



Chatham County, NC

Meeting Agenda - Final

Board of Commissioners

Monday, May 6, 2019

6:00 PM

Historic Courthouse Courtroom

Work Session - 5:00 PM - Historic Courthouse Courtroom

CLOSED SESSION

[19-3056](#)

Closed Session for the purposes of discussing matters relating to attorney-client privilege.

ADJOURNMENT

End of Work Session

Regular Session - 6:00 PM - Historic Courthouse Courtroom

INVOCATION and PLEDGE OF ALLEGIANCE

CALL TO ORDER

APPROVAL OF AGENDA and CONSENT AGENDA

The Board of Commissioners uses a Consent Agenda to act on non-controversial routine items quickly. The Consent Agenda is acted upon by one motion and vote of the Board. Items may be removed from the Consent Agenda and placed on the Regular Agenda at the request of a Board member or citizen. The Consent Agenda contains the following items:

[19-3038](#)

Vote on a request to surplus and award a service weapon to retiring SRO Raymond Barrios on the event of his retirement from the Chatham County Sheriff's Office.

[19-3040](#)

Vote on a request to approve the re-naming of one private road in Chatham County

Attachments: [CALLIES HAVEN WAY PETITION](#)

[CALLIES HAVEN WAY MAP](#)

[19-3044](#) Vote on a request to approve by Sears Design Group, P. A. on behalf of Fitch Creations, Inc. for subdivision Preliminary Plat Revision review and approval of **Fearrington P.U.D. Section X, Area "D" Phase 1 Montgomery**, consisting of 15 lots on 10.2 acres, located off US 15-501 N, Weathersfield/SR-1807, Millcroft/ SR-1817, and E. Camden/SR-1813, Williams Township, parcel #18998.

Attachments: [More information from the Planning Department website](#)

[19-3050](#) Vote on a request to approve the Pre-Qualification Policy put forth by Bordeaux Construction Company for the New Animal Shelter project.

Attachments: [Pre-qual](#)

[19-3051](#) Vote on a request to approve renewal agreements for health and dental insurance coverage for FY2020 and authorize the County Manager to execute the agreements.

Attachments: [2019 Self-Funded Renewal Change Form](#)

[Agent Fees Collection Agreement](#)

[County of Chatham Apply_070119](#)

[County of Chatham_ERISA_070119](#)

[County of Chatham_Program Selection_070119](#)

[Uniform Benefit Changes](#)

[19-3058](#) Vote on a request to approve a Duke Energy easement for the Seaforth High School site.

Attachments: [County Easement](#)

[19-3055](#) Vote on a request to adopt a Resolution Proclaiming June 15th as Vulnerable Adult and Elder Abuse Awareness Day in Chatham County.

Attachments: [2019ElderAbuseAwareness2](#)

End of Consent Agenda

PUBLIC HEARINGS

BOARD PRIORITIES

[19-3054](#) Fiscal Year 2019-2020 Recommended Budget Presentation

[19-3052](#) Receive a presentation by Chatham County historian Gene Brooks

[19-3053](#)

Receive presentation in support of keeping the statue in front of the Historic Courthouse

PUBLIC INPUT SESSION

The Public Input Session is held to give citizens an opportunity to speak on any item. The session is no more than thirty minutes long to allow as many as possible to speak. Speakers are limited to no more than three minutes each and may not give their time to another speaker. Speakers are required to sign up in advance. Individuals who wish to speak but cannot because of time constraints will be carried to the next meeting and given priority. We apologize for the tight time restrictions. They are necessary to ensure that we complete our business. If you have insufficient time to finish your presentation, we welcome your comments in writing.

BOARD PRIORITIES

[19-3057](#)

Vote on a request from the Chatham County Republican Party to approve the appointment of Ernie Andrew Wilkie as Chatham County Commissioner representing District 5.

MANAGER' S REPORTS

COMMISSIONERS' REPORTS

ADJOURNMENT



Chatham County, NC

Text File

File Number: 19-3056

Agenda Date: 5/6/2019

Version: 1

Status: Agenda Ready

In Control: Board of Commissioners

File Type: Agenda Item

Agenda Number:

Closed Session for the purposes of discussing matters relating to attorney-client privilege.



Chatham County, NC

Text File

File Number: 19-3038

Agenda Date: 5/6/2019

Version: 1

Status: Approval of Agenda and Consent Agenda

In Control: Sheriff's Office

File Type: Agenda Item

Vote on a request to surplus and award a service weapon to retiring SRO Raymond Barrios on the event of his retirement from the Chatham County Sheriff's Office.

Action Requested: Vote on a request to surplus and award a service weapon to retiring SRO Raymond Barrios on the event of his retirement from the Chatham County Sheriff's Office.

Introduction & Background: SRO Raymond Barrios has served over 15 years.

Discussion & Analysis: In years past, on the event of a long-serving, sworn officer's retirement, their assigned service weapon, Glock 9mm. model 17, has been surplused and presented to them upon their retirement. It is our desire to honor SRO Raymond Barrios service to Chatham County and its citizens in this way.

How does this relate to the Comprehensive Plan: N/A

Budgetary Impact: None. This will have no effect on our operating budget.

Recommendation: Motion to surplus weapon and award the service weapon to SRO Raymond Barrios on the event of his retirement from the Chatham County Sheriff's Office.



Chatham County, NC

Text File

File Number: 19-3040

Agenda Date: 5/6/2019

Version: 1

Status: Approval of Agenda and
Consent Agenda

In Control: Emergency Operations

File Type: Agenda Item

Vote on a request to approve the re-naming of one private road in Chatham County

Action Requested: Vote on a request to approve the private drive as listed

A. Callies Haven Way

Introduction & Background: The Chatham County Commissioners adopted an ordinance providing for the establishment for the naming of private roads in Chatham County. The Office of Emergency Operations has received one petition requesting the re-naming of one (1) private road located in Chatham County on private property. This petition is in order, complete and bears the proper number of required signatures.

Discussion and Analysis: As part of its plan to develop the Enhanced-911 Emergency Response System, there is a vital need to maintain the County's established system providing for the naming of private roads. This is important so that there can be no duplications or similarities of these assigned names within Chatham County which could result in confusion and/or delay in the response to these roads, should an emergency exist in that location.

Budgetary Impact: The cost of road signage for these roads will be \$78.00 per sign. At the rate of one sign per road, this total cost will be \$78.00. Chatham County's road naming ordinance states there is a \$25.00 processing fee and cost of the sign which is paid by the citizen requesting the change. We received a check in the amount of \$103.00 with this petition.

Recommendation: Motion to approve the private drive as listed.

CHATHAM COUNTY ROAD NAMING REQUEST FORM

- **QUESTIONS:** Any questions concerning this form should be directed to:
Denise Suits, 919-545-8163
- **RETURN COMPLETED FORM TO:** Chatham County Emergency Operations, P. O. Box 613,
Pittsboro, NC 27312

ALL INFORMATION BELOW MUST BE COMPLETED

<p>1. APPLICANT INFORMATION</p> <p>Name: <u>Michael & Wendy Phillips</u></p> <p>Address: <u>459 All Our Children Lane</u></p> <p>City, State & Zip Code: <u>Moncure, NC 27559</u></p> <p>Phone Number: <u>(919) 704-0602</u></p>	<p>2. TYPE OF REQUEST (check one box only)</p> <p><input type="checkbox"/> Private road or driveway</p> <p><input checked="" type="checkbox"/> Renaming of road</p> <p><input type="checkbox"/> Other</p>
<p>3. PROPERTY INFORMATION</p> <p>State Road Number (if applicable): <u>1012</u></p> <p>Township(s) where Road Originates (check ONE):</p> <p>Albright <input type="checkbox"/> Baldwin <input type="checkbox"/> Bear Creek <input type="checkbox"/></p> <p>Cape Fear <input type="checkbox"/> Center <input checked="" type="checkbox"/> Gulf <input type="checkbox"/> Hadley <input type="checkbox"/></p> <p>Haw River <input type="checkbox"/> Hickory Mtn. <input type="checkbox"/> Matthews <input type="checkbox"/></p> <p>New Hope <input type="checkbox"/> Oakland <input type="checkbox"/> Williams <input type="checkbox"/></p> <p>Will this be part of a development? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If a development, is it:</p> <p>A major development <input type="checkbox"/></p> <p>A minor development <input type="checkbox"/></p> <p>Is it possible that this will become a state road?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Length of road: <u>.9 Miles</u></p> <p>Type of road (check one answer only)</p> <p>Private <input checked="" type="checkbox"/> Public <input type="checkbox"/></p>	<p>4. ROAD NAME INFORMATION**</p> <p>What is the existing road name (if applicable)? <u>All Our Children Lane</u></p> <p>What are the proposed or new road name(s)?</p> <ul style="list-style-type: none"> • <u>Callie's Haven Way</u> • _____ • _____ <p>If existing name is to be changed, what is the reason for this change?</p> <p><u>In memory of our 2 week old Grand-Daughter who passed away.</u></p> <p>_____</p> <p>_____</p>

5. DIRECTIONS TO ROAD (only needed if it is a private road):

SANFORD RD SOUTH OF PITTSBORO T/L ON MONCURE PITTSBORO RD WILL BE O/L

6. ATTACHMENTS REQUIRED

- Names, addresses and phone numbers of ALL adjacent property owners (see page 2).**
- Signatures of at least 60% of adjacent property owners (see page 2).
- Attached map with marked location of the road on the map.

