFATA) mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and
- Those revenues were greater than \$25M; and
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting.

YES No

Executive Compensation Reporting: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

<u>Full Name</u>	<u>Total Compensation</u>
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____

PART 2 – Project Information

IMPORTANT: Applicants will be allowed to submit an unlimited number of applications for funding for their small urban and/or rural service area. Duplicate projects within service areas will not be funded. Applicants can apply for one year of 5310 funding only. If a project is selected, funding for subsequent years is not guaranteed. It will be necessary to reapply and go through another competitive process for subsequent funding.

*** All capital projects must be applied for on the Combined Capital application.

A. PROGRAM APPLICATION

Funding Source	Federal Section 5310
Project Type	Other 5310 Project
Riders or Consumers will live in:	<input checked="" type="checkbox"/> Rural area <input type="checkbox"/> Small Urban area
Total Project Cost by Budget Type:	Operating \$ 50000
Total Federal Request Match(es) not included	Total Federal Request \$ 50000

B. SCOPE OF PROPOSED SERVICES

Instructions: Complete this table for the targeted population group/groups you plan on serving in the project. Put N/A if the population is not a target in this project. Definitions of each of these populations is included in Appendix A of the 5310 Overview.

	Elderly	Disabled
How many of the targeted population live in the area you propose to serve?	10,275	9,008
Of the number listed above, how many have the unmet transit need your project addresses?	2,568	2,252
How many people with the unmet transit need will you serve through this project?	2,568	2,252

PART 3 - Project Description

IMPORTANT - *The FTA requires that projects receiving funds from the Section 5310 Program (Enhanced Mobility of Seniors and Individuals with Disabilities) be included in the locally developed, Coordinated Public Transit-Human Service Transportation Plan.*

INSTRUCTIONS – This application is for a “Section 5310 Other” project, line item **G-313, Transportation of Client/Others** only. The project must fit into one of the three (3) criteria from the Section 5310 circular below to be a Section 5310 Other project:

Other Section 5310 Projects

- (1) Increases or enhancements related to geographic coverage, service quality, and/or service times that impact availability of transportation services for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.
- (2) Additions or changes to physical infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and vehicles that impact availability of transportation services for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.
- (3) Actual or estimated number of rides (as measured by one-way trips) provided for seniors and individuals with disabilities as a result of other Section 5310 projects implemented in the current reporting year.

The application questions below must be answered based on one or more of the project scenarios listed above. Click on the **gray rectangle** and type each answer. If needed, the text will automatically wrap to the next row. The answer may wrap to the next page if necessary. NCDOT will use the answers the applicant provides to determine whether the project is worthy of funding. The details are important and applicants should provide detailed answers to these questions.

SECTION 5310 PROJECTS (OTHER THAN THE TRADITIONAL 5310 PROJECTS) – BASED ON THREE ELIGIBILITY CRITERIA

1. Provide a 2-3 sentence description of your proposed project or service.

Answer: The proposed project will be implemented to add additional funding in support of the disabled and senior population within Sampson County. The additional funding will be used to increase transportation to dialysis centers and medical appointments in and out of county.

2. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your

answer. It should be clear from your description whether your project's targeted population lives in a small urban or rural area of North Carolina.

Answer: Currently, there are no other transit providers in Sampson County that can meet the needs of the elderly and those with disabilities, especially, those who live in the remote rural areas of this county. We will serve those who need transportation to dialysis and medical appointments, both in and out of county.

3. Describe the mobility options the seniors and/or individuals with disabilities in this service area have now and discuss how these are insufficient and/or inappropriate. If public transportation is unavailable to the targeted populations, how are they getting to life-sustaining, social and recreational activities without it?

Answer: As mentioned above, there currently is no other transit provider in Sampson County that can assist the targeted population with their transit needs. Having these funds available will allow Sampson Area Transportation to increase the services provided to the targeted population, providing access to necessary medical care and treatments. Without this additional funding, we are unable to provide additional services above what we currently provide with our ROAP funds. Unfortunately, at times, this leaves the targeted population no choice but to call 911 and utilize the local EMS services for situations that are not emergencies.

4. Provide information about the locally developed, Coordinated Public Transit - Human Services Transportation Plan (LCP) used to prepare this project application.

Answer:

1	Name of Plan/Title	Locally Coordinated Human Service Transportation Plan
2	Applicable Need, Strategy or Activity Included on Page Number(s)	"44-48"
3	Plan Date	2013

5. To be funded as an Other 5310 Project, the project must meet at least one of three qualifying criteria including:
 - a. Does your project exceed ADA minimum requirements? **Answer:**

- b. Does your project improve access to fixed route service and decrease reliance by individuals with disabilities on ADA complementary paratransit service?

Answer:

- c. Does your project provide alternatives to public transportation that assist seniors and/or individuals with disabilities with transportation? **Answer:** Yes

6. If you answered 'yes' to any of the questions in 5(a), 5(b) or 5(c) above, describe how your project meets this qualifying criteria.

Answer: This funding, if approved, will allow those seniors and/or those with disabilities, access to dialysis treatment and medical care both in and out of county. The targeted population would not normally have access to these services.

7. Other 5310 Projects must be planned, designed and carried out to meet the transportation needs of seniors and/or individuals with disabilities, although the service may also be used by the general public. Describe how seniors and/or individuals with disabilities will be targeted and how the general public will be part of the project.

Answer: Those utilizing the services under this funding source will be ride sharing with human service agency riders, and the general public.

8. Estimate the annual number of unduplicated passengers who will be served or the number of one-way trips that will be provided from the proposed project.

Answer (unduplicated passengers): **Answer** (additional trips): 1500

9. Describe how the project will be coordinated with human service agencies, nearby jurisdictions and/or public and private transportation providers. Identify any partnerships that will be involved in the implementation of the project. (i.e. vehicle sharing, scheduling & dispatching center, training, shared rides, shared costs)

Answer: Coordination with human service agencies already exists and vehicle sharing, scheduling, dispatching, shared rides, and costs is part of our routine daily operations.

10. Describe the project plan in detail and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to do and how you are going to do it **if** you receive the requested funding. Although they are not required documents in some cases, the applicant may want to attach with the application maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant's preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies

or organizations may be attached with the application. Your detailed answer should be one half to a whole page long.

***New: Letter(s) of Support from applicant's RPO/MPO are required documents for the application.**

Answer: Our plan is to expand the services that Sampson Area Transportation is currently providing with our EDTAP program. The additional funding will be used to provide transportation for in county and out of county medical appointments for the elderly and those who are disabled. Most of whom currently struggle with access to proper and necessary medical care. Currently, Sampson Area Transportation is the only system that operates to serve the citizens of Sampson County. It is extremely important that this agency be able to provide this service, especially for those receiving life saving dialysis treatment, and for those in need of transportation to medical specialists offering quality care that is not readily available in this county. As the elderly population grows, the necessity of these services will also increase. If funding is approved, this service will begin in FY20 and continue until all funds are expended, or the fiscal year ends.

11. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

Answer: This project will have its own designated funding source, giving us the ability to monitor and track trips associated with this project. Our scheduling software and its reporting functions will be utilized to measure the success of this program, and will also enable us to identify how well we have closed the gaps for transportation in the targeted population.

12. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

Answer: The funding for this project will be used to expand the services that are currently being provided with EDTAP funds.

13. How will the applicant sustain the proposed service after the grant period?

Answer: Sampson Area Transportation will continue to apply for federal funds and will assess our needs from year to year as the county demographic changes.

14. What is the applicant's organizational mission? Explain how this project fits in with the other services the applicant already provides.

Answer: Our mission is to provide safe, affordable. And reliable transportation services to Sampson County. This project will allow Sampson Area Transportation the opportunity to expand on the services that are currently being provided.

15. Describe the applicant's preparedness to manage the project and/or the applicant's technical capacity to provide the proposed transportation service.

Answer: Sampson Area Transportation is a public transportation provider, that is a local government entity, that has been operating a public transportation system since -----, while meeting all State and Federal transit regulations. The agency utilizes the latest technology to include security measures to operate and maintain an efficient public transit system which meets the needs of our citizens.

16. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?

Answer: The staff at Sampson Area Transportation are well trained, qualified individuals, who have been employed with the system for numerous years, and are very familiar with the demographics of this area, and the citizens that we look to expand our services to. The Director or Transportation Supervisor will be responsible for monitoring the trips and availability of funds, the scheduler will be responsible for assuring that all trips requested are scheduled and completed in a timely manner. No additional personnel will be required.

17. Describe how the applicant will manage risk and provide for the safe delivery of services.

Answer: Sampson Area Transportation is in compliance with all State and Federal guidelines, and is equipped to manage the risks associated with this project. We do not anticipate any problems with this project.

18. Describe how the transit system intends to seek reimbursement for the services. If it is a trip-based reimbursement, service solely inside the urbanized area cannot be funded with 5310 through PTD. Monthly/quarterly document of trip origins and destination XY coordinates (truncated to 2 decimal points to protect privacy) will be required.

