



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
September 9, 2019**

6:00 pm Convene Regular Meeting (County Auditorium)
Invocation and Pledge of Allegiance

Approval of Agenda

Reports and Presentations

Tab 1	a. NCDOT - Update on Roads in Southern Sampson	1
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	a. Public Hearing - Community Transportation Program Grant Funding	2 - 38
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	a. Approve the minutes of the July 18, 2019 and August 5, 2019 meetings	49 - 57
	b. Adopt a resolution allowing for the NCDOT's disinterment and reinterment of graves in proposed right-of-way by (McKenzie Family Cemetery)	58 - 59
	c. Approve the execution of the Memorandum of Understanding between Sampson County and Sampson County Schools and Clinton City regarding the use of facilities for sheltering and mass care	60 - 65
	d. Approve execution of the contract for school health nursing services between Sampson County Schools and the Sampson County Health Department	66 - 77
	e. Approve the Assistance Policy and the Procurement Policy for the 2019 funding cycle of the Urgent Repair Program	78 - 88
	f. Approve the updated Policies and Procedures for Sampson Area Transportation	89 - 97
	g. Approve fee schedule revisions for the Sampson Agri Exposition Center	98 - 100
	h. Adopt the Resolution Adopting Involuntary Commitment Transportation Agreement	101 - 108
	i. Approve delinquent disabled veteran exclusion applications for James Allen Howard, Charles Lee Denning, and Felipe A. Goodridge	109 - 119
	j. Approve tax refunds and releases as submitted	120 - 141
	k. Approve budget amendments as submitted	142 - 149

County Manager's Reports

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

Public Comment Period

150 - 151

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 - Monday, September 23 at 6 pm for Joint Meeting with Sampson Regional Medical Center Board of Trustees

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**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1(a)

Meeting Date: September 9, 2019	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue
	<input type="checkbox"/>		<input type="checkbox"/>	

SUBJECT: NCDOT - Update on Roads in Southern Sampson County

DEPARTMENT: NCDOT

PUBLIC HEARING: No

CONTACT PERSON(S): Robert Vause, Division Maintenance Engineer
Chad Kimes, Deputy Division Engineer
Keith Eason, District Engineer
Keith Jackson, Highway Maintenance Engineer

PURPOSE: NCDOT officials will be present to update the Board and citizens on the process of improving evacuation routes/access in flood-prone areas of southern Sampson County

ATTACHMENTS: None

BACKGROUND:

Following Hurricane Florence, many residents of southern Sampson County (primarily the Ivanhoe area) requested assistance in improving flood-prone transportation routes in their communities. Representatives from NCDOT will be present to update the Board on the efforts to date.

RECOMMENDED ACTION OR MOTION:

No action necessary

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2(a)

Meeting Date: September 9, 2019	<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 – FY21 Community Transportation Program (CTP) Grant Funding Application

DEPARTMENT: Sampson Area Transportation/Dept. of Aging

PUBLIC HEARING: Yes

CONTACT PERSON(S): Ro Oates, Sampson Area Transportation Director

PURPOSE: To consider public comment with regard to the submission of the application for CTP transportation grant funding for the period July 1, 2020 – June 30, 2021

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 has proposed an administrative grant request of \$235,212, which requires a 15% local match of \$35,283. Administrative grant funds cover the cost of administrative staff salaries and benefits. They have proposed a capital grant request of \$378,400, which requires a 10% local match of \$37,840, and an operating grant of \$70,000, which requires a 50% match of \$70,000. The grant match amounts will be budgeted in the Department’s FY20-21 budget. We are required to provide the public the opportunity to comment on the application prior to submission.

RECOMMENDED ACTION OR MOTION:

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

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 October 4, 2019. The public hearing will be held on Sept. 9, 2019 at 6:00 PM 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 Rosemarie Oates on or before August 30, 2019, at telephone number 910-299-0127 or via email at roates@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 Transit vans. Services are rendered by Sampson Area Transportation.

The total estimated amount requested for the period July 1, 2020 through June 30, 2021

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ 235,212	\$ 35,283 (15%)
Operating (5311)	\$	\$ (50%)
Capital (Vehicles & Other)	\$ 378,400	\$ 37,840 (10%)
5310 Operating	\$70,000	\$70,000 (50%)
Other	\$	\$
TOTAL PROJECT	\$ 683,612	\$ 108,123
	Total Funding Request	Total Local Share

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This application may be inspected at 311 County Complex Rd from 8:00 am-5:00 pm, Monday -Friday. Written comments should be directed to Rosemarie Oates before August 31, 2019.

AVISO DE AUDIENCIA PUBLICA

Sección 5311 (ADTAP), 5310, 5339, 5307 y fondos estatales aplicables, o una combinación de ellos.

Esto es para informar al público que se llevará a cabo una audiencia pública sobre Sampson County Community Transportation la Solicitud propuesta para el Programa de Transporte Comunitario que se presentará al Departamento de Transporte de Carolina del Norte a más tardar Ocotober 4, 2019. La audiencia pública se llevará a cabo antes 9 de September 2019 la (junta de gobierno) Sampson County Board of Commissioners.

Las personas interesadas en asistir a la audiencia pública y que necesiten ayuda y servicios auxiliares conforme a la Ley de Estadounidenses con Discapacidades (ADA) o un traductor de idiomas deben comunicarse Rosemarie Oates en o antes August 31, 2019, al número de teléfono 910-299-0127 o por correo electrónico a roates@sampsonnc.com. El Programa de Transporte Comunitario brinda asistencia para coordinar los programas de transporte existentes que operan, Sampson County así como también brinda opciones y servicios de transporte para las comunidades dentro de esta área de servicio. Estos servicios se proporcionan actualmente utilizando transit vans. Los servicios son prestados por Sampson Area Transportation.

La cantidad total estimada solicitada para el período del 1 de julio de 2020 al 30 de junio de 2021

<u>Proyecto</u>	<u>Cantidad total de</u>	<u>Acciones locales</u>
Administrativo	\$ 235,212	\$ 35,283 (15%)
En funcionamiento (5311)	\$	\$ (50%)
Capital (Vehículos y Otros)	\$ 378,400	\$ 37,840 (10%)
5310 de funcionamiento	\$70,000	\$70,000 (50%)
Otro	\$	\$
PROYECTO TOTAL	\$ 683,612	\$ 108,123
	Solicitud de financiación total	Participación total local

Esta aplicación puede ser inspeccionada desde. Los comentarios escritos deben dirigirse a antes.

BUDGET SUMMARY

July 2019 - June 2021

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:	Rosemarie Oates		
Telephone:	+1 (910) 299-0127		
Fax:			
Email:	roates@sampsonnc.com		
Web Site:	www.sampsonnc.com		
Federal ID Number:	56-6000338	DUNS Number: 040044067	
CFDA #			
Period of Performance:	Jul 1, 2019	to	Jun 30, 2021
		Federal Billable/Non-Billable	Billable

I. Total Project Expenditures		
(NCDOT Maximum Participation Amounts)	Requested	NCDOT Use Only
Total Expenses	\$235,212	\$235,212
Total Contra Accts and Fare Revenue		
Total Net Expenses/Cost	\$235,212	\$235,212

II. Proposed Project Funding*					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$235,212	\$188,169	\$0	\$11,760	\$35,283

III. Approved Funding (Do not complete this section - NCDOT only)					
	Total	Federal	Federal Non-Billing	NCDOT	Local
	100.00%	80.00%		5.00%	15.00%
Total Funding	\$235,212	\$188,169	\$0	\$11,760	\$35,283

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

V. Approved 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	Director	1	\$61,500	100%	1	\$61,500	1	\$61,500
G121	Office Manager	1	\$33,005	100%	1	\$33,005	1	\$33,005
G121	Admin. Support Spec.	2	\$30,129	100%	1	\$60,258	2	\$60,258
G121								
G121								
G121								
G121								
G121								
G121								
G121								
TOTAL G121 SALARIES		4				\$154,763	4	\$154,763
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		4				\$154,763	4	\$154,763

Applicant: SAMPSON COUNTY

Project Number : 21-CT-015

PROPOSED BUDGET
EXPENSES

Object Code	Title	Total Cost	For NCDOT Use Only
G120	Salaries and Wages		
G121	Full-time employees	\$154,763	\$154,763
G122	Overtime		
G125	Part-time (receives benefits)		
G126	Temporary and part-time (receives no benefits)		
G127	Longevity		
Subtotal Salaries:		\$154,763	\$154,763
G180	Fringe Benefits		
G181	Social security contribution (7.65% of total salaries)	\$11,839	\$11,839
G182	Retirement contribution; total salaries X participating percentage \$154,763 X 12.34%	\$19,098	\$19,098
G183	Hospitalization insurance; cost per month X no. of months X no. of employees. \$834.00 X 12 X 4	\$40,032	\$40,032
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:		\$70,969	\$70,969
TOTAL SALARY & FRINGE:		\$225,732	\$225,732
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: 27	\$3,000	\$3,000
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: Billboard, newspaper, radio Minimum Amount (2% of Admin Budget): \$4,575		\$5,280	\$5,280
G372	Promotional items Describe: Items to be dispersed at community events Maximum Amount (25% of G371 Total Cost): \$1,320		\$1,200	\$1,200
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:			\$235,212	\$235,212
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):		\$235,212	\$235,212
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 (\$35,282)		

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2021 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*)* Clark Wooten (*Certifying Official's Title*) Cairperson, Sampson County BOC 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*) Sampson County BOC duly held on the 9 day of September, 2019.

Signature of Certifying Official

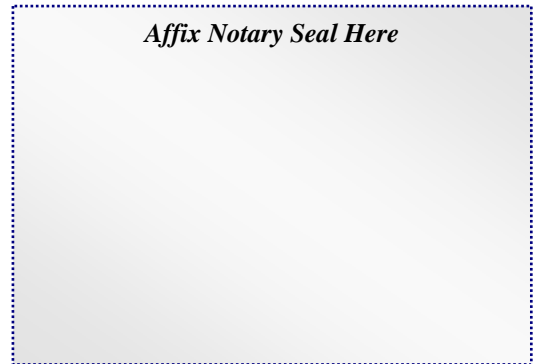
****Note that the authorized official, certifying official, and notary public should be three separate individuals.***

Seal Subscribed and sworn to me
(date) _____

*Notary Public **

Printed Name and Address

My commission expires
(date) _____



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
July 8, 2019

GENERAL GUIDANCE

This call for projects in the small urbanized areas and rural areas will result in grants with a maximum period of performance of 12 months (**July 1, 2020 – June 30, 2021**). Funding for subsequent years is not guaranteed. It will be necessary to reapply and go through another competitive process for subsequent funding.

Funded projects are selected through a competitive process that will be coordinated by the NCDOT – Public Transportation Division. **Funding for any project submitted is not guaranteed.** Applicants should read the Application Overview before beginning their application. This document contains information about the federal and state regulations associated with the funding programs and guidance on how to prepare the grant application and project scoring criteria.

REMINDER: If you need technical assistance with the programmatic information or requirements, please contact the Mobility Development Specialist assigned to your area.

All eligible applicants intending to request funds must ensure their proposed projects are included in a locally developed, Coordinated Public Transit-Human Service Transportation Plan (LCP) for their service area(s). The LCP covers target populations indentified by the Federal Transit Administration in the respective federal circulars. All applicants shall adhere to Federal Transit regulations.

There are five (5) parts to the application consisting of the following:

- Applicant Information, Project Information and Project Description
- Locally Developed, Coordinated Public Transit-Human Service Transportation Plan
- Project Budgets (Enterprise Business System [EBS] Grants System)
- Federal and State Required Documents
- Optional Documentation

SUBMITTAL INSTRUCTIONS

- A. The applicant will submit their application and all required documentation to the NCDOT – Public Transportation Division using the online EBS Grants System by no later than **11:59pm EST, Friday, October 4, 2019**. **Documents are to be uploaded in the Drop Box and must use the following naming convention: SystemName.FY.DocumentName; i.e. “CarolinaCo.FY21.TitleVIReport”.** Refer to the Drop Box uploading instructions in application package. Early submittals are encouraged. Do not submit the application without all of the required documents attached. An incomplete application will not be reviewed. No applications will be accepted after the deadline. Do not send or bring any documents to the NCDOT office.

For convenience, Transit systems may attach one zipped file containing all the supporting documents for all grants applied for in addition to the 5311 and/or 5307 Admin grant.

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 \$ 70000
Total Federal Request Match(es) not included	Total Federal Request \$ 70000

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 (estimate)	2,252 (estimate)
How many people with the unmet transit need will you serve through this project?	We will serve as many as funding allows for. Hopefully, all that express the need.	We will serve as many as funding allows for. Hopefully, all that express the need.

What is the source(s) of the information provided in the questions above?	Census data and information received from local human service agencies.	Census data and information received from local human service agencies.
Is another agency or provider arranging transportation services for the populations identified above?	No	No

(1) 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):150 **Answer** (additional trips): 2,300

(2) How do the numbers of passengers and trips relate to the amount of grant funding requested? How is the cost of the trip determined? What factors were used?

Answer: This information is based on this agencies FY19 ROAP report, and the number of trips that were provided after the ROAP EDTAP funds were depleted. The cost of each trip will vary, depending on the distance traveled to/from an appointment. The current funding that we receive is not aequate in relation to the demand in Sampson County for transportation for the Elderly and/or Disabled.

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 and G-621 Volunteer Reimbursement. 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 detailed 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 both in and out of Sampson County. Currently, this agency is the only public transportation that is available to the residents of Sampson 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: The service area will include all of Sampson County, which is a rural county that encompasses almost 900 square miles. The transportation service will be available for out of county medical appointments in Cumberland, Duplin, Pender, New Hanover, Harnett, Wayne, Wake, Durham, Orange, and other counties as funding allows.

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. **It is not enough to simply say the current transportation**

available does not meet the need, provide examples of how the need is not met. If public transportation is unavailable to the targeted populations, how are they getting to life-sustaining, social and recreational activities without it?

Answer: Currently, there are no other transportation providers 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 will be unable to provide additional services above what we currently provide with our ROAP funding, and will not have the ability to provide new service. Unfortunately, at this time, 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. These services are something that the targeted population does not currently have access to.

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 fully 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 provided with this funding will be ride-sharing with human service agency riders and general public riders. We currently

provide transportation to out of county medical appointments for general public riders on certain days each week. Additional funding may allow the opportunity for these services to be expanded, allowing the targeted population the benefit of having access to more advanced medical care and medical specialists than is currently available within this county.

8. 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: This additional funding may allow the opportunity for Coordination with human service agencies within Sampson County to be expanded. We currently coordinate with surrounding counties, namely Duplin and Pender, to ensure that all have equal opportunity to access adequate medical care, and it is quite possible that this coordination could be expanded upon.

9. 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.

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 currently provides 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/or those who are disabled, most of whom face a daily struggle to access proper and necessary medical care. Currently, Sampson Area Transportation is the only transportation system that operates to serve the needs of the residents of Sampson County. It is extremely important that this agency be able to provide this service, especially for those undergoing life-sustaining dialysis treatments, and for those in need of transportation to qualified medical specialists who offer quality care that is not available within this county. As the elderly population grows, the necessity of these services will also grow. If funding is approved, this service will begin in FY21 and will continue until all funds are expended, or at the end of the fiscal year. Sampson Area Transportation will continue to apply for these funds on an annual basis, or as deemed appropriate.

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

Answer: and 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 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 of the targeted population.

11. 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: If the funding is received, it will be used to expand the services that are currently being provided with EDTAP funds, and will also be used to expand our ridership of the targeted population.

12. How will the applicant sustain the proposed service after the grant period or if funds are not available in subsequent years?

Answer: Sampson Area Transportation will continue to apply for any available federal funds and will assess our needs from year to year as the county demographics change.

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

Answer: The mission of Sampson Area Transportation is to provide safe, affordable, and reliable transportation services to the residents of Sampson County. This project will allow Sampson Area Transportation the opportunity to expand on the services that are currently being provided and to increase the number of those that we serve.

14. 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, part of a local government entity, that has been operating in this county for over 23 years, while always meeting the state and federal transit regulations. The agency utilizes the latest technology to include security measures to operate and maintain an efficient public transportation system which strives to meet the needs of all of the residents of Sampson County.

15. 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 in the public transportation industry for many years, and are very familiar with the demographics of this area, and the residents that we look to expand

our services to. The Director or Transportation Supervisor will be responsible for assuring that all requested trips are scheduled and completed in a timely manner. There will not be a need for additional personnel.

16. 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, issues, or hardships with this project.

For Transit Systems Only:

17. 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 current software, TripMaster.

FY 2021 Combined Capital Application

Part I: Applicant Information

Legal Name of Applicant:			
Applicant's Congressional District (If Applicant's city is included in more than one district, enter primary district only):			
Applicant's County (If Applicant has offices in more than one county, list county where main office is located):			
Address:			
City, State, Zip:			
Federal Taxpayer ID Number:			
Doing Business As (DBA) Name:			
Applicant's DUNS Number (Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: http://fedgov.dnb.com/webform):			
Parent Agency DUNS Number:			
Applicant's Service Area's Congressional District (If service area is included in more than one district, enter primary district only):			
Project's Service Area (list the county or counties that will be served by the proposed project):			

Project Manager and Contact Information			
Name of Project Manager:			
Title:			
Address:			
E-mail:			
Phone Number:			
Mobile Phone Number:		FAX:	
Alternative Contact Information (in absence of Project Manager)			
Name:			
E-mail:			
Phone Number:			

Fleet Information

Table 1: Fleet information

Current Vehicle Inventory (enter number in fleet)					
Vans		Vans/Lifts		Sedans or Minivans	
LTV's		LTV's/Lifts		Buses	
Average Fleet Age (in Miles as of July 1, 2019)					
The project conforms to FTA's spare ratio guidelines. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure					
Explanation of fleet make-up or fleet concerns (if necessary)					

Table 2: Vehicle Type Requested (Based on ITRE-projected information)

Public Transportation Division (PTD) will provide each transit system a specific list of vehicles eligible for replacement in FY 2021. Replacement vehicles must meet useful life by June 30, 2020. If a system wants to replace a vehicle not on the approved list a strong explanation must be provided with the application and it will be reviewed and considered by PTD management on a case-by-case basis. Approval is not guaranteed.

Vehicles to be Replaced in FY 2021

Asset (model year, manufacturer, model or variant)	VIN or Fleet ID	Projected miles (as of June 30, 2020) age	Vehicle replacement is based upon fleet analysis and pre-planning by PTD to determine which vehicles will be eligible for funding in FY 2021.

Vehicles Requested in FY 2021 Application (*Excluding Expansion Vehicles)

Vehicle Replacement Type (enter number of each type requesting)					
Vans		Vans/Lifts		Sedans or Minivans	
LTV's		LTV's/Lifts		Buses	

Federal Financial Assistance Transparency Act

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 II: Project Information

IMPORTANT: Applicants should submit one application for all capital projects 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 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 years' funding. Eligible projects may be funded using 5310, 5311, 5339 or a combination of the funding sources. PTD will determine the project's funding after the application has been reviewed and approved.

<i>Project Name</i>	
<i>Type(s) of Capital Project (vehicle replacement, equipment, etc). Describe the project(s) to be funded.</i>	Vehicle Replacement-6 vehicles have exceeded their useful service life Computer Replacement-2 computers have exceeded their useful service life
	<i>FY 2021</i>
<i>Federal Amount Requested =</i>	<i>\$302,720</i>
<i>State Amount Requested =</i>	<i>\$37,840</i>
<i>Local match amount =</i>	<i>\$37,840</i>
<i>Total project cost =</i>	<i>\$378,400</i>

Part III: Project Criteria

Address each of the evaluation criteria separately, demonstrating how the project responds to each criterion. Each proposer is encouraged to demonstrate the responsiveness of a project to all of the appropriate selection criteria with the most relevant information that the proposer can provide, regardless of whether such information has been specifically requested, or identified. Please be thorough, yet concise in the response.

III-1. Threshold Criteria

a. Does the applicant have the technical capacity to administer the project?

X Yes No Explain your answer in the box below.

Sampson County utilizes the latest in technology and software, and does have the means to administer this project

b. 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?

The transportation director will be assigned to this project and has over 17 years' experience in public transportation. No additional personnel will be needed.

- c. Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? Yes No Explain your answer in the box below.

Sampson County uses the Munis accounting system to monitor all accounts.

- d. Has the source of local match been identified in a current budget or has it been approved by the agency's governing body in a future budget? What is the source of the match (e.g., agency reserves, capital replacement fund, municipal general fund, private partnership, etc.)? If the match is not from the applicant agency but another party, has that party committed the match in writing? Provide documentation of the commitment of local match from an outside party. Explain your answer in the box below.

The match will be approved in a future budget, and the source of the match will be revenue generated by the department.

- e. Further describe the matching funds, including amount and source of the match (agency reserves, capital replacement budget, municipal general fund, private partnership, etc). List each source individually. If the matching funds are not committed, identify their source and anticipated award date. [Add/Remove Lines as necessary – place the cursor in the bottom row then right click → "Insert" → "Insert Rows Below" to add more lines to the following table]

Source	Amount	Date awarded or available
Human Service Agency revenue	\$37,840	FY21

- f. Were FTA funds awarded to this project in previous years? Yes No

- g. 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 where your project's target population lives in a small urban or rural area of North Carolina.

Sampson County is a rural county that is over 800 square miles. These vehicles will be used to provide transportation services throughout all of Sampson County.

h. 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.

<i>Unduplicated Passengers</i>	<i>Unknown</i>	<i>One-way trips</i>	<i>Unknown</i>
<i>Fully Allocated Cost per Trip</i>	<i>\$1.58 per mile</i>		

List items included in the fully allocated cost per trip? What other factors, if any, are included in setting the cost of a trip?

Included in the fully allocated cost are administrative and operating expenses, to include fuel and maintenance and repair of the vehicles.

III-2. Project Readiness

a. 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 accomplish and how you are going to accomplish it if you receive the requested funding. The applicant may wish to attach the following documents with the application but these documents are not required: 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 one whole page long.

We are requesting funding to replace 6 vehicles that we currently use on a daily basis to transport citizens of this county to medical appointments, places of employment, social functions, nutrition sites, etc. Replacing these vehicles will allow Sampson Area Transportation to continue to provide these services to the citizens of this county. Replacing the 2 out dated computers will allow the office staff to work in a timely and efficient manner.

b. Describe the applicant’s preparedness to manage the project.

We have adequate staff to continue to provide the same level of service as we are currently providing.

III-3. Project Monitoring

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

We will continue to prepare statistical reports using our scheduling software, TripMaster. The data provided by these reports show the number of trips provided and the efficiency with which the trips are completed.

- b. 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.

N/A

- c. What is the applicant’s organizational mission? Explain how the project fits in with the other service the applicant already provides.

The mission of Sampson Area Transportation is to provide safe, affordable, and reliable transportation services to the residents of Sampson County. The replacement vehicles will allow this agency the opportunity to continue to provide transportation services throughout Sampson County.

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

Sampson Area Transportation conducts new hire training and annual training as required and also provides remedial training as needed.

III-4. Special Considerations

- a. Given this request is only for capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><i>Sampson County will follow the Capital Replacement Schedule guidelines, and as items exceed their useful service life, will ask for replacement assistance.</i></p>

b. How will the applicant maintain any vehicles/capital after the grant period?

All transit vehicles are serviced following the manufacturers recommendations. All vehicle information is entered into AssetWorks software program. This program tracks all preventive maintenance and vehicle repairs that are required, and the costs associated with such.

Part IV: Budget Information

Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. [Add/Remove Lines as necessary using prior instructions]. **A detailed budget needs to be submitted via Enterprise Business Services (EBS).**

Project Stages with Independent Utility and Description	Federal Amount Requested	State Amount Requested	Local Share	Total Cost
1. Vehicle Replacement-6 vehicles	\$300,800	\$37,600	\$37,600	\$376,000
2. Computer Replacement-2 computers	\$1,920	\$240	\$240	\$2,400
3.				
4.				
Project Totals	\$302,720	\$37,840	\$37,840	\$378,400

Capital Budgets

All rural transportation systems will be eligible for capital assistance funds. A Capital Replacement Schedule is included in Appendix A of this document. **ASSETS THAT HAVE MET USEFUL LIFE WILL NOT AUTOMATICALLY BE REPLACED.** The Capital Replacement Schedule represents the minimum threshold for replacement consideration unless the applicant can document that a capital item has a history of mechanical failure, is un-repairable or that it is financially prohibitive to repair the item. ***Only transit systems with in-house maintenance shops may apply for replacement support vehicles.***

*No Expansion vehicles are accepted on this Combined Capital application.