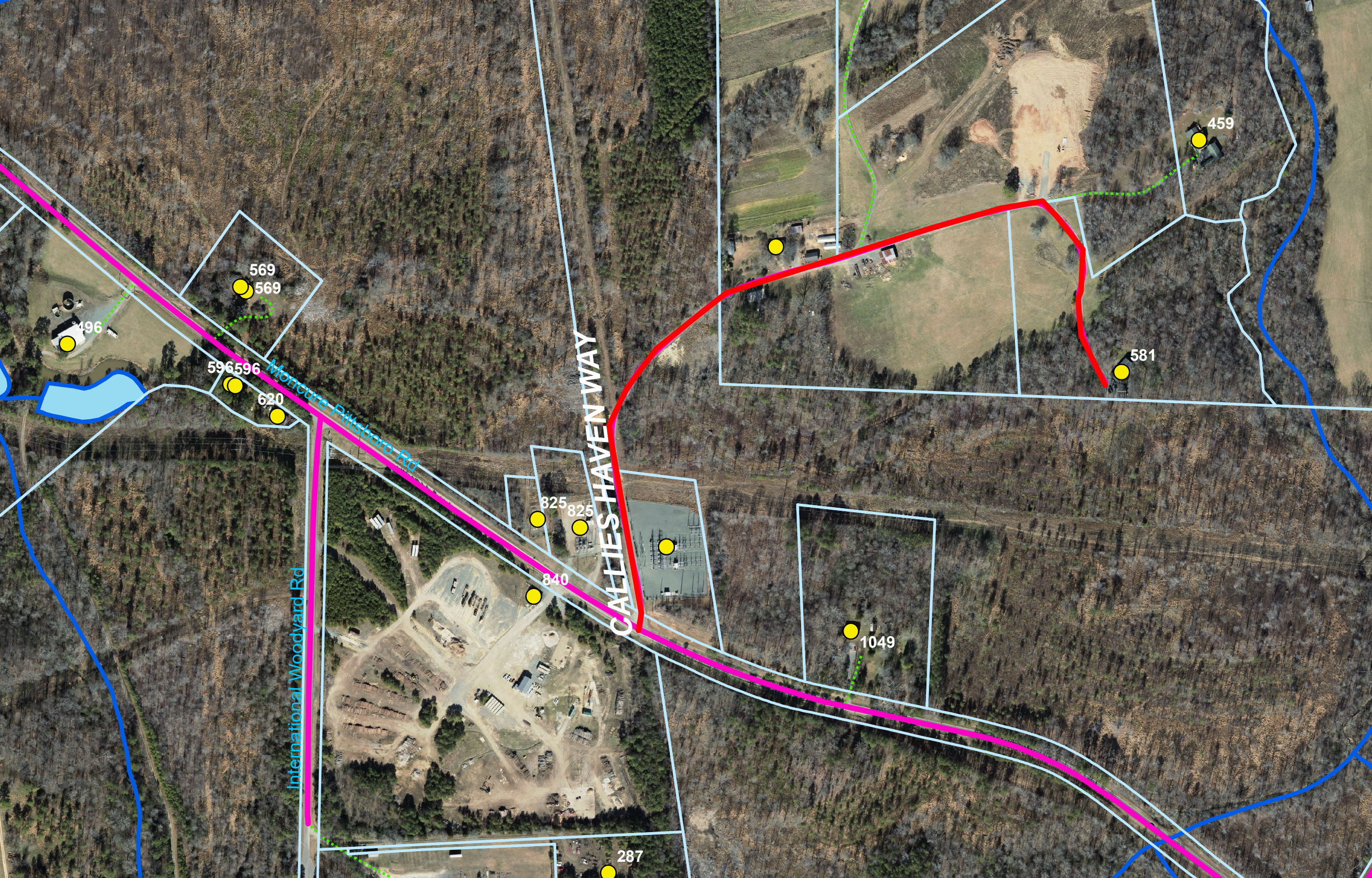
****IMPORTANT:** The County Board of Commissioners may consider a number of factors when naming or renaming a road, including the number of adjacent owners, acreage of ownership, historical significance of a road name, and roads with similar names.

7. Signature of Applicant: Michael D. Phillips Signature Date: April 1, 2019

Date Submitted to County EOC: Apr. 11, 2019

IMPORTANT: If this form & required information is not completed and submitted properly, the petition is not valid.

<p>PROVIDE A COMPLETE LIST OF ALL ADJACENT PROPERTY OWNERS BELOW, INCLUDING NAME, ADDRESS & PHONE NUMBERS.</p>	<p>SIGNATURES: We, the undersigned owners, are in favor of the proposed road name inserted here: <u>Callie's Haven WAY</u> (NOTE: Only sign below if you approve of the road name above.)</p>
<p>Name: <u>Michael & Wendy Phillips</u> Address: <u>459 All Our Children Lane Moncure, NC</u> Phone #: <u>(919) 704-0602</u></p>	<p>Signature: <u>Michael P. Phillips & Wendy R. Phillips</u></p>
<p>Name: <u>Bobby & Vicki Roberson</u> Address: <u>285 All Our Children Lane Moncure, NC</u> Phone #: <u>(919) 542-4237</u></p>	<p>Signature: <u>Bobby Roberson Vicki Roberson</u></p>
<p>Name: <u>Robert Nakia Roberson</u> Address: <u>581 All Our Children Lane Moncure, NC</u> Phone #: <u>(919) 427-2353</u></p>	<p>Signature: <u>Robert N. Roberson</u></p>
<p>Name: <u>Preston & Melissa Roberson</u> Address: <u>321 All Our Children Lane Moncure, NC</u> Phone #: <u>(919) 710-9935</u></p>	<p>Signature: <u>Preston Roberson Melissa Roberson</u></p>
<p>Name: <u>Central Electric Membership Corporation</u> Address: <u>36 All Our Children Lane Moncure, NC</u> Phone #: <u>(919) 774-4900</u></p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>
<p>Name: _____ Address: _____ Phone #: _____</p>	<p>Signature: _____</p>



CALLIES HAVEN WAY

Monroeville-Pittsboro Rd

International Woodyard Rd

569
569

596
596

620

825
825

840

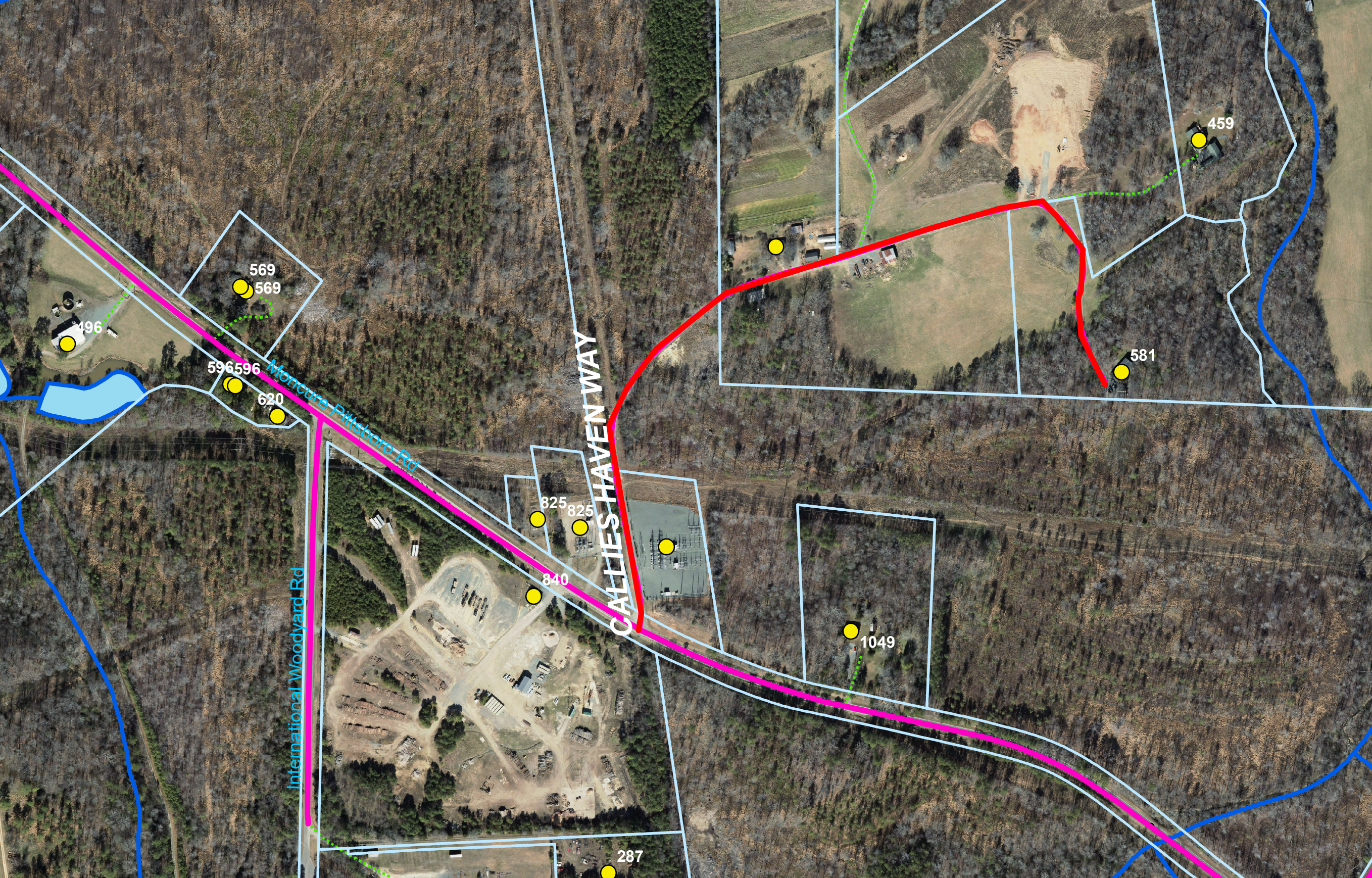
1049

287

459

581

496





Chatham County, NC

Text File

File Number: 19-3044

Agenda Date: 5/6/2019

Version: 1

Status: Approval of Agenda and Consent Agenda

In Control: Planning

File Type: Agenda Item

Vote on a request to approve by Sears Design Group, P. A. on behalf of Fitch Creations, Inc. for subdivision Preliminary Plat Revision review and approval of **Ferrington P.U.D. Section X, Area "D" Phase 1 Montgomery**, consisting of 15 lots on 10.2 acres, located off US 15-501 N, Weathersfield/SR-1807, Millcroft/ SR-1817, and E. Camden/SR-1813, Williams Township, parcel #18998.

Action Requested:

Vote on a request to approve by Sears Design Group, P. A. on behalf of Fitch Creations, Inc. for subdivision Preliminary Plat Revision review and approval of **Ferrington P.U.D. Section X, Area "D" Phase 1 Montgomery**, consisting of 15 lots on 10.2 acres, located off US 15-501 N, Weathersfield/SR-1807, Millcroft/ SR-1817, and E. Camden/SR-1813, Williams Township, parcel #18998.

Introduction & Background:

Zoning: Conditional Use Permit for Planned Unit Development (PUD)

Water: Public water Chatham County

Sewer: Private Wastewater Treatment Plant

Watershed District: WSIV-PA

Within 100 year flood: No

Ferrington PUD was originally approved in 1976 as a Planned Unit Development with a master plan allowing for mixed uses and has continued to develop over time. Ferrington PUD is reviewed under the pre-2008 Subdivision Regulations and the 1994 Watershed Ordinance.

Ferrington has 1602 approved residential units (includes Galloway Ridge) with 185 lots/units remaining to be developed. Ferrington is exempt from the Chatham County Stormwater Ordinance, but is not exempt from the Jordan Lake Buffer requirements. The project is subject to the Chatham County Soil Erosion and Sedimentation Control Ordinance. In 2010, the Board of County Commissioners granted approval of a sketch design revision to a 1999 PUD plan which included all the remaining undeveloped land within the PUD and included Section X. In 2012 another sketch plan revision was approved for Section X. In 2016, the PUD was revised to add "Tyrell" street off

Richmond, and to relocate six (6) lots. The 2016 revision did not add any additional lots.