If it is a route-based reimbursement, the majority of miles and hours of the route must be outside the urbanized area. The typical route and deviation area must be submitted before service begins. Any changes in the route and deviation area need to receive pre-approval.

Answer: The reimbursement for this project will be trip based, using ROAP and Services for the Aged as the trip match. Monthly and quarterly reports will be generated using our software, TripMaster.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1 (b)

Meeting Date: October 1, 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: Rescheduling of Water Work Session

DEPARTMENT: Public Works

PUBLIC HEARING: No

CONTACT PERSON(S): Ed Causey, County Manager

PURPOSE: To determine date for rescheduling water work session postponed due to Hurricane Florence

ATTACHMENTS: None

BACKGROUND:

The Board had previously scheduled a water work session for September 17 to discuss a variety of issues related to the future development of our public water system. Unfortunately, all staff were engaged in disaster response on that date. We have consulted with our engineers, and they are available on October 9 or October 10 for a rescheduled session if either of these dates are convenient for the board. There is some urgency to rescheduling given grant funding deadlines.

RECOMMENDED ACTION OR MOTION:

Reschedule work session as soon as possible

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1 (c)

Meeting Date: October 1, 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: Sampson County Schools' Request for Funding for Start-Up Costs for School Resource Officer (SRO) Grant Project

DEPARTMENT: Finance/ Administration

PUBLIC HEARING: No

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

PURPOSE: To discuss how funding could be allocated for start-up costs for hiring three additional School Resource Officers

ATTACHMENTS: Memo

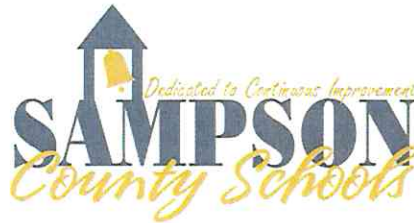
BACKGROUND:

This item is brought forward from your September 10, 2018 meeting wherein Sampson County Schools requested County funding in the amount of \$187,615 to assist with the startup costs for three additional school resource officers. County Manager Ed Causey and Finance Officer David Clack will provide information on how the funding could be allocated.

RECOMMENDED ACTION OR MOTION:

Consider funding allocation as recommended

**Sampson County
Board of Education**
Tim Register, Board Chair
Kim Schmidlin, Vice Chair
Robert Burley
Tracy Dunn
Sonya Powell
Pat Usher
Daryll Warren



437 Rowan Rd., Suite 13
Clinton, North Carolina, 28328
Telephone: 910-592-1401
Fax: 910-590-2445
www.sampson.k12.nc.us
Dr. Eric C. Bracy
Superintendent

August 30, 2018

Sampson County Board of Commissioners
406 County Complex Road
Clinton, NC 28328

Dear Sampson County Board of Commissioners,

As you are well aware, school safety has been a topic of concern on the minds of citizens across our nation in light of mass shootings in recent years. Sampson County Schools has joined other districts in implementing staff training, improving lockdown procedures, restricting access to facilities, and installing cameras. One area that we fall behind our neighboring districts is in the amount of School Resource Officers in our schools.

Sampson County Schools has the highest number of unprotected schools in our region.

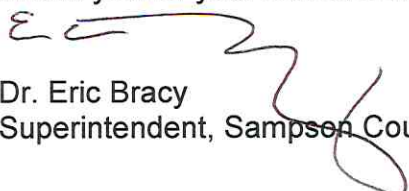
In light of this deficiency, Sampson County Schools, along with many other districts around the state, applied for a new grant from the state of North Carolina to assist in the hiring of additional School Resource Officers. In August, Sampson County Schools was awarded \$100,000 from this grant to be paired with \$50,000 of matching funds from the school system to cover the salaries of three additional School Resource Officers. These three additional positions will be placed at the middle school level and give us a total of seven School Resource Officers.

We have budgeted the funds to cover the \$50,000 grant match but we need assistance with the start-up costs of adding three positions. These costs are detailed in the attached pages and are estimated to be \$187,615 this year. This amount will be substantially lower in subsequent years as vehicles and equipment will already be purchased and will not need replacement for many years to come.

It should also be noted that the School Resource Officers will only be needed 180 days a year. The School Resource Officers will spend the remainder of the year under the direction of the Sherriff and serving the citizens of Sampson County.

We believe that this grant is an excellent opportunity to help protect our students and improve the safety of all citizens of Sampson County for minimal cost. We respectfully request that the Board of Commissioners allocate the start-up funds needed to implement this grant.

Thank you for your consideration.


Dr. Eric Bracy
Superintendent, Sampson County Schools

**SAMPSON COUNTY SCHOOLS
SRO START UP NEED**

Category	Per SRO Cost	Quantity	Total Cost
Salary	57,997.63	3	173,993
Uniform Cost	5,157.54	3	15,473
Vehicle Equipment	18,555.05	3	55,665
Vehicle	22,828.00	3	68,484
Gas, Oil, Tires	8,000.00	3	24,000
Total Cost			337,615

Grant Funds (100,000)

Matching Funds (50,000)

Remaining Start Up Need \$ 187,615

The Sherrifs department would gain 3 SRO's to assist county needs when school is not in session

Ongoing costs after start up will be much lower.

2018 Deputy Startup Expenses

Salary and Benefits

Category	Master Deputy II
Deputy II	\$ 37,224.00
FICA (6.2%)	\$ 2,307.89
Medicare (1.45%)	\$ 539.75
Retirement (7.41%)	\$ 2,758.30
401K (5%)	\$ 1,861.20
Insurance	\$11,220.00
Dental Insurance	\$345.84
Workers Comp	\$1,665.66
Professional Liability	\$75.00
Total Salary and Benefits	\$ 57,997.63

Data provided by the
Sheriff's Office

Vehicle Equipment

Category	Cost
Laptop Computer	\$ 1,400.00
Computer Mount	\$ 200.00
Docking Station	\$ 182.10
Computer Charger	\$ 114.50
Cell Phone	\$ 510.00
Light Bar	\$ 1,100.00
800 mhz Mobile Radio	\$ 3,000.00
800 mhz WT	\$ 2,500.00
WT Charger	\$ 50.00
Vehicle Emergency Equipment	\$ 5,386.00
Digital Camera	\$ 175.00
PBT	\$ 800.00
Stop Sticks	\$ 450.00
Fire Extinguisher	\$ 40.00
Fingerprint Kit	\$ 65.00
Shotgun	\$ 337.05
Rifle	\$ 675.00
50 rounds 9mm ammo	\$ 32.00
10 rounds Shotgun ammo	\$ 21.00
100 rounds 223 rifle ammo	\$ 18.00
Radar Unit	\$ 1,500.00
Total Vehicle Equipment	\$ 18,555.65

Uniforms				
Ballistic Vest	\$	675.00	1	\$ 675.00
Sig Sauer P226 Duty Pistol	\$	680.00	1	\$ 680.00
Taser	\$	1,100.00	1	\$ 1,100.00
Taser Cartridge	\$	32.50	2	\$ 65.00
Handcuffs	\$	26.00	1	\$ 26.00
Leg Shackles	\$	57.00	1	\$ 57.00
Waste Chain	\$	26.00	1	\$ 26.00
Campaign Hat	\$	77.00	1	\$ 77.00
OC Spray	\$	22.00	1	\$ 22.00
Hat Cord with Acorn	\$	7.50	1	\$ 7.50
Hat Rain Cover	\$	6.00	1	\$ 6.00
Hat Strap (1 Pc Black Clarino)	\$	9.00	1	\$ 9.00
Campaign Hat Press (Albourn)	\$	13.00	1	\$ 13.00
Minni Collar Stars	\$	5.95	1	\$ 5.95
Name Plate	\$	12.95	1	\$ 12.95
Serving Since	\$	12.95	1	\$ 12.95
Whistle Chain Epaulette	\$	4.00	1	\$ 4.00
Whistle	\$	2.95	1	\$ 2.95
Tie Tac	\$	4.95	1	\$ 4.95
Tie	\$	5.00	1	\$ 5.00
Gun Holster	\$	155.00	1	\$ 155.00
Mace Holder	\$	28.95	1	\$ 28.95
Blackhawk Taser Holster X26	\$	59.99	1	\$ 59.99
Double Mag/Cuff Combo	\$	65.00	1	\$ 65.00
Glove Pouch	\$	17.95	1	\$ 17.95
ASP Holder	\$	49.00	1	\$ 49.00
ASP	\$	93.00	1	\$ 93.00
Belt Buckle	\$	5.00	1	\$ 5.00
Duty Belt	\$	52.00	1	\$ 52.00
Winter Coat	\$	99.00	1	\$ 99.00
Rain Coat/Reversible Jacket	\$	148.00	1	\$ 148.00
Reflective Blauer Traffic Vest	\$	51.00	1	\$ 51.00
Dress Pants	\$	68.00	4	\$ 272.00
Dress Shirt S/S	\$	59.60	4	\$ 238.40
Dress Shirt L/S	\$	66.60	4	\$ 266.40
Dress Shoes	\$	120.00	4	\$ 480.00
Badge (shirt,hat,coat)	\$	78.00	3	\$ 234.00
Shirt Patch (per sleeve)	\$	1.70	18	\$ 30.60
Total Uniform and Equipment				\$ 5,157.54