Other Capital, Advanced Technology and Baseline Technology – Applicants should consult the Capital Replacement Schedule before requesting any replacements of Other Capital or Advanced/Baseline Technology. Appendix B lists the minimum specifications for technology items. New Advanced Technology users must have completed the Advanced Technology Pre-Application process with ITRE. Current Advanced Technology users may request to replace existing Advanced Technology items as necessary. Any system requesting expansion vehicles should also request vehicle security and surveillance equipment and any other advanced technology items currently used. The applicant must provide one (1) retail estimate per item if they request funding to replace or purchase Other Capital or Advanced/Baseline Technology. The estimate will determine the amount of funding recommended by the reviewer. Some Object Codes in the Other Capital and Baseline Technology budgets include the maximum cost in which PTD will participate. Requests for funding cannot exceed these amounts per item. The applicant is required to enter written justification in Section II for Advanced/Baseline Technology; Radio Equipment; and Telephone Equipment.

Appendix A

CAPITAL REPLACEMENT SCHEDULE

Note: Assets that have met their useful life will *not* automatically be replaced. This schedule represents the minimum threshold for replacement consideration. Listed capital items are illustrative and not exhaustive.

Effective 7/1/2012

CATEGORY CAPITAL ITEMS	MINIMUM REQUIREMENTS	MINIMUM DOCUMENTATION REPLACEMENT CONSIDERATION
MAJOR FACILITY RENOVATIONS AND NEW CONSTRUCTION	40 years	
<ul style="list-style-type: none"> ▪ Building Purchase ▪ Facility Construction 		Note: Major Renovation involves the purchase of an existing building and complete refurbishing of the building. Needs Assessment required. Plans and specs would be required.
OFFICE FURNITURE	12 Years	
<ul style="list-style-type: none"> ▪ Desk ▪ Bookcase ▪ File Cabinet ▪ Chairs ▪ Conference Table ▪ Safe (Fireproof) (25 yrs.) 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
OFFICE EQUIPMENT	5 Years	
<ul style="list-style-type: none"> ▪ Fax Machine ▪ Copier ▪ Calculator ▪ Etc. 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
AUDIO VISUAL EQUIPMENT	10 Years	
<ul style="list-style-type: none"> ▪ VCR/DVD ▪ TV ▪ Camcorder ▪ Etc. 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
BASELINE TECHNOLOGY	5 Years	
<ul style="list-style-type: none"> ▪ Computer ▪ Printer ▪ Laptop (Includes Projector)* ▪ Server ▪ Scanner (6 yrs.) 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement in item #14 of project description * Will be considered if needed for presentations
SECURITY & SURVEILLIANCE	7 Years	
<ul style="list-style-type: none"> ▪ Video (facility and vehicles) ▪ Cameras ▪ DVR ▪ Wireless unit ▪ Antenna 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement
COMMUNICATIONS EQUIPMENT	6 Years	
<ul style="list-style-type: none"> ▪ Radio units ▪ Base Station ▪ Cell phones ▪ Antenna ▪ Repeater 		<ul style="list-style-type: none"> ○ 1 retail estimate ○ Description of need for replacement in item #14 of project description
MAINTENANCE EQUIPMENT & FIXTURES	12 Years	
<ul style="list-style-type: none"> ▪ Roller cabinets ▪ Portable tool stands ▪ Compressors- (5 yrs.) ▪ Hoists- (10 yrs.) ▪ Bus washers- (10-15 yrs.) ▪ Diagnostic equip ▪ Lift truck ▪ Engine stands ▪ Brake lathes ▪ Etc. 		<ul style="list-style-type: none"> ○ Only Systems with in-house Maintenance Garage are eligible ○ 1 retail estimate
SUPPORT VEHICLES		
<ul style="list-style-type: none"> ▪ Trucks - Light Duty (under 12,500 lbs. g.v.w.) 	8 Years	<ul style="list-style-type: none"> ○ Only Systems with in-house maintenance garage are eligible ○ 1 retail estimate & Justification for replacement

Appendix A (continued)

REVENUE VEHICLES		
Vans		
<ul style="list-style-type: none"> ▪ Center Aisle Van (2010 or older) ▪ Mini-Van ▪ Conversion Van or Lift Van 	8 years or 100,000 miles	<ul style="list-style-type: none"> ○ Updated PTMS ○ Current VUD ○ Once required fleet size has been determined through the capital assessment process, vehicles may be designated for disposition and not be eligible for replacement.
Buses		
Light Transit Vehicle (LTV) 20-27 ft. - body on cut-a-way chassis	10 years or 100,000 miles	
Light Transit Vehicle (LTV) 28 ft plus. - body on cut-a-way chassis	10 years or 100,000 miles	
Medium (Medium duty chassis) Over 28 ft. - body on truck chassis	10 Years or 200,000 miles	
Medium (Heavy Duty Chassis) 30-35 ft.	14 Years or 350,000 miles	
Large (Heavy Duty Chassis) 35-40 ft.	14 years or 500,000 miles	

FY 2021 Consolidated Capital Application

Appendix B

FY2020 Technology Specifications:

*(to be used as guideline for **minimum** standards only)*
Standards for Hardware, Software and Networking

These are MINIMUM standards only. NCDOT guidelines require that each computer last at least 5 years. If you plan on installing automated scheduling software or other technologies during the lifetime of the computer, please consult with the appropriate resource to determine minimum requirements.

Desktop

Operating System:	Windows 7
Processor:	Intel I5-750
Memory:	4.0GB or higher
Hard Drive (s):	80G, partitioned so C: drive is for programs and D: drive is for data
Software:	Microsoft Office Professional 2010
Video Card:	GeForce GTS250 1GB/Radeon HD4850 512MB
Network Card:	100/1000 Mbps
UPS Backup/Surge Protection:	Multi-outlet AC Surge Protector with power supply backup (if necessary)
Multimedia Devices:	Pair of desktop speakers (if not included with monitor), Microphone, optional Camera
Monitor:	Any standard monitor capable of display in 1024x768 or greater. Purchase larger monitors if required by specific applications.
Other Drives:	CD/DVD ROM Drive
Anti-Virus Software:	Any industry standard anti-virus software
Service Program:	3-year warranty with on-site service

Network

Configuration:	100/1000 MB using switches (no hubs), TCP/IP Protocol
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Server

All server specifications are minimums only. Servers should be expandable to enable increases in memory, processors, hard drive, etc.

Operating System:	Microsoft Windows Server 2008
Database Software:	Microsoft SQL Server 2005 SP2 or 2008 Standard (if necessary)
Network Card:	(2) 100/1000 MB
Processor Type:	Intel Xenon 2.5Ghz or higher
Memory:	12 GB
Hard Drive(s):	300 GB
Monitor:	15" or larger
Graphics Card:	64MB or greater
Other Drives:	CD/DVD ROM
Anti-Virus Software:	Any industry standard anti-virus software
Service Program:	3-year warranty with on-site service

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2 (b)

Meeting Date: September 9, 2019	_____	Information Only	_____	<input checked="" type="checkbox"/>	Public Comment
	_____	Report/Presentation	_____	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	_____	<input type="checkbox"/>	Planning/ Zoning
	_____	Consent Agenda	_____	<input type="checkbox"/>	Water District Issue

SUBJECT: Public Hearing – Acquisition of Rackley Airpark Subdivision

DEPARTMENT: Airport/Legal

PUBLIC HEARING: Yes

CONTACT PERSON(S): Joel Starling, County Attorney

PURPOSE: To receive public input on the Board’s consideration of purchase of the Rackley Airpark Subdivision, a 9.24 acre,18-lot subdivision located near the intersection of West Main Street and Airport Road

ATTACHMENTS: Memo, Resolution, and Agreement for Purchase and Sale of Real Estate and budget amendment

BACKGROUND:

Sampson County and the City of Clinton have negotiated the purchase of the Rackley Airpark Subdivision, a 9.24 acre,18-lot subdivision located near the intersection of West Main Street and Airport Road in close proximity to the Clinton-Sampson Airport. The purchase price is \$165,000. The County and City will each own a ½ undivided interest in the property.

Because it is possible that the property may in the future be put to a use that qualifies as “economic development” under state law, staff have recommended that the Board of Commissioners comply with the public hearing requirement set forth in G.S. 158-7.1(c).

RECOMMENDED ACTION OR MOTION:

Adopt the attached Resolution Approving Economic Development Expenditure and budget amendment

NORTH CAROLINA'S
SAMPSON COUNTY
OFFICE *of the* COUNTY ATTORNEY

MEMORANDUM

TO: Susan J. Holder
FROM: Joel Starling
DATE: August 23, 2019
RE: Acquisition of Rackley Airpark Subdivision

Sampson County and the City of Clinton have negotiated the purchase of the Rackley Airpark Subdivision, a 9.24 acre, 18-lot subdivision located near the intersection of West Main Street and Airport Road in close proximity to the Clinton-Sampson Airport. The purchase price is \$165,000.00. The County and City will each own a ½ undivided interest in the property. At closing, the County will cover half of the City's share of the purchase price, paying \$123,750.00 (75% of the purchase price). The City will pay \$41,250.00 at closing (25% of the purchase price). During the 2020-21 fiscal year, the City will reimburse the County for covering half of its share of the purchase price by paying the County \$41,250.00.

Because it is possible that the property may in the future be put to a use that qualifies as "economic development" under state law, staff have recommended that the Board of Commissioners comply with the public hearing requirement set forth in G.S. 158-7.1(c). To that end, a notice of public hearing was published in the Sampson Independent on Saturday, August 24, 2019.

Materials:

1. Notice of Public Hearing;
2. Resolution Approving Economic Development Expenditure;
3. Agreement for Purchase and Sale of Real Estate.

PUBLIC NOTICE
SAMPSON COUNTY, NORTH CAROLINA

A public hearing will be held by the Sampson County Board of Commissioners in the County Auditorium, located at 435 Rowan Road, Building A, Clinton, NC 28328, on Monday, September 9, 2019 at 6:00 p.m. The purpose of the public hearing is to receive comments on a proposed expenditure for economic development purposes. Namely, the Board of Commissioners intends to approve the acquisition of a one-half (1/2) undivided fee simple interest in the following real property: Being 9.24 acres, more or less, and comprised of those eighteen (18) lots as more particularly described on the survey map entitled "Map of Rackley Airpark Subdivision" prepared by Owen Surveying, Incorporated under date of February 2012 and recorded in Map Book 79 at Page 10 of the Sampson County Registry with assigned PINS of 15014932003 through 15014932020 and also being more particularly described as Lot No. 1 on the survey map recorded in Map Book 66 at Page 42 and described in the deed to Willie L. Rackley and wife, Yvonne S. Rackley dated January 30, 2003 and recorded in Book 1474, Page 173 of the Sampson County Registry. Said property is located near the intersection of West Main Street and Airport Road. The proposed purchase price for the above-described real property is \$165,000.00; however, the Board of Commissioners intends to split the purchase price with the City of Clinton, which shall acquire the other one-half (1/2) undivided interest in said property. The source of funding for the acquisition shall be the County's general fund. For more information, contact County Attorney Joel Starling at (910) 592-6308.

**RESOLUTION OF THE BOARD OF COMMISSIONERS OF SAMPSON COUNTY
APPROVING ECONOMIC DEVELOPMENT EXPENDITURE**

WHEREAS, N.C. Gen. Stat. § (“G.S.”) 158-7.1(b) authorizes counties to, among other things, (1) acquire and develop land for an industrial park, to be used for manufacturing, assembly, fabrication, processing, warehousing, research and development, office use, or similar industrial or commercial purposes and (2) acquire, assemble, and hold for resale property that is suitable for industrial or commercial use; and

WHEREAS, the Sampson County Board of Commissioners has, together with the City of Clinton, negotiated for the purchase of the following described real property, located in South Clinton Township, City of Clinton, Sampson County, North Carolina, for a proposed purchase price of \$165,000.00:

Being 9.24 acres, more or less, and comprised of those eighteen (18) lots as more particularly described on the survey map entitled “Map of Rackley Airpark Subdivision” prepared by Owen Surveying, Incorporated under date of February 2012 and recorded in Map Book 79 at Page 10 of the Sampson County Registry with assigned PINS of 15014932003 through 15014932020 and also being more particularly described as Lot No. 1 on the survey map recorded in Map Book 66 at Page 42 and described in the deed to Willie L. Rackley and wife, Yvonne S. Rackley dated January 30, 2003 and recorded in Book 1474 at Page 173 of the Sampson County Registry; and

WHEREAS, the Sampson County Board of Commissioners has determined, pursuant to G.S. 158-7.1(a), that the appropriation of money for the acquisition of the above-described real property will increase the population, taxable property, agricultural industries, employment, industrial output, or business prospects of the county;

NOW, THEREFORE, BE IT RESOLVED that, pursuant to G.S. 158-7.1, the Sampson County Board of Commissioners hereby approves the above appropriation for the acquisition of the above-described real property, subject to the terms and conditions of the Agreement for Purchase and Sale of Real Estate attached hereto and incorporated herein by reference.

Adopted by the Sampson County Board of Commissioners the 9th day of September, 2019.

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

ATTEST:

SUSAN J. HOLDER, Clerk,
Sampson County Board of Commission

AGREEMENT FOR PURCHASE AND SALE OF REAL ESTATE

County of Sampson and City of Clinton, as Buyer, hereby agree to purchase and **Willie L. Rackley and wife, Yvonne S. Rackley**, as Seller, agrees to sell and convey, all of that land described below, together with all improvements located thereon and such fixtures and personal property as are listed below (collectively referred to as “the Property”), upon the following terms and conditions:

1. REAL PROPERTY: Being **9.24 acres**, more or less, and comprised of those eighteen (18) lots as more particularly described on the survey map entitled “Map of Rackley Airpark Subdivision” prepared by Owen Surveying, Incorporated under date of February 2012 and recorded in Map Book 79 at Page 10 of the Sampson County Registry with assigned **PINS of 15014932003 through 15014932020** and also being more particularly described as Lot No. 1 on the survey map recorded in Map Book 66 at Page 42 and described in the deed to Willie L. Rackley and wife, Yvonne S. Rackley dated January 30, 2003 and recorded in Book 1474 at Page 173 of the Sampson County Registry.

2. PERSONAL PROPERTY: The following personal property is included in the purchase price: **None**

3. PURCHASE PRICE: The purchase price is **\$165,000.00** and shall be paid in full at closing. At closing the County of Sampson shall pay seventy five percent (75%) of the purchase price and the City of Clinton shall pay twenty five percent (25%) of the purchase price. In fiscal year 2020-21, the City of Clinton shall reimburse the County of Sampson the sum of \$41,250.00, to the end that the purchase price shall be shared equally between the County of Sampson and the City of Clinton.

4. CONDITIONS:

(a) The Property must be in substantially the same or better condition at closing as on the date of this Agreement, reasonable wear and tear excepted.

(b) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at closing such that cancellation may be promptly obtained following closing. Seller shall remain obligated to obtain any such cancellations following closing.

(c) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

5. PRORATIONS AND ADJUSTMENTS: Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of closing; (b) All late listing penalties, if any, shall be paid by Seller;

6. CLOSING EXPENSES: Seller shall pay for preparation of a deed and all other documents necessary to perform the parties' obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at closing.

7. EVIDENCE OF TITLE: Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the execution of this Agreement copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

8. LABOR AND MATERIAL: Seller shall furnish at closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

9. REASONABLE ACCESS: Seller will provide reasonable access to Buyer or Buyer's representatives for the purposes of appraisal, inspection, and/or evaluation. Buyer may conduct a walk-through inspection of the Property prior to closing.

10. CLOSING: Closing shall be defined as the date and time of recording of the deed. All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before **October 16, 2019**, at a place agreed upon by the parties. The deed is to be made to **County of Sampson and City of Clinton, both political subdivisions of the State of North Carolina.**

11. POSSESSION: Unless otherwise provided herein, possession shall be delivered at closing.

12. OTHER PROVISIONS AND CONDITIONS:

13. RISK OF LOSS: The risk of loss or damage by fire or other casualty prior to closing shall be upon Seller. If the improvements on the Property are destroyed or materially damaged prior to closing, Buyer may terminate this contract by written notice delivered to Seller or Seller's agent and all deposits shall be returned to Buyer. In the

event Buyer does not elect to terminate this contract, Buyer shall be entitled to receive, in addition to the Property, any of the Seller's insurance proceeds payable on account of the damage or destruction applicable to the Property being purchased.

14. ASSIGNMENTS: This contract may not be assigned without the written consent of all the parties, but if assigned by agreement, then this contract shall be binding on the assignee and his heirs and successors.

15. PARTIES: This contract shall be binding upon And shall inure to the benefit of the parties i.e., Buyer and Seller and their heirs, successors and assigns. As used herein, words in the singular include the plural and the masculine includes the feminine and neuter genders, as appropriate.

16. SURVIVAL: If any provision herein contained which by its nature and effect is required to be observed kept or performed after the closing, it shall survive the closing and remain binding upon and for the benefit of the parties hereto until fully observed, kept or performed.

17. ENTIRE AGREEMENT: This contract contains the entire agreement of the parties and there are no representation, inducements or other provisions other than those expressed herein. All changes, additions, deletions hereto must be in writing and signed by all parties.

IN WITNESS WHEREOF the Seller and the Buyer have executed this Agreement for Purchase and Sale of Real Property as of the date indicated below.

Date: _____

Date: _____

BUYER:

SELLER:

COUNTY OF SAMPSON

By: _____ (SEAL)

Willie L. Rackley (SEAL)

CITY OF CLINTON

By: _____ (SEAL)

Yvonne S. Rackley (SEAL)

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

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

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141250-557000	Land acquisition	165,000.00	
11999000-509700	Contingency		123,750.00

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034125-403623	City of Clinton contribution	41,250.00	

2. Reason(s) for the above request is/are as follows:
 To allocate funds to acquire Rackley Airpart Subdivision property.



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____ 8/29, 2019

 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

 (County Manager & Budget Officer)

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

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2 (c)

Meeting Date: September 9, 2019	<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

Library Board of Trustees

Pam High has advised the County that she will be traveling extensively this year and would like to resign from her position on the SCPL Board of Trustees. A replacement appointment is requested.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3

Meeting Date: September 9, 2019	<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:

- a. Approve the minutes of the July 18, 2019 and August 5, 2019 meetings
- b. Adopt a resolution allowing for the NCDOT’s disinterment and reinternment of graves in proposed right-of-way by (McKenzie Family Cemetery)
- c. Approve the execution of the Memorandum of Understanding between Sampson County and Sampson County Schools and Clinton City regarding the use of facilities for sheltering and mass care
- d. Approve execution of the contract for school health nursing services between Sampson County Schools and the Sampson County Health Department
- e. Approve the Assistance Policy and the Procurement Policy for the 2019 funding cycle of the Urgent Repair Program
- f. Approve the updated Policies and Procedures for Sampson Area Transportation
- g. Approve fee schedule revisions for the Sampson Agri Exposition Center
- h. Adopt the Resolution Adopting Involuntary Commitment Transportation Agreement
- i. Approve delinquent disabled veteran exclusion applications for James Allen Howard, Charles Lee Denning, and Felipe A. Goodridge
- j. Approve tax refunds and releases as submitted
- k. Approve budget amendments as submitted

RECOMMENDED ACTION OR MOTION:

Motion to approve Consent Agenda as presented

**SAMPSON COUNTY,
NORTH CAROLINA**

July 18, 2019

The Sampson County Board of Commissioners convened at the offices of CommWell Health, 3331 Easy Street in Dunn, North Carolina at 11:00 am on Thursday, July 18, 2019, joining the CommWell Board of Directors. Members present: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Thaddeus Godwin, and Jerol Kivett. Absent: Commissioner Harry Parker.

Chairman Wooten called the Board to order, and Chairperson Lee then led the Pledge of Allegiance. CommWell CEO Pamela Tripp welcomed the Board members and County staff. Following lunch, she and Chief Development Officer/VP Development Christopher Vann presented a PowerPoint on the programs and services offered by CommWell and plans for future growth of their facilities. They then led a tour of their facilities.

At the conclusion of the tour, the Chairman thanked the CommWell staff and adjourned the meeting.

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board

The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, August 5, 2019 in the County Auditorium, 435 Rowan Road in Clinton, North Carolina. Members present: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Thaddeus Godwin, Jerol Kivett, and Harry Parker.

Chairman Wooten called the meeting to order and acknowledged Vice Chairperson Lee who called upon Deputy Clerk Richard Carr for the invocation. Vice Chairperson Lee then led the Pledge of Allegiance.

Approval of Agenda

Upon a motion made by Commissioner Godwin and seconded by Commissioner Kivett, the Board voted unanimously to approve the agenda with the following changes: Item 6 (d) Approve the execution of the contract between Sampson County and William C. Oglesby/Veterinary Medical Clinic for veterinary services for the animal shelter was changed to reflect the new dog and cat neuter rates.

Item 1: Recognition

Recognition of Retirees Retiree Eleanor Bradshaw was presented a recognition plaque in honor of her years of service as the Register of Deeds.

Item 2: Consideration of Recommendation for Appointment of Register of Deeds/Swearing-In of New Register of Deeds

Upon a motion made by Commissioner Parker and seconded by Commissioner Godwin, the Board voted unanimously to accept the recommendation of the Sampson County Democratic Party for the appointment of Graham Frederick Butler to fill the unexpired term of retiring Register of Deeds Eleanor Bradshaw.

Eleanor Bradshaw then proceeded to swear in Graham Frederick Butler as the Sampson County Register of Deeds (Oaths filed in Inc. Minute Book ____, Page ____).

Item 3: Reports and Presentations

Report –NCACC Resource Team Review of Sampson County Emergency Services NCACC Outreach Associate Neil Emory presented the NCACC Resource Team report to the Board (Copy filed in Inc. Minute Book ____ Page ____). Mr. Emory

informed the Board that the requested peer review – which was conducted by a team of nine current or retired emergency services professionals - was successful in accessing and reporting on the efficacy of the current organization, management and operations of Emergency Services with the County. Mr. Emory then noted that the following study elements defined by the Board were utilized for the structure of the report:

Organizational Structure; Management and Supervisory Practices; Standard Operating Procedures and Policies; Regulatory Compliance; Training; Recruitment, Hiring and Retention of Qualified Credentialed Staff; Customer Service and Relationship with Community Partners; and Employee Satisfaction. After providing an overview of the peer review and its findings, Mr. Emory commended the Emergency Services and Communications Management Teams for their dedication to their jobs and to the citizens of the County. He then noted that the major recommendations involved the need for more operational space, which a new Emergency Services Center and/or backup center would provide; employee training and certification; emergency services salary adjustments; and maximizing 911 Board Funds.

Presentation – Smithfield Foods (Align) Renewable Natural Gas Project Mr. Kraig Westerbeek, Senior Director SFD Renewables & HPD Environmental Affairs, and Mr. Ryan Childress, Manager of Business Development with Dominion Gas, made a presentation regarding the Align Renewables project, which is a joint venture between Smithfield Foods and Dominion Energy that will be developing biogas to energy projects in the county. Mr. Childress noted that the process includes capturing the methane captured from the covered lagoons or digesters and safely transporting it to a conditioning facility, where it is then converted to renewable natural gas, and finally delivered to homes and businesses. He also noted that the process will result in greenhouse gas reduction, and that the project will allow local farmers to use the process as a revenue stream, if they so choose. Commissioner Parker asked if vegetation will be used to produce energy, and Mr. Westerbeek informed the Board that as currently proposed, the only source is the methane produced by the local farms.

Item 4: Planning and Zoning Items

Consideration of Preliminary Plat for Goose Creek Subdivision Senior Planner Anita Lane reviewed the request for approval of the plat for Goose Creek Subdivision. Ms. Lane noted that the Sampson County Planning Board had unanimously recommended approval of the plat contingent upon: (1) the completion of a NCDOT driveway permit; (2) submission of an appropriate erosion control plan; (3) acquisition of appropriate permits from Piedmont Natural Gas and Sampson County Public Works; (4) compliance with all other requirements for final plat approval contained in the subdivision regulations; and (5) to the extent that the subdivider intends to presell or prelease unrecorded lots, that all contracts or leases contain the provisions found in Article III, Section 303 of the subdivision regulations. Upon a motion by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously

to approve the preliminary plat for Goose Creek Subdivision with the contingencies set forth by the Planning Board.

