Division of Public Health
Agreement Addendum
FY 22-23

Chatham County Public Health Department **Local Health Department Legal Name**	Epidemiology / Communicable Disease Branch **DPH Section / Branch Name**
543 ELC Enhancing Detection Activities **Activity Number and Description**	Vanessa M. Gailor 919-546-1658 vanessa.greene@dhhs.nc.gov **DPH Program Contact** (name, phone number, and email)
06/01/2022 – 05/31/2023 **Service Period**	**DPH Program Signature** **Date** (only required for a negotiable Agreement Addendum)
07/01/2022 – 06/30/2023 **Payment Period**	

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ___

I. Background:

The primary mission of the Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, investigation, testing, treatment, tracking, control, education, and care activities to improve the health of people in North Carolina.

As part of the "Paycheck Protection Program and Health Care Enhancement Act of 2020 (P.L. 116-139, Title I)", the ELC has awarded a total of $10.25 billion dollars to their recipient base in a program-initiated component funding under the Emerging Issues (E) Project of CK19-1904, henceforth," ELC Enhancing Detection" supplement. These funds are broadly intended to provide critical resources to state, local, and territorial health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Direct recipients are limited to existing jurisdictions covered under CK19-19041. Ongoing monitoring of milestones and performance measures will be utilized to gauge progress toward successful completion of priority activities supported with these funds.

The Division of Public Health (DPH), Communicable Disease Branch (CDB), is continuing allocation of these "Enhancing Detection" funds to all local health departments.

II. Purpose:

This Activity provides complementary funding to the Local Health Department in order for it to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems, thus maximizing the public

DocuSigned by:
Michael Zelek
E947D...

Health Director Signature (use blue ink or verifiable digital signature)

7/7/2022
Date

LHD to complete: [For DPH to contact in case follow-up information is needed.]	LHD program contact name:	**Anne Lowry**
	Phone and email address:	**919-545-8310 anne.lowry@chathamcountync.gov**

Signature on this page signifies you have read and accepted all pages of this document. Template rev. August 2021

health impact of available resources. These additional resources, by law, are intended to "prevent, prepare for, and respond to coronavirus" by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other activities related to COVID–19 testing, case investigation and contact tracing, surveillance, containment, and mitigation (including interstate compacts or other mutual aid agreements for such purposes).

III. Scope of Work and Deliverables:

All of the activities the Local Health Department performs under this Agreement Addendum shall be informed by the NC DHHS COVID-19 Guidance for Health Care Providers and local health departments.[1]

For **each of the six activities** listed below (Paragraphs 1 through 6), the Local Health Department (LHD) shall identify and address **one or more** of the allowable activities listed, with an emphasis on testing and tracing:

1. Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

a. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.

b. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance.

c. Build expertise to support management of the COVID-19 related activities within the jurisdiction (e.g., additional leadership, program and project managers, budget staff).

d. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance.

2. Strengthen Community Laboratory Testing

a. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2 among all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance, including testing of asymptomatic individuals.

   1. Strengthen ability to quickly scale testing as necessary to ensure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner.
   2. Build local capacity for testing of SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.

b. Enhance laboratory testing capacity for SARS-CoV-2 outside of public health laboratories.

   1. Establish or expand capacity to coordinate with public/private laboratory testing providers, including those that assist with surge and with testing for high-risk environments.

[1] https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#all-guidance-for-health-care-providers-and-local-health-departments

2. Secure and/or utilize mobile laboratory units, or other methods to provide point-of-care (POC) testing at public health-led clinics or non-traditional test sites (e.g., homeless shelters, food processing plants, prisons, Long Term Care Facilities [LTCFs]).

c. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.
    1. Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders.
    2. Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, type will be used to create data visualizations that will be shared with the public, state health department, and community partners.

3. Advance Electronic Data Exchange at Public Health Labs

a. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.
    1. Enhance laboratory test ordering and reporting capability.
        a. 100% of results must be reported with key demographic variables including age/gender/race via NCCOVID.
        b. Report all testing to the state health department using NCCOVID.

4. Improve Surveillance and Reporting of Electronic Health Data

a. Use NCCOVID to ensure complete, up-to-date, automated reporting of morbidity and mortality to NC DPH of COVID-19 and other conditions of public health significance by:
    1. Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals without severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.
    2. Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zip code level to inform community mitigation strategies.

b. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to NC DPH via NCCOVID
    1. At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SAR-CoV-2 including serology testing).
    2. Assist NC DPH in the process of automating the receiving of electronic health record (EHR) data, including electronic case reporting (eCR) and fast healthcare interoperability resources (FHIR)-based eCR to generate initial case reports as specified by NC DPH for the reportable disease within 24 hours and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death.
    3. Utilize eCR data to ensure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.

c. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
    1. Assist NC DPH with required expansion of reporting facility capacity, resources, and patient impact information, such as patients admitted and hospitalized, in an electronic, machine-readable, as well as human-readable visual, and tabular manner, to achieve 100% coverage in jurisdiction and include daily data from all acute care, long-term care, and ambulatory care settings. Use these data to monitor facilities with confirmed cases of COVID-19/SARS-CoV-2 infection or with COVID-like illness among staff or residents and facilities at high risk of acquiring COVID-19/SARS-CoV-2 cases and COVID-like illness among staff or residents.

d. Enhance systems for flexible data collection, reporting, analysis, and visualization.
    1. Make data on case, syndromic, laboratory tests, hospitalization, and healthcare capacity available on health department websites at the county/zip code level in a visual and tabular manner.

e. Establish or improve systems to ensure complete, accurate and immediate (within 24 hours) data transmission to NCCOVID and open website available to the public by county and zip code, that allows for automated transmission of data to NC DPH via NCCOVID.
    1. Track via NC DETECT 100% of emergency department and outpatient visits for COVID-like illness, as well as other syndromes/illnesses, to CDC.
    2. Submit all case reports in an immediate, automated way to CDC for COVID-19/SARS-CoV-2 and other conditions of public health significance with associated required data fields via NCCOVID.
    3. Provide accurate accounting of COVID-19/SARS-CoV-2 associated deaths. Establish electronic, automated, immediate death reporting to CDC with associated required data fields via NCCOVID.
    4. Report requested COVID-19/SARS-CoV-2-related data, including line level testing data (negatives, positives, indeterminants, serology, antigen, nucleic acid) daily by county or zip code to NCCOVID.
    5. Establish these systems in such a manner that they may be used on an ongoing basis for surveillance of, and reporting on, other threats to the public health and conditions of public health significance.

f. Integrate existing LHD electronic health records (EHR) into CVMS Direct.

    CVMS is the COVID-19 Vaccine Management System; CVMS Direct is an integration solution offering for Providers to connect COVID-19 vaccination records with CVMS. Providers submit a standardized flat file from their Electronic Health Records (EHRs) that pass through the Health Information Exchange (HIE) and are loaded directly to CVMS. This NC COVID-19 Vaccine Reporting file (NCVR) contains patient information that complies with today's CVMS workflow across patient registration and vaccination recording, along with appropriate inventory reduction.

    Before the LHD can use the CVMS Direct integration solution, the LHD will need to finalize legal agreements with the HIE, establish connectivity, complete file validations, and pass testing criteria before they can use the CVMS Direct integration. The North Carolina Health Information Exchange Authority (NC HIEA) is responsible for CVMS Direct. Any local health department interested in using CVMS Direct will need to contact NC HIEA at hiea@nc.gov.

5. Use Laboratory Data to Enhance Investigation, Response and Prevention

a. Use laboratory data to initiate case investigations, conduct contact tracing and follow-up, and implement containment measures.

1. Conduct necessary contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing and/or proximity/location- based methods, as well as methods adapted for healthcare-specific and congregate settings.
2. Utilize tools (e.g., geographic information systems and methods) that assist in the rapid mapping and tracking of disease cases for timely and effective epidemic monitoring and response, incorporating laboratory testing results and other data sources.
3. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations to target mitigation strategies.
    a. Assess and monitor infections in healthcare workers across the healthcare spectrum.
    b. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other LTCFs).
    c. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk employment settings (e.g., meat processing facilities), congregate living settings (e.g., prisons, youth homes, shelters), and educational settings (e.g., K-12 schools, colleges and universities).
    d. Work with NC DPH to build local capacity for reporting, rapid containment and prevention of COVID-19/SARS-CoV-2 within high-risk settings or in vulnerable populations that reside in their communities.

b. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection and increasing opportunities for vaccination of historically marginalized populations and the community. Continue working collaboratively with partners including consideration of funding to address health equity needs of the community. Examples of partners may include but are not limited to:
    1. Tribal affiliates and community-based organizations colleges and universities;
    2. Occupational health settings for large employers;
    3. Churches or religious or faith-based institutions;
    4. Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs);
    5. Pharmacies;
    6. Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes;
    7. Organizations and businesses that employ critical workforce;
    8. First responder organizations;
    9. Non-traditional providers and locations that serve high-risk populations; and other partners that serve underserved populations.
c. Build capacity for infection prevention and control in LTCFs (e.g., at least one Infection Preventionist [IP] for every facility) and outpatient settings.
    1. Build capacity to safely house and isolate infected and exposed residents of LTCFs and other congregate settings.
    2. Develop interoperable patient safety information exchange systems.

d. Assist with enrollment of all LTCFs into NHSN.

e. Increase Infection Prevention and Control (IPC) assessment capacity onsite using tele-ICAR.

f. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.

1. Coordinate as appropriate with federally funded entities responsible for providing health services to vulnerable populations (e.g., tribal nations and federally qualified health centers).