Uniform, Equipment and Vehicle Cost

Category	
Salary	\$ 57,997.63

Uniform Cost	\$	5,157.54
Vehicle Equipment	\$	18,555.05
Vehicle	\$	22,828.00
Gas, Oil, Tires	\$	8,000.00
Overall Total Cost	\$	112,538.22

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1 (d)

Meeting Date: October 1, 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: Appointments

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON: Vice Chairperson Sue Lee

PURPOSE: To consider appointments to various boards and commissions

DSS Advisory Committee

Ms. Pam McGirt's term on the DSS Advisory Committee actually ended on June 30, 2018. She is recommended for reappointment.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. **2**

Meeting Date: October 1, 2018	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input checked="" type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consent Agenda

DEPARTMENT: Administration/Multiple Departments

ITEM DESCRIPTIONS/ATTACHMENTS:

Board of Commissioners items

- a. Approve the revised Drug and Alcohol Policy for Sampson Area Transportation
- b. Approve a delinquent disabled veteran exclusion application for Janie T. Holmes (surviving spouse of Colonel Holmes)
- c. Approve tax refunds and releases as submitted
- d. Approve budget amendments as submitted

Board of Health items

- e. Approve Operating Procedures of Board of Commissioners sitting as Board of Health

RECOMMENDED ACTION OR MOTION:

Motion to approve Consent Agenda as presented

**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
Susan Holder, Assistant County Manager
Board of Commissioners

FROM: Lorie Sutton, Aging Director

DATE: September 7, 2018

RE: Approval needed for Revised Drug & Alcohol Policy for Sampson Area
Transportation

In May 2018, NCDOT came to our office to perform a review of our Drug and Alcohol Policy and revisions were made to get us up-to-date with federal guidelines. Attached is the new revised policy for BOC approval. It has been approved by a representative of NCDOT.

Please let us know if you have any questions.

Thank you.

/ls

Cc: Rosemarie Oates, Transportation Director
Eartle McNeil, Transportation Supervisor

Enclosure: Revised Drug & Alcohol Policy

**DRUG AND ALCOHOL TESTING POLICY
SAMPSON COUNTY – SAMPSON AREA TRANSPORTATION
Adopted as of October 2018**

A. PURPOSE

- 1) The Sampson Area Transportation provides public transit and paratransit services for the residents of Sampson County. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. In keeping with this mission, Sampson Area Transportation declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all employees.
- 2) Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result, or a refusal to test. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.
- 3) Any provisions set forth in this policy that are included under the sole authority of Sampson Area Transportation and are not provided under the authority of the above named Federal regulations are underlined. Tests conducted under the sole authority of Sampson Area Transportation will be performed on non-USDOT forms and will be separate from USDOT testing in all respects.

B. APPLICABILITY

This Drug and Alcohol Testing Policy applies to all safety-sensitive employees (full- or part-time) when performing safety sensitive duties. See Attachment A for a list of employees and the authority under which they are included.

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A safety-sensitive function is operation of public transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or persons controlling the movement of revenue service vehicles and any transit employee who operates a vehicle that requires a Commercial Driver's License to operate. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions who perform one or more of the above mentioned duties is provided in Attachment A. Supervisors are only safety sensitive if they perform one of the above functions. Volunteers are considered safety sensitive and subject to testing if they are required to hold a CDL, or receive remuneration for service in excess of actual expense.

C. DEFINITIONS

Accident: An occurrence associated with the operation of a vehicle even when not in revenue service, if as a result:

- a. An individual dies;
- b. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- c. One or more vehicles incur disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, *disabling damage* means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Adulterated specimen: A specimen that has been altered, as evidence by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

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Alcohol Concentration: Expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under 49 CFR Part 40.

Aliquot: A fractional part of a specimen used for testing, It is taken as a sample representing the whole specimen.

Canceled Test: A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which is cancelled. A canceled test is neither positive nor negative.

Confirmatory Drug Test: A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or metabolite.

Confirmatory Validity Test: A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

Covered Employee Under FTA Authority: An employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function (See Attachment A for a list of covered employees).

Designated Employer Representative (DER): An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

DOT, The Department, DOT Agency: These terms encompass all DOT agencies, including, but not limited to, the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Office of the Secretary (OST). For purposes of 49 CFR Part 40, the United States Coast Guard (USCG), in the Department of Homeland Security, is considered to be a DOT agency for drug testing purposes. These terms include any designee of a DOT agency.

Dilute specimen: A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling damage: Damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated

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but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT): A device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations, and appears on ODAPC's Web page for "Approved Evidential Breath Measurement Devices" because it conforms with the model specifications available from NHTSA.

Initial Drug Test: (Screening Drug Test) The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial Specimen Validity Test: The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid

Invalid Result: The result reported by an HHS-certified laboratory in accordance with the criteria established by the HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Laboratory: Any U.S. laboratory certified by HHS under the National Laboratory Certification program as meeting standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

Limit of Detection (LOD): The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

Limit of Quantitation: For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

Medical Review Officer (MRO): A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

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Negative Dilute: A drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine.

Negative result: The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result: A urine specimen that is reported as adulterated, substituted, invalid, or positive for drug/drug metabolites.

Oxidizing Adulterant: A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or metabolites, or affects the reagents in either the initial or confirmatory drug test.

Performing (a safety-sensitive function): A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive result: The result reported by an HHS- Certified laboratory when a specimen contains a drug or drug metabolite equal or greater to the cutoff concentrations.

Prohibited drug: Identified as marijuana, cocaine, opioids, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Reconfirmed: The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

Rejected for Testing: The result reported by an HHS- Certified laboratory when no tests are performed for specimen because of a fatal flaw or a correctable flaw that has not been corrected.

Revenue Service Vehicles: All transit vehicles that are used for passenger transportation service.

Safety-sensitive functions: Employee duties identified as:

- (1) The operation of a transit revenue service vehicle even when the vehicle is not in revenue service.

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- (2) The operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL).
- (3) Maintaining a revenue service vehicle or equipment used in revenue service.
- (4) Controlling the movement of a revenue service vehicle and
- (5) Carrying a firearm for security purposes.

Split Specimen Collection: A collection in which the urine collected is divided into two separate bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

Substance Abuse Professional (SAP): A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist, or drug and alcohol counselor (certified by an organization listed at <https://www.transportation.gov/odapc/sap>) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen: A urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

Test Refusal: The following are considered a refusal to test if the employee:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.
- (2) Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- (3) Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- (4) In the case of a directly-observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
- (5) Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- (6) Fail or decline to take a second test as directed by the collector or the employer for drug testing.
- (7) Fail to undergo a medical evaluation as required by the MRO or the employer's Designated Employer Representative (DER).
- (8) Fail to cooperate with any part of the testing process.
- (9) Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.

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- (10) Possess or wear a prosthetic or other device used to tamper with the collection process.
- (11) Admit to the adulteration or substitution of a specimen to the collector or MRO.
- (12) Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
- (13) Fail to remain readily available following an accident.
- (14) As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

Vehicle: A bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel. A public transit vehicle is a vehicle used for public transportation or for ancillary services.

Verified negative test: A drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test: A drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing: The evaluation of the specimen to determine if it is consistent with normal human urine. Specimen validity testing will be conducted on all urine specimens provided for testing under DOT authority. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

D. EDUCATION AND TRAINING

- 1) Every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.
- 2) All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators

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of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

E. PROHIBITED SUBSTANCES

- 1) Prohibited substances addressed by this policy include the following.
 - a. Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opioids, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all employees covered under FTA authority be tested for marijuana, cocaine, amphetamines, opioids, and phencyclidine as described in Section H of this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.
 - b. Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a Sampson Area Transportation supervisor and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.
 - c. Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited.

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F. PROHIBITED CONDUCT

- 1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.
- 2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline for not fulfilling his/her on-call responsibilities.
- 3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol
- 4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.
 - a. An employee with a breath alcohol concentration which measures 0.02-0.039 is not considered to have violated the USDOT-FTA drug and alcohol regulations, provided the employee hasn't consumed the alcohol within four (4) hours of performing a safety-sensitive duty. However, if a safety-sensitive employee has a breath alcohol concentration of 0.02-0.039, USDOT-FTA regulations require the employee to be removed from the performance of safety-sensitive duties until:
 - i. The employee's alcohol concentration measures less than 0.02; or
 - ii. The start of the employee's next regularly scheduled duty period, but not less than eight hours following administration of the test.
- 5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- 6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

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- 7) Sampson Area Transportation, under its own authority, also prohibits the consumption of alcohol at all times the employee is on duty, or anytime the employee is in uniform.
- 8) Consistent with the Drug-free Workplace Act of 1988, all Sampson Area Transportation employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including transit system premises and transit vehicles.