Public Hearing – Proposed Flood Damage Prevention Ordinance The Chairman opened the public hearing and acknowledged County Attorney Joel Starling who presented the proposed Flood Damage Prevention Ordinance, informing the Board that the County is required to have the updated ordinance adopted on or before December 6, 2019, for residents to remain eligible for the National Flood Insurance Program. Mr. Starling noted that the updated ordinance is essentially the same as the original ordinance, with the only language change occurring in Article 3, Section B, pertaining to establishing special flood hazard areas. The Chairman opened the floor for public comments, and none were received. The Chairman closed the hearing. Upon a motion made by Commissioner Kivett and seconded by Commissioner Parker, the Board voted unanimously to adopt the revised Flood Damage Prevention Ordinance (Copy filed in Ordinance Book ____ Page ____).

Item 5: Actions Items

Public Hearing – Application for NCDOT FY 20 Job Access Reverse Commute Grant Funding The Chairman opened the public hearing. Sampson Area Transportation Director Ro Oates noted that at the July 1, 2019 meeting, the Board authorized Sampson Area Transportation to apply for grant funding in the amount of \$20,000 to complement their services. The grant application required a public hearing, but there was not enough time to advertise the hearing prior to the application submission date and the July 1, 2019 meeting. Therefore, the hearing was scheduled for the August 5, 2019, meeting to meet the grant application requirements. The Chairman opened the floor for public comment, and none were received. The Chairman closed the hearing.

Consideration of Award of Convalescent Ambulance Franchise to Carolina Ambulance Specialty Transport Emergency Services Director Ronald Bass informed the Board that at the July 18, 2019, Sampson County EMS Advisory Committee meeting the Committee reviewed an ambulance franchise application submitted by Carolina Ambulance Specialty Transport requesting to do non-emergency convalescent transports. After reviewing the application, the committee recommended the approval of the application and the awarding of the contract to Carolina Ambulance Specialty Transport. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to award the franchise as recommended by the EMS Advisory Committee and authorize execution of franchise agreement after review of same by the County Attorney and staff (Copy filed in Inc. Minute Book ____ Page ____).

2020 Census –Appointment of Complete Count Committee, Adoption of Supporting Resolution Projects and Communications Specialist Richard Carr provided

the Board a brief overview of the 2020 Census, stressing the significance of the census and the future impact it will have on the county. He then presented a list of persons who have agreed to serve on the Complete Count Committee (CCC), if approved by the Board. The committee will work to develop a CCC Work Plan, which will include strategies and initiatives designed to help raise awareness of the census, educate citizens on the process, and encourage citizens to participate. Mr. Carr also presented a resolution acknowledging the importance of the Census and authorizing the establishment of the CCC. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously to appoint the Census Complete Count Committee as recommended (below) and adopt the resolution acknowledging the importance of the Census and authorizing the establishment of the Sampson County Complete Count Committee (Copy filed in Inc. Minute Book ____ Page ____).

Linda Armwood	Enrique Coello	Sydney Johnson	Marvin Rondon
Marcus Becton	Eileen Coite	Brittany Locklear	Jean Simmons
Ashley Bullard	Alexis Devane	Sherry Matthews	Allison Strickland
Cindy Burchette	Russell Devane	LaChandra Parker	Jefferson Strickland
Wendy Cabral	Janet Dunn	Max Pope	Amanda Turner
Richard Carr	Cindy Ezzell	Niya Rayner	Cassandra Tyndall
Amber Cava	Tom Hart	Amy Raynor	Marilyn Walters

Item 6: Consent Agenda

Upon a motion made by Commissioner Kivett and seconded by Commissioner Godwin, the Board voted unanimously to approve the Consent Agenda as amended:

- a. Approved the minutes of the July 1, 2019 meeting
- b. Adopted a resolution proclaiming November as Native American Month (Copy filed in Inc. Minute Book ____ Page ____.)
- c. Approved the execution of the contract between Sampson County and the North Carolina Forestry Service for Fiscal Year 2019-20 (Copy filed in Inc. Minute Book ____ Page ____.)
- d. Approved the execution of the contract between Sampson County and William C. Oglesby/Veterinary Medical Clinic for veterinary services for the animal shelter (Copies filed in Inc. Minute Book ____ Page ____.)
- e. Scheduled a public hearing regarding the Board’s intent to apply for FY21 Community Transportation Program funding for September 9, 2019
- f. Approved the execution of the contract between Sampson County and Autryville Fire Department for rescue services (Copy filed in Inc. Minute Book ____ Page ____.)

- g. Approved the leases between Sampson County and the Department of Public Safety (DPS) for space occupied by Probation and Parole (reapproval as three-year leases after required public notice) (Copy filed in Inc. Minute Book ____ Page ____.)
- h. Approved Soil and Water Conservation District Records Retention Schedule (Copy filed with the Clerk to the Board)
- i. Approved tax refunds and releases as submitted:

#9022	Lashaund Williams	\$110.95
#9029	Trinity Tyler	\$166.42
#9017	Summar Shirley	\$109.97
Tax Release	Johnny Sessoms	\$1,031.49

- j. Approved budget amendments as submitted:

<u>EXPENDITURE</u>		BCCCP		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
12551560	519300	Medical Services	\$1,680.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535156	404000	State Assistance	\$1,680.00	

<u>EXPENDITURE</u>		City Schools Supplement		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
26659100	581001	Transfer to City Schools	\$2,385.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
26031840	412000	Taxes Collected	\$2,385.00	

<u>EXPENDITURE</u>		Aging		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
02558670	525000	HR-Construction/Repairs-United Wa	\$729.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
02035876	409900	Fund Balance Appropriated	\$729.00	

<u>EXPENDITURE</u>		Sheriff's		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100	554000	Capital Outlay – Vehicles	\$24,360.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	408900	Misc. Revenue – Insurance Set	\$24,360.00	

<u>EXPENDITURE</u>		Various Departments			
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>		<u>Increase</u>	<u>Decrease</u>
11449200	519100	Professional Services		\$1,904.00	
11449200	519500	Engineering		\$1,668.00	
11449200	544000	Contract Services		\$49,750.00	
11142600	558200	Capital Outlay Bldg. Improvements		\$5,886.00	
11141300	532100	Telephone and postage		\$15,950.00	

<u>REVENUE</u>					
<u>Code Number</u>		<u>Source of Revenue</u>		<u>Increase</u>	<u>Decrease</u>
11039999	399900	Fund balance approp encumbrances		\$75,158.00	

<u>EXPENDITURE</u>		NCHFA Essential Single-Family Rehab			
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>		<u>Increase</u>	<u>Decrease</u>
29549430	562004	Rehabilitation		\$250,000.00	
29549430	519049	Administrative Costs		\$100,000.00	

<u>REVENUE</u>					
<u>Code Number</u>		<u>Source of Revenue</u>		<u>Increase</u>	<u>Decrease</u>
29034943	403614	Grant-NC Housing Finance		\$350,000.00	

- Approved Clinton City Schools Budget Amendment No. 3 (Local); Approved Clinton City Schools Budget Amendment No. 5 (State); Approved Clinton City Schools Budget Amendment No. 3 (Federal); Approved Clinton City Schools Budget Amendment No. 1 (Special Revenue).

Consent Agenda - Health Department Items

- k. Approved fee revisions as recommended by the Health Advisory Board
- l. Accepted Community Health Grant continuation funding (Year 2) in the amount of \$150,000

Item 7: Board Information - Health Department Items

The Board received the following as information items:

- a. Sampson County Child Fatality Team 2018 Annual Report
- b. Sampson County Health Advisory Committee Minutes, May 20, 2019

Board Information - General

- c. Cooperative Extension Service - 2018 Report to the People

- d. Acknowledgement of Funding – Harrells Community Center, City of Clinton/ All America City Efforts

County Manager’s Report

No report was given.

Public Comments

The Chairman opened the floor for comments, and none were received.

Closed Session – GS 143-318.11(a)(4) Matters Related to the Location/Expansion of an Industry

Upon a motion made by and seconded by, the Board voted unanimously to go into Closed Session pursuant to GS 143-318.11(a)(4) for matters related to the location/expansion of an industry. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously to come out of Closed Session. No action was taken in Closed Session.

Adjournment (as Board of Commissioners)

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously to adjourn as Board of Commissioners.

Board of Directors of Sampson County Water and Sewer District II

Item 9 Adopt Resolution Approving 2018 Local Water Supply Plan for Sampson County Water and Sewer District II – Plainview

The Board reconvened as the Board of Directors of Water and Sewer District II. Chairman Wooten called upon Public Works Director Lin Reynolds who presented to the Board a resolution approving the Local Water Supply Plan for the Plainview area. Upon a motion made by Commissioner Kivett and seconded by Vice Chairperson Lee, the Board voted unanimously to adopt the Resolution Approving the 2018 Local Water and Supply Plan for Sampson County Water and Sewer District II – Plainview.

Adjournment (as Water and Sewer board of Directors)

Upon a motion made by Commissioner Kivett and seconded by Vice Chairperson Lee, the Board of Directors of Water District II voted unanimously to adjourn.

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board



**RESOLUTION ALLOWING THE DISINTERMENT, REMOVAL
AND REINTERMENT OF GRAVES FROM MCKENZIE FAMILY CEMETERY
(NC 24 FROM US 421-701/SR 1296 TO SR 1935)**

WHEREAS, the North Carolina Department of Transportation, Right of Way Section, has submitted a letter dated July 31, 2019 certifying that it is necessary to disinter approximately seven (7) graves from the McKenzie Family Cemetery in the area of NC 24 from US 421/701/SR 1296 Sunset Avenue, Clinton, North Carolina because the grave sites are located in the proposed right of way for the R-2303E project; and

WHEREAS, in accordance with NC General Statute §65-106, the State of North Carolina or any of its agencies may effect the disinterment of graves when it shall determine and certify to the Board of Commissioners that such removal is reasonably necessary to perform its governmental functions and the duties delegated to it by law; and

WHEREAS, pursuant to NCGS §65-106, the party effecting the disinterment (in this case, NCDOT) shall give 30 days' written notice of such intention to the next of kin of the decedent (if known or subject to being reasonably ascertained), and shall cause such notice of such disinterment to be published in accordance with NCGS §65-106; and

WHEREAS, pursuant to NCGS §65-106, all expenses of disinterment, removal and acquisition of any new burial site and reinterment shall be borne by the party effecting such disinterment, removal and reinterment; and

WHEREAS, all disinterment, removal and reinterment under the provisions of NCGS §65-106 must be made under the supervision and direction of the county board of commissioners or other appropriate official, including the health director, appointed by such board in the county where the disinterment, removal and reinterment shall take place.

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of the County of Sampson grants to the North Carolina Department of Transportation the authorization to disinter, remove and reinter approximately seven (7) graves from the McKenzie Family Cemetery in the area of NC 24 from US 421/701/SR 1296 Sunset Avenue, contingent upon the following:

- the provisions in NCGS §65-106 regarding notification of next of kin of the decedents are met and written confirmation of such action is provided to the County; and
- all expenses of disinterment, removal and acquisition of any new burial site and reinterment are borne by the North Carolina Department of Transportation; and
- all state and local certifications and permits are duly obtained and recorded; and
- all disinterment, removal and reinterment under the provisions of NCGS §65-106 are made under the supervision of the Sampson County Health Director.

ADOPTED this 9th day of September, 2019

Chairman, Sampson County Board of Commissioners

Clerk to the Board of Commissioners

Part 4. Removal of Graves.

§ 65-106. Removal of graves; who may disinter, move, and reinter; notice; certificate filed; reinterment expenses; due care required.

(a) The State of North Carolina and any of its agencies, public institutions, or political subdivisions, the United States of America or any agency thereof, any church, electric power or lighting company, or any person, firm, or corporation may effect the disinterment, removal, and reinterment of graves as follows:

- (1) By the State of North Carolina or any of its agencies, public institutions, or political subdivisions, the United States of America or any agency thereof, when it shall determine and certify to the board of county commissioners in the county from which the bodies are to be disinterred that such removal is reasonably necessary to perform its governmental functions and the duties delegated to it by law.
- (2) By any church authority in order to erect a new church, parish house, parsonage, or any other facility owned and operated exclusively by such church; in order to expand or enlarge an existing church facility; or better to care for and maintain graves not located in a regular cemetery for which such church has assumed responsibility of care and custody.
- (3) By an electric power or lighting company when it owns land on which graves are located, and the land is to be used as a reservoir.
- (4) By any person, firm, or corporation who owns land on which an abandoned cemetery is located after first securing the consent of the governing body of the municipality or county in which the abandoned cemetery is located.

(b) The party effecting the disinterment, removal, and reinterment of a grave containing a decedent's remains under the provisions of this Part shall, before disinterment, give 30 days' written notice of such intention to the next of kin of the decedent, if known or subject to being ascertained by reasonable search and inquiry, and shall cause notice of such disinterment, removal, and reinterment to be published at least once per week for four successive weeks in a newspaper of general circulation in the county where such grave is located, and the first publication shall be not less than 30 days before disinterment. Any remains disinterred and removed hereunder shall be reinterred in a suitable cemetery.

(c) The party removing or causing the removal of all such graves shall, within 30 days after completion of the removal and reinterment, file with the register of deeds of the county from which the graves were removed and with the register of deeds of the county in which reinterment is made, a written certificate of the removal facts. Such certificate shall contain the full name, if known or reasonably ascertainable, of each decedent whose grave is moved, a precise description of the site from which such grave was removed, a precise description of the site and specific location where the decedent's remains have been reinterred, the full and correct name of the party effecting the removal, and a brief description of the statutory basis or bases upon which such removal or reinterment was effected. If the full name of any decedent cannot reasonably be ascertained, the removing party shall set forth all additional reasonably ascertainable facts about the decedent including birth date, death date, and family name.

The fee for recording instruments in general, as provided in G.S. 161-10(a)(1), for registering a certificate of removal facts shall be paid to the register of deeds of each county in which such certificate is filed for registration.

(d) All expenses of disinterment, removal, and acquisition of the new burial site and reinterment shall be borne by the party effecting such disinterment, removal, and reinterment, including the actual reasonable expense of one of the next of kin incurred in attending the same, not to exceed the sum of two hundred dollars (\$200.00).

(e) The Office of Vital Records of North Carolina shall promulgate regulations affecting the registration and indexing of the written certificate of the removal facts, including the form of that certificate.

(f) The party effecting the disinterment, removal, and reinterment of a decedent's remains under the provisions of this Part shall ensure that the site in which reinterment is accomplished shall be of such suitable dimensions to accommodate the remains of that decedent only and that such site shall be reasonably accessible to all relatives of that decedent, provided that the remains may be reinterred in a common grave where written consent is obtained from the next of kin. If under the authority of this Part, disinterment, removal, and reinterment are effected by the State of North Carolina or any of its agencies, public institutions, or political subdivisions, the United States of America or any agency thereof, any electric power or lighting company, then such disinterment, removal, and reinterment shall be performed by a funeral director duly licensed as a "funeral director" or a "funeral service licensee" under the provisions of Article 13A of Chapter 90 of the General Statutes.

(g) All disinterment, removal, and reinterment under the provisions of this Part shall be made under the supervision and direction of the county board of commissioners or other appropriate official, including the local health director, appointed by such board for the county where the disinterment, removal, and reinterment take place. If reinterment is effected in a county different from the county of disinterment with the consent of the next of kin of the deceased whose remains are disinterred, then the disinterment and removal shall be made under the supervision and direction of the county board of commissioners or other appropriate official, including the local health director, appointed by such board for the county of the disinterment, and the reinterment shall be made under the supervision and direction of the county board of commissioners or other appropriate official, including the local health director, appointed by such board for the county of reinterment.

Due care shall be taken to do said work in a proper and decent manner, and, if necessary, to furnish suitable coffins or boxes for reintering such remains. Due care shall also be taken to remove, protect, and replace all tombstones or other markers, so as to leave such tombstones or other markers in as good condition as that prior to disinterment. Provided that in cases where the remains are to be moved to a perpetual care cemetery or other cemetery where upright tombstones are not permitted, a suitable replacement marker shall be provided.

(h) Nothing contained in this Part shall be construed to grant or confer the power or authority of eminent domain, or to impair the right of the next of kin of a decedent to remove or cause the removal, at his or their expense, of the remains or grave of such decedent. (1919, c. 245; C.S., ss. 5030, 5030(a); Ex. Sess. 1920, c. 46; 1927, c. 23, s. 1; c. 175, s. 1; 1937, c. 3; 1947, cc. 168, 576; 1961, c. 457;

STATE OF NORTH CAROLINA
COUNTY OF SAMPSON

MEMORANDUM OF UNDERSTANDING
REGARDING USE OF FACILITIES FOR
SHELTERING AND MASS CARE

THIS MEMORANDUM OF UNDERSTANDING (“MOU”) is made and entered into by and between Sampson County (the “County”) and the Sampson County Board of Education (“SCS Board” or “SCS”), and the Clinton City Board of Education (“CCS Board” or “CCS”), effective as of the date of the last signature herein below. The County, SCS Board, and CCS Board may be referred to herein individually as a “Party” or collectively as the “Parties.”

WITNESSETH

WHEREAS, the County is a body corporate and politic and a political subdivision of the State of North Carolina; and

WHEREAS, the SCS Board and CCS Board are bodies corporate possessed of those powers and duties conferred upon local school boards by N.C. Gen. Stat. §§ 115C-36 and 115C-47; and

WHEREAS, the Parties wish to enter into this MOU in order to allow for the use of SCS and CCS facilities for sheltering and mass care of the general population during emergencies, including, but not limited to, hurricanes, severe storms, tornadoes, floods, fires, and hazardous material incidents, and in order to define the respective roles and responsibilities of the Parties.

NOW, THEREFORE, in consideration of the promises and covenants of the Parties, as more particularly set forth herein below, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties do hereby agree as follows:

1. **Term.** The term of this MOU shall begin effective as of the date of the last signature herein below and shall continue in effect until thirty (30) days after written notice of termination is delivered by any Party hereto.
2. **Facilities.** The SCS and CCS facilities identified on Exhibit “A”, which is attached hereto and incorporated herein by reference, shall be available for use as sheltering and mass care facilities, subject to the terms and conditions set forth herein. During an emergency, the Parties may mutually agree to utilize additional SCS and CCS facilities for sheltering and mass care operations, should additional space become needed.
3. **Shelter Opening.** The County shall have a Policy/Administration Group and a Control Group. The Policy/Administration Group shall consist of the following County officials:
 - The Chair of the Sampson County Board of Commissioners and/or the Sampson County Board of Commissioners;
 - County Manager;
 - Emergency Services Director;
 - Assistant County Manager/Public Information Officer; and
 - County Attorney

The Control Group shall consist of the following County officials:

- County Manager;
- Emergency Services Director;
- Assistant County Manager/Public Information Officer;
- Health Director;
- Social Services Director;
- Finance Director;
- County Attorney; and
- Public Works Director

With the approval of the Policy/Administration Group, the Control Group shall, after consultation with the SCS and CCS, decide when to open shelters during a time of emergency. The Social Services Director and Emergency Services Director shall consult with one another to determine the exact number and location of shelters to be opened.

The County shall, pursuant to the terms and conditions of this MOU, operate all shelters until such time as the American Red Cross uses and occupies the facilities as shelters, at which time sheltering and mass care activities will be governed by the terms of one or more Facility Use Agreements entered into between the American Red Cross, the County, the SCS Board, and the CCS Board.

4. Facility Management. At each County operated shelter location, the County will designate a Shelter Chief, who will serve as the primary manager of the shelter, as well as two or more Deputy Shelter Chiefs, and support staff. The SCS Board and CCS Board shall each designate a Facility Coordinator who shall coordinate with the Shelter Chief. For prolonged shelter operations, the County reserves the right to request additional personnel support from the State of North Carolina as well as the SCS and CCS.

Facility Condition. Prior to the opening of a shelter, the Shelter Chief and Facility Coordinator shall perform an inspection of the facility, notating any important information on appropriate forms and forwarding a copy of the same to the County and the SCS or CCS, as appropriate. The County shall exercise reasonable care while using a SCS or CCS facility and shall not modify any such facility without express written approval by the SCS or CCS, as appropriate.

5. Security. At each County operated shelter location, the County shall provide security officers. Prior to the opening of a shelter, the County shall provide adequate personnel to perform registration of all shelter occupants.
6. Food Service. The SCS Board and CCS Board shall assign school personnel to serve as Food Service Providers at any SCS or CCS facility that is being used as a County operated shelter. Food Service Providers shall be responsible for ensuring an adequate food and beverage supply at all times and shall maintain a supply of food and beverages sufficient to provide food and beverages to all shelter occupants and staff for at least forty-eight (48) hours.

7. Disaster Kits. The County shall be responsible for providing at least one (1) disaster kit for every County operated shelter. These kits shall contain registration material, posters, signage, and general supplies). The County shall also be responsible for providing cots, blankets, lighting, power supplies, a small backup generator, and medical cots.
8. Custodial Services. The SCS Board and CCS Board shall assign school personnel to handle all the janitorial and custodial needs at any SCS or CCS facility that is being used as a County operated shelter.
9. Medical Services. The County shall ensure that trained medical providers are available to shelter occupants and staff during such time that the County is operating one of more shelters. Nurses employed by the SCS and CCS may be utilized to provide medical care, pursuant to the Contract for School Nursing Services between the Sampson County Health Department and SCS and CCS.
10. Shelter Closure. The County will request that the American Red Cross assume all shelter operations required to be open beyond seventy-two (72) hours. At such time that the American Red Cross does assume shelter operations, shelter operations shall be governed by one or more Facility Use Agreements entered into between the American Red Cross, the County, the SCS Board, and the CCS Board. In any event, however, the Social Services Director, Emergency Services Director, American Red Cross, SCS Board, and CCS Board, acting with the concurrence of the Policy/Administrative Group, will determine when a shelter is to be closed.

At such time as County shelter operations cease, the Shelter Chief and the Facility Coordinator shall conduct a final inspection of the facility, notating any important information on appropriate forms and forwarding a copy of the same to the County and the SCS or CCS, as appropriate.

11. Reimbursement. The County will reimburse the SCS and CCS for the following:
 - Damage to the facility or property of SCS or CCS, reasonable wear and tear excepted, resulting from the operations of the County. Reimbursement will be based on actual cash value, and not replacement value.
 - Reasonable costs associated with food service and custodial services and supplies which would not have been incurred but for the County's use of the facility as a shelter.
12. Insurance. Each Party shall secure comprehensive, general liability, automobile liability, and Workers' Compensation insurance coverage for any of its employees providing services pursuant to this MOU.
13. Mutual Indemnification. Each Party hereto shall defend, hold harmless, and indemnify all other Parties against any and all claims, including reasonable attorney's fees, arising from the negligent acts and/or omissions of any of said Party's agents or employees.

14. No Third-Party Beneficiaries. There are no third-party beneficiaries to this MOU. Nothing in this MOU shall create or give to third parties any claim or right of action against any Party to this MOU or any employee or agent of any Party to this MOU.
15. Entire Agreement. This MOU constitutes the entire agreement between the Parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter hereof.
16. Amendments and Modifications; Additional Policies and Procedures. This MOU may be modified or amended by mutual consent of the Parties so long as the modification or amendment is executed in the same fashion as this MOU. Notwithstanding the foregoing, the Parties may develop additional policies and procedures by consent to implement this MOU. Further, each Party may develop internal polices and procedures to implement their respective obligations under this MOU.
17. Severability. In the event that any provision of this MOU shall be found to be invalid, illegal, or otherwise unenforceable, the validity, legality, and enforceability of the remaining provisions shall in no way be affected or impaired thereby.
18. Governing Law. This MOU shall be governed by the laws of the State of North Carolina.
19. Counterparts. This MOU may be executed in one or more counterparts, each of which shall be deemed an original, but all of which taken together constitute one and the same instrument.

**THE REMAINDER OF THIS PAGE IS LEFT INTENTIONALLY BLANK.
SIGNATURES APPEAR ON THE FOLLOWING PAGE.**

IN WITNESS WHEREOF, the Parties hereto have caused this Memorandum of Understanding to be executed, effective the day and year first written above.