Discussion & Analysis:

The request before the Board is for preliminary plat review and approval of Section X, Area "D" Phase 1 - Montgomery, consisting of 15 lots on 10.20 acres and Phase One of Millcroft. A revised Sketch Plan was approved for Section X, Area "D" on February 18, 2019. See Attachment #4. Lots 5 -9 in Phase 1, will have ownership to the stream and there is a 30' voluntary stream buffer on lots 5-9. The proposed project has open space by lot 1 and lots 12-15. As part of this phase a section of Millcroft will be constructed up to Phase 2 of the residential project.

Water: County water is available and will be utilized. The Water Main Extension Permit and the Authorization to Construct, dated January 15, 2019 issued by NC Department of Environmental Quality (NCDEQ), Division of Water Resources have been provided.

Sewer: Sewer service is provided by the Ferrington private wastewater treatment plant. Alan Keith, P.E., Diehl & Phillips, P. A. has provided a letter stating that the plant has sufficient capacity to serve Section X, Area D. Mr. Diehl's letter also states that "Fitch Creations, Inc. has Authorization to Construct an expansion to the wastewater treatment plan from the North Carolina Division of Environmental Quality". The Wastewater Collection System Extension Permit, issued by the NCDEQ, Division of Water Resources, dated February 6, 2019 has been provided.

Roadways: The main roadway in Phase 1, Millcroft, is to be constructed up to Phase 2. The cul-de-sac street, Montgomery, is proposed to be a public, state maintained road. The revised Road Plan Approval for Section X, Area D, dated February 21, 2019 issued by the NC Department of Transportation has been provided. Additionally, there are no stream crossings in this area.

Road Names: The road names Montgomery and Millcroft have been approved by the Chatham County Emergency Operations Office as acceptable to submit for approval by the Board of County Commissioners.

The permits listed above can be viewed on the Planning Department webpage at www.chathamnc.org/planning <<http://www.chathamnc.org/planning>> Rezoning & Subdivision Cases, 2019.

Stormwater: Ferrington is not subject to the Chatham County Stormwater Ordinance.

Water Features: Ferrington is subject to the 1994 Watershed Ordinance which requires a 50 foot riparian buffer along perennial and intermittent waters not within 2500 feet of rivers. An ephemeral feature located in the open space of Phase 1 area has a voluntary 30' buffer.

Open Space: There are open space areas beside lots 1 & lots 12-15. The open space area will be transferred to a homeowners association. A portion of Phase 1 is adjacent to private property owned by T. H. Lingerfeldt and a 50' wide perimeter buffer is shown on the preliminary plat.

Technical Review Committee: The TRC reviewed the request on March 13, 2019. Discussion included the reconfiguration of Millcroft and 20' utility easement beside the 30' stream buffer. Tom Bender, Chatham County Fire Marshal, stated that the roads and water line needs to be in place before home construction begins. Other county staff were

present and there were no issues noted.

The developer has provided two (2) sets of full construction plans which are available in the Planning Department for review.

Planning Board Discussion:

The Planning Board met on April 2, 2019 to review the request. Alan Keith, P. E., Dan Sears, Sears Design Group and R. B. Finch, developer, were present to answer questions. Comments and questions from the Board included duplicate lot numbers within the entire project and lot numbers matching the address number and the E-911 emergency numbers. Mr. Sears addressed the board members and stated the E-911 numbers, house numbers, and post office numbers are all the same and coordinated with E-911. The board members thanked the developer for placing a voluntary 30' stream buffer on the stream located within the project. The board, by unanimous vote, recommended approval of the preliminary plat.

How does this relate to the Comprehensive Plan:

The property is located in an area designated as a Village Center and that designation is based on the existing approved Planned Unit Development for Ferrington Village.

Recommendation:

The Planning Board, by unanimous vote, and Planning Staff and recommend granting approval of the road name Montgomery and approval of the preliminary plat application as submitted with the following conditions:

1. The final plat shall not show duplicate lot numbers within the Ferrington P.U.D.



Chatham County, NC

Text File

File Number: 19-3050

Agenda Date: 5/6/2019

Version: 1

Status: Approval of Agenda and
Consent Agenda

In Control: Facilities and Fleet

File Type: Agenda Item

Vote on a request to approve the Pre-Qualification Policy put forth by Bordeaux Construction Company for the New Animal Shelter project.

Action Requested: Vote on a request to approve the Pre-Qualification Policy put forth by Bordeaux Construction Company for the New Animal Shelter project.

Introduction & Background: Due to the New Animal Shelter project being delivered under the Construction Manager @ Risk method, the pre-qualification policy used by the Construction Manager must be approved by the Chatham County Board of Commissioners.

Discussion & Analysis: This is to allow the Construction Manager to proceed with pre-qualifying the potential subcontractors that will be allowed to bid the project.

How does this relate to the Comprehensive Plan: Become more resilient - the new animal services facility will make the program more efficient.

Budgetary Impact: None

Recommendation: Motion to approve the Pre-Qualification Policy put forth by Bordeaux Construction Company for the New Animal Shelter project.

Chatham County Prequalification Policy

A. **Governing Law (Session Law 2014-42)**

This policy is in effect for all prequalifications on Chatham County work, including single prime project delivery and construction manager at risk first-tier subcontractors. G.S. 143-135.8(b)(2) requires the governmental entity to “adopt an objective prequalification policy applicable to all construction or repair work prior to the advertisement of the contract for which the governmental entity intends to prequalify bidders.”

B. **Requirements for Prequalification Criteria Form and Assessment**

1. Uniform, consistent, and transparent in its application to all bidders.
2. All bidders who meet the prequalification criteria to be prequalified are allowed to bid on the construction or repair work project.
3. Criteria must be rationally related to construction or repair work.
4. The bidder is not required to have been previously awarded a construction or repair project by the governmental entity.
5. Bidders are permitted to submit history or experience with projects of similar size, scope, or complexity
6. Assessment process of prequalification is stated in this policy.
7. A process for a denied bidder to protest is stated below in this policy.
8. A process for notifying a denied prequalified bidder is stated below in this policy.

C. **Review of Application**

1. **Prequalification Committee** – The owner and/or construction manager shall agree upon the members of the prequalification committee. The Prequalification Official shall not be on the prequalification committee. The prequalification committee will review prequalification applications submitted by the firms and will determine each firm’s prequalification eligibility for the project.
2. **Review of Application** – The prequalification committee shall use the objective assessment process form as adopted by Chatham County. The prequalification committee shall approve or deny the applications in accordance with the prequalification criteria and scoring system based upon the applicants’ initial response to the Owning Agency’s solicitation for qualified bidders. With the possible protests and appeals on prequalification and the times associated with responses, the owner should have the advertisement for prequalification out to potential applicants at least two (2) months prior to actual bid date.
3. **Notice of Decision** – All firms that submitted applications for prequalification shall be promptly notified of the prequalification committee’s decision, including the reason for denial, via e-mail. Notice shall be provided prior to the opening of bids for the project and with sufficient time for the firm to appeal the denial of prequalification.
4. **Informal Meeting** - Upon denial, the applicant may request an informal meeting with the owner’s representative and/or construction manager to receive feedback and suggestions for

Chatham County Prequalification Policy

improvement. The Owner's representative and/or construction manager shall hold a feedback session for the applicants who do not appeal the decision within 2 weeks of the request.

5. Firms wishing to appeal the decision shall follow the appeals process described below.

D. Appeals Procedure

1. The firm may appeal the denial of Prequalification as noted below.
 - a. **Initial Protest** – A firm denied prequalification may protest the prequalification committee's decision by filing a written appeal via hand-delivery or e-mail to the applicable prequalification committee within three (3) business days of emailed notice that the firm has been denied prequalification. The written appeal shall clearly articulate the reasons why the firm is contesting the denial (i.e., explains how the firm satisfied all required criteria for prequalification in the government's solicitation in their initial response) and attach all documents supporting the firm's position. The prequalification committee may contact the firm regarding the information provided prior to ruling on the protest. The Prequalification Committee should review the written protest within five (5) business days. If the prequalification committee is satisfied that the firm should be prequalified, the firm shall be notified that it is prequalified to bid on the project and allowed to participate in the bid process. If the prequalification committee upholds its denial, the firm shall be notified in writing via e-mail.
 - b. **Appeal** – Within three (3) business days of the owner's emailed notice of the Prequalification Committee's written protest decision, the denied prequalified firm may appeal the prequalification committee's decision, in writing, via hand-delivery or e-mail, to the Prequalification Official (see C.1 above). The Prequalification Official should review the appeal within five (5) business days. In the event the Prequalification Official is unable to review in a timely manner, he/she may designate a representative that is not a member of the prequalification committee to handle the appeal.
 - c. **Decision on Appeal** – The decision of the Prequalification Official or Representative on the appeal shall be final, and the firm shall be promptly notified of the decision.
 - d. **General Rules for Protests and Appeals** – Firms submitting prequalification applications shall be provided an e-mail address for the communication with the owner and/or construction manager during the protest and appeal process. The firm shall provide at least two e-mail addresses for use by the owner and/or construction manager in communicating with the firm. In the event the Prequalification Official or Representative is unable to render a decision on either the initial protest or the appeal prior to the bid date, the firm shall be allowed to submit a bid on the project subject to a final decision on the protest or appeal. If the firm's bid is opened prior to a final decision on the protest or appeal and the bid is not the lowest monetary bid for the project, the appeal shall be terminated and rendered moot. Bids received from firms who have been ruled disqualified to bid shall not be opened. A firm's failure to comply with any requirements of the protest and appeals procedures of this section shall result in the firm's protest or appeal being terminated and rendered moot.

MINORITY BUSINESS ENTERPRISE (MBE) PARTICIPATION PLAN

INTRODUCTION:

Bordeaux Construction is committed to promote practices that will promote full and equal access to business opportunities on projects which the company is jointly or individually affiliated. Our Historically Underutilized Business (HUB) participation program has been specifically designed to ensure that Historically Underutilized Businesses have increased and equal opportunities for participation in our projects.

Additional Support for becoming certified through the State of North Carolina is available by contacting Rachel Sayre at rachel@bordeauxconstruction.com.

