



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA**

December 4, 2023

6:00 pm	Convene Regular Meeting (County Auditorium)	
	Invocation and Pledge of Allegiance	
	Approve Agenda as Published	
Item 1	Organization of the Board	1
Item 2	Reports and Presentations	
	a. CVB Annual Report	2
	b. Sampson County Schools – Funding Request Presentation	3-29
Item 3	Board Appointments	30-31
	a. Planning Board	
	b. Airport Advisory Board	
Item 4	Consent Agenda	32-33
	(as Board of Commissioners)	
	a. Approve the minutes of the November 6, 2023 meeting	34-42
	b. Adoption of 2024 Reappraisal Schedule of Values	43
	c. Authorize execution of an EMS Clinical Internship Agreement between Sampson County and James Sprunt Community College	44-50
	d. Adopt the Amended Hazard Mitigation Plan as submitted by Emergency Services	51-55
	e. Authorize the County Manager to execute the funding application for the 2024 Urgent Repair Program	56-66
	f. Authorize the execution of the 2024 United Way Funding Application for the Department of Aging’s Wheelchair Ramp Program	67-80

g. Adopt a Resolution for Offer and Acceptance for the Ivanhoe Water Project	81
h. Approve a late disabled veterans tax exclusion requests for Kim Bordeaux	82-84
i. Approve tax refunds and releases as submitted	85-122
j. Approve budget amendments as submitted	123
(as Board of Health)	
k. Approve the SCHD Fee/CPT Code Update	125
l. Approve the Updated Health Advisory Committee Conflict of Interest Policy	126-129
m. Approve the Updated Health Advisory Committee Operating Policy and Procedures	130-135
n. Approve the Board of Health Operating Policy and Procedures	136-143
o. Approve the Updated FISCAL Policy Update	144-190
p. Authorize execution of the 2024 United Way Funding Request for the Breast and Cervical Cancer Awareness and Outreach Program	191
q. Approve the 2024 SCHD Health Advisory Committee Meeting Dates	192
Item 5 Board Information	
a. 2022-2023 Sampson Soil & Water Conservation District Annual Report	194-215
b. September 18, 2023 SCHD Health Advisory Committee Minutes	217-219
c. SCHD Fiscal Monthly Update	220
d. SCHD 2023 Annual Report	221-227
Item 6 County Manager's Report	
Item 7 Public Comment Period	
Item 8 Closed Session - G.S. § 143-318.11(a)(6)&(a)(3)	
Adjournment	

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1

Meeting Date: December 4, 2023	<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: Organization of the Board

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager (for election of Chairman)
Chairman (for election of Vice Chairman)
Joel Starling, County Attorney

PURPOSE: To conduct annual election of officers

ATTACHMENTS: None

BACKGROUND:

North Carolina General Statutes require that the Board elect its officers during its first meeting in December each year. Customarily, the County Manager presides over the election of the Chairman. Then, the newly-elected Chairman presides over the election of Vice Chairman.

The person conducting the election should ask for nominations from the Board (nominations do not require a second). After all nominations have been made, the Board should vote (typically in the order received) on the candidates, with each member casting one vote. The Board should agree in advance on what procedure to follow if no candidate receives a majority of the votes cast on the first round of voting. County Attorney Joel Starling will advise the Board on options for this procedure.

RECOMMENDED ACTION OR MOTION:

Elect officers as prescribed by General Statutes

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2(a)

Meeting Date: December 4, 2023	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/ Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: CVB Annual Report

DEPARTMENT: CVB

PUBLIC HEARING: No

CONTACT PERSON(S): Sheila Barefoot, CVB Director

PURPOSE: To review the 2023 Annual Report for the Sampson County CVB

ATTACHMENTS: Annual Report – Hard Copy Provided

BACKGROUND:

Shelia Barefoot will present the 2023 CVB Annual Report and review notable accomplishments and updates.

RECOMMENDED ACTION OR MOTION:

No action required

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2(b)

Meeting Date: December 4, 2023	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/ Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Sampson County Schools - Funding Request Presentation

DEPARTMENT: Sampson County Schools

PUBLIC HEARING: No

CONTACT PERSON(S): Dr. Jamie King, Superintendent

PURPOSE: To review a local match funding request for a new Hobbton High School

ATTACHMENTS: Presentation

BACKGROUND:

The Sampson County Board of Education has requested that Dr. King present a request for local match funding for a new Hobbton High School through the Needs-Based Public School Building Capital Fund. Dr. King will elaborate on the details and total cost during his presentation.

RECOMMENDED ACTION OR MOTION:

No action required

Needs-Based Public School Building Capital Fund

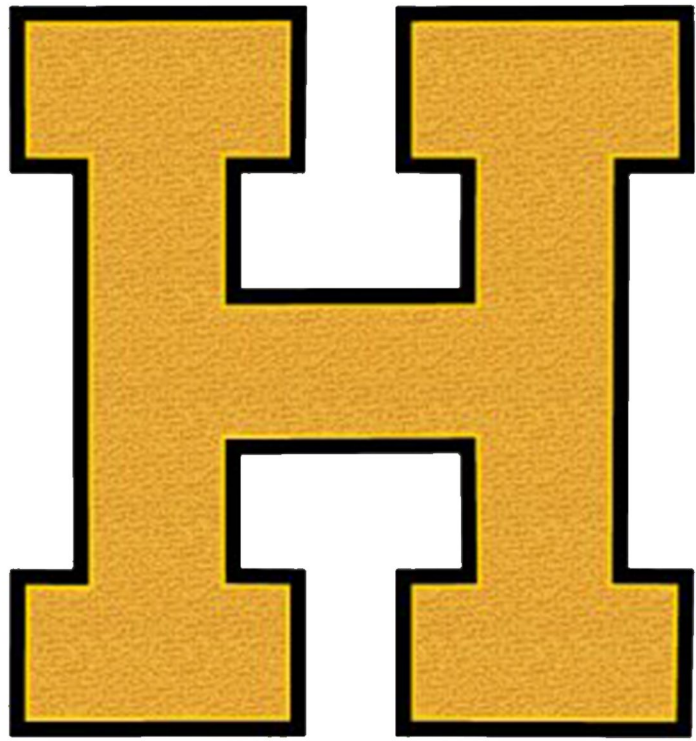
Sampson County Schools

Request for local match funding

HOBBTON HIGH SCHOOL







HOBBTON HIGH SCHOOL



Why Hobbton Why Now

History of Hobbton High School

- Proposed in 1955
- Founded in 1957
- Original costs:
 - \$470,000
 - Site \$10,000
- 82,646 square feet
- 8 Mobile Units and 3 Buildings

America in 1957

- Frisbees are released as a toy
- Eisenhower sworn in
- Little Rock Nine
- Sputnik I launched
- Britain detonates hydrogen bomb
- Toyota begins selling in the USA
- Dodgers move to Brooklyn
- Elvis buys Graceland

Taken from: Pop Culture History Facts, Britannica, Smithsonian Institution

Building History

- Additions to the original facility:
 - 1972:
 - 1976: Center courtyard was enclosed to construct the Library.
 - 1976-78: Construction of Band Building
 - 2009: Addition of Admin/Front offices
 - 2023: ESSER Projects (presented later)

Grant Application

- Established to assist counties with their public school building capital needs.
- Application is open yearly (November through January)
- Funds can only be used for construction of new school buildings and additional repairs and renovations.

Grant Application

- Maximum individual awards
 - \$42 million for Elementary School
 - \$52 million for Middle School
 - \$62 million for High School
- Local match ranges from 0%-35%
- Sampson County:
 - \$4,228,314 million Request from County Commissioners
 - \$3 million additional if we add the auditorium

Costs

- Sampson County:
 - 2023 cost is estimated \$67 million
 - \$4,228,314 million Request from County Commissioners
 - \$3 million additional if we add the auditorium
- 2015 cost was \$28.35 million
- 2018 cost was \$49 million
- 79.8% increase in 8 years
- Projected cost in 2028 would be \$106 million

Costs

- Needs Based Grant: \$62,000,000
- Request from county commissioners: \$4,228,314
- Sales Tax Refund: \$1,182,497
- TOTAL COST

\$67,382,497

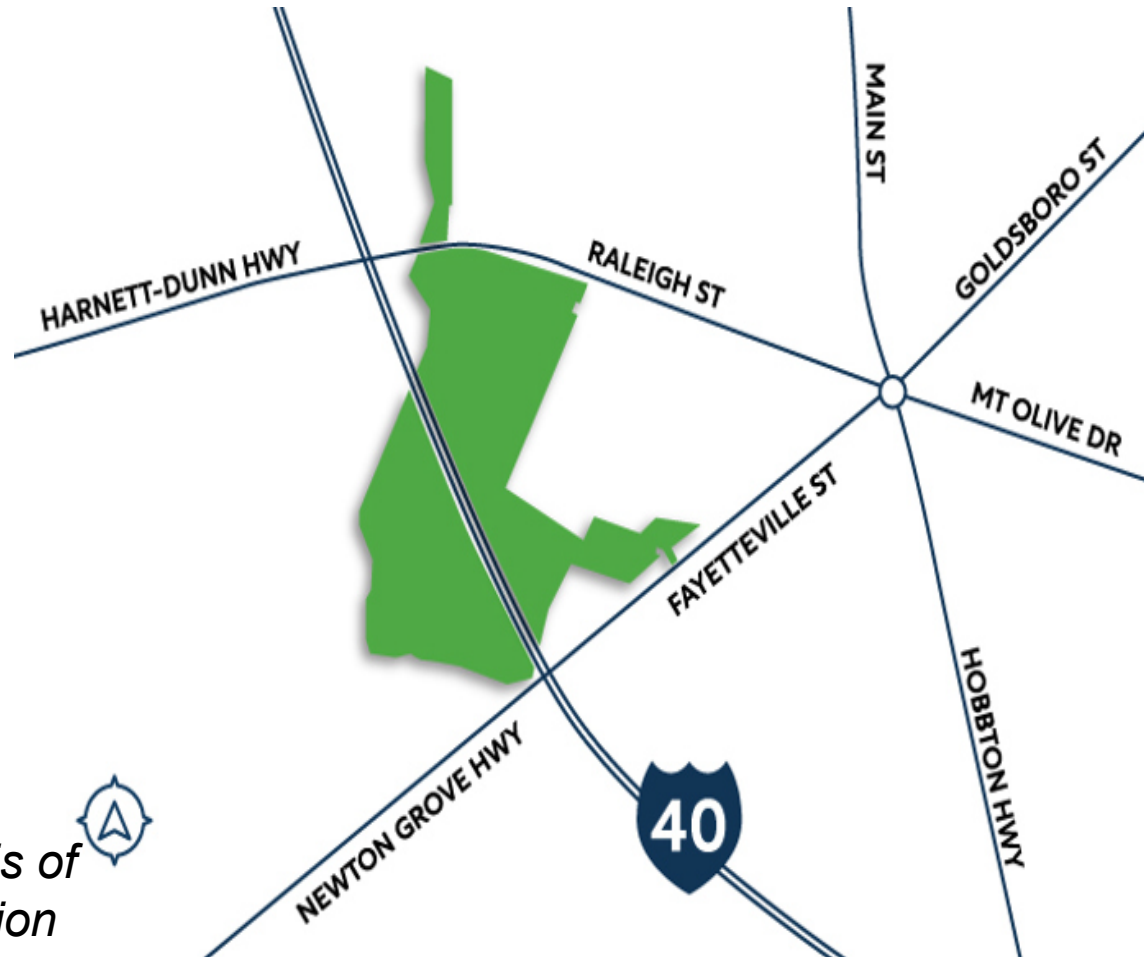
- Price has 3% inflation built in
- Demolish current Hobpton
- Furniture and technology included

Need

- Student Projections
 - Projected Growth 14.37% over the next 4 years

	9	10	11	12	TOTAL
2021	168	125	103	76	472
2022	140	146	110	81	477
2023	133	133	132	96	494
2024	137	133	133	132	535
2025	149	137	133	133	552
2026	139	149	137	133	558
2027	140	139	149	137	565
<i>These are projections based on current grade level enrollments</i>					

Joe Britt Warren Business Park



*Economic Impact Analysis of
School Facility Construction*



Need

- “School facility investments lead to modest, gradual improvements in student test scores, large immediate improvements in student attendance, and significant improvements in student effort,” (Daarel Burnette II; Education Week, April 17, 2019).

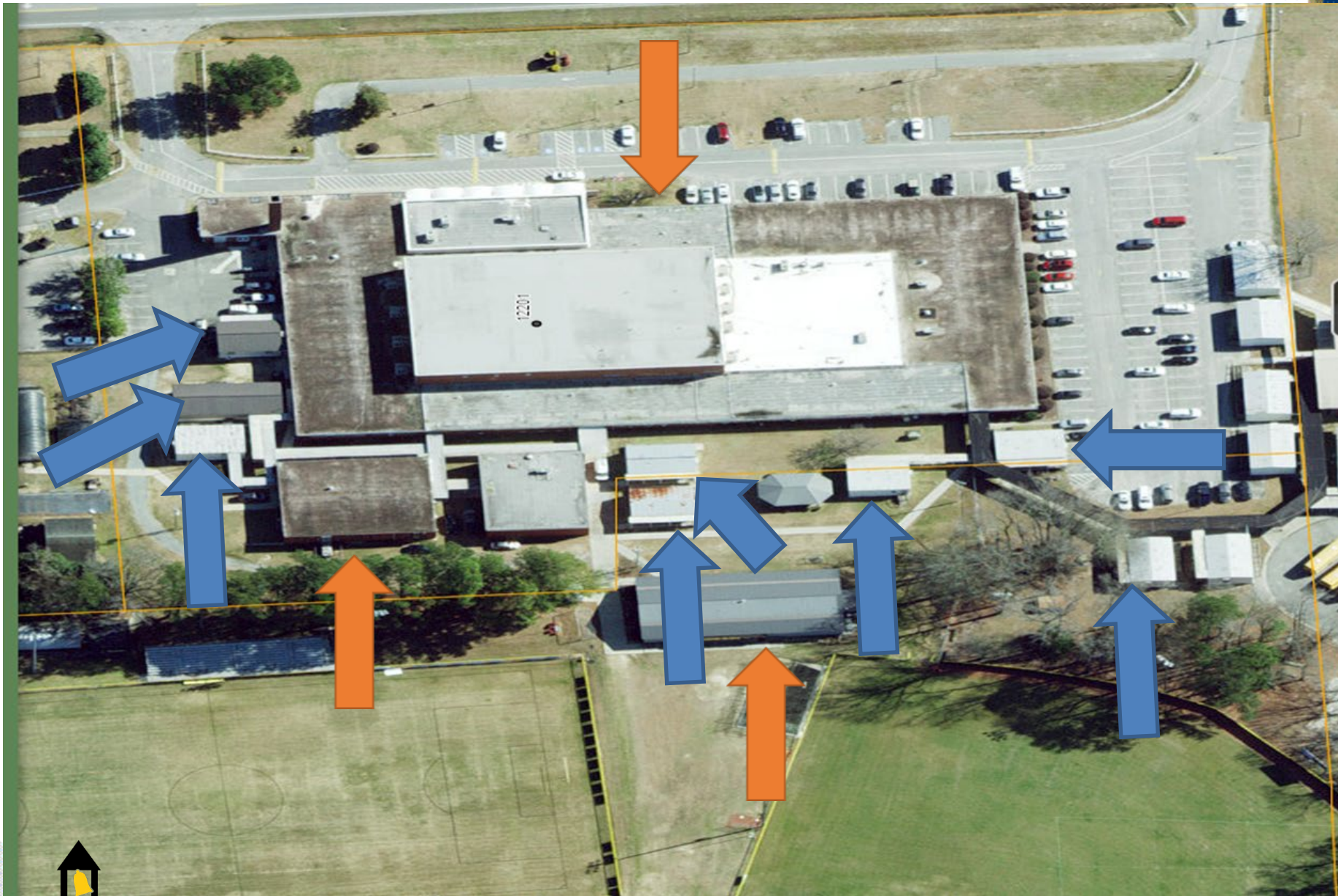




Need

- Founded in 1957
- 82,646 square feet
- Major renovations in 1972, 1976, 1976-1978, 2009, 2023
- ESSER Funds spent

Item	Cost
Roof	\$1,153,973.48
HVAC	\$291,233.00
Windows	\$775,354.39
Mobile Units	\$120,000
TOTAL	\$2,340,550.87



Academics



DONE BY DEC 15

24'-0"

FA ROTC AUTOMECH. ← NO

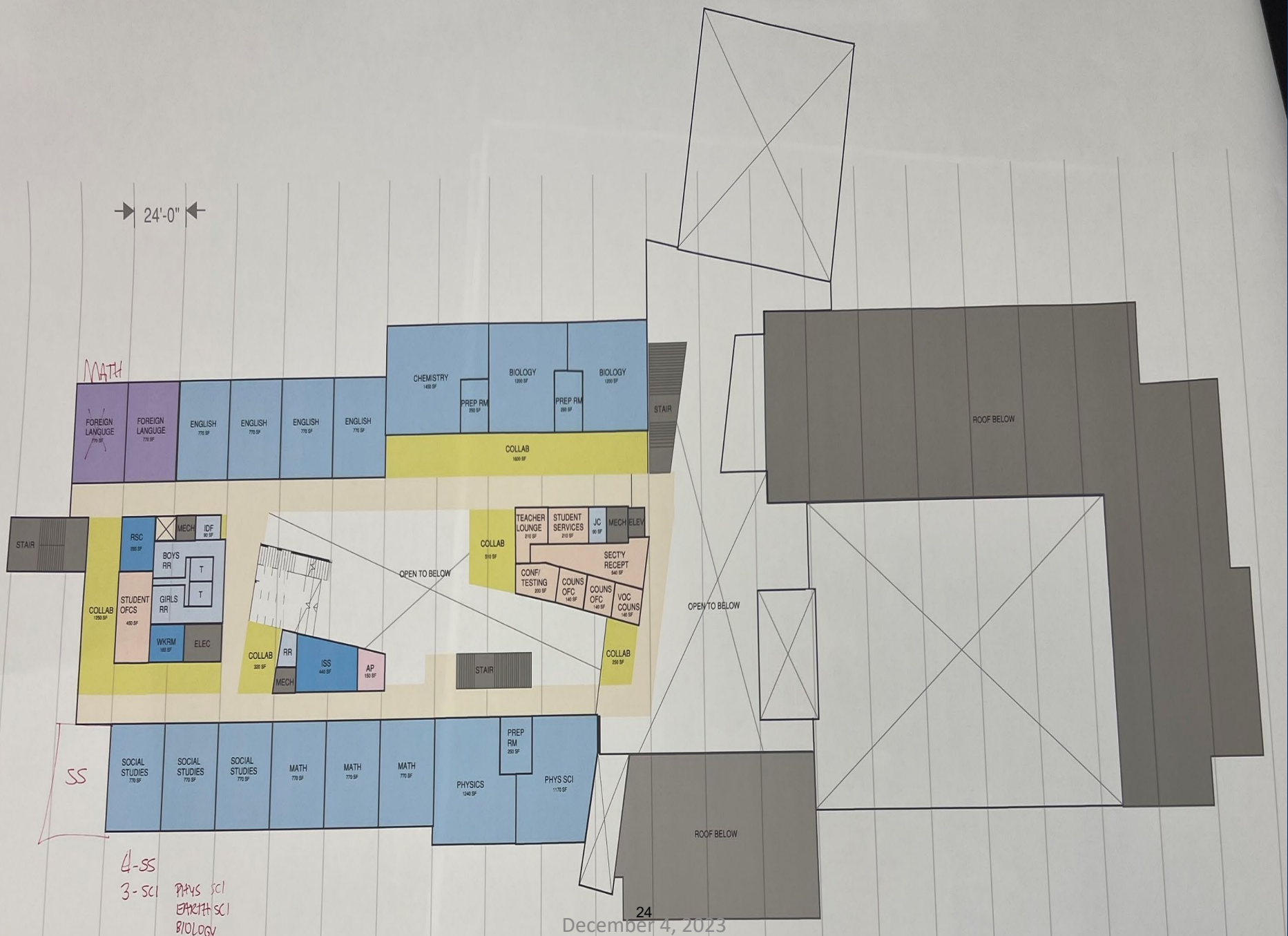
PUBLIC SERVICE TRADES



December 4, 2023

2-computer

→ 24'-0" ←





HOBBITON HWY

HOBBITON HWY

HOBBITON HWY

WATER TOWER

WIDAK

4899

HOBBITON ELEMENTARY

12361

BUS DROP-OFF

SERVICE ROAD

STUDENT STAFF PARKING

CAR DROP-OFF LOOP

FOOTBALL

CONCS.

HOBBITON MIDDLE

2081

WATER OAK LN

12383

107

165

229

269

277

DAVID HOBBS LN

SARA LN

59

78

25

320

WATER OAK LN



HOBBS
ELEMENTARY

FOOTBALL

CONCS.

CAR
DROP-OFF
LOOP

STUDENT/
STAFF
PARKING

SERVICE ROAD

BUS DROP-OFF

HOBBS HWY

HOBBS HWY

WATER
TOWER

WIDARDEN

HOBBS
MIDDLE

WATER OAK LN

DAVID HOBBS LN

SARA LN





Questions



**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3

Meeting Date: December 4, 2023	<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(S): Vice Chairperson Sue Lee

PURPOSE: To consider appointments to the Planning Board and the Airport Advisory Board

ATTACHMENTS: Memos

Planning Board - Planning staff has requested consideration of the reappointment of Gail Gainey and Jason Tyndall to the Sampson County Planning Board. Mrs. Gainey and Mr. Tyndall were initially appointed to the Planning Board in January of 2021 and have been exemplary Planning Board members with a high record of attendance.

Airport Advisory Board - Teddy St. Pierre’s term on the Airport Authority ended in October 2023. Mr. St. Pierre has been a valuable member of the Airport Authority and it is requested that he be reappointed to serve another term.

405 County Complex Rd.
Clinton NC 28328
Inspection: 910-592-0146
Planning: 910-631-1039
Fax: 910-596-0773



Hours of Operation:
Mon-Thurs. 7AM-5:30PM

Sampson County Inspection and Planning Department

MEMORANDUM:

TO: Stephanie Shannon, Clerk to the Board

FROM: Michelle Lance, Senior Planner

DATE: November 21, 2023

SUBJECT: Sampson County Planning Board Appointment

Planning staff respectfully requests consideration of appointment of Gail Gainey and Jason Tyndall to a second term as Sampson County Planning Board members. Mrs. Gainey and Mr. Tyndall were initially appointed to the Planning Board in January of 2021 and have been exemplary Planning Board members with a high record of attendance.

Thank you for your consideration of Gail Gainey and Jason Tyndall's appointment, please contact my office with any questions or comments.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 4

Meeting Date: December 4, 2023	<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:

(As Board of Commissioners)

- a. Approve the minutes of the November 6, 2023 meeting
- b. Adoption of 2024 Reappraisal Schedule of Values
- c. Authorize execution of an EMS Clinical Internship Agreement between Sampson County and James Sprunt Community College
- d. Adopt the Amended Hazard Mitigation Plan as submitted by Emergency Services
- e. Authorize the County Manager to execute the funding application for the 2024 Urgent Repair Program
- f. Authorize the execution of the 2024 United Way Funding Application for the Department of Aging's Wheelchair Ramp Program
- g. Adopt a Resolution for Offer and Acceptance for the Ivanhoe Water Project
- h. Approve a late disabled veterans tax exclusion requests for Kim Bordeaux
- i. Approve tax refunds and releases as submitted
- j. Approve budget amendments as submitted

(As Board of Health)

- k. Approve the SCHD Fee/CPT Code Update
- l. Approve the Updated Health Advisory Committee Conflict of Interest Policy
- m. Approve the Updated Health Advisory Operating Policy and Procedures
- n. Approve the Board of Health Operating Policy and Procedures
- o. Approve the Updated FISCAL Policy Update

- p. Authorize execution of the 2024 United Way Funding Request for the Breast and Cervical Cancer Awareness and Outreach Program
- q. Approve the 2024 SCHD Health Advisory Committee Meeting Dates

RECOMMENDED ACTION OR MOTION:

Motion to approve Consent Agenda as presented

The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, November 6, 2023, in the County Auditorium, 435 Rowan Road in Clinton, North Carolina. Members present: Chairman Jerol Kivett, Vice Chairperson Sue Lee, and Commissioners Thaddeus Godwin, Lethia Lee, and Allen McLamb.

Chairman Jerol Kivett called the meeting to order and turned the meeting over to Vice Chairperson Sue Lee who provided the invocation and led the Pledge of Allegiance.

Approval of Agenda

Upon a motion by Vice Chair Sue Lee and seconded by Commissioner Godwin, the Board voted unanimously to approve the agenda with the following changes:

- Added Item 1B - GFL Report

Item 1: Reports and Presentations

NCDOT Update Chairman Kivett called upon Highway Maintenance Engineer Keith Jackson who introduced Daniel Jones, District/Resident Engineer for Sampson and Duplin Counties. Mr. Jackson provided an update on planned maintenance projects throughout the County and Mr. Jones gave a brief summarization of ongoing and completed construction projects.

GFL Report Chairman Kivett called upon Selin Hoboy and Bryan Wuester of GFL who provided information with the hope of improving communication and transparency within the community. Ms. Hoboy discussed a County-specific website with up-to-date information regarding special projects and community questions.

Item 2: Action Items

Bid Award for T.O. 4&8 Water Main Extensions Chairman Kivett called upon Mark Turlington and David Ross to discuss the ongoing water main extension projects. Mr. Ross shared that bids for the T.O. 4&8 Water Main Extensions were received on Thursday, September 7, 2023 at 2:00 pm. Fewer than three bids were received for the project, so the bids were not opened. As stated in G.S. 143-132, three bids are required for construction or repair contracts subject to the formal bidding procedures. A re-advertisement for bids was issued, which set the bid opening date to Thursday, September 28, 2022 at 2:00 pm. After declaring bidding closed, it was noted that five (5) bid proposals for the project were submitted. Five (5) bidders were present for the bid opening. Each of the five (5) bid proposals were then opened and read aloud. After the bid opening, Dewberry Engineers Inc. reviewed the bids received for this project and established that each bidder had submitted a responsive, responsible bid and that the apparent low, responsive, responsible bidder is Herring-Rivenbark. This project is being funded by the directly allocated State Capital and Infrastructure Fund (SCIF) and the total

funding available for system improvement type projects includes \$9,000,000. Mr. Ross then stated that Dewberry recommends that Sampson County award the contract for the T.O. 4&8 Water Main Extensions to Herring-Rivenbark, the apparent low, responsible, responsive bidder at a contract price of \$2,012,197.50. Upon a motion by Commissioner Godwin and seconded by Commissioner McLamb, the Board voted unanimously to award the bid to Herring-Rivenbark as recommended by Dewberry.

Lead and Copper Service Line Resolution Mr. Ross informed the Board that to comply with the Lead and Copper Rule revisions released by the EPA, all community water systems are required to develop an initial inventory of all service line connections, both system-owned and customer-owned, by October 16, 2024. In order to meet these regulations, Sampson County will be performing an inventory assessment of the service lines in the public water system. The inventory development will include locating and mapping lead service lines using historical data recorded by Sampson County. This data will be tracked using the Sampson County GIS (geographic information system) and findings shared with the community. The County is seeking funding for this project through the NCDEQ State Revolving Fund. Upon a motion by Chairman Kivett and seconded by Vice Chairperson Sue Lee, the Board voted unanimously to adopt a Resolution Authorizing the County to Seek Funding for the Lead and Copper Service Line Inventory Assessment Project through the NCDEQ State Revolving Fund. (Copy filed in Inc. Minute Book _____, Page _____.)

2024 Reappraisal Schedule of Values Chairman Kivett called upon Tax Administrator Jim Johnson who discussed the 2024 reappraisal of all real property. Mr. Johnson introduced Emmett Curl of Pearson's Appraisal Service who shared an informative presentation about revaluation. Mr. Curl also clarified that Sampson County is one of twenty-three counties in the state that the Department of Revenue has required to perform a revaluation. Mr. Johnson then shared with the Board that statutorily, a public hearing must be held regarding the schedule of values and proposed a hearing date of November 20, 2023. Upon a motion by Vice Chairperson Sue Lee and seconded by Commissioner Godwin, the Board voted unanimously to hold the public hearing on Monday, November 20, 2023 at 6:00 p.m. in the Administrative Board Room. Mr. Causey then added that in order to take advantage of the scheduled meeting, staff would like to present the Market Study following the public hearing. Mr. Causey also recommended that the Board hold a work session the following Monday, November 27, 2023, to discuss the information, ask any questions, and potentially approve the Market Study.

Item 3: Board Appointments

Library Board of Trustees Upon a motion by Vice Chairperson Sue Lee and seconded by Chairman Kivett the Board voted unanimously to appoint Dr. La'Chandra C. Parker to fill a vacancy on the Library Board of Trustees. Upon a motion by Vice Chairperson Sue Lee and seconded by Commissioner Godwin the Board voted unanimously to reappoint Ms. Belinda Best to the Library Board of Trustees.

Item 4: Consent Agenda

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

- a. Approved the minutes of the September 25, 2023 and October 2, 2023 meetings (Copies filed in Inc. Minute Book _____, Page _____.)
- b. Adopted the 2024 County Government Holiday Schedule (Copy filed in Inc. Minute Book _____, Page _____.)
- c. Adopted the 2024 Board of Commissioners Meeting Schedule (Copy filed in Inc. Minute Book _____, Page _____.)
- d. Adopted the Title VI Nondiscrimination Plan for Sampson Area Transportation
- e. Adopted the 2023 System Safety Plan for Sampson Area Transportation
- f. Adopted the Drug and Alcohol Testing Policy for Sampson Area Transportation
- g. Authorized the acceptance of an Emergency Management Capacity Building Competitive Grant for FY 2023 and approved the associated budget amendment
- h. Authorized the acceptance of grant funds from the 2023 Homeland Security Grant Program and approved the associated budget amendment
- i. Approved the Clinton-Sampson Airport Rates and Charges Effective 11/1/2023 – 6/30/2024
- j. Adopted a Resolution Supporting Allocation of Contingency Funding for Repair of Jumping Run Road in the Ivanhoe Community of Sampson County (Copy filed in Inc. Minute Book _____, Page _____.)
- k. Authorized the County Manager to execute a contract between Sampson County Department of Social Services and Vanguard Professional Services
- l. Adopted a Proclamation Honoring and Celebrating the 155th Anniversary of Keathern Chapel Missionary Baptist Church (Copy filed in Inc. Minute Book _____, Page _____.)
- m. Approved late disabled veterans tax exclusion requests for James Y. Becton, Jason A. Bogart, Nealy Warren, Jr., and Brandon L. Rheel

n. Approved tax refunds and releases as submitted

#10301	Jose Lino Rivera	\$238.74
#10291	Jeremy Ray Tyndall	\$101.94
#10289	Fred Clifton Warren	\$409.50
#10276	Jeremy Hook	\$414.00
#10284	Spencer Antwan Miles	\$196.95
#10288	Cathy Ann Stambaugh	\$141.36
#10285	Jeffrey Gainey, Joan Gainey	\$114.51
Tax Release	Glenda G. Presley	\$211.96
Tax Release	Leola Fleury Pope Boone	\$487.01
Tax Release	William Curtis Carr	\$299.94
Tax Release	Dishon Edward Allen	\$141.77
Tax Release	Antonio Wilfredo Gonzalez	\$122.20
Tax Release	Antonio Wilfredo Gonzalez	\$197.01
Tax Release	Sarah Rhodes	\$228.60
Tax Release	Lew Wilson	\$809.46
Tax Release	Tristan Patrick Roberts	\$201.55
Tax Release	Xtreme Wireless of NC Inc.	\$105.04
Tax Release	J&S Landscaping & Construction	\$301.40
Tax Release	David Ronald Job, Jr.	\$109.20
Tax Release	James Robert Fisher	\$878.27
Tax Release	Anthony Jay Lane	\$124.58
Tax Release	Wesley Dale Ackerman	\$348.61

o. Approved budget amendments as submitted

<u>EXPENDITURE</u>		EMS		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243300	554000	Capital Outlay Vehicles	\$16,124.	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034330	408406	Revenue	\$16,124.	
<u>EXPENDITURE</u>		EMS		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243300	554000	Capital Outlay Vehicles	\$95,534.	
11243300	526200	Departmental Supplies	\$12,000.	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034330	408406	Revenue	\$107,534.	