6. Coordinate and Engage with Partners

a. Partner with NC DPH to establish or enhance testing for COVID-19/SARS-CoV-2.

1. Acquire equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.
2. Support community partners to conduct appropriate specimen collection and/or testing within their jurisdictions.

b. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

1. Build infection prevention and control and healthcare outbreak response expertise in the LHD.
2. Partner with academic medical centers and schools of public health to develop regional centers for IPC consultation and support services.

IV. Performance Measures/Reporting Requirements:

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which can be accessed at https://app.smartsheet.com/b/publish?EQBCT=8716e48245fe46559be725a9d628d031.

1. **Performance Measure #1**: The LHD shall complete both monthly financial reporting and quarterly performance reporting, as outlined below, via Smartsheet.

a. The LHD shall complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard. The first financial report is to report for June 2022 and is due by July 22, 2022.

b. The LHD shall complete a **Quarterly Program Report** each quarter via the Smartsheet dashboard. These quarterly program reports will report on the prior quarter, with the due dates posted on the Smartsheet dashboard and below. The Service Quarters for these quarterly program reports are defined as:

Quarter Months	Program Report Due Date
• April-June 2022	07/22/2022
April and May 2022 data are from services provided under the Agreement Addendum for state fiscal year 2022.	
• July-September 2022	10/31/2022
• October – December 2022	01/31/2023
• January – March 2023	04/28/2023

2. **Performance Measure # 2:** The LHD shall have a COVID-19 Testing Plan to ensure access to COVID-19 testing for all symptomatic persons and for those who have had close contact to a known or suspected case of COVID-19 as defined by the CDC, and for those who request or require testing.

3. **Performance Measure # 3:** Via the NCCOVID, the LHD shall report cases of COVID-19 including deaths within 30 days of receipt of the report to the state disease registrar.

4. **Performance Measure # 4**: Via the outbreak module within NCCOVID and the REDCap cluster/outbreak reporting tool, the LHD shall report COVID-19 activity (decline, no change, and increase) in high-risk healthcare facilities (e.g., nursing homes, dialysis centers, LTCFs) and congregate living settings (e.g., prisons, youth homes, shelters) within 2 days of receiving notification of an outbreak/cluster.

5. **Performance Measure #5**: Using the COVID-19 Community Team Outreach (CCTO) Tool software, the LHD shall report close contacts to COVID-19 for at least 50% of people infected with COVID-19.

6. **Performance Measure #6:** Using the COVID-19 Community Team Outreach (CCTO) Tool software, the LHD shall complete the Final Monitoring Outcome variable for 90% of contacts entered after 14 days.

7. **Performance Measure #5**: As an update to the information the LHD provided for FY22, this FY23 Response Plan Update Form is to provide information related to the LHD's COVID-19 preparedness and response. The Response Plan Update Form will present a series of questions to be answered in a short-answer format on topics including testing, contact tracing, vaccination, equity, and preparedness.

    a. **Reporting Requirements:** Complete a **FY23 COVID-19 Response Plan Update Form** via the Smartsheet dashboard no later than August 1, 2022. (DPH will add the FY23 COVID-19 Response Plan Update Form to the Smartsheet dashboard by July 1, 2022.)

    Submission of a single COVID-19 Response Plan Update will meet the reporting requirements described under this Agreement Addendum as well as for other COVID-related Activities.

    The LHD's COVID-19 Response Plan Update will receive DPH oversight from the DPH Program Contact for each relevant COVID-related Activity. Specific questions regarding individual topics in the Response Plan Update Form should be directed to those individuals. Any general questions the LHD has should be directed to the DPH Division Director's Office at lhdhealthserviceta@dhhs.nc.gov.

V. Performance Monitoring and Quality Assurance:

The Communicable Disease Branch's Subrecipient Monitoring (SRM) Team, which includes the TATP Nurse Supervisor, will review all Smartsheet submissions. Any responses that meet the internally determined threshold for risk-based issues will be flagged by the SRM Team and followed up on with the LHD for resolution.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.

    a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.

    b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the

state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

FY23 - FAS federal award supplement

Activity Nbr + Name: **543** **ELC Enhancing Detection Activities**

FAS Nbr + Reason: **1** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

CFDA Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

IDC rate: n/a FAIN: **NU50CK000530 (01-04)** Is award R&D?: no Fed awd's total amt: $ 188,951,581

Fed award project description: CK19-1904 Epidemiology and Laboratrory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Fed awd date + awarding agency: 05-19-20 HHS, Centers for Disease Control and Prevention