HUB PLAN OBJECTIVES:

1. Bordeaux Construction has established the Historically Underutilized Business participation goal established for this project as:
20% HUB participation
2. The Chatham County Animal Shelter project is one of the larger projects that Chatham County has awarded in recent history. We recognize the financial impact this has to the local Chatham County Community. To this extent, local participation will be incorporated into the project to the greatest extent possible
3. Achieve an equitable distribution of construction contract awards with both local Chatham County and Historically Underutilized Businesses
4. A minimum participation has been established by Chatham County as:
10% HUB participation

HUB PLAN APPROACH:

1. **Extensive outreach and local contracting opportunity conferences**
The goal of our outreach sessions is to identify all applicable HUB contractors that may participate in the project. During these outreach sessions, we will communicate the proposed project scope and encourage the subcontractor to submit prequalification information. Much of the HUB participation will come from local and HUB suppliers. The goal of the outreach sessions will be to partner the prequalified subcontractors with interested suppliers.
2. **Increase awareness of the project & plan availability**
We will publish the project prequalification in numerous industry publications, newspapers, bid advertisement publications, and with Historically Underutilized Business Outreach Coordinators throughout North Carolina. Plans, drawings, and addendum will be made available free of charge to minimize the entry cost of obtaining and bidding on the project.
3. **Reduced Barrier Packages (RBPs)**
We understand that some of the bid packages required on a project of this magnitude may be of sufficient size or scope that would create a "Barrier of Entry" to compete in the market. To ensure that equitable participation is achieved, we have developed specific Reduced Barrier Packages that are of size (typically considered less than \$300,000) or scope that allow emerging as well as established Historically Underutilized Businesses a fair chance to compete. These Reduced Barrier Packages are noted on the prequalification form with an asterisk.
4. **Financial assistance**



In order to increase participation of Historically Underutilized Businesses, Bordeaux Construction will waive the requirement for payment and performance bonding on bid packages less than \$300,000. In addition, joint check agreements and quick pay agreements may also be implemented to assist Historically Underutilized Businesses establish credit

5. Certification Assistance

We have staff trained to assist subcontractors apply for Statewide Uniform Certification (SWUC) with the state of North Carolina

6. HUB Reporting

We will prepare monthly reports on contracts awarded to all contractors to ensure commitments made under 1st tier subcontractor's good faith efforts are met. We will prepare monthly reports with each pay application.

7. List of approved HUB firms

HUB list can be found at <https://www.ips.state.nc.us/vendor/SearchVendor.aspx> and then selecting "HUB Certification" – "Yes" and relevant "Construction/Design Services

SUBCONTRACTOR BIDDING REQUIREMENTS

Provide with the bid - Under GS 143-128.2(c) the undersigned bidder shall identify on its bid (Identification of Minority Business Participation Form) the minority businesses that it will use on the project with the total dollar value of the bids that will be performed by the minority businesses. Also list the good faith efforts (Affidavit A) made to solicit minority participation in the bid effort.

Note: A contractor that performs all of the work with its own workforce may submit an Affidavit (B) to that effect in lieu of Affidavit (A) required above. The MB Participation Form must still be submitted even if there is zero participation.

After the bid opening - The Construction Manager will consider all bids and alternates and determine the lowest responsible, responsive bidder. Upon notification of being the apparent low bidder, the bidder shall then file within 72 hours of the notification of being the apparent lowest bidder, the following:

An Affidavit (C) that includes a description of the portion of work to be executed by minority businesses, expressed as a percentage of the total contract price, which is equal to or more than the 10% goal established. This affidavit shall give rise to the presumption that the bidder has made the required good faith effort and Affidavit D is not necessary;

* Or *

If less than the 10% goal, Affidavit (D) of its good faith effort to meet the goal shall be provided. The document must include evidence of all good faith efforts that were implemented, including any advertisements, solicitations and other specific actions demonstrating recruitment and selection of minority businesses for participation in the contract.

Note: Bidders must always submit with their bid the Identification of Minority Business Participation Form listing all MB contractors, vendors and suppliers that will be used. Affidavit A or Affidavit B, as applicable, also must be submitted with the bid. Failure to file a required affidavit or documentation with the bid or after being notified apparent low bidder is grounds for rejection of the bid.



Chatham County, NC

Text File

File Number: 19-3051

Agenda Date: 5/6/2019

Version: 1

Status: Approval of Agenda and
Consent Agenda

In Control: Human Resources

File Type: Contract

Agenda Number:

Vote on a request to approve renewal agreements for health and dental insurance coverage for FY2020 and authorize the County Manager to execute the agreements.

Action Requested: Vote on a request to approve renewal agreements for health and dental insurance coverage for FY2020.

Introduction & Background: Blue Cross and Blue Shield of North Carolina is the County's health insurance provider. Attached within this file are the following supporting documents regarding the health insurance renewal: 2019 Self-Funded Renewal Change Form, Group Application for BCBSNC Coverage, Program Selection Chart, ERISA form, Uniform Benefit Changes and the Agent Fees Collection Agreement.

Discussion & Analysis: None

How does this relate to the Comprehensive Plan: N/A

Budgetary Impact: The insurance renewals have already been budgeted for FY2020 out of the self-insurance funds account.

Recommendation: Motion to approve renewal agreements for health coverage for fiscal year 2020.

2019 Self-Funded RENEWAL CHANGE FORM

Group Name: County of Chatham
Client Manager: Dan Malloy
Group Number(s):062048

Benefit Plan Name: PPO
Benefit Period: 07/01/2019 to 06/30/2020

I. REQUIRED CHANGES:

In a continuing effort to offer quality, cost-effective health care coverage, the following changes have been made to Blue Cross Blue Shield of North Carolina (Blue Cross NC) base benefits. These changes are required either due to federal mandates or business practice changes and are effective upon the group's renewal date.

Benefit/Eligibility Description	Product Lines	Required Benefit/Eligibility Changes
Mammography (Diagnostic) <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options [®] Blue Value SM	Deductible and Coinsurance plans only <ul style="list-style-type: none"> Covered at 100% after deductible

II. OPTIONAL CHANGES:

The following enhancements to Blue Cross NC base benefits are optional and would become effective upon the group's renewal date.

Benefit/Eligibility Description	Product Lines	Optional Benefit/Eligibility Changes	Choose Option
Health Savings Account <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i>	Blue Options SM Blue Options 123 SM Blue Value SM Blue Value 123 SM Blue Select [®]	An HSA fund is available with eligible medical plan.	List fund contributions here: N/A

2019 Self-Funded RENEWAL CHANGE FORM

<p>Mammography (Diagnostic) <i>Effective 7/1/18 or upon renewal Non-grandfathered groups</i></p>	<p>Blue Options[®] Blue ValueSM</p>	<p>Deductible and Coinsurance plans only</p> <ul style="list-style-type: none"> Covered at 100% after deductible 	<p>Select One:</p> <ul style="list-style-type: none"> Keep current benefit
<p>Prescription Drugs <i>Effective 1/1/19 or upon renewal Grandfather and Non-grandfathered groups</i></p>	<p>Blue OptionsSM Blue Options 123SM Blue ValueSM Blue Value 123SM Blue Select[®]</p>	<p>Non-grandfathered plans that move from Blue Options HSA to the new HSA eligible medical plans with an HSA fund</p> <p>Standard - MAC B Pricing Penalty (if brand name drug with a generic equivalent is available and provider does not specify prescription must be dispensed as written)</p>	<p>Select One:</p> <ul style="list-style-type: none"> Keep current benefit
<p>Pharmacy Point of Sale Rebates <i>Effective 1/1/19 or upon renewal Grandfather and Non-grandfather groups</i></p>	<p>Blue OptionsSM Blue Options 123SM Blue ValueSM Blue Value 123SM Blue Select[®]</p>	<p>Point of Sale rebates are available for plans with an HSA fund. Pharmacy rebates from applicable medications will begin to be displayed (or passed through) directly to the member cost share amounts. The approved cost will be reduced by the rebated amount which will reduce the member cost share. If a member has met their deductible obligation, they will then be charged the coinsurance amount based on the cost of the drug minus the rebate. If they have not met their deductible, they will be charged the cost of the drug minus the rebate, based on remaining deductible obligation.</p>	<p>Select One:</p> <ul style="list-style-type: none"> None
<p>Routine Vision Exams (Adults and Children) <i>Effective 1/1/19 or upon renewal Grandfather and Non-grandfather groups</i></p>	<p>Blue OptionsSM Blue Options 123SM Blue ValueSM Blue Value 123SM Blue Select[®]</p>	<p>Not Covered</p>	<p>Select One:</p> <ul style="list-style-type: none"> Keep current benefit

**2019 Self-Funded
RENEWAL CHANGE FORM**

<p>Lens and Frame endorsement <i>Effective 1/1/19 or upon renewal Grandfather and Non- grandfather groups</i></p>	<p>Blue OptionsSM Blue Options 123SM Blue ValueSM Blue Value 123SM Blue Select®</p>		<p>Select One:</p> <ul style="list-style-type: none"> • Keep current benefit
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III. GROUP CHANGE REQUESTS:

The group requests benefit and/or eligibility changes as noted below to be effective upon the group's renewal date. Blue Cross NC will review the benefit change requests to determine Blue Cross NC's ability to administer the benefits as described.

Benefit/Eligibility Description	Product Lines	Requested Eligibility Changes
Implement Specialty Copay Maximization Program eff. 7/1/2019	RX	
Implement Guided Health Rx eff. 7/1/2019	Rx	
ISL Deductible Increase to \$135,000 eff. 7/1/2019	Stop Loss	
Implement Rx Savings Solutions eff. 7/1/2019	Rx	

IV. GRANDFATHERED STATUS:

Will the group be grandfathered for the benefit period (yes/no)? NO

V. SUMMARY OF BENEFITS AND COVERAGE (SBC):



**2019 Self-Funded
RENEWAL CHANGE FORM**

The group intends for Blue Cross NC to develop and provide the SBC document(s) to the group for their plan offerings in order for the group to distribute to members as required by law **(yes/no*)?** _____ **YES**_____

**If the group checks "no", Blue Cross NC is relieved of the contractual obligation to provide the SBC document(s) to the group unless Blue Cross NC is further notified in writing.*

VI. ESSENTIAL HEALTH BENEFITS BENCHMARK:

No Annual/Dollar limits for Essential Health Benefits under PPACA *(All grandfathered and non-grandfathered plans apply)*.

Essential health benefits may be defined by any available state benchmark plan; to the extent essential health benefits are covered under the selected benchmark plan, dollar limits and annual limits must be removed. Unless otherwise selected, the North Carolina benchmark plan will be the default.

The group intends to use the default benchmark through North Carolina **(yes/no)?** _____ **YES**_____

If no, what state benchmark does the group intend to use? _____

2019 Self-Funded RENEWAL CHANGE FORM

ATTESTATION *(To be signed upon Blue Cross NC approval of benefit and eligibility change):*

By signing below, you agree to the following statements:

- (1) The last signed Custom Group Summary, as modified by this and previous Renewal Change Forms, accurately describe the benefit selections, eligibility requirements and general Group Health Plan administration effective for the Benefit Period. Unless otherwise noted, Blue Cross NC will apply our prior approval and certification requirements and follow Blue Cross NC's medical policy to determine eligibility of payment. Any changes to the above selections and/or descriptions may require (1) approval through an additional Custom Group Summary, (2) a benefit exception request or (3) an amendment to the Administrative Services Agreement (ASA).
- (2) The Plan Administrator and/or Plan Sponsor is responsible for all aspects of ensuring that the Group Health Plan (including the plan design) is in compliance with applicable laws and regulations, including but not limited to (where applicable), the requirements of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), ERISA, and the Patient's Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (including the designation of a plan as a grandfathered plan) and all regulations and guidance. This responsibility has not been delegated to Blue Cross NC unless specifically delegated in the ASA. Plan Sponsor shall indemnify and hold harmless Blue Cross NC for any loss, liability, damage, expense, settlement, cost or obligation (including reasonable attorney's fees) from any resulting assessments, penalties and/or regulatory charges incurred or paid by Blue Cross NC related to the compliance with applicable laws.