EXPENDITURE

<u>Code Number</u>	<u>Fire Districts</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
23243410	581010	Roseboro (Coharie) Fire Dept	\$10,722.	
23243410	581011	Harrells Fire Dept (Franklin)	\$15,405.	
23243410	581012	Godwin-Falcon Fire Dept	\$11,208.	
23243410	581013	Halls Fire Dept	\$13,881.	
23243410	581014	Herring Fire Dept	\$20,487.	
23243410	581015	Salemburg (Honeycutt) Fire Dept	\$14,520.	
23243410	581016	Newton Grove Fire Dept	\$7,197.	
23243410	581017	Piney Grove Fire Dept	\$11,519.	
23243410	581018	Plain View Fire Dept	\$42,513.	
23243410	581019	Spivey's Corner Fire Dept	\$14,992.	
23243410	581020	Turkey Fire Dept	\$2,412.	
23243410	581021	Vanns Fire Dept	\$9,357.	
23243410	581022	Clinton Fire Dept	\$27,510.	
23243410	581023	Clement Fire Dept	\$21,383.	
23243410	581024	Autryville Fire Dept	\$15,939.	
23243410	581025	Garland Fire Dept	\$5,522.	
23243410	581026	Taylor's Bridge Fire Dept	\$31,754.	
23243410	581029	Jordans Chapel Fire Dept	\$4,444.	
23243410	581030	Smith Chapel Fire District	\$1,671.	

REVENUE

<u>Code Number</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
23043410	499900	Fund Balance Appropriated	\$10,722.
23043411	499900	Fund Balance Appropriated	\$15,405.
23043412	499900	Fund Balance Appropriated	\$11,208.
23043413	499900	Fund Balance Appropriated	\$13,881.
23043414	499900	Fund Balance Appropriated	\$20,487.
23043415	499900	Fund Balance Appropriated	\$14,520.
23043416	499900	Fund Balance Appropriated	\$7,197.
23043417	499900	Fund Balance Appropriated	\$11,519.
23043418	499900	Fund Balance Appropriated	\$42,513.
23043419	499900	Fund Balance Appropriated	\$14,992.
23043420	499900	Fund Balance Appropriated	\$2,412.
23043421	499900	Fund Balance Appropriated	\$9,357.
23043422	499900	Fund Balance Appropriated	\$27,510.
23043423	499900	Fund Balance Appropriated	\$21,383.
23043424	499900	Fund Balance Appropriated	\$15,939.
23043425	499900	Fund Balance Appropriated	\$5,522.
23043426	499900	Fund Balance Appropriated	\$31,754.
23043429	499900	Fund Balance Appropriated	\$4,444.
23043430	499900	Fund Balance Appropriated	\$1,671.

<u>EXPENDITURE</u>		Health		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
12661240	544000	Contract Services	\$13,475.	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535124	404000	State Assistance	\$13,475.	

<u>EXPENDITURE</u>		JCPC		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
5558310	581000	Transfer to State Agency	\$7,212.	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
5435831	409900	Fund Balance Approp Admin	\$353.	
5435831	409902	Fund Balance Approp Restitution	\$2,484.	
5435831	409903	Fund Balance Approp Youth Inspire	\$2,975.	
5435831	409905	Fund Balance Approp Psychological	\$1,400.	

<u>EXPENDITURE</u>		Various Departments		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141340	544000	Contract Services	\$18,000.	
11141210	544000	Contract Services	\$40,000.	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11039999	409800	Fund Balance Approp Encumbrances	\$58,000.	

<u>EXPENDITURE</u>		Sheriff		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100	512200	Overtime Supplies	\$17,433.	
11243100	518100	FICA	\$1,081.	
11243200	518120	Medicare – FICA	\$253.	
11233100	518278	Law Enforcement Retirement	\$2,448.	
11243200	518900	401K Supplemental Retirement	\$872.	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	402603	Federal Asset Funds (Narc)	\$22,087.	

Item 5: Board Information

The Board received the following for information only:

- a. Hwy 421 Rest Area Press Release

Item 6: County Manager’s Report

Chairman Kivett called upon County Manager Ed Causey who reminded the Board that the Open House for the new Emergency Services building will be on Thursday, November 16, 2023 at 3:00 p.m.

Item 7: Public Comment Period

Following a brief overview of Public Comment Policies and Procedures by Clerk to the Board Stephanie Shannon, Chairman Kivett reviewed standards of conduct and decorum and then opened the floor for public comments. The following were received:

Ann Knowles, 618 Honrine Road, Clinton, NC – “Good evening. My reason for speaking today is to invite you to the Veterans Affairs that we have our program, our Veterans program on, this time it’s not on the 11th for the first time in many years because Star Telephone has the Civic Center, so on November 12th at 2:00, I invite each of you and all of our audience to come and celebrate Veterans Day with us. It’s a day that we recognize veterans. We honor veterans. We do it every day, but we especially do it on November 11th or this year 12th. So, come have a program with us and we will give you refreshments afterwards. We look forward to seeing all of you.”

Glenn Faison, 7161 Old Warsaw Road, Turkey, NC – “Good evening. Board of Commissioners, I’m honored to be before you tonight and thank you. I promise I won’t take up more than about 180 seconds of your time. I come before you tonight, my sister, Elaine Hunt, does that name ring a bell? If it don’t ring a bell you haven’t been paying attention. Elaine Hunt has come diligently before you for almost a year. We grew up in Turkey. Can the people that came with me tonight just stand please? We grew up in Turkey and I’m of age. I’ve been in Turkey all my life. My water situation has been the same all my life. My sister has been coming and she brings samples of water for what we need to do, and I understand how this thing works and I understand that your job is very hard. Every month I sit up there in the same section for another reason, but I understand decisions are hard. I would ask you to go the extra mile. Quit saying its impossible and start saying its probable. My life’s work has been about leveling the playing field. Everything I’ve done in my professional life people have said, ‘you’re not going to do it, it’s not going to work’ but I’ve proven them wrong. With corporations and whatnot. So, my point is I know funding is hard to get but I know that it’s not impossible. I spoke to my good friend Dr. William Barber today, some of you may know who he is. He said, ‘Faison, you got to get their attention.’ And if bringing more people here...I’ll pack the place out. I’m a Missionary Baptist from Turkey. We’ll pack it out. My church will come pack it out. But I don’t think that’s what it would take. I think it will take someone collected on this Board deciding that you want to fight for us. I know at public comments you come, you sit, you smile, the people come speak, you thank us for coming and you go on about your business. When I go home, I would love to be able to turn on my faucet and get a cold glass of water. I haven’t been able to do that in about 30, 40 years. Everybody on my road can’t afford to buy water, so can you imagine that? So, tonight, again, as my sister has come over and over again, we come to appeal. Just step it up. Maybe you as the Board, not your staff, you as the Board should seek people in Raleigh. Seek people in D.C. because its 2023 and it’s a shame that I’ve been in Turkey all my life and every time I turn on the faucet my water is the same that it’s always been. Wouldn’t you agree? I know you can’t answer questions, but you can nod your head. Thank you.”

Anthony Monds, 6248 Autry Mill Road, Godwin, NC – “Good evening. I’m a combat war veteran of the United States Marine Corps. I wasn’t just there, I was on the front lines fighting, so I thank you veterans for what you have done. My reason for being here this evening is, I’ve

been staying in Godwin, Sampson County part of Godwin, for approximately seventeen years and over the last three years I've been having issues with my neighbor playing loud music. Any veteran who's been in combat, who's been bombed, understands where I'm coming from, and so I've gotten the police involved. I know there's a County ordinance and my purpose in coming before you this evening is to submit to you that prayerfully that you all will not only take notice of your ordinance that you have, maybe it needs to be revised because one of the things that I keep hearing from the County Sheriff's Deputies when they come out there is that they can't do anything. So, I spoke to the Sheriff prior to this evening. He and I have been conversing with one another, so prayerfully he can do something, but maybe you all as County Commissioners can take a look because any veterans knows that the bass from the music can set your post-traumatic stress off. And if anybody don't know what post-traumatic stress is, anybody that's been in combat, which I was, I was bombed four nights the first night in country so I know what that's like. You can't control the thunderstorms that bother you, you may can't control the fireworks that bother you, but you can do something about my neighbor and his bass. So I ask and solicit you to take a look at your ordinance, if it needs to be revised please revise it and do something about it because I don't want to have to be on the news for other reasons and so I'm asking you to do something. I'm soliciting you to do something. You have the power and the authority to do something, so please do something. Thank you."

After the public comments were concluded, Commissioner McLamb offered the following statement: "Can I say something before we go into Closed Session? It won't take me but just a second but it's something that has been on my heart and me and you have talked about it a little bit and I just want to bring it up, and I've seen some of it tonight. About some of the paperwork that we've got and our communications to these guys and things that have gone on. I just want to see this Board, Mr. Causey's office, and anyone else, we need to address the communications better than I think we are. I've talked about it with several. I think that with my business alone communication is a big thing. If I lose communications, I'll lose business and I think that spans through everyone. So, I want to employ, ask, that we look at a little bit stronger communications between the Chair and Co-Chair and our Commissioners and Mr. Causey to where I feel informed. I've had a situation a couple times that when someone come up to me and you guys have been meeting and that's fine, I like it. I appreciate what you're doing but when someone comes up and says, 'well we saw so-and-so, oh you already knew that.' That bothers me to be honest. I mean, when someone else has had a meeting with someone and they say well you knew that and I saw hmm, ok and I nod and I kind of walk away it kind of, and it just takes a little bit of communication that we share with each other. Can we not email with no problem? I know we have to be careful about our quorum and when we form those but I mean emails and stuff are traceable and they're seen. I guess that's my rant that I've seen because I promised my district, District 1, which is in the Godwin area, that I would make sure the communications was up and running to where they were informed and it makes me feel bad that sometimes I can't inform my own people and I get kind of blindsided. So, I'm asking that we create a little bit better information dialogue between us and everyone. The pay study has come in and we know but I would have loved to have known that before I got here, honestly. There's a few other things that I'd love to know that's going on. I just want it to be open and we're all involved because I think there's some people up here that have a lot of good ideas and together we can make things work great for this County and that's what I want to see happen. That's the part that I want to do and that's what I told people on my end of the County that I was going to do, so I'm asking that we support each other, that we open a line of

communication, that is up front, and we're all talking and we just know what's going on. Thank you. I thank you for giving me that time."

Item 8: Closed Session - G.S. § 143-318.11(a)(6)&(a)(3)

Upon a motion by Commissioner McLamb and seconded by Commissioner Godwin, the Board voted unanimously to enter into Closed Session. Upon a motion by Chairman Kivett and seconded by Vice Chairperson Sue Lee, the Board voted unanimously to come out of Closed Session.

Recess to Reconvene

Upon a motion made by Commissioner Godwin and seconded by Vice Chairperson Sue Lee, the Board voted unanimously to Recess to Reconvene on Monday, November 20, 2023 at 6:00 p.m. in the Administrative Board Room, 406 County Complex Road, Clinton, NC.

R. Jerol Kivett, Chairman

Stephanie P. Shannon, Clerk to the Board

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: November 20, 2023
SUBJECT: Adoption of 2024 Reappraisal Schedule of Values

Sampson County is scheduled for a reappraisal of all real property with an effective date of January 1, 2024. General Statute 105-317 (c) states that the values, standards and rules shall be reviewed and approved by the Board of Commissioners before January 1 of the year they are applied.

The 2024 schedule of values was delivered to the Board of Commissioners at the regular scheduled meeting on Monday, November 6, 2023, at 6:00 pm. The public hearing was scheduled for Monday November 20, 2023, at 6:00 pm. The notice for the public hearing was advertised on Tuesday, November 7, 2023.

This request is for the adoption of the 2024 reappraisal schedule of values. Once adopted, a notice will be published in the newspaper four times stating that a property owner has 30 days from the publication of the first notice to appeal said schedule of values to the North Carolina Property Tax Commission.

Please include on the consent agenda for December 2023.

EMS CLINICAL INTERNSHIP AGREEMENT

THIS EMS CLINICAL INTERNSHIP AGREEMENT (“Agreement”) is made and entered into effective the 27th day of October 2023 by and between **SAMPSON COUNTY** (the “County”) and **JAMES SPRUNT COMMUNITY COLLEGE** (the “College”). The County and the College may be referred to individually as a “Party” and collectively as the “Parties.”

RECITALS

A. The County is a body corporate and politic and a political subdivision of the State of North Carolina pursuant to Chapter 153A of the North Carolina General Statutes.

B. The College is a community college operating and existing under the provisions of Chapter 115D of the North Carolina General Statutes.

C. The County, through its Emergency Services Department, operates Sampson County Emergency Medical Services (“Sampson County EMS”) pursuant to Chapter 131E of the North Carolina General Statutes and Title 10A, Chapter 13, Subchapter P of the North Carolina Administrative Code.

D. The College currently acts as an EMS Educational Institution that is credentialed by and subject to the oversight of the North Carolina Office of Emergency Medical Services (“OEMS”) under Title 10A, Chapter 13, Subchapter P of the North Carolina Administrative Code.

E. The College requires students enrolled in its approved Emergency Medical Services Program (“EMS Program”) to complete a designated number clinical hours with an approved Emergency Medical Services Provider (the “Clinical Work”).

F. The County has agreed to allow students in the College’s EMS Program to complete their required Clinical Work under the supervision of Sampson County EMS, subject to the terms and conditions of this Agreement.

AGREEMENT

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

1. Effective Date, Term and Termination. This Agreement shall become effective as of the date first written above and shall continue in effect until terminated as provided herein. Either Party may terminate this Agreement at any time and for any reason by providing the other Party with thirty (30) days prior written notice by giving notice of said termination in the manner set forth in paragraph 15 of this Agreement. This termination notice period shall commence upon receipt of the notice of termination by the non-terminating Party.

2. Insurance. The College shall maintain policies of general liability insurance, professional liability insurance, and any other insurance necessary to insure the College and its officers, employees, independent contractors, faculty, instructors, and students from and against any claim(s) arising out of the Clinical Work, including, but not limited to, claims for personal injury or death. Such insurance shall include, but not be limited to, a “tail” coverage endorsement that is effective notwithstanding the termination or expiration of this Agreement. Insurance shall be through a licensed carrier acceptable to the County, and in a minimum amount of one million dollars (\$1,000,000) per claim, and three million dollars (\$3,000,000) annual aggregate unless a lesser amount is accepted by the County. The College will provide the County with at least thirty (30) days prior written notice of cancellation, non-renewal, lapse, or adverse material modification of such coverage. Upon the County’s request, the College will furnish the County with evidence of insurance which lists the County as an additional insured as it relates to general liability.

3. Indemnification by the College. To the fullest extent permitted by the North Carolina Tort Claims Act, the College shall indemnify and hold harmless (and at the request of the County defend) the County and its elected officials, officers, agents, and employees from and against any and all claims for any loss, damages, liability, costs, or expenses (including reasonable attorney’s fees), judgments or obligations, whether direct, indirect, or consequential, arising out of or resulting from the performance of this Agreement or the actions of the College, its officials, employees, agents, independent contractors, and/or students under this Agreement. This indemnification shall survive the termination of this Agreement.

4. Indemnification by the County. To the fullest extent permitted by the North Carolina Constitution and other relevant law, the County shall indemnify and hold harmless (and at the request of the College defend) the College and its officials, agents, and employees from and against any and all claims for any loss, damages, liability, costs, or expenses (including reasonable attorney’s fees), judgments or obligations, whether direct, indirect, or consequential, arising out of or resulting from the performance of this Agreement or the actions of the County, its officials, employees, and agents under this Agreement. This indemnification shall survive the termination of this Agreement.

5. Credentialing and Licensing. The College, on behalf of itself and its employees, agents, and independent contractors, represents, warrants, and agrees that all of the foregoing are currently, and for the duration of this Agreement shall remain, in compliance with all applicable credentialing and licensing laws and regulations, including but not limited to those licensing and credentialing requirements imposed by OEMS, and that the College and its employees, agents, and independent contractors will perform their duties in accordance with all licensing and regulatory requirements, as well as applicable national, state, and local standards of professional ethics and practice.

6. Notice of Certain Events. The College shall give written notice to the County within ten (10) days of any change in the status of a license or credential of the College or one of its employees, agents, independent contractors, or students who is affiliated with the College’s EMS Program or otherwise involved in the Clinical Work contemplated by this Agreement.

7. Funding. The County is not required to appropriate any specific level of funding in connection with this Agreement. Notwithstanding the provisions of paragraph 1 hereof, this Agreement shall automatically terminate in the event that, in the judgment of the County, sufficient funds are no longer available to carry out the Clinical Work described herein.

8. Confidential Patient Records. The College and its employees, agents, independent contractors, and students shall maintain the confidentiality of the medical records and individually identifiable information and other health records maintained by Sampson County EMS, as required by law. Any employee, agent, independent contractor, or student of the College participating in the Clinical Work shall be required to execute a Business Associate Agreement in form acceptable to the County prior to participating.

9. Nondiscrimination. Both Parties hereby agree that, in their respective educational and/or employment practices, neither will discriminate against any person because of race, color, religion, sex, national origin, age, creed, or disability. Further, the College represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Agreement will be carried out in strict compliance with all Federal, State, and local laws regarding discrimination in employment.

10. Further Obligations of the College. In addition to those other obligations set forth herein, the College and its officials, employees, agents, and independent contractors shall:

a. Confer with the County to determine the maximum number of students who may participate in the Clinical Work, provided, however, that the County shall ultimately make the final determination as to how many students it can accommodate at any given time;

b. Advise the County as to any changes in supervision and instructional personnel, changes in relevant policies, changes in student enrollment, and changes in the availability of resources related to the Clinical Work;

c. Advise students of their responsibility to provide their own standard safety equipment, including, but not necessarily limited to, a standard uniform and an approved N95 (or higher) HEPA mask;

d. Present students for Clinical Work who have adequate preclinical instruction and who, in the discretion of the faculty of the College, have adequately fulfilled the preclinical requirements of the curriculum that meets or exceeds the requirements for said level in accordance with OEMS standards and requirements;

e. Require each student assigned to Sampson County EMS to comply with the policies, procedures, and rules of the County, as the same may be from time to time amended, including, but not limited to, criminal background checks, drug screens, infection control policies (to include verification of HBV, MMR, Varicella, and Tuberculosis status

as required by the Center for Disease Control), confidentiality policies (including HIPPA) regarding the records of those patients served by the County, and the Bloodborne Pathogen/Exposure policies in effect. Failure of a student to pass a background check or drug screening or comply with any of the County's policies in effect at the time shall be grounds for barring the student from participating in the Clinical Work.

f. Ensure that students meet with a designated Sampson County EMS employee prior to the commencement of the Clinical Work in order to coordinate the student's schedule;

g. Provide a faculty member, who will plan, in conjunction with Sampson County EMS employees, the clinical experiences and patient care assignments which will fulfill the clinical requirements of the College's curriculum; and meet with Sampson County EMS employees, when necessary, to discuss the quality of the clinical experiences and any problems which may have arisen in the provision of those experiences;

h. Retain responsibility for the education of the students in and for the curriculum of the Clinical Work, specifically, and the EMS Program, more generally, including its design, delivery, and quality; and

i. Maintain all educational records and reports relating to its students.

11. Further Obligations of the County. In addition to those other obligations set forth herein, the County shall:

a. Advise the College as to any changes in supervision and instructional personnel, changes in relevant policies, changes in student enrollment, and changes in the availability of resources related to the Clinical Work;

b. Communicate to the College when a student has been relieved from a specific assignment or been withdrawn from the clinical program altogether, it being understood and acknowledged by the Parties that the County shall maintain sole discretion as to when student safety, student misconduct, and/or the quality of patient care require that a student either be relieved of an assignment or withdrawn from the clinical program;

c. Provide supervised clinical experiences for students which fulfill the curriculum requirements related to the Clinical Work and meet the objectives agreed upon by the College and the County;

d. Provide the College's participating students and faculty with an orientation to Sampson County EMS, which will include training on the Health Insurance Portability and Accountability Act of 1996 (HIPPA), particularly as it relates to the County's confidentiality requirements;

e. Provide students with instruction regarding blood-borne pathogens reporting, and how, when and why to report incidents;

f. Provide Sampson County EMS employees who will assist the College's coordinating faculty members with the planning of clinical experiences and patient care assignments and meet with the College's coordination faculty members to discuss the quality of the clinical experiences and any problems which may have arisen in the provision of those experiences;

g. Plan, administer, and retain responsibility for all aspects of the patient care program and provide for qualified supervision of all patient care activities;

h. Allow College faculty members access to Sampson County EMS facilities for the purpose of coordinating, observing, and instruction of students engaged in Clinical Work;

i. Provide, on forms furnished by the College or as otherwise approved by the College, an evaluation and report on the performance of each student participating on a full-time basis in the clinical program.

12. Assignment and Subcontracting. Neither Party shall assign its interest in this Agreement or subcontract with a third party for the performance of its obligations hereunder without the prior written consent of the other Party to this Agreement.

13. Relationship of the Parties. Nothing herein shall be construed as creating a partnership or joint venture, nor shall any employee of any Party be construed as an employee, agent, or principal of any other Party to this Agreement. Each Party shall maintain control over its own personnel, and any employment rights of personnel assigned under this Agreement shall not be abridged by the Party employing said personnel. Each Party agrees to assume liability for its own acts or omissions, including the acts or omissions of its employees or agents, during the term of this Agreement. It is expressly understood and agreed by the Parties that students assigned to Clinical Work by the College are not employees of the County and shall have no rights to any employee benefits or insurance coverage by reason of their participation in the Clinical Work, including, but not limited to, salary, wages, FICA, medial insurance coverage, retirement benefits, workers compensation coverage, or disability insurance. It shall be the responsibility of the College to ensure that the foregoing is adequately communicated to its students prior to their participation in Clinical Work.

14. No Third-Party Beneficiaries. There are no third-party beneficiaries to this Agreement. Nothing in this Agreement shall create or give to third parties any claim or right of action against the Parties or any employee or agent of the Parties to this Agreement.

15. Notices. All notices which may be required by this Agreement will be effective when received by certified mail sent to the following addresses (or such other addresses as the Parties may later designate in writing):

If to the County: Sampson County Emergency Services Department
Attn: Director
107 Underwood St.
Clinton, NC 28328

If to the College: James Sprunt Community College
Attn: Director of Fire Safety and EMS
133 James Sprunt Dr.
Kenansville, NC 28349

16. Entire Agreement. This Agreement constitutes the entire agreement between the Parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter hereof.

17. Amendments and Modifications. This Agreement 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 Agreement.

18. Additional Policies and Procedures. Notwithstanding paragraph 16 of this Agreement, the Parties may develop additional policies and procedures by consent to implement this Agreement. Furthermore, each Party may develop internal policies and procedures to implement their respective obligations hereunder.

19. Severability. In the event that any provision of this Agreement 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.

20. Survival of Obligations. All provisions of this Agreement that by their nature are to be performed or complied with following the expiration or termination of this Agreement, including without limitation paragraphs 2, 3, 4, 8, and 13, shall survive the expiration or termination hereof.

21. Governing Law. This Agreement shall be governed by the laws of the State of North Carolina.

22. Counterparts. This Agreement 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.

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

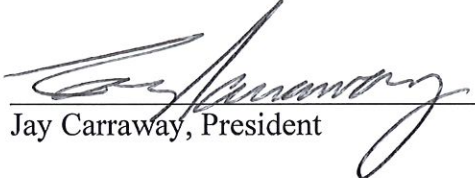
SAMPSON COUNTY

By: _____
R. Jerol Kivett, Chairman,
Board of Commissioners

ATTEST:

Stephanie P. Shannon, Clerk,
Board of Commissioners

JAMES SPRUNT COMMUNITY COLLEGE

By: 

Jay Carraway, President

ATTEST: 

R. Craig Garner,
Director of Fire Safety and EMS

MEMORANDUM:

TO: Stephanie Shannon, Clerk to the Board
FROM: Jared Rouse, Emergency Management Coordinator
DATE: November 20, 2023
SUBJECT: **Hazard Mitigation Plan Amendment Adoption**

The North Carolina Department of Transportation (NCDOT) is applying for a Federal Emergency Management Agency (FEMA) Building Resilient Infrastructure (BRIC) grant to provide a secondary means of travel and egress in the Ivanhoe Community.

Based on guidance from FEMA and in consultation with North Carolina State Emergency Management (NCEM) an amendment to our Hazard Mitigation Plan (HMP) is required. This proposed amendment meets an application requirement for the FEMA grant funds.

The adoption of this amendment will allow NCDOT to proceed with the grant application. A successful application and award of this grant to NCDOT will greatly increase the resiliency of the Ivanhoe Community.

I respectfully request this be added to next Board of Commissioner's meeting agenda for their consideration and adoption.

JR

Attachments:
Amendment to Hazard Mitigation Plan
NCDOT Project Map

Amendment Two, Sampson-Duplin Regional Hazard Mitigation Plan Approved and Adopted April 6, 2021.

Sections: **Section 9, Mitigation Action Plan, page 9-20.**

Upon adoption by Sampson County, NC on (12/04/2023) the following is an amendment to the above referenced Regional Hazard Mitigation Plan to meet the plan/proposal consistency requirements of the FEMA BRIC Program. This amendment will be incorporated into the body of the Sampson-Duplin Regional Hazard Mitigation Plan on the next regularly scheduled update.

Whereas: Sampson County, NC participates in the Sampson-Duplin Regional Hazard Mitigation Plan and,

Whereas: Sampson County wishes to be an eligible participant in the Federal Emergency Management Agency's BRIC Program and,

Whereas: The North Carolina Department of Public Safety Division of Emergency Management, Hazard Mitigation Section has identified certain required amendments to the aforesaid plan in order to meet eligibility requirements.

Whereas: The North Carolina Enhanced Hazard Mitigation Plan identifies certain goals, strategies and actions designed to address local government assistance demonstrating a coordinated and comprehensive statewide mitigation effort.

Whereas: The State of North Carolina Enhanced Mitigation Plan is consistent with the guidance and requirements of the FEMA Unified Hazard Mitigation Assistance suite of programs providing assistance to local governments in securing funding through various programs as identified in the Goals, Strategies and Actions Sections of the NC Enhanced Hazard Mitigation Plan Approved February 13, 2023.

Section 2 Planning Process Part 2.6.2 page 2-16 (pdf 45) addresses integration with FEMA's Unified Hazard Mitigation Assistance Program

Section 5 Mitigation Strategy Part 5.4.2.3 page 5-8 (pdf 474) addresses state assistance given to local governments in pursuit of funding sources including the UHMA suite of funding.

Mitigation Action NC-2 page 5-14 (pdf 480) identifies a comprehensive list of mitigation actions that NCEM-HM will pursue in partnership with local governments.

Project types that fall under this action could include, but are not limited to: Acquire properties that are located in areas vulnerable to hazards. Elevate properties that are located in areas vulnerable to flooding. Structural retrofits for structures that are vulnerable to wind events. Non-structural retrofits for structures that are vulnerable to earthquakes/geological events. Analyze building stock to identify potential structures that could be mitigated. Provide funds for purchase of conservation easements or purchase of land within floodplain. Identify properties to be acquired that will support mitigation by coordinating with other entities (such as the Clean Water Task Force) to leverage other funding sources for acquisition to support additional state mandated goals. Develop funding source (with hazard funds)

targeted to areas most vulnerable to earthquakes, sinkholes, and landslide/geochemistry for acquisition and/or conservation easements. Promote safe room construction and help provide safe havens/rooms in areas with extremely vulnerable populations. Projects that include dam safety training for state personnel, increase in the number of dam inspections, increase in the submittal and testing of dam Emergency Action Plans, more timely review and issuance of permits, improved coordination with state emergency preparedness officials, identification of dams to be repaired or removed, conducting dam safety awareness workshops and creation of dam safety videos and other outreach materials. Projects to provide technical, planning, design and construction assistance for rehabilitation of eligible high hazard potential dams. Encourage applications for Advance Assistance funding and Capability and Capacity Building funding to allow communities to secure assistance with identifying and quantifying problems and solutions with the goal of preparing quality funding proposals/applications.

Now Therefore, in order to demonstrate compliance with guidance from the North Carolina Department of Public Safety (DPS) and the Federal Emergency Management Agency (FEMA) concerning participation in the FEMA BRIC Program, Sampson County hereby adopts the following Amendment Number Two to the Sampson-Duplin Regional Hazard Mitigation Plan adopted April 6, 2021. This amendment applies only to Sampson County and its involvement in various state and federal funding and mitigation programs.

Amendment Two, Sampson-Duplin Regional Hazard Mitigation Plan;

A) **Section Nine** of the plan, Mitigation Action Plan identifies mitigation actions for Sampson County. The table of actions on pdf page 643 (9:20 in the plan) Section 9 Sampson County Mitigation Actions is hereby amended to include the following measures:

Mitigation Action S47

- Description: Design/build ingress/egress route for the Ivanhoe Community.
- Hazard Addressed: Inland Flooding, Dam Failures, Severe Weather, Hurricane/Tropical Storm
- Relative Priority: High
- Lead Agency/Department: NCDOT, County Administration
- Potential Funding Sources: FEMA HHDPR, BRIC, Local Funding
- Implementation Schedule: **2024**
- Implementation Status: Applying for funding 2023

This amendment will be incorporated into the next regularly scheduled update of the Sampson-Duplin Regional Hazard Mitigation Plan.