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	MBM7W225N3W8	965194483	$ -	$ 417,872
Albemarle	WAAVS51PNMK3	130537822	$ 1,126	$ 1,126
Alexander	XVEEJSNY7UX9	030495105	$ -	$ 158,607
Anson	PK8UYTSNJCC3	847163029		
Appalachian	CD7BFHB8W539	780131541		
Beaufort	RN1SXFD4LXN6	091567776	$ -	$ 95,453
Bladen	TLCTJWDJH1H9	084171628	$ 63,011	$ 282,006
Brunswick	MJBMXLN9NJT5	091571349	$ -	$ 496,113
Buncombe	W5TCDKMLHE69	879203560	$ -	$ 1,233,156
Burke	G855APCNL591	883321205	$ -	$ 695,226
Cabarrus	RXDXNEJKJFU7	143408289	$ -	$ 766,210
Caldwell	HL4FGNJNGE97	948113402	$ -	$ 493,038
Carteret	UC6WJ2MQMJS8	058735804	$ -	$ 147,629
Caswell	JDJ7Y7CGYC86	077846053	$ -	$ 18,437
Catawba	GYUNA9W1NFM1	083677138	$ -	$ 112,410
Chatham	KE57QE2GV5F1	131356607	$ -	$ 545,520
Cherokee	DCEGK6HA11M5	130705072		
Clay	HYKLQVNWLXK7	145058231	$ -	$ 17,232
Cleveland	UWMUYMPVL483	879924850	$ -	$ 239,156
Columbus	V1UAJ4L87WQ7	040040016	$ -	$ 392,675
Craven	LTZ2U8LZQ214	091564294	$ -	$ 503,113
Cumberland	HALND8WJ3GW4	123914376	$ -	$ 1,976,756
Dare	ELV6JGB11QK6	082358631		
Davidson	C9P5MDJC7KY7	077839744	$ -	$ 1,065,576
Davie	L8WBGLHZV239	076526651	$ -	$ 271,372
Duplin	KZN4GK5262K3	095124798	$ 485,915	$ 648,084
Durham	LJ5BA6U2HLM7	088564075	$ -	$ 1,433,151
Edgecombe	MAN4LX44AD17	093125375	$ -	$ 352,464
Foothills	NGTEF2MQ8LL4	782359004	$ -	$ 116,135
Forsyth	V6BGVQ67YPY5	105316439	$ -	$ 2,974,251
Franklin	FFKTRQCNN143	084168632	$ -	$ 438,712
Gaston	QKY9R8A8D5J6	071062186	$ 136,759	$ 1,935,032
Graham	L8MAVKQJTYN7	020952383		
Granville-Vance	MGQJKK22EJB3	063347626	$ -	$ 252,153
Greene	VCU5LD71N9U3	091564591	$ 13,436	$ 152,113
Guilford	YBEQWGFJPMJ3	071563613	$ -	$ 2,368,666
Halifax	MRL8MYNJJ3Y5	014305957	$ -	$ 374,559
Harnett	JBDCD9V41BX7	091565986	$ 11,713	$ 1,100,757
Haywood	DQHZEVAV95G5	070620232	$ -	$ 282,725
Henderson	TG5AR81JLFQ5	085021470	$ -	$ 192,003
Hoke	C1GWSADARX51	091563643	$ -	$ 275,448
Hyde	T2RSYN36NN64	832526243	$ 7,911	$ 7,911
Iredell	XTNRLKJLA4S9	074504507	$ 117,875	$ 1,548,007

FY23 - FAS federal award supplement

Activity Nbr + Name: **543** **ELC Enhancing Detection Activities**

FAS Nbr + Reason: **1** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

CFDA Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

IDC rate: n/a FAIN: **NU50CK000530 (01-04)** Is award R&D?: no Fed awd's total amt: $ 188,951,581

Fed award project description: CK19-1904 Epidemiology and Laboratrory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Fed awd date + awarding agency: 05-19-20 HHS, Centers for Disease Control and Prevention