G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all employees are required to notify the Sampson Area Transportation management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q of this policy.

H. TESTING REQUIREMENTS

- 1) Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49 CFR Part 40 as amended. All employees covered under FTA authority shall be subject to testing prior to performing safety-sensitive duty, for reasonable suspicion, following an accident, and random as defined in Section K, L, M, and N of this policy, and return to duty/follow-up.
- 2) A drug test can be performed any time a covered employee is on duty. A reasonable suspicion or random alcohol test can only be performed just before, during, or after the performance of a safety-sensitive job function. Under Sampson Area Transportation authority, a non-DOT alcohol test can be performed any time a covered employee is on duty.
- 3) All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with Sampson Area Transportation. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q of this policy.

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I. DRUG TESTING PROCEDURES

- 1) Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.

- 2) The drugs that will be tested for include marijuana, cocaine, opioids, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.

- 3) The test results from the HHS certified laboratory will be reported to a Medical Review Officer. A Medical Review Officer (MRO) is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to Sampson Area Transportation. If a legitimate explanation is found, the MRO will report the test result as negative.

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- 4) If the test is invalid without a medical explanation, a retest will be conducted under direct observation. Employees do not have access to a test of their split specimen following an invalid result.
- 5) Any covered employee who questions the results of a required drug test under paragraphs L through P of this policy may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. Sampson Area Transportation will ensure that the cost for the split specimen analysis is covered in order for a timely analysis of the sample, however Sampson Area Transportation will seek reimbursement for the split sample test from the employee.
- 6) If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled.
- 7) The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year. If the primary is positive, the primary and the split will be retained for longer than one year for testing if so requested by the employee through the Medical Review Officer, or by the employer, by the MRO, or by the relevant DOT agency.
- 8) Observed collections
 - a. Consistent with 49 CFR Part 40, as amended, collection under direct observation (by a person of the same gender) with no advance notice will occur if:
 - i. The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to Sampson Area Transportation that

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there was not an adequate medical explanation for the result;

- ii. The MRO reports to Sampson Area Transportation that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;
- iii. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen as negative-dilute and that a second collection must take place under direct observation (see §40.197(b)(1)).
- iv. The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
- v. The temperature on the original specimen was out of range;
- vi. Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with.
- vii. All follow-up-tests; or
- viii. All return-to-duty tests

J. ALCOHOL TESTING PROCEDURES

- 1) Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). A list of approved EBTs can be found on ODAPC's Web page for "Approved Evidential Breath Measurement Devices". Alcohol screening tests may be performed using a non-evidential testing device (alcohol screening device (ASD)) which is also approved by NHTSA. A list of approved ASDs can be found on ODAPC's Web page for "Approved Screening Devices to Measure Alcohol in Bodily Fluids". If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test

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will be conducted no sooner than fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

- 2) A confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section Q. of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours or for the duration of the work day whichever is longer and will be subject to the consequences described in Section Q of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.
- 3) Sampson Area Transportation affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.
- 4) The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

K. PRE-EMPLOYMENT TESTING

- 1) All applicants for covered transit positions shall undergo urine drug testing prior to performance of a safety-sensitive function.
 - a. All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug test. An applicant will not be allowed to perform safety-sensitive functions unless the applicant takes a drug test with verified negative results.

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- b. An employee shall not be placed, transferred or promoted into a position covered under FTA authority or company authority until the employee takes a drug test with verified negative results.
- c. If an applicant fails a pre-employment drug test, the conditional offer of employment shall be rescinded and the applicant will be provided with a list of at least two (2) USDOT qualified Substance Abuse Professionals. Failure of a pre-employment drug test will disqualify an applicant for employment for a period of at least one year. Before being considered for future employment the applicant must provide the employer proof of having successfully completed a referral, evaluation and treatment plan as described in section 655.62 of subpart G. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.
- d. When an employee being placed, transferred, or promoted from a non-covered position to a position covered under FTA authority or company authority submits a drug test with a verified positive result, the employee shall be subject to disciplinary action in accordance with Section Q herein.
- e. If a pre-employment test is canceled, Sampson Area Transportation will require the applicant to take and pass another pre-employment drug test.
- f. In instances where a FTA covered employee does not perform a safety-sensitive function for a period of 90 consecutive days or more regardless of reason, and during that period is not in the random testing pool the employee will be required to take a pre-employment drug test under 49 CFR Part 655 and have negative test results prior to the conduct of safety-sensitive job functions.
- g. Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- h. Applicants are required (even if ultimately not hired) to provide Sampson Area Transportation with signed written releases requesting USDOT drug and alcohol records from all previous, USDOT-covered, employers that the applicant has worked for within the last two years. Failure to do so will result in the employment offer being rescinded. *Sampson Area Transportation* is required to ask all applicants (even if ultimately not hired) if they

- 4) When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred for assessment and treatment consistent with Section Q of this policy. Sampson Area Transportation shall place the employee on administrative leave in accordance with the provisions set forth under Section Q of this policy. Testing in this circumstance would be performed under the direct authority of the Sampson Area Transportation. **Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority.** However, self-referral does not exempt the covered employee from testing under Federal authority as specified in Sections L through N of this policy or the associated consequences as specified in Section Q.

M. POST-ACCIDENT TESTING

- 1) FATAL ACCIDENTS – A covered employee will be required to undergo urine and breath testing if they are involved in an accident with a transit vehicle, whether or not the vehicle is in revenue service at the time of the accident, that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision.
- 2) NON-FATAL ACCIDENTS - A post-accident test of the employee operating the public transportation vehicle will be conducted if an accident occurs and at least one of the following conditions is met:
 - a. The accident results in injuries requiring immediate medical treatment away from the scene, and the covered employee may have contributed to the accident.
 - b. One or more vehicles incurs disabling damage as a result of the occurrence and must be transported away from the scene, and the covered employee may have contributed to the accident

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, will be tested.

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As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.

The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and no longer than 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.

Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.

An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

In the rare event that Sampson Area Transportation is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), Sampson Area Transportation may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

N. RANDOM TESTING

- 1) All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of

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safety-sensitive employees. Employees who may be covered under company authority will be selected from a pool of non-DOT-covered employees.

- 2) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year, day of the week and hours of the day.
- 3) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates set each year by the FTA administrator. The current year testing rates can be viewed online at <https://www.transportation.gov/odapc/random-testing-rates>.
- 4) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection.
- 5) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of non-safety-sensitive employees that are included solely under Sampson Area Transportation authority.
- 6) Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can only be performed just before, during, or just after the performance of a safety sensitive duty. However, under Sampson Area Transportations' authority, a non-DOT random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
- 7) Employees are required to proceed immediately to the collection site upon notification of their random selection.

O. RETURN-TO-DUTY TESTING

Sampson Area Transportation will terminate the employment of any employee that tests positive or refuses a test as specified in section Q of this policy. However, in the rare event an employee is reinstated with court order or other action beyond the control of the transit system, the employee must complete the

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return-to-duty process prior to the performance of safety-sensitive functions. All covered employees who previously tested positive on a drug or alcohol test or refused a test, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the Substance Abuse Professional before returning to work. For an initial positive drug test a Return-to-Duty drug test is required and an alcohol test is allowed. For an initial positive alcohol test a Return-to-Duty alcohol test is required and a drug test is allowed. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol-free and there are no undue concerns for public safety.

P. FOLLOW-UP TESTING

Covered employees that have returned to duty following a positive or refused test will be required to undergo frequent, unannounced drug and/or alcohol testing following their return-to-duty test. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

In the instance of a self-referral or a management referral, the employee will be subject to non-USDOT follow-up tests and follow-up testing plans modeled using the process described in 49 CFR Part 40. However, all non-USDOT follow-up tests and all paperwork associated with an employee's return-to-work agreement that was not precipitated by a positive test result (or refusal to test) does not constitute a violation of the Federal regulations will be conducted under company authority and will be performed using non-DOT testing forms.

Q. RESULT OF DRUG/ALCOHOL TEST

- 1) Any covered employee that has a verified positive drug or alcohol test, or test refusal, will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available, and will be provided with a list of at least two (2) USDOT qualified Substance Abuse Professionals (SAP) for assessment, and will be terminated.

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- 2) Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.

- 3) Refusal to submit to a drug/alcohol test shall be considered equivalent to a positive test result and a direct act of insubordination and shall result in termination and referral to a list of USDOT qualified SAPs. A test refusal includes the following circumstances:
 - a. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.
 - b. Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
 - c. Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
 - d. In the case of a directly-observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
 - e. Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
 - f. Fail or decline to take a second test as directed by the collector or the employer for drug testing.
 - g. Fail to undergo a medical evaluation as required by the MRO or the employer's Designated Employer Representative (DER).
 - h. Fail to cooperate with any part of the testing process.
 - i. Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.
 - j. Possess or wear a prosthetic or other device used to tamper with the collection process.
 - k. Admit to the adulteration or substitution of a specimen to the collector or MRO.
 - l. Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
 - m. Fail to remain readily available following an accident.