SAMPSON COUNTY

By: _____
Clark H. Wooten, Chair,
Sampson County Board of Commissioners

ATTEST:

Susan J. Holder, Clerk,
Sampson County Board of Commissioners

SAMPSON COUNTY BOARD OF EDUCATION

By: _____
Kim Schmidlin, Chair,
Sampson County Board of Education

ATTEST:

, Clerk,
Sampson County Board of Education

CLINTON CITY BOARD OF EDUCATION

By: _____
Linda S. Brunson, Chair,
Clinton City Board of Education

ATTEST:

, Clerk,
Clinton City Board of Education

EXHIBIT "A"

Primary Shelters

Clinton High School
340 Indian Town Rd.
Clinton, NC 28328

Midway High School
15274 Spivey's Corner Hwy.
Newton Grove, NC 28366

Lakewood High School
45 Lakewood School Rd.
Salemberg, NC 28385

Union High School
1189 Kader Merritt Rd.
Rose Hill, NC 28458

Hobbton Middle School
12081 Hobbton Hwy.
Newton Grove, NC 28366

Secondary Shelters

Sampson Middle School
1201 West Elizabeth St.
Clinton, NC 28328

Hobbton High School
12201 Hobbton Hwy.
Newton Grove, NC 28366

Long-term Shelters

Old Midway Elementary School
1428 Midway Elementary School Rd.
Dunn, NC 28334

Charles E. Perry School
705 Boone St.
Roseboro, NC 28382

2019-2020
Contract for School Health Nursing Services
Between the
Sampson County Health Department and Sampson County Schools

This agreement is between the Sampson County Health Department, hereinafter referred to as the "Department" and the Sampson County Schools, hereinafter referred to as the "School" is entered into for the purpose of providing school nursing services to the students of the Sampson County School System.

Whereas both the Department and School mutually agree that the purpose of providing school nursing services is to promote the optimal health and well-being of all students in Sampson County Schools, and

Whereas both the Department and the School mutually agree that the long-term purpose of these funds is to provide full time nursing services to each school in the system, and

Whereas both the Department and the School mutually agree that the School Nurse Funding Initiative (SNFI) enacted by the General Assembly is a useful step toward the goal of having a nurse to student ratio that meets the nation and state recommendation of 1:750, and

Whereas both the Department and the School mutually agree to continue providing school nursing services as specified in the annually developed "Memorandum of Agreement between Sampson County Health Department and Sampson County Schools,"

NOW, THEREFORE, in consideration of the premises and the following mutual covenants and conditions and any sums to be paid, the Department and Schools agree as follows:

The Department agrees:

1. To provide funds not to exceed \$250,000.00 to the School for the purpose of supporting three 10 month nationally certified school nurse(s) or registered nurse(s) working toward certification, to provide school nursing services for the 2019-2020 school year.
2. That the funds will be paid monthly upon submission of an invoice that specifies personnel and other allowable costs and that the Department shall pay the School within thirty (30) days of receipt of the invoice. Any adjustments to the invoice shall be taken into account in the next succeeding invoice or as soon thereafter as reasonably practical.
3. That the funds may be used only for personnel costs (salary and fringe) and continuing education costs up to \$750 per SNFI position.

The School agrees:

1. To provide a detailed budget (Attachment III) to the Department by August 31, 2019.
2. To utilize funds not to exceed \$250,000.00 for the purpose of supporting (one or more) 10 month nationally certified school nurse(s) or registered nurse(s) working toward certification, to provide school nursing services for the 2019-2020 school year.
3. To comply with assurances in Attachment I (Need to sign and return with the agreement.)
4. The nurse(s) will provide direct nursing services to students within one or more schools following the scope of service in Attachment II.

5. To submit an invoice to the Department monthly that specifies personnel and other allowable costs for the period.
6. To provide adequate space, computer equipment and supplies for the designated position through other funds at a level comparable to the support provided to all school nurses supported by the Department of the School.
7. To inform the Department of the employment of the nurses, and in the event of termination, whether voluntary or involuntary, and the date of termination within 4 working days of such action.
8. To maintain documentation that each nurse employed under this contract is and remains current in his/her licensure as a Registered Nurse in good standing the North Carolina Board of Nursing.
9. To provide supervision within the School consistent with the annual Memorandum of Agreement.
10. To assume the full responsibility for negligence of its employees that provide nursing services under the terms of this contract for the contract positions and for all nurses employed directly by the School but functioning under the direction of the annual Memorandum of Agreement.

This contract shall be in effect for the period July 1, 2019 through June 30, 2020 and is renewable annually thereafter. Either party may terminate this contract with or without cause upon sixty (60) days written notice.

FOR AND ON BEHALF OF:

Wanda Robinson
Wanda Robinson (Health Director)

Date: 8/02/2019

FOR AND ON BEHALF OF:

Eric Bracy
Dr. Eric Bracy (Superintendent)

Date: 7/22/19

(This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.)

David Clack
Sampson County Finance Officer

Date: _____

Edwin W. Causey
County Manager

Date: _____

FOR AND ON BEHALF OF THE COUNTY OF SAMPSON

_____ (Chair County Commissioners)

Date: _____

Attachment 1

ASSURANCES

(To be initiated by Superintendent of Local Education Agency or other School CEO)

Initials

Assure that these contracted funds will not be used to supplant existing federal, State, or local funds supporting school nurse positions. Communities will maintain current level of effort and funding for school nurses.

EB

Assure that school nurses will be allowed to participate in required trainings.

EB

Attachment II

Scope of Work

I. Purpose:

The purpose of the contract is to improve the school nurse to student ratio in the school district in order to have a positive impact on improving children’s health and their readiness to learn. Funds will be used to employ nationally certified school nurse(s) or registered nurse(s) working toward national certification to work full time in schools and enhance the local capacity to provide basic health services to students.

II. Scope of Work and Deliverables:

The School shall, for approximately 8,586 students:

- 1. Employee 3 nationally certified school nurse(s) or registered nurse(s) working toward national certification, to work full time.

School Nurse Assignment	# SNFI Nurses
Sampson County Schools as assigned- Attachment C	5

- 2. Submit, annually, a written work plan from each school nurse, no later than one month from hire.
 - A. The plan shall address delivery of basic health services, including activities, strategies and goals, within, but not limited to, the following areas:
 - a) Preventing and responding to communicable disease outbreaks;
 - b) Developing and implementing plans for emergency medical assistance for students and staff;
 - c) Supervising specialized clinical services and associated health teaching for students with chronic conditions and other special health needs;
 - d) Administering, delegating where appropriate, and providing oversight and evaluation of medication administration and associated health teaching for other school staff who provide this services;
 - e) Providing or arranging for routine health assessments, such as vision, hearing, or dental screening, and follow-up of referrals; and
 - f) Assuring that mandated health related activities are completed, i.e. Kindergarten Health Assessments, Immunization Status

Report, blood-borne pathogen control plan (OSHA) requirements, etc.

And, as required by HB 200 SL 2011-145 Section 10.22 (b)—School nurses funded by SNFI do not assist in any instructional or administrative duties associated with a school's curriculum and do perform all of the following with respect to school health programs:

- g) Serve as coordinator of the health services program and provide nursing care;
- h) Provide health education to students, staff, and parents;
- i) Identify health and safety concerns in the school environment and promote a nurturing school environment;
- j) Support healthy food services programs;
- k) Promote health physical education, sports policies, and practices;
- l) Provide health counseling, assess mental health needs, provide interventions, and refer students to appropriate school staff or community agencies;
- m) Promote community involvement in assuring a healthy school and serve as school liaison to a health advisory committee;
- n) Provide health education and counseling and promote health activities and a healthy environment for school staff;
- o) Be available to assist the county health department during a public health emergency.

B. The plan shall also outline the steps the nurse(s) will take toward meeting degree and certification requirements, if not already certified, no later than the date of completion of three years employment as a school nurse in North Carolina.

3. Submit a mid-year review of progress toward achieving goals in the annual plan, scheduled by January 31 (if hired at start of school year) or by a date to be determined with DPH regional school nurse consultant, if hired at a date different from start of school year.
4. Submit an annual report that addresses the overall progress toward meeting the work plan outcomes, related, but not limited to, the health service areas listed above. Any information regarding strengths, challenges and the accomplishments of the position will also be reviewed. The report form for the annual report will be provided to the contractor in September of each school year. The report is due no later than a week after the end of the school year; prior to resignation if not working the full school year; or upon a date to be determined with the DPH regional school nurse consultant.

As a result of this contract, the following outputs shall be attained:

- 5 nationally certified school nurse(s) or registered nurse(s) to work full time to service 8,586 students.
- An annual Work Plan to provide basic health services.

III. Performance Measures/Reporting Requirements:

The School shall:

1. Submit to the Contract Administrator within 30 days a recruitment plan for any position that is vacant at the time this contract is executed.
2. Notify the Contract Administrator in the Division of Public Health within four (4) working days after initial hire or replacement hire for this position, on a form that is supplied by the Contract Administrator upon execution of the contract or agreement addendum. This notification must include all items listed on the form, including information about nursing education and certification.
3. Notify the Contract Administrator within four (4) working days in the event that the position becomes vacant, on a form supplied by the Division. The plan must include the procedure to recruit for this position.
4. Assure that registered nurse hired into this position is duly registered by the North Carolina Board of Nursing and fully permitted to practice in the State of North Carolina.
5. Submit an annual report as outlined above, on a form supplied by the Division, by the specified date.
6. Provide data to the Local Education Agency for inclusion in the North Carolina Annual Survey of Public School Health Services. The data must be provided to the LEA in time for its submission of the report to the Regional School Nurse Consultant prior to the conclusion of the academic year.
7. Assure that the newly hired School Nurse Funding Initiative school nurse will be provided with paid time and reimbursement of costs associated with attendance or participation in continuing education, at the same level of cost reimbursement provided to other professional school employees. Assure that up to \$750 will be budgeted for participation in other professional development workshop(s) or conference(s), if funds are available. The school nurse must participate in School Nursing: Roles and Responsibilities, an Orientation Workshop, unless previously attended. If funds are available and if the nurse has previously attended that workshop, assure that the school nurse will be allowed to participate in a School Nurse Certification review course; Pediatric Physical Assessment for School Nurses Workshop, School Nurse Role in Emergency Care Workshop, and/or The Annual School Nurse Conference.
8. Collaborate with the School Nurse Consultant on DPH initiatives in an effort to help implement these at the local level (e.g., school nurse case management project, immunization initiatives, etc.)
9. Assure that school nurse(s) employed through this contract will be supported at the same level as other school nurse(s) in the LEA, providing

adequate space, computer equipment, supplies, in-district travel expenses, etc.

10. For any school nurse who is not certified at the time of hire, submit a plan that would result in certification, including timelines for achieving education and certification goals. The plan should be submitted to the regional school nurse consultant within 30 days of hire. This plan must be updated at least twice annually until the nurse is certified.
11. Assure that the LEA/LHD Memorandum of Agreement that exists between all health districts and local education agencies clearly states that emergency/disaster service by SNFI nurses is an allowable use of their time.
12. Assure that the priority of the allocation during a full year will support salary and fringe for the school nurse(s). However, where the allocation exceeds the amount needed to fully fund the school nurse(s) salary and fringe, lapsed salary and fringe may be used to support training as described above in number 7.
Note: No other expenditures are allowable using this allocation.
13. Assure that if salaries and fringe exceed the state allocation, local funds will be used. If more than one position is allocated, state funds provided for the positions can be combined. This will allow use of more than \$50,000 (annual allocation per position) for a position if education and experience qualifies one nurse for more than \$50,000 and another for less than \$50,000.
14. Provide accurate contact information and timely notification of changes in contact information of key contacts, including school nurse supervisor, SNFI school nurse, contract program administrator, and contract fiscal officer.
15. Provide advance notification to the regional school nurse consultant should a change in local school nurse position number or assignment be expected to affect the level of student service provided by the SNFI nurse.
16. If SNFI funds are sub-contracted, provide a copy of the sub-contract and attachments to the NC Division of Public Health upon execution.

The short-term and/or interim outcomes of this contract are:

- A. Reduce the nurse to student ration in Sampson County Schools from 1/2744 approximately to 1/1029 approximately.
- B. Improve access to basic health services for 100% of students served.

IV. Performance Monitoring and Quality Assurance:

- A. **The School shall adhere to the following service quality measures for this contract:**
 1. Service is provided by a nationally certified school nurse. If the nurse hired with these funds is not nationally certified, service is provided by a

registered nurse working towards certification. This requirement shall be completed no later than the date of completion of three years of employment as a school nurse in North Carolina.

2. Services are provided in accordance with standards established by the NC Nurse Practice Act and the NC Board of Nursing.
3. Services are provided in a culturally sensitive manner.

B. This contract will be monitored according to the following plan:

1. Contract Administrator and central office program staff will review budgets and expenditures to assure that funds are spent according to agreed upon budgets.
2. Contract Administrator will monitor vacancies, recruitment and hiring.
3. Program staff will maintain regular contact (email, phone, on-site) with the Contractor to review progress on contract deliverables.
4. Upon completion of the annual work plan regional school nurse consultants will review assurance of deliverables as outlined in this contract. At midyear, and more often if necessary, regional school nurse consultants will review progress on contract deliverables and provide a sub-recipient monitoring report to the Contract Administrator. The report will demonstrate assurance that program goals are being addressed and that all deliverables are on target to be met. If the report indicates failure to adhere to deliverables in this contract, the contractor will work with the regional consultant and the Contract Administrator to develop a corrective action plan. If the corrective action plan does not meet contract requirements, the Division may take action resulting in cessation of funding.
5. Results of monitoring activities will be provided to the DHHS Program Monitoring System.

V. Funding Guidelines or Restrictions:

The School shall only use funds for salary, fringe and to support continuing education and required school nurse training.

The School shall assure that these funds will not supplant existing funds supporting school nurse positions. Communities will maintain current level of effort and funding for school nurses.

If the SNFI nurse is hired by the local Health Department for 12 months, funds in the amount of 1/12 of the annual allocation shall be drawn down each month to support the SNFI nurse salary, fringe, and continuing education. If SNFI funds are contracted with other employers (LEA, hospital) the draw down may be no more than is billed monthly by the School without prior approval of the DPH contract administrator.

Attachment III
BUDGET
SNFI Contract Budget

I. SALARIES

Position Title	Name *	Annual Salary	Type Position	Amount Paid by Local Agency	Amount Paid by State Contract
1. Nurse 1	Name Beverly Bradshaw	\$ 55,000	<input type="checkbox"/> 12-month <input type="checkbox"/> 11-month <input checked="" type="checkbox"/> 10-month		\$ 55,000
2. Nurse 2	Name Nancy Fryar	\$ 47,000	<input type="checkbox"/> 12-month <input type="checkbox"/> 11-month <input checked="" type="checkbox"/> 10-month		\$ 47,000
3. Nurse 3	Name Cary Booyer	\$ 55,000	<input type="checkbox"/> 12-month <input type="checkbox"/> 11-month <input checked="" type="checkbox"/> 10-month		\$ 55,000
4. Nurse 4	Name Angela Flowers	\$ 57,200	<input type="checkbox"/> 12-month <input type="checkbox"/> 11-month <input checked="" type="checkbox"/> 10-month		\$ 57,200
5. Nurse 5	Name Vaughn Michelle Williams	\$ 52,800	<input type="checkbox"/> 12-month <input type="checkbox"/> 11-month <input checked="" type="checkbox"/> 10-month	\$ 17,000	\$ 35,800
TOTAL SALARY PAID BY CONTRACT					\$ 250,000.00

* List VACANT if position not filled at the time of this report.

II. FRINGE

Position Title	Name *	Type and Rate	Amount Paid by Local Agency	Amount Paid by the State Contract
1. Nurse 1	Name	<input type="checkbox"/> Retirement Rate : 18.86%	10,373	
	Beverly Bradshaw	<input type="checkbox"/> FICA Rate: 7.65%	4,208	
		<input type="checkbox"/> Medical Rate/Amount: \$	6,104	
		<input type="checkbox"/> Other: Rate:		
2. Nurse 2	Name	<input type="checkbox"/> Retirement Rate: 18.86 %	8,864	
	Nancy Fryar	<input type="checkbox"/> FICA Rate: 7.65%	3,596	
		<input type="checkbox"/> Medical Rate/Amount: \$	6,104	
		<input type="checkbox"/> Other: Rate:		
3. Nurse 3	Name	<input type="checkbox"/> Retirement Rate : 18.86%	10,373	
	Cary Booyer	<input type="checkbox"/> FICA Rate: 7.65%	4,208	
		<input type="checkbox"/> Medical Rate/Amount: \$	6,104	
		<input type="checkbox"/> Other: Rate:		
4. Nurse 4	Name	<input type="checkbox"/> Retirement Rate : 18.86 %	10,788	
	Angela Flowers	<input type="checkbox"/> FICA Rate: 7.65%	4,376	
		<input type="checkbox"/> Medical Rate/Amount: \$	6,104	
		<input type="checkbox"/> Other: Rate:		
5. Nurse 5	Name	<input type="checkbox"/> Retirement Rate : 18.86%	9,958	
	Vaughn Michelle Williams	<input type="checkbox"/> FICA Rate: 7.65%	4,039	
		<input type="checkbox"/> Medical Rate/Amount: \$	6,104	
		<input type="checkbox"/> Other: Rate:		
TOTAL FRINGE PAID BY CONTRACT			\$101,303	\$ 0.00

*Fringe benefit amounts may change due to longevity, etc. that the employee may be eligible for during the school year.

Justification: Funds will be used to employ nationally certified school nurse(s) or registered nurse(s) working toward national certification to work full time in schools and enhance the local school district's capacity to provide basic health services to students.

III. Other

STAFF TRAVEL				
In-State		Total miles	Cost per mile	Total Cost
In-state Mileage				\$ -
		Number of nights	Cost per night	Total Cost
In-state Lodging				\$ -
	# of breakfasts	# of lunches	# of dinners	Total Cost (State rate)
State funded Meals, Instate				\$ -
Conference Registration				0.00
TRAINING PAID BY CONTRACT (If no funds available after covering salary and fringe for these positions, leave at 0.00. If funds available, amount is limited to a total of \$750 per position. See Scope of Work for Allowable Costs)				0.00

CONTRACT TOTAL AMOUNT	\$ 250,000.00

IV. Invoice Schedule

3

Use the table below to indicate the planned monthly invoice amounts that reflect salary and fringe if all positions are filled. It is understood that adjustments will be needed if vacancies occur. Total monthly salary and fringe amount per position should be invoiced until Program 803 funds have been expended using local funds later in the year, if needed to to "supplement."

Invoice Month	803 Month
July	\$ -
August	\$ 25,000.00
September	\$ 25,000.00
October	\$ 25,000.00
November	\$ 25,000.00
December	\$ 25,000.00
January	\$ 25,000.00
February	\$ 25,000.00
March	\$ 25,000.00
April	\$ 25,000.00
May	\$ 25,000.00
June	\$ -
803 Fund Total	\$ 250,000.00

NORTH CAROLINA'S
SAMPSON COUNTY

Department of Aging and In-Home Services

TO: Susan Holder, Assistant County Manager
FROM: Lorie Sutton, Aging Director
DATE: August 16, 2019
RE: BOC – Consent Agenda Item: Urgent Repair 2019 – Program Assistance Policy/Procurement and Disbursement Policy

Enclosed is our Program Assistance Policy and Procurement/Disbursement Policy for the 2019 Urgent Repair Funding cycle. These documents have been approved by North Carolina Housing Finance Agency.

Please include on the BOC September's consent agenda for review. I need the County Manager's signature on both documents.

Thank you.

/ls

Enclosure: Program Assistance Policy
Procurement and Disbursement Policy

Sampson County
Assistance Policy
For the 2019 Cycle of the
Urgent Repair Program

What is the Urgent Repair Program? Sampson County has been awarded \$100,000 by the North Carolina Housing Finance Agency (“NCHFA”) under the 2019 cycle of the Urgent Repair Program (“URP19”). This program provides funds to assist very-low and low-income households with special needs in addressing housing conditions which pose imminent threats to their life and/or safety or to provide accessibility modifications and other repairs necessary to prevent displacement of very-low and low-income homeowners with special needs such as frail elderly and persons with disabilities. A total of 11 households will be assisted under URP19.

This Assistance Policy describes who is eligible to apply for assistance under URP19, how applications for assistance will be rated and ranked, what the form of assistance is and how the repair/modification process will be managed. The County has tried to design this URP19 project to be fair, open, and consistent with the County’s approved application for funding and with NCHFA’s URP Program Guidelines.

The funds provided by NCHFA come from the North Carolina Housing Trust Fund. Additional funds for construction costs are provided by Home & Community Block Grant funds and local funds in the amount of \$10,000.

Eligibility To be eligible for assistance under URP19 applicants

- 1) must reside within the county limits of the County of Sampson and own and occupy the home in need of repair
- 2) must have a household income which does not exceed 50% of the County median income for the household size (see income limits below)
- 3) must have a special need (i.e. be elderly, \geq 62 years old, handicapped or disabled, a single parent with a dependent living at home, a Veteran, a large family with \geq 5 household members or a household with a child below the age of six with lead hazards in the home.
- 4) must have urgent repair needs, which cannot be met through other state or federally-funded housing assistance programs

URP19 Income Limits* for Sampson County

Number in Household	30% of Median (very-low income)	50% of Median (low income)
1	\$13,900	\$23,150
2	\$15,900	\$26,500
3	\$17,850	\$29,800
4	\$19,850	\$33,100
5	\$21,450	\$35,750
6	\$23,050	\$38,400
7	\$24,650	\$41,050
8	\$26,200	\$43,700

*Income limits are subject to change based on annually published HUD HOME Limits and will be updated each year. This update will not require a re-approval of the governing authority.

Outreach Efforts of the Urgent Repair Program Sampson County will advertise or publish an article about the Urgent Repair Program in the local newspaper serving the County (The Sampson Independent), at senior centers throughout the County and on the County's website.

Selection of applicants The County has devised the following priority system to rank eligible applicants, determine which of them will be selected for assistance and in what order. Under this system, applicants will receive points for falling into certain categories of special need and income. The applications will be ranked according to which receive the most points.

Priority Ranking System for Sampson County's URP19

<i>Special Needs (for definitions, see below)</i>	<i>Points</i>
Disabled, Elderly or Veteran Head of Household (62 or older)	4
Disabled, Elderly, or Veteran Household Member (not Head of Household)	3
Disabled, Elderly, or Veteran Head of Household that have applied in previous funding cycles and have not received a loan	3
Single-Parent Household (with one or more children in the home)	3
Large Family (5 or more permanent residents)	2
Emergency (may submit without regard to application deadlines)	2
Children under age of six with lead hazards in the home	2
<i>Income (See Income Table above)</i>	<i>Points</i>
Less than 30% of County Median Income	10
30% to 50% of County Median Income	5

Under NCHFA Program Guidelines, a minimum of 50% of households assisted must have incomes which are less than 30% of the area median income for the household size, and no household with an income exceeding 50% of the area median income will be eligible. This guideline will be adhered to strictly and will be the primary factor in the selection of those households to be assisted under URP19.

Recipients of assistance under the URP19 will be chosen by the above criteria without regard to race, color, religion, national origin, sex, familial status and disability.

The definitions of special needs populations under URP19 are:

- *Elderly:* An individual aged 62 or older.
- *Emergency:* A situation in which a household member has an immediate threat of being evicted or removed from a home due to health or safety issues within a time frame that the program can complete a repair to stop eviction or removal. These applications will be received at any time during the funding cycle and evaluated on the ability of the program to complete the work in a timely manner that meets the goal of assisting homeowners to remain in their home.
- *Disabled:* A person who has a physical, mental or developmental disability that greatly limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.
- *Large Family:* A large family household is composed of five or more individuals; at least four are immediate family members.

- *Head of Household:* The person or persons who own(s) the house.
- *Household Member:* Any individual who is an occupant (defined below) of the unit to be rehabilitated shall be considered a “household member” (the number of household members will be used to determine household size and all household members are subject to income verification).
- *Occupant:* An occupant is defined as any immediate family member (mother, father, spouse, son/daughter of the head of the household, regardless of the time of occupancy); or non-immediate family member who has resided in the dwelling at least 3 months prior to the submission of the family’s application.
- *Single-Parent Household:* A household in which one and only one adult resides with one or more dependent children.
- *Veteran:* A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.
- *Children:* A child below the age of six with lead hazards in the home.

Client Referral and Support Services Many homeowners assisted through the Urgent Repair Program may also need other services. When the Urgent Repair Program staff meet the homeowner during the work write-up process, they will discuss the resources and programs available in the County and provide pamphlets and a list of the agencies with contact information. With the homeowner's permission, a case file will be created and a staff person will follow up with the homeowner concerning the available services in the referral network.

What is the form of assistance under URP19? The County will provide assistance to homeowners, whose homes are selected for repair/modification in the form of a loan. Homeowners will receive an unsecured deferred, interest-free loan, forgiven at a rate of \$2,000 per year, until the principal balance is reduced to zero.