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Jackson	X7YWWY6ZP574	019728518	$ -	$ 174,109
Johnston	SYGAGEFDHYR7	097599104	$ -	$ 916,683
Jones	HE3NNNUE27M7	095116935	$ 312	$ 43,013
Lee	F6A8UC99JWJ5	067439703	$ -	$ 220,412
Lenoir	QKUFL37VPGH6	042789748	$ 7,230	$ 430,596
Lincoln	UGGQGSSKBGJ5	086869336	$ -	$ 200,819
Macon	LLPJBC6N2LL3	070626825	$ -	$ 211,381
Madison	YQ96F8BJYTJ9	831052873	$ 45,832	$ 220,070
MTW	ZKK5GNRNBBY6	087204173		
Mecklenburg	EZ15XL6BMM68	074498353	$ -	$ 5,513,955
Montgomery	E78ZAJM3BFL3	025384603	$ -	$ 105,440
Moore	HFNSK95FS7Z8	050988146	$ -	$ 402,843
Nash	NF58K566HQM7	050425677	$ 260,346	$ 1,015,587
New Hanover	F7TLT2GMEJE1	040029563	$ -	$ 1,031,505
Northampton	CRA2KCAL8BA4	097594477	$ 7,523	$ 163,564
Onslow	EGE7NBXW5JS6	172663270	$ -	$ 1,048,362
Orange	GFFMCW9XDA53	091575191	$ -	$ 356,189
Pamlico	FT59QFEAU344	097600456	$ -	$ 6,294
Pender	T11BE678U9P5	100955413	$ -	$ 241,907
Person	FQ8LFJGMABJ4	091563718	$ -	$ 956
Pitt	VZNPMCLFT5R6	080889694	$ 290,223	$ 1,701,734
Polk	QZ6BZPGLX4Y9	079067930	$ -	$ 106,478
Randolph	T3BUM1CVS9N5	027873132	$ -	$ 1,136,967
Richmond	Q63FZNTJM3M4	070621339	$ -	$ 192,535
Robeson	LKBEJQFLAAK5	082367871	$ -	$ 219,407
Rockingham	KGCCCHJJZZ43	077847143	$ -	$ 366,083
Rowan	GCB7UCV96NW6	074494014	$ -	$ 1,113,462
Sampson	WRT9CSK1KJY5	825573975	$ 37,213	$ 487,441
Scotland	FNVTCUQGCHM5	091564146	$ -	$ 232,869
Stanly	U86MZUYPL7C5	131060829	$ -	$ 160,159
Stokes	W41TRA3NUNS1	085442705	$ -	$ 142,209
Surry	FMWCTM24C9J8	077821858	$ -	$ 263,464
Swain	TAE3M92L4QR4	146437553	$ -	$ 8,801
Toe River	JUA6GAUQ9UM1	113345201		
Transylvania	W51VGHGM8945	030494215	$ -	$ 257,715
Union	LHMKBD4AGRJ5	079051637	$ -	$ 1,510,249
Wake	FTJ2WJPLWMJ3	019625961		
Warren	TLNAU5CNHSU5	030239953	$ -	$ 29,179
Wayne	DACFHCLQKMS1	040036170	$ -	$ 550,178
Wilkes	M14KKHY2NNR3	067439950	$ -	$ 339,847
Wilson	ME2DJHMYWG55	075585695	$ -	$ 189,784
Yadkin	PLCDT7JFA8B1	089910624	$ -	$ 275,585
Yancey	M4SJK9AKVEZ8			

FY23 - FAS federal award supplement

Activity Nbr + Name: **543** **ELC Enhancing Detection Activities**

FAS Nbr + Reason: **2** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

CFDA Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

IDC rate: n/a FAIN: **NU50CK000530** Is award R&D?: no Fed awd's total amt: $ 603,677,156

Fed award project description: CK19-1904 Epidemiology and Laboratrory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Fed awd date + awarding agency: 01-13-21 HHS, Centers for Disease Control and Prevention

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	MBM7W225N3W8	965194483	$ 417,872	$ 417,872
Albemarle	WAAVS51PNMK3	130537822	$ -	$ 1,126
Alexander	XVEEJSNY7UX9	030495105	$ 158,607	$ 158,607
Anson	PK8UYTSNJCC3	847163029		
Appalachian	CD7BFHB8W539	780131541		
Beaufort	RN1SXFD4LXN6	091567776	$ 95,453	$ 95,453
Bladen	TLCTJWDJH1H9	084171628	$ 218,995	$ 282,006
Brunswick	MJBMXLN9NJT5	091571349	$ 496,113	$ 496,113
Buncombe	W5TCDKMLHE69	879203560	$ 1,233,156	$ 1,233,156
Burke	G855APCNL591	883321205	$ 695,226	$ 695,226
Cabarrus	RXDXNEJKJFU7	143408289	$ 766,210	$ 766,210
Caldwell	HL4FGNJNGE97	948113402	$ 493,038	$ 493,038
Carteret	UC6WJ2MQMJS8	058735804	$ 147,629	$ 147,629
Caswell	JDJ7Y7CGYC86	077846053	$ 18,437	$ 18,437
Catawba	GYUNA9W1NFM1	083677138	$ 112,410	$ 112,410
Chatham	KE57QE2GV5F1	131356607	$ 545,520	$ 545,520
Cherokee	DCEGK6HA11M5	130705072		
Clay	HYKLQVNWLXK7	145058231	$ 17,232	$ 17,232
Cleveland	UWMUYMPVL483	879924850	$ 239,156	$ 239,156
Columbus	V1UAJ4L87WQ7	040040016	$ 392,675	$ 392,675
Craven	LTZ2U8LZQ214	091564294	$ 503,113	$ 503,113
Cumberland	HALND8WJ3GW4	123914376	$ 1,976,756	$ 1,976,756
Dare	ELV6JGB11QK6	082358631		
Davidson	C9P5MDJC7KY7	077839744	$ 1,065,576	$ 1,065,576
Davie	L8WBGLHZV239	076526651	$ 271,372	$ 271,372
Duplin	KZN4GK5262K3	095124798	$ 162,169	$ 648,084
Durham	LJ5BA6U2HLM7	088564075	$ 1,433,151	$ 1,433,151
Edgecombe	MAN4LX44AD17	093125375	$ 352,464	$ 352,464
Foothills	NGTEF2MQ8LL4	782359004	$ 116,135	$ 116,135
Forsyth	V6BGVQ67YPY5	105316439	$ 2,974,251	$ 2,974,251
Franklin	FFKTRQCNN143	084168632	$ 438,712	$ 438,712
Gaston	QKY9R8A8D5J6	071062186	$ 1,798,273	$ 1,935,032
Graham	L8MAVKQJTYN7	020952383		
Granville-Vance	MGQJKK22EJB3	063347626	$ 252,153	$ 252,153
Greene	VCU5LD71N9U3	091564591	$ 138,677	$ 152,113
Guilford	YBEQWGFJPMJ3	071563613	$ 2,368,666	$ 2,368,666
Halifax	MRL8MYNJJ3Y5	014305957	$ 374,559	$ 374,559
Harnett	JBDCD9V41BX7	091565986	$ 1,089,044	$ 1,100,757
Haywood	DQHZEVAV95G5	070620232	$ 282,725	$ 282,725
Henderson	TG5AR81JLFQ5	085021470	$ 192,003	$ 192,003
Hoke	C1GWSADARX51	091563643	$ 275,448	$ 275,448
Hyde	T2RSYN36NN64	832526243	$ -	$ 7,911
Iredell	XTNRLKJLA4S9	074504507	$ 1,430,132	$ 1,548,007