As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

- 4) An alcohol test result of ≥ 0.02 to ≤ 0.039 BAC shall result in the removal of the employee from duty for eight hours or the remainder or the work day

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whichever is longer. The employee will not be allowed to return to safety-sensitive duty for his/her next shift until he/she submits to a NONDOT alcohol test with a result of less than 0.02 BAC.

- 5) In the instance of a self-referral or a management referral, disciplinary action against the employee shall include:
- a. Mandatory referral for an assessment by an employer approved counseling professional for assessment, formulation of a treatment plan, and execution of a return to work agreement;
 - b. Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from Sampson Area Transportation employment.
 - i. Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; the employee is cooperating with his/her recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as described in Section P of this policy; however, all follow-up testing performed as part of a return-to-work agreement required under section Q of this policy is under the sole authority of Sampson Area Transportation and will be performed using non-DOT testing forms.
 - c. Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination. **All tests conducted as part of the return to work agreement will be conducted under company authority and will be performed using non-DOT testing forms.**
 - d. **A self-referral or management referral to the employer's counseling professional that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the progressive discipline defined in Section Q of this policy.**
 - e. Periodic unannounced follow-up drug/alcohol testing conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test result in relation to the progressive discipline defined in Section Q of this policy.
 - f. A Voluntary Referral does not shield an employee from disciplinary action or guarantee employment with Sampson Area Transportation.
 - g. A Voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.

10/2018

- 6) Failure of an employee to report within five days a criminal drug statute conviction for a violation occurring in the workplace shall result in termination.

R. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 40.149 (c) for a positive test or test refusal is not subject to arbitration.

S. PROPER APPLICATION OF THE POLICY

Sampson Area Transportation is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

T. INFORMATION DISCLOSURE

- 1) Drug/alcohol testing records shall be maintained by the Sampson Area Transportation Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.
- 2) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP follow-up testing plans.
- 3) Records of a verified positive drug/alcohol test result shall be released to the Drug and Alcohol Program Manager, and other transit system management personnel on a need to know basis.
- 4) Records will be released to a subsequent employer only upon receipt of a written request from the employee.

- 5) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding.
- 6) Records will be released to the National Transportation Safety Board during an accident investigation.
- 7) Information will be released in a criminal or civil action resulting from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information is relevant to the case and issues an order to the employer to release the information. The employer will release the information to the decision maker in the proceeding with a binding stipulation that it will only be released to parties of the proceeding.
- 8) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- 9) Records will be released if requested by a Federal, state or local safety agency with regulatory authority over Sampson Area Transportation or the employee.
- 10) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended, necessary legal steps to contest the issuance of the order will be taken
- 11) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

This Policy was adopted by the Sampson County Board of Commissioners on October 1, 2018.

Chairman
Sampson County Board of Commissioners

Date

Attachment A

<u>Job Title</u>	<u>Job Duties</u>	<u>Testing Authority</u>
Transportation Director		SAT (Non-DOT)
Transportation Supervisor		DOT-FTA
Transportation Office Manager		DOT-FTA
Administrative Support Specialist	Secretary/Receptionist	DOT-FTA
Administrative Support Specialist		DOT-FTA
Administrative Support Specialist		DOT-FTA
Drivers – Full-time & Part-time		DOT-FTA
Volunteers that have CDL		DOT-FTA

Attachment B Contacts

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

Sampson Area Transportation Drug and Alcohol Program Manager

Name: Earle McNeill, Jr.

Title: Transportation Supervisor

Mailing Address: 405 County Complex Road; Suite 140, Clinton, NC 28328

Physical Address: 311 County Complex Rd; Clinton, NC 28328

Telephone Number: 910-299-0127

Medical Review Officer

Name: Dr. Martin DeGraw

Title: Doctor of Medicine/Certified Medical Review Officer

Address: 709 Simmons Street, Goldsboro, NC 27530

Telephone Number: 919-735-0094

Substance Abuse Professional

Name: Trina McDonald

Title: MS Professional Counseling, LCAS-A, NCAC II, SAP/DOT, SAE/NRC

Address: 1020 Rankin Street #412, Wilmington, NC 28401

Telephone Number: 910-833-8624

Substance Abuse Professional

Name: David Crenshaw, D. Min. LMFT LCAS

Title: Substance Abuse Professional

Address: 1606 Wellington Ave Ste H, Wilmington, NC

Telephone Number: 1-910-827-2445

HHS Certified Laboratory Primary Specimen

Name: Alere Toxicology Services

Address: 1111 Newton Street Gretna, LA 70053

Telephone Number: 504-361-8989

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

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: September 27, 2018
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2018. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Janice T. Holmes (Surviving Spouse of Colonel Holmes)

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on September 26, 2018.

Please put on the next Board of Commissioners consent agenda for their action.

172551

10-0121432-01

NCDVA-8
(Rev. 08-09)

For best delivery to USDVA, filing this form with your local veteran's service office is recommended.

OB

State of North Carolina
Certification for Disabled Veteran's
Property Tax Exclusion (G.S. 105-277.1C)

Sampson
COUNTY

SECTION 1

TO BE COMPLETED BY THE VETERAN OR THE
SURVIVING SPOUSE WHO HAS NOT REMARRIED

Colonel Holmes

NAME (Print or Type)

Colonel Holmes

DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

1460 N. Spring Branch Rd

STREET ADDRESS OR P.O. BOX NUMBER

Janice T. Holmes

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

Dunn

CITY

NC

STATE

28334

ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2

Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability, as needed for this certification.

DISABLED VETERAN'S SIGNATURE

DATE

SECTION 3

Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

SECTION 4

To be completed by the U.S. Department of Veterans Affairs

Please check all that apply:

- A. Veteran does not meet either B, C, D, or E of the below criteria.
- B. Veteran has a service-connected permanent and total disability that existed as of _____.
- C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
- D. Veteran died on _____ and had a service-connected permanent and total disability at death.
- E. Veteran died on 5/31/17 and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214)

- Honorable
- Under Other than Honorable Conditions
- Under Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL

[Signature]

DATE

9/5/18

PRINTED NAME OF USDVA CERTIFYING OFFICIAL

[Signature]

TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:
Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

Sampson County Board of Commissioners
Rowan Road
Clinton, North Carolina 28328

RE: Property Tax Exclusion
Janice T. Holmes (Widow)

Dear Commissioners:

I am requesting your approval for The Disabled Veteran's Property Tax Exclusion for (2018.)

My husband (Colonel Holmes) served honorably in the military during the (Vietnam War). He died of his 100% permanent and total service connected disabilities. We did not know the tax exclusion was available for us, nor did we apply for it prior to his death. I contacted the Sampson County Veterans Service Office and they assisted me in filing an application for the Tax Exclusion. I received the form back from the Department of Veterans Affairs after the deadline of June 1, 2018. Therefore I am asking you to please consider approving my application as the widow of a 100% disabled Veteran. Thank you for your consideration in this matter

Sincerely,



Janice T Holmes
1460 N. Spring Branch Rd
Dunn, NC 28334

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

8711

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 Angel Ortiz in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>202.02</u>
<u>§</u>	\$ <u>§</u>
<u>§</u>	\$ <u>§</u>
<u>§</u>	\$ <u>§</u>
<u>§</u>	\$ <u>§</u>
<u>§</u>	\$ <u>§</u>
TOTAL REFUND	\$ <u>202.02</u>

These taxes were assessed through clerical error as follows.

Bill # 0041349771
BBC 5219
Tag Turn In (Sold)
2017 Chev

G02 County Tax 180.18
 School Tax _____
 F22 Fire Tax 21.84
 City Tax _____
 TOTAL \$ 202.02

Mailing Address.

X305 Nursery LN
Garland NC 28441

Yours very truly

X [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

8720

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 Nicolas Gonzalez Espinoza in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>63.77</u>
<u>2016</u>	\$ <u>75.42</u>
<u>2015</u>	\$ <u>73.46</u>
<u>2014</u>	\$ <u>76.86</u>
<u>2013</u>	\$ <u>76.17</u>

TOTAL REFUND \$ 365.68

These taxes were assessed through clerical error as follows.

Account # 172111

- 7 - Bill # 1599
- 16 - 1552
- 15 - 1561
- 14 - 1679
- 13 - 1538

*Singlewide
Subdivided As
Real Property
Parcel 070172 1101*

601 County Tax 358.82
 School Tax _____
 60111 Fire Tax 61.86
 City Tax _____
 TOTAL \$ 365.68

Yours very truly

Nicolas Gonzalez Espinoza
Taxpayer

Social Security # X

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Mailing Address.

X P.O. Box 633
Garland N.C 28441

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

8721

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 Kristina Joy Sullivan in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>154.08</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>154.08</u>

These taxes were assessed through clerical error as follows.