Adopted this, the ____ day of _____, 2023 by Sampson County, NC

Attest:

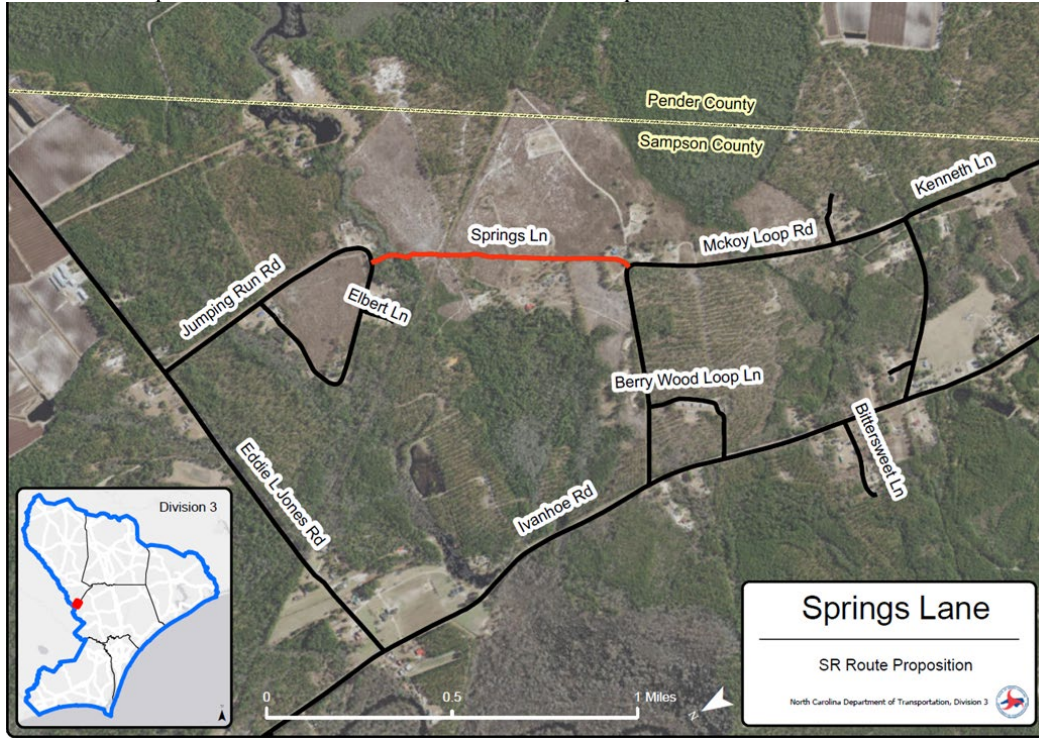
R. Jerol Kivett, Chairman, Sampson County Board of Commissioners

_____ (signature)

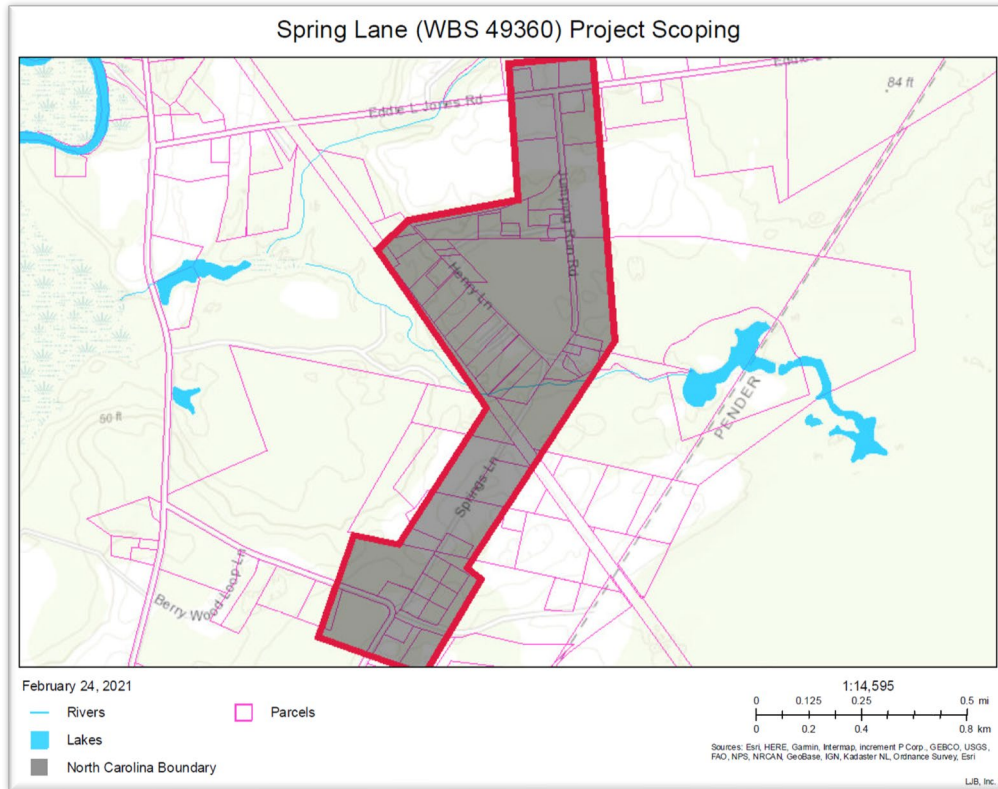
Stephanie P. Shannon, Clerk to the Board

_____ (signature and SEAL)

NCDOT Proposed Ivanhoe New Route Location Map:



NCDOT Proposed Ivanhoe New Route Project Scoping Map:



MEMO

TO: Board of Commissioners
From: Dana Hall, Parks, Recreation, & Aging Director
Date: November 20, 2023
Subject: Urgent Repairs Program – Assistance Policy

Attached is the application for the 2024 Urgent Repairs Program. I would like to request approval to apply for \$132,000 of funding. This program is a long-standing program, offered by the North Carolina Housing Finance Agency, that has helped numerous citizens with urgent home repairs. Please approve County Manager, Ed Causey, to sign the URP 2024 Application.

Thank You,

Dana Hall

Attachments: Sampson County URP24 Application

NORTH CAROLINA HOUSING FINANCE AGENCY

**Application for Funding
2024 Urgent Repair Program
(URP24)**

I. Program Applicant

A. Applicant Organization:

1. Legal Name	Sampson County		
2. Street Address	405 County Complex Rd; Suite 140		
3. Mailing Address	405 County Complex Rd; Suite 140		
4. City	Clinton	ZIP	28328
5. Fax Number	910-590-2142	6. Federal Tax ID	56-6000-338
7. UEI Number	DMT2MK5GB6Z7		
8. Website address	www.sampsonnc.com		

B. Chief Administrative Official: (must have organizational contract signing authority)

1. Name	Edwin Causey	2. Title	County Manager
3. Phone Number	910-592-7181	4. Email	ecausey@sampsonnc.com

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

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

D. Project Contact Person: (Who should NCHFA and the public contact for URP inquiries?)

1. Name	Dana Hall	2. Title	Director of Aging Services
3. Phone Number	910-592-4653	4. Email	danah@sampsonnc.com

E. Type of Applicant:

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

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

G. Funding Requested:

1. Total amount of Program funds requested.....	\$132,000
2. Total number of dwelling units targeted for Program assistance.....	11

THIS SECTION FOR NCHFA USE ONLY

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

URP24 Application for Funding

II. Project Design

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

1. Please define your service area in specific terms:

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

2. Complete the following matrix to define your proposed service area by county, population, number of dwelling units targeted for assistance and amount of Program funds projected to be spent in each county. *If the service area comprises an entire county, or municipalities, use the July 2022 (the most recent) population estimates from the North Carolina State Data Center available at*

<https://demography.osbm.nc.gov/explore/dataset/2022-standard-population-estimates/table/?disjunctive.county&disjunctive.municipality&sort=county>

Use the July 2022 population column for county or municipality(ies). Applications for grants exceeding \$132,000 must serve multiple counties in their entirety.

County(s) in which service area is located	Population of service area	Proposed	
		# of units	Program funds
a. Sampson County	58,978	11	\$132,000
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i. Totals =	58,978	11	\$132,000

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

URP24 Application for Funding

II. Project Design *(continued)*

B. Beneficiary Targeting:

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

C. Client Relations:

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

D. Proposed procurement and construction:

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

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

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

	Yes	No	Value/Amt.
1. Weatherization Assistance Program (WAP) funds.		x	
2. Heating Appliance Repair & Replacement Program (HARRP) funds.		x	
3. Independent Living Center funds.		x	
4. Council on Aging funds.	x		\$13,200
5. USDA-Rural Development Section 504 loans.		x	
6. Volunteer labor*.		x	
7. Donated materials*.		x	
8. Matching local funds*.		x	
9. 			

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

URP24 Application for Funding

II. Project Design *(continued)*

F. Project Schedule:

Assuming a maximum of 18 months from funding agreement until close-out and a hypothetical starting date of July 1, 2024, please indicate below your projected project progress, in terms of dwelling units repaired or modified with Program assistance during each calendar quarter. (Note: All Program funds must be obligated within 18 months. Recipient will have an additional forty-five (45) days to complete all units and submit closeout documentation). Please complete a proposed schedule for your project.

Quarter	Unit Completions	Quarter	Unit Completions
1. 7/1/24 - 9/30/24.	2	4. 4/1/25 - 6/30/25.	2
2. 10/1/24 -12/31/24.	3	5. 7/1/25 - 9/30/25.	1
3. 1/1/25 - 3/31/25.	3	6. 10/1/25 - 12/31/25.	0
Total =			11

III. Applicant Capacity

A. Rehabilitation/Repair Program Experience and Status:

For each home repair, urgent repair or comprehensive housing rehabilitation grant received by the applicant since July 1, 2018, provide the information indicated below. If more than six separate grants were received during this 5-year period, copy page 6 and attach as page 6 A. Funding sources to list here include Community Development Block Grant ("CDBG"), HOME Investment Partnership Program ("HOME") allocations from a local government or consortium, Single-Family Rehabilitation Program (SFR) grants, USDA-Rural Development Housing Preservation Grant Program ("HPG") funds, Weatherization Assistance Program ("WAP") funds, Urgent Repair Program grants, minor home repair project, local emergency repair programs, etc. You may assign names to your own unnamed programs to list them. ***Please list the oldest grant first.***

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

URP24 Application for Funding

III. Applicant Capacity *(continued)*

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

1. Program name (use standard abbreviations as shown above).....	HCCBG
a. Funding cycle (2018, 2019, etc.).....	2018-2019
b. Date of award or project commencement date.....	07/01/18
c. Grant/Funding Agreement number.....	N/A
d. Project close-out date or deadline.....	06/30/19
e. Total grant allocation amount.....	\$102,222
f. Matching funds/local contribution.....	\$10,222
g. Program rehabilitation/repair budget (hard costs only).....	\$74,965
h. Number of dwelling units targeted for rehabilitation/repairs.....	70
i. Number of dwelling units completed to date.....	81
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$1,231
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>
2. Program name (use standard abbreviations as shown above).....	URP
a. Funding cycle (2018, 2019, etc.).....	2018
b. Date of award or project commencement date.....	07/01/18
c. Grant/Funding Agreement number.....	URP1827
d. Project close-out date or deadline.....	12/31/19
e. Total grant allocation amount.....	\$65,000
f. Matching funds/local contribution.....	\$5,000
g. Program rehabilitation/repair budget (hard costs only).....	\$62,800
h. Number of dwelling units targeted for rehabilitation/repairs.....	9
i. Number of dwelling units completed to date.....	11
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$5,924
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>
3. Program name (use standard abbreviations as shown above).....	HCCBG
a. Funding cycle (2018, 2019, etc.).....	2019-2020
b. Date of award or project commencement date.....	07/01/19
c. Grant/Funding Agreement number.....	N/A
d. Project close-out date or deadline.....	06/30/19
e. Total grant allocation amount.....	\$100,000
f. Matching funds/local contribution.....	\$10,000
g. Program rehabilitation/repair budget (hard costs only).....	\$75,660
h. Number of dwelling units targeted for rehabilitation/repairs.....	80
i. Number of dwelling units completed to date.....	83
j. Number of rehabilitation/repair jobs under contract at present.....	0
k. Average hard cost per unit completed (all sources).....	\$912
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/> or Active. . <input type="checkbox"/>

URP24 Application for Funding

III. Applicant Capacity *(continued)*

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

4. Program name (use standard abbreviations as shown above).....		URP	
a. Funding cycle (2018, 2019, etc.).....		2019	
b. Date of award or project commencement date.....		07/01/19	
c. Grant/Funding Agreement number.....		URP1932	
d. Project close-out date or deadline.....		12/31/20	
e. Total grant allocation amount.....		\$100,000	
f. Matching funds/local contribution.....		\$10,000	
g. Program rehabilitation/repair budget (hard costs only).....		\$94,058	
h. Number of dwelling units targeted for rehabilitation/repairs.....		11	
i. Number of dwelling units completed to date.....		14	
j. Number of rehabilitation/repair jobs under contract at present.....		0	
k. Average hard cost per unit completed (all sources).....		\$6,719	
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/>	or Active. .	<input type="checkbox"/>
5. Program name (use standard abbreviations as shown above).....		HCCBG	
a. Funding cycle (2018, 2019, etc.).....		2020-2021	
b. Date of award or project commencement date.....		07/01/20	
c. Grant/Funding Agreement number.....		N/A	
d. Project close-out date or deadline.....		06/30/21	
e. Total grant allocation amount.....		\$183,830	
f. Matching funds/local contribution.....		\$18,383	
g. Program rehabilitation/repair budget (hard costs only).....		\$181,007	
h. Number of dwelling units targeted for rehabilitation/repairs.....		80	
i. Number of dwelling units completed to date.....		141	
j. Number of rehabilitation/repair jobs under contract at present.....		0	
k. Average hard cost per unit completed (all sources).....		\$1,284	
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/>	or Active. .	<input type="checkbox"/>
6. Program name (use standard abbreviations as shown above).....		URP	
a. Funding cycle (2018, 2019, etc.).....		2020	
b. Date of award or project commencement date.....		07/01/20	
c. Grant/Funding Agreement number.....		URP2032	
d. Project close-out date or deadline.....		12/31/21	
e. Total grant allocation amount.....		\$100,000	
f. Matching funds/local contribution.....		\$10,000	
g. Program rehabilitation/repair budget (hard costs only).....		\$84,941	
h. Number of dwelling units targeted for rehabilitation/repairs.....		11	
i. Number of dwelling units completed to date.....		15	
j. Number of rehabilitation/repair jobs under contract at present.....		0	
k. Average hard cost per unit completed (all sources).....		\$5,663	
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/>	or Active. .	<input type="checkbox"/>

URP24 Application for Funding

III. Applicant Capacity *(continued)*

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

4. Program name (use standard abbreviations as shown above).....	HCCBG		
a. Funding cycle (2018, 2019, etc.).....	2021-2022		
b. Date of award or project commencement date.....	07/01/21		
c. Grant/Funding Agreement number.....	N/A		
d. Project close-out date or deadline.....	06/30/22		
e. Total grant allocation amount.....	\$212,683		
f. Matching funds/local contribution.....	\$21,268		
g. Program rehabilitation/repair budget (hard costs only).....	\$195,000		
h. Number of dwelling units targeted for rehabilitation/repairs.....	80		
i. Number of dwelling units completed to date.....	137		
j. Number of rehabilitation/repair jobs under contract at present.....	0		
k. Average hard cost per unit completed (all sources).....	\$1,276		
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/>	or Active. .	<input type="checkbox"/>
5. Program name (use standard abbreviations as shown above).....	URP		
a. Funding cycle (2018, 2019, etc.).....	2022		
b. Date of award or project commencement date.....	07/01/22		
c. Grant/Funding Agreement number.....	URP2233		
d. Project close-out date or deadline.....	12/31/23		
e. Total grant allocation amount.....	\$132,000		
f. Matching funds/local contribution.....	\$13,200		
g. Program rehabilitation/repair budget (hard costs only).....	\$118,000		
h. Number of dwelling units targeted for rehabilitation/repairs.....	10		
i. Number of dwelling units completed to date.....	11		
j. Number of rehabilitation/repair jobs under contract at present.....	1		
k. Average hard cost per unit completed (all sources).....	\$7,142		
l. Current status of grant.....Closed-out.	<input type="checkbox"/>	or Active. .	<input checked="" type="checkbox"/>
6. Program name (use standard abbreviations as shown above).....	HCCBG		
a. Funding cycle (2018, 2019, etc.).....	2022-2023		
b. Date of award or project commencement date.....	07/01/22		
c. Grant/Funding Agreement number.....	N/A		
d. Project close-out date or deadline.....	06/30/23		
e. Total grant allocation amount.....	\$162,278		
f. Matching funds/local contribution.....	\$16,228		
g. Program rehabilitation/repair budget (hard costs only).....	\$128,828		
h. Number of dwelling units targeted for rehabilitation/repairs.....	66		
i. Number of dwelling units completed to date.....	98		
j. Number of rehabilitation/repair jobs under contract at present.....	0		
k. Average hard cost per unit completed (all sources).....	\$1,315		
l. Current status of grant.....Closed-out.	<input checked="" type="checkbox"/>	or Active. .	<input type="checkbox"/>

URP24 Application for Funding

III. Applicant Capacity *(continued)*

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

4. Program name (use standard abbreviations as shown above).....	URP		
a. Funding cycle (2018, 2019, etc.).....	2023		
b. Date of award or project commencement date.....	07/01/23		
c. Grant/Funding Agreement number.....	URP2344		
d. Project close-out date or deadline.....	12/31/24		
e. Total grant allocation amount.....	\$132,000		
f. Matching funds/local contribution.....	\$13,200		
g. Program rehabilitation/repair budget (hard costs only).....	\$118,000		
h. Number of dwelling units targeted for rehabilitation/repairs.....	11		
i. Number of dwelling units completed to date.....	0		
j. Number of rehabilitation/repair jobs under contract at present.....	0		
k. Average hard cost per unit completed (all sources).....	\$10,727		
l. Current status of grant.....Closed-out.	<input type="checkbox"/>	or Active. .	<input checked="" type="checkbox"/> x
5. Program name (use standard abbreviations as shown above).....	HCCBG		
a. Funding cycle (2018, 2019, etc.).....	2023-2024		
b. Date of award or project commencement date.....	07/01/23		
c. Grant/Funding Agreement number.....	N/A		
d. Project close-out date or deadline.....	06/30/24		
e. Total grant allocation amount.....	\$102,810		
f. Matching funds/local contribution.....	\$10,281		
g. Program rehabilitation/repair budget (hard costs only).....	\$88,743		
h. Number of dwelling units targeted for rehabilitation/repairs.....	42		
i. Number of dwelling units completed to date.....	22		
j. Number of rehabilitation/repair jobs under contract at present.....	0		
k. Average hard cost per unit completed (all sources).....	\$2,500		
l. Current status of grant.....Closed-out.	<input type="checkbox"/>	or Active. .	<input checked="" type="checkbox"/> x
6. Program name (use standard abbreviations as shown above).....			
a. Funding cycle (2018, 2019, etc.).....			
b. Date of award or project commencement date.....			
c. Grant/Funding Agreement number.....			
d. Project close-out date or deadline.....			
e. Total grant allocation amount.....			
f. Matching funds/local contribution.....			
g. Program rehabilitation/repair budget (hard costs only).....			
h. Number of dwelling units targeted for rehabilitation/repairs.....			
i. Number of dwelling units completed to date.....			
j. Number of rehabilitation/repair jobs under contract at present.....			
k. Average hard cost per unit completed (all sources).....			
l. Current status of grant.....Closed-out.	<input type="checkbox"/>	or Active. .	<input type="checkbox"/>

URP24 Application for Funding

III. Applicant Capacity *(continued)*

C. Staff Qualifications and Experience:

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

Project Role	Name/Position Title	
1. URP project administration.	Name	Dana Hall
	Title	Director
2. Financial management.	Name	Alli Long
	Title	Senior Administrative Specialist
3. Construction oversight.	Name	Steven Wilson
	Title	Home Improvements Coordinator
4. Work write-ups/cost estimates.	Name	Steven Wilson
	Title	Home Improvements Coordinator
5. Interim inspections of work.	Name	Steven Wilson
	Title	Home Improvement Coordinator
6. Final inspections of work.	Name	Steven Wilson
	Title	Home Improvements Coordinator
7. Applicant intake/eligibility.	Name	Angela Faircloth
	Title	Information & Options Counselor
8. Client counseling/referrals.	Name	Angela Faircloth
	Title	Information & Options Counselor
9. Legal services, recording, etc.	Name	Joel Starling
	Title	Attorney

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

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

URP24 Application for Funding

IV. Certifications

The applicant hereby certifies that:

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

Attest (signature)

Stephanie Shannon

Typed Name

BOC Clerk

Title

Date

Chief Administrative Official (Signature)

Edwin Causey

Typed Name

County Manager

Title

Date

Applications must be received at NCHFA by 5:00 pm, December 20, 2023, or *postmarked* by that date. Please note that **NO EXCEPTIONS** will be made.

Mail or deliver to:

Attn: Gloria Moore, Administrative Assistant, Home Ownership
North Carolina Housing Finance Agency
3508 Bush Street
Raleigh, NC 27609-7509

Submit one original signature version or one electronically submitted copy by email. You must submit the application fee of \$75.00 with your application. Make checks payable to the N.C. Housing Finance Agency. For electronic submittal, questions, and check or mailing instructions, please contact Gloria Moore at URPapplications@nchfa.com.

MEMO

TO: Stephanie Shannon, BOC Clerk
FROM: Dana Hall, Aging Services Director
DATE: November 20, 2023
RE: 2024 United Way Funding Application

Attached is the 2024 United Way Funding Application for our Wheelchair Ramp Program for disabled individuals under 60 years of age. I am requesting permission from the Board of Commissioners to allow our department to request funding in the amount of \$13,000.

If permitted to submit the application, the Chairmen's signature on the first page of the application as well as the Board Clerk to attest.

Thank you.

Dana Hall
Attachment: United Way Program Funding Application

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



**P.O. Box 1677, Clinton, NC 28329
email:unitedsampson@intrstar.net**

Funding Request Due: January 7, 2022

INTRODUCTION

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

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

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

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

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

If questions arise, please contact Wendi Ferrell, Executive Director at 592-4263 or unitedsampson@intrstar.net.

CRITERIA FOR SUBMITTED FUNDING REQUESTS

1. United Way of Sampson County does not fund:
 - Capital improvement cost
 - Direct influencing of legislation
 - Expenses already incurred
 - Religious programming
 - Support of political activities
 - Lost funding from any source of any type
 - Endowments
 - Capital campaigns
 - Fundraising events
 - Scholarship funds – unless restricted by United Way

2. The program for which funding is requested must only provide services within Sampson County.
3. All financial information must be rounded to the nearest dollar.
4. Loss of program licensure [local, state, or federal] will result in immediate termination of funding.

INSTRUCTIONS FOR FUNDING REQUEST SUBMISSION

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

INSTRUCTIONS FOR COMPLETION OF FUNDING REQUEST APPLICATION

Cover Sheet/Certification

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

Specific Use of UWSC Funding

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

Organization Governance & Oversight

Reviews organization's volunteer governance and oversight.

Organization Overview

Provides an overview of agency's operations.

Program Overview

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

Program Outcomes Logic Model

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

Program Outcomes Framework – Outcome Measurement Management Process

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

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

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

Arrange information in the Framework appropriately.

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

Measuring Program Effectiveness – Outcome Measurement Results

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

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

Budget & Variance Form

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

Financial information must be rounded to the nearest dollar.

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

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

Expenses:

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

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

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

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

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

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

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

Postage & Shipping – Self-explanatory

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

Utilities – Electricity, gas, water & sewer.

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

Property & Equipment – Purchase of property and equipment.

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

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

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

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

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

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

Organization Dues – support to national "parent" organization

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

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

Revenue:

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

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

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

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

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

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

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

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

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

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

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

Variations/Comments:

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

EXAMPLE 1:

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

EXAMPLE 2:

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

EXAMPLE 3:

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

Program Participant Demographics

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

Program Staff Positions

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

Program Funding

Request Application



United Way of Sampson County

Sponsoring Agency: _____
Program Name: _____
Mailing Address: _____
Phone/email _____

Funding Request for 2022 Program Funding \$ _____

CERTIFICATION

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

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

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

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

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

Executive Director ~ Name

Board President or Authorized person Name

Volunteer Title

Signature - Executive Director

Signature ~ Board President or Authorized Person

Date

Date

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

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

Organization's Governance & Oversight

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

Board Meetings

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

Current Demographics of Board of Directors

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

Fiscal Oversight

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

National/State Affiliations

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

Please briefly describe those national standards.

ORGANIZATION OVERVIEW

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

1. Describe the organization's mission.

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

5. Does the organization employ paid staff?

_____ YES _____ NO

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

_____ YES _____ NO

PROGRAM OVERVIEW

Program Name: _____

Program Director's name: _____

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

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

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

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

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

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

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

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

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

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

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

MEASURING PROGRAM EFFECTIVENESS

OUTCOMES LOGIC MODEL

**PROGRAM
NAME** _____

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

INPUTS	ACTIVITIES	OUTPUTS

**MEASURING PROGRAM EFFECTIVENESS
OUTCOMES FRAMEWORK**

**PROGRAM
NAME:** _____

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

OUTCOMES	INDICATORS	DATA SOURCE	DATA COLLECTION METHOD

OUTCOMES MEASUREMENT RESULTS

Program Name: _____

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

RESOLUTION OF GOVERNING BODY OF RECIPIENT

WHEREAS, the County of Sampson has received an earmark for the American Rescue Plan (ARP) funded from the State Fiscal Recovery Fund established in S.L. 2021-180 to assist eligible units of government with meeting their water/wastewater infrastructure needs, and

WHEREAS, the North Carolina Department of Environmental Quality has offered American Rescue Plan (ARP) funding in the amount of \$13,283,000 to perform work detailed in the submitted application, and

WHEREAS, the County of Sampson intends to perform said project in accordance with the agreed scope of work,

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

That the County of Sampson does hereby accept the American Rescue Plan Grant offer of \$13,283,000.

That the County of Sampson does hereby give assurance to the North Carolina Department of Environmental Quality that any Conditions or Assurances contained in the Award Offer will be adhered to.

That Edwin W. Causey, County Manager, and successors so titled, is hereby authorized and directed to furnish such information as the appropriate State agency may request in connection with this project; to make the assurances as contained above; and to execute such other documents as may be required by the Division of Water Infrastructure.

ADOPTED, this the _____ day of November, 2023.

R. JEROL KIVETT, Chairman,
Sampson County Board of Commissioners

ATTEST:

Stephanie Shannon,
Clerk to the Sampson County Board of Commissioners

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: November 20, 2023
Subject: Disabled Veteran Exclusion
(GS 105-277.1 c)

The attached disabled veteran exclusion application was received after June 1, 2023. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Kim Bordeaux

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 October 31, 2023.

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

10/31/2023

Sampson County Board of Commissioners
Rowan Rd
Clinton, NC 28328

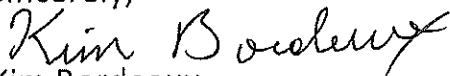
Re: Kim Bordeaux

Dear Commissioners,

I am Veteran. I received a 100% permanent and total rating with the Veterans Administration for my service-connected disabilities on December 1 2022. I recently became aware of the benefit. I am requesting the Sampson County Commissioners accept my application and grant me the Property Tax Exclusion.

Thank you for your consideration.

Sincerely,


Kim Bordeaux
PO Box 96
Ivanhoe, NC 28447

222566

03-0222566-01

# 222566	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	<u>Sampson</u> COUNTY # 222566
----------	--	--------------------------------------

SECTION 1	TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED	03-0222566-01
------------------	--	---------------

<u>Kim Bordeaux</u> <small>NAME (Print or Type)</small>	<u>Kim Bordeaux</u> <small>DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)</small>
<u>2829 Dr Kerr Rd</u> <small>STREET ADDRESS OR P.O. BOX NUMBER</small>	<small>SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE) (If Applicable)</small>
<u>Ivanhoe</u> , <u>NC</u> <u>28447</u> <small>CITY STATE ZIP CODE</small>	<small>U.S. DEPT. OF VETERANS AFFAIRS</small> <small>VETERAN'S SOCIAL SECURITY NUMBER</small>

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 NCDMVA 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
<small>I have provided the North Carolina Department of Military and Veterans Affairs (NCDMVA) with my Annual Tax Abatement Letter for the processing of this form. I authorize the Secretary of NCDMVA, or the Secretary's designee, to release information regarding my disability as needed for this certification.</small>	
<u>Kim Bordeaux</u> <small>DISABLED VETERAN'S SIGNATURE</small>	<u>10/31/2023</u> <small>DATE</small>

SECTION 3	Surviving Spouse's (who has not remarried) Signature
<small>I have provided the North Carolina Department of Military and Veterans Affairs (NCDMVA) with my Annual Tax Abatement Letter for the processing of this form. I authorize the Secretary of NCDMVA, or the Secretary's designee, to release information regarding my disability as needed for this certification.</small>	
<small>SURVIVING SPOUSE'S SIGNATURE</small>	<small>DATE</small>

SECTION 4	<small>To be completed by Secretary of NC Department of Military and Veterans Affairs, or Secretary's designee</small>
Please check all that apply:	<p>A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria.</p> <p>B. <input checked="" type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of <u>12/1/2022</u>.</p> <p>C. <input type="checkbox"/> 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.</p> <p>D. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death.</p> <p>E. <input type="checkbox"/> 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.</p>

Character of Disabled Veteran's Service at Separation: (DD-214)	<input type="checkbox"/> Honorable <input checked="" type="checkbox"/> Under Honorable Conditions	<input type="checkbox"/> Under Other than Honorable Conditions
---	--	--

The NCDMVA has verified the Department of Veterans Affairs certification for the veteran above.

<u>Sherry M Hope</u> <small>SIGNATURE OF NCDMVA OFFICIAL</small>	<u>Sherry M Hope</u> <small>PRINTED NAME OF NCDMVA OFFICIAL</small>
<u>10/31/2023</u> <small>DATE</small>	<u>Sampson Co. VSO</u> <small>TITLE OF NCDMVA OFFICIAL</small>

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

10331

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 John Spence Crawford in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR <u>2022</u>	\$ <u>104.49</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>104.49</u>

These taxes were assessed through clerical error as follows.

Bill #0072591881-2022
Plate # HAV6019
Vehicle sold- tag turned in
2023 Mazda mp

602	County Tax	<u>95.78</u>
	School Tax	_____
518	Fire Tax	<u>8.71</u>
	City Tax	_____
	TOTAL \$	<u>104.49</u>

Mailing Address.

87 Crestview Ln
Newton Grove NC
28366

Yours very truly

Taxpayer

Social Security _____

RECOMMEND APPROVAL

Sampson County Tax Administrator

Board Approved _____

Date

Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

10293

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 Anthony Jay Lane
_____ in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2023</u>	\$ <u>124.58</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>124.58</u>

These taxes were assessed through clerical error as follows.

Refund for
Bill #1011268
Doubled for 1969 Boat
2005 Boat

601	County Tax	<u>96.05</u>
801	School Tax	<u>16.89</u>
F19	Fire Tax	<u>11.64</u>
	City Tax	_____
	TOTAL \$	<u>124.58</u>

Mailing Address.

Anthony Jay Lane
67 Rock Jay Rd, Clinton N.C.

Yours very truly

* Anthony Jay Lane
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

10329

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 Loretta Sulmonetti Heeter in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2023</u>	\$ <u>125.63</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 125.63

These taxes were assessed through clerical error as follows.

Bill # 0049714121
Plate # HD6988B
Plate Turned In - Vehicle Sold
2017 Toyota 4S

Gov County Tax 89.93
School Tax _____
Fire Tax _____
City Tax 32.70 + SF 3.00
TOTAL \$ 125.63

Mailing Address.

P.O. Box 239
Salem, NC
28385

Yours very truly

Loretta S. Heeter

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

10328

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

YEAR <u>2022</u>	\$ <u>117.24</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 117.24

These taxes were assessed through clerical error as follows.

Bill# 0061187876-2022
Plate# HKW2081
Vehicle traded - tag turned in
2015 GMC MP

602	County Tax	<u>106.29</u>
	School Tax	_____
F14	Fire Tax	<u>10.95</u>
	City Tax	_____
	TOTAL \$	<u>117.24</u>

Mailing Address.

3037 Old Mintz Hwy
Roseboro NC 28382

Yours very truly

Nolan Rufus 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

10317

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 Kathy Bass Lane in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2022</u>	\$ <u>236.34</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>236.34</u>

These taxes were assessed through clerical error as follows.

Bill # 0072733738-2022
Plate # KDHG685
Vehicle sold-tag turned in
2022 Toyot tk

G02 County Tax	<u>210.79</u>
School Tax	_____
F11 Fire Tax	<u>25.55</u>
City Tax	_____
TOTAL \$	<u>236.34</u>

Mailing Address.

3217 Roanoke Road
Clinton, NC 28328

Yours very truly

Kathy Lane
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

10312

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

YEAR <u>2022</u>	\$ <u>112.47</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 112.47

These taxes were assessed through clerical error as follows.

Bill # 0072090785-2022
Plate # KHP8599
Vehicle sold - tag turned in
2018 chev MP

602 County Tax	<u>101.41</u>
School Tax	_____
606 Fire Tax	<u>11.06</u>
City Tax	_____
TOTAL \$	<u>112.47</u>

Mailing Address.

5379 Plainview Hwy
Dunn N.C 28334

Yours very truly

Deborah M. Johnson
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

10304

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

YEAR <u>2022</u>	\$ <u>227.19</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>227.19</u>

These taxes were assessed through clerical error as follows.

Bill # 0072249579-2022
Plate # KHD 7849
Vehicle sold - tag turned in
2023 Jeep mp

G02 County Tax	<u>202.63</u>
School Tax	_____
F20 Fire Tax	<u>24.56</u>
City Tax	_____
TOTAL \$	<u>227.19</u>

Mailing Address.

537 Irvin Rd
Autryville, NC 28318

Yours very truly

Cameron B. 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

10306

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 Glen Russell Noonan in Plainview Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2023</u>	\$ <u>284.35</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 284.35

These taxes were assessed through clerical error as follows.

0073257614 2023 2023 0000 00

JJR 8612

Tag turned in

2022 Ford MA

Vehicle Wrecked, Total Loss

601 County Tax 253.61

School Tax _____

F07 Fire Tax 30.74

City Tax _____

TOTAL \$ 284.35

Yours very truly

[Signature]
Taxpayer

Mailing Address.