What is the amount of the loan? The amount of the loan will depend on the scope of work necessary to address the identified imminent threats to life and/or safety, and that will be determined by the County’s rehabilitation specialist. There is no minimum to the amount of the loan; however, the maximum life-time limit according to the guidelines of URP19 is \$10,000.

What kinds of work will be done? Only repairs that address imminent threats to the life and/or safety of occupants of the dwelling unit or accessibility modifications will be performed under the County’s URP. Please understand that all deficiencies in a home will likely not be able to be repaired with the available funds.

All work that is completed under URP19 must meet or exceed NC Residential Building Code.

Who will do the work on the homes? The County is obligated under URP19 to ensure that quality work is done at reasonable prices and that all work is contracted through a fair, open and competitive process. To meet those very difficult requirements, the County will invite bids only from contractors who are part of an “approved contractors’ registry”. Please request a copy of the County’s Procurement and Disbursement Policy for further information.

(Homeowners who know of quality rehabilitation contractors that are not on the County's Approved Contractors Registry are welcome to invite them to apply.)

A minimum of three approved contractors will be invited to bid on each job, and the lowest responsive and responsible bidder will be selected for the contract. "Responsive and responsible" is described in the Procurement and Disbursement Policy.

What are the steps in the process, from application to completion? Now that you have the information about how to qualify for the County of Sampson URP19, what work can be done, and who will do it, let's go through all the major steps in the process:

- 1. Completing an Application form:** Homeowners who wish to apply for assistance must do so by September 30, 2019. Apply by contacting Angela Faircloth, Information/Referral and Options Counselor, at 910-592-4653. Proof of ownership and income will be required. Those who have applied for housing assistance from the County in the past will not automatically be reconsidered. A new application will need to be submitted.
- 2. Preliminary inspection:** The County's Rehabilitation Specialist will visit the homes of potential loan recipients to determine the need and feasibility of repairs/modifications.
- 3. Screening of applicants:** Applications will be rated and ranked by the County based on the priority system outlined on page 2. The households to be assisted will be selected by November 1, 2019. Household income will be verified for program purposes only (information will be kept confidential). Ownership of property will be verified along with other rating factors. From this review, the eleven (11) most qualified applicants will be chosen according to the priority system described above. There will also be a list of alternates in the order of qualification. Applicants not receiving notification that they were chosen by November 1, 2019 may contact Angela Faircloth, Information/Referral and Options Counselor, at (910) 592-4653 to confirm the disposition of the application.
- 4. Applicant interviews:** Approved applicants will be provided detailed information on assistance, program repair/modification standards and the contracting procedures associated with their project at this informational interview.
- 5. Work write-up:** The County's Rehabilitation Specialist will visit the home again for a more thorough inspection. All parts of the home must be made accessible for inspection, including the attic and crawlspace, if any. The owner should report any known problems such as electrical short circuits, blinking lights, roof leaks and the like. The Rehabilitation Specialist will prepare complete and detailed work specifications (known as the "work write-up". A final cost estimate will also be prepared by the Rehabilitation Specialist and held in confidence until bidding is completed.
- 6. Formal agreement:** After approval of the work write-up, the homeowner will sign a formal agreement that will explain and govern the repair/modification process and an explanation of the Promissory Note, which is considered a forgivable loan. This agreement will define the roles of the parties involved throughout the process.

- 7. Bidding:** The work write-up and bid documents will be sent to a minimum of three contractors on the Approved Contractors' Registry who will be given two weeks in which to inspect the property and prepare bid proposals. The names of the invited contractors will be supplied to the homeowner. Each will need access to those areas of the house, in which work is to be performed, in order to prepare a bid. A bid opening will be conducted at the Department of Aging at a specified date and time, with all bidders and the homeowner invited to attend.
- 8. Contractor selection:** Within 24 hours of the bid opening and after review of bid breakdowns and timing factors, the winning bidder will be selected. All bidders and the homeowner will be notified of (1) the selection, (2) the amount, (3) the amount of the County's cost estimate, (4) any support or contingency costs that will be included in the loan amount, and (5) if other than the lowest bidder is selected, the specific reasons for the selection.
- 9. Execution of loan and contract:** The loan will be executed as well as the repair/modification contract prior to work beginning on the project. This contract will be between the contractor and homeowner, with the County signing as an interested third party. The cost of the actual work and project related support costs up to the maximum amount of \$1000 will be included in the loan document.
- 10. Pre-construction conference:** A pre-construction meeting will be held at the home. At this time, the homeowner, contractor and program representatives will be present and discuss the details of the work to be done. Starting and ending dates will be agreed upon, along with any special arrangements such as weekend or evening work hours and disposition of items to be removed from the home (such as old plumbing, etc.). If the contract has been executed, the County will issue a "proceed order" formally instructing the contractor to commence by the agreed-upon date within 24 hours of the pre-construction meeting.
- 11. Construction:** The contractor will be responsible for obtaining any required building permits for the project before beginning work. The permit must be posted at the house during the entire period of construction. Program staff will closely monitor the contractor during the construction period to make sure that the work is being done according to the work write-up (which is made a part of the rehabilitation contract by reference) and in a timely fashion. Code Enforcement Officers will inspect new work for compliance with the State Building Code as required by the guidelines of URP19. The homeowner will be responsible for working with the contractor toward protecting personal property by clearing work areas as much as practicable.
- 12. Change Orders:** All changes to the scope of work must be reduced to writing as a contract amendment ("change order") and approved by all parties to the contract: the owner, the contractor and two representatives of the County of Sampson. If the changes require an increase in the loan amount, a loan modification stating these changes in the contract amount must be completed by the County, and executed by the owner. If the changes result in a decrease in the loan amount, an estoppel informing the homeowner of these changes in the contract amount will be completed by the County and conveyed to the owner.

13. Payments to contractor: The contractor will be paid following inspection of and satisfactory completion of all items on the work write-up and change orders, if any, as outlined in the County's Procurement and Disbursement Policy.

14. Post-construction meeting: Following construction, the contractor and the Rehabilitation Specialist will sit down with the homeowner one last time. At this meeting the contractor will hand over all owner's manuals and warranties on equipment. The contractor and Rehabilitation Specialist will go over operating and maintenance requirements for any new equipment installed and discuss general maintenance of the home with the homeowner. The homeowner will have the opportunity to ask any final questions about the work and the loan.

15. Closeout: Once each item outlined in section 13 has been satisfied and the homeowner has signed a Certificate of Satisfaction, the job will be closed out (fully completed).

What are the key dates? If, after reading this document, you feel that you qualify for this program and wish to apply, please keep the following dates in mind:

- Applications available to the public starting September 16, 2019.
- Applications must be turned in at the County of Sampson's Department of Aging by 5:00 PM on September 30, 2019.
- Loans made to selected households November 1, 2020.
- All rehabilitation work must be under contract by October 15, 2020.
- All rehabilitation work must be completed by December 31, 2020.

How do I request an application? Just contact:

Angela Faircloth, Information/Referral and Options Counselor
Sampson County Department of Aging
405 County Complex Road; Suite 140
Clinton, NC 28328
910-592-4653

Is there a procedure for dealing with complaints, disputes and appeals? Although the application process and repair/modification guidelines are meant to be as fair as possible, the County of Sampson realizes that there is still a chance that some applicants or participants may feel that they were not treated fairly. The following procedures are designed to provide an avenue for resolution of complaints and appeals.

During the application process:

1. If an applicant feels that his/her application was not fairly reviewed or rated and would like to appeal the decision made about it, he/she should contact Angela Faircloth, Information/Referral and Options Counselor at 910-592-4653, within five days of the

initial decision and voice their concern. If the applicant remains dissatisfied with the decision, the detailed complaint should be put into writing.

2. A written appeal must be made within 10 business days of the initial decision on an application.
3. The County of Sampson will respond in writing to any complaints or appeals within 10 business days of receiving written comments.

During the repair/modification process:

1. If the homeowner feels that repairs or modifications are not being completed per the contract, he/she must inform the contractor and the Rehabilitation Specialist.
2. The Rehabilitation Specialist will inspect the work in question. If it is found that the work is not being completed according to contract, the Rehabilitation Specialist will review the contract with the contractor and ask the contractor to remedy the problem.
3. If problems persist, a mediation conference between the homeowner and the contractor may be convened by the Rehabilitation Specialist and facilitated by the County's Department of Aging Director.
4. Should the mediation conference fail to resolve the dispute, the County's Aging Services Director will render a written final decision.
5. If the Rehabilitation Specialist finds that the work is being completed according to contract, the complaint will be noted and the Rehabilitation Specialist and the homeowner will discuss the concern and the reason for the Rehabilitation Specialist's decision.

Will the personal information provided remain confidential? Yes. All information in applicant files will remain confidential. Access to the information will be provided only to County employees who are directly involved in the program, the North Carolina Housing Finance Agency and auditors.

What about conflicts of interest? No officer, employee or other public official of the County, or member of the County Commissioners, or entity contracting with the County that exercises any functions or responsibilities with respect to URP19 shall have any interest, direct or indirect, in any contract or subcontract for work to be performed with program funding, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter. Relatives of County employees, Board of Commissioners and others closely identified with the County, may be approved for rehabilitation assistance only upon public disclosure before the County Commissioners and written permission from NCHFA.

What about favoritism? All activities under URP19, including rating and ranking applications, inviting bids, selecting contractors and resolving complaints, will be conducted in a fair, open and non-discriminatory manner, entirely without regard to **race, color, religion, national origin, sex, familial status and disability**

Who can I contact about URP19? Any questions regarding any part of this application or program should be addressed to:

Angela Faircloth, Seven Wilson, or Lorie Sutton
Sampson County Department of Aging
405 County Complex Road; Suite 140
Clinton, NC 28328
910-592-4653

These contacts will do their utmost to answer questions and inquiries in the most efficient and correct manner possible.

This Assistance Policy is adopted this ____ day of _____ 20__.

County Manager

Notary Public

Sampson County
Procurement and Disbursement Policy
URGENT REPAIR PROGRAM

PROCUREMENT POLICY

1. To the maximum extent practical, the Sampson County (the County) promotes a fair, open and competitive procurement process as required under the North Carolina Housing Finance Agency's Urgent Repair Program (URP). Bids are invited from Contractors who are part of the County's approved contractor registry. (To be on the registry, a contractor must complete an application, have their recent work inspected, reviewed and approved by the Rehabilitation Specialist and submit proof of insurance.) Any contractor listed with and approved by the County and in good standing will receive automatic approval status on the contractor registry.
2. At least three eligible contractors on the County's approved contractor registry shall be invited to bid on each job and the lowest responsive and responsible bidder shall be selected for the contract. "Responsive and responsible" means (a) the contractor is deemed able to complete the work in a timely fashion, (b) the bid is within 15%, in either direction, of the County's cost estimate, and (c) there is no conflict of interest (real or apparent).
3. Although bid packages may be bundled for multiple job sites, the bids for multiple job sites shall be considered separate and apart when awarded and shall be awarded to the lowest responsive and responsible bidder(s) for each job site.
4. Bid packages shall consist of an invitation to bid, work write up(s) and bid sheet(s) for each job.
5. Bids must include a cost-per-item breakdown with line item totals equaling the submitted bid price. Discrepancies must be reconciled prior to a contract being awarded.
6. Any change to the original scope of work must be reduced to writing in the form of a change order to be agreed upon and signed by all parties to the original contract and two representatives of the County. The change order must also detail any changes to the original contract price.
7. No work may begin prior to a contract being awarded and a written order to proceed provided to the contractor. In addition, a pre-construction conference and "walk thru" shall be held at the work site prior to commencement of repair work.
8. The County reserves the right to reject any or all bids at any time during the procurement process.
9. In the event of a true emergency situation, the County reserves the right to waive normal procurement procedures in favor of more expedient methods, which may include seeking telephone quotes, faxed bids and the like. Should such methods ever become necessary the transaction will be fully documented.
10. All sealed bids will be opened publicly at a time and place to be announced in the bid invitation. All bidders are welcome to attend.

DISBURSEMENT POLICY

1. All repair work must be inspected by the County’s Rehabilitation Specialist, and (b) the homeowner prior to any payments to contractors. If all work is deemed satisfactory and all other factors and written agreements are in order, payment shall be issued upon presentation of an original invoice from the contractor. Contractor should allow 21 business days for processing of the invoice for payment.
2. If any of the work is deemed unsatisfactory, it must be corrected prior to authorization of payment. If the contractor fails to correct the work to the satisfaction of the County’s Rehabilitation Specialist, payment may be withheld until such time the work is satisfactory. (Contractors may follow the County’s Urgent Repair Program Assistance Policy if a dispute occurs; however, contractors shall abide by the final decision as stated in the policy).
3. The County assures, through this policy, that adequate funds shall be available to pay the contractor for satisfactory work.
4. All contractors, sub-contractors and suppliers must sign a lien waiver prior to disbursement of funds.

The Procurement and Disbursement Policies are adopted this the _____ day of _____ 20__.

Sampson County

BY: _____

ATTEST: _____

CONTRACTORS STATEMENT:

I have read and understand the attached Procurement and Disbursement Policy.

BY: _____

COMPANY NAME: _____

WITNESS: _____



SAMPSON AREA TRANSPORTATION
311 COUNTY COMPLEX RD.
BUILDING H
CLINTON, NC 28328
PHONE: (910) 299-0127

ROSEMARIE OATES, DIRECTOR
Email: roates@sampsonnc.com

Memorandum:

TO: Mr. Ed Causey, County Manager
FROM: Rosemarie Oates, Director, Sampson Area Transportation
DATE: August 28, 2019
RE: SAT Policies and Procedures

I am requesting the Board of Commissioners approve the updated Policies and Procedures for those who utilize the services of Sampson Area Transportation.

Please let me know if you have any questions.

Thank you,

Rosemarie Oates
Director, Sampson Area Transportation

Attachments: SAT Rider Policies and Procedures

**SAMPSON AREA TRANSPORTATION
OPERATIONS POLICY**

SAMPSON AREA TRANSPORTATION

311 COUNTY COMPLEX RD.

SUITE H

CLINTON, NC 28328

PHONE: 910 299-0127 FAX: 910 299-0973

These guidelines are not intended to supersede an agency policy or procedures that may be stricter or otherwise impose other forms of action deemed necessary by that agency or its program.

Policy:

The SAT transit vehicle will signal its arrival by sounding the horn. It will then wait 2 minutes for the passenger to acknowledge and approach the vehicle for boarding. Unless otherwise requested all trips will be performed “curb to curb”. For general public riders, prior arrangements must be made for passengers needing assistance from their residence to the vehicle or additional time to board the vehicle.

When the passenger does not acknowledge or make movements towards the van in the allotted 2-minute period a “no-show” is charged. When the passenger receives two “no-shows” within a 30-day period the appropriate agency is notified. Upon the third “no-show” the passenger is temporarily removed from the schedule and will not receive transportation services for 30 days.

Note: Exceptions may be made on a case-by-case basis for passengers with life threatening or extenuating circumstances. These cases must be documented and verified by the passengers and their sponsoring agency.

Reporting Procedures:

SAT will supply each sponsoring agency, at agency’s request, with a monthly “no-show” report as it applies to each agency. The report will be delivered to each agency within 5 days from the previous month end.

**SAMPSON AREA TRANSPORTATION
OPERATIONS POLICY**

Policy Name: **NO-SHOWS**

Description:

A "no-show" occurs when a client that has scheduled a ride fails to notify SAT at least 3 hours in advance of the need to cancel their ride. When a human service agency rider receives 2 or more no-shows within a 30-day period, the transportation provider will notify the passenger's contract agency representative. The contract agency representative will advise their client that they may be suspended from utilizing SAT services if they receive a 3rd no-show within a 30-day period. Transportation service can only be restored by a request by the human service agency and subsequent approval by the Transportation Director.

General Public riders may be charged a "no-show" fee. This fee may be applied for every "no-show" and the client must pay for said "no show" the next time they are picked up. The fee for each "no-show" for RGP riders is equal to the amount that the client would have paid if they had ridden the van. Exceptions will be determined by the Transportation Director and contracting agency.

**SAMPSON AREA TRANSPORTATION
OPERATIONS POLICY**

Policy Name: **CHILD SAFETY**

Description:

Children under the age of 8, or that weigh less than 80 pounds will not be transported without an appropriate child restraint seat. It is the responsibility of the agency, or the child's parents or guardians, to provide such a child safety seat. If the age or weight of the child is in question, the parent or guardian must provide SAT with proof of such. Sampson Area Transportation does not provide child safety seats. All children that do not meet or comply with the NCDOT ruling on child safety seats will be refused rider ship by all SAT vehicles.

SAMPSON AREA TRANSPORTATION

OPERATIONS POLICY

Policy Name:

PASSENGER ESCORTS

Description:

Passengers who need assistance beyond boarding and exiting from vehicles should have an aide with them. The driver is not responsible for seeing that passengers sign in to appointments, or for taking passengers or their baggage inside any building.

Children 15 years of age and under must have an adult accompany them to and from appointments. Medicaid recipients who have pre-arranged transportation through the Department of Social Services must be 18 or older to ride without an attendant. Children shall never be left unattended on any vehicle.

Each rider that requires an attendant will be permitted to have 1 attendant ride along at no charge. The attendant must be physically and mentally able to assist the passenger. All additional riders will be required to pay the applicable fare

SAMPSON AREA TRANSPORTATION

OPERATIONS POLICY

Policy Name:

CONCEALED WEAPONS

Description:

No weapons of any kind are allowed on transit vehicles to include knives, guns, or any object harmful to another individual as determined by the transit driver.

SAMPSON AREA TRANSPORTATION

OPERATIONS POLICY

Policy Name:

SERVICE WINDOW

Description:

A 30-minute “service window” is allowed for passenger trips. This means that a Sampson Area Transportation vehicle may pick up a passenger 30 minutes before or after the passenger’s **scheduled pick up time**. As an example: if the scheduled pick up time is 10:15, the van may arrive as early as 9:45 and as late as 10:45. Passengers should wait at a main entrance or curbside if they are physically and/or mentally capable and if weather permits.

SAMPSON AREA TRANSPORTATION

OPERATIONS POLICY

Policy Name:

HOLIDAYS

Description:

In accordance with Sampson County policies, Sampson Area Transportation will observe holidays as directed by the Sampson County Board of Commissioners to include the following: New Year’s Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day & following Friday, Christmas holiday (2-3 days).

SAMPSON AREA TRANSPORTATION

OPERATIONS POLICY

Policy Name:

CONFIDENTIALITY

Description:

Any and all information regarding any individual person served by Sampson Area Transportation is strictly confidential. Information shall not be released to any party in any form without the authorization of the individual and Sampson Area Transportation, except where disclosure is required by the North Carolina Public Records Act or other applicable law.

SAMPSON AREA TRANSPORTATION

OPERATIONS POLICY

Policy Name:

PASSENGER BEHAVIOR

Description:

A passenger's right to transportation can be terminated by Sampson Area Transportation due to misconduct of the passenger. Disruptive or abusive behavior to other passengers or the driver will not be tolerated.

No profanity or vulgarity is allowed on any Sampson Area Transportation vehicle.

No weapons (knives or firearms) will be allowed on a Sampson Area Transportation vehicle.

Passengers are not permitted to eat, drink, or smoke inside any Sampson Area Transportation vehicle.

No screaming, loud talking, singing, or playing of loud music is allowed on any Sampson Area Transportation vehicles.

No inappropriate display of affection or sexual activity to the driver or another passenger is allowed on a Sampson Area Transportation vehicle.

No release of human waste, including spitting, on the vehicle. This does not include instances of vomiting due to treatments, medication, or illness.

Procedures for violations of these rules are as follows:

First Incident: When a passenger's behavior disrupts the driver or other passengers, the Transportation Director, or his/her agent will speak privately with the passenger and/or the passenger's sponsoring agency representative (if the passenger is a human service agency client) about his/her behavior. The Transportation Director will state to the passenger/agency the reason his/her behavior is objectionable and the steps the passenger must take to correct the behavior. The Transportation Director will document this verbal warning, indicating the date and time the discussion took place.

Second Incident: If the passenger continues his/her disruptive behavior, the Transportation Director will speak with the passenger and the passenger's sponsoring agency representative (if the passenger is a human service agency client) a second time. During this conversation, the passenger will be presented with a written warning stating the reasons his/her behavior is objectionable and the steps he/she must take to correct the behavior. The warning will also state that another incident will result in a suspension of privileges to ride the transportation system for up to 30 days.

Third Incident: A third incident will result in a suspension of transportation privileges for 30 days. The suspension notice will be written and delivered to the passenger and to the passenger's sponsoring agency (if the passenger is a human services agency client).

If a passenger continues his/her disruptive behavior following his/her return from suspension, a written notice will be sent to the passenger notifying him/her that he/she has been permanently suspended from riding any Sampson Area Transportation vehicle. A copy of this notice will also be sent to the client's sponsoring human service agency, if applicable.

THESE POLICIES WERE ADOPTED BY THE TRANSPORTATION ADVISORY BOARD AND SAMPSON AREA TRANSPORTATION ON:

DATE: _____

TAB CHAIRPERSON: _____

SAT DIRECTOR: _____

SAMPSON COUNTY
AGRI-EXPOSITION
C E N T E R

DATE: 20 August 2019

TO: Mr. Clark Wooten, Chairman, Sampson County Board of Commissioners
Mr. Ed Causey, County Manager, County of Sampson
Mrs. Susan Holder, Assistant County Manager, County of Sampson
Mr. David Clack, CFO, County of Sampson

FROM: Ray Jordan, Executive Director

SUBJECT: Proposed Facility Rental Fee Increases

As you are aware, the Sampson County Board of Commissioners requests that the Sampson County Exposition Center annually review its Facility Rate Schedules.

The rate schedule that is currently in use was adopted in June 2019 and became effective July 1, 2019. The rates that were approved are applicable until such time that a new rate schedule should be approved and adopted by the Board of Commissioners.

A review of current lease agreements and day-to-day operations has revealed that clients are booking dates much further in advance than over the past several years. A closer review revealed that in many cases there have been a considerable number of events booked under the “old” rate schedules that have since been replaced, and in many cases, events booked may actually be up to two years out resulting in reduced revenues based upon when the contract was initially issued.

While striving to maximize revenues, while not stifling or reducing advanced reservations it is recommended that that the Exposition Center maintain a “current year” rate schedule; as well as adopting a subsequent FY Rate Schedule. By maintaining two rate schedules (i.e. FY 2019-2020 & 2020-2021) the gap in fees collected should become smaller and clients will still have advance knowledge of the specific rates for their planning purposes.

Attached is the current Rate Schedule that became effective July 1, 2019; as well as a Proposed Rate Schedule that would cover the period July 1, 2020 to June 30, 2021. It is requested that the BOC consider adopting the 2020-2021 Rate Schedule and that it become effective and implemented once approved. This schedule would be applicable to dates that are reserved during the period July 1, 2020 to June 30, 2021.

Within the Proposed Rate Schedule for FY 2020-2021 there are slight increases in rental fees and Event Manager Fees. Event Manager fees have not increased in several years and this will aid in being able to retain team members. The non-profit rate contains small increases. Reminder, the non-profit rate only applies to Sampson County chartered 501-c3 organizations and departments that are a part of Sampson County Local Government.

Should this concept be approved by the BOC, the staff of the Exposition Center would then annually review and supply the BOC with two rate schedules for subsequent fiscal years (i.e. 2021-2022 and 2022-2023) that could be considered by the BOC.

If you should have any questions, please feel free to contact me at your convenience.

E: Current and Proposed Rate Schedule

Thank you for considering the Sampson County Exposition Center for your upcoming event. Owned and operated by the County of Sampson, the facility serves as a venue for a wide variety of both public and private events. Known as "The Center of Activity," the facility offers multiple meeting spaces for banquets, seminars, graduations, trade shows, weddings and a host of other activities. The facility also serves as a venue for cultural events and activities that enhance the quality of life for its citizens as well as in attracting visitors to Sampson County.

Refundable Security Deposits

\$250 (Non-Food Functions) - \$500 (Events providing catering, dance, band, DJ, or alcohol)

Refundable Security Deposits are required to book or reserve a date with the Sampson County Exposition Center. Date(s) can not be confirmed without the receipt of applicable deposit. Security Deposits are refundable provided facility guidelines are met. Refundable security deposits are not a part of the rental fee and may not be applied toward facility rental or service fees.