Authorized Signature *(for Plan Administrator)*

Print Name: _____

Signature: _____

Title: _____

Date: _____



**2019 Self-Funded
RENEWAL CHANGE FORM**

FOR INTERNAL USE ONLY

Revisions made during the negotiation process must be tracked for internal reference only. This section will be completed by the Client Manager and Account Implementation Specialist.

Rev #	Revision Date	Section Revised	Revision Details	Supersedes Rev #

AGENT FEES COLLECTION AGREEMENT

THIS AGENT FEES COLLECTION AGREEMENT (the "Agreement") is entered into on **July 1, 2019** ("Effective Date") by and between **Blue Cross and Blue Shield of North Carolina** ("BCBSNC"), a North Carolina corporation and an independent licensee of the Blue Cross and Blue Shield Association,

Bryan Bickley ("Agent"),

James A. Scott & Son, Inc. ("Agency"), and

County of Chatham ("Group"), each a "Party" and collectively "Parties."

BACKGROUND

Group will purchase certain health, dental, and/or stop-loss insurance products from BCBSNC and/or its affiliates ("Products") through the services of Agent, an appointed agent of BCBSNC and the Group's Agent of Record ("AOR"). Group understands that the law and BCBSNC, through its contract and BCBSNC Policies and Procedures, set some requirements for services provided by Agent to Group. Group also understands that Agent provides more services than those required by BCBSNC to Group. Group agrees to pay Agent an agreed upon set of fees for each of the Products ("Agent Fees") for such additional services. Group would like BCBSNC to bill Group the Agent Fees. Agent would like BCBSNC to collect Agent Fees from Group and pay Agent Fees to Agency. Group, Agent, and Agency understand that BCBSNC is not responsible for any portion of the agreed upon Agent Fees or for the additional services provided by the Agent.

AGREEMENT

1. **Services Provided by Agent to Group.** Agent shall provide services related to each of the Products to Group that are consistent with all applicable laws, any contracts Agent may have with BCBSNC, and BCBSNC Policies and Procedures. Agent agrees, represents, and warrants that it has the authority to bind Agency to this Agreement. Group understands that BCBSNC has no liability or responsibility for services provided by the Agent outside of what is required by BCBSNC's agent/agency contracts and BCBSNC Policies and Procedures.

2. **Amount of Agent Fees.** Group agrees to pay the following Agent Fees for services provided by Agent in connection with each of the Products starting the Effective Date (check one of the two options):

(Complete only the applicable boxes)

Product Type	Percent of Monthly Premium (per employee per month)	Flat Fees per Month (per employee per month)
Health		\$10.00
Dental		
Stop-Loss		

3. **Agent of Record Change.** All Parties acknowledge that this Agreement does not restrict Group from changing or removing its AOR. Group understands that changing its AOR shall terminate this agreement and that any replacement AOR Agent Fees must be the same as the previous AOR's Agent Fees unless otherwise agreed upon by all the Parties.

4. **Remittance of Agent Fees to BCBSNC.** BCBSNC agrees to include Agent Fees in its monthly premium statement to Group for Products premium. Group shall include Agent Fees in its monthly remittance of premium payment to BCBSNC. While Agent Fees is held by BCBSNC, all parties agree that BCBSNC may earn interest or other investment income on such Agent Fees.

5. **Agent Fees to Agency.** BCBSNC shall pay Agent Fees to Agency on a monthly basis after receiving Agent Fees from Group. Should BCBSNC pay any amount of Agent Fees to Agency that BCBSNC, for any reasons, did not collect or was required to return from Group, BCBSNC shall notify Agency and BCBSNC shall recoup such Agent Fees amounts. BCBSNC, in its sole discretion, may recoup by demanding repayment from Agency or deduct such Agent Fees amounts from any future payments to Agency under any agreement between BCBSNC and Agency.

6. **Partial Payments.** In the event that Group does not remit the full amount of any monthly premiums and Agent Fees for any month, in its sole discretion, BCBSNC will review the amount and its policies and procedures at that time and determine whether to continue the Group's coverage. If the Group's coverage continues, Agent Fees will be paid to Agency for that time period of coverage. BCBSNC is not responsible for payment of Agent Fees if it does not receive Agent Fees from Group.

7. **Terminations.** This Agreement shall terminate: i) on the day that Group no longer purchases any Products as identified in this Agreement from BCBSNC; ii) on the effective date of when a Group changes its AOR or removes Agent as its AOR; iii) upon replacement with a new Agent Fees Collection Agreement; or iv) by any Party upon at least thirty (30) days prior written notice to all other Parties.


8. **Miscellaneous.** This Agent Fees Collection Agreement supersedes all prior Agent Fees Collection Agreements between the same parties. This Agreement embodies the entire agreement and understanding of the parties with respect of the subject matter of this Agreement. This Agreement may be amended, modified or supplemented only by written agreement of all of the parties hereto. The execution, interpretation, and performance of this Agreement shall be governed by the internal laws and judicial decisions of the State of North Carolina.



[Execution Page Follows]

In WITNESS WHEREOF, the parties have executed this contract.

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

Signed: 

Name: K. Steve Crist

Title: Vice President, Group Markets

Date: _____

GROUP

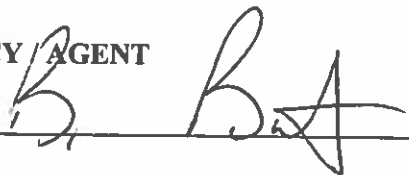
Signed: _____

Name: _____

Title: _____

Date: _____

AGENCY / AGENT

Signed: 

Name: Bryan Bickley

Title: Vice President, Benefits Consultant

Date: 4/15/19

Agency: James A. Scott & Son, Inc.

Agency Tax ID: 54-0372970

Group Application for Blue Cross and Blue Shield of North Carolina Coverage

<input type="checkbox"/> New Group	Prospect Number:	<input type="checkbox"/> Renewal Group	<input type="checkbox"/> Renewal (As-is) <input type="checkbox"/> Renewal (Plan / Other Changes)	Group Number:	Effective Date:
1. Name of Group:				Tax ID No (EIN):	
2. Physical Address:					
ADDRESS 1			ADDRESS 2		
CITY		STATE		ZIP CODE	COUNTY
Billing Address: (if different from above)					
ADDRESS 1			ADDRESS 2		
CITY		STATE		ZIP CODE	
3. Group Administrator:		Telephone Number:	Fax Number:	Email Address:	
4. Divisions/Subsidiaries/Affiliates to be covered (attach list if necessary):					
Name: _____			Relationship: _____		
Address: _____			Nature of Business: _____		
Group Name: _____		Group Number: _____		Email Address: _____	
City: _____		State: _____		Zip Code: _____	
Are you including any affiliated groups under your coverage that together make up a controlled group that is considered a single employer as defined under Section 414(b), (c), (m), or (o) of the Internal Revenue Code?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , how many total full-time equivalents are in the controlled group (all affiliated) commonly owned business? _____					
5. Industry Type (NAICS Code):					
6. Group is, as defined under the Patient Protection and Affordable Care Act, 45 C.F.R. §147.131, a(n)					
<input type="checkbox"/> Religious eligible organization (EBSA Form 700 or written notice to HHS is required) that is organized and operated as a non-profit					
<input type="checkbox"/> Closely held for-profit entity as defined by 45 C.F.R. §147.131(b)(4) (EBSA Form 700 or written notice to HHS is required) that is an eligible organization per 45 C.F.R. §147.131(b)					
<input type="checkbox"/> Religious Employer					
<input type="checkbox"/> None of the above					
7. Is coverage being offered to all full-time employees? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Group Name: _____

8. Group certifies whether or not it meets the definition of a Small Employer as defined by the North Carolina Small Employer Group Health Insurance Reform Act.

North Carolina General Statute § 58-50-110(22b): a "Small employer" means, in connection with a nongrandfathered, nontransitional group health plan with respect to a calendar year and a plan year, an employer who meets the definition of small employer under 42 U.S.C. § 18024(b)(2): An employer who employed an average of at least one but not more than 50 employees on business days during the preceding calendar year and who employs at least one employee on the first day of the plan year. The number of employees shall be determined using the method set forth in section 4980H(c)(2) of the Internal Revenue Code.

- Yes, as written before the passage of North Carolina Session Law 2013-357, AND is requesting a transitional plan
 Yes, as written after the passage of North Carolina Session Law 2013-357, AND is requesting an ACA plan or small group self-funded plan
 No

9. The Group certifies that all individuals enrolling for coverage meet the following definition of eligible employee: An eligible employee is an individual working 30 hours or more per week on a full-time basis with the employer reporting the FICA withheld by W2 Form on an annual basis. Persons whose compensation is reported entirely on 1099 Forms are not generally considered eligible. An individual who is a "statutory employee" as that term is defined under Internal Revenue Code Section 3121(d)(3) and works on a full-time basis for the Group may be considered eligible for small group coverage only. Documentation of "statutory employee" status is required. Yes No

ORIENTATION/PROBATIONARY PERIOD:

10. **Health, Dental Blue, Dental Blue Select, Dental Blue Preferred, Blue 20/20:** Eligibility requirements to be applicable to future employees. **Note: "0 day orientation/probationary period" is only available for health coverage for groups of 6 or more eligible employees:**

- 1st of the month following 30 days Next day following 60 days 0 day, effective on date of hire
 Next day following 30 days Next day following 90 days Self-Funded Groups Only:
 1st of the month following 60 days 0 day, effective 1st of the month following the date of hire (51+): Other _____ (not greater than 90 days)

At the time of initial enrollment, will all employees be enrolled as of the effective date of the group or should the probationary period apply?
 All Probationary Period

11. **Choose one of the following to be applicable to employees terminating coverage:**

- End of the contract month following employment termination
 Last day of employment (only available to groups of 6 or more eligible employees)

12a. **Domestic Partner Coverage Options**
(check all that apply):

- None Same Sex Opposite Sex

12b. **Self-Funded Groups Only (250+): Same Sex Spousal Coverage Option*:**

Do you want to provide same sex spousal coverage? Yes No

*If spouses are offered coverage, insured groups will automatically receive same sex spousal coverage.

GROUPS 51+:

13. Blue Cross NC standard eligibility allows for persons to be covered who are active, full-time employees, working 30 hours or more per week and their eligible dependents. Underwriting approval is required for any additional eligibility requests.