GLEN R. NOONAN

311 Bent tree Ln

Dunn, NC 28334

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

10307

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 Peggy Eloise Register
Taylor's Bridge in Taylor's Bridge Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2022</u>	\$ <u>205.73</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>205.73</u>

These taxes were assessed through clerical error as follows.

004461025920222022000000
CER2
Tag turned in
2017 GMC MP
Vehicle Sold

601	County Tax	<u>183.49</u>
	School Tax	_____
F23	Fire Tax	<u>22.24</u>
	City Tax	_____
	TOTAL \$	<u>205.73</u>

Yours very truly

Peggy Eloise Register
Taxpayer

Mailing Address.

Peggy Eloise Register
1040 Williamson Rd.
Clinton, N.C. 28328

Social Security in _____

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

10318

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 Steve Green
in Plainview Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2022</u>	\$ <u>324.45</u>
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ <u>324.45</u>

These taxes were assessed through clerical error as follows.

00166324146 2022 2022 0000 00
KW4838
Tag turned in
2022 Ford TK
Vehicle sold

G01 County Tax 292.53
School Tax _____
F06 Fire Tax 31.92
City Tax _____
TOTAL \$ 324.45

Mailing Address.

Steven J. Green
221 Brookewind Lane
Dunn NC 28324

Yours very truly

Steve Green
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

10290

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 David Wayne Tyndall in Lisbon Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2023</u>	\$ <u>416.25</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>416.25</u>

These taxes were assessed through clerical error as follows.

217954

DV approved by B.O.C.

TAX Parcel 07014207601
1915 Ozzie Rd

Co 1

F23

County Tax	<u>371.25</u>
School Tax	_____
Fire Tax	<u>45.00</u>
City Tax	_____
TOTAL \$	<u>416.25</u>

Mailing Address.

David Wayne Tyndall
x 1915 Ozzie Rd
Clinton, NC 28328

Yours very truly

David W. Tyndall
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

10325

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 Jason Alexander Bogart in Halls Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2023</u>	\$ <u>402.75</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 402.75

These taxes were assessed through clerical error as follows.

B.O.C approved DV

215-500

04-0122197-01

1344 S McCullen Rd

<i>Co1</i>	County Tax	<u>371.25</u>
	School Tax	_____
<i>F08</i>	Fire Tax	<u>31.50</u>
	City Tax	_____
	TOTAL \$	<u>402.75</u>

Mailing Address.

Jason Alexander Bogart
1344 S McCullen Rd
Clinton, NC 28328

Yours very truly

[Signature]
Taxpayer

Board Approved _____
Date _____ Initials _____

RECOMMEND APPROVAL:
[Signature]
Sampson County Tax Administrator

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

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

10321

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 Prestage Farms Inc. in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	AMOUNT
<u>2022</u>	\$ <u>272.92</u>
<u>2022</u>	\$ <u>66.02</u>
<u>2022</u>	\$ <u>186.74</u>
<u>2022</u>	\$ <u>748.87</u>
TOTAL REFUND	\$ <u>1274.55</u>

Bill # 0036404984-2022, Plate # YJ5522 - 2017 Mack TK
 Bill # 0010300110-2022, Plate # YB9938- 2014 Mack TK
 Bill # 0069720708-2022, Plate # YW4741 - 2023 KW TR
 Bill # 0072141166-2022 Plate # YW2865-2024 KW TR
 All vehicles sold- tags turned in

These taxes were assessed through clerical error as follows.

602 County Tax	<u>1,136.76</u>
School Tax	_____
F23 Fire Tax	<u>137.79</u>
City Tax	_____
TOTAL \$	<u>1,274.55</u>

Yours very truly
 X Prestage Farms Inc

Taxpayer Jimmy Johnson Corporate Controller

Mailing Address.

X PO Box 438
Clinton NC 28329-0438

TIN# _____
 X Social Security _____

RECOMMEND APPROVAL:

[Signature]
 Sampson County Tax Administrator

Board Approved _____ Date _____ Initials _____

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

2017 mack tr

Phone 910-592-8146

Fax 910-592-1227

SUBJECT: Vehicle status after tag have been turned into DMV.

✓ Vehicle sold date 10-31-23 to whom Phelps Trucking

Vehicle traded date _____ to whom _____

Vehicle wrecked (total loss) date _____

Insurance Company: _____

Other-Explain _____

X _____
Signature

X _____
Date

Prorate Bill

Bill Number : **0036404984-2022-2022-0000-00 REG** Months Billed: **12** Reason for Proration:* **Vehicle Sold**
 Payer : **PRESTAGE FARMS INC** Plate Expiration Date: **07/31/2024** Plate Surrender Date:* **10/25/2023**
 Mailing Address: **PO BOX 438 CLINTON NC 28329-0438** Months Previously Released: **0** Months to Release: **9**

Category	Original Billed Amount(\$)	Release Amount(\$)	Prorated Amount Due(\$)	Paid Amount(\$)	Remaining Amount Due(\$)
COUNTY MOTOR VEHICLE TAX	324.56	243.42	81.14	81.14	0.00
TAYLORS BRIDGE FIRE TAX	39.34	29.50	9.84	9.84	0.00
Total Amount	363.90	272.92	90.98	90.98	0.00

REFUND(\$) : **272.92 + 0.00 = 272.92**

2017 Mack Tr

North Carolina Division of Motor Vehicles
Receipt for Plate and/or Sticker

FS20 (Rev 7/13)

10/25/2023

Plate: XJ552Z	Expires: 07/31/2024	Sticker: NO BACKGROUND	Lic. Weight: 80,000
Vehicle: 2017 MACK TR	1M1AW09YXHM082612		
Title: 774664162072011			
Reason: FLT TURN IN (FS20)			
Refund: PENDING HQ APPROVAL			
Branch Location: 011 CLINTON #011			Agent: T1C0113
Owner's Name: PRESTAGE FARMS INC			
Residence Address (Individual) Business Address (Firm): 4651 TAYLORS BRIDGE HWY			
City and State: CLINTON NC		Zip Code: 28328-8064	

Note: The county requires a copy of this receipt and a copy of the bill of sale within 1 year in order to process a possible release or refund of property taxes on this vehicle.

✓#19
D43

Sold to Phelps Trucking
on 10/31/23

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

2014 Mack fr

Phone 910-592-8146

Fax 910-592-1227

SUBJECT: Vehicle status after tag have been turned into DMV.

✓ Vehicle sold date 10-31-23 to whom Phelps Trucking

Vehicle traded date _____ to whom _____

Vehicle wrecked (total loss) date _____

Insurance Company: _____

Other-Explain _____

X _____
Signature

X _____
Date

Prorate Bill

Bill Number : 0010300110-2022-2022-0000-00 REG	Months Billed: 12	Reason for Proration:* <input type="text" value="Vehicle Sold"/>
Payer : PRESTAGE FARMS INC	Plate Expiration Date: 01/31/2024	Plate Surrender Date:* <input type="text" value="10/25/2023"/>
Mailing Address: PO BOX 438 CLINTON NC 28329-0438	Months Previously Released: 0	Months to Release: 3

Category	Original Billed Amount(\$)	Release Amount(\$)	Prorated Amount Due(\$)	Paid Amount(\$)	Remaining Amount Due(\$)
COUNTY MOTOR VEHICLE					
TAX	235.54	58.88	176.66	176.66	0.00
TAYLORS BRIDGE FIRE					
TAYLORS BRIDGE FD TAX	28.55	7.14	21.41	21.41	0.00
Total Amount	264.09	66.02	198.07	198.07	0.00

REFUND(\$) : **66.02 + 0.00 = 66.02**

2014 Mack Tr

North Carolina Division of Motor Vehicles
Receipt for Plate and/or Sticker

FS20 (Rev 7/15)

10/25/2023

Plate: YB9938	Expires: 01/31/2024	Sticker: 49269135 NO BACKGROUND	Lic. Weight: 80,000
Vehicle: 2014 MACK TR	1M1AW09Y9EM043649		
Title: 774955140035011			
Reason: FLT TURN IN (FS20)			
Refund: PENDING HQ APPROVAL			
Branch Location: 011 CLINTON #011			Agent: TIC0113
Owner's Name PRESTAGE FARMS INC			
Residence Address (Individual) Business Address (Firm) 4651 TAYLORS BRIDGE HWY			
City and State CLINTON NC		Zip Code 28328-8064	

Note: The county requires a copy of this receipt and a copy of the bill of sale within 1 year in order to process a possible release or refund of property taxes on this vehicle.

V #414
D23H

Sold to Phelps Trucking
on 10/31/23

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

2023 KW Tr

Phone 910-592-8146

Fax 910-592-1227

SUBJECT: Vehicle status after tag have been turned into DMV.

✓ Vehicle sold date 9-25-23 to whom PFSC

Vehicle traded date _____ to whom _____

Vehicle wrecked (total loss) date _____

Insurance Company: _____

Other-Explain _____

X _____
Signature

X _____
Date

Prorate Bill

Bill Number : **0069720708-2022-2022-0000-00 REG** Months Billed: **12** Reason for Proration:* **Vehicle Sold**
 Payer : **PRESTAGE FARMS INC** Plate Expiration Date: **12/31/2023** Plate Surrender Date:* **10/16/2023**
 Mailing Address: **PO BOX 438 CLINTON NC 28329** Months Previously Released: **0** Months to Release: **2**

Category	Original Billed Amount(\$)	Release Amount(\$)	Prorated Amount Due(\$)	Paid Amount(\$)	Remaining Amount Due(\$)
COUNTY MOTOR VEHICLE					
TAX	999.31	166.55	832.76	832.76	0.00
TAYLORS BRIDGE FIRE					
TAYLORS BRIDGE FD TAX	121.13	20.19	100.94	100.94	0.00
Total Amount	1,120.44	186.74	933.70	933.70	0.00

REFUND(\$): **186.74 + 0.00 = 186.74**

2023 KW Tr

North Carolina Division of Motor Vehicles
Receipt for Plate and/or Sticker

FS20 (Rev 7/15)

10/16/2023

Plate: YW4741	Expires: 12/31/2023	Sticker: NO BACKGROUND	Lic. Weight: 80,000
Vehicle: 2023 KW TR	1XKZDP9XSRJ738102		
Title: 778026223431011			
Reason: PLT TURN IN (FS20)			
Refund: PENDING HQ APPROVAL			
Branch Location: 011 CLINTON #011			Agent: TLC0113
Owner's Name PRESTAGE FARMS INC			
Residence Address (Individual) Business Address (Firm) 4551 TAYLORS BRIDGE HWY			
City and State CLINTON NC			Zip Code 28328-8064

Note: The county requires a copy of this receipt and a copy of the bill of sale within 1 year in order to process a possible release or refund of property taxes on this vehicle.

V #49
D 43

Sold to PFSC
on 9/25/23

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

2024 KW Tr

Phone 910-592-8146

Fax 910-592-1227

SUBJECT: Vehicle status after tag have been turned into DMV.

✓ Vehicle sold date 9-25-23 to whom PFSC

_____ Vehicle traded date _____ to whom _____

_____ Vehicle wrecked (total loss) date _____

Insurance Company: _____

_____ Other-Explain _____

X _____
Signature

X _____
Date

Prorate Bill

Bill Number :	0072141166-2022-2022-0000-00 REG	Months Billed: 12	Reason for Proration:*	Vehicle Sold <input type="button" value="v"/>
Payer :	PRESTAGE FARMS INC	Plate Expiration Date: 05/31/2024	Plate Surrender Date:*	10/16/2023 <input type="button" value="E"/>
Mailing Address: :	PO BOX 438 CLINTON NC 28329	Months Previously Released: 0	Months to Release:	7

Category	Original Billed Amount(\$)	Release Amount(\$)	Prorated Amount Due(\$)	Paid Amount(\$)	Remaining Amount Due(\$)
COUNTY MOTOR VEHICLE TAX	1,144.99	667.91	477.08	477.08	0.00
TAYLORS BRIDGE FIRE TAX	138.79	80.96	57.83	57.83	0.00
Total Amount	1,283.78	748.87	534.91	534.91	0.00

REFUND(\$): **748.87 + 0.00 = 748.87**

2024 KW H

North Carolina Division of Motor Vehicles
Receipt for Plate and/or Sticker

FS20 (Rev 7/15)

10/16/2023

Plate: YW2865	Expires: 05/31/2024	Sticker: NO BACKGROUND	Lic. Weight: 80,000
Vehicle: 2024	KW	TR	1XKZDP9X2RJ352691
Title: 773559231299011			
Reason: PLT TURN IN (FS20)			
Refund: PENDING HQ APPROVAL			
Branch Location: 011 CLINTON #011			Agent: TIC0113
Owner's Name PRESTAGE FARMS INC			
Residence Address (Individual) Business Address (Firm) 4651 TAYLORS BRIDGE HWY			
City and State CLINTON NC			Zip Code 28328-8064

Note: The county requires a copy of this receipt and a copy of the bill of sale within 1 year in order to process a possible release or refund of property taxes on this vehicle.

V# 403
D 43

Sold to PFSC
on 9/25/23

Bill #: **0036404984-2022-0000-00** REG Returned Mail: NA
 Bill Status: **PAID**

Taxpayer Info
 Owner Id: **54512432** ID Number: **DRIVER LICENSE-*****44963** Name: **PRESTAGE FARMS INC** Mailing Address: **PO BOX 438 CLINTON NC 28329-0438** Owner Order #: **PRIMARY**
 Interest Recalc Prorate Bill Print

Property Info
 Value (\$): **39,340** Adj Value (\$): **0** Source Type/System: **RMV PROPERTY TAX**
 Exempt: **0** Bill Date: **04/30/2023** Abstract #: **0036404984-2022-0000**
 Total Value: **39,340** Interest Begin Date: **08/16/2023** Created By: **CLPOTTER**
 Lender: **VIN#: 1M1AW09YXHM082612** Plate#: **YJ5522** Bill Due Date: **08/15/2023** Final Payment Date: **11/20/2023**
 Description: **2017 MACK 600 TR**
 Situs: **1631-7044 TAYLORS BRIDGE HWY CLINTON NC 28328**

Property Details
 # Months: **12** Taxes & Fees: **324.56** Interest: **39.34** Total: **363.90**
 Taxes & Fees: **324.56** Interest: **39.34** Total: **363.90**
 Tax & Fees: **324.56** Interest: **39.34** Total: **363.90**
 Original Billed (\$): **363.90**
 Current Due (\$): **0.00**
 Interest: **0.00**
 Total: **0.00**

Tax Amount
 Original Billed (\$): **363.90**
 Current Due (\$): **0.00**
 Interest: **0.00**
 Total: **0.00**

Payment History

Transaction Summary

Transaction Detail History

Tax District	# Months	Penalty (\$)	Taxes & Fees (\$)	Interest (\$)	Total (\$)	PAYMENT 07/21/2023 (-\$)	PAYMENT REVERSE 11/20/2023 (+\$)	PRORATION 11/20/2023 (-\$)	PROPRATION REFUND 11/20/2023 (\$)	PAYMENT 11/20/2023 (-\$)	Current Due (-\$)
SAMPSON COUNTY	12		324.56		324.56	324.56	324.56	243.42		81.14	0.00
SAMPSON COUNTY Total			324.56		324.56	324.56	324.56	243.42		81.14	0.00
TAYLORS BRIDGE FD	12		39.34		39.34	39.34	39.34	29.50		9.84	0.00
TAYLORS BRIDGE FD Total			39.34		39.34	39.34	39.34	29.50		9.84	0.00
Tax & Fees Total			363.90		363.90	363.90	363.90	272.92		90.98	0.00
Interest Total											
Grand Total			363.90		363.90	363.90	363.90	272.92		90.98	0.00

Bill #: 0010300110-2022-0000-00 REG
Returned Mail: NA
Bill Status: PAID
Owner Id: **ID Number:** **Owner Order #:**
52158051 **DRIVER LICENSE *****44963** **PRESTAGE FARMS INC** **PO BOX 438 CLINTON NC 28329-0438** **PRIMARY**

Taxpayer Info
Name: PRESTAGE FARMS INC
Mailing Address: PO BOX 438 CLINTON NC 28329-0438
Source Type/System: RMV PROPERTY TAX
Abstract #: 0010300110-2022-2022-0000
Created By: CLPOTTER
Bill Date: 10/30/2022
Final Payment Date: 11/20/2023
Interest Begin Date: 02/16/2023
Bill Due Date: 02/15/2023

Property Info
Value (\$): 28,550
Exempt: 0
Total Value: 28,550
Adj Value (\$): 0
Plate #: YB9938
VIN#: 1M1AW09Y9EM043649
Description: 2014 MACK 600 TR
Situs: 1631-7044 TAYLORS BRIDGE HWY CLINTON NC 28328

Property Details
Tax Amount
 Original Billed (\$) 264.09
 Current Due (\$) 0.00
 Interest 0.00
 Total 264.09

Payment History

Transaction Summary

Transaction Detail History

History		PAYMENT 01/27/2023 (-\$)	PAYMENT REVERSE 11/20/2023 (+\$)	PROPRATION REFUND 11/20/2023 (-\$)	PAYMENT 11/20/2023 (-\$)	Current Due (-\$)
Tax District	Total (\$)	235.54	235.54	58.88	176.66	0.00
SAMPSON COUNTY	235.54	235.54	235.54	58.88	176.66	0.00
SAMPSON COUNTY Total	235.54	235.54	235.54	58.88	176.66	0.00
TAYLORS BRIDGE FD	28.55	28.55	28.55	7.14	21.41	0.00
TAYLORS BRIDGE FD Total	28.55	28.55	28.55	7.14	21.41	0.00
Tax & Fees Total	264.09	264.09	264.09	66.02	198.07	0.00
Interest Total	264.09	264.09	264.09	66.02	198.07	0.00
Grand Total	264.09	264.09	264.09	66.02	198.07	0.00

Notes All Notes Notes Logs Documents [Change History](#)

Bill #: 0069720708-2022-2022-0000-00 **REG** **Returned Mail:** NA
Bill Status: PAID

NCVTS -> Vehicle Tax -> Bill Search Results -> Bill Detail

Taxpayer Info
 Name: PRESTAGE FARMS INC
 Mailing Address: PO BOX 438 CLINTON NC 28329
 Owner Order: PRIMARY

Property Info
 Value (\$): 121,129
 Exempt: 0
 Total Value: 121,129
 VIN#: 1XKZDP9X5PJ238102
 Plate#: YW4741
 Description: 1531-7044 TAYLORS BRIDGE HWY CLINTON NC 28328
 Situs:

Property Details
 2023 KWTR

Bill Info
 Source Type/System: RMV PROPERTY TAX
 Abstract #: 0069720708-2022-2022-0000
 Bill Date: 12/09/2022
 Interest Begin Date: 11/20/2023
 Final Payment Date: 11/20/2023

Tax Amount

Description	# Months	Original Billed (\$)	Current Due (\$)
Tax & Fees		1,120.44	0.00
Interest			0.00
Total		1,120.44	0.00

Payment History

PAYMENT 12/09/2022 (-\$)	PAYMENT REVERSE 11/20/2023 (+\$)	PROPRATION PAYMENT 11/20/2023 (-\$)	REFUND 11/20/2023 (\$)	Current Due (-\$)
999.31	999.31	166.55	832.76	0.00
999.31	999.31	166.55	832.76	0.00
121.13	121.13	20.19	100.94	0.00
121.13	121.13	20.19	100.94	0.00
1,120.44	1,120.44	186.74	933.70	0.00
1,120.44	1,120.44	186.74	933.70	186.74
1,120.44	1,120.44	186.74	933.70	0.00

Transaction Summary

Tax District	# Months	Penalty (\$)	Taxes & Fees (\$)	Interest (\$)	Total (\$)
SAMPSON COUNTY	12		999.31		999.31
SAMPSON COUNTY Total			999.31		999.31
TAYLORS BRIDGE FD	12		121.13		121.13
TAYLORS BRIDGE FD Total			121.13		121.13
Tax & Fees Total			1,120.44		1,120.44
Interest Total					
Grand Total			1,120.44		1,120.44

Transaction Detail History

PAYMENT 12/09/2022 (-\$)	PAYMENT REVERSE 11/20/2023 (+\$)	PROPRATION PAYMENT 11/20/2023 (-\$)	REFUND 11/20/2023 (\$)	Current Due (-\$)
999.31	999.31	166.55	832.76	0.00
999.31	999.31	166.55	832.76	0.00
121.13	121.13	20.19	100.94	0.00
121.13	121.13	20.19	100.94	0.00
1,120.44	1,120.44	186.74	933.70	0.00
1,120.44	1,120.44	186.74	933.70	186.74
1,120.44	1,120.44	186.74	933.70	0.00

Bill #: 0072141166-2022-0000-00 REG **Returned Mail:** NA
Bill Status: PAID

NCVTS -> Vehicle Tax -> Bill Search Results -> Bill Detail

Owner Id: 55177747 **DRIVER LICENSE-*****44963**
ID Number: 1531-7044 **TAYLORS BRIDGE HWY CLINTON NC 28328**
Name: PRESTAGE FARMS INC **PO BOX 438 CLINTON NC 28329**
Mailing Address: PO BOX 438 CLINTON NC 28329 **PRIMARY**
Owner Order #:

Property Info
Value (\$): 138,787
Adj Value (\$): 0
Source Type/System: RMV PROPERTY TAX
Abstract #: 0072141166-2022-0000
Bill Date: 05/09/2023 **Created By:** VTSWEBSERVICE
Total Value: 138,787 **Interest Begin Date:** Final Payment Date: 11/20/2023
Lender: VIN#: 1XKZDP9X2R3J52691 **Plate#:** YW2865
Description: 1531-7044 TAYLORS BRIDGE HWY CLINTON NC 28328
Situs:

Property Details

Type	Description	Assessed
Registered Vehicle	2024 KW TR	138,787

Tax Amount

# Months	Description	Tax & Fees	Interest	Total	Original Billed (\$)	Current Due (\$)
12		1,283.78	0.00	1,283.78	1,283.78	0.00
			0.00			0.00
			0.00			0.00

Payment History

Transaction Summary

History		PAYMENT 05/09/2023 (-\$)	PAYMENT REVERSE 11/20/2023 (+\$)	PROPRATION REFUND 11/20/2023 (-\$)	PAYMENT 11/20/2023 (-\$)	Current Due (-\$)
Tax District	Total (\$)	1,144.99	1,144.99	667.91	477.08	0.00
SAMPSON COUNTY	1,144.99	1,144.99	1,144.99	667.91	477.08	0.00
SAMPSON COUNTY Total	1,144.99	1,144.99	1,144.99	667.91	477.08	0.00
TAYLORS BRIDGE FD	138.79	138.79	138.79	80.96	57.83	0.00
TAYLORS BRIDGE FD Total	138.79	138.79	138.79	80.96	57.83	0.00
Tax & Fees Total	1,283.78	1,283.78	1,283.78	748.87	534.91	0.00
Interest Total						
Grand Total	1,283.78	1,283.78	1,283.78	748.87	534.91	0.00

Transaction Detail History

Notes
 All Notes Notes Logs Documents

Temporary Permanent

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 **Brian Williamson** in **Little Coharie** Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 267.17
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 267.17

G01	County Tax	\$ 239.58
	School Tax	\$ _____
F21	Fire Tax	\$ 27.59
	City Tax	\$ _____
	Total	\$ 267.17

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

100% Military Vehicle Exemption

STATE of Realence - FL

Taxpayer:	<u><i>Brian Williamson</i></u>	
Tax Administrator:	<u><i>Jan Jones</i></u>	
Board Approved:	<u> </u>	<u> </u>
	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 **SASSONI REID** in **DISMAL** Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 246.79
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 246.79

G01	County Tax	\$ 220.11
	School Tax	\$ _____
F20	Fire Tax	\$ 26.68
	City Tax	\$ _____
	Total	\$ 246.79

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

100% Military Vehicle Exemption

STATE of Residence - NY

Taxpayer:

Sassoni Reid

Tax Administrator:

Jan Jhuar

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 Travis Pate DBA Della's Farm in Piney Grove Township, Sampson County, for the year(s) and in the amount(s) of:

Year		
<u>2023</u>	\$	<u>246.13</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Release/Adjustment	\$	<u>246.13</u>

(fol)	County Tax	\$ <u>206.25</u>	LL	<u>20.63</u>
	School Tax	\$ _____		
Fv8	Fire Tax	\$ <u>17.50</u>	LL	<u>1.75</u>
	City Tax	\$ _____		
	Total	\$ <u>246.13</u>		

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

Business nevered started

Taxpayer:

Travis Pate

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 **CHARLES BOONE** in **NORTH CLINTON** Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 121.51
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 121.51

G01	County Tax	\$ 73.17
S01	School Tax	\$ 12.86
	Fire Tax	\$ _____
T02	City Tax	\$ 35.48
	Total	\$ 121.51

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

Changed value for 2020 Lowe Boat (Jon Boat) per bill of sale from \$12563 TO \$4500

Taxpayer: _____ *Charles Boone*

Tax Administrator: _____ *Jan J...*

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 **HEATHER MARIE WEEKS** in **HALLS** Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 161.79
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 161.79

G01	County Tax	\$ 149.14
	School Tax	\$ _____
F08	Fire Tax	\$ 12.65
	City Tax	\$ _____
	Total	\$ 161.79

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

Changed value for 2016 Boat per bill of sale from \$44,928 to \$28,495

Taxpayer: _____ *Heather Marie Weeks*

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 **TOM ASHLEY DOW JR.** in **PLAIN VIEW** Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 289.54
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 289.54

G01	County Tax	\$ 258.23
	School Tax	\$ _____
F06	Fire Tax	\$ 31.31
	City Tax	\$ _____
	Total	\$ 289.54

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

2018 boat is registered in Louisiana since 6/13/2022.

Taxpayer: _____ *Tom Ashley Dow, Jr*
Tax Administrator: _____ *Jan Green*
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 **CAREY STEVE BRANCH** in **NORTH CLINTON** Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 101.89
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 101.89

G01	County Tax	\$ 61.35
S01	School Tax	\$ 10.79
	Fire Tax	\$
T02	City Tax	\$ 29.75
	Total	\$ 101.89

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

1989 BOAT WAS ALREADY BILLED ON BILL #49 FOR 2023.

Bill number 49, 1010684

Taxpayer: Carey Steve Branch
Tax Administrator: Jan J...
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 **Star Telephone Membership Corp** in _____ township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 467.12
2023	\$ 467.12
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Release/Adjustment	\$ 934.24

G01	County Tax	\$ 934.24
	School Tax	\$ _____
	Fire Tax	\$ _____
	City Tax	\$ _____
	Total	\$ 934.24

The taxes were assessed through clerical error, or an illegal tax as follows:
Star Telephone Membership Corp . (Public Service) Vehicles exempted
SR5166 and SR 5167

Taxpayer: Star Telephone Mem Corp
Tax Administrator: Jan Johnson
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 **Joshua Ryan Williams** in Turkey township, Sampson County, for the year(s) and in the amount(s) of:

Year	
2023	\$ 153.89
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Release/Adjustment \$ 934.24

G01	County Tax	\$ 138.75
	School Tax	\$ _____
F10	Fire Tax	\$ 15.14
	City Tax	\$ _____
	Total	\$ 153.89

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

Taxpayer sold Mobile Home and it is listed in Duplin County for 2023 under Acct #1000118

Taxpayer: _____ *Joshua Ryan Williams* _____
Tax Administrator: _____ *Jim [unclear]* _____
Board Approved: _____
Date _____ **Initials** _____

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: Sheriff Jimmy Thornton

19-Nov-23

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2023-2024

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11243100-526200	Dept. Supplies	4,300.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034310-402603	Federal Assets Revenue	4,300.00	

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

To allocate money out of Federal Seized Assets to purchase license for Caltopo



(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/21, 2023



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

, 20



(County Manager & Budget Officer)

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

To: Mr. Edwin Causey
County Manager

Stephanie Shannon
Clerk to the Board

From: Wanda Robinson
Health Director

Subject: County Commissioner's Consent Agenda

Date: November 20, 2023

Attached are items that were approved by the SCHED Health Advisory Committee on November 20, 2023. These items are being submitted for approval by the County Commissioners.

- I. Fee/CPT Code Update
- II. Health Advisory Committee Conflict of Interest (see changes on last page of policy)
- III. Health Advisory Operating Policy and Procedures (see changes on last page of policy)
- IV. Board of Health Operating Policy and Procedures (no changes)
- V. FISCAL Policy Update (see changes on last page of policy)
- VI. United Way Grant
- VII. 2024 SCHED Health Advisory Committee meeting dates

For any questions or comments, please contact me. Your assistance is appreciated.

Sampson County Health Department Fees/CPT Update

11/20/2023

Date Added	Name of Procedure	LabCorp Order Number	CPT Code	Current Price	Recommended Price
10/23/2023	Hepatitis B Surface Antibody, Quantitative	006530	86317	N/A	\$46.10
11/01/2023	Prevnar 20	N/A	90677	N/A	\$361.72
11/01/2023	17-OH Progesterone LCMS	070085	83498	N/A	\$159.91
11/01/2023	DHEA, Serum	004100	82626	N/A	\$238.55
11/01/2023	Testosterone	004226	84403	N/A	\$84.34

SAMPSON COUNTY HEALTH DEPARTMENT
Conflict of Interest Policy and Procedures:
Year 2023

Manual: Board of Health	<u>Applicable Signatures/Title</u>
Title: Conflict of Interest Policy & Procedures	Program Coordinator/Specialist: N/A
()SCHD Advisory Committee Policy	Supervisor: N/A
Distributed to: Advisory Committee Members	Director of Nursing: Kelly Parrish, RN
	Medical Director: Dr. Tim Smith
	Health Director: Wanda Robinson
	County Commissioner Chair: Jerol Kivett
	Health Advisory Board Chair: Dr. Jeffrey Bell
	Effective date: 12/04/2023
	Supersedes: 12/06/2022

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018; 02/03/20; 12/01/20; 11/08/2021; 11/01/2022; 11/2023

Board of Health Chair

Date

SCHD Advisory Committee Chair

Date

Health Director

Date

**SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE
CONFLICT OF INTEREST POLICY**

I. Policy Review:

This Conflict of Interest policy will be reviewed on an annual basis by the Sampson County Health Department Advisory Committee (the “Committee”) and statement signed to assure there is no conflict of interest.

II. Conflict of Interest Defined:

A. A conflict of interest is defined as an actual or perceived interest by a Committee member in an action that results in, or has the appearance of resulting in, personal, organization, or professional gain. A conflict of interest occurs when a committee member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

1. Ownership with a member of the Committee or an employee where one or the other has supervisory authority over the other or with a client who receives services.
2. Employment of or by a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
3. Contractual relationship with a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
4. Creditor or debtor to a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
5. Consultative or consumer relationship with a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.

B. The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an employee and Committee member, or a person who is an employee and who hires family members as consultants.

III. Health Department Advisory Committee Responsibilities:

A. It is in the interest of the organization, individual staff, and Committee members to strengthen trust and confidence in each other, to expedite resolution of

problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest. Committee members are to avoid any conflict of interest, even the appearance of a conflict of interest.

- B. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Advisory Committee chair immediately. Advisory Committee members are to maintain independence and objectivity with clients, the community, and organization. Health Department Advisory Committee Members are called to maintain a sense of fairness, civility, ethics and personal integrity even through law, regulation, or custom does not require them.

IV. Acceptance of Gifts:

- A. Members of the Committee are prohibited from accepting gifts, money, or gratuities from the following:
 1. Persons receiving benefits or services from the organization;
 2. Any person or organization performing or seeking to perform services under contract with the organization; and
 3. Persons who are otherwise in a position to benefit from the actions of any Committee members.