Sampson County Exposition Center Standard Fee Schedule (** See Reverse for Notes)				
Room	Non-Food Functions (3) (7)		Banquets/Food Events/Dances Receptions/Sales Events (3) (7)	
	Sun -Thurs.	Fri.-Sat.	Sun -Thurs.	Fri.-Sat.
Entire Facility (1)	\$ 1,500.00 (1)	\$ 1,600.00 (1)	\$ 1,600.00 (1)	\$ 1,900.00 (1)
Prestage Hall	\$ 1,000.00	\$ 1,200.00	\$ 1,000.00	\$ 1,400.00
Prestage Hall A	\$ 600.00	\$ 675.00	\$ 650.00	\$ 700.00
Prestage Hall B	\$ 600.00	\$ 675.00	\$ 650.00	\$ 700.00
Heritage Hall	\$ 600.00 (2)	\$ 650.00 (2)	\$ 650.00 (2)	\$ 700.00 (2)
Heritage Hall A	\$ 400.00 (2)	\$ 450.00 (2)	\$ 450.00 (2)	\$ 500.00 (2)
Heritage Hall B	\$ 400.00 (2)	\$ 450.00 (2)	\$ 450.00 (2)	\$ 500.00 (2)
Prestage Hall Stage Only (6)	\$ 250.00	NA	NA	NA
Expo Room	\$ 125.00	\$ 150.00	\$ 125.00	\$ 150.00
Expo Room w AV Package	\$ 150.00	\$ 175.00	\$ 150.00	\$ 175.00
Board Room (5) (AV Package Available)	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00
Small Kitchen	NA	NA	\$ 125.00 (4)	\$ 125.00 (4)
Large Kitchen	NA	NA	\$ 150.00 (4)	\$ 175.00 (4)

Event Manager Fee: \$15.00/Hour (Hours 1 thru 8) \$19.00/Hour (Hours > 8)

Event Managers are required for all events beginning or ending after 5:00 p.m. Monday-Friday and for events held on Saturdays, Sundays and Holidays and are subject to a four-hour (4) minimum per scheduled event.

Holiday Rates: \$18/hour (Hours 1-8); \$27/hour (Hours >8). This includes the following: New Year's Eve, New Year's Day, MLK Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Eve or Christmas Day.

Security Personnel Fee: 22.00/Hour per Officer

Security Personnel are required for all concerts, dances, or events that allow alcoholic beverages. Security Personnel are subject to a four (4) hour minimum per scheduled event. The staff of the Exposition Center shall make all Security Personnel arrangements. The number of Security Personnel required for an event will be at the discretion of the Sampson County Exposition Center.

Holiday Rate: \$30.00/Hour per Officer: This includes the following: New Year's Eve, New Year's Day, MLK Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Eve or Christmas Day.

Production Equipment/Production Technicians/Bands/DJ's: Call for Pricing and Availability

Often clients need assistance in booking bands and DJ's, or their event requires specialized production technicians or production equipment including sound, lighting, staging, audio-visual or electrical. The Sampson County Exposition Center can assist clients in meeting these needs to insure a successful event. Contact Exposition Center Staff for additional details. (Six week minimum notice is suggested.)

Facility LED Marquee Advertising: (One week prior to event included in rental fee.)

Additional Advertising Fee: \$25.00/week or \$80.00 for 4 weeks

Marquee displays multiple messages that run concurrently daily 16 Hours per day. (Marquee advertising available only for events leasing space in the Exposition Center.)

Realizing the important role that Sampson County Non-Profit organizations perform in the community the Sampson County Exposition Center offers a Non-Profit Facility Rental Rate Schedule. This rate schedule is applicable to 501-C(3) Non-Profit organizations that are located within Sampson County. To receive these rates a copy of the organization's 501-C(3) tax status must be submitted at the time the contract is issued.

Sampson County Exposition Center Non-Profit (501-C3) Fee Schedule (**)				
Room	Non-Food Functions		Banquets/Dances Receptions/Sales Events (3)	
	Sun -Thurs.	Fri.-Sat.	Sun -Thurs.	Fri.-Sat.
Entire Facility ⁽¹⁾	\$ 1,250.00 ⁽¹⁾	\$ 1,475.00 ⁽¹⁾	\$ 1,200.00 ⁽¹⁾	\$ 1,475.00 ⁽¹⁾
Prestage Hall	\$ 800.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Prestage Hall A	\$ 400.00	\$ 625.00	\$ 550.00	\$ 650.00
Prestage Hall B	\$ 400.00	\$ 625.00	\$ 550.00	\$ 650.00
Heritage Hall	\$ 450.00 ⁽²⁾	\$ 500.00 ⁽²⁾	\$ 550.00 ⁽²⁾	\$ 650.00 ⁽²⁾
Heritage Hall A	\$ 275.00 ⁽²⁾	\$ 400.00 ⁽²⁾	\$ 375.00 ⁽²⁾	\$ 450.00 ⁽²⁾
Heritage Hall B	\$ 275.00 ⁽²⁾	\$ 400.00 ⁽²⁾	\$ 375.00 ⁽²⁾	\$ 450.00 ⁽²⁾
Prestage Hall Stage Only	NA	NA	NA	NA
Expo Room	\$ 95.00	\$ 125.00	\$ 95.00	\$ 125.00
Expo Room w AV Package	\$ 145.00	\$ 175.00	\$ 145.00	\$ 175.00
Board Room (AV Package Available)	\$ 75.00	\$ 125.00	\$ 125.00	\$ 125.00
Small Kitchen	NA	NA	\$ 125.00 ⁽⁴⁾	\$ 125.00 ⁽⁴⁾
Large Kitchen	NA	NA	\$ 150.00 ⁽⁴⁾	\$ 175.00 ⁽⁴⁾

Services & Equipment Rental Fees (Plus applicable NC Sales Tax)

Basic Sound System (Two Corded Microphones & CD Player Included in Rental Fee (Prestage/Heritage Hall)	
Additional Corded Microphone(s)	\$20.00 Each/Day
Handheld Cordless Microphones	\$25.00 Each/Day
Straight Microphone Stands	\$15.00 Each/Day
200 Amp Stage Distro/Electrical Service	\$50.00 Each/Day (Required PH events with Band or DJ)
LED Video Projector Packages	\$110.00/Day (Computer/VCR/DVD presentations)
Bennett-Allen Board Room AV Package	\$50.00/Day (Computer/VCR/DVD presentations)
100 Amp Electrical Floor Services (PH Only)	\$50.00/Day/Cart
Dry Board Easel with Markers	\$25.00/Day
Easel(s)	\$15.00 Each/Day
Flipchart and Pad	\$25.00/Day (Includes Writing Pad)
Gaffers Tape (3" x 55 yard roll)	\$29.75/Roll
Portable Dance Floor	\$250.00/Day
Choral Risers (4 Sections)	\$150.00/Day or \$50.00/Section
Piano (Studio Piano/Console)	\$50.00/Day (Plus Tuning-Call for Pricing)
Grand Piano (Yamaha C7)	\$150.00/Day (Plus Tuning-Call for Pricing)
Fork Lift Services (Operator Included)	\$50.00/Hour (Two-week advance notice required)
Table Linen Services	Call for Pricing and Availability
In-House Catering Services	Call for Pricing and Availability
Elevated Seating Platforms	Call for Pricing and Availability

All Rates for daily rental. Events must conclude for guests by 12:30 am. (Failure to comply will result in automatic loss of security deposit.)

() Payment for facility rental and other associated fees are due 14 business days prior to the event date.**

- (1) Includes Prestage Hall, Heritage Hall, Expo Room, Large Kitchen and Small Kitchen.**
- (2) Dance/Band Functions utilizing Heritage Hall require a Portable Dance Floor. (See Additional Services Rate Schedule for pricing.)**
- (3) Sales Events Include: Tool Sales, Retail Sales, Wholesale Sales, Jewelry Sales, etc. (Businesses outside Sampson County add 50% to applicable room rental rates.)**
- (4) Kitchens may not be rented without room rental.**
- (5) No rental fee applicable for Clinton-Sampson Chamber of Commerce members, however, CSCOC members are subject to all standard usage policies and procedures.**
- (6) Mon-Thurs ONLY. Chairs & Tables for events held on stage only, not within PH. Booked no more than 30 days in advance.**
- (7) Clinton City Schools, Sampson County Schools, Tar Heel Challenge and Continuing Education Programs offered by the Sampson County Cooperative Extension Service receive a discount of 25% off of the Standard Rate Schedule. Discount applies only to room rental fees; all other services provided shall be at the prevailing rates as listed.**

MEMORANDUM

TO: Susan J. Holder
FROM: Joel Starling
DATE: August 26, 2019
RE: Involuntary Commitment Transportation Agreement

Effective October 1, 2019, all cities and counties in North Carolina are required to adopt a plan known as an “involuntary commitment transportation agreement” or “transportation agreement” that sets forth in detail how the unit of local government will provide for the custody and transportation of respondents in involuntary commitment proceedings under Article 5 of Chapter 122C of the General Statutes of North Carolina.

Under G.S. 122C-251, counties are responsible for providing transportation to involuntary commitment respondents in a number of situations, including providing:

- Transportation within the county for Respondents who reside in the county (but outside city limits);
- Transportation within the county for Respondents who are physically taken into custody within the county (but outside city limits);
- Transportation between counties for Respondents who are residents of the county and need to be transported for a first examination and admission to a 24-hour facility;
- Transportation between counties for Respondents being held in 24-hour facilities who need to attend a change of venue hearing in district court when the involuntary commitment proceeding was filed in Sampson County;
- Transportation between counties of Respondents who are residents of Sampson County upon their discharge from a 24-hour facility.

In addition to these statutory responsibilities, the County has also provided involuntary commitment transportation services to the residents of Autryville, Garland, Harrells, Newton Grove, Roseboro, Salemburg, and Turkey in the past. This practice will continue under the proposed involuntary commitment transportation agreement.

The City of Clinton will generally provide its own involuntary commitment transportation services, as outlined in the Involuntary Commitment Transportation Agreement included with these materials.

The proposed Involuntary Transportation Agreement is the product of collaboration and, in some instances, negotiated compromise between the County, the Sheriff's Office, the City, the Clinton Police Department, the Towns, Sampson Regional Medical Center, and Eastpointe LME/MCO.

Materials:

1. Resolution Adopting Involuntary Commitment Transportation Agreement;
2. Involuntary Commitment Transportation Agreement.

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS
ADOPTING INVOLUNTARY COMMITMENT TRANSPORTATION AGREEMENT**

WHEREAS, N.C. Gen. Stat. § (“G.S.”) 122C-251(g) requires that the governing bodies of counties and cities adopt a plan known as an “involuntary commitment transportation agreement” or “transportation agreement” for the custody and transportation of respondents in involuntary commitment proceedings under Article 5 of Chapter 122C of the North Carolina General Statutes (“Respondents”); and

WHEREAS, G.S. 122C-251(a) provides that Sampson County (the “County”) has the duty to provide within the County transportation of Respondents who are residents of the County outside city limits or who are physically taken into custody in the County outside city limits; and

WHEREAS, G.S. 122C-251(b) provides that the County has the duty to provide between counties: (1) transportation of Respondents taken into custody in the County for first examinations pursuant to G.S. 122C-263(a) and G.S. 122C-283(a) and for admission to a 24-hour facility; (2) transportation of Respondents held in 24-hour facilities who have requested a change of venue for their district court hearing when the petition was filed in the County; and (3) transportation for Respondents who reside in the County upon their discharge from a 24-hour facility, provided that the Respondent does not have his or her own means of transportation; and

WHEREAS, G.S. 122C-251(a) provides that cities and counties may contract with one another to provide involuntary commitment transportation; and

WHEREAS, the Sampson County Sheriff’s Office (“SCSO”) has, to date, been providing involuntary commitment transportation services for the Town of Autryville, the Town of Garland, the Town of Harrells, the Town of Newton Grove, the Town of Roseboro, the Town of Salemburg, and the Town of Turkey (collectively, the “Towns”), and the Towns wish for the SCSO to continue providing involuntary commitment transportation services for the Towns; and

WHEREAS, the SCSO and the County are willing to continue providing involuntary commitment transportation services to the Towns in accordance with the terms and conditions of the Sampson County Involuntary Commitment Transportation Agreement, which is incorporated herein by reference; and

WHEREAS, the Clinton Police Department (“CPD”) has, to date, been providing involuntary commitment transportation services for the City of Clinton (the “City”), and the CPD and the City wish to continue providing involuntary commitment transportation services for the City in accordance with the terms and conditions of the Sampson County Involuntary Commitment Transportation Agreement, which is incorporated herein by reference;

NOW, THEREFORE, BE IT RESOLVED that the Sampson County Board of Commissioners hereby adopts the Sampson County Involuntary Commitment Transportation Agreement pursuant to G.S. 122C-251(g).

CLARK H. WOOTEN, Chair,
Sampson County Board of Commissioners

ATTEST:

SUSAN J. HOLDER, Clerk,
Sampson County Board of Commissioners

FURTHERMORE, the Sheriff of Sampson County, pursuant to G.S. 122C-251(g)(3), hereby manifests his consent to the Sampson County Involuntary Commitment Transportation Agreement by executing this Resolution.

JIMMY THORNTON,
Sheriff of Sampson County

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

DAVID K. CLACK,
Sampson County Finance Officer

**SAMPSON COUNTY
INVOLUNTARY COMMITMENT TRANSPORTATION AGREEMENT**

I. SCOPE OF AGREEMENT

- A. It is the policy of Sampson County (the “County”) to transport persons subject to involuntary mental commitments (“Respondents”) in conformity with the requirements set forth in N.G. Gen. Stat. § (“G.S.”) 122C-251.
- B. Unless otherwise provided herein, the City of Clinton (“City”) will provide transportation for Respondents who are residents of the City or are physically taken into custody within the city limits of the City.
- C. Unless otherwise provided herein, the County will provide transportation for Respondents who reside in the county outside of any city limits; who are physically taken into custody in the county outside of any city limits; who are residents of the Town of Autryville, the Town of Garland, the Town of Harrells, the Town of Newton Grove, the Town of Roseboro, the Town of Salemburg, and the Town of Turkey (collectively, the “Towns”); or who are physically taken into custody within the city limits of any of the Towns.
- D. Pursuant to G.S. 122C-251(g)(1), law enforcement and other affected agencies were invited to assist in the preparation of this Agreement. To that end, representatives from the County, the Sampson County Sheriff’s Office (“SCSO”), the City, the Clinton Police Department (“CPD”), the Towns, the Newton Grove Police Department, Sampson Regional Medical Center (“SRMC”), and Eastpointe LME/MCO participated in the development of this Agreement by meeting together, offering feedback regarding the terms of the Agreement, and addressing concerns that their respective units of government, law enforcement agencies, and entities had regarding the Agreement.

II. EFFECTIVE DATE, TERM, AND TERMINATION

- A. This Agreement shall become effective October 1, 2019 for all persons, agencies, corporations, and entities who have consented in writing to the terms hereof.
- B. This Agreement shall continue in effect until terminated as provided herein.
- C. This Agreement may be terminated at any time by any party that has consented in writing to the terms hereof upon thirty (30) days written notice to all other parties hereto, provided, however, that: (1) termination of this Agreement shall not relieve the County, City, or Towns of their statutory obligation to provide transportation under G.S. 122C-251; and (2) the City may not avoid the 90 day notice requirement imposed by Section VII below by merely terminating this Agreement.

III. SERVICE OF INVOLUNTARY COMMITMENT ORDERS ON RESPONDENTS AND INITIAL CUSTODY

- A. Pursuant to G.S. 122C-261(e), the initial service of the Involuntary Commitment Order (“Order”) upon a Respondent and the initial custody of the Respondent may be accomplished by a law enforcement officer, other person identified in the Order, or other person designated pursuant to G.S. 122C-251(g).
- B. Unless some other person is identified in the Order or has been designated by the City Council pursuant to G.S. 122C-251(g), law enforcement officers employed by the CPD shall accomplish the initial service of the Order and initial custody of Respondents who are residents of the City or are physically taken into custody within the city limits of the City.
- C. Unless some other person is identified in the Order or has been designated by the governing body of the County or any Town pursuant to G.S. 122C-251(g), law enforcement officers employed by the SCSO shall accomplish the initial service of the Order and initial custody of Respondents who are residents of all other parts of the County, including the Towns, or are physically taken into custody in all other parts of the County, including the Towns.

IV. TRANSPORTATION OF RESPONDENTS WITHIN THE COUNTY

- A. Transportation of Respondents who are residents of the City or are physically taken into custody within the city limits of the City pursuant to involuntary commitment proceedings, including admission and discharge, shall be provided by law enforcement officers employed by the CPD or such other transportation provider as has been designated by the City Council pursuant to G.S. 122C-251(g), except that upon discharge from Sampson Regional Medical Center (“SRMC”), Respondents who are residents of the City and do not have access to their own form of transportation will be transported home by law enforcement officers employed by the CPD or such other transportation provider as has been designated by the City Council pursuant to G.S. 122C-251(g), irrespective of whether the SCSO or CPD initially transported the Respondent to SRMC.
- B. Transportation of Respondents who are residents of any other part of the County, including the Towns, or are physically taken into custody in any other part of the County, including the Towns, pursuant to involuntary commitment proceedings, including admission and discharge, shall be provided by law enforcement officers employed by the SCSO or such other transportation provider as has been designated by the governing body of the County or any Town pursuant to G.S. 122C-251(g), except that upon discharge from SRMC, Respondents who are residents of any other part of the County, including the Towns, and do not have access to their own form of transportation will be transported home by law enforcement officers employed by the SCSO or such other transportation provider as has been designated by the governing body of the County or any Town pursuant to G.S. 122C-251(g),

irrespective of whether the SCSO or CPD initially transported the Respondent to SRMC.

V. TRANSPORTATION OF RESPONDENTS BETWEEN COUNTIES

- A. Unless some other person is identified in the Order or has been designated by the County Board of Commissioners pursuant to G.S. 122C-251(g), transportation between the County and another county under involuntary commitment proceedings for Respondents taken into custody in the County for a first examination, as described in G.S. 122C-263(a) and 122C-283(a), and for admission into to a 24-hour facility shall be provided by law enforcement officers or detention officers employed by the SCSO.
- B. Unless some other person is identified in the Order or has been designated by the County Board of Commissioners pursuant to G.S. 122C-251(g), transportation between counties under involuntary commitment proceedings for Respondents held in 24-hour facilities who have requested a change of venue for their District Court hearing shall be provided by law enforcement officers or detention officers employed by the SCSO if the petition for involuntary commitment for the Respondent was initiated in this County.
- C. Unless some other person has been designated by the County Board of Commissioners pursuant to G.S. 122C-251(g) or the Respondent has his or her own transportation as authorized by G.S. 122C-251(b), transportation between the County and another county under involuntary commitment proceedings for Respondents who reside in this County for discharge from a 24-hour facility shall be provided by law enforcement officers or detention officers employed by the SCSO.

VI. PROCEDURES FOR TRANSPORTATION OF RESPONDENTS

- A. In taking custody and providing transportation as required by this section, a law enforcement officer may use reasonable force to restrain a Respondent if it appears necessary to protect the law enforcement officer, the Respondent, or others. Any use of restraints shall be as reasonably determined by the law enforcement officer to be necessary under the circumstances for the safety of the Respondent, the law enforcement officer, and other persons. Every effort to avoid restraint of a child under the age of 10 shall be made by the transporting law enforcement officer unless the child's behavior or other circumstances dictate that restraint is necessary.
- B. Law enforcement officers shall respond to all inquiries from a facility concerning the Respondent's behavior and the use of any restraints related to the custody and transportation of the Respondent, except in circumstances where providing that information is confidential or would otherwise compromise a law enforcement investigation.

- C. Upon arrival at SRMC, Respondents shall undergo a safety rating by SRMC staff. If a Respondent receives a score under 7, the law enforcement officer that transported the Respondent to SRMC will notify the Respondent's physician and staff supervisor that the law enforcement officer is leaving and will coordinate to have Respondent turned over to SRMC security. If a Respondent receives a score of 7 or higher, the law enforcement officer must assess the situation in order to determine whether he or she must remain. In making this decision, the safety of the patient and SRMC staff are paramount. Law enforcement officers shall stay with a Respondent if the Respondent is violent and demonstrating assaultive and threatening behavior. If a Respondent is not violent or demonstrating assaultive and threatening behavior, the Respondent will be turned over to SRMC security staff.
- D. Law enforcement officers, to the extent possible, shall advise Respondents when taking them into custody that they are not under arrest and have not committed a crime, but are being taken into custody and transported to receive treatment and for their own safety and that of others.
- E. To the extent feasible, in providing transportation of a respondent, the County or City shall provide a driver or attendant who is the same sex as the Respondent, unless the law enforcement officer allows a family member of the Respondent to accompany the respondent in lieu of an attendant of the same sex as the Respondent.

VII. REIMBURSEMENT FOR COST AND EXPENSES

The parties acknowledge the provisions regarding reimbursement of cost and expenses contained in G.S. 122C-251(h). The City does not currently seek reimbursement from the County and has no immediate plans to do so. However, in the event that the City wishes to begin seeking reimbursement from the County in the manner provided by G.S. 122C-251(h), the City must provide the County with written notice of its intent to seek reimbursement at least ninety (90) days prior to making a claim for reimbursement. Furthermore, the City shall not be entitled to reimbursement from the County for any transportation cost or expense that is incurred prior to the expiration of said ninety (90) day period. Upon receipt of such notification, the County shall have the option to terminate this Agreement and begin providing involuntary commitment transportation services for the City, in the same manner that it provides involuntary commitment transportation services for the Towns, under the term of a new agreement.

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: August 27, 2019
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2019. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

James Allen Howard

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 August 1, 2019.

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

**SAMPSON COUNTY
North Carolina**

**SAMPSON COUNTY
2019 PROPERTY TAX
LISTING FORM**

Visit our website at www.sampsonnc.com
for additional information

*Howard, James
PO Box 145
Salemberg NC 28385*

TOWNSHIP	<i>Honeycutt</i>		ACCOUNT #	<i>193919</i>
CITY	SCHOOL	FIRE DISTRICT		
YOUR EMPLOYER				
SPOUSE'S EMPLOYER				
YOUR BIRTH DATE			SPOUSE'S BIRTH DATE	
HOME PHONE			CELL PHONE	
SPOUSE'S NAME				
<i>DL</i>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 01 2019 SAMPSON COUNTY TAX OFFICE </div>		
LATE LIST				

5611PPL 10/24/18 PMS 286 199

A. Information
Name and Address (please make corrections)

HELP: If you need assistance completing this form, you may come to the Tax Administration Office at 126 W Elizabeth Street, Clinton, NC 28328. Our office hours are 8:00 A.M. until 5:00 P.M. Monday - Friday. Or call (910) 592-8146, option 2 for the listing department.

To avoid a late list penalty, complete and return no later than
January 31, 2019 to:
PO Box 1082 Clinton, NC 28329

Exemption Amount _____

B. REAL ESTATE
SAMPSON COUNTY HAS A PERMANENT REAL ESTATE LISTING SYSTEM. THEREFORE REAL ESTATE IS AUTOMATICALLY LISTED FOR YOU. COMPLETE THIS SECTION IF YOU HAVE MADE ANY IMPROVEMENTS TO YOUR REAL PROPERTY SINCE LAST JANUARY.

DESCRIBE IMPROVEMENT: _____
COST _____ PERCENT COMPLETE JAN. 1, 2019 _____

C. TAX YEAR 2019 PERSONAL PROPERTY LISTING SECTION
To avoid penalty, return no later than January 31, 2019

VEHICLES THAT ARE TAGGED/LICENSED THROUGH DMV ARE BILLED SEPARATELY
This section contains Personal Property that was listed for 2018, Mark through any personal property that you no longer own.

ITEM	OFFICE USE	OFFICE USE
	<i>06-0826080-04</i>	

List any additional personal property that you owned as of January 1, 2019, that is not shown above. Personal property includes Single Wide Mobile Homes, Boats, Motors, Jet Skis, other watercraft, Aircraft, Multi-year Permanently tagged and Non-Licensed Vehicles. Do not list vehicles that are tagged/licensed with the DMV. (Attach additional information if necessary) If you have a Double Wide that has never been listed list it here.

TYPE	YEAR	MAKE	MODEL	SIZE/HP	YEAR ACQUIRED	COST	VIN #	OFFICE USE

If you own a Mobile Home whose land is it located on: _____

D. Affirmation G.S. 105-310. 311

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief, this listing, including any accompanying statements, inventories, schedules, and other information is true and complete. (If this affirmation is signed by an individual other than the taxpayer, he affirms that he is familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that his affirmation is based on all the information of which he has any knowledge).