- Pre 65 Retirees (Before Eligible Retiree Coverage):** **Other Special Eligibility (please specify):**
 Yes No

MUNICIPALITIES AND COUNTY GOVERNMENT ONLY:

If you employ Elected Officials, do you want to provide Elected Official coverage? Yes No

Medical / Health and Dental Blue / Dental Blue Select / Dental Blue Preferred

14. **For Health Coverage:**
Number of Eligible Employees: _____
Number of Enrolled Employees: _____

15. Group Employer Contribution for health coverage (select one):
 Percentage Fixed
Employees: _____ % Dependents: _____ % Employees \$: _____ Dependents \$: _____

16. For Dental Coverage: Number of Eligible Employees: _____ Number of Enrolled Employees: _____

17. Will you offer dental coverage to: Employees only Employees and Retirees (only available to 51+)

18. Group Employer Contribution (percentage) for dental coverage: Employees: _____ % Dependents: _____ %

19. **For Self-Insured Dental Coverage:** Blue Cross NC offers a dental product which is intended to qualify as an excepted benefit (benefits include dollar limits on essential health benefits, i.e., pediatric dental services). In order to ensure the dental product qualifies as an excepted benefit, participants must be able to select or decline dental coverage independent from health coverage. **Failure to meet this requirement could implicate issues under the Patient Protection and Affordable Care Act.**

20. **Please provide the average number of employees at your company during the preceding calendar year. This average must include all individuals employed by your company, whether an employee was full-time, part-time, and/or seasonal. Important: The federal government requires the total average number, regardless of whether employees were eligible to enroll, and/or participated in the group insurance coverage. Only include temporary employees if they worked for your company (i.e., employees that receive a W-2).**

Number of Employees

Group Name: _____

21. All employer-sponsored group health plans must offer COBRA continuation coverage unless the employer is exempt from COBRA. (An employer is exempt if the group (i) employed fewer than 20 employees (including all full-time, part-time, and seasonal employees) on at least 50% of its working days during the preceding calendar year; or (ii) is a church plan or governmental plan as defined under the Internal Revenue Code.)

Is your group health plan required to comply with federal COBRA continuation coverage requirements for this contract year? Yes No

Insured ONLY: For the group health plans selected below (medical / dental only), will the group delegate COBRA administration (as outlined in the Group Contract) to Blue Cross NC's designee?

Yes No, the group opts out of this service and will obtain its own COBRA administrator.

22. The Employee Retirement Income Security Act of 1974 (ERISA) regulates employee health benefit plans sponsored by most employers. Governmental Plans and church-sponsored plans (as defined by federal law) are exempt.

Will this coverage insure an Employee Welfare Benefit Plan that is regulated by ERISA? Yes No

If you checked yes, please identify a contact person for ERISA plan information.

Name and Title: _____

Address: _____ Phone: _____

23. Under federal law, the Plan Administrator may be required to provide a notice to Plan Participants who do not read English but are literate in another language, advising them of where they can get information and assistance concerning their benefits and member rights. The notice must be in their primary language and appear in the summary plan description (member booklet). The following information is being requested to determine if such a notice will be necessary. It may also assist Blue Cross NC in meeting special customer service needs.

For Groups 1-99: Are 25% or more of all plan participants literate only in the same foreign (non-English) language? Yes No

For Groups 100+: Are 10% or more (or 500) of the plan participants whichever is less, literate only in the same foreign (non-English) language? Yes No

If Yes, what is the primary language (e.g., Spanish)? _____

If Yes, what is the primary language (e.g., Spanish)? _____

24. The Group acknowledges that it agrees to pay Blue Cross NC the following rates for the benefits below.

Please check the benefit plan(s) you have selected for your group. If you will be contributing to an HSA during the benefit period, please verify benefit plans, annual contribution amounts, and the HSA administrator you will be contributing through.

Blue OptionsSM (PPO) / Blue Care[®] (HMO) / Classic Blue[®] (CMM) / Blue Value 1-2-3SM (PPO) / Blue ValueSM (POS) / Blue SelectSM (PPO) 51+ / Blue Select PlusSM (PPO) / Blue LocalSM with Atrium Health* / Dental Blue / Dental Blue Select / Dental Blue Preferred 51+ / Blue 20/20

If quote number/product name selected is not displayed, please enter quote number/product name under appropriate product.

* The group understands that the plan selected has a local provider network limited to the Blue Local with Atrium Health network. The group certifies that all covered employees live in one of the following approved counties: Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Rowan, Stanly, and Union. The group acknowledges that not all Blue Cross NC contracted providers are in this plan's network. The group also acknowledges that if a covered employee uses a provider not in this plan's network, the employee may receive benefits at the out-of-network level.

Quote Number: _____

Plan Name: _____

Quote number and rates for groups. Small employers enrolling in two plans must indicate high and low plan.

Group Name: _____

25. Are you pairing your benefit with an HRA? Yes No

If yes, please choose: Integrated Blue Cross NC Fund Administrator (Health Equity) Other Fund Administrator

Is the group an S-Corp? Yes No

If yes, are the owners electing coverage? Yes No If yes, please provide the name of the owner(s) _____

26. FULLY INSURED SMALL GROUPS (1-50 Eligible Employees if Grandfathered or Transitional, Otherwise, 1-50 Full-Time Equivalents)

Please select your HSA Administrator Option:

Integrated Blue Cross NC Fund Administrator (Health Equity) Other Fund Administrator

27. LARGE GROUPS (51+ Eligible Employees if Grandfathered, Otherwise, 51+ Full-Time Equivalents, 26+ Self-Funded)

Blue Options HSASM - HSA Eligible Plans

This section must be completed to ensure accurate enrollment. Please write in quote information below, if existing quotes do not reflect the Group's final choices. Any change in the amounts you listed below could result in a change to the rate you were quoted. Please also verify if fees should be included in the premium or deducted from the employee's HSA account. (51+)

Quote Number	LOB	ANNUAL FUND CONTRIBUTION AMOUNT (in dollars)						HSA Administrator	Include in Premium	Deduct from Employee's HSA Account
		Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family	Employee + 1 Other			
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										

28. Certification of Compliance with Federal and/or State Mandates: Federal Social Security laws require employers to provide primary health care benefits under employer group health plans to certain individuals who are entitled to Medicare. The Group certifies and agrees that individuals eligible for Medicare, who are required to receive primary health care benefits under the Group's employee group health plan pursuant to federal Social Security laws, will be enrolled in a manner consistent with such laws. The Group hereby agrees to indemnify Blue Cross NC, hold it harmless against and reimburse it for any and all expenses paid or incurred by Blue Cross NC due to any act or omission of the Group or the employer inconsistent with the relevant Social Security laws, as amended.

Blue 20/20 Vision

29. (a) Will the Employer pay any amount towards the vision premium? Yes No
- (b) Employer (group) paid premium contribution percentage: For Employee: _____% For Dependents: _____%
- (c) Is your group vision plan exempt from COBRA? Yes No
- (d) For Vision Coverage: Number of Eligible Employees _____ Number of Enrolled Employees _____

PLAN OPTIONS: (select)

Note: Premiums are based on a Per Employee Per Month fee

Blue 20/20 Exam Only	Exam copay <input type="checkbox"/> \$0 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25	Employee Only \$ _____ Employee + Spouse/Domestic Partner \$ _____ Employee + Children \$ _____ Employee + Family \$ _____
Blue 20/20 Exam Plus	Exam copay <input type="checkbox"/> \$0 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 Lens copay <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 Frame allowance <input type="checkbox"/> \$100 <input type="checkbox"/> \$130 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 <input type="checkbox"/> \$300 Frame frequency <input type="checkbox"/> 1 per 12 months <input type="checkbox"/> 1 per 24 months	Employee Only \$ _____ Employee + Spouse/Domestic Partner \$ _____ Employee + Children \$ _____ Employee + Family \$ _____
Blue 20/20 Lens & Frame Only	Material allowance <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 <input type="checkbox"/> \$300	Employee Only \$ _____ Employee + Spouse/Domestic Partner \$ _____ Employee + Children \$ _____ Employee + Family \$ _____

Payment Options:

30. Authorization for Bank Draft

New Groups:

- Automatic Bank Draft** - withdraw the Group's initial and subsequent monthly premium payments (recurring payments). This authorization will remain in effect until an authorized representative of the Group revokes it in writing at least 10 days prior to the date the account is scheduled to be charged. (Required for small group self-funded plans)
- Monthly Payments Online** - withdraw the Group's initial premium payment (a one-time payment). The Group will log into Blue Cross NC's Employer Services website for each additional month they would like drafted.
- Paper Transactions** - A check is enclosed for the premium payment. Future monthly payments will be made by check upon receipt of a paper invoice.

Renewing Groups:

Required for small group self-funded plans. The automatic bank draft options shown above are available to renewal groups as well. Renewal groups may elect the desired options by logging into Blue Cross NC's Employer Services website at <https://www.bluecrossnc.com/employer-services>.

Name of Bank Account Holder: _____

Bank Routing Transit Number:

This number appears in the lower left-hand corner of your check.

Bank Account Number:

This number appears to the right of the transit number and is separated from the transit number by symbols/spaces. Your number may be shorter than the boxes provided above.

See authorization for bank drafts under Statement of Understanding.

Group Name: _____

31. Agent Fee Payments:

In applying for this coverage, the self-funded groups (26+) and insured groups (100+) understand that they are responsible for reaching an agreement with the producer regarding agent fee payments. While Blue Cross NC is not responsible for producer agent fee, Blue Cross NC is available to help facilitate the process. A separate agreement where Blue Cross NC will bill the Group and accept producer agent fee payments from the Group on behalf of a producer is available.

32. Effective Date of Coverage:

Subject to the acceptance of this application by Blue Cross NC at its home office and the payment of applicable fees, the effective date of coverage for the group health plan, pursuant to this application, shall be 12:01 AM Eastern time on the _____ day of _____ (month), _____ (year).

33. Statement of Understanding:

Insured Groups Only (all sizes):

By signing below, I certify that I am the authorized signer on behalf of the Group and that all information provided is complete and accurate. I further understand that submission of this application and requisite fees constitutes an offer and a binding contract upon acceptance, as applicable, by Blue Cross NC. Acceptance of the offer by Blue Cross NC shall be signified by the earlier of the following events: Blue Cross NC's issuance of the Group Contract or issuance of identification cards to the Group's members. The Contract issued by Blue Cross NC shall set out the terms of the agreement between the parties, and this application shall be incorporated therein by reference. Group agrees that the Contract shall be binding upon the parties as issued, without the necessity of signature by the Group. In the event Blue Cross NC issues the Group Contract electronically, it may be accessed via www.bluecrossnc.com/employer-services, or may be requested in writing by calling **1-800-446-8053**. A representative sample of the Contract is available upon request.

Groups that select an HSA administered by Blue Cross NC's chosen HSA administrator:

I understand that submission of this application and requisite fees constitutes an offer and a binding contract upon acceptance, as applicable, by Blue Cross NC's chosen HSA administrator. The Contract provided by Blue Cross NC and the HSA administrator shall set out the terms of the agreement between the parties.