Bill # 0025832948
AEY 4035
Tas Turned in (traded)
2015 KIA

602	County Tax	<u>141.24</u>
	School Tax	_____
F17	Fire Tax	<u>12.84</u>
	City Tax	_____
	TOTAL \$	<u>154.08</u>

Mailing Address.

847 Bill Waters Rd
Faism, NC 28341

Yours very truly

Kristina S. Deener
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

8667

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 Canal Wood LLC in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR <u>2017</u>	\$ <u>141.26</u>
§	§
§	§
§	§
§	§
§	§
TOTAL REFUND	\$ <u>1411.26</u>

These taxes were assessed through clerical error as follows.

Bill # 0041441040
Dmk 4881
Tag Turned in (Sold)
2016 Chev

602 County Tax 141.26
 School Tax _____
 Fire Tax _____
 City Tax _____
 TOTAL \$ 141.26

Mailing Address.

X PO Box 260010
Conway SC 29528

Yours very truly

X [Signature]
Taxpayer

FID# _____
Social Security # X

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

8708

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 Furmidge, William N and Barbara P in South Clinton Township, Sampson County, for the year(s) and in the amount(s) of: 15092468501, 15068113001

YEAR	
<u>2018</u>	\$ <u>406.87</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 406.87

These taxes were assessed through clerical error as follows.

Billed to wrong person (computer error)
Sold land in 2016 per
DB 1463/431

Rebill To Correct Owner

County Tax	<u>375.05</u>
School Tax	_____
Fire Tax	<u>31.82</u>
City Tax	_____
TOTAL \$	<u>406.87</u>

Mailing Address.

2321 Beaman Woods Rd
Clinton NC 28328

Yours very truly

William N and Barbara P Furmidge
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

8736

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

YEAR	
<u>2018</u>	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

TOTAL REFUND \$ 115.48

These taxes were assessed through clerical error as follows.

*2015 Jeep
Vehicle sold, Tag turned in
Tag # 5KE 1651*

County Tax	<u>104.69</u>
School Tax	_____
FIS Fire Tax	<u>10.79</u>
City Tax	_____
TOTAL \$	<u>115.48</u>

Mailing Address.

7648 N. 215421 Hwy
Clinton, NC 28328

Yours very truly

Lucy Strickland Burnett
Taxpayer

X
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

8697

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 Steven Lee Burnham in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2017</u>	\$ <u>130.71</u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>

TOTAL REFUND \$ 130.71

These taxes were assessed through clerical error as follows.

Bill # 0040937459
D 0587142
Tag Turn in (sold)
2018 Form CT

<u>for</u> County Tax	<u>69.80</u>
School Tax	<u> </u>
for Fire Tax	<u> </u>
<u>for</u> City Tax	<u>60.91</u>
TOTAL \$	<u>130.71</u>

Mailing Address.

Steven Burnham
X PO Box 593
Garland, NC 28441

Yours very truly

Steven Lee Burnham
Taxpayer

Social Security #

RECOMMEND APPROVAL:

[Signature]
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

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 Donna McLeod Strickland

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

amount(s) of: 14-0067280-01

Year		
<u>2012</u>	\$	<u>365.17</u>
<u>2013</u>	\$	<u>365.17</u>
<u>2014</u>	\$	<u>386.10</u>
<u>2015</u>	\$	<u>386.10</u>
<u>2016</u>	\$	<u>386.10</u>
<u>2017</u>	\$	<u>383.77</u>
Total Release/Adjustment	\$	<u> </u>

<u>601</u>	County Tax	\$	<u>2272.41</u>
	School Tax	\$	<u> </u>
	Fire Tax	\$	<u> </u>
	City Tax	\$	<u> </u>
	Total	\$	<u>2272.41</u>

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

DW was sold + moved 12/2011 - No moving permit located - Being paid on correct parcel (12-0158262-09) since 2012 -

Taxpayer: Donna McLeod Strickland

Tax Administrator: 

Board Approved: _____
Date Initials

CMD HHC017175NCAB FUEL
2007 CLAY MH

— VIRGINIA MAE WILLIAMS
JAMES FRANKLIN WILLIAMS
TITLE 775470113464909 TRF DT 120611 PRNT DT 121411Y OWNERS 2 LEASE N
STATUS CURRENT TITLE, NOT HELD DEALER

— DONNA MCLEOD STRICKLAND
TITLE 773502080371909 TRF DT 012208 PRNT DT 020808Y OWNERS 1 LEASE N
STATUS CANCELLED - VEHICLE SOLD DEALER 0017725

—
TITLE TRF DT PRNT DT OWNERS LEASE
STATUS DEALER

SYS0007 - END OF DATA

PF1/HELP PF2/IMAGE PF3/RETURN PF4/ PF5/ PF6/HOLD CD
PF7/BACKWARD PF8/FORWARD PF9/PRINT PF10/ PF11/ PF12/MENU



578 Iron O Tert Rd

Preferences

Account Information

Customer ID: 67280

STRICKLAND, DOMINA MCLEOD
1512 THREE BRIDGE RD
DUNN, NC 28334 USA

Notes/Alerts

Special Conditions/Notes

Special conditions exist for one or more account bills.

Effective Date

Due 06/21/2018

14006728001

Not employed

Account Bills

Year	Type	Bill	NSC	Due Date	Billed	Abt/Adj	Pmt/Crd	Unpaid	Interest Paid	Interest Due	Total Due
2009	RE-R	35282	0	09/01/2009	483.63	2.00	483.63	0.00	64.00	0.00	0.00
2010	RE-R	35448	0	09/01/2010	481.63	2.00	483.63	0.00	20.47	0.00	0.00
2011	RE-R	39620	0	09/01/2011	365.17	0.00	365.17	0.00	0.00	0.00	0.00
2012	RE-R	39981	1	09/01/2012	365.17	3.00	0.00	368.17	0.00	186.72	554.89
2013	RE-R	40644	1	09/01/2013	365.17	3.00	0.00	368.17	0.00	153.71	521.88
2014	RE-R	40793	1	09/01/2014	366.10	3.00	0.00	389.10	0.00	127.33	516.43
2015	RE-R	40997	1	09/01/2015	366.10	3.00	0.00	389.10	0.00	92.29	481.39
2016	RE-R	41244	1	09/01/2016	366.10	3.00	0.00	389.10	0.00	57.39	446.49
2017	RE-R	41496	0	09/01/2017	363.77	3.00	0.00	386.77	0.00	22.24	409.01
Totals:					3,600.84	22.00	1,332.43	2,290.41	64.47	639.68	2,930.09

DW Moved per Reveal - gone by end of 2016 - per IAS

Virginia Mae Williams + James Williams
3088 HB Lewis Rd.



Payments on parcel since 2012

Account Information

Parcel: 12-0158262-12
 Location: ** MULTIPLE **
 Name: ** VARIOUS **

Notes/Alerts

Special Conditions/Notes

Effective Date
 Due 07/30/2018

Account Bills

Year	Type	Bill	NSC	Reference	Due Date	Billed	Abt/Adj	Pmt/Ord	Unpaid	Interest Paid
2001	RE-R	26927	0	LOT #10 WIGGL...	09/01/2001	497.87	0.00	497.87	0.00	0.00
2002	RE-R	28289	0	LOT #10 WIGGL...	09/01/2002	511.40	0.00	511.40	0.00	10.23
2003	RE-R	40948	0	LOT #10 WIGGIN...	09/01/2003	544.10	0.00	544.10	0.00	14.97
2004	RE-R	29075	0	LOT #10 WIGGIN...	09/10/2004	544.10	17.00	561.10	0.00	27.23
2005	RE-R	41772	0	LOT #10 WIGGIN...	09/01/2005	603.52	0.00	603.52	0.00	16.60
2006	RE-R	42410	0	LOT #10 WIGGIN...	09/01/2006	631.66	17.00	648.66	0.00	37.66
2007	RE-R	30094	0	LOT #10 WIGGIN...	09/01/2007	631.66	0.00	631.66	0.00	0.00
2008	RE-R	30337	0	LOT #10 WIGGIN...	09/01/2008	102.33	0.00	102.33	0.00	3.58
2009	RE-R	30514	0	LOT #10 WIGGIN...	09/01/2009	102.33	0.00	102.33	0.00	2.81
2010	RE-R	30655	0	3150 HB LEWIS RD	09/01/2010	102.33	0.00	102.33	0.00	2.04
2011	RE-R	45053	0	3150 HB LEWIS RD	09/01/2011	112.00	0.00	112.00	0.00	3.09
2012	RE-R	45390	0	3150 HB LEWIS RD	09/01/2012	112.00	0.00	112.00	0.00	3.09
2013	RE-R	45995	0	3150 HB LEWIS RD	09/01/2013	112.00	0.00	112.00	0.00	3.09
2014	RE-R	46044	0	3150 HB LEWIS RD	09/01/2014	117.04	0.00	117.04	0.00	3.23
2015	RE-R	46257	0	3150 HB LEWIS RD	09/01/2015	117.04	0.00	117.04	0.00	3.23
2016	RE-R	46479	0	3150 HB LEWIS RD	09/01/2016	117.04	0.00	117.04	0.00	4.09
2017	RE-R	46634	0	3150 HB LEWIS RD	09/07/2017	326.52	0.00	326.52	0.00	0.00
2018	RE-R	28278	0	3150 HB LEWIS RD	09/01/2018	116.48	0.00	116.48	114.15	0.00
Totals:						5,901.42	34.00	5,818.94	114.15	134.94