FY23 - FAS federal award supplement

Activity Nbr + Name: **543** **ELC Enhancing Detection Activities**

FAS Nbr + Reason: **2** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

CFDA Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

IDC rate: n/a FAIN: **NU50CK000530** Is award R&D?: no Fed awd's total amt: $ 603,677,156

Fed award project description: CK19-1904 Epidemiology and Laboratrory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

Fed awd date + awarding agency: 01-13-21 HHS, Centers for Disease Control and Prevention

Subrecipient	Subrecipient UEI	Subrecipient DUNS	Federal funds from grant listed above	Total federal funds for entire Activity
Jackson	X7YWWY6ZP574	019728518	$ 174,109	$ 174,109
Johnston	SYGAGEFDHYR7	097599104	$ 916,683	$ 916,683
Jones	HE3NNNUE27M7	095116935	$ 42,701	$ 43,013
Lee	F6A8UC99JWJ5	067439703	$ 220,412	$ 220,412
Lenoir	QKUFL37VPGH6	042789748	$ 423,366	$ 430,596
Lincoln	UGGQGSSKBGJ5	086869336	$ 200,819	$ 200,819
Macon	LLPJBC6N2LL3	070626825	$ 211,381	$ 211,381
Madison	YQ96F8BJYTJ9	831052873	$ 174,238	$ 220,070
MTW	ZKK5GNRNBBY6	087204173		
Mecklenburg	EZ15XL6BMM68	074498353	$ 5,513,955	$ 5,513,955
Montgomery	E78ZAJM3BFL3	025384603	$ 105,440	$ 105,440
Moore	HFNSK95FS7Z8	050988146	$ 402,843	$ 402,843
Nash	NF58K566HQM7	050425677	$ 755,241	$ 1,015,587
New Hanover	F7TLT2GMEJE1	040029563	$ 1,031,505	$ 1,031,505
Northampton	CRA2KCAL8BA4	097594477	$ 156,041	$ 163,564
Onslow	EGE7NBXW5JS6	172663270	$ 1,048,362	$ 1,048,362
Orange	GFFMCW9XDA53	091575191	$ 356,189	$ 356,189
Pamlico	FT59QFEAU344	097600456	$ 6,294	$ 6,294
Pender	T11BE678U9P5	100955413	$ 241,907	$ 241,907
Person	FQ8LFJGMABJ4	091563718	$ 956	$ 956
Pitt	VZNPMCLFT5R6	080889694	$ 1,411,511	$ 1,701,734
Polk	QZ6BZPGLX4Y9	079067930	$ 106,478	$ 106,478
Randolph	T3BUM1CVS9N5	027873132	$ 1,136,967	$ 1,136,967
Richmond	Q63FZNTJM3M4	070621339	$ 192,535	$ 192,535
Robeson	LKBEJQFLAAK5	082367871	$ 219,407	$ 219,407
Rockingham	KGCCCHJJZZ43	077847143	$ 366,083	$ 366,083
Rowan	GCB7UCV96NW6	074494014	$ 1,113,462	$ 1,113,462
Sampson	WRT9CSK1KJY5	825573975	$ 450,228	$ 487,441
Scotland	FNVTCUQGCHM5	091564146	$ 232,869	$ 232,869
Stanly	U86MZUYPL7C5	131060829	$ 160,159	$ 160,159
Stokes	W41TRA3NUNS1	085442705	$ 142,209	$ 142,209
Surry	FMWCTM24C9J8	077821858	$ 263,464	$ 263,464
Swain	TAE3M92L4QR4	146437553	$ 8,801	$ 8,801
Toe River	JUA6GAUQ9UM1	113345201		
Transylvania	W51VGHGM8945	030494215	$ 257,715	$ 257,715
Union	LHMKBD4AGRJ5	079051637	$ 1,510,249	$ 1,510,249
Wake	FTJ2WJPLWMJ3	019625961		
Warren	TLNAU5CNHSU5	030239953	$ 29,179	$ 29,179
Wayne	DACFHCLQKMS1	040036170	$ 550,178	$ 550,178
Wilkes	M14KKHY2NNR3	067439950	$ 339,847	$ 339,847
Wilson	ME2DJHMYWG55	075585695	$ 189,784	$ 189,784
Yadkin	PLCDT7JFA8B1	089910624	$ 275,585	$ 275,585
Yancey	M4SJK9AKVEZ8			