**Sampson County Health Department
Advisory Committee Conflict of Interest Program Policy Review
& Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
11/2020		Page 1 Dates and Names; Page 4 dates	SDeMay	11-16-20
11/2021		Page 1 Dates and Names; Page 4 Dates and Updated Advisory Chair Page 5 Review Date	Cherish Allen/Wanda Robinson	
11/2022		Updated Date; No additional changes.	C.Allen	
11/2023		Dates updated. Signature page updated. Adopted piece removed, as it was originally adopted in 2018, last amendment was in 2020. Member signature page removed, members will review policy in scheduled meetings and documentation will be included in minutes.	C. Allen	

SAMPSON COUNTY HEALTH DEPARTMENT
Health Advisory Committee
Operating Policy and Procedures
Year 2023

Manual: Board of Health	<u>Applicable Signatures/Title</u>
Title: Operating Policy & Procedures	Program Coordinator/Specialist: N/A
()SCHD Advisory Committee Policy	Supervisor: N/A
Distributed to: Advisory Committee Members	Director of Nursing: Kelly Parrish, RN
	Medical Director: Dr. Tim Smith
	Health Director: Wanda Robinson
	County Commissioner Chair: Jerol Kivett
	Health Advisory Board Chair: Dr. Jeffrey Bell
	Effective date: 12/4/2023
	Supersedes: 12/06/2023

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018; 2/3/2020; 12/01/20;11/05/2021, 11/01/2022; 11/2023

Board of Health Chair

Date

SCHD Advisory Committee Chair

Date

Health Director

Date

SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE OPERATING PROCEDURES

I. Name and Principal Office.

The name of the organization is the Sampson County Health Department Advisory Committee (the "Committee"). The principal office of the Committee is located at 360 County Complex Road, Suite 200, Clinton, North Carolina 28328.

II. Officers and Committees.

A. Chair and Vice-Chair.

The Committee members shall elect a Chair and a Vice-Chair by majority vote each year at the Committee's January regular meeting.

B. Secretary.

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

C. Standing Sub-Committees.

The Committee shall have such standing sub-committees as it shall from time to time constitute. There is currently one (1) standing sub-committee: the Executive Sub-Committee, which is comprised of the Chair, the Vice-Chair, and two (2) other Committee members selected by majority vote of the Committee. All standing sub- committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

D. Temporary Sub-Committees.

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

E. Membership.

Members of the Committee shall serve three (3) year terms. No member may

serve more than three (3) consecutive three (3) year terms. The ex-officio, non-voting county commissioner serving on the Committee shall serve only so long as he or she is also a member of the Sampson County Board of Commissioners. Meetings.

F. Regular Meetings.

The Committee shall hold a regular meeting at least quarterly on the third Monday of the month. The meeting shall be held at a predetermined designated location at 6:30 p.m.

G. Special Meetings.

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

H. Emergency Meetings.

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

I. Agenda.

The Secretary to the Committee shall prepare an agenda for each meeting. Any Committee member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two (2) working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

J. Presiding Officer.

The Chair of the Committee shall preside at Committee meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

K. Quorum.

A majority of the actual membership of the Committee, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

L. Voting.

A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention. A quorum must be present to vote. Electronic voting is allowed in between board meeting, if deem necessary by the Chair and the Secretary.

M. Minutes.

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

III. Rule-Making Procedures and Other Procedural Matters.

The Committee is advisory in nature and shall have no rule-making authority. Although the Committee may recommend proposed rules to the Board of Health as part of its advisory function, the Board of Health shall be the sole body with the authority to adopt rules. The Committee shall refer to the current edition of *Robert's Rules of Order Newly Revised ("RONR")* to answer procedural questions not addressed in these Operating Procedures so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

IV. Amendments to Operating Procedures.

These Operating Procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the Operating

Procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments to the Operating Procedures are discussed and approved, and any amendments to the Operating Procedures must be approved by a majority of the members present at the meeting.

V. Compliance with North Carolina Law.

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

Sampson County Health Department Advisory Committee Operating Policy & Procedures Review & Revision Form

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
11/2020		Page 1 Dates and Names Page 2 Review & Revision Form added Page 6 Dates updated	S. DeMay	11-16-20
11/2021		Page 1 Dates and Names Page 6 & & Dates Updated	Cherish Allen/Wanda Robinson	
11/2022		Dates updated. No additional changes.	C. Allen	
11/2023		Dates updated. Signature page updated. Adopted piece removed, as it was originally adopted in 2018, last amendment was in 2020. Member signature page removed, members will review policy in scheduled meeting and documentation will be included in minutes.	C.Allen	

SAMPSON COUNTY HEALTH DEPARTMENT
Board of Health
Operating Policy and Procedures

Manual: Board of Health	Applicable Signatures/Title
Title: Board of Health Operating Policy and Procedures	Board of Health Chair: Jerol Kivett
() Board of Health	Health Director: Wanda Robinson
Distributed to: Board of Health Members	Effective date: 12/04/2023
	Supersedes: 12/06/2022

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018; 02/03/2020; 12/06/2021; 11/01/2022; 11/2023

_____ Date _____
Board of Health Chair

_____ Date _____
Health Director

**SAMPSON COUNTY BOARD OF HEALTH
OPERATING PROCEDURES**

I. Name and Principal Office,

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

II. Officers and Committees.

A. Chair and Vice-Chair.

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

B. Secretary.

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

C. Temporary Committees.

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

D. Membership.

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

III. Meetings.

A. Regular Meetings.

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

B. Special Meetings.

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

C. Emergency Meetings.

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

D. Agenda.

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

E. Presiding Officer.

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

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

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

F. Quorum.

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

G. Voting.

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

H. Minutes.

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

IV. Rule-Making Procedures and Other Procedural Matters.

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

All other matters, with the exception of appeals governed by N.C. Gen. Stat. § 130A-24, which shall be conducted in accordance with Section IVA of these Operating Procedures, shall be conducted in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*.

IVA. Appeals Procedure.

Appeals concerning the enforcement of rules adopted by the Board and concerning the imposition of administrative penalties by the local health director shall be conducted pursuant to the provisions of N.C. Gen. Stat. § 130A-24 and this Section.

A. Notice of Appeal.

An aggrieved person may request an appeal hearing to contest the enforcement of rules adopted by the Board and the imposition of administrative penalties by the local health director by submitting a notice of appeal in writing to the local health director within 30 days of the challenged action. The notice of appeal must contain the name and address of the aggrieved person, a description of the action challenged, and a statement of the reasons why the challenged action is incorrect in order to be effective.

B. Transmission of Appeal Materials.

Within five (5) working days of his or her receipt of a valid notice of appeal, the local health director shall transmit to the Board the notice of appeal and the papers and materials upon which the challenged action was taken.

C. Notice of Hearing.

The Board shall schedule and hold a hearing within fifteen (15) days of the receipt of the notice of appeal and shall give the appealing person not less than ten (10) days' notice of the date, time, and place of the hearing.

D. Continuances.

An appealing person may, for good cause shown, request a continuance of the hearing. The Board shall determine if a continuance should be granted and shall inform the appealing person of its decision at least one (1) day prior to the scheduled hearing.

E. Waiver of Hearing.

An appealing person waives his or her right to a hearing if he or she fails to file an effective notice of appeal with the local health director within thirty (30) days of the action being challenged or fails to attend a scheduled hearing after sufficient notice.

F. Discovery.

Pre-hearing discovery shall not be available to any party.

G. Disqualification of Board Member.

If any Board member cannot attend the appeal hearing or cannot conduct a fair and impartial hearing in a particular case, he or she shall not participate in the hearing, deliberation, or decision of the matter.

H. Oath.

No person may testify or present any evidence to be admitted into the record without first being put under oath or affirmation. The Chair or other presiding officer shall have the power to administer oaths or affirmations.

I. Conduct of Hearing.

The Board shall have complete control over the conduct of the hearing, including, but not limited to, the order of the calling of witnesses and the presentation of evidence and the exclusion of irrelevant, immaterial, repetitious, or redundant testimony or evidence.

J. Evidence at Hearing.

The rules of evidence, as applied in the General Courts of Justice, shall not apply at the hearing. Any competent evidence relevant to the decision or ruling in the case shall be admissible in the record. The Board may restrict or exclude unduly repetitious or redundant testimony or exhibits.

K. Counsel.

An appealing person may have an attorney present to assist in the presentation of his or her case before the Board. The County Attorney shall assist the Board with the procedural and evidentiary aspects of the appeal hearing.

L. Deliberation by the Board.

After all competent testimony and all evidence has been presented to the Board, the Board shall deliberate in open session and shall have the authority to affirm, modify, or reverse the challenged action based upon majority vote of the members participating in the hearing, provided that a quorum is present.

M. Decision.

The Board shall issue a written decision based on the evidence presented at the hearing. The written decision shall contain a concise statement of the reasons for the Board's decision. A copy of the written decision shall be sent to the appealing person by certified mail, return receipt requested, and filed concurrently with the Sampson County Manager and the Sampson County Attorney.

N. Appeal to District Court Division.

A person who wishes to contest a decision of the Board under this Section shall have the right to appeal to the District Court having jurisdiction over the matter within thirty (30) days after the date of the decision by the Board. The scope of review in District Court shall be the same as in N.C. Gen. Stat. § 150B-51.

V. Amendments to Operating Procedures.

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

VI. Code of Ethics and Conflicts of Interest.

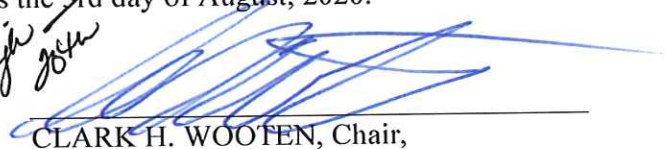
The Board's members shall comply with the ethical and conflict of interest provisions set forth in the *Sampson County Board of Commissioners Code of Ethics Adopted Pursuant to N.C. Gen. Stat. § 160A-86*.

VII. Compliance with North Carolina Law.

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

APPROVED AND ADOPTED, by the Sampson County Board of Health the 1st day of October, 2018 and **AMENDED** this the 3rd day of August, 2020.

for you



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

Wanda Robinson

WANDA ROBINSON, Secretary,
Sampson County Board of Health

**SAMPSON COUNTY HEALTH DEPARTMENT
FISCAL SERVICES
POLICY & PROCEDURES**

**DEPARTMENT
Fiscal Services Policy and Procedure
Annual Review/Policy Update Review Form**

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish, RN
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
XX Fiscal Policy	Board of Health Chair: Jerol Kivett Health Advisory Board Chair: Dr. Jeffrey Bell
Distributed to: All Staff	Effective Date: 9/30/2023
	Supersedes: 9/30/2022

Review/Revision Date: 02/11/2011; 09/08/2012; 09/03/2013; 9/03/2014; 9/3/2015; 09/03/2016; 10/31/2017; 08/31/2018; 9/30/2019; 9/30/2020; 9/30/2021; 9/30/2022; 9/30/2023

Jerol Kivett, Chairman, Board of Health

Date

Health Director

Date

Fiscal Supervisor (Accounting Specialist)

Date

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SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedures: Year 2023

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
XX Fiscal Policy	Board of Health Chair: Jerol Kivett Health Advisory Board Chair: Dr. Jeffrey Bell.
Distributed to: All Staff	Effective Date: 9/30/2023
	Supersedes: 9/30/2023

Purpose:

To establish and maintain consistent, non-discriminatory procedures for determining client eligibility, billing, and fees for services for the clients of the Sampson County Health Department

Policy:

Sampson County Health Department (SCHD) recognizes that public health services are increasingly costly to provide. Sampson County Health Department (SCHD) serves the public interest best by assuring that all legally required public health services are furnished for all citizens and to also provide as many recommended and requested public health services as possible for those citizens with greatest need.

Sampson County Health Department (SCHD) has determined that fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves. Any fees collected for services in any program, including Environmental Health, that are not provided will be refunded either the same day, if determined services was not provided the same day, or by county check with the next available check write date.

It is the policy of SCHD to use a fee determination and collection process to help ensure services can be provided at a reasonable cost for all those seeking services through the Sampson County Health Department.

SCHD provides services without regard to religion, race, national origin, creed, sex, parity, marital status, age or contraceptive preference.

Applicable Law, Rules & Regulations:

North Carolina General Statute § 130A-39

North Carolina General Statute § 105A: Article 1: 1 – 16.

10A NCAC 45A.

Health Insurance Portability & Accountability Act (HIPAA) of 1996.

42 CFR 59: Grants for Family Planning Services.

Responsible Person(s):

All SCHD staff members involved in any portion of fiscal services.
SCHD staff members are responsible for:

1. Consistently following the established guidelines for fiscal services and fee collection through the local, state, and federal guidelines
2. Policy and procedures addressed in this document
3. Generally accepted accounting principles.
4. Holding all client information confidential.

Procedures:

Verification of Identification:

1. All clients will be asked for proof of identification during the registration process.
2. Sampson County Health Department accepts birth certificates; social security cards; drivers' licenses; or other identification cards such as: work, school, military identification cards; passports; visas or green cards.
3. If a question should arise when the patient presents for a service following the first initial visit, further documentation will be required.

Financial Eligibility Guidelines:

1. Information regarding a client's income and family size is required to be documented under Registration, Family, Family Profile, and Household Income in CureMD application.
2. Confidential Clients: If the patient is considered to be a "confidential patient", this information will be reflected under Registration, Family Profile and Household Income as well as in the address line under Patient Demographics and the patient banner in the CureMD application. – refer to "Patient Confidentiality" below.

Proof of Insurance/Medicaid/Medicare/Co-pays:

1. All clients are required to provide insurance, Medicaid, and Medicare cards at the beginning of each visit.

2. The cards are to be collected by the Intake/Eligibility Staff and scanned into the client's chart. A copy of their insurance card is attached to the client's encounter form before being dropped for the nursing staff.
3. Intake/eligibility staff are responsible for collecting co-pays at the time of financial eligibility screening **prior** to the client receiving services with the exception of Family Planning Services. - see "Eligibility for Specific Programs" # 7 below.

Determining Gross Income:

1. Gross income is the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc.
2. For self-employed applicants (both farm and non-farm) this means net income after business expenses.
3. Gross income does not include money earned by children for baby-sitting, lawn mowing, and other tasks.
4. In general, gross income includes:
 - A. Salaries, wages, commissions, fees, tip
 - B. Overtime pay
 - C. Earnings from self-employment
 - D. Earnings from stocks, bonds, savings account interest, rentals, and other investment income
 - E. Public assistance moneys
 - F. Unemployment compensation
 - G. Alimony and child support payments
 - H. Social Security benefits
 - I. Veterans Administration benefits
 - J. Supplementary Security Income (SSI) benefits
 - K. Retirement and pension payments
 - L. Workers' compensation
 - M. Regular contributions from individuals not living in the household
 - N. All other sources of cash income except those specifically excluded
 - O. Lawn maintenance, as a business
 - P. Housekeeping, as a business

Proof of Income Requirements

1. Sampson County Health Department has the right to require "proof of income" when determining eligibility for all programs, with the exception of Communicable Disease, STD, and TB Programs.
2. A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client's document manager.
3. Income is verified by paycheck stub, letter from employer, or tax return/W-2 – refer to "Determining Gross Income" above for income considerations.

4. Adolescents that request confidential Family Planning services: The adolescent's income is the only income that will be used, and the adolescent will be considered as a household of one. – see "Patient Confidentiality" and "Title X Fiscal Guidance for Family Planning" below.
5. No client will be refused services when presenting for care due to failure to provide proof of income; however, the client will be billed at 100% of the total cost of the services if proof of income and family size is not provided to the agency within 30 days of the patient's visit.
6. Any client that does NOT have proof of income will sign the thirty (30) day letter showing they understand they have thirty (30) days to present proof of income in order to apply the sliding scale fee to the charges for the visit. If no documentation is produced within the thirty (30) days, the charge will stand at 100% for the visit.
7. SCHD staff has the right to verify income information and the client must read, understand, and sign the income statement in regard to checking their income information.
8. Income verification documented from a client's participation in another program may be used to determine financial eligibility for the current services being requested. For Family Planning clients, if the client does not provide proof of income, eligibility for discounts must be determined based on the client's verbal attestation of income. Reasonable attempts to verify income include only asking the client for proof of income at the initial and all subsequent Family Planning visits. Under no circumstance should measures to verify income burden clients from low-income families. Family planning patients who choose not to provide proof of income or to provide a verbal attestation of income will be charged at 100% for services as there is nothing to assess for % pay based on the sliding fee scale.

Determining Household Size:

1. A household is defined as a group of related or non-related individuals living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related and serves as the source of income for the unit.
2. Each individual living in the unit is counted as one member of the household.
3. A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs.
4. Adolescents requesting confidential services are counted as a household of one per Title X requirements see "Patient Confidentiality" and "Title X Fiscal Guidance for Family Planning" below.
5. Anyone that requests confidential services, regardless of age, will be considered a household unit of one and billed according to the individual's income – see "Patient Confidentiality" below.
6. Examples:
 - A. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.

- B. An individual or family in an institution (incarcerated), etc. is considered a separate economic unit and will be based on a household of one.
- C. If a patient is living in a homeless shelter or domestic violence is considered to be a problem, the patient will be counted as a household of one and only their income will be counted.

Computation of Income:

1. Employment Income Formula:

- A. Continued employment past 12 months
- B. One year back from the date of service
Example: Date of service = 03/11/19; 12 months back = 03/11/18

2. Unemployment Income Formula:

- A. Six months formula
- B. Wage earner(s) unemployed at time of application
- C. Unemployed any time during previous 12 months
Example: Unemployed today = 03/11/18; Income determined six months back = 9/11/17- 03/11/18 - Income determined six months forward = 03/11/18-09/11/18 - Total = 12 months of income.

Follow-up of Income/Household Verification after Initial Visit:

1. Following the initial financial eligibility determination, the client will be asked if there has been a change in their financial status at each subsequent visit.
2. All client information must be updated at each visit, including prenatal returns.
3. When verifying information staff will ask the client “What is your phone number?” “What is your address?”
4. Staff will **NOT** read prior visit demographic information to the client and ask if the information is correct, such as “Is your phone number still 910-999-9999?”
5. Staff will ask for and copy of the most recent insurance, Medicaid, Medicare, or other cards, make copies, attach a copy to the Encounter Form and scan into client’s record.

Services Eligibility & Required Fees/Payments:

1. All clients are eligible for services through the Sampson County Health Department, regardless of their ability to pay with the exception of Adult Health Services – see “Eligibility for Specific Programs” #1 below.
2. Patient fees are assessed according to the rules and regulations of each program and each program’s recommended Poverty Level Sliding Fee Scale Schedule will be used to assess fees with the exception of Adult Health and specific flat fee services, which are NOT supported by state or federal funds and/or program requirements.

3. All sources of payment will be accepted, including cash, check, debit/credit cards, insurances, Medicaid, and Medicare. Co-pays (if applicable) are to be collected **PRIOR** to clients receiving services.
4. All third-party providers are billed where applicable, unless confidentiality is a barrier see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. Medicaid will be billed as the payer of last resort.
6. Enrollment under Title XIX (Medicaid) will be presumed to constitute full payment for the service with the exception of the collection of all required Medicaid Co-pays unless the service the patient is receiving is not covered by their particular type of Medicaid. The patient can be charged for services not covered under their particular type of Medicaid. Patients will be informed of this and will sign the insurance agreement form.
7. Clients requesting Adult Health and flat fee services **MUST** pre-pay for all flat fees, co-pays and deductibles **PRIOR** to receiving services. These services include, but are not limited to:
 - A. Work physical
 - B. College physical
 - C. AH Physical Exam
 - D. Varicella titer
 - E. Urine culture
 - F. CBC with differential
 - G. Adult Health Program private vaccines
 - H. Any laboratory services provided per written order from a Medical Provider.
8. All other client fees will be collected after the service is received. If a patient is unable to pay their account balance in full, Intake/Eligibility/Cashier Staff will have the patient sign a payment agreement. An itemized bill will be provided to all clients at the time of service. Those clients who pay or make a payment will also be given a receipt.
9. An itemized account of services provided will be given to all Family Planning clients, regardless of the amount owed by the client.
10. The Health Director is authorized to circumvent fiscal services guidelines. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for services, including Family Planning clients.
 - A. The client and/or the client’s financial record will be referred to the Health Director who will review the information and consider that waiver of charges.
 - B. The Health Director’s determination will be documented in the client’s medical record.
 - C. A letter will be sent to the client informing him/her of the Health Director’s decision.

Patient Confidentiality:

1. Any client receiving services may request confidentiality – see the SCHD Administrative Manual Confidentiality Policy. This includes adolescents and young adults seeking confidential Family Planning services or individuals for whom billing could result in domestic/intimate partner/interpersonal violence – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
2. If a patient is considered to be a “confidential patient”, Intake/Eligibility staff will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential. If clinic staff identifies a confidential client, they will document on the Problem/Needs List and in the SOAP Note as well as the encounter form. Intake/Eligibility staff who checks the patient out, will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential.
3. Any client requesting confidential services will be considered a household of one and billed based on the sliding fee scale for the program requested.
4. **Exception:** Clients requesting confidential services that require Adult Health or flat fee services **MUST** pay **PRIOR** to receiving the requested services.
5. All third-party providers are billed where applicable unless confidentiality is a barrier. Clients are informed that an Explanation of Benefits (EOB) may be mailed to the address given. If receipt of the EOB conflicts with the client’s need for confidentiality, third-party payers that provide EOBs may not be billed.
6. Statements will be mailed monthly where confidentiality is not jeopardized. Confidential patients will be marked confidential in the address line of the demographics section in the patient profile.
7. When a client requests no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
8. Patients marked confidential will be considered **“NO MAIL”** unless the client provides a confidential mailing address, which will be documented in the client record.
9. Intake/eligibility staff will enter **“CONFIDENTIAL”** in the address line of the patient demographics in the Cure MD application to ensure monthly bills are not sent by mistake.
10. If clinic staff identifies a **“NO MAIL”** client, they will document on the Problem/Needs List and the SOAP Note as well as the encounter forms. Intake/Eligibility staff member will put **“CONFIDENTIAL”** in the address line of the patient demographics.
11. Emergency Contact Information will be completed, or some other form of contact will be obtained, and Intake/Eligibility staff will verify the information is correct to be used to contact the client. The client will be informed of the need to be contacted regarding account balances –see “Bad Debt Write-Off Process” #7 below.
12. If the client is unable to pay in full at the time of services rendered, a receipt will be issued for partial payment and the client will sign a payment agreement.
13. Client will be reminded at every visit of any amount they still owe.

NOTE: ***NO LETTERS OR CORRESPONDENCE CONCERNING INSURANCE, PAST DUE ACCOUNTS, BILLS, ETC. WILL BE SENT TO ANYPATIENT THAT REQUESTS NO MAIL. The Emergency Contact information will be used to communicate with the client when possible – see #11 above and Bad Debt Write-Off Process” #3.***

Eligibility for Specific Programs:

1. Adult Health:
 - A. Provides Adult Health Physical Exam screening services for clients including physical exam and laboratory testing as indicated.
 - B. Provides flat fee and other services including, but not limited to:
 1. Work/College physicals
 2. Varicella titer
 3. Urine culture,
 4. CBC and other Lab services that are not part of Program requirements
 5. Adult Health Program private vaccines.
 6. Pregnancy Tests
 7. Any laboratory services provided per written order from a Medical Provider.
 - C. Eligibility:
 1. Sampson County resident (Adult Health Vaccine recipients do not have to be a county resident)
 2. 21 years and older. (18 years and older on some programs)
 3. Sliding fee scale which slides to a \$30 minimum co-payment for Adult Health Physical screenings.
 4. Fees vary for other services – refer to the Sliding Fee Schedule
 5. Medicaid, Medicare, Insurances accepted.
 - D. Adult Health clients that do not have third party payers **MUST pre-pay** for all services.
 - E. Clients with third party payers **MUST pre-pay** all applicable co-pays and deductibles **PRIOR** to receiving services.
2. Breast & Cervical Cancer Control Program (BCCCP):
 - A. Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
 - B. Eligibility: Women 21 to 75 years of age with gross incomes that are below 250% of the federal poverty level according to the Federal Poverty Guidelines, are uninsured or underinsured subject to limitations and exceptions listed below. Eligible women ages 21-23 with an undiagnosed breast or cervical abnormality may receive NC BCCCP funded diagnostic services if no other source of healthcare reimbursement is available.

- C. May not have Medicaid or Medicare; may have limited insurance, providing it meets NC BCCCP guidelines, such as large deductibles. This determination is made on a case-by-case basis.
 - D. At each BCCCP visit, SHCD I/E Staff will assess the patient's insurance status and ask if there has been any change in their income. If the patient states there have not been a change in their income, the date of the income assessment will be changed in CureMD to reflect the current day's date, even if their income has been assessed within the past year for BCCCP or other services. If there is a change in income status or insurance coverage, the patient's eligibility for the BCCCP program will be released.
3. Child Health:
- A. Well child exams conducted by the Child Health enhanced role nurses. Exams include:
 - 1. Medical, social, development and nutritional history
 - 2. Lab work as indicated by screening information
 - 3. Physical exam.
 - B. Eligibility:
 - 1. Sampson County resident
 - 2. Birth through 20 years
 - 3. Sliding fee scale
 - 4. Insurance and Medicaid accepted
4. Communicable Disease/TB Control:
- A. Deals with the investigation and follow-up of all reportable communicable diseases.
 - B. Provides testing, diagnosis, treatment, and referring as appropriate, of a variety of communicable diseases.
 - C. Provides follow-up and treatment of communicable disease cases, TB suspects/cases and their contacts.
 - D. Provides TB Skin testing not funded by the TB program.
 - E. Eligibility:
 - 1. No residency requirements
 - 2. Medicaid, Medicare and Insurance payers will be billed

3. NO fees can be charged directly to the patient for these services as stated in Program Rules.
 4. Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.
5. Case Management for at Risk Children (CMARC)
- A. Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.
 - B. Eligibility: Sampson County children who have any risk criteria or an identified developmental delay, disability, chronic illness; birth to 5 years of age.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.
6. Diabetes Self-Management Program (DSMP):
- A. Provides diabetes education to increase the awareness and dangers of diabetes and lower the incidence of diabetes in the county.
 - B. The program consists of an initial assessment, one 8-hour class, a three month follow-up assessment and annual refresher classes.
 - C. Eligibility:
 1. Sampson County resident \geq 18 years old who must have a diagnosis of diabetes or pre-diabetes
 2. Must be referred by a medical provider
 3. Private insurances, Medicaid and Medicare will be billed
7. Family Planning:
- A. Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling, and education given by the nurses or nurse practitioners.
 - B. Eligibility: Women and men of childbearing age regardless of residency; sliding fee scale, Medicaid, Insurance.
 - C. FP Clients with private insurance will be charged the lesser of two amounts. Total charges for the visit are calculated based on the sliding fee scale. If the amount due is more than the insurance required co-pay, the co-pay will be collected, if the amount due is less than the insurance required co-pay, the amount due will be collected. The total charges for the day will then be billed to the patient's insurance for payment.
 - D. All Family Planning patients will be given a receipt upon check out. This receipt will include their total charges and any discount applied. If they are at the status of "zero percent pay", they will receive a statement designating the total charge, to reflect their percentage of pay.

- E. See “Title X Fiscal Guidance for Family Planning” below.
8. Immunizations for VFC Clients and Others:
- A. Provide immunizations and other vaccinations (e.g., influenza, pneumonia, etc.) to children (infants through 18 years of age) if they qualify for Vaccine for Children (VFC) Program for the prevention of life-threatening communicable diseases (e.g. polio, hepatitis, measles, etc.) and reduce the risk of life threatening illnesses at no charge and no resident requirements to the client.
 - B. There is no charge or residency requirement for any state-supplied immunizations according to Program Rules and Regulations.
 - C. VFC eligible clients may not have private insurance but may have Medicaid.
 - D. Clients that have private insurance or are 19 years of age and above do not qualify for state-supplied vaccines and must receive private vaccines except under specific circumstances as determined by the NC Immunization and/or Communicable Disease Branch.
 - E. SCHD accepts self-proclaimed insurance information. If a client declares they have no insurance, but SCHD has a record of insurance in chart, the client can be questioned.
 - F. Administration fees may be charged for state-supplied vaccines.
9. Maternal Health:
- A. Provides prenatal services for Sampson County residents including physical exam, laboratory testing; routine prenatal follow-up care based on ACOG and WCH Branch guidelines.
 - B. Eligibility: Determined by household income and number in the household; Sampson County residents; Sliding fee scale; Medicaid or potentially Medicaid eligible, Insurance. Global billing system for all antepartum care or as determined by DMA – refer to North Carolina Division of Medical Assistance Clinical Coverage Policy 1E-5 Obstetrics.
10. Care Management for High-Risk Pregnancies (CMHRP)
- A. Care manager assists pregnant women in receiving needed prenatal care and pregnancy related services.
 - B. Eligibility:
 - 1. Sampson County resident
 - 2. Has Medicaid or is Medicaid eligible.
 - 3. Non-Medicaid Grant allows services for those without Medicaid and who are not Medicaid eligible.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.

11. Sexually Transmitted Diseases (STDs):

- A. Provides testing, diagnosis, treatment, investigation and follow-up as needed of persons with Sexually Transmitted Diseases – STDs.
- B. Provides follow-up and treatment of client’s contacts as appropriate.
- C. Eligibility:
 - 1. No residency requirements.
 - 2. Medicaid, Medicare, and Insurance payers may be billed with client approval. Clients will be informed that an Explanation of Benefits (EOB) will be sent to the policy holder when private insurance is billed. The client must sign a consent allowing SCHD to bill private insurance in order for SCHD to file a claim. If the client declines to give consent, services cannot be withheld, and the client cannot be billed.
 - 3. NO fees can be charged directly to the patient for services covered by State program requirements.
 - 4. Clients requesting testing for services not offered by the NC STD Branch program requirements will be charged for the testing and **MUST pay** prior to receiving the requested testing.

12. Women, Infants & Children Nutrition Program (WIC):

- A. Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
- B. Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to 5 years old who meet the follow criteria:
 - 1. Sampson County resident
 - 2. Be at medical and/or nutritional risk
 - 3. Have a family income less than 185% of the US Federal Poverty Level
- C. Clients that receive Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.
- D. **NO** fees or costs can be charged directly to the patient for participation in the program.

13. Environmental Health:

- A. Provides permits and collects water samples in the responsibility of ensuring inspections and the active enforcement of state laws, rules and regulations and county and state ordinance rules.
- B. Fees: Fees are set by state and local rules and regulations and are in effect for various permits and water samples collected for the residents of Sampson County.

State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines:

1. North Carolina General Statute G.S. 130-A-39(g) allows local health departments to implement fees for services rendered. The Sampson County Health Department (SCHD), with the approval of the Sampson County Health Department Advisory Committee and the Sampson Board of County Commissioners, implements specific fees for services and seeks reimbursement.
2. Specific methods used in seeking reimbursement are through individual patient pay and third-party coverage, including Medicaid, Medicare, and private insurance.
3. The agency adheres to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided. See “Fee Setting Process,” “Direct Patient Charges,” and “Fee Collection Process.”
4. SCHD uses the appropriate Federal Poverty Scale to determine fees for the following health department programs:
 - A. Adult Health: 101% - 250% Federal Poverty Scale – Minimum Co-payment of \$30; does NOT include flat fees
 - B. Family Planning: 101% - 250% Federal Poverty Scale
 - C. Breast and Cervical Cancer Control: 250% Federal Poverty Level
 - D. Child Health: 101% - 250% Federal Poverty Scale
 - E. Immunizations: 101% - 250% Federal Poverty Scale
 - F. Maternal Health: 101% - 250% Federal Poverty Scale

Fee Setting Process:

1. All SCHD staff will adhere to the procedures for processing client bills.
2. All services available at Sampson County Health Department are associated with a fee. These charges are passed on to the client as applicable based on program eligibility status and requirements. A process is in place to ensure the fees are appropriate based on the cost of services.
3. The Fees Schedule Team, a multidisciplinary team assigned by the Health Director meets as necessary to determine the cost of providing services and discuss the setting of rates for the services provided by the agency.
4. Fees for medications purchased through the 340B program will be set based on the cost of acquisition for each time purchased. Fees will be updated in the system according to the most current purchase price per state guidelines.
5. If there are significant changes associated with services that affect the cost of providing those services, fees will be evaluated on a case-by-case basis.
6. Fees are reviewed annually for possible adjustments, usually when the Office of Medicaid Reimbursement issues their reimbursement rate, which serves as a baseline when determining the cost of services.
7. An increase in Medicare or Medicaid reimbursement rates does not automatically mean the health department cost for providing the service increases.