Dashboard Maintain Property Records Inquire Analyze Admin
 Real Property Mailing Address Advanced Search Sales Map Search Advanced Query Lists

- Summary
- Full Legal
- Sales
- Permits
- Entrances
- All Address
- Alternate ID
- Land
- Deedings
- Additions
- Sketch
- OBJ
- Comm Bldg Summary
- Agricultural Maintenance
- Value/Asmt
- Value History
- Parcel History
- Map
- Public
- Photos
- Documents

PARID: 12015826209
 TOWNSHIP: WILLIAMS, VIRGINIA MAE
 CITYNAME: 3088 HB LEWIS RD
 ROAD: F
 ROLL: REAL

1 of 2
 Return to Search Results
 Tax Year 2018

Parcel

Parcel / PIN: 12015826209 / 2407-#345
 Tax Year: 2018
 Township: 12 : NORTH CLINTON
 Road Type: P : PAVED ROAD
 Nhd Classification: A : AVERAGE

- Actions
- Edit Current Record
 - Printable Summary
 - Printable Version

Owner

Account Number: 85489
 Name: WILLIAMS, VIRGINIA MAE

Mailing Address: 3088 HB LEWIS RD
 CLINTON NC 28328

Linked Sale: 1804/298
 Salekey: 3043072

- Reports
- Csv Export
 - NC COM PRC
 - NC RES PRC

View Report Status **Go**

Owner Details

#	Owner 1	Owner 2	Owner Code (Customer #)	Type
0	WILLIAMS, VIRGINIA MAE		85489	-

Legal

Physical Address: 3088 HB LEWIS RD
 Legal Description 1: 3088 HB LEWIS RD
 Zoning:
 Plat Cabinet:
 Slide:

Description

Road Type: P : PAVED ROAD
 Class: R1 : RESIDENTIAL 1
 NBHD Classification: A : AVERAGE
 Living Units:
 Topography: F : LEVEL
 Location: :
 Parking: :
 Traffic: :
 Utilities: E : ELECTRIC
 Restrictions: :
 Deeded Acres: .83
 Calculated Acres: .83
 VC Notice / VC Date: :

Field Notes

Note:	Number:
LOT#7 WIGGIN'S WAY S/D MB 2971. LOCATED AT 3088 HB LEWIS RD.FROM T & W	1
DEVELOPMENT 1441/933 6-24-02FROM DELLA A LOPEZ 1445/865 7-29-02FROM	2
THORNTON LOGGING CO 1804/298 8/03/2011	3

Valuation

Appraised Land: 10,500
 Appraised Building: 53,550
 Appraised Total: 64,050
 Deferred:
 Exempts/Excluded:
 Assessed Real: 64,050
 Personal:
 Total Assessed: 64,050

Recorded Transaction

Date	Book	Page	Sale Price	Validity Code	Instrument Type
03-AUG-11	1804	298	9,000		D
29-JUL-02	1445	865	7,500		D
24-JUN-02	1441	933	8,000		D



- Dashboard
- Maintain
- Property Records
- Inquire
- Admin
- Real Property
- Mailing Address
- Advanced Search
- Map Search
- Lists

- Summary
- Full Legal
- Sales
- Permits
- Entrances
- All Address
- Alternate ID
- Land
- Dwellings
- Additions
- Sketch
- OBY
- Comm Bldg Summary
- Agricultural Maintenance
- Value/Asmt
- Value History
- Parcel History
- Map
- Public
- Photos
- Documents

PARID: 12015026209
 TOWNSHIP: WILLIAMS, VIRGINIA MAE
 CITYNAME: 3000 HB LEWIS RD
 ROAD: P
 ROLL: REAL

1 of 7
 Return to Search Results
 Tax Year 2013

Characteristics

Card #: 1

Valuation Method: D : Dwelling Valuation
 Story Height: 1 : 1 STORIES
 Construction: AV : ALUM/VINYU/STEEL
 Style: DW : DOUBLE WIDE MOHO
 Sq Ft Liv Area: 1,394
 Main Footprint: 1,394
 Override Model:
 Record Type: R : Real Property

Year Built: 2007
 Grade: C-2
 Grade Factor: .9
 CDU: AV

Effective Year:
 Year Remodeled:
 Kitchen Remodeled:
 Bathroom Remodeled:
 Lower Level:
 Bsmt Foundation: P : PIER
 Heat: P : HEAT PUMP
 Heating Fuel Type:
 System: 3: HEAT AND A/C
 Attic: 0 : 0
 Roof Material: A : ASPHALT SHINGLES
 Physical Condition: A : AVERAGE
 Interior VS Exterior Condition:
 Building Use Code:

- Actions
- Printable Summary
 - Printable Version

- Reports
- Csv Export
 - NC COM PRC
 - NC RES PRC

View Report Status **Go**

Living Accommodations

Total Rooms: 5
 Bedrooms: 3
 Family Rooms:
 Full Bathrooms: 2
 Half Baths:
 Additional Fixtures:
 Total Fixtures:

GRM

Economic Rent:
 Units:
 GRM Factor:
 GRM Value:

Miscellaneous:
 Picture #: CIV

Other Features

Masonry Trim
 Masonry Trim Width:
 Masonry Trim Length:
 Masonry Trim Area:
 Masonry Trim Value:

Unfinished
 Unfinished Width:
 Unfinished Length:
 Unfinished Area:
 Unfinished Value:

Rec Room
 Rec Room Width:
 Rec Room Length:
 Rec Room Area:
 Rec Room Value:

Finished Bsmt Liv Area
 Finished Bsmt Width:
 Finished Bsmt Length:
 Finished Bsmt Area:
 Finished Bsmt Value:

Fireplaces
 WBFP Stacks: 1
 Openings: 1
 Add'l Stories of Stack (WB):
 Prefab Stacks:
 Add'l Stories of Stacks (PF):

COUNTY OF SAMPSON
BUDGET AMENDMENT

SEP 10 AM 11:11

6 September 2018

MEMO

TO: Sampson County Board of Commissioners

FROM: Ray Jordan, CVB Treasurer

VIA: County Manager and Finance Officer

SUBJECT: Budget Amendment for Fiscal Year: ²⁰¹⁷⁻²⁰¹⁸ 2016-2017 2018-2019

It is requested that the budget for the **Sampson County Convention & Visitors Bureau** be amended as follows:

EXPENDITURE

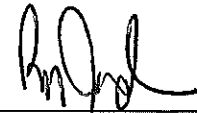
<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84761800-529900	Misc Expense	\$2295.00	

REVENUE

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84036180-408900	Misc Revenue	\$2295.00	

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

In July, \$2295.00 was deposited into the CVB Misc Revenue account for pre-payment for historical marker. Please increase Misc Expense account in the amount of \$2295.00.



Signature of Department Head

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. Date: 9/20/18


(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. Date: 9/20/18


(County Manager & Budget Officer)

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

**SAMPSON COUNTY BOARD OF HEALTH
OPERATING PROCEDURES**

I. Name and Principal Office.

The name of this organization is the Sampson County Board of Health (the “Board”). The principal office of the Board is located at 406 County Complex Road, Building C, Clinton, North Carolina 28328.

II. Officers and Committees.

A. Chair and Vice-Chair.

In even-numbered years, the Board shall hold an organizational meeting at the County Courthouse at 9 o’clock a.m. on the first Monday in December. The agenda for this organizational meeting shall consist of the induction of newly-elected Board members and the organization of the Board for the ensuing year. The organizational meeting shall be convened and concluded before the regular December meeting is convened. Newly-elected Board members shall take and subscribe the oath of office as the first order of business. The Board shall then elect by majority vote a Chair and Vice Chair from among its members. In odd-numbered years, the Board shall at its regular meeting in December, elect by majority vote a Chair and Vice from among its members. The Chair of the Board shall be elected annually for a term of one (1) year and shall not be removed from office of Chair unless he or she becomes disqualified to serve as a member of the Board.

B. Secretary.

The local health director shall serve as Secretary to the Board but is not a member of the Board. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee or other designee.

C. Temporary Committees.

The Board may establish and appoint members for temporary committees as needed to carry out the Board’s work. All temporary committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

D. Membership.

Members of the Board shall serve four (4) year terms and shall serve only so long they are also members of the Sampson County Board of Commissioners.