DPH-Aid-To-Counties | For Fiscal Year: 22/23 | Budgetary Estimate Number : 0

Activity 543 Service Period Payment Period		AA	1175 878A HH 06/01-05/31 07/01-06/30	Total Allocated	1175 883A P5 06/01-05/31 07/01-06/30	Total Allocated	Proposed Total	New Total
01 Alamance	*	0	0	$0.00	417,872	$0.00	417,872	417,872
D1 Albemarle	*	0	1,126	$0.00	0	$0.00	1,126	1,126
02 Alexander	*	0	0	$0.00	158,607	$0.00	158,607	158,607
04 Anson			0	$0.00	0	$0.00	0	0
D2 Appalachian			0	$0.00	0	$0.00	0	0
07 Beaufort	*	0	0	$0.00	95,453	$0.00	95,453	95,453
09 Bladen	*	0	63,011	$0.00	218,995	$0.00	282,006	282,006
10 Brunswick	*	0	0	$0.00	496,113	$0.00	496,113	496,113
11 Buncombe	*	0	0	$0.00	1,233,156	$0.00	1,233,156	1,233,156
12 Burke	*	0	0	$0.00	695,226	$0.00	695,226	695,226
13 Cabarrus	*	0	0	$0.00	766,210	$0.00	766,210	766,210
14 Caldwell	*	0	0	$0.00	493,038	$0.00	493,038	493,038
16 Carteret	*	0	0	$0.00	147,629	$0.00	147,629	147,629
17 Caswell	*	0	0	$0.00	18,437	$0.00	18,437	18,437
18 Catawba	*	0	0	$0.00	112,410	$0.00	112,410	112,410
19 Chatham	*	0	0	$0.00	545,520	$0.00	545,520	545,520
20 Cherokee			0	$0.00	0	$0.00	0	0
22 Clay	*	0	0	$0.00	17,232	$0.00	17,232	17,232
23 Cleveland	*	0	0	$0.00	239,156	$0.00	239,156	239,156
24 Columbus	*	0	0	$0.00	392,675	$0.00	392,675	392,675
25 Craven	*	0	0	$0.00	503,113	$0.00	503,113	503,113
26 Cumberland	*	0	0	$0.00	1,976,756	$0.00	1,976,756	1,976,756
28 Dare			0	$0.00	0	$0.00	0	0
29 Davidson	*	0	0	$0.00	1,065,576	$0.00	1,065,576	1,065,576
30 Davie	*	0	0	$0.00	271,372	$0.00	271,372	271,372
31 Duplin	*	0	485,915	$0.00	162,169	$0.00	648,084	648,084
32 Durham	*	0	0	$0.00	1,433,151	$0.00	1,433,151	1,433,151
33 Edgecombe	*	0	0	$0.00	352,464	$0.00	352,464	352,464
D7 Foothills	*	0	0	$0.00	116,135	$0.00	116,135	116,135
34 Forsyth	*	0	0	$0.00	2,974,251	$0.00	2,974,251	2,974,251
35 Franklin	*	0	0	$0.00	438,712	$0.00	438,712	438,712
36 Gaston	*	0	136,759	$0.00	1,798,273	$0.00	1,935,032	1,935,032
38 Graham			0	$0.00	0	$0.00	0	0
D3 Gran-Vance	*	0	0	$0.00	252,153	$0.00	252,153	252,153
40 Greene	*	0	13,436	$0.00	138,677	$0.00	152,113	152,113
41 Guilford	*	0	0	$0.00	2,368,666	$0.00	2,368,666	2,368,666
42 Halifax	*	0	0	$0.00	374,559	$0.00	374,559	374,559
43 Harnett	*	0	11,713	$0.00	1,089,044	$0.00	1,100,757	1,100,757
44 Haywood	*	0	0	$0.00	282,725	$0.00	282,725	282,725
45 Henderson	*	0	0	$0.00	192,003	$0.00	192,003	192,003
47 Hoke	*	0	0	$0.00	275,448	$0.00	275,448	275,448
48 Hyde	*	0	7,911	$0.00	0	$0.00	7,911	7,911
49 Iredell	*	0	117,875	$0.00	1,430,132	$0.00	1,548,007	1,548,007
50 Jackson	*	0	0	$0.00	174,109	$0.00	174,109	174,109
51 Johnston	*	0	0	$0.00	916,683	$0.00	916,683	916,683