8. The Fees Schedule Team reviews cost of services, including time costs, labor costs and cost of supplies required to perform a service.
9. The Fees Schedule Team also reviews surrounding community rates, other health department rates and the Medicaid Cost Analysis in the fee setting process.
10. The cost of determining flat rate fees is also determined through this procedure and may be established for specific services that are not funded by state program funds.
11. Once the process has been completed, the Fees Schedule Team recommends fee changes and additions to the QI Committee. If approved by the QI Committee, the recommendations are made to the Management Team. If the Health Director and Management Team approve, fees are taken to the Sampson County Health Department Advisory Committee and Board of County Commissioners, per G.S. 130-A-39, for discussion and final approval.
12. The information is reflected in the appropriate minutes for each meeting for future review.
13. The appropriate fees are maintained in the SCHD Fee Schedule by the Accounting Specialist and Accounting Technician.
14. Once approved by the County Commissioners, updates to the fee schedule are made available to the public by means of posting on site, posting on the health department website and other means as deemed necessary.
15. References that may be used in the process include:
 - A. Current SCHD Fee Schedule
 - B. Medicaid Cost Analysis
 - C. Office of Medicaid Reimbursement Rate Schedule
 - D. Medicare Reimbursement Rate Schedule
 - E. Other health departments' rates,
 - F. Surrounding community providers' rates
 - G. State/Federal program rules
 - H. North Carolina General Statues

Direct Patient Charges:

1. NO minimum fee requirement or surcharge will be indiscriminately applied to any patient.
2. There will be a consistent applied method of “aging” accounts - see “Bad Debt Write-Off Procedures” below.
3. No one, including Family Planning patients, will be denied services based solely on the inability to pay with the exception of Adult Health Services. See – “Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 & #4; “Eligibility for Specific Programs” #1; and State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4.
4. No patient, including Family Planning patients will be required to meet with the Health Director in an attempt to collect a delinquent account.
5. Patients will be given a receipt each time a payment is collected.
6. Donations: Donations will be accepted from any patient regardless of income status as long as they are truly voluntary. There will be no “schedule of donations”, bills for

- donations, or implied or overt coercion. All donation receipts will be deposited and recorded in the actual program for which the donation is earned.
7. No patient charges will be assessed when household income falls below 100% of Federal Poverty Guidelines, with the exception of the Adult Health Services Program – refer to “Eligibility for Specific Programs” #1.
 8. SCHD will use the best efforts possible to provide services to patients at or below 150% of Federal Poverty Level.
 9. Family Planning: Title X patients will not be denied a service, due to an outstanding balance or inability to pay – see “Title X Fiscal Guidance for Family Planning.”

Fee Collection Process:

1. With the exception of Adult Health and other flat fee services, which are not funded with state or federal funds, charges in all programs will be determined by the Federal Poverty Level Sliding Fee Scale Schedule based on the most current Federal Poverty Level Schedule set for each specific program.
2. **Exception:** CMHRP and CMARC programs are funded at a per-member-per-month rate and no fees are collected for client participation in these programs.
3. At each clinic visit, Intake/Eligibility will determine the income and sliding fee scale status of each patient. Intake/Eligibility staff will be responsible for documentation of financial eligibility in the CureMD EHR system and on the patient encounter form.
4. Patients without the required income verification will be charged the full cost of the services provided until income documentation is received. Clients will be allowed thirty (30) days to provide proof of income and will be required to sign the thirty (30) day proof of income letter stating they understand they have thirty (30) days from the visit date to provide proof of income or the charges for that day's services will be charged to them at 100%, with the exception of STD, TB, and Communicable Disease – see “Proof of Income Requirements” #1.
5. Adult Health Program co-pays **MUST** be collected **PRIOR** to the client receiving services. Efforts to collect balances above the minimum co-pays will be made. Patients will be required to sign a payment agreement and schedule for any charges in excess of the minimum co-pays not paid when services are rendered.
6. For other services, private pay clients will be encouraged to pay at least a portion of the fee when services are rendered. If a balance remains, a payment agreement and schedule will be encouraged to be established and signed by the patient. No patient, including Family Planning patients, will be denied services because the patient has a delinquent account balance.
7. Client billing statements will be mailed monthly unless confidentiality is a factor – see “Patient Confidentiality,” Patient Accounts Receivable Process,” #6; and “Bad Debt Write-Off Process” #3-#7.
8. Clients will be given a receipt each time a payment is collected.
9. Receivables through CureMD will be balanced on a daily basis.

Patient Accounts Receivable Process:

1. Maintenance of Patient Accounts Receivable includes processing all patient services encounters in a timely manner.
2. Processing is done via the internet on the Cure MD computer system in accordance with generally accepted accounting principles and all local, state and federal guidelines.
3. Patient Accounts Receivables will be maintained in CureMD and will reflect visit charges, amounts collected and balance due.
4. The process includes reconciliation of Explanation of Benefits (EOB's) and the follow-up and re-submission of denied claims.
5. Fiscal Services staff is responsible for maintenance of self-pay and company bill client accounts.
6. Fiscal Services staff will mail out monthly self-pay and other client statements for the previous month no later than the 15th of the following month.
7. Fiscal Services staff will accurately post payments to the correct client account on a daily basis.
8. The Accounting Specialist/Fiscal Supervisor or designee will review all Accounts Receivable accounts for accuracy in posting quarterly or more frequently as needed.

Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims:

1. Medicaid:
 - A. Medicaid claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
 - B. A copy of the Medicaid/Medicaid Managed Care card will be made by Intake/Eligibility staff and attached to the Encounter Form to be used for clinical and billing purposes.
 - C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
 - D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
 - E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note. Billing cannot occur until clinical staff has made the needed corrections.
 - F. Fiscal Services staff will submit claims to Medicaid through the Cure MD process several times weekly. Claims flow from Cure MD to Medicaid/Medicaid Managed Care Providers and are processed by Medicaid if received prior to 4:00 pm each Thursday afternoon and by Medicaid Managed Care Providers as received.

- G. Each Tuesday (unless it is a holiday) is the Medicaid Check-write day, Fiscal Services staff will post payment in Cure MD using the appropriate process and submit amounts and posting codes to the County Finance Office for accurate record of payment and revenue. Items that need to be manually posted will be handled accordingly. Medicaid Managed Care Provider payments will come in periodically as they are processed just like private insurance payments.
- H. Any claims denied will be researched and corrections will be made based on denial reason code. Once the claim is corrected, the claim will be submitted again for payment. Assistance from the state administrative office as well as nursing consultants will be requested for claims that continue to be denied.
- I. The Fee Schedule Team will be responsible reviewing and updating the CPT and ICD codes annually and as needed.

2. Medicare:

- A. Medicare claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
- B. A copy of the Medicare card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note. Billing cannot occur until clinical staff has made the needed corrections.
- F. Medicare claims are entered in Cure MD on a daily basis. Claims will be sent to Medicare several times per week through the Cure MD claims process.
- G. The Fee Schedule Team will be responsible reviewing and updating the CPT and/or ICD codes annually and as needed.

4. Insurance:

- A. SCHD has multiple contracts with public and private insurance providers. SCHD actively seeks new contracts with all insurance companies that SCHD clients use.
- B. Insurance claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.

- C. A copy of the insurance card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- D. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- F. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis. Billing cannot occur until clinical staff has made the needed corrections.
- G. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- H. All documents regarding insurance billing (assignment of benefits, insurance card, HCFA 1500 Form and encounter sheet) will be maintained in the Insurance Billing File Cabinet located in Medical Records.
- I. Insurance claims are filed using the procedure codes specified on the encounter form.
- J. Claims are entered into the Cure MD computer system and electronically filed to each patient's insurance company through a clearinghouse several times a week.
- K. The name of the Insurance Company will be designated at the top of each HCFA 1500 form and a copy will be kept for posting and further correspondence when HCFA 1500 forms are required.
- L. Charges are posted and reconciled with correspondences, payments, and denials.
- M. If an insurance company denies payment for services rendered for reasons of non-coverage, the patient is consulted and given an explanation.
- N. The documentation of denial from the insurance company is attached to the copy of the HCFA 1500 form and maintained in the Insurance billing file.
- O. The Fee Schedule Team will be responsible reviewing and updating the CPT/ICD codes annually and as needed – see “Fee Setting Process.”

5. Delinquent Insurance Claims:

- A. If there is no response on a claim after 3 months, the claim will be rebilled using the HCFA 1500 form (if applicable) to the insurance company.
- B. If there is no response on a claim after six months, a telephone call will be made.
- C. If there is no response to a claim after a telephone call, the claim will be posted as denied and the patient will be mailed a statement of charges and the amount owed.
- D. The Health Department will follow Fiscal Program Rules and Regulations concerning billing the patient for these charges – see “Fee Collection Process.”

Bad Debt Write-Off Process:

1. Intake/Eligibility Staff will inform clients of the cost of the service for that visit and of the amount of their account during the eligibility process.
2. Intake/Eligibility Staff will inform clients that payment is due and expected at the time services are rendered.
3. When the client is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment and the patient will sign a payment agreement and that will be scanned in the medical record. The exception is Adult Health services, which require payment prior to the receipt of services – see “Services Eligibility & Required Fees/Payments” # 7;” Patient Confidentiality” # 3 – #4; “Eligibility for Specific Programs” # 1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” # 4; and “Fee Collection Process” #5.
4. A statement will be sent within thirty (30) (60) and (90) days from date of service.
5. All patients with balances 120 days or older with no effort to pay will be sent to the Sampson County Finance office to be put into their collections process. After several attempts to collect, the County Finance office will garnish state refunds for those clients owing a balance for services rendered.
6. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program. See NC & Sampson County Debt Set-Off Policy and Procedure.
7. Client requesting confidentiality:
 - A. When a client requests confidentiality/no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
 - B. Staff will obtain an alternate form of notification, such as the Emergency Contact Information Form, and document the information in the client’s chart/record.
 - C. A three-contact process may be done using the alternate notification information. The contact processes will be documented in the client’s chart by the staff obtaining the information.
 - D. The Health Department will submit all outstanding account balances to the Sampson County Collection Department if no payments are received from the client within (120) days after the date of service.
8. The account will be considered uncollectable when all means of collection have been exhausted. Finance will inform the Fiscal Supervisor of patient claims that are to be considered uncollectable and that need to be written off. Items can stay in collections with Sampson County Finance for as long as 10 years before being considered uncollectable.
9. An itemized list of uncollectable outstanding patient balances will be prepared periodically by the County of Sampson Collection Department for the Health Department’s review.
10. The County Collection Department will send a statement periodically to the Health Department listing which accounts have been approved to be written off.
11. The Accounting Technician will submit the list to the Accounting Specialist and the Health Director for approval. The list is then taken to the Sampson County Health Advisory Committee for approval.

12. Once approval has been provided by the Sampson County Health Department Advisory Committee, the Accounting Technician will write the accounts off based on the information provided in the monthly statement from the Sampson County Collection Department.
13. The Patient account will be listed as uncollectable, and evidence will be on file to document required billing in the CureMD system in the patient's record.
14. The client is to never be informed that a debt has been written off.
15. A client that returns for services after a bad debt has been determined uncollectible will have the bad debt write off reactivated and the billing process will resume.
16. Confidential/No Mail: Regarding mailing of billing to clients requesting confidential/no mail services – see “Services Eligibility & Required Fees/Payments” #7;” Patient Confidentiality” #3 – #4; “Eligibility for Specific Programs” #1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4; and “Fee Collection Process” #5; and # 7 above.

Sampson County Debt Set Off Process:

1. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program.
2. Sampson County Finance Office will follow the guidelines set forth in Chapter 105-A of the General Statutes, regarding notification and appeals process. (See Attachments: Chapter 105-A NC General Statute and Memorandum of Understanding Agreement – with the NC Local Government Debt Set-Off Clearinghouse Program).

Returned Check Policy:

1. Sampson County Health Department adheres to the County of Sampson Returned Check Policy and Procedure – see Attachment 20.
2. Fiscal staff /Cashier will notify the client with a telephone call and a letter with a copy of the check and the request for the \$25 returned check fee.
3. The client will have 10 days to respond. If there is no response in 10 days, it is forwarded to the County Finance Collections Office.

Control & Segregation of Duties: Handling of Cash/Deposits:

1. Records will be maintained in accordance with accounting principles, and federal, state and local requirements to support fiscal accountability.
2. The SCHD Accounts Receivable System addresses requirements for earned income, including third party receipts and client fees.
3. The system provides for the integration of the North Carolina Department of Human Resources, Division of Health Services Consolidated Agreement reporting system and Sampson County Finance Officer will review and approve all policies and procedures involving the handling of County cash.
4. All Intake/Eligibility/Cashier staff is responsible for protecting the assets of the County of Sampson.

5. These rules and procedures are provided to fiscal staff to assist with carrying out their duties.
6. SCHD has the primary responsibility for care of and liability for loss of County cash in its custody until deposited in the official depository or entrusted to an authorized individual in the County Finance Office for deposit in the official depository.
7. Daily Cashiering Operations:
 - A. Four change fund drawers will be maintained in the amounts of \$200, \$100, \$100, \$100, and \$100 at the Intake/Eligibility windows located in Medical Records for the purpose of making change for clinical services.
 - B. Each Intake/Eligibility employee is responsible for handling cash on a recurring basis and will maintain an individual change fund drawer for which they are solely responsible.
 - C. A change fund will be maintained in the amount of \$200 for making change for Environmental Health purposes and will be secured by the Environmental Health Processing Assistant.
 - D. At the beginning of each daily shift the cashier will:
 1. Arrange coin currency in a consistent manner. The cash drawer or lockbox will be divided into separate compartments for different currency denominations, checks, etc. to help prevent accidental distribution of incorrect denominations.
 2. Verify the dollar amount of beginning cash for each drawer in the amounts of \$200, \$100, \$100, \$100, and \$100 by providing an open count of all cash in each drawer. The cash count will be recorded and initialed by the individual making the count.
 - E. During the hours of operation, the following procedures will be followed by the Cashiers **at all times** to monitor the cash drawer:
 1. The Accounting Technician or Accounting Specialist will bring the change funds to the Intake/Eligibility windows each morning. Each Intake/Eligibility staff member has a locked money bag. They have the key, and the extra key is in a sealed initialed envelope in the locked key box in the spare key safe.
 2. All cash and coins will be locked in the cash drawer, lockbox, safe or other safe secure location when not in use.
 3. The cash drawer or lockbox will never be left unattended. All staff members will be responsible for securing their drawers.
 4. Fiscal/Intake/Eligibility staff will never allow any other person access to their drawer unless under the direct supervision of the staff member responsible for the drawer.
 5. The cash drawer is never to be used for the purpose of making change, cashing personal checks, or providing temporary loans for anyone, including any SCHD staff member.

6. NO Petty Cash expenditures will ever be paid from a cash drawer.
 7. The cash operation of each cashier must include a permanent collection record, including, but not limited to:
 - a. A daily cash collection report
 - b. Receipt documentation
 - c. Calculator tapes dated and initialed by the staff member responsible for the drawer.
 8. Records will reflect all transactions including cash, checks, debit/credit card transactions, voids and refunds. This permanent record must be retained by the department for a minimum of three (3) years.
- F. The Accounting Technician or Accounting Specialist (or other Management Team staff members on their designated days) will collect the Intake/Eligibility change funds in their individual locked money bags at the end of each day and secure all funds for the agency in a locked safe in the Administrative Work Room.
- G. The Accounting Technician or Accounting Specialist performs an unannounced audit with staff responsible for the funds present of all change funds on a quarterly basis and provides the results to the Accounting Specialist and the Health Director.

Revenue Received in Mail:

1. The Management Support Staff (on a daily rotating basis) opens and distributes all incoming mail.
2. The Management Support Staff (on a daily rotating basis) records checks and information in a manual check log. This process includes:
 - A. Recording the check number
 - B. Amount of the check
 - C. Date received
 - D. Payer's name
3. The Management Support Staff (on a daily rotating basis) then delivers the check(s) to the appropriate Fiscal Services staff responsible for posting and depositing the payment(s).
4. Fiscal Services staff:
 - A. Verifies in the log the receipt of check by initialing the log
 - B. Stamps the check "For Deposit Only"
 - C. Records the amount for the appropriate program in the check log
 - D. Posts payment to Accounts Receivable
 - E. Balances posting to daily cash report
 - F. Includes in the daily deposit.

Procedures for Deposits:

1. The Intake/Eligibility staff is responsible for the collection and posting of payments from patients/clients throughout the day.
2. The Environmental Health Processing Assistant is responsible for the collection of payments for Environmental Health services.
3. The Patient Relations Representative IV/Billing Clerk and/or other Fiscal staff copy the Remittance Advice (RA) and post payments to patient accounts on a daily basis.
4. Beginning at 4:00 PM every day, the Intake/Eligibility staff will consecutively close out their collections for the day, run daily deposit reports and balance the cash fund for the day.
5. All daily receipts and supporting documentation are given to the Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis), who then verifies that funds are correct and accounted for and initials the documentation.
6. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will:
 - A. Close out the collections for the day
 - B. Run the daily deposit report
 - C. Balance the cash fund for the day
 - D. Prepare a deposit slip
 - E. Prepare an envelope listing currency, coins and checks to be transported to the County Finance Office for deposit.
7. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will verify and sign off on the amount, present the deposit envelope to the designated Fiscal or Management Team Staff member who will verify the amount in the envelope, initial and lock the deposit envelope in the safe with the money bags. This allows all daily transactions to be included in that day's deposit and the deposit to be available the next morning when staff is off or calls in.
8. The next morning, the Accounting Specialist or Finance Technician will prepare the deposit slip, make copies of all checks, the deposit envelope, charge card receipts and the deposit break down. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will print a credit card report of any credit card transactions. The deposit along with the checks, charge card receipts, credit card transaction report and the deposit break down are taken to the Sampson County Finance Office and given to the County Senior Finance Technician or the County Deputy Finance Officer for verification. The deposit will then be taken to the bank by the Sampson County Finance Officer.
9. The Sampson County Finance Office will credit the appropriate line items. The bank receipt as well as a scanned check receipt will be returned to the Health Department.
10. In the absence of any of the Patient Relations Representatives, the Accounting Technician will be responsible for assuring the above procedures occur.
11. Deposits:
 - A. The Sampson County Government Cash Management Plan governs the administration of funds through the central depository system.
 - B. Per the Plan, deposits are to be made in the official depository daily.

Employee Payroll and Travel Deposits:

- A. Employee Payroll and Travel reimbursement is made by direct deposit.
- B. Travel reimbursement is issued on the 20th of the month via electronic deposit and is documented with the monthly Travel Report.
- C. Employee Payroll is issued on the 15th of the month for the previous month via electronic deposit. The Management Support Administrative Services Assistant will obtain and distribute the payroll check stubs/vouchers on the 15th of the month.
- D. **Note:** Both Travel and Payroll electronic deposits are based on the day of the week that the 20th and/or 15th date falls; if on a weekend or holiday, the electronic deposits are made the day prior to weekend/holiday.

Losses/Shortages/Overages:

- 1. Any Shortage or Overage will be reported as part of the SCHD's net deposit for separate reporting on the County's General Ledger.
- 2. The Sampson County Finance Office makes a clear distinction between a "Loss" and "Shortage" of department money:
 - A. An **Overage** occurs when a cashier has collected too much money and cannot immediately return the excess money to a specific client.
 - B. A **Shortage** occurs when an unintentional collection error such as an error made in making change.
 - C. A **Loss** of County money occurs when a cashier has obtained physical custody of money and then, due to reasons of negligence (such as leaving the drawer unattended), an act of God (such as a hurricane), or an unlawful action (such as robbery), cannot deposit that money into the County treasury.
- 3. Any loss must be immediately reported to the Accounting Specialist, the Health Director and the Sampson County Finance Officer.
- 4. The County Finance Officer must be sent a detailed statement as to the circumstances of the loss, along with a copy of any applicable Police Report within 24 hours of the loss.

Purchasing Procedures:

- 1. Sampson County Health Department adheres to the Sampson County Purchasing Policy and Procedure Manual. A copy of this manual is maintained in the Accounting Specialist's office.
- 2. State and Federal Revenues Received: Revenues received from State and Federal sources are deposited into the programs designated by Agreement Addendums. Sampson County Government uses Munis accounting software to track all receivables and payables. The Health Department places revenues in line items based on the program requirements. One or more Agreement Addendum services may be included in a line item, such as TB, STD, and/or HIV under the Communicable Disease Program.
- 3. Each employee is to complete his/her requisition in its entirety to include:

- A. The vendor number, name, and address.
 - B. Any shipping, federal excise taxes, print set-up fees and/or any other associated costs. Making sure to break down the cost by the appropriate item.
 - C. Prior to submission, review the request for accuracy and submit the form electronically to the department supervisor. Make sure to include your name and date on the request.
 - D. If the requisition is for a new vendor, the staff member must have the vendor complete a new vendor registration form. If the vendor information has changed, the staff member must complete a vendor form with the correct information and submit it to the Accounting Technician to send to Finance to set up a Remit To address.
4. The Department Supervisor will specify the program(s) to be charged.
 5. The Department Supervisor will then review the request and: either approve it and email it to the Accounting Technician's mailbox; or deny it and return it to the staff member. The Department Supervisor is responsible for ensuring all of the information in the request is correct.
 6. The Accounting Technician will check the program for the availability of the funds to purchase the items and assign the account number to purchase the items. The request will then be forwarded to the Health Director, or the Accounting Specialist in the Health Director's Absence, for final agency approval.
 7. The request is returned to the Accounting Tech to be posted to the ledger and then emailed to the County Purchasing Agent for processing.
 8. The County Purchasing Agent will again verify the availability of the funds and type the Purchase Order (PO). It is then forwarded to the County Finance Officer.
 9. The County Finance Officer will provide the final approval of the request for the purchase unless it is Capital Outlay. All Capital Outlay must be forwarded to the County Manager for approval.
 10. The County Purchasing Agent will then send the authorized Purchase Order (PO) back to the Accounting Tech via email.
 11. The Accounting Tech will make a copy on white paper for her records and one on **BLUE** paper and put in the box of the staff member originally requesting the purchase.
 12. Staff members receiving the BLUE copy will make a copy to keep for their records.
 13. Staff members will:
 - A. Place all packing slip(s) received in the Accounting Tech's mailbox **as they arrive** to make the Accounting Tech aware of the items received.
 - B. Make a copy of the packing slip and mark off the items from the original PO.
 - C. Attach to the packing slips to the **BLUE** copy of the PO.
 14. In the event that packing slips are not included in the items shipped, staff will:
 - A. Print a copy of the original PO.
 - B. Mark off the type and amount of items received on the PO
 - C. Make a note on the bottom of the PO: 1) that the packing slip was not included; 2) and the date the items were received.

- D. Make a copy of the PO and attach to the blue copy of the PO.
 - E. Place the original PO being used as a packing slip in the Accounting Tech's mailbox.
15. Once all of the items on the requisition have been received, the staff member will:
- A. Remove the copies of the packing slips from the **BLUE** PO.
 - B. Attach all copies to their copy of the Purchase Order.
 - C. Place the **BLUE** copy of the PO in the Accounting Tech's mailbox to make the Accounting Tech aware that all items requested have been received.

Invoice Procedures:

1. The Accounting Technician will process all invoices for the agency. The Accounting Tech will prepare a bill tab that informs the County Finance Office staff where to deduct the money to cover the expenditure.
2. The bill tab is then posted in the general ledger spreadsheet and forwarded to the Health Director.
3. The Health Director signs and gives the final approval for all invoices. In the Health Director's absence, the Accounting Specialist will approve invoices.
4. The signed invoices are then submitted to the County Finance Office.
5. The County Finance Office processes the invoice for payment.
6. Invoices are paid by the County on the 10th, 20th, and the last day of each month. These dates may vary due to weekends/holidays. Invoices must be submitted to the County Finance office a minimum of five working days prior to these dates.
7. The County Finance Officer and the County Manager will sign each county check.

Check Requests Procedures:

1. Check requests are to be used for purchases that require a check when an invoice will not be received.
2. All check requests are to be typed on the electronic form and submitted to the Department Supervisor for approval.
3. The Department Supervisor will approve or deny the request; if approved, the staff member making the request emails the Check Request with all supporting documents to the Accounting Tech.
4. The staff member is responsible for completing all of the necessary information on check requests. This includes:
 - A. Vendor Number:
Note: Refer to vendor number list/maintained by Accounting Tech in Fiscal Services; vendors, especially hotels, may have several vendor numbers.
 - B. Vendor Name & Complete Remit/Mailing Address
 - C. Invoice and/or Confirmation Number(s)
 - D. Total Dollar Amount of Request (including tax)

- E. **For:** “What the request is for;” The specifics of the request, such as registration fee, hotel room cost, using wording to detail specific information – see Attachments.
 - F. Description: Travel or other as designated by the Accounting Tech.
 - G. Amount: net amount of request including any applicable taxes
 - 1. State Tax: Current State Tax percentage
 - 2. County Tax: Current County Tax/
 - 3. Occupancy tax percentage (for hotel reservations)
 - H. Total: Total Dollar Amount of request
 - I. **Justification:** “Why the request is needed;” the purpose for which the check is requested, such as to attend a workshop, supplies needed for a program, etc. – see Attachments.
 - J. Delivery Instructions: Is usually marked “Mail to Payee”. Special instructions are to be noted, such as: with attachments; specified to be picked up by Health Department Staff
 - K. Requested By: Employee requesting payment
 - L. Leave all other lines blank
 - M. Attach all information that will be necessary to determine the purpose of the request. This may include, but not be limited to:
 - 1. Copy of hotel reservation with confirmation number
 - 2. Copy of form that indicates registration fees
 - 3. **REQUIRED** Copy of approved Travel Request
 - 4. Copy of any special forms and/or instructions that need to accompany the check request
5. Staff is to obtain **all** receipts for the check and place in the Accounting Tech’s mail box. Receipts include such items as hotel room receipts that show payment or registration fee payment receipts.

Travel:

- 1. Travel Request:
 - A. If a County Vehicle is available for travel during the scheduled time to travel, staff is to use the available County Vehicle for travel **UNLESS** given specific permission by the Health Director to use a personal vehicle.
 - B. Mileage reimbursement is set by the County Finance Officer in accordance with the current IRS rate per mile.
 - C. All travel requires prior approval from the Department Supervisor, Fiscal Supervisor and the Health Director.
 - D. The person requesting travel is to:
 - 1. Complete an electronic Travel Request Form

2. Scan and attach a copy of the reason for the request, such as a copy of a workshop brochure, email of a planned meeting, meeting agenda, etc.
3. Submit the form to the Department Supervisor for approval.

E. The information that must be completed on the form includes:

1. Date of request
2. Name of person(s) needing to travel
3. Travel destination city
4. Purpose for travel (workshop, meeting, etc.)
5. Travel date(s)
6. Estimated total cost of travel to include:
 - a. Registration fee
 - b. Accommodations
 - c. Meals
 - d. Mileage
 - e. Per Diem

F. The form is to be submitted to the Department Supervisor a minimum of four (4) weeks prior to the need to travel.

G. The Department Supervisor will approve or deny the request. If denied, the form will be returned to the requesting staff member with the denial noted on the form. If approved, the Department Supervisor will submit the request to the Accounting Specialist to verify availability of funds.

H. Once funds are verified, the request will be submitted to the Health Director by the Accounting Specialist for final approval. If denied the form will be returned to the staff member and a copy will be provided to the Department Supervisor. If approved, a copy will be provided to the staff member and the Department Supervisor by the Management Support Administrative Assistant.

I. The Management Support Administrative Assistant will make any needed hotel reservations billed to the County Credit Card using the hotel information attached to the travel request by the staff member who is traveling.

J. Once the approved form is received, the employee will then submit any needed check requests with a copy of the approved travel request attached to the check request(s).

2. Monthly Travel Sheets:

A. Travel sheets are to be completed by each individual employee. The fund code must reflect the program to charge for the employee's travel. Only one month is to be documented per travel sheet.

B. All travel for the month must be submitted by the last working day of the month for payment on the 20th of the following month. Travel sheets must not be held resulting in multiple months handed in at once. Refer to N. below for annual June requirements.

- C. All expenses incurred while on county approved travel for one day meetings require a receipt from the vendor. The itemized receipt must contain the date of the transaction, the vendor's name, the amount of the purchase and the item(s) purchased. It is the responsibility of the employee to obtain the required documentation to receive reimbursement. No alcoholic beverages, personal items or groceries will be reimbursed.
- D. Overnight travel will be subject to per diem amounts outlined in the County of Sampson Travel Policy.
- E. Accurate odometer reading must be recorded at the beginning and ending of any travel for mileage reimbursement.
- F. The information to be completed by the employee on the form includes:
 - 1. Date of travel
 - 2. Destination
 - 3. Accurate odometer readings to and from the travel destination
 - 4. Total mileage of the trip
 - 5. Fund Code
 - 6. Any Subsistence totals with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
 - 7. Any other expenditures, such as parking, etc., with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
 - 8. A copy of the meeting agenda must also be **paper clipped to the BACK of the travel sheet for any travel.**
 - 9. The Mileage, Subsistence and Other totals are entered in each section on the travel sheet. Subsistence must be listed in chronological date and meal order (i.e., 10th, 11th 12th of the month; Breakfast, lunch, and dinner).
 - 10. Deductions from daily per diem amount must be listed separately for meals provided during workshops, conferences, meetings, etc.
 - 11. Travel, subsistence, and other totals will be combined for the final total of travel expenses incurred.
- G. Travel sheets are to be given to the Department Supervisor on the last working day of the month unless travel is anticipated on that day. Staff traveling on the last working day of the month will submit their travel sheets as soon as the travel for the day is completed.
- H. Each Department Supervisor is responsible for reviewing the forms for accuracy and signing the form to indicate review and accuracy.
- I. The Department Supervisor then places the forms in the Accounting Tech's mailbox.
- J. The Accounting Tech/Fiscal Services staff reviews the forms for accuracy and designation of costs to programs based on the fund codes.
- K. If the form is incomplete, it will be returned to the Department Supervisor for follow-up to ensure completion.
- L. Once the travel form is complete and accurate, the Accounting Tech will prepare a bill tab for submission and make a copy of the form and place in the employee's mailbox.

- M. Travel reimbursements will be made by direct deposit on the 20th of the month. Refer to “Employee Payroll and Travel Deposits” above.
- N. Travel sheets for the month of June are to be submitted to the Department Supervisor for approval and then to Fiscal Services on June 25th for the fiscal year end close. Any mandatory travel made from June 26th through June 30th must be documented on a separate travel sheet and submitted on June 30th/last working day of June.

Inventory Management - Capital Outlay & Fixed Assets:

- 1. A fixed asset inventory listing of the County’s personal property is required.
- 2. Fixed assets are defined as tangible assets of significant value (\$2,500 or more).
- 3. Exceptions to this limit include office furniture, computer equipment, etc. and some special items which require property control:
 - A. The Management Support Administrative Assistant is responsible for the fixed assets of the department and will maintain a list.
 - B. The Management Support Administrative Assistant will tag fixed assets as directed by the County Finance Office.
 - C. The Management Support Administrative Assistant will perform at least an annual physical inventory in order to keep the records up to date and accurate.
- 4. When an item is no longer in service at SCHD the Management Support Administrative Assistant will complete the Surplus/Junk Property Form and submit to the County Finance Office in accordance with the Sampson County Surplus Policy – see Attachments.

Replacement of Equipment:

- 1. Sampson County Health Department will ensure that equipment is sufficient for departmental needs and that all equipment is kept in good working order to ensure that the agency has properly functioning equipment to perform the required public health duties.
- 2. Each department will ensure that all equipment is maintained and serviced as needed.
- 3. Maintenance agreements are maintained on equipment requiring service as needed.
- 4. Equipment needs are reviewed annually, usually during the budget planning process.
- 5. Equipment will be replaced on an as needed basis.

Title X Fiscal Guidance for Family Planning:

- 1. SCHD has policies and procedures for charging, billing, and collecting funds for the services provided to Family Planning Clients.
- 2. Clients are not to be denied services or subjected to any variation in quality of services because of inability to pay.
- 3. There are no fees or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.

4. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) are not charged; however, SCHD bills all third parties authorized or legally obligated to pay for services. All clients are provided a receipt that lists the services received.
5. SCHD uses all valid means of income verification, including the client's participation in other SCHD programs, to verify income rather than rely solely on the client's self-report. All clients are informed to bring proof of income at the time of their visit; verifying client income will not present a barrier to receipt of Family Planning services.
6. SCHD uses the most current sliding fee scale provided by the North Carolina Women's Health Branch to determine costs for Family Planning services for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL).
7. Fees are waived for individuals with family incomes above 100% of the FPL who, as determined by the Health Director, are unable, for good cause, to pay for Family Planning services – refer to "Services Eligibility & Required Fees/Payments" #10 above.
8. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. Refer to the "Fee Setting Process" above.
9. Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor. Refer to "Patient Confidentiality" and "Proof of Income Requirements" #4 above.
10. All reasonable efforts are made to obtain third party payment without the application of any discounts for authorization for third party reimbursement.
11. Family income and payment methods are assessed before determining whether payments or additional fees are charged. This includes assessing for private insurance. Refer to "Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims" #4 above.
12. Insured clients whose family income is at or below 250% FPL will not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied and will be charged the lesser of two amounts. After total charges for the visit are calculated based on the sliding fee scale:
 - A. If the amount due is more than the insurance required co-pay, the co-pay will be collected
 - B. If the amount due is less than the insurance required co-pay, the amount due will be collected.
 - C. The total charges for the day will then be billed to insurance for payment.
13. Confidential Services: All reasonable efforts are made to collect charges without jeopardizing the client are made. This includes third-party payers that issue Explanation of Benefits (EOB) statements. Refer to "Patient Confidentiality" above.
14. Donations: Voluntary donations from clients are permissible; however, clients are not pressured to make donations, and donations are not a prerequisite to the provision of services or supplies. Refer to "Direct Patient Charges" #6 above.
15. Abortion Services: SCHD does not provide abortion services; therefore, no additional financial documentation is required.
16. Title X References:

NC Department of Health & Human Services
<http://www.ncdhhs.gov/>

NC Department of Public Health:
<http://publichealth.nc.gov/>

Title X Guidelines:
<https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>
OPA Instruction Series:
<https://www.fpntc.org/resources/title-x-program-review-tool>

References:

North Carolina General Statute § 130A-39

North Carolina General Statute § 105A: Article 1: 1 – 16.

10A NCAC 45A.

Health Insurance Portability & Accountability Act (HIPAA) of 1996.

42 CFR 59: Grants for Family Planning Services.

OPA: Program Requirements for Title X Funded Family Planning Projects, April 2014.

Centers for Medicare & Medicaid Services

North Carolina Department of Public Health Program Branches

Sampson County Finance Policy & Procedures

Sampson County Accounts Receivable Policy

Sampson County Accounts Receivable Collections Procedure

Sampson County Procedure for Handling Counterfeit Currency

Sampson County Returned Check Policy

Sampson County XVII Surplus Policy

Sampson County Health Board of Health Operating Procedures.

Sampson County Health Department Adult Health Policy

Sampson County Health Department BCCCP/WW Policy

Sampson County Health Department Care Coordination for Children (CC4C) Policy

Sampson County Health Department Child Health Policy

Sampson County Health Department Communicable Disease Policy

Sampson County Health Department Family Planning Policy

Sampson County Health Department Immunizations Policy

Sampson County Health Department Maternal Health Policy

Sampson County Health Department Prenatal Care Management (OBCM) Policy

Sampson County Health Department STD Policy

Sampson County Health Department TB Policy

APPENDIX

**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
10/31/17		Multiple Changes Made to the Following Sections: Financial Eligibility Guidelines; Proof of Insurance/Medicaid/Medicare; Proof of Income; Follow-up of Income; Services Eligibility & Fees; Patient Confidentiality; Eligibility of Specific Programs; Fee Setting Process; Fee Collection Process; Control & Segregation of Duties: Daily Cashiering Operations; Revenue Received by Mail; Procedures for Deposits; Travel; Title X Clients Billing & Collections Guidance References.	T. Jones	11/01/17
09/04/18		All Sections: Reference to BOH now Sampson County Health Advisory Committee Pg. 13- F-U of Income & Services Eligibility. Pg. 14-Patient Confidentiality Pg. 17-Diabetes Program & FP Pg. 18-Immunizations & MH Pg. 19-OBCM Pg. 22-Billing M'Caide/M'Care/Ins Pg. 25-Delinquent Insurance Claims Pg. 29-Revenue Received by Mail Pg. 30-Procedures for Deposits Pg. 31-Employee Payroll & Travel Pg. 31-Purchasing Procedures Pg. 33 Check Requests Procedures Pg. 35-Travel Pg. 38-Change to Title X Policy	Tamra Jones	09/11/18
	7/11/2019	Pgs. 2 & 9 – Changed nursing director from Kathie Johnson to Kelly Parrish	Tamra Jones	7/12/2019

		<p>Pg.11 – Proof of Income Requirements #2 – now reads: A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client’s document manager. Added “annually and at the end of presumptive eligibility term if applicable.”</p> <p>Pg. 13 – Service Eligibility & Required Fees/Payments #7 Remove TB skin test, re-letter A-H, no longer A-I with removal of TB skin test.</p> <p>Pg. 15 – Eligibility for Specific Programs – Adult Health B-1 – Remove TB skin testing not funded by the TB Program. Re-number 1-7, no longer need 1-8 with removal of #1.</p> <p>Pg. 17 - Communicable Disease Add D. Provides TB skin testing not funded by the TB Program Add #4 – Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.</p> <p>Pg. 18 – Eligibility for Specific Programs #9 Maternal Health – Remove letter C.</p> <p>Pg. 24 – Billing Medicaid/Medicaid/Private Insurance & Handling Delinquent Claims. Medicaid Section, letter H became I. Wording added to H to address handling Medicaid denial.</p>		
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**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

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9/4/2018		All Sections: Reference to BOH now Sampson County Health Advisory Committee Pg. 13- F-U of Income & Services Eligibility. Pg. 14-Patient Confidentiality Pg. 17-Diabetes Program & FP Pg. 18-Immunizations & MH Pg. 19-OBCM Pg. 22-Billing M'Caid/M'Care/Ins Pg. 25-Delinquent Insurance Claims Pg. 29-Revenue Received by Mail Pg. 30-Procedures for Deposits Pg. 31-Employee Payroll & Travel Pg. 31-Purchasing Procedures Pg. 33 Check Requests Procedures Pg. 35-Travel Pg. 38-Change to Title X Policy	Tamra Jones	09/11/18
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9/30/2019		Annual Policy Update	Tamra Jones	9/30/2019

**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
	11-1-2019	Medical Director changed from Dr. Allyn Dambeck to Dr. Timothy Smith	Tamra Jones	11-1-2019
9/30/2020	9/30/2020	<p>Pages 2 & 13– Removed “County” from Board of County Health Chair: Clark Wooten and added “Health Advisory Board Chair: Jacqueline Howard.”</p> <p>Page 13 – Added “Any fees collected for services in any program, including Environmental Health, that are not provided will be refunded either the same day, if determined services were not provided the same day, or by county check with the next available check write.”</p> <p>Page 14 - #1 Added “Family” step 1 under Financial Eligibility Guidelines.</p> <p>Page 16- #5 Removed the word “until” and added the word “not” under Proof of Income Requirements.</p> <p>Page 22 – “D” Changed “Adult Health” to “private” and removed “see Adult Health” on page 23 “D” in # 8.</p> <p>Page 25 – Fee Setting Process # 4 Updated wording to reflect state guideline changes for 340B drugs.</p> <p>Page 32 – Daily Cashiering Operations – Changed “Three” to “Four” and added “\$100” in A. Added “\$100” in D #2.</p>	Tamra Jones	9/30/2020

		<p>Page 36 – Purchasing Procedures #3 – Section completely reworded for better flow of process.</p> <p>Page 38 – Removed Letters G and H under # 4 and updated letters of Check Requests Procedures.</p> <p>Page 39-40 – Added “e. Per Diem” to #1, E, #6, e of Travel. Changed “email” to “submit” in letter G. Added “a” before copy and “by the Management Support Administrative Assistant in the last sentence of letter H. Added letter I. Added # 10 under letter F of #2 – Monthly Travel Sheets.</p>		
9/30/2021	9/30/2021	<p>Dr. Jeffrey Bell replaces Jacqueline Howard as Health Advisory Committee Chair.</p> <p>OBCM changed to CMHRP and CC4C changed to CMARC throughout policy</p>	Tamra Jones	9/30/2021
	12/3/2021	<p>Added to page 16 #8 – Updated Family Planning Guidance for proof of income requirements. “For Family Planning clients, if the client does not provide proof of income, eligibility for discounts must be determined based on the client’s verbal attestation of income. Reasonable attempts to verify income nuclide asking the client for proof of income at the initial and all subsequent Family Planning visits. Under no circumstance should measures to verify income burden clients from low-income families.”</p>	Tamra Jones	12/3/2021

**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
9/30/2022	9/30/2022	<p>Pg 8, #2, B removed “Sampson County resident; determined by income; target group is women 50 to 64 years of age for mammograms and 40 to 64 year of age for Pap testing” Added “Women 21 to 75 years of age with gross incomes that are below 250% of the federal poverty level according to the Federal Poverty Guidelines, and who are uninsured or underinsured subject to limitations and exceptions listed below. Eligible women ages 21-39 with an undiagnosed breast or cervical abnormality may receive NC BCCCP funded diagnostic services if no other source of healthcare reimbursement is available.”</p> <p>Pg 8 #2 D was added.</p> <p>Pg 10 #6 C removed #4</p> <p>Pg 10 #7 A added “nurse or”</p> <p>Pg 16 #1 Medicaid E added “Billing cannot occur until clinical staff has made the needed corrections.”</p> <p>Pg 17 #2 Medicare E added “Billing cannot occur until clinical staff has made the needed corrections.”</p> <p>Pg 18 #4 Insurance E added “Billing cannot occur until clinical staff has made the needed corrections.”</p> <p>Pg 18 #5 A added “using the” “(if applicable)” removed “on the” “will be attached.”</p>	Tamra Jones	9/30/2022

9/30/2023	9/30/2023	<p>Page 5 “Follow-up of Income/Household Verification after Initial Visit “ section item #5 added “of the”.</p> <p>Page 11 “#8 Immunizations for VFC Clients and Others” sections C & D removed “or Health Choice”.</p> <p>Page 11 “#9 Maternal Health” section B changed IE-7 to IE-5 to match the clinical policy for obstetrics.</p> <p>Page 21 “Control & Segregation of Duties: Handling of Cash/Deposits” section #7 Daily Cashiering Operations Letter A and D #2 – added another \$100 as we have added an additional money bag.</p> <p>Page 23 “Procedure for Deposits” section number 7 removed “then lock up the deposit envelope in her bag for the night” and added “Present the deposit envelop to the designated Fiscal or Management Team Staff member who will verify the amount in the envelope, initial and lock the deposit envelope in the safe with the money bags.” And added “and the deposit to be available the next morning when staff is off or calls in.”</p> <p>Page 23 - #8 – Added “The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will print a credit card report of any credit card transactions.” Also added “credit card transaction report.”</p> <p>Page 24 – “Employee Payroll and Travel Deposits section” Letter C and D - changed the employee payroll date from the 25th of the month to the 15th and added “for the previous month” in Letter C.</p> <p>Page 26 – “Invoice Procedures” section #5 removed “then”. #6 removed 30th and added “last day” and “These dates may vary due to weekends/holidays.”</p>	Tamra Jones	9/30/2023
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**2024 Sampson County Health Department
Health Advisory Committee**

**Meeting time is 6:30 PM at the Sampson County Health
Department, 2nd floor conference room.**

Meeting Dates

January 22, 2024

March 18, 2024
**Budget Meeting*

May 20, 2024

July 15, 2024

September 16, 2024

November 18, 2024

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 5

Meeting Date: December 4, 2023

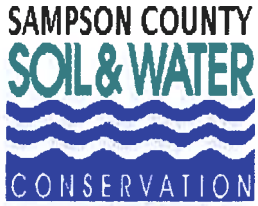
Information Only
 Report/Presentation
 Action Item
 Consent Agenda

Public Comment
 Closed Session
 Planning/Zoning
 Water District Issue

INFORMATION ONLY

Please contact the County Manager's Office if you wish to have additional information on any of the following.

- 2022-2023 Sampson Soil & Water Conservation District Annual Report
- September 18, 2023 SCHED Health Advisory Committee Minutes
 - SCHED Fiscal Monthly Update
 - SCHED 2023 Annual Report



**SAMPSON COUNTY SOIL AND WATER
CONSERVATION DISTRICT
80 COUNTY COMPLEX RD. SUITE 110
CLINTON, NC 28328-4727 910-592-7963, Ext. 3**

November 20, 2023

Edwin Causey
406 County Complex Road
Building C, Suite 110
Clinton, NC 28328

Dear Mr. Causey,

On behalf of the Sampson Soil & Water Conservation District board and staff, I would like to share with you a copy of our annual report. The Board of Supervisors and Staff of Sampson SWCD sincerely appreciate your continued support in helping us carry out our conservation mission.

Sincerely,

A handwritten signature in black ink that reads "Melanie M. Harris". The signature is fluid and cursive, written in a professional style.

Melanie M. Harris
Sr. Soil Conservationist, Director

Cc: Sampson County Board of Commissioners
Stephanie Shannon, Executive Assistant/Clerk to the Board
Sampson SWCD Board

SAMPSON SOIL & WATER CONSERVATION DISTRICT

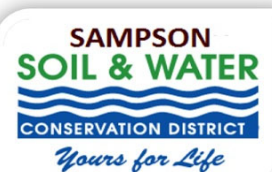


ANNUAL REPORT 2022-2023

80 County Complex Rd, Suite 110

Clinton, NC 28328

910-592-7963 ext. 3



SAMPSON SOIL & WATER CONSERVATION DISTRICT

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SAMPSON SOIL & WATER CONSERVATION DISTRICT BOARD OF SUPERVISORS



Pictured from left to right: Vice Chairman James Lamb, Curtis Barwick, Chairman Henry Moore III, Tommy Hobbs and Craig Thornton.

The Sampson SWCD Board of Supervisors is made up of five board members, three of which are elected and two who are appointed by the NC Department of Agriculture, Division of Soil and Water. The Supervisory Board seats are non-partisan and unpaid; therefore, the Supervisors receive no financial gain from serving on the Board. They volunteer their time and experience to the benefit the landowners in Sampson County.

The Sampson SWCD Board of Supervisors come from various agriculture backgrounds that encompass many different aspects and perspectives of farming and land use. All are dedicated to conservation stewardship and preservation for future generations.

The people of Sampson County are very fortunate to have these gentlemen willing to serve as the Sampson SWCD Supervisory Board. Each one of them contributes greatly to the success of conservation efforts in Sampson County.

SAMPSON SOIL & WATER CONSERVATION DISTRICT BOARD OF SUPERVISORS



James Lamb, Henry E. Moore, III and Craig Thornton were sworn in for another 4 year term on December 5, 2022 by Judge William Sutton.

SAMPSON SOIL & WATER CONSERVATION DISTRICT STAFF



Pictured from left to right:

Cameron Knudsen, Soil & Water District Technician

Melanie Harris, Senior Soil Conservationist-Department Head

Candice Adams, Program Support Specialist, Education Coordinator

Henry Faison, Soil Conservationist



Sampson SWCD Mission Statement: To take available technical, financial and educational resources and administer programs designed to encourage individual responsibility to conserve, improve and sustain our soil and water resources for future generations.

SAMPSON NRCS STAFF



From left to right: **Dwayne Faircloth**-Soil Conservationist, **Liana Guy**-Soil Conservationist, **Ja'Bioas Glenn**-Supervisory Soil Conservationist and **Matt Swinarski**-Soil Conservation Technician



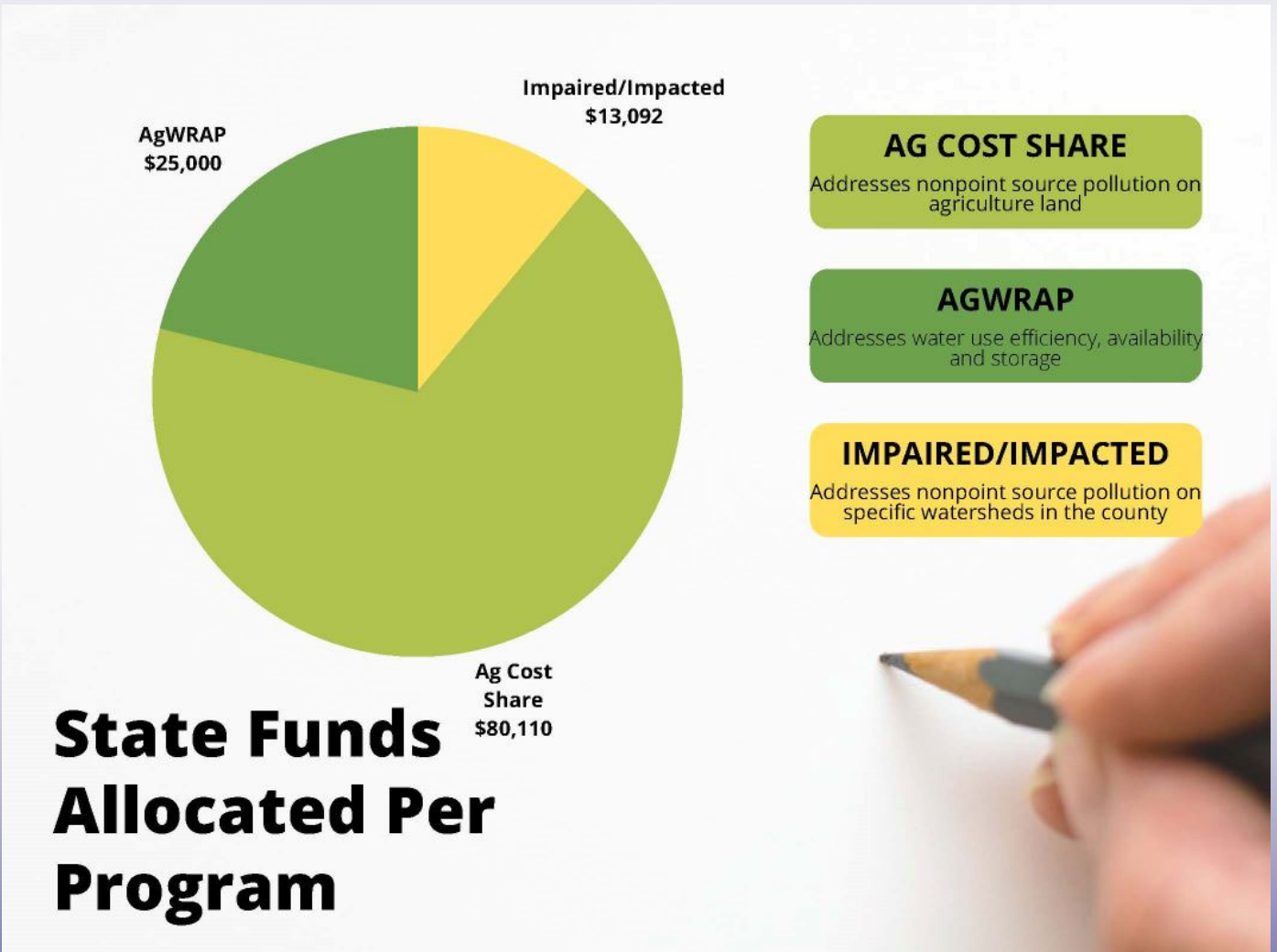
**United States
Department of
Agriculture**

Natural Resources Conservation Service

NRCS Mission : We deliver conservation solutions so agricultural producers can protect natural resources and feed a growing world.

Sampson SWCD & NRCS Staff work as a team for the farmers and landowners in Sampson County. Together, we provided over \$4.08 million dollars in conservation incentives.

For the 2022-2023 Fiscal Year Sampson Soil & Water Conservation District allocated \$118,202.00 in funds to Best Management practices under the following programs:



With the funding received through the NC Agriculture Cost Share programs, the Sampson staff enrolled over 550 acres in cover crops, cropland conversion to grass, a waste management system and water use efficiency practices.

- ◆ Acres Affected 426 acres
- ◆ Acres Irrigated 129 acres
- ◆ Soil Saved 306 tons
- ◆ Nitrogen Saved 7,776.50 pounds



Underground Irrigation installation on a swine farm



Cover crops are planted to reduce soil erosion, suppress weeds and improve nutrient cycling.



No-till planting into a terminated cover crop





Water supply wells provide access to a suitable groundwater supply for livestock watering and other agricultural uses.



NCDA&CS Swine and Dairy Assistance Program



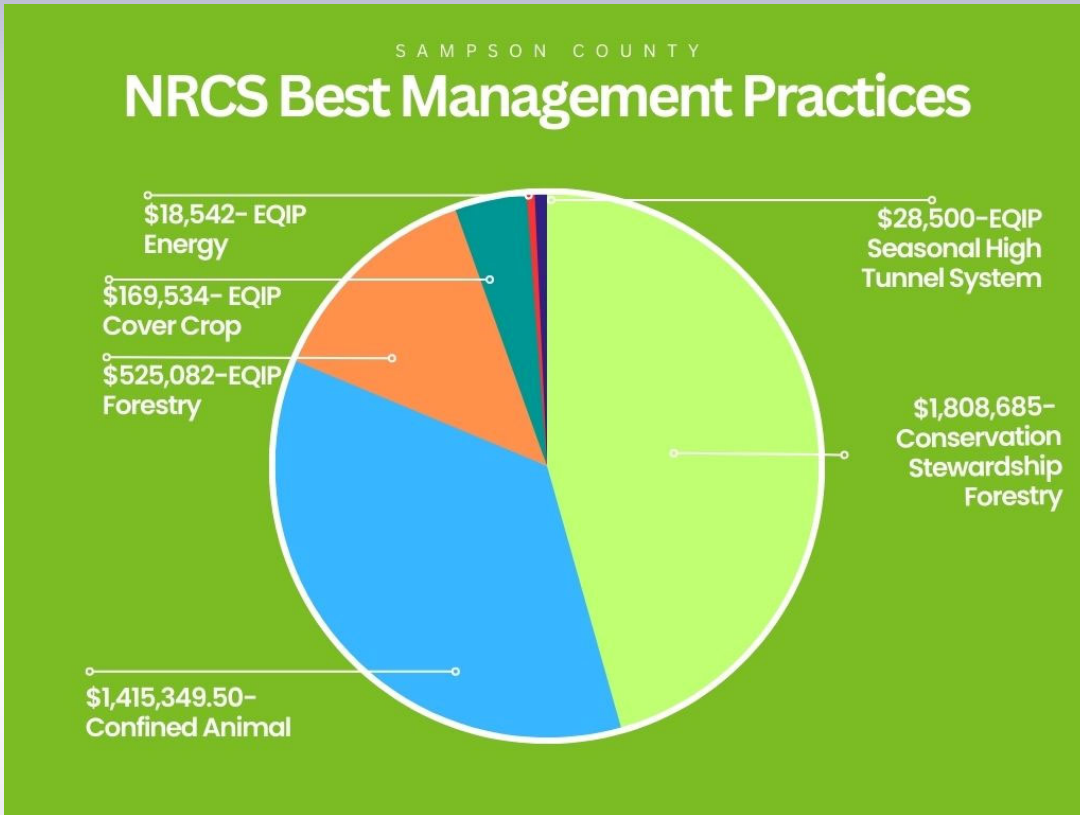
In 2022, the Swine and Dairy Assistance Program was announced. (SDAP) is a one-time assistance program for swine and dairy producers who suffered a loss due to the shutdowns following the COVID-19 pandemic. \$30 million was appropriated to NCDA&CS to provide financial assistance for eligible swine and dairy farms that have lost contracts or forced out of business due to the pandemic. Sampson Soil and Water is assisting swine producers with lagoon sampling and closures.



Sampson SWCD continues to work with the Coharie Tribe and the Friends of Sampson County Waterways to keep our rivers and streams navigable and flowing freely. Since 2017, much work has been done to remove fallen trees, beaver dams and other debris. StRAP funds are intended to support projects that restore and protect drainage infrastructure of both natural streams and small watershed structural projects to prevent future flooding, restore streams, and reduce risks to life and property.



NRCS Partnership: Sampson SWCD partnered with NRCS to carry out our mission with \$3,965,692 paid out to landowners and farmers for best management practices administered under the federal Environmental Quality Incentive Programs (EQIP) and the Conservation Stewardship Programs (CSP). Sampson SWCD helped provide technical assistance on these contracts. The 55 contracts from NRCS placed conservation on over 11,000 additional acres. This gave Sampson SWCD and NRCS a combined total of 12,090 acres in Sampson County.



Forestry management is a large part of the best management practices installed in Sampson County. From left to right: long leaf pine seedling, row of long leaf seedlings, measuring tree plant spacing and a prescribed burn.



Natural Resources Conservation Service

U.S. DEPARTMENT OF AGRICULTURE



Cropland practices such as the installation of cover crop help reduce erosion, increase soil health and organic matter and also improve soil moisture and minimize soil compaction.

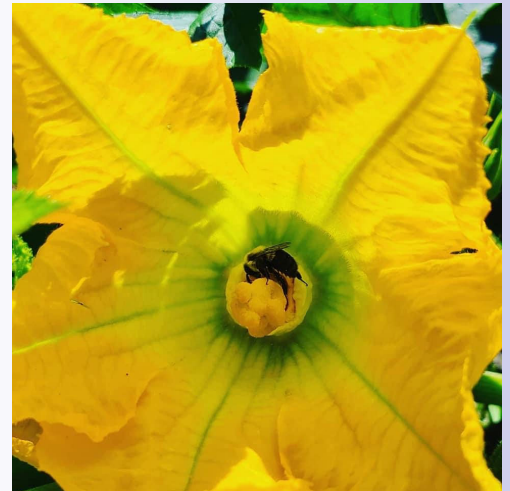


Composting facilities reduce water pollution potential and improve handling characteristics of organic waste solids.
Roof runoff structures protect a structure's foundation from water damage or soil erosion from excess water runoff.





In June 2023 NRCS held their Civil Rights quarterly meeting and farm tour in Salemburg, NC where Sampson NRCS employees and Sampson SWCD were able to showcase Little Man Farming, Inc. Attendees enjoyed a meal of Sampson County locally grown foods and had the opportunity to see a large scale organic farm harvest squash and zucchini and had in-depth discussion on available practices to assist organic producers.



**Natural Resources Conservation
Service**
U.S. DEPARTMENT OF AGRICULTURE



In October 2022, the Sampson SWCD staff worked the Soil and Water Conservation booth at the NC State Fair. Pictured are Cameron Knudsen, Henry Faison, Candice Adams, and Melanie Harris.



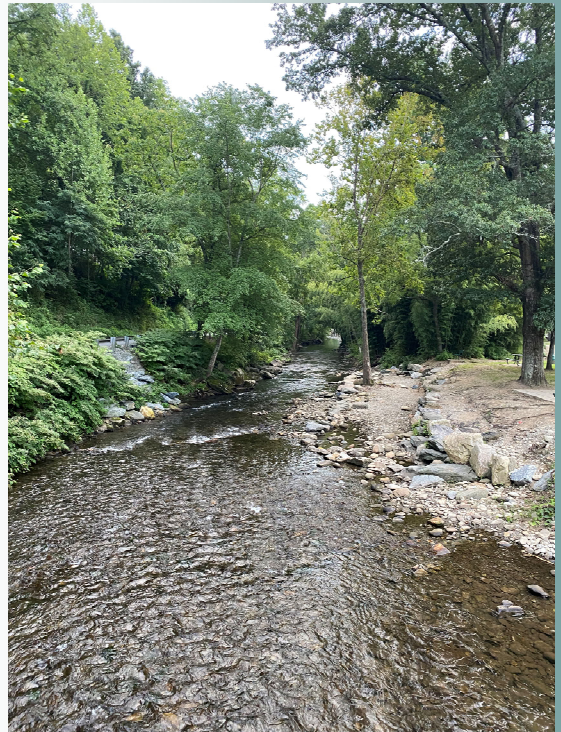
EDUCATION REPORT

2022 Capitol Christmas Tree Ornament Project



In 2022, the United States Capitol Christmas tree was harvested in North Carolina. It was asked that residents in North Carolina make Christmas ornaments to send to the U.S. Capitol to put on the Christmas tree. We decided to invite kids to make ornaments with us! We supplied large pine cones and pieces of wood, all harvested right here in NC, to make “rustic” ornaments with an agriculture and conservation theme. The kids did an outstanding job!





In August 2022, our Soil and Water Conservation employees, attended the Conservation Employee Training (CET) in Cherokee, NC, where we joined conservationists from all over the state. Each of us attended sessions focusing on various aspects of our job duties. We learned new techniques and experienced unique exhibits and presentations.





The Area VII Fall Meeting was held in Elizabethtown, NC at the Cape Fear Winery.



Henry Faison receiving an award for 10 years of service, presented by Chris Hughes.

James Lamb, Sampson SWCD Vice Chairman of the Board and Commission Piedmont Representative, giving a presentation.

2023 ANNUAL MEETING



The 2023 Annual Meeting was held in Cherokee, NC.



Sampson SWCD Staff attended meetings throughout the day while enjoying the scenery that Cherokee has to offer.



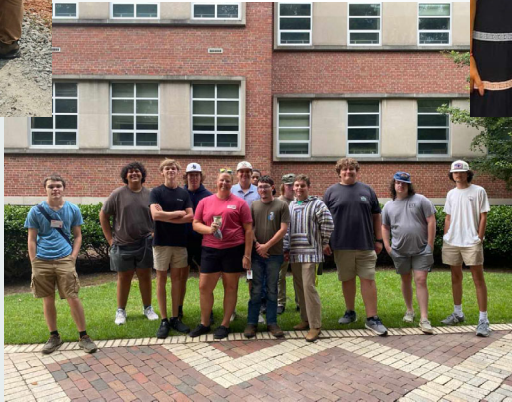
AREA VII ENVIROTHON



In March 2023, The Area 7 Regional Envirothon was held at Jones Lake State Park and Sampson County had four teams compete. Two teams from our very own, Midway High School, placed high enough to attend the state NC Envirothon competition. There was a third team from Midway High School and a team from Union High School. We commend all of our Sampson County teams for their hard work and dedication to studying for such a competitive event. Candice Adams, our Environmental Education Coordinator, worked with advisors and the Sampson County teams to make sure they were prepared for the Envirothon competitions.



RESOURCE CONSERVATION WORKSHOP



In June 2023, Candice Adams attended the Resources Conservation Workshop (RCW) in Raleigh, as a workshop counselor. The Resource Conservation Workshop is sponsored by the NC Association of Soil and Water Conservation Districts in conjunction with the NC Division of Soil and Water Conservation, NC State University Crop and Soil Science Department, and the Soil and Water Conservation Society Hugh Hammond Bennett Chapter.



The Board of Supervisors and the Staff of the Sampson SWCD sincerely appreciates all landowners, farmers, agencies and groups who partner with us to help the District carry out its conservation mission.

Thank you.



The US Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To: Mr. Edwin Causey
County Manager

Stephanie Shannon
Clerk to the Board

From: Wanda Robinson
Health Director

Subject: County Commissioner's Agenda-Information Items

Date: November 20, 2023

Attached are items that were approved by the SCHED Health Advisory Committee on November 20, 2023. These are being submitted as information items for review by the County Commissioners.

- I. September 18, 2023- SCHED Health Advisory Committee Minutes
- II. SCHED FISCAL-Monthly Update
- III. SCHED 2023 Annual Report

For any questions or comments, please contact me. Your assistance is appreciated.

SCHD Advisory Committee Meeting Minutes

September 18, 2023

Attendance: Board Members- Linda Peterson, Cassie Faircloth, Dan Cumbo, Russel Devane, Allie Ray McCullen, Cynthia Davis, Dr. Jeffrey Bell, Lethia Lee, Yire Hernandez

Non-Board Members: Edwin Causey, Wanda Robinson, Kelly Parrish, Cherish Allen, Tamra Jones, Kory Hair.