Fully Insured Small Group Disclosure (Required by NCGS 58-50-130(d)):

By signing below, I attest to understanding that in connection with offering a health benefit plan, Blue Cross NC guarantees the availability and renewability of coverage for small employers; provides 12-month initial and renewal rate guarantees unless benefits are changed; and that benefits available and premiums charged for health benefit plans offered to small employers are available upon request.

Self-Funded Groups:

By signing below, I certify that I am the authorized signer on behalf of the Group and that all information provided is complete and accurate. I understand that as a self-funded group the Group will enter into an Administrative Services Agreement (ASA) with Blue Cross NC for claims administration that requires a separate signature. If the Group is purchasing HRA/FSA Administration through an administrator, a separate contract may be required.

Groups who have selected Automatic Draft:

I further certify that I am an authorized user of the bank account designated on this application ("Bank Account"). I hereby request and authorize Blue Cross and Blue Shield of North Carolina (Blue Cross NC) to charge the initial and/or subsequent premium payments, payments for health products, as I further certify, to the Bank Account payable to the order of Blue Cross NC. I agree that Blue Cross NC's rights in respect to the bank draft shall be the same as if it were a check drawn on the Bank Account and signed by me or another authorized user. I also authorize the financial institution to reduce the balance of the Bank Account by the amount of the bank draft. I agree that if such charges be dishonored, whether with or without cause and whether intentionally or inadvertently, Blue Cross NC shall have no liability whatsoever even though dishonor results in forfeiture of insurance. Finally, I understand that unless noted on this application all invoices will be available on the Blue Cross NC's Employer Services website (www.bluecrossnc.com/employer-services) and I will not receive a paper invoice.

Signature of Authorized Official: _____ Date: _____
MM/DD/YYYY

Email Address: _____

Print Name: _____ Title: _____

Agent Name: _____ Date: _____
MM/DD/YYYY

Agent Number: _____

Effective Date	July 1, 2019
Expiration Date	June 30, 2020
Group Name	County of Chatham
Service City	Pittsboro
COBRA Administrator	Flores & Associates
If not CobraServe, please provide COBRA Administrator phone number	704-335-8211
Summary Plan Description	YES
ERISA Number	501
ERISA Name	County of Chatham Group and Welfare Plan
Sponsor Name	County of Chatham
Sponsor Address (City, State Zip)	Street Address12 East Street CityPittsboro StateNC Zip Code27312
Sponsor Tax ID #	56-6000284
Sponsor Telephone	919-548-8301
Affiliate Name	N/A
Plan Administrator	County of Chatham
Plan Address	Street Address12 East Street CityPittsboro StateNC Zip Code27312

Program Selection Chart (ASO and Balanced Funding 250-999 eligible subscribers)

Important contractual document. Please retain for your records.

Unless otherwise noted, all fees listed below will be billed as a Care Management fee on your monthly Statement of Account. Care Management fees are a component of Claims Expense and are included in your claims projections.

Program		Description
The programs below are incorporated into your medical benefits. The applicable fee is listed.		
Mental Health/Substance Abuse Management	\$0.28 Per member per month	Provides utilization management for higher levels of care, including the provision of: preauthorization, referral to the Blue Cross NC provider network, care coordination, case management, and after-care planning.
Diagnostic Imaging Management (DIM) UDS 153	\$0.35 Per member per month	Requires prior review for all CT, CTA, MRI, MRA, PET scans, Echocardiography and nuclear cardiology studies performed in an outpatient setting. Managed by American Imaging Management, Inc (AIM).
Medical Oncology Solution UDS 193	\$0.21 Per member per month	Promotes the use of evidence-based treatment guidelines and quality outcomes by efficient use of chemotherapy and supportive agents.
Specialty Care Shopper Program UDS 194	\$0.06 Per member per month	Guides providers and members to best imaging site by providing cost and quality transparency for CT and MRI studies. If included, SmartShopper must be excluded.
Sleep Study Management Program UDS 195	\$0.10 Per member per month	Requires prior approval for sleep studies and related durable medical equipment.
Telehealth Service UDS 286	Pricing varies based on selection Per employee per month	Provides services to members via remote consultation with a doctor who can diagnose health issues and prescribe medication. Package 1: Standard Package 2: Standard + Audio-only option Package 3: Standard & Behavioral Health w/Audio-only + Dermatology
Signature Service UDS 196 (SS PLUS SHA); UDS 197 (SS PLUS DED) UDS 198 (SS PREM SHA); UDS 199 (SS PREM DED) UDS 207 (SS ULT SHA); UDS 208 (SS ULT DED) Note: program is only available to ASO groups with 500+ enrolled subscribers	Pricing varies based on selection Per member per month	A high touch service solution designed to provide expert service and support, educate and drive engagement in your benefit programs, and simplify the overall healthcare experience for employers and members. *Group must have 10,000+ members to qualify for Dedicated support.
Program		Description
The standard programs below are charged at a rate of \$0.79 PMPM.		
Healthy Outcomes Condition Care UDS 188		Provides support for members with Diabetes, Asthma, Coronary Artery Disease, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. Includes printed material as well as telephonic disease management health coaching. Intensity of coaching varies by acuity.
My Pregnancy Program UDS 172		Supports expecting mothers through pregnancy and delivery. Includes educational material and tailored risk assessments.
Health Line Blue UDS 142		24/7 Nurse Line: Confidential health information resource staffed by highly trained registered nurses.
Online Wellness Programs UDS 192		Online Wellbeing Assessment*, Goal Setting and Tracking, Personal Health Record, Wellness Tools, Educational Materials, Wellness Courses, and Coaching. Wellbeing Assessment can be suppressed; see Wellness Plan selection below for more information. *Paper assessments have an additional cost of \$16.50 per processed form.
Wellness Plan Design UDS 176		Refers to the wellness experience in the Healthy Outcomes wellness portal. Design options range from non-tracking, participation-based, to activity or points-based, by which members complete wellness activities to reach a goal. Weekly reporting tracks activities completed and credits earned. Note: Choosing Core A (1a) will suppress the Wellbeing Assessment.

Wellness Tracking (check all that apply)	Employees only UDS 184 Employees & Spouses UDS 184	Pre-65 Retirees UDS 186 Post-65 Retirees UDS 187	Employees, Spouses & Dependents over 18 UDS 184 N/A
Customized Reporting <i>Subject to BCBSNC Approval</i>	Additional fees may apply to customized reporting.		
Program		Description	
The programs below are optional at the indicated price.			
Depression Management UDS 173	\$0.09 Per member per month	Disease management program that provides holistic support and ongoing education to help members manage and cope better with their depression.	
Pain Management UDS 174 • Comprehensive • Fibromyalgia/Migraine	\$0.36 \$0.09 Per member per month	Disease management program that includes support for: back pain (including upper and lower back and neck); rheumatoid arthritis; migraines and tension headaches; fibromyalgia; tendonitis/bursitis; elbow and rotator cuff disorders; carpal tunnel syndrome; osteoarthritis; frozen shoulder; and regional musculoskeletal disorders.	
Lifestyle Coaching UDS 175	\$0.22 Per member per month	Live coaching program that encourages members to adopt healthier behaviors. Members receive one-on-one coaching through phone and email. Program Election Chart must be completed to receive complimentary BeHealthy campaign.	
Eat Smart, Move More, Weigh Less UDS 148 <i>Not billed as a Care Management Fee</i>	\$205.00 Per participant per Part	Part 1 is a 15-week weight management program. Part 2 is a 12-biweekly weight management continuation program. This will be billed through claims, not as a Care Management fee.	
Rx Savings Solutions UDS 227	35% Shared Savings, quarterly	Analyzes prescription drug claims to deliver members personalized recommendations on medications that would achieve desired clinical outcomes and maximum savings. Included for Balanced Funding at no cost. PharmaSure groups must include.	
GuidedHealth Rx Program UDS 023	\$0.10 Per member per month	Identifies drug therapy opportunities and engages doctors to improve care and lower costs using an analysis of pharmacy and medical data.	
SmartShopper Program UDS 189	\$2.35 Per employee per month	SmartShopper is an engagement incentive program - part of the Blue Cross NC cost transparency tool. It pays members cash for shopping for certain procedures and selecting a cost effective provider. If included, Specialty Care Shopper must be excluded. Activation form must be completed and sent to Vitals.	

Caveats:

1. Depression Management, Comprehensive Pain Management, and Fibromyalgia and Migraine Pain Management programs cannot be purchased if the Healthy Outcomes Condition Care program is carved out of the core package.
2. Member portal will only display programs purchased.
3. Please refer to the full rate exhibits for complete list of all rating assumptions and caveats.
4. Fees are effective as of the contract renewal date stated on this document, and are subject to change during the year.
5. Online wellness programs must be purchased if Health Assessment is chosen.
6. Lifestyle Coaching is not available to groups in Core A.
7. With regard to the Wellness Plan Design, if you choose to offer rewards, please consult with your tax advisor and attorney to ensure that the design and any rewards comply with all applicable laws and regulations. Employer remains responsible for designing and funding the rewards component.

By signing below, I agree that this document accurately reflects (1) the program selections that will be charged as care management fees and (2) the Wellness Plan Design selected and any additional fees, if any, that will be charged as administrative fees under the administrative services agreement with BCBSNC for the above-noted contract year. I further acknowledge that if any other incentives are provided by the Group (e.g. PTO) BCBSNC has no responsibility or liability with regard to the administration of those incentives other than providing necessary reports.

Plan Administrator Signature _____ Date _____



Uniform Benefit Changes

In a continuing effort to offer quality, cost-effective health care coverage, the following changes have been made to Blue Cross and Blue Shield of North Carolina's (Blue Cross NC's) base benefits. These changes are effective at the group's effective/renewal date.

Existing Benefit Design	Product Lines	Benefit Changes
		For groups with effective dates 07/1/2018 - 09/30/2019
Accumulators Blue Options HSA plans with aggregate deductibles and Out of Pocket Limits	Blue Options SM Blue Value SM Blue Local with Carolinas HealthCare System SM	For all non-grandfathered plans that move from Blue Options HSA with an individual deductible \$3,000 or greater to the new HSA eligible medical plan with an individual deductible of \$3,000 or greater and purchase it with an HSA Fund. <ul style="list-style-type: none"> Plans will have embedded Deductible and Out of Pocket Limits
		For groups with effective dates 01/1/2019 - 12/31/2019
Routine Vision Exam Adults and Children Covered at 100%	Blue Options SM Blue Options 1-2-3 SM Blue Value SM Blue Value 1-2-3 SM Blue Local with Carolinas HealthCare System SM	For all non-grandfathered plans Blue Cross NC will longer cover routine vision exams embedded in the medical plan. <ul style="list-style-type: none"> Routine vision exam not covered for adults and children
		For groups with effective dates 01/1/2019 - 12/31/2019
Lenses and Frames Riders (optional coverage) Partial coverage for eyeglasses and contact lenses	Blue Options SM Blue Options 1-2-3 SM Blue Value SM Blue Value 1-2-3 SM Blue Local with Carolinas HealthCare System SM	For all non-grandfathered plans Blue Cross NC will longer offer the lenses and frames riders. <ul style="list-style-type: none"> Lenses and Frames riders removed; no longer offered
		For groups with effective dates 01/1/2019 - 12/31/2019
Telehealth (26+ Balanced Funding - Standard) Not covered	Blue Options SM Blue Options 1-2-3 SM Blue Value SM Blue Value 1-2-3 SM Blue Select SM	Blue Cross NC will add Telehealth benefits from MDLIVE to ASO groups with Standard Balanced Funding plan designs. <ul style="list-style-type: none"> Telehealth – medical/acute care only Covered at the PCP cost share
		For groups with effective dates 01/1/2019 - 12/31/2019
Interim Caries Arresting Medicament	Dental Blue® Dental Blue Select SM	Blue Cross NC will cover ADA dental code D1354 <ul style="list-style-type: none"> Limited to members up through age 6, for primary teeth only
		For groups with effective dates 01/1/2019 - 12/31/2019
Blue Local with Carolinas HealthCare System	Blue Local with Carolinas HealthCare System SM	Blue Cross NC will change the name to the following: <ul style="list-style-type: none"> Blue Local with Atrium Health

®, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.