52 Jones	*	0	312	$0.00	42,701	$0.00	43,013	43,013
53 Lee	*	0	0	$0.00	220,412	$0.00	220,412	220,412
54 Lenoir	*	0	7,230	$0.00	423,366	$0.00	430,596	430,596
55 Lincoln	*	0	0	$0.00	200,819	$0.00	200,819	200,819
56 Macon	*	0	0	$0.00	211,381	$0.00	211,381	211,381
57 Madison	*	0	45,832	$0.00	174,238	$0.00	220,070	220,070
D4 M-T-W			0	$0.00	0	$0.00	0	0
60 Mecklenburg	*	0	0	$0.00	5,513,955	$0.00	5,513,955	5,513,955
62 Montgomery	*	0	0	$0.00	105,440	$0.00	105,440	105,440
63 Moore	*	0	0	$0.00	402,843	$0.00	402,843	402,843
64 Nash	*	0	260,346	$0.00	755,241	$0.00	1,015,587	1,015,587
65 New Hanover	*	0	0	$0.00	1,031,505	$0.00	1,031,505	1,031,505
66 Northampton	*	0	7,523	$0.00	156,041	$0.00	163,564	163,564
67 Onslow	*	0	0	$0.00	1,048,362	$0.00	1,048,362	1,048,362
68 Orange	*	0	0	$0.00	356,189	$0.00	356,189	356,189
69 Pamlico	*	0	0	$0.00	6,294	$0.00	6,294	6,294
71 Pender	*	0	0	$0.00	241,907	$0.00	241,907	241,907
73 Person	*	0	0	$0.00	956	$0.00	956	956
74 Pitt	*	0	290,223	$0.00	1,411,511	$0.00	1,701,734	1,701,734
75 Polk	*	0	0	$0.00	106,478	$0.00	106,478	106,478
76 Randolph	*	0	0	$0.00	1,136,967	$0.00	1,136,967	1,136,967
77 Richmond	*	0	0	$0.00	192,535	$0.00	192,535	192,535
78 Robeson	*	0	0	$0.00	219,407	$0.00	219,407	219,407
79 Rockingham	*	0	0	$0.00	366,083	$0.00	366,083	366,083
80 Rowan	*	0	0	$0.00	1,113,462	$0.00	1,113,462	1,113,462
82 Sampson	*	0	37,213	$0.00	450,228	$0.00	487,441	487,441
83 Scotland	*	0	0	$0.00	232,869	$0.00	232,869	232,869
84 Stanly	*	0	0	$0.00	160,159	$0.00	160,159	160,159
85 Stokes	*	0	0	$0.00	142,209	$0.00	142,209	142,209
86 Surry	*	0	0	$0.00	263,464	$0.00	263,464	263,464
87 Swain	*	0	0	$0.00	8,801	$0.00	8,801	8,801
D6 Toe River			0	$0.00	0	$0.00	0	0
88 Transylvania	*	0	0	$0.00	257,715	$0.00	257,715	257,715
90 Union	*	0	0	$0.00	1,510,249	$0.00	1,510,249	1,510,249
92 Wake			0	$0.00	0	$0.00	0	0
93 Warren	*	0	0	$0.00	29,179	$0.00	29,179	29,179
96 Wayne	*	0	0	$0.00	550,178	$0.00	550,178	550,178
97 Wilkes	*	0	0	$0.00	339,847	$0.00	339,847	339,847
98 Wilson	*	0	0	$0.00	189,784	$0.00	189,784	189,784
99 Yadkin	*	0	0	$0.00	275,585	$0.00	275,585	275,585
00 Yancey			0	$0.00	0	$0.00	0	0
Totals			1,486,425	0	44,482,260	0	45,968,685	45,968,685

Sign and Date - DPH Program Administrator 6-24-22	Sign and Date - DPH Section Chief Mac Kemer 06/24/22
Sign and Date - DPH Budget Office – ATC Coordinator 6/24/22	Sign and Date - DPH Budget Officer 6/24/2022