- I. **Call to Order:** Dr. Jeffrey Bell, Chair
- II. **Invocation:** Commissioner Lethia Lee
- III. **Approval of Minutes:**
 - a) July 24, 2023, SCHD Health Advisory Committee Meeting minutes*
Motion to approve minutes made by Cynthia Davis; 2nd by Yire Hernandez. All in favor.
- IV. **2022 Child Fatality Report:** Report from 2022 reviewed by Kelly Parrish. The purpose of this report is to review deaths and then put in recommendations to help prevent these incidents in the future. There were 12 child deaths in the county reviewed, with 4 problems found. Failure to use seatbelt was one issue found. The Health Department promoted an educational awareness campaign for safe driving to include importance of seat belt usage on social media platforms which reached 1,288 people. Other Problems identified were cell phone usage while driving, car seat malfunction, and faulty wiring that resulted in a house fire. See Child fatality report (attached) for recommendations and proposed actions. Cherish Allen and Kelly Parrish recently attended a Child Fatality Summit in Raleigh, NC on behalf of the Sampson County Child Fatality Prevention Team.
- V. **HIPAA Manual Yearly update:** Cherish reported that there were no changes to the policy. The only addition was an updated consent form. Tamra reviewed the form as her staff are the ones that have clients review and sign. Updated portion of the form states, "I understand that my insurance is being billed for services that I have received as well as any follow up services. I further understand that I am responsible for any copays as well as any amounts not paid by my insurance company." Motion to approve updated HIPAA Manual made by Linda Peterson; 2nd by Lethia Lee. All in favor.
- VI. **Environmental Health Update**
 - a) **Lead in Daycares:** Kory reviewed (handout attached). There have been 5 cases already this year. There is additional funding this year that will allow Environmental Health to take samples to ensure that lead problems have been investigated when a case is reported, and recommendations/solutions have been put in place. Kory stated that unfortunately Sampson County has several old buildings and homes that are being occupied. Cynthia Davis asked what buildings have to be inspected; Kory responded that if the year of the building is prior to 1978, yes it must be inspected. Buildings that were built after 1978 do not have to be inspected unless there is something else going on that warrants an inspection.

- b) Environmental Health Update: Kory presented graphs to show Onsite permits and food and lodging inspection numbers over the last few fiscal years. See attached graphs for details.

IV. Financial:

- b) Monthly Update: August numbers are steady. Immunizations have increased due to required school immunizations. Numbers for WIC and Environmental Health are still up and consistent. Revenue: The FISCAL department is working on making sure all billing is completed. The Department will now start seeing an increase as we are just now receiving payments for July. Payments are typically received 2-3 months after service.
- c) CPT Code Update: Tamra reviewed list. QuantiFERON code was not added, but price did decrease. COVID vaccines have been added with new prices. Health Department will have state supplied vaccines for patients that are not insured. Motion to approve made by Allie Ray McCullen. 2nd by Russel Devane.
- d) COVID Update: Kelly reported on the most recent data regarding COVID. In July there were 51 cases/0 deaths, August there were 267 cases/0 deaths, and from September 1st-18th there were 199 cases/0 deaths. Current outbreaks include Mary Gran Nursing Home, Southwood Nursing Home, and Sampson County Detention Center. Places that are under surveillance but do not meet criteria to be considered an outbreak are Rolling Ridge, Smithfield, and Plainview Elementary School. Vaccine update: CDC recommends everyone who has not had a COVID-19 vaccine in the last two months to receive the updated vaccine from either Moderna or Pfizer that will be available later this month. KIOSK is still in use outside the front doors of the Health Department. Numbers are showing that people are using it for both COVID tests and Narcan.
- e) ARPA Funding: Originally the funding was going to be used for staff education but had to be used by May 2024. Due to a pressing deadline it has been decided to spend funds in-house for training and interpreter needs. The Health Department will be purchasing translation devices for the clinic and the WIC department. Environmental Health requested assistance from CST to convert paper data to electronic. Building cosmetic updates are on hold due to not being approved yet but the Health Department is hoping to paint and update the carpet. Motion to approve funds in the amount of \$57,421 made by Lethia Lee, 2nd by Russell Devane. All in favor. \$46,000 was carried over from last fiscal year.

VII. Health Directors Report

- a) Flex Schedule: Wanda Robinson, Health Director reported that the staff loves the flex schedule. The department is in week 4 of the trial. She reported that the department has seen a boost in morale since starting this.
- b) Vacancies: Along with consistent nurse vacancies, there is also a vacant Nurse Practitioner and Foreign Language interpreter position. Due to the length of time that the PHN positions have been vacant, Wanda Robinson proposed reclassifying one PHN position to an LPN to the committee; no objections.

VIII. Public Comment: None.

- IX. Adjournment:** Motion to adjourn made by Allie Ray McCullen; 2nd Yire Hernandez. All in favor.

Linda Petersen

Jeffrey Bell - Linda Petersen Date
Chair Vicechair 11.20.23

Wanda Robinson

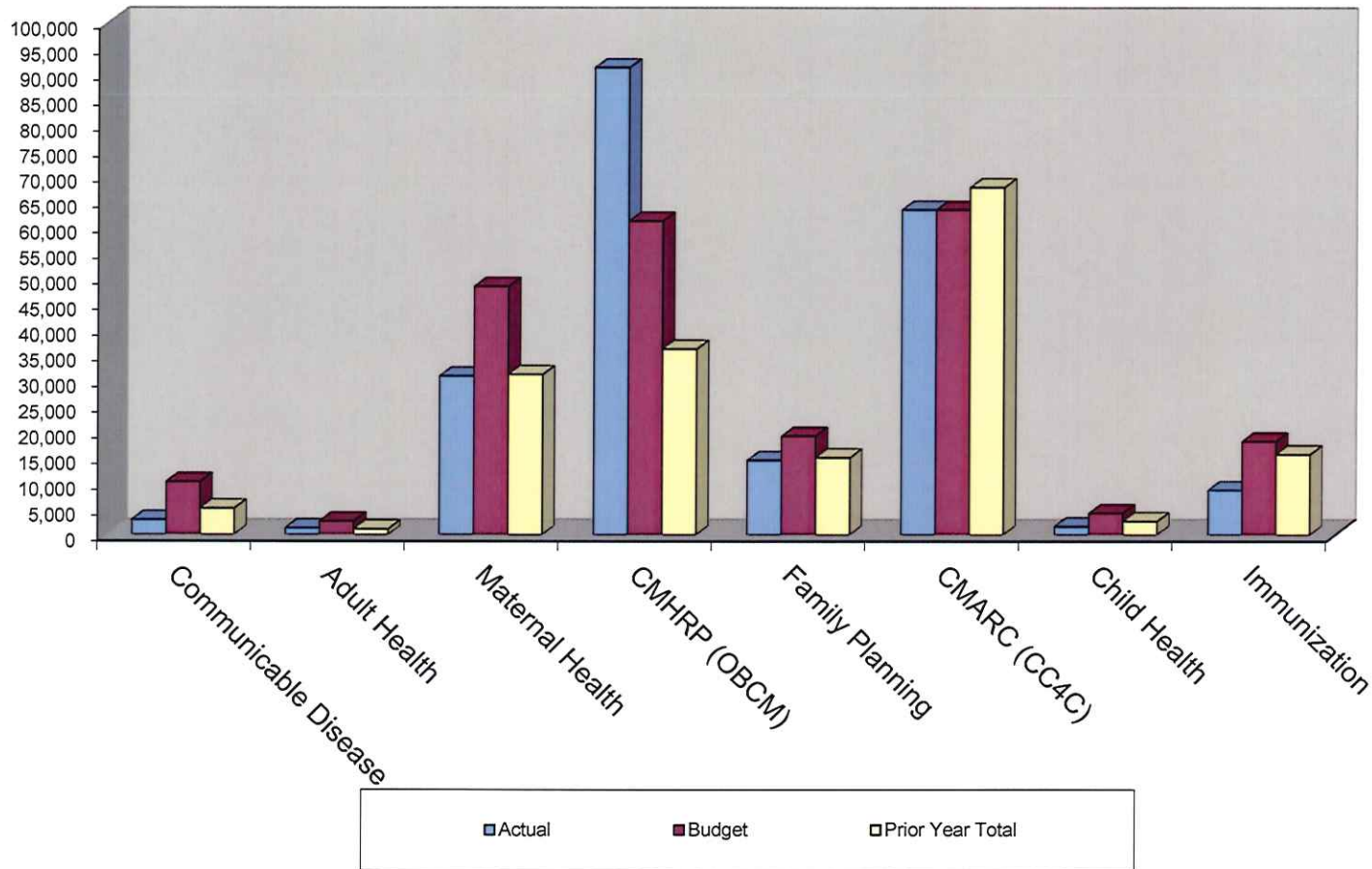
Wanda Robinson Date
Secretary

	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	CURR YR TOTAL	PRIOR YR TOTAL	CURR YR AVERAGE
TB - CDC - DOT's		41	25	20	36									122	770	41
STD Visits		33	35	24	32									124	646	41
TB Visits		5	5	2	3									15	67	5
EP Visits		0	0	0	0									0	103	0
Health Promotion - Classes		0	0	0	0									0	20	0
Health Promotion - Health Fairs		1	1	1	4									7	18	2
Health Promotion - Activities		13	14	22	19									68	241	23
BCCCP - Visits	5	7	9	10	5									36	42	12
Wisewoman - Visits	0	0	0	0	0									0	10	0
Adult Health - Clinic Visits		107	68	84	75									334	1,610	111
Immunizations		122	321	570	521									1,534	3,766	511
COVID Vaccinations		12	36	9	33									90	1,715	30
Maternal Health - Clinic Visits		166	181	148	139									634	1,954	211
Maternal Health - PostNatal Home Visits		0	0	0	1									1	0	0
CMHRP/OBCM/PCM Caseload		103	104	82	106									395	1,183	132
Family Planning - Clinic Visits		59	55	57	63									234	789	78
WIC Participation		2,586	2,574	2,481	2,351									9,992	29,704	3,331
CMARC/CC4C Caseload		92	92	88	116									388	1,120	129
Child Health - Clinic Visits		1	14	7	10									32	114	11
Child Health - Newborn Home Visits		0	0	0	1									1	0	0
Diabetes - Assessments		0	0	2	4									6	38	2
Diabetes - Classes		2	2	4	1									9	48	3
Diabetes - 3 month FU		0	0	0	0									0	11	0
Diabetes - MNT - Nutrition		0	0	0	0									0	0	0
Environmental Health:															0	
Food & Lodging - Inspections		26	57	42	58									183	598	61
Food & Lodging - Visits		24	48	34	43									149	505	50
Food & Lodging - Consultations		32	47	56	105									240	520	80
Sewage - Permits		90	81	60	91									322	900	107
Sewage - Site Visits		26	22	26	29									103	392	34
Sewage - Sites Evaluated		43	45	31	34									153	344	51
Sewage - Operation Permits		26	23	29	33									111	268	37
Sewage - Consultative Contacts		69	71	33	74									247	682	82
Water - Visits		9	16	7	18									50	115	17
Water - Samples Collected		14	20	8	10									52	191	17
Well Permits Issued		8	6	5	6									25	82	8

MEDICAID REVENUES NOT INCLUDING COST ANALYSIS
2023-2024

	COMM DISEASE	ADULT HEALTH	MATERNAL HEALTH	CMHRP	FAMILY PLANNING	CMARC	CHILD HEALTH	IMMUNIZATION	TOTAL
JULY	274	3	25	23,262	1,017	15,267	0	55	39,902
AUG	985	190	10,477	23,456	3,861	15,445	613	2,697	57,723
SEPT	1,181	716	16,033	23,386	5,778	15,276	947	3,664	66,980
OCT	417	347	4,293	21,139	3,803	17,287	0	2,229	49,514
NOV									0
DEC									0
JAN									0
FEB									0
MAR									0
APR									0
MAY									0
June									0
TOTAL	2,856	1,256	30,827	91,244	14,458	63,275	1,560	8,644	214,120
Cost settlemnt amnts									0
BUDGETED MO.	2,651	648	13,219	15,279	5,268	15,812	1,067	4,729	56,771
YTD BUDGET	10,605	2,591	52,876	61,114	21,070	63,249	4,268	18,917	234,691
YTD DIFF.	(7,749)	(1,335)	(22,049)	30,130	(6,612)	26	(2,709)	(10,273)	(20,571)
YTD DIFF. including	(7,749)	(1,335)	(22,049)	30,130	(6,612)	26	(2,709)	(10,273)	(20,571)

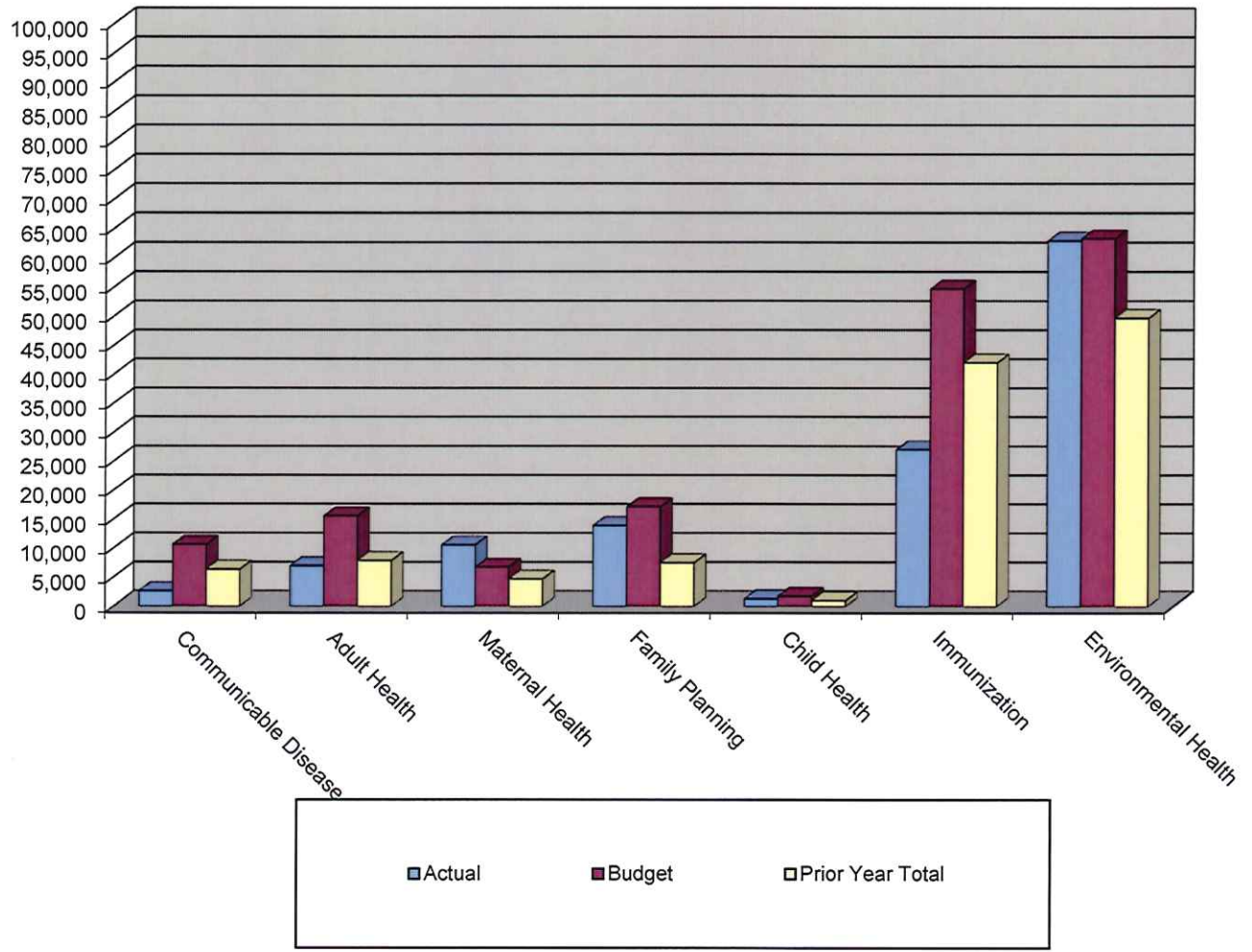
Sampson County Health Department
Medicaid Revenue
October 2023



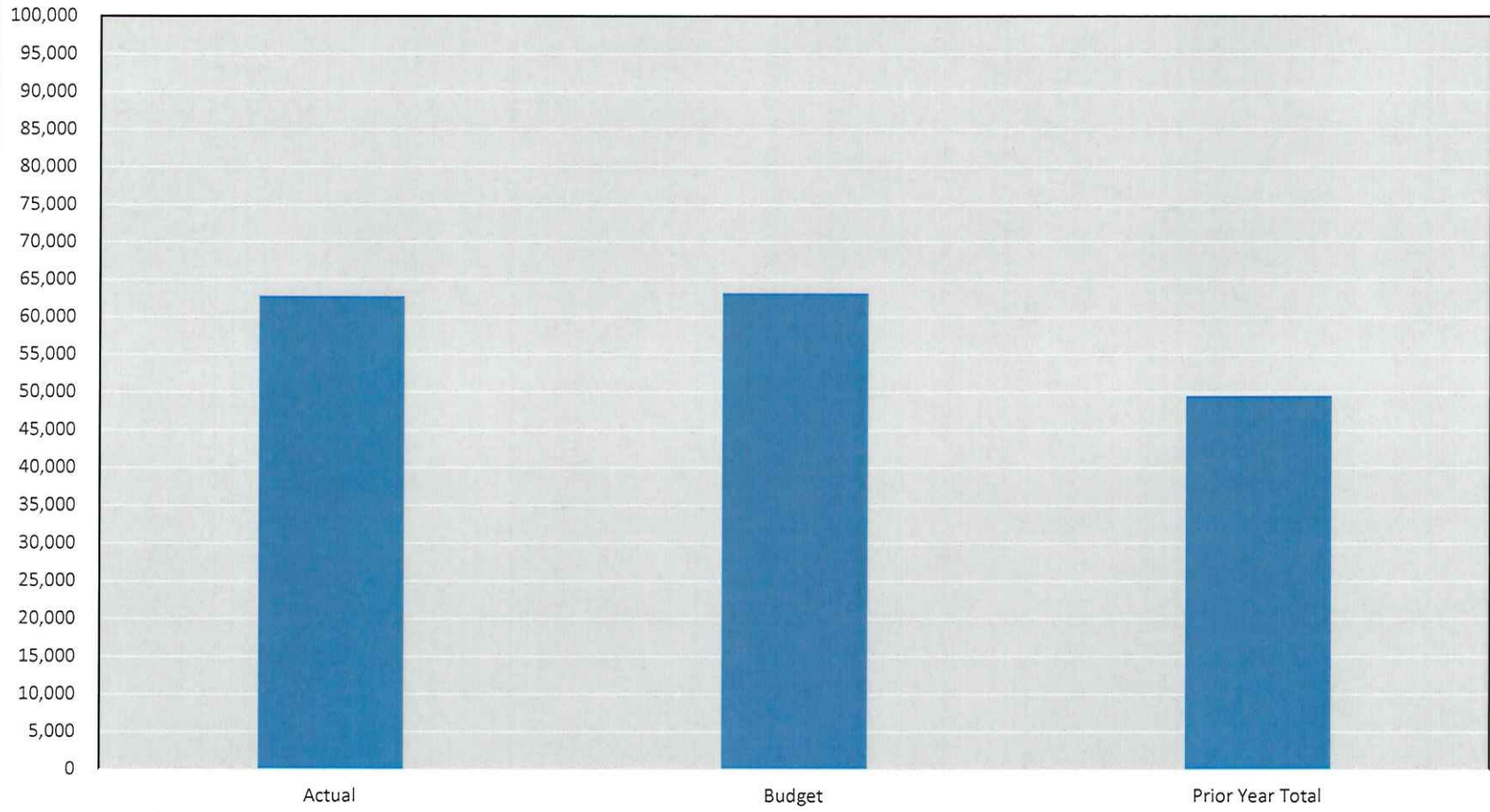
SAMPSON COUNTY HEALTH DEPARTMENT
 LOCAL REVENUES
 2023-2024

	COMM DISEASE	ADULT HEALTH	MATERNAL HEALTH	FAMILY PLANNING	CHILD HEALTH	IMM	ENVIRONMENTAL HEALTH	TOTAL
JULY	58	1,103	400	997	20	1,353	20,260	24,189
AUG	478	1,234	2,472	2,761	87	4,073	21,870	32,975
SEPT	1167	1,474	944	5,923	871	10,557	20,725	41,661
OCT	890	3,131	6,705	4,165	301	11,007		26,199
NOV								0
DEC								0
JAN								0
FEB								0
MAR								0
APR								0
MAY								0
JUNE								0
YTD RECEIPTS	2,593	6,941	10,521	13,845	1,279	26,989	62,855	125,024
BUDGETED MO.	2,653	3,887	1,680	4,281	440	13,660	15,809	42,410
YTD BUDGET	10,611	15,549	6,720	17,123	1,761	54,639	63,237	169,639
YTD DIFF.	(8,018)	(8,608)	3,801	(3,277)	(481)	(27,650)	(382)	(44,616)

Sampson County Health Department Local Revenue October 2023



**Sampson County Health Department
Environmental Health Local Revenue
October 2023**



2023 ANNUAL REPORT

SAMPSON COUNTY HEALTH DEPARTMENT

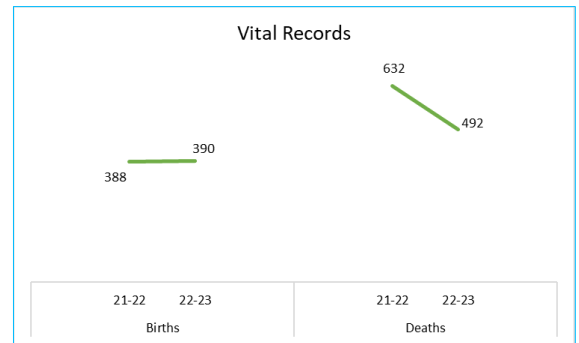
HEALTH DIRECTOR'S MESSAGE

The Sampson County Board of Health and the staff of the Sampson County Health Department are pleased to provide you with our annual report for fiscal year 2021-2022. The Sampson County Health Department works hard to accomplish our mission—to preserve, protect and promote the health, environment and well-being of the citizens of Sampson County. This report was developed to inform Sampson County residents and officials of the progress made by their Public Health Department to meet this mission.

The demand for our services has increased over the past year due to the economy. Our case management services have doubled due to policy changes by the Division of Medical Assistance. Clinic numbers continue to increase due to the need for client services. United Way and Sampson County BCCCP continue to provide Breast and Cervical Cancer services and virtual outreach. We continue to work with the Sampson County Community Wellness Committee to partner and focus on the areas identified in our community health assessment while continuing to provide much needed safety net services to Sampson County residents. I am proud of the many programs provided by our staff and the diligence with which they work to improve the health of Sampson County. Thank you for taking the time to review our annual report. ~ Wanda Robinson, Health Director

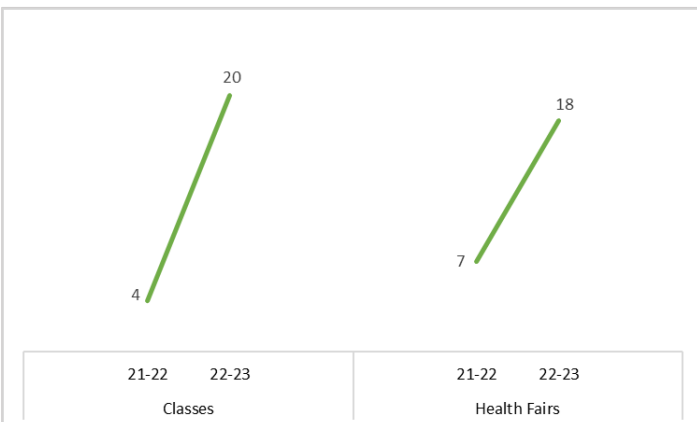
CLINIC SERVICES

Clinics	Fiscal Year	
	2022-2023	2021-2022
Adult Health	1,610	1,333
Breast & Cervical Cancer Control Program	42	38
Case Mgmt. for At-Risk Children	93	123
Case Mgmt. for High-Risk Pregnancies	99	84
Child Health	114	234
Communicable Disease	127	60
COVID Cases	4,277	11,745
COVID Vaccines	1,726	10,778
Diabetes Self-Mgmt.	38	36
Family Planning	789	854
Immunizations	3,788	2,852
Laboratory	3,552	4,055
Maternal Health	1,954	2,068
Sexually Transmitted Diseases	1,123	1,168
Tuberculosis	4	2

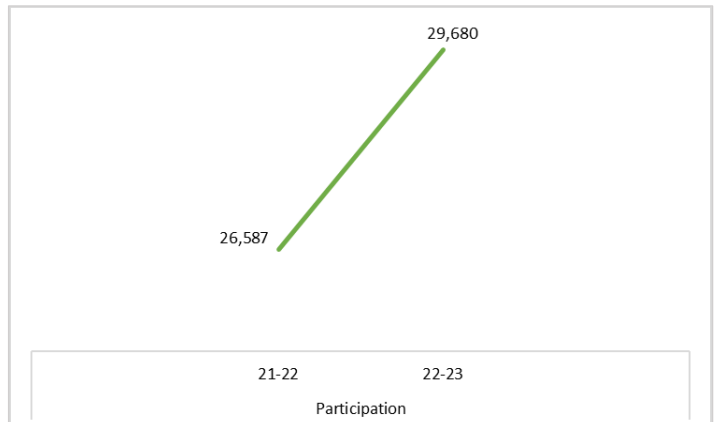


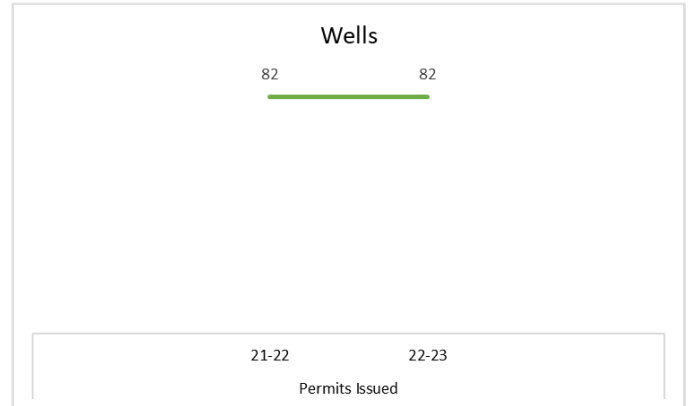
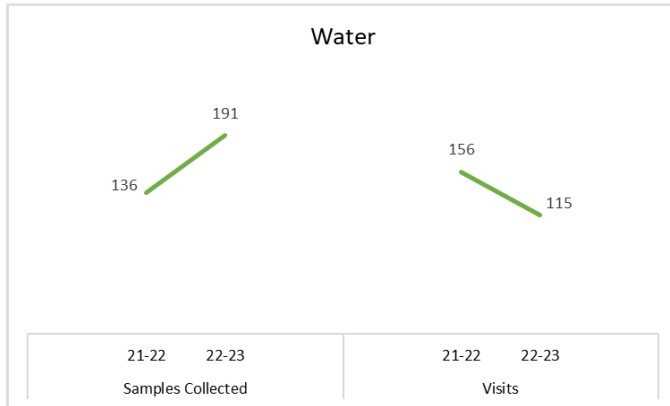
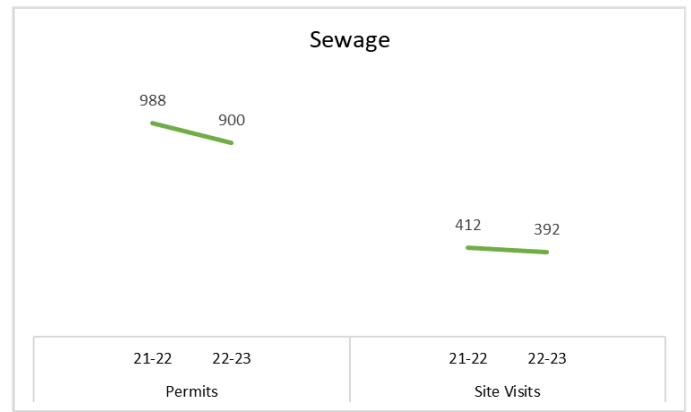
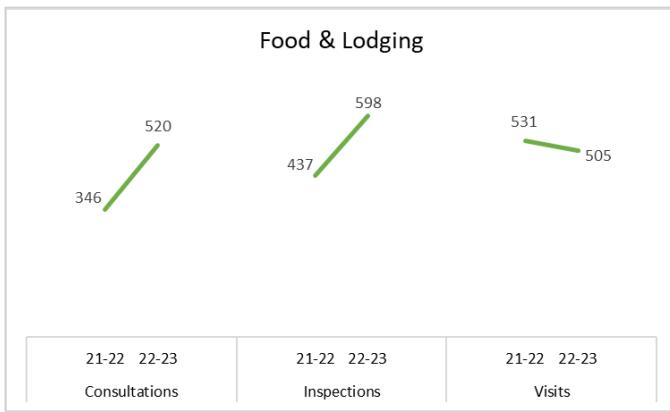
PUBLIC HEALTH PROGRAMS

HEALTH PROMOTION

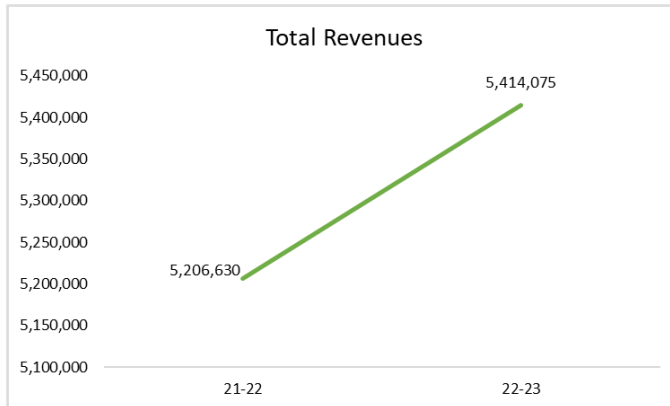


WOMEN, INFANTS & CHILDREN WIC

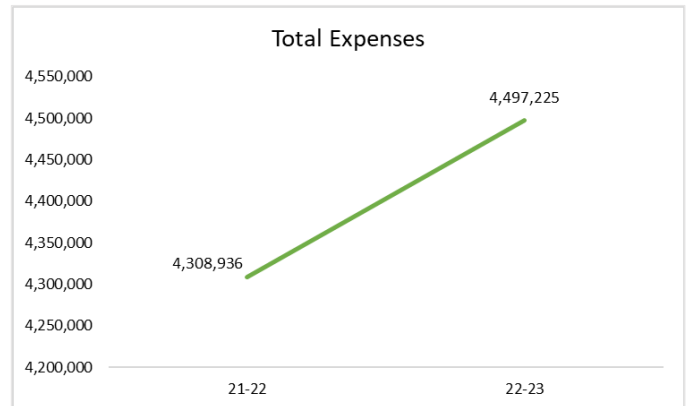




DEPARTMENT REVENUES



DEPARTMENT EXPENSES



- The **Adult Health** Primary Care Clinic continued to grow and increase the number of patients.
- The **Breast & Cervical Cancer Control Program (BCCCP)** received the United Way of Sampson County grant for \$5,000 to provide mammograms, ultrasounds and breast biopsies to uninsured or underinsured minority females.
- Pack and Play units were available for postpartum mothers & newborns that met screening requirements for eligibility in the **Case Management for High-Risk Pregnancies (CMARC)** and **Case Management for At-Risk Children (CMARC)** programs.
- Infant mortality rates decreased due to health department improvement measures in **Family Planning** and **Maternal Health**.
- **Public Health Preparedness & Response (PHPR)** established a new contract with On Target Preparedness, a consulting agency, that assists health departments meet preparedness requirements as set forth by NC Department of Health & Human Services (NCDHHS) and Centers for Disease Control & Prevention (CDC).
- A **testandgo™** kiosk was installed in the front exterior of the Health & Human Services Building. The healthcare vending machine provides direct and discrete 24/7 access to free COVID-19 tests and Naloxone nasal spray.