Chatham County, NC

Text File

File Number: 19-3058

Agenda Date: 5/6/2019

Version: 1

Status: Agenda Ready

In Control: Board of Commissioners

File Type: Contract

Agenda Number:

Vote on a request to approve a Duke Energy easement for the Seaforth High School site.

EASEMENT

NORTH CAROLINA
CHATHAM COUNTY
PPN: 0063027

Prepared By: Brenadette Turner
WO 32253739
Return To: Duke Energy Progress, LLC
Attn: Brenadette Turner
411 Fayetteville St.,
MC: NCRH16
Raleigh, NC 27601

THIS EASEMENT ("Easement") is made this _____ day of _____, 20_____
("Effective Date"), from **COUNTY OF CHATHAM**, ("GRANTOR," whether one or more), to **Duke Energy Progress, LLC,**
a North Carolina limited liability company ("DEP"); its successors, licensees, and assigns.

WITNESSETH:

THAT GRANTOR, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt and sufficiency of which are hereby acknowledged, does hereby grant unto DEP, its successors, licensees, and assigns, the perpetual right, privilege, and easement to go in and upon the land of GRANTOR situated in **New Hope Township**, described as follows: **containing 53.40 acres, more or less (each parcel) and being land described in a deed from Chatham County Board of Education to County of Chatham, dated 6/27/2018 and recorded in Deed Book 1997 Page 916, Chatham County Registry** (the "Property"), LESS AND EXCEPT any prior out-conveyances, and to construct, reconstruct, operate, patrol, maintain, inspect, repair, replace, relocate, add to, modify and remove electric and/or communication facilities thereon including but not limited to, supporting structures such as poles, cables, wires, guy wires, anchors, underground conduits, enclosures/transformers, vaults and manholes, and other appurtenant apparatus and equipment (the "Facilities") within an easement area being thirty (30) feet wide for the overhead portion of said facilities and twenty (20) feet wide for the underground portion of said facilities together with an area ten (10) feet wide on all sides of the foundation of any DEP enclosure/transformer, vault or manhole (the "Easement Area"), for the purpose of transmitting and distributing electrical energy and for communication purposes of DEP and Incumbent Local Exchange Carriers. The centerline of the Facilities shall be the center line of the Easement Area.

The right, privilege and easement shall include the following rights granted to DEP: (a) ingress and egress over the Easement Area and over adjoining portions of the Property (using lanes, driveways and paved areas where practical as determined by DEP); (b) to relocate the Facilities and Easement Area on the Property to conform to any future highway or street relocation, widening or improvement; (c) to trim and keep clear from the Easement Area, now or at any time in the future, trees, limbs, undergrowth, structures or other obstructions, and to trim or clear dead, diseased, weak or leaning trees or limbs outside of the Easement Area which, in the opinion of DEP, might interfere with or fall upon the Facilities; (d) to install guy wires and anchors extending beyond the limits of the Easement Area; and (e) all other rights and privileges reasonably necessary or convenient for DEP's safe, reliable and efficient installation, operation, and maintenance of the Facilities and for the enjoyment and use of the Easement Area for the purposes described herein.

Notwithstanding anything to the contrary above, it is understood and agreed that: (1) the EASEMENT herein granted is for facilities to be installed at any point where needed on the above-referenced land of GRANTOR and/or where needed to serve adjoining lands, portions of which facilities may be installed immediately, and other portions installed in the future as the need develops; and (2) said facilities shall be installed at locations mutually agreeable to the parties hereto.

TO HAVE AND TO HOLD said rights, privilege, and easement unto DEP, its successors, licensees, and assigns, forever, and GRANTOR, for itself, its heirs, executors, administrators, successors, and assigns, covenants to and with DEP that GRANTOR is the lawful owner of the Property and the Easement Area in fee and has the right to convey said rights and Easement.

IN WITNESS WHEREOF, this EASEMENT has been executed by GRANTOR and is effective as of the Effective Date herein.

CHATHAM COUNTY

By: _____
Mike Dasher, Chairman,
Board of Commissioners

ATTEST:

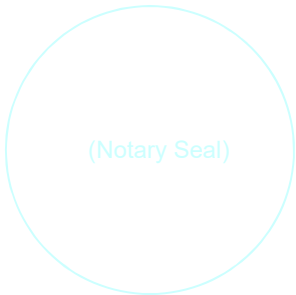
Lindsay K. Ray, Clerk

(Affix Official Seal)

NORTH CAROLINA, _____ COUNTY

I, _____, a Notary Public of _____ County, North Carolina, certify that _____ personally appeared before me this day and acknowledged that he/she is _____ Clerk of CHATHAM COUNTY, and that by authority duly given and as the act of said COUNTY, the foregoing EASEMENT was signed in its name by its _____ Chairman, sealed with its official seal, and attested by _____ self as its _____ Clerk.

Witness my hand and notarial seal, this _____ day of _____, 20____.



(Notary Seal)

Notary Public

My commission expires: _____



Chatham County, NC

Text File

File Number: 19-3055

Agenda Date: 5/6/2019

Version: 1

Status: Agenda Ready

In Control: Board of Commissioners

File Type: Resolution

Agenda Number:

Vote on a request to adopt a Resolution Proclaiming June 15th as Vulnerable Adult and Elder Abuse Awareness Day in Chatham County.



Established 1771

CHATHAM COUNTY COMMISSIONERS

Mike Dasher, Chair
Diana Hales, Vice Chair
Jim Crawford
Karen Howard
Walter Petty

COUNTY MANAGER

Dan LaMontagne

P. O. Box 1809, Pittsboro, NC 27312-1809 • Phone: (919) 542-8200

Resolution of the Chatham County Board of Commissioners

Proclaiming June 15th as Vulnerable Adult and Elder Abuse Awareness Day in Chatham County

WHEREAS, Chatham County joins organizations across the globe in promoting World Elder Abuse Awareness Day on Thursday, June 15, 2019, while also recognizing the period between Mother's Day (May 12th) and Father's Day (June 16th) to raise further awareness about elder abuse in its various forms; and

WHEREAS, research shows that abuse, neglect and exploitation of vulnerable and older adults remain grossly underreported and affect vulnerable and older adults of all social, economic, racial and ethnic backgrounds; and

WHEREAS, protecting vulnerable and older adults is a community responsibility and all citizens are charged under State law to report suspected abuse, neglect or exploitation to County Social Services; and

WHEREAS, fraud and scams against older adults remain a major problem, which robs people of their income and dignity; and

WHEREAS, the Chatham County Department of Social Services, the Chatham County Council on Aging, N.C. Cooperative Extension—Chatham County, and the Chatham Sheriff's Office are among the many local organizations and groups working to raise greater awareness about elder abuse in its various forms.

NOW THEREFORE, BE IT RESOLVED by the Chatham County Board of County Commissioners that June 15, 2019 is proclaimed Vulnerable Adult and Elder Abuse Awareness Day. Furthermore, the people of Chatham County are encouraged to observe the period between Mother's Day and Father's Day as a special time to honor and respect vulnerable and older adults, help prevent their abuse and exploitation, and take steps otherwise to promote their well-being.

Adopted by the Chatham County Board of Commissioners on _____.

Mike Dasher, Chairman
Chatham County Board of Commissioners

ATTEST:

Lindsay K. Ray, NCCCC, Clerk to the Board
Chatham County Board of Commissioners



Chatham County, NC

Text File

File Number: 19-3054

Agenda Date: 5/6/2019

Version: 1

Status: Board Priorities

In Control: County Manager's Office

File Type: Agenda Item

Agenda Number:

Fiscal Year 2019-2020 Recommended Budget Presentation

Staff will present the Fiscal Year 2019-2020 Recommended Budget



Chatham County, NC

Text File

File Number: 19-3052

Agenda Date: 5/6/2019

Version: 1

Status: Board Priorities

In Control: Board of Commissioners

File Type: Agenda Item

Receive a presentation by Chatham County historian Gene Brooks



Chatham County, NC

Text File

File Number: 19-3053

Agenda Date: 5/6/2019

Version: 1

Status: Board Priorities

In Control: Board of Commissioners

File Type: Agenda Item

Receive presentation in support of keeping the statue in front of the Historic Courthouse



Chatham County, NC

Text File

File Number: 19-3057

Agenda Date: 5/6/2019

Version: 1

Status: Agenda Ready

In Control: Board of Commissioners

File Type: Agenda Item

Agenda Number:

Vote on a request from the Chatham County Republican Party to approve the appointment of Ernie Andrew Wilkie as Chatham County Commissioner representing District 5.

The Chatham County Republican Party Executive Committee respectfully submits Mr. Ernie Andrew Wilkie, of 3137 Goldston/Glendon Road, Goldston North Carolina as the recommended replacement for Commissioner Walter Petty, who recently announced his resignation from the Chatham County Board of Commissioners. Per North Carolina general statute 153A-27, Mr. Wilkie is a registered Republican residing in Commissioner District 5 in Chatham County.

Mr. Wilkie is a Chatham County native and a graduate of Chatham Central High School. He served six years as a paratrooper in the Army Reserves at Fort Bragg before earning a Social Science degree from Appalachian State University. After college graduation, Mr. Wilkie was a Head Start health coordinator for several counties in North Carolina.

While the owner and operator of a Sanford business for 34 years, he created Project Help, a non-profit serving the homeless in Sanford. In addition, to honor a classmate killed in war, Mr. Wilkie created a scholarship fund for high school seniors that continues to award funds annually to four Chatham Central graduates.

A member of the American Legion, Mr. Wilkie has also been a member of the Lions Club, the Chatham County Historical Association, and the Chatham Arts Council.

The Chatham County Republican Party respectfully urges you to confirm Mr. Wilkie for the Chatham County Board of Commissioners.