III. Meetings.

A. Regular Meetings.

The Board shall hold a regular meeting on the first Monday of each month, unless the Board adopts a schedule which calls for changes in this date. If a regular meeting is a holiday on which Sampson County offices are closed, the meeting shall be held on the next Monday or such other day as may be specified in the motion adjourning the immediately preceding regular meeting. Regular meetings shall be held at 6:00 p.m. in the County Auditorium located at 437 Rowan Road, Clinton, North Carolina 28328. The Board may change the place or time of a particular regular meeting or all regular meetings within a specified time period by resolution adopted, posted and noticed no less than seven (7) days before the change takes effect. Such resolution shall be filed with the Secretary to the Board and posted at or near the regular meeting place, and copies shall be sent to those who have requested notice of special meetings of the Board.

B. Special Meetings.

The Chair or a majority of the members of the Board may at any time call a special meeting of the Board by signing a notice stating the time and place of the meeting and the subjects to be considered. The person(s) who call the meeting shall cause the notice to be posted on the door of the regular meeting place and delivered to the Chair and all other Board members or left at the usual dwelling place of each member at least 48 hours before the meeting. In addition, notice shall be provided to individual persons and news media organizations who have requested such notice. Only those items of business specified in the notice may be transacted at a special meeting, unless all members are present or those who are not present have signed a written waiver.

C. Emergency Meetings.

If a special meeting is called to deal with an unexpected circumstance that requires immediate consideration by the Board, the notice requirements for regular and special meetings do not apply. However, the person or persons who call an emergency meeting shall take reasonable action to inform the other members and the public of the meeting. Local news organizations who have requested notice of special meetings shall be notified of such emergency meeting by the same method used to notify Board members. Only business connected with the emergency may be discussed at the meeting.

D. Agenda.

For every regular and special meeting of the Board, the Clerk or other authorized person shall post a notice of the meeting, specifying the time and place at which the meeting will be held, and an agenda containing a brief description of all items of business to be discussed at the meeting. The notice and agenda can be combined into one document. All items of business to be discussed at a meeting of the Board shall be briefly described on the agenda. The description should set forth as clearly as practical a description of the item to be

discussed so that members of the public will know the nature of the action under review and discussion.

E. Presiding Officer.

The Chair (or presiding officer) shall preside at all meetings of the Board. A member must be recognized by the Chair (or presiding officer) in order to address the Board. The Chair (or presiding officer) shall have the following powers:

1. To rule on points of parliamentary procedure, including the right to rule out of order motion patently offered for obstructive or dilatory purposes;
2. To determine whether a speaker has gone beyond reasonable standards of courtesy in his or her remarks and to entertain an rule on objections from other members on this ground;
3. To call a brief recess at any time;
4. To adjourn in an emergency.

If the Chair (or presiding officer) wishes to become actively engaged in debate on a particular proposal, he or she shall designate another board member or a staff member to preside. The Chair (or presiding officer) shall resume the duty to preside as soon as action on the matter is concluded. If the Chair is absent, the Vice-Chair shall preside. If the Chair and the Vice-Chair are absent, another Board member designated by a majority vote of those members present at the meeting shall preside.

F. Quorum.

A majority of the Board membership shall constitute a quorum. The number required for a quorum is not affected by vacancies. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members present, he or she shall be counted as present for the purposes of determining if a quorum is present. The Board may compel the attendance of an absent member by ordering the sheriff to take the member into custody.

G. Voting.

The Board shall proceed by motion in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina and federal law.

H. Minutes.

Minutes shall be prepared of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular Board meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes.

IV. Rule-Making Procedures and Other Procedural Matters.

The Board shall adopt rules in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*. The Board shall consider any rules recommended by the Sampson County Health Department Advisory Board; however, the Board may promulgate and adopt rules without the recommendation of the Sampson County Health Department Advisory Board, which is a purely advisory body, and retains ultimate authority for adopting all rules in accordance with North Carolina law.

All other matters shall be conducted in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*.

V. Amendments to Operating Procedures.

These Operating Procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the Operating Procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments to the Operating Procedures are discussed and approved, and any amendments to the Operating Procedures must be approved by a majority of the members present at the meeting.

VI. Code of Ethics and Conflicts of Interest.

The Board's members shall comply with the ethical and conflict of interest provisions set forth in the *Sampson County Board of Commissioners Code of Ethics Adopted Pursuant to N.C. Gen. Stat. § 160A-86*.

VII. Compliance with North Carolina Law.

In conducting its business, the Board shall comply with all applicable North Carolina law, including, but not limited to, open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the Secretary shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members upon request.

APPROVED AND ADOPTED, by the Sampson County Board of Health, this the _____ day of October, 2018.

CLARK H. WOOTEN, Chairman,
Sampson County Board of Health

WANDA ROBINSON, Secretary,
Sampson County Board of Health

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3

Meeting Date: October 1, 2018

Information Only
 Report/Presentation
 Action Item
 Consent Agenda

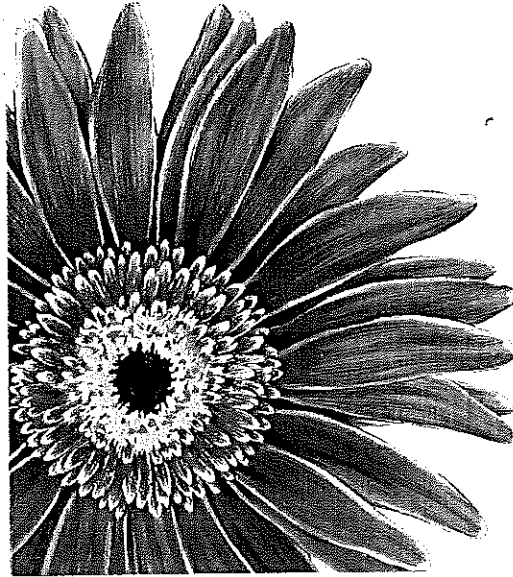
Public Comment
 Closed Session
 Planning/Zoning
 Water District Issue

INFORMATION ONLY

For all Board Information items, please contact the County Manager's Office if you wish to have additional information on any of the following.

- a. Invitation to Clinton Garden Club Ribbon Cutting, Adult Day Care Center Gardens

Clinton Garden Club - 90th Anniversary



We cordially invite you
to share in our

Ninetieth Anniversary Celebration
and
Ribbon Cutting

Tuesday, October 2, 2018
Ribbon Cutting: 2:00 p.m.
Reception following until 4:00 p.m.
Adult Day Care Center Gardens
210 Fisher Drive
Clinton, North Carolina

PUBLIC COMMENT POLICIES AND PROCEDURES Revised June, 2018

In accordance with NCGS 153A-52.1, 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. 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.

As with public hearings, the Chair (or presiding officer) will determine and announce limits on speakers at the start of the Public Comment period. Each speaker will be allocated no more than five (5) minutes. The Chairman (or presiding officer) may, at their discretion, decrease this time allocation if the number of persons wishing to speak would unduly prolong the meeting. A staff member will be designated as official timekeeper, and the timekeeper will inform the speaker when they have one minute remaining of their allotted time. When the allotted time is exhausted, the speaker will conclude their remarks promptly and leave the lectern. Speakers may not yield their time to another speaker, and they may not sign up to speak more than once during the same Public Comment period.

An individual wishing to address the Board during the Public Comment period shall register with the Clerk/Deputy Clerk to the Board prior to the opening of the meeting by signing his or her name, and providing an address and short description of his or her topic on a sign-up sheet stationed at the entrance of the meeting room. Any related documents, printed comments, or materials the speaker wishes distributed to the Commissioners shall be delivered to the Clerk/Deputy Clerk in sufficient amounts (10 copies) at least fifteen minutes prior to the start of the meeting. Speakers will be acknowledged to speak in the order in which their names appear on the sign-up sheet. Speakers will address the Commissioners from the lectern, not from the audience, and begin their remarks by stating their name and address.

To ensure the safety of board members, staff and meeting attendees, speakers are not allowed to approach the Board on the seating platform, unless invited by the Board to approach.

Speakers who require accommodation for a disabling condition should contact the office of the County Clerk or County Manager not less than twenty-four (24) hours prior to the meeting.

If time allows, those who fail to register before the meeting may be allowed speak during the Public Comment period. These individuals will be offered the opportunity to 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.

A total of thirty (30) minutes shall be set aside for public comment. At the end of this time, those who signed up to speak but have not yet been recognized may be requested to hold their comments until the next meeting's public comment period, at which time they will be given priority for expression. Alternatively, the Board, in its discretion, may extend the time allotted for public comment.

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. Speakers will not discuss matters regarding the candidacy of any person seeking public office, including the candidacy of the person addressing the Board.

Speakers will be courteous in their language and presentation, shall not use profanity or racial slurs and shall not engage in personal attacks that by irrelevance, duration or tone may threaten or perceive to threaten the orderly and fair progress of the discussion. Failure to abide by this requirement may result in forfeiture of the speaker's right to speak.

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. Any action on items brought up during the Public Comment period will be at the discretion of the Board. When appropriate, items will be referred to the Manager or the proper Department Head for further review.

A copy of the Public Comments Policy will be included in the agenda of each regular meeting agenda and will be made available at the speaker registration table. The policy is also available on the County's website.