Signed: *James Howard* Date: _____

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

Samson
COUNTY

SECTION 1

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

James A Howard

NAME (Print or Type)

James Allen Howard

DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

PO Box 275

STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

Salemburg NC 28385

CITY STATE ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS
FILE NUMBER

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.

James A Howard

DISABLED VETERAN'S SIGNATURE

26 Feb 19

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 07/23/09.
- 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 _____ 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

K. Schillhammer

SIGNATURE OF USDVA CERTIFYING OFFICIAL

3/5/19

DATE

K Schillhammer

PRINTED NAME OF USDVA CERTIFYING OFFICIAL

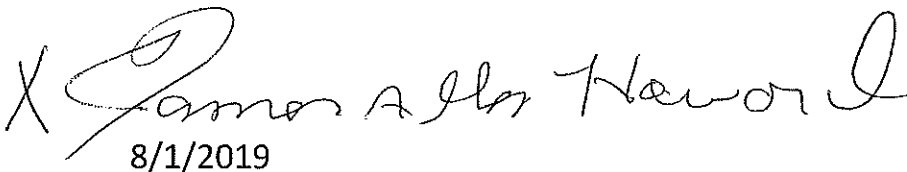
VSCM

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.

To whom it may concern,

I was unaware that the disabled veteran paperwork had to be turned in by June 1st. I apologize for the inconvenience.

X  James Allen Howard
8/1/2019

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: August 27, 2019
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2019. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Charles Lee Denning

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 July 30, 2019.

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

**SAMPSON COUNTY
North Carolina**

**SAMPSON COUNTY
2019 PROPERTY TAX
LISTING FORM**

Visit our website at www.sampsonnc.com
for additional information

Denning, Ruth P
Denning, Charles L
1070 Core Rd
Dunn, NC 28334

TOWNSHIP	PV	ACCOUNT #	107292
CITY	SCHOOL	FIRE DISTRICT	F06
YOUR EMPLOYER			
SPOUSE'S EMPLOYER			
YOUR BIRTH DATE		SPOUSE'S BIRTH DATE	
HOME PHONE		CELL PHONE	
SPOUSE'S NAME			
DV		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUL 30 2019</p> <p>SAMPSON COUNTY TAX OFFICE</p> </div>	
LATE LIST			

5611PPL 10/24/18 PMS 286 . 199

A. Information
Name and Address (please make corrections)

HELP: If you need assistance completing this form, you may come to the Tax Administration Office at 126 W Elizabeth Street, Clinton, NC 28328. Our office hours are 8:00 A.M. until 5:00 P.M. Monday - Friday. Or call (910) 592-8146, option 2 for the listing department.

To avoid a late list penalty, complete and return no later than
January 31, 2019 to:
PO Box 1082 Clinton, NC 28329

Exemption Amount _____

B. REAL ESTATE
SAMPSON COUNTY HAS A PERMANENT REAL ESTATE LISTING SYSTEM. THEREFORE REAL ESTATE IS AUTOMATICALLY LISTED FOR YOU. COMPLETE THIS SECTION IF YOU HAVE MADE ANY IMPROVEMENTS TO YOUR REAL PROPERTY SINCE LAST JANUARY.

DESCRIBE IMPROVEMENT: _____
COST _____ PERCENT COMPLETE JAN. 1, 2019 _____

C. TAX YEAR 2019 PERSONAL PROPERTY LISTING SECTION
To avoid penalty, return no later than January 31, 2019

VEHICLES THAT ARE TAGGED/LICENSED THROUGH DMV ARE BILLED SEPARATELY
This section contains Personal Property that was listed for 2018, Mark through any personal property that you no longer own.

ITEM	OFFICE USE	OFFICE USE
14-0512640-02 (wrote letter)		

List any additional personal property that you owned as of January 1, 2019, that is not shown above. Personal property includes Single Wide Mobile Homes, Boats, Motors, Jet Skis, other watercraft, Aircraft, Multi-year Permanently tagged and Non-Licensed Vehicles. Do not list vehicles that are tagged/licensed with the DMV. (Attach additional information if necessary) If you have a Double Wide that has never been listed list it here.

TYPE	YEAR	MAKE	MODEL	SIZE/HP	YEAR ACQUIRED	COST	VIN #	OFFICE USE

If you own a Mobile Home whose land is it located on: _____

D. Affirmation G.S. 105-310. 311

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief, this listing, including any accompanying statements, inventories, schedules, and other information is true and complete. (If this affirmation is signed by an individual other than the taxpayer, he affirms that he is familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that his affirmation is based on all the information of which he has any knowledge).

Signed: Ruth P Denning Date: 7-30-19

To whom it may concern,

My disabled veteran application is late due to an inconvenience on my part. This is my first year applying.

July 30, 2019

Ruth J Denning
Charles Lee Denning

7/5/19

NCDVA-9 (Rev. 08-09)

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

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

SECTION 1 **TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED**

<p><u>Charles Lee Denning</u> NAME (Print or Type)</p> <p><u>1070 Core Rd</u> STREET ADDRESS OR P.O. BOX NUMBER</p> <p><u>Dunn, NC 28334</u> CITY STATE ZIP CODE</p>	<p><u>Charles Lee Denning</u> DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)</p> <p>_____ SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)</p> <p>_____ U.S. DEPT. OF VETERANS AFFAIRS FILE NUMBER</p> <p>_____ VETERAN'S SOCIAL SECURITY NUMBER</p>
--	--

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.

Charles Lee Denning
DISABLED VETERAN'S SIGNATURE

4/27/19
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 11/27/18.

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 _____ 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

K. Schillhammer
SIGNATURE OF USDVA CERTIFYING OFFICIAL

7/5/19
DATE

K Schillhammer
PRINTED NAME OF USDVA CERTIFYING OFFICIAL

VSCM
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.

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: August 27, 2019
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2019. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Felipe A. Goodridge

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 August 7, 2019.

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

15-0242240-01

OK

NCDVA-9 (Rev. 08-09)

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

703

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

Felipe A Goodridge

NAME (Print or Type)

Felipe A Goodridge

DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

PO Box 1627

STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

(If Applicable)

Clinton, NC 28329

CITY STATE ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS NUMBER

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.

Felipe A. Goodridge

DISABLED VETERAN'S SIGNATURE

5/7/2018

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. [X] Veteran has a service-connected permanent and total disability that existed as of 5/9/17
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 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)

- [X] Honorable
[] Under Honorable Conditions

[] Under Other than Honorable Conditions

K. Schillhammer

SIGNATURE OF USDVA CERTIFYING OFFICIAL

5/21/18

DATE

K Schillhammer

PRINTED NAME OF USDVA CERTIFYING OFFICIAL

VSCM

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.

August 7, 2019

Sampson County Board of Commissioners
Clinton, North Carolina 28328

RE: Felipe A Goodridge
Disabled Veteran

Dear Commissioners:

I am an Honorably Discharged Veteran, who has had his 100% disability since 2017. I was unaware that I was entitled to property tax exclusion. When I receive the NCDVA-9 back in 2018 I did not understand that I needed to turn it in to the local tax office. I was just recently made aware of the process. I understand that my request is not within the time frame set, but I am requesting you to please accept this request and grant me the Tax Exclusion on my county property tax.

I am truly sorry for the late date and ask for your favor on my tax exclusion. Thank you for your consideration in this matter.

Sincerely,



Felipe A Goodridge
117 Harmon St
Clinton, NC 28328

15-0242240-01

140675

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

9075

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

YEAR	
<u>2018</u>	\$ <u>117.19</u>
§	\$
§	\$
§	\$
§	\$
§	\$
TOTAL REFUND	\$ <u>117.19</u>

These taxes were assessed through clerical error as follows.

0034696351
DKZ 7827
Tag Turned in (totaled)
2008 Merz

<u>GO2</u>	County Tax	<u>65.11</u>
	School Tax	_____
	Fire Tax	_____
<u>T07</u>	City Tax	<u>52.08</u>
	TOTAL \$	<u>117.19</u>

Mailing Address.

PO Box 433
Roseboro NC 28382

Yours very truly

Parsell Murphy
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

9078

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

YEAR	
2018	\$ 313.59
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ 313.59

These taxes were assessed through clerical error as follows.

Bull # 0043114479
Plt RW9012
Plt Turn In Sold
16 GMC TR

G02 County Tax 279.69
School Tax _____
F13 Fire Tax 33.90
City Tax _____
TOTAL \$ 313.59

Yours very truly

Tim E. McQueen
Taxpayer

Mailing Address.

7 2364 Phillips Rd
Dunn, NC 28334

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

9060

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

YEAR	
<u>2018</u>	\$ <u>127.45</u>
<u>S</u>	\$ <u>S</u>
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>127.45</u>

These taxes were assessed through clerical error as follows.

Bill # 0030615371
DS 52132
Tag Turn (sold)
2016 Chev

G02	County Tax	<u>113.67</u>
	School Tax	_____
F22	Fire Tax	<u>13.78</u>
	City Tax	_____
	TOTAL \$	<u>127.45</u>

Mailing Address.

X305 Nursery Ln
Garland NC 28441

Yours very truly

Jose Ortiz
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

9041

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

YEAR	
2018	\$ 115.45
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ 115.45

These taxes were assessed through clerical error as follows.

DIT Turn In
DIT: FEB 8316
Bill 0041517305
2013 Ford
Vehicle Sold, TAG Turned In

2102	County Tax	69.52
801	School Tax	12.02
	Fire Tax	
101	City Tax	33.71
	TOTAL \$	115.45

Mailing Address.

120-2A Raintree Ct
Rose Hill, NC 28458

Yours very truly
Ladisha Owens
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

9043

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

YEAR	
<u>2018</u>	\$ <u>159.03</u>
TOTAL REFUND	\$ <u>159.03</u>

These taxes were assessed through clerical error as follows.

Bell# 0035658535
PH# EFP4204
2016 Ford TR
Sold (Turn In)

G102 County Tax 122.77
S01 School Tax 21.58
F19 Fire Tax 14.88
City Tax _____
TOTAL \$ 159.03

Mailing Address.

141 Belvoir Sh Rd
Clinton NC 28328

Yours very truly

Jimmy Ray Fowler
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

9046

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

YEAR	
<u>2016</u>	\$ <u>131.63</u>
<u>2018</u>	\$ <u>198.14</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>329.77</u>

These taxes were assessed through clerical error as follows.

Bill (1): 0036441889
Bill (2): 0047193648
PIT (1): Edd 9956 - 116 Toyota 4S
PIT (2): Fdy 6849 - 18 Chevy 4S
PIT (1+2) Turn In

G02	County Tax	<u>294.12</u>
	School Tax	_____
F07	Fire Tax	<u>35.65</u>
	City Tax	_____
	TOTAL \$	<u>329.77</u>

Mailing Address.

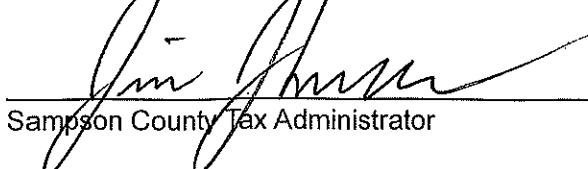
x 29 S. Oak Ln.
Dunn, NC 28334

Yours very truly


Taxpayer

Social Security # _____

RECOMMEND APPROVAL:


Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

9049

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

YEAR	
<u>2018</u>	\$ <u>146.67</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>146.67</u>

These taxes were assessed through clerical error as follows.

Bill # 0042736902
PH # EAL4170
PH. Turn In
0017 Check Eau MP

<u>E102</u>	County Tax	<u>132.97</u>
	School Tax	_____
<u>F14</u>	Fire Tax	<u>13.70</u>
	City Tax	_____
	TOTAL \$	<u>146.67</u>

Mailing Address.

151 Kelsey Court
Roseboro NC 28382

Yours very truly

Jacquelin Smith
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

9054

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

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

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Robert Edward Lucas + Janie in North Clinton Township, Sampson County, for the year(s) and in the amount(s) of: 12051936007

YEAR	
<u>2018</u>	\$ <u>38.68</u>
<u>2017</u>	\$ <u>40.56</u>
<u>2016</u>	\$ <u>40.44</u>
<u>2015</u>	\$ <u>40.74</u>
<u>2014</u>	\$ <u>40.25</u>
TOTAL REFUND	\$ <u>200.67</u>

These taxes were assessed through clerical error as follows.

Double listed to 12010382601
per DB 1139/71.

County Tax	<u>154.98</u>
School Tax	<u>27.16</u>
Fire Tax	<u>18.53</u>
City Tax	_____
TOTAL \$	<u>200.67</u>

Yours very truly

Robert Edward Lucas
Taxpayer

Mailing Address.

1703 Eastover St.
Fayetteville, NC 28301

Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
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 William Hill in North Clinton Township, Sampson County, for the year(s) and in the amount(s) of: 12-0452640-01

Year	<u>2019</u>	\$	<u>332.70</u>
		\$	
		\$	
		\$	
		\$	
Total Release/Adjustment		\$	<u>332.70</u>

<u>601</u>	County Tax	\$	<u>200.35</u>
<u>501</u>	School Tax	\$	<u>35.21</u>
	Fire Tax	\$	
<u>C01</u>	City Tax	\$	<u>97.14</u>
	Total	\$	<u>322.70</u>

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

Reval made clerical error on house #1 & gave it a 2018 eff yr in error-

Taxpayer: William Hill
Tax Administrator: [Signature]
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 Fritz Ross Richards in Plainview Township, Sampson County, for the year(s) and in the amount(s) of:

Year		\$	
<u>2019</u>		\$	<u>123.73</u>
_____		\$	_____
_____		\$	_____
_____		\$	_____
_____		\$	_____
Total Release/Adjustment		\$	_____

<u>601</u> County Tax	\$	<u>111.56</u>
School Tax	\$	_____
<u>506</u> Fire Tax	\$	<u>12.17</u>
City Tax	\$	_____
Total	\$	<u>123.73</u>

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

Boat listed in Chatham County

Taxpayer:

Fritz Ross Richards

Tax Administrator:

[Signature]

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 John Dale in Mingo Township, Sampson County, for the year(s) and in the amount(s) of: 10025832002

Year	<u>2019</u>	\$	<u>1057.86</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

Total Release/Adjustment \$ 1057.86

<u>601</u> County Tax	\$	<u>943.50</u>
School Tax	\$	_____
<u>F13</u> Fire Tax	\$	<u>114.36</u>
City Tax	\$	_____
Total	\$	<u>1057.86</u>

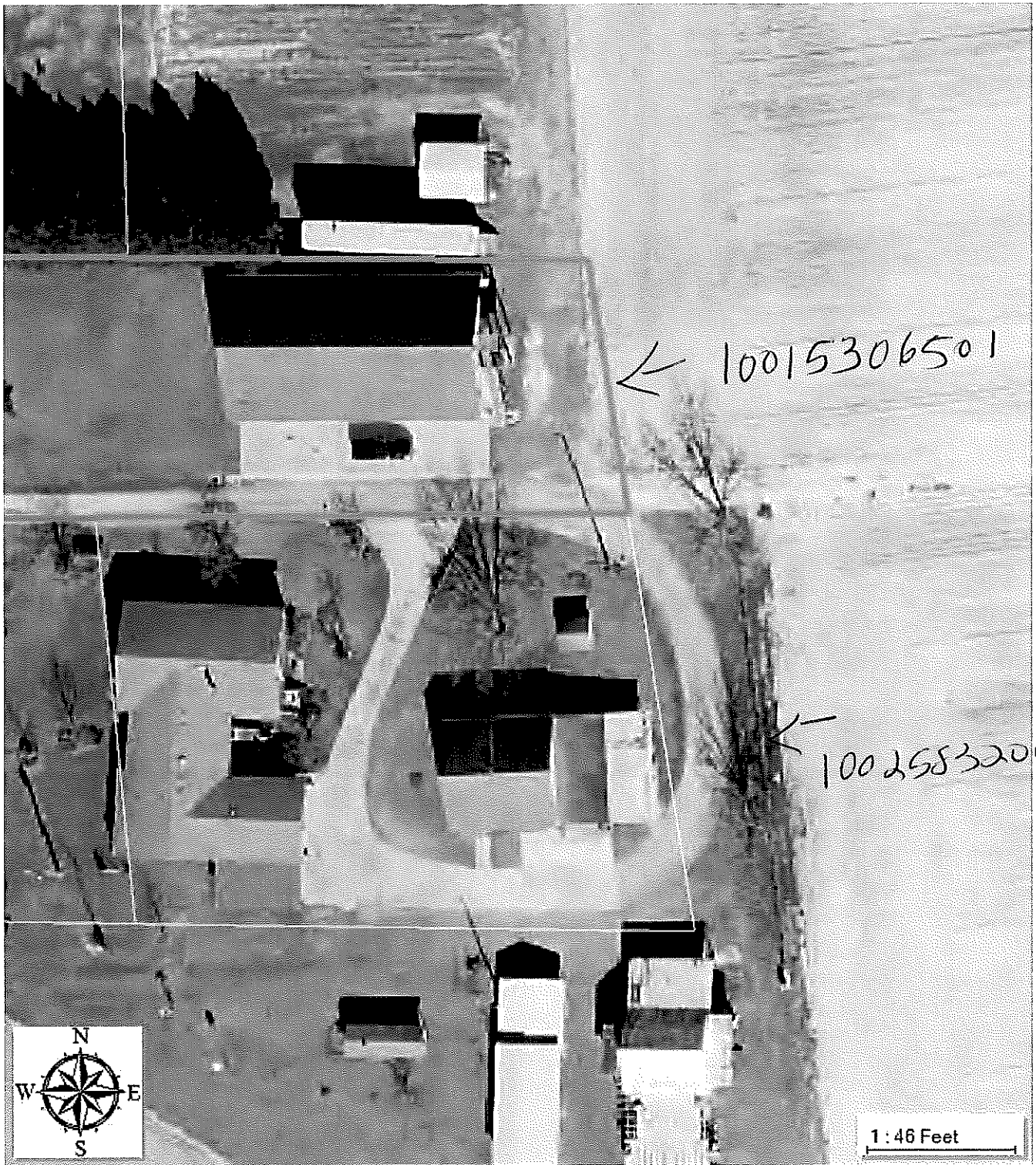
The taxes were assessed through clerical error or an illegal tax as follows:

* Reval 2019 double listed det garage on this parcel + 10015306501. Bldg is a farm bldg.

Taxpayer: John Dale

Tax Administrator: [Signature]

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 Mickey & Pamela Barefoot in Mingo Township, Sampson County, for the year(s) and in the amount(s) of: Parcel 10004876502

Year	<u>2019</u>	\$ <u>1351.67</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

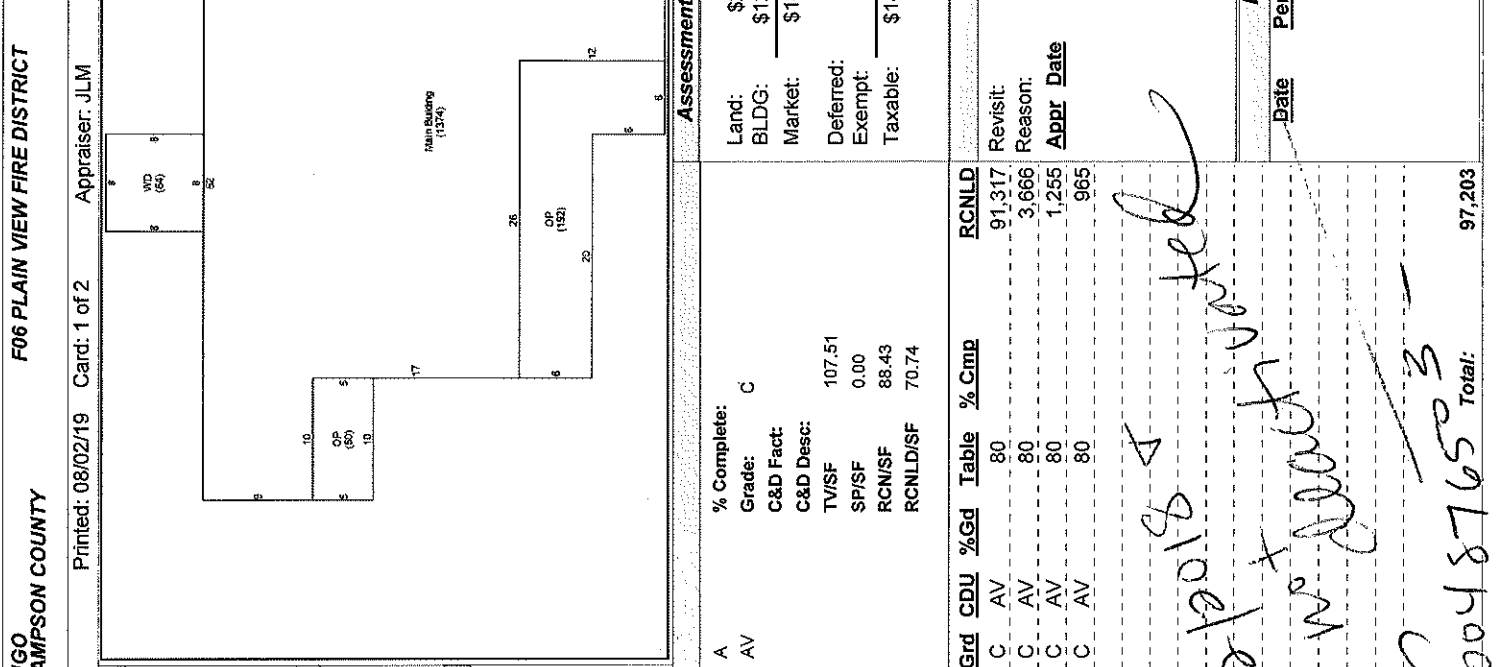
Total Release/Adjustment		\$ <u>1351.67</u>
	<u>601</u> County Tax	\$ <u>1218.72</u>
	School Tax	\$ _____
	<u>F06</u> Fire Tax	\$ <u>132.95</u>
	City Tax	\$ _____
	Total	\$ <u>1351.67</u>

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

Parcel should have been deactivated after split on 12/2019. Parcel is now billed on 10004876503

This was double billed for 2019-

Taxpayer: Mickey Barefoot
 Tax Administrator: [Signature]
 Board Approved: _____
 Date: _____ Initials: _____



SITUS:
 1646 AMAN DAIRY RD
 Deeded Acres: 6.02
 Legal Description:
 1646 Aman Dairy Rd

Subd:
 Nhd: P Paved Road

Parcel: A average **Sale Dt** **I** **S** **Price** **Db/Pa** **Valid. Code**
 10/25/93 D No Valid Sale 1169/95

Ownership: 48765
 BAREFOOT, MICKEY W
 BAREFOOT, PAMELA
 1646 AMAN-DAIRY RD
 DUNN NC 28334

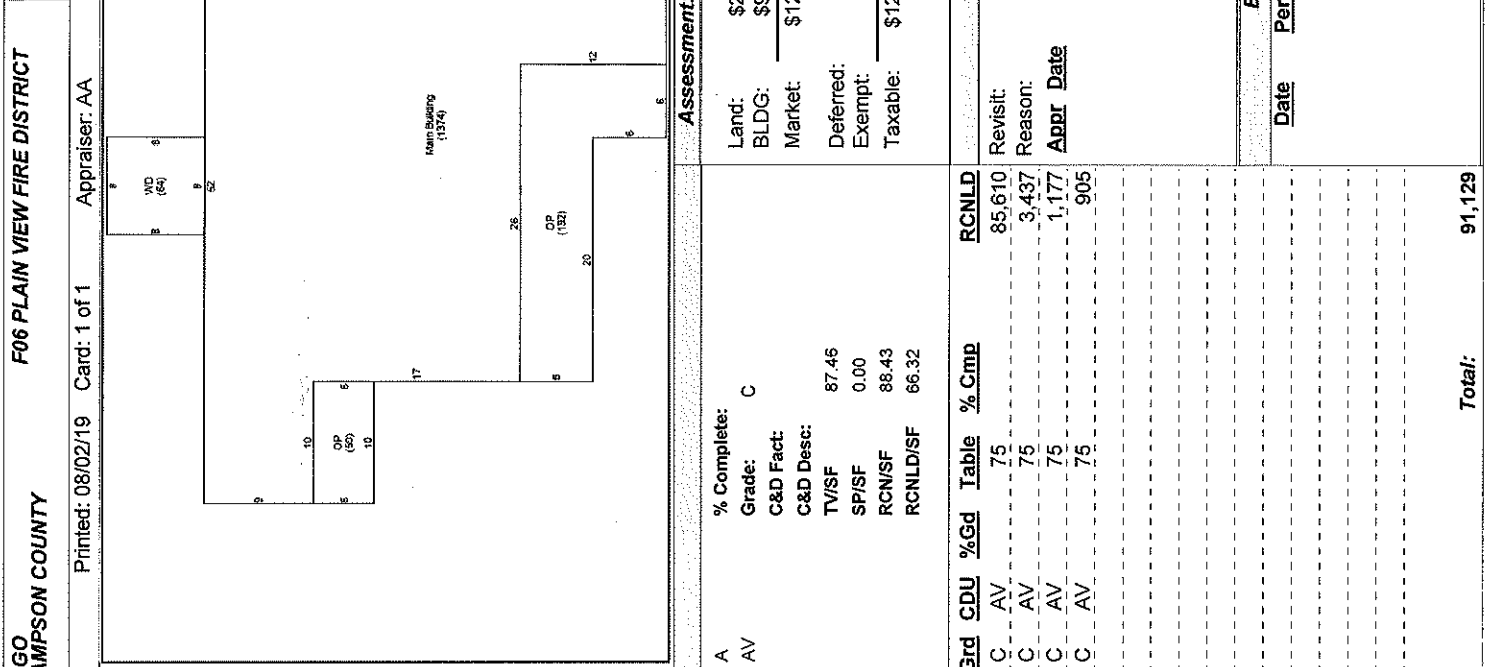
Utilities: W water; E electric
Zoning:

Vector
 A00CR26D12R16U38L52D9R10D17 A01CR26D12L6U6L20U6 A02U17CD5L10U5R10
 A03U26R12CR8U8L8D8

Improvement Description: AG ranch

Story	1	FP Stacks:	Openings:	Phys Cond:	A	AV	% Complete:	C
Class:	single family			CDU:			Grade:	
Ext Wall:	alum/vinyl/steel			Over Depr Tb:			C&D Fact:	
Yr Blt:	1994	Rooms:	5	Frnt Desc:			TV/SF	107.51
Eff Year:	1999	Bedrooms:	3	Econ Dep%:			SP/SF	0.00
Heating:	forced hot air / cer	Unfin Area:		Econ Desc:			RCN/SF	88.43
Fuel:		Fin Bsmt Area:		N-Fact:			RCNLD/SF	70.74
System:	heat and a/c	Rec Room Area:						

L#	Low	1st	2nd	3rd	Description	Area	Value(RCN)	Yr Bt	EFYr	Bt	Grd	CDU	%Gd	Table	% Cmp	RCNLD
0					Ranch	1,374	114,146	1994	1999	C	AV				80	91,317
1	OP				Open Porch	192	4,583	1994	1999	C	AV				80	3,666
2	OP				Open Porch	50	1,569	1994	1999	C	AV				80	1,255
3	WD				Wood Deck	64	1,206	1994	1999	C	AV				80	965



PIN #: 1522-#135
Ownership: 48765
 BAREFOOT, MICKEY W
 BAREFOOT, PAMELA
 1646 AMAN-DAIRY RD
 DUNN NC 28334
Subd:
 Nbnhd: P Paved Road
Parcel: A average
Fronting: 10/25/93 D **Sale Dt** I S **Price** **Dt/Pg** **Valid. Code**
 No Valid Sale 1169/95
Location: 1646 AMAN DAIRY RD
Parking: **Legal Description:**
 1646 Aman Dairy Rd Lot2
Utility: W water; E electric
Zoning:

Improvement Description: AG ranch

Story:	FP Stacks:	Openings:	Prefab FP:	Rooms:	Bedrooms:	Unfin Area:	Fin Bsmt Area:	Rec Room Area:	Phys Cond:	CDU:	Over Depr Tb:	Frnt Dep %:	Funct Desc:	Econ Dep%:	Econ Desc:	N-Fact:	% Complete:	Grade:	C&D Fact:	TV/SF	SP/SF	RCN/SF	RCNLD/SF	Enfrances
1	single family	alum/vinyl/steel	5	3	0	0	0	0	A	AV	no attic/unfinis	0	0.00	0.00	88.43	66.32	C			87.46	\$0	\$0	\$120,172	Land: \$24,702 Excluded: \$95,470 Ag Use: SWF: Market: \$120,172 Deferred: \$0 Exempt: \$0 Taxable: \$120,172
0																								
1	Op	Ranch	192	50	64	1,374	1,146	1,177	C	AV		75												Revisit: 85,610 Reason: 3,437
2	OP	Open Porch	50	64	1,206	1,569	1,206	1,177	C	AV		75												ADPR Date Code Rev2
3	WD	Wood Deck	64						C	AV		75												
D																								
D																								
N																								
S																								
Building Permit Date Permit # Permit \$ CO Date Flg																								
HSF: 1,374 TSF: 1,680 Total: 91,129																								

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 San Juana Barrientoz

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

amount(s) of: 12017254901

Year	<u>2019</u>	\$	<u>1262.60</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

Total Release/Adjustment \$ 1262.60

<u>601</u>	County Tax	\$	<u>973.50</u>
<u>501</u>	School Tax	\$	<u>171.10</u>
<u>F19</u>	Fire Tax	\$	<u>118.00</u>
	City Tax	\$	_____
	Total	\$	<u>1262.60</u>

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

Land billed as \$131,200 (.56 acres) & should have billed as \$13,200 Keying Error.

Taxpayer: San Juana Barrientoz

Tax Administrator: [Signature]

Board Approved: _____
Date Initials



Account Information

Parcel 12-0172549-01

Location ** MULTIPLE **

Name ** VARIOUS **

Notes/Alerts

Special Conditions/Notes

Effective Date
Due 08/02/2019

Account Bills

Year	Type	Bill	MSC	Reference	Due Date	Billed	Abt/Adj	Pmt/Crd	Unpaid	Interest Paid
2001	RE-R	25673	0	19 0 10HA OFF S...	09/01/2001	126.29	0.00	126.29	0.00	0.00
2002	RE-R	26301	0	19 0 10HA OFF S...	09/01/2002	129.63	0.00	129.63	0.00	0.00
2003	RE-R	27927	0	19 0 10HA OFF S...	09/01/2003	106.75	0.00	106.75	0.00	0.00
2004	RE-R	27070	0	19 0 10HA OFF S...	09/10/2004	106.75	0.00	106.75	0.00	0.00
2005	RE-R	2044	0	19 0 10HA OFF S...	09/01/2005	119.42	0.00	119.42	0.00	2.39
2006	RE-R	2070	0	19 0 10HA OFF S...	09/01/2006	124.24	0.00	124.24	0.00	0.00
2007	RE-R	24306	0	19 0 10HA OFF S...	09/01/2007	124.24	0.00	124.24	0.00	0.00
2008	RE-R	24538	0	19 0 10HA OFF S...	09/01/2008	132.38	0.00	132.38	0.00	0.00
2009	RE-R	24727	0	19 0 10HA OFF S...	09/01/2009	132.38	0.00	132.38	0.00	4.64
2010	RE-R	24859	0	223 HANSON RD	09/01/2010	132.38	17.00	149.38	0.00	5.62
2011	RE-R	2151	0	223 HANSON RD	09/01/2011	189.53	0.00	189.53	0.00	0.00
2012	RE-R	2188	0	223 HANSON RD	09/01/2012	191.40	0.00	191.40	0.00	0.00
2013	RE-R	2215	0	223 HANSON RD	09/01/2013	191.40	3.00	194.40	0.00	8.26
2014	RE-R	2223	0	223 HANSON RD	09/01/2014	199.81	15.00	214.81	0.00	5.49
2015	RE-R	2241	0	223 HANSON RD	09/01/2015	200.74	0.00	200.74	0.00	0.00
2016	RE-R	2270	0	223 HANSON RD	09/01/2016	200.74	0.00	200.74	0.00	0.00
2017	RE-R	2274	0	223 HANSON RD	09/01/2017	199.80	15.00	214.80	0.00	5.49
2018	RE-R	26487	0	223 HANSON RD	09/01/2018	199.80	0.00	199.80	0.00	5.49
2019	RE-R	26524	0	223 HANSON RD	05/01/2019	199.80	0.00	199.80	0.00	5.49
Totals:						4,388.88	-1,212.90	2,857.68	265.23	57.38

CAMA Residential

Tax Year: 2019 Jur: 682 SAMPSON

Search | Select Transaction | New Window

History Deactivated Show XML

Page 0 of 0

Parcel ID: 12017254901

BARRIENTOZ, SAN JUANA

223 HANSON RD

2019

Add Record Copy Record Copy From Simple Copy Adv. Copy Deactivate Reassign Allocation Save Validate Commit Quick View Print Run Reports Documents Quick Links

PRIOR YEAR - 2019

Parcel	Permits	Land	Entrances	Dwellings	Additions	OBYS	Field Notes	Values	Asmt	Alt. Asmt	Sales	Public Notes	Alternate ID		
L#	Code	Type	SqFt	Acres	Units	Inf%	Vac%	Ovr Rt	Rate	Value	U.	Who	When	Record	Status
1	7	G	24394	0.56				131,200	0	131,200		AT_RHOWLAN	28-JAN-2019 12:04 PM	Current	

Land Line Details:

Land Line #: 1 *
 Land Type: G: Gross Value *
 Land Code: 7 RESIDENTIAL GROSS *
 Acres: 0.56
 Square Feet: 24,394
 Lots / Units:
 Actual Frontage:
 Effective Frontage:
 Depth:
 Depth Tbl:
 Depth Factor: 1
 AG Use:
 Exemption Flag: Y: Include *
 Influence Factor:
 Vacant Factor:
 Influence Reasons:
 Original Grade: C
 Notes:

Table Rates:	Base Model Size:	Base Rate:	Incr Rate:	Decr Rate:	Value:
		0.00			131,200
Override:		131,200	13,200	13,200	

Models:	Model Type:	Zoning:	Location:	Factor:
1	2	0	0	1.00

Summary Totals:

Total Value:	131,200	/ SF:	5.38	\$ / Unit:	0
Total Acres:	0.5600	\$ / Acre:	234,286	Deeded Acres:	0.5600

CAMA Residential

Tax Year: 2019 Jur: 082 SAMPSON

Search | Select Transaction | New Window

History Deactivated Show XML 6 of 6

Parcel ID: 12017254901

BARRIENTOZ, SAN JUANA

223 HANSON RD

2019

Auto Record Copy Record Copy From Simple Copy Adv. Copy Deactivate Reassign Abandon Save Validate Commit Quick View Print Run Reports Documents Quick Links

PRGR YEAR - 2019

Parcel Permits Land Entrances Dwellings Additions OBYS Field Notes Values Asmt Alt. Addr Sales Public Notes Alternate ID

Remove All Override Codes

Tax Y...	Roll Type	Class	LUC	Value C...	Dist. Co...	Dist. Ty...	Taxa...	Who	When	Record	Status
2019	REAL	R1	F					CYEAGER	26-NOV-2018 12:26 PM	Current	

Values

Roll Type: Property Class:

Value Class: Reason Code:

Value Year: LUC:

District Code:

Tax Table:

	Calc	Override Code	Override Value	Value
1. APPRAISED LAND:	131,200	<input type="text" value="v"/>	<input type="text"/>	131,200
2. APPRAISED BUILDING:	11,903	<input type="text" value="v"/>	<input type="text"/>	11,903
3. PRESENT USE VALUE:	0	<input type="text" value="v"/>	<input type="text"/>	0
4. DEFERRED VALUE:	0	<input type="text" value="v"/>	<input type="text"/>	0
5. ASSESSED LAND VALUE:	131,200	<input type="text" value="v"/>	<input type="text"/>	131,200
6. ASSESSED BLDG VALUE:	11,903	<input type="text" value="v"/>	<input type="text"/>	11,903
7. ASSESSED TOTAL VALUE:	143,103	<input type="text" value="v"/>	<input type="text"/>	143,103
8. HISTORIC EXEMPTION:	0	<input type="text" value="v"/>	<input type="text"/>	0
9. DISABILITY/SENIOR EX:	0	<input type="text" value="v"/>	<input type="text"/>	0
10. 100% E CLASS EX:	0	<input type="text" value="v"/>	<input type="text"/>	0
11. PART. E CLASS EX:	0	<input type="text" value="v"/>	<input type="text"/>	0
12. VETERAN EXEMPTION:	0	<input type="text" value="v"/>	<input type="text"/>	0
13. TOTAL EXEMPTIONS:	0	<input type="text" value="v"/>	<input type="text"/>	0
14. TOTAL TAXABLE:	143,103	<input type="text" value="v"/>	<input type="text"/>	143,103
15. MUNIS LAND:	131,200	<input type="text" value="v"/>	<input type="text"/>	131,200
16. MUNIS OBY:	400	<input type="text" value="v"/>	<input type="text"/>	400
17. MUNIS BLDG:	11,503	<input type="text" value="v"/>	<input type="text"/>	11,503
18. MUNIS TOTAL:	143,103	<input type="text" value="v"/>	<input type="text"/>	143,103

Printed: 08/02/19 **Card: 1 of 1** **Appraiser: JLM**

SITUS:
223 HANSON RD
Deeded Acres: .56
Legal Description:
J9 0 10ha Off Sr421

Parcel: Fair **Sale Dt:** 11/16/04 **S:** D **Price:** 20,000 **Db/Pq:** 1563/593
Fronting: 05/12/99 **D:** D **Location:** 1326/385
Parking: 02/16/98 **D:** D **Utility:** E electric; W water **1282/238**
Zoning: No Valid Sale

Subd:
Nbhd: P Paved Road

Sketch Vectors
Vector
A00CR56U12L56D12 A01R25D8R4CD8R16U8L16 A02R25CD8R24U8L24
A3R17U12CU10R14D10L14

Improvement Description: R1 mobile home

Story: 1
Class: single family
Ext Wall: metal
Yr Blt: 1969
Eff Year: 1978
Heating: heat pump
Fuel: elec
System: heat and a/c

Phys Cond: A
CDU: AV
no attic/finis
Baths: 1
Half:
Extra Fixt:
Misc 1:
Misc 2:

% Complete:
Grade: D
C&D Fact:
C&D Desc:
TV/SF: 165.63
SP/SF: 23.15
RCN/SF: 38.04
RCNLD/SF: 13.31

Land: \$131,200 **Excluded:**
BLDG: \$11,903 **Ag Use:**
Market: \$143,103 **SWF:**
Deferred: \$0
Exempt: \$0
Taxable: \$143,103

L#	Low	1st	2nd	3rd	Description	Area	Value(RCN)	Yr Bt	ERYr Bt	Grd	CDU	%Gd	Table	%Cmp	RCNLD
0					Mobile Home	672	16,884	1969	1978	D	AV		35		5,909
1	OP				Open Porch	128	2,555	1969	1978	D	AV		35		894
2	MA				Main Living Area	192	10,697	1969	1978	D	AV		35		3,744
3	OP				Open Porch	140	2,732	1969	1978	D	AV		35		956

Entrances
Revisit:
Reason:
Appr Date **Code** **Rev2**

Building Permit
Date **Permit #** **Permit \$** **CO Date** **Flg**

HSF: 864 **TSF:** 1,132 **Total:** 11,503

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

August 9, 2019

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2019-2020

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558800-526200	NUTRITION - DEPT SUPPLIES	\$ 300.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035880-408401	NUTRITION - DONATIONS	\$ 300.00	

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

To budget donation from Town of Turkey to purchase supplies for Turkey Nutrition Site.

Lorie B Sutton

(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

8/29, 2019

[Signature]

(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

, 20

[Signature]

(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

August 16, 2019

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2019-2020

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
82558750-524100	URP - MATERIALS	\$ 39,216.00	
82558750-529901	URP - SOFT COSTS	\$ 8,800.00	
82558750-544000	URP - CONTRACTED SERVICES	\$ 51,984.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
82035875-403605	URP - NCHFA	\$ 100,000.00	

2. Reason(s) for the above request is/are as follows:
To budget for the Urgent Repair Program 2019.

Lorie B Sutton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

8/29, 2019
[Signature]
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____
[Signature]
(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

8/22/2019

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2019-2020

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551550-512100	SALARIES		2,310.00
12551550-518100	FICA		143.00
12551550-518120	MEDICARE FICA		33.00
12551550-518200	RETIREMENT	85.00	
12551550-518300	GROUP INSURANCE		362.00
12551550-518400	DENTAL INSURANCE		25.00
12551550-518901	401K		376.00
12551550-526200	DEPARTMENT SUPPLIES		1,322.00
12551550-531100	TRAVEL		472.00
12551550-537000	ADVERTISING	429.00	
<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535155-404000	STATE ASSISTANCE		4,529.00

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

TO ALLOCATE FUNDS DUE TO PROGRAM REVENUE REDUCTION

Wanda Felton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

8/29, 2019

[Signature]
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

Evan W.C.
(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: Jimmy Thornton, Sheriff
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

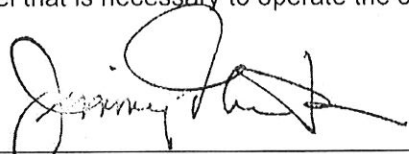
1. It is requested that the budget for the Detention Center Department be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243200-535200	Maint/Repair equipment	11,506.00	
11999000-509700	Contingency		11,506.00

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
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2. Reason(s) for the above request is/are as follows:

To reallocate funds to replace malfunctioning touchscreen control panel that is necessary to operate the cell locks.



(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20 19



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____



(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the Turkey Fire District be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
23243410-581020	Turkey fire department	12,058.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
23043420-499900	Fund balance appropriated	12,058.00	

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

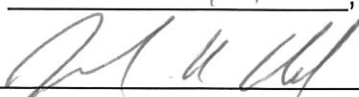
To correct keying error in original budget. Turkey Fire Department requested an allocation from fund balance for an addition to the fire station.



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____ 8/29, 2019


 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____


 (County Manager & Budget Officer)

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

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the City Schools Capital Outlay be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11659110-555030	Category 1 capital outlay	322,847.00	
11659110-550000	Unallocated capital outlay		322,847.00

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
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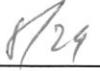
2. Reason(s) for the above request is/are as follows:
 To budget funds for capital outlay allocation for FY 19-20.



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.


 _____, 20 19



 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____



 (County Manager & Budget Officer)

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

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the County Schools Capital Outlay be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11659140-555030	Category 1 capital outlay	2,012,616.00	
11659140-555031	Category 2 capital outlay	190,861.00	
11659140-555032	Category 3 capital outlay	215,450.00	
11659140-550000	Unallocated capital outlay		867,153.00
19959140-582096	Transfer to general fund	1,551,774.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11035914-409612	Trans frm school capital reserve	1,551,774.00	
19932320-409900	Fund balance appropriated	1,551,774.00	

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

To budget County schools FY 19-20 sales tax allocation to projects and reallocate FY 18-19 unexpended funds to projects as requested by Board of Education (see attached).



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____ 8/29, 2019


 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____


 (County Manager & Budget Officer)

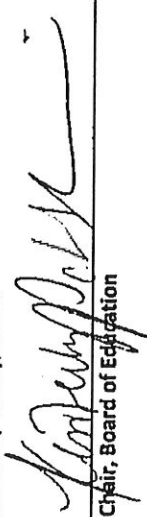
 Date of approval/disapproval by B.O.C.

Sampson County Schools Capital Outlay Budget 2019-2020

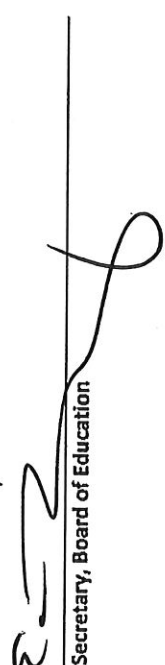
School/Location	Description	Carryover	New Funds	Total Budget	Comments
System wide	Activity bus replacement, 1 payment remainin	\$ -	\$ 75,450.00	\$ 75,450.00	
Systemwide	Playground Repair	\$ -	\$ 10,000.00	\$ 10,000.00	
System wide	Chiller Replacement	\$ 125,000.00	\$ 50,000.00	\$ 175,000.00	
System wide	HVAC Repair Contingency	\$ 57,724.38	\$ 27,135.62	\$ 84,860.00	
System wide	Emergencies Contingency	\$ 51,969.81	\$ 35,095.11	\$ 87,064.92	
Plant Ops	Fleet Vehicle Replacement Maintenance	\$ -	\$ 70,000.00	\$ 70,000.00	
System wide	Asbestos removal	\$ -	\$ 50,000.00	\$ 50,000.00	
System wide	Wastewater Treatment Contingency	\$ 13,813.82	\$ 1,186.18	\$ 15,000.00	
System wide	Roof & Painting Repairs Contingency	\$ 3,059.91	\$ 13,940.09	\$ 17,000.00	
Systemwide	Mobile Units for HB 13 Compliance	\$ 92,000.00	\$ 92,000.00	\$ 184,000.00	
Systemwide	Camera system for 30 Buses	\$ -	\$ 90,012.60	\$ 90,012.60	
PVES	Chiller control system	\$ -	\$ 20,957.00	\$ 20,957.00	
RSMS	Complete existing Fence	\$ -	\$ 40,856.00	\$ 40,856.00	
County Office	CO vehicles	\$ -	\$ 70,000.00	\$ 70,000.00	
Clement ES	Chiller control system	\$ -	\$ 20,032.00	\$ 20,032.00	
Salenburg ES	Playground replacement	\$ -	\$ 43,857.69	\$ 43,857.69	
UIS	Outdoor Court Repair	\$ -	\$ 21,940.00	\$ 21,940.00	
Union MS	Replace windows	\$ -	\$ 13,000.00	\$ 13,000.00	
Hobhton ES	Playground replacement	\$ -	\$ 43,429.69	\$ 43,429.69	
Hobhton MS	New Fire Alarm System	\$ -	\$ 25,000.00	\$ 25,000.00	
Hobhton ES	HVAC Replacement	\$ -	\$ 39,700.00	\$ 39,700.00	
LHS	Install Whiteboards in Classrooms	\$ -	\$ 13,561.02	\$ 13,561.02	
Hobhton High	Hobhton Track	\$ 363,008.74	\$ -	\$ 363,008.74	
Midway High	Fieldhouse	\$ 104,237.42	\$ -	\$ 104,237.42	
Union High	Capital - Union District - Fieldhouse	\$ 86,600.00	\$ -	\$ 86,600.00	
LHS	HVAC replacement rooftop unit	\$ 32,000.00	\$ -	\$ 32,000.00	
UIS	Roof replacement	\$ 590,000.00	\$ -	\$ 590,000.00	
UES	HVAC replacement for stage	\$ 32,359.00	\$ -	\$ 32,359.00	
Totals		\$ 1,551,773.08	\$ 867,153.00	\$ 2,418,926.08	

We, the Board of County Commissioners of Sampson County hereby approve the Capital Outlay Budget Amendment as indicated above and have made entry of this budget on the minutes of said Board, this _____ day of _____, 2018.

Passed by majority vote of the Board of Education of Sampson County on the 22nd day of July, 2019.


 Chair, Board of Education

Chairman, Board of Commissioners


 Secretary, Board of Education

County Manager

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.

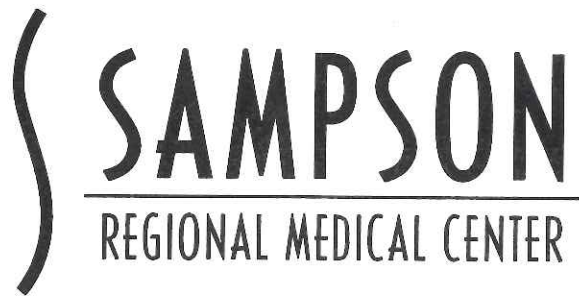
A total of thirty (30) minutes shall be set aside for public comment. At the end of this time, those who signed up to speak but have not yet been recognized may be requested to hold their comments until the next meeting's public comment period, at which time they will be given priority for expression.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



607 Beaman Street (28328), Post Office Drawer 260, Clinton, NC 28329-0260
Telephone: (910) 592-8511, Fax (910) 590-2321

July 1, 2019

Board of Commissioners
406 County Complex Road
Clinton, NC 28328

Dear Commissioners:

Sampson Regional Medical Center is requesting your attendance at the Annual Board of Trustees meeting on Monday, September 23rd at 6:00pm for approval of the 2020 capital and operating budget. Dinner will be served at the meeting.

Best regards,

A handwritten signature in black ink, appearing to read "Shawn Howerton", is written over the "Best regards," text.

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