Division of Public Health Agreement Addendum FY 20-21

Page 1 of 3

		Administrative, Local, and Community Support /							
	am County Public Health Department	Local Technical Assistance and Training (LTAT)							
Local	Health Department Legal Name	DPH Section / Branch Name							
		Susan Little, 919-215-4471							
115 C	OVID-19 Infection Prevention Support	susan.little@dhhs.nc.gov							
Activ	ity Number and Description	DPH Program Contact							
		(name, phone number, and email)							
07/01	/2020 - 12/30/2020	n/a							
Servi	ce Period	DPH Program Signature Date							
		(only required for a <u>negotiable</u> agreement addendum)							
	/2020 – 01/31/2021								
Payn	nent Period								
	Original Agreement Addendum								
	Agreement Addendum Revision #								
т	Do chancour de								
I.	Background: The North Caroline Conord Assembly passed See	cian I aw 2020 4 (H1042) to fulfill their constitutional							
	William the manner of the first from the first first from the first first first from the first first first from the first firs	sion Law 2020-4 (H1043) to fulfill their constitutional							
	duty to appropriate all funds, including federal CA								
		on, and to direct the use of those funds in a manner							
	that is consistent with the authorizing federal legis								
		. Through this legislation, the Coronavirus Relief							
	Fund (CRF) was established.								
	The minutes of the CDF is to see it and	assert and ammonists relief and assistance from the							
		essary and appropriate relief and assistance from the							
		to the Department of Health and Human Services to							
	provide flexible funds for local health departments	s to support infection-prevention related activities.							
II.	Purpose:								
11.	This Agreement Addendum enhances the Local H	ealth Department's ability to support infection							
	prevention during the COVID-19 pandemic.	cardi Department 8 demity to support mixed their							
	prevention during the establishmen								
III.	Scope of Work and Deliverables:								
		Department (LHD) to support any locally identified							
		tion, through any public health program. Examples of							
	infection-related expenditures may include, bu								
	Strategy and the strate	mental health services related to infection prevention							
		ical needs including those for providing telehealth							
		, infection-control training, disinfection of public areas							
		, infection control training, distinction of paone areas							
	DocuSigned by: M	0/15/2020							
	Mo ste	9/15/2020							
	4642F1492465F46fgnature (use blue ink)	Date							
	ocal Health Department to complete: LHD program contact: Callow up information is needed by DPH) Phone number with any								
(11	follow-up information is needed by DPH) Phone number with are Email address:ann	- 717 J 13 UJ 10 -							
	ann	e.lowry@chathamnc.org							

and facilities, purchase of personal protective equipment, COVID-19 infection control related medical expenses including clinical care, and infection prevention capital improvements directly related to the COVID-19 public health emergency.

 Infection prevention and related activities must support standardized infection control basic principles as described in the NC DHHS COVID-19 Guidance found here: https://covid19.ncdhhs.gov/guidance

IV. Performance Measures/Reporting Requirements:

1. Performance Measure

100% of LHD funds expensed will be for the specific purpose of infection prevention and related support activities.

2. Reporting Requirements

The LHD shall provide Infection Prevention Reports for Activity 115 COVID-19 Infection Prevention Support which detail and justify how the funds were allocated to infection-prevention related activities. The LHD must provide monthly Infection Prevention Reports using the attached templates, C-1 and C-2 as mandated by the NC Pandemic Relief Office according to the following schedule:

Report Period	Report Submission Deadline
July 2020 - August 2020 (2 months)	September 15, 2020
September 2020	October 15, 2020
October 2020	November 16, 2020
November 2020	December 15, 2020
December 2020	January 15, 2021

Email reports to: Beth Murray <u>beth.murray@dhhs.nc.gov</u> and copy Jeneen Preciose <u>jeneen.preciose@dhhs.nc.gov</u> and Pat Ward <u>pat.ward@dhhs.nc.gov</u>.

V. Performance Monitoring and Quality Assurance:

Performance will be monitored by the LTAT Branch Head by a review of the Activity 115 Infection Prevention Reports. If additional information is required, a phone conference will be conducted.

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 LHD 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 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 LHD 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 LHD 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.

- 2. Any infection prevention capital improvement directly related to the COVID-19 public health emergency **must receive preapproval** from DPH Program Contact, Susan Little, in writing prior to expending.
- 3. The following is a nonexclusive list of costs that would **not** be eligible expenditures:
 - a. Administrative costs. Neither indirect costs nor allocated overhead are allowable costs. All salary expenses for permanent employees must be direct expensed.
 - b. Lobbying. Federally funded lobbying, either directly or indirectly (i.e., "grassroots" lobbying), is prohibited by law.
 - c. Expenses for the State share of Medicaid.
 - d. Damages covered by insurance.
 - e. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
 - f. Expenses that have been or will be reimbursed under any federal program.
 - g. Reimbursement to donors for donated items or services.
 - h. Workforce bonuses other than hazard pay or overtime.
 - i. Severance pay.
 - j. Legal settlements.
 - k. Elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death.
 - i. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
 - ii. Furthermore, no government which receives payments from the Coronavirus Relief Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.
- 4. The final drawdown of funds for services performed through December 30, 2020 request must be submitted in the Aid-to-Counties database no later than 01/15/2021.

Attachment C-1 Covid-19 Grant Project Status Report

Before it will be possible to make any disbursement, you are required to provide to the Agency the status towards the specific purpose as stated in the grant contract. This report is to be completed by the grant recipient and each subrecipient. The grant recipient is to ensure all subrecipients' reports are to be included with cost reimbursement requests.

		and an arrow in the duests.
1. Organization		
Organization Name		
Contract Agreement Number		
Date		
2. Financial Summary		
Total Funding Authorized	Total Funding Received to Date	Balance
a e		
. Performance: Recipient or llocated for the specific purpos gainst the recipient's or subre ecessary.	Subrecipient sha se as stated in the ecipient's scope	Il detail below how the organization has spent the amount of funding grant contract. The description should include activities and progress of work and outcomes of that work. Attach additional documents as
Descriptive summary of how th and outcomes expected to be ac	e funds were used hieved.	, including specific deliverables achieved, and progress against objectives

Effective: 5/31/20

(cont.)	4				
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	ds referenced in this docume laws and regulations; and				
		e of allocated funds	litions as between		
e State of Nor	th Carolina.		Sie	gnature:	

Name: Title: Phone: Email:

ATTACHMENT C-2: NCPRO Coronavirus grant Monthly Reimbursement Request

Attachment C-1 must accompany this form.

PART A: Summary of Funding Received and Spent

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PLEASE REMEMBER INDIRECT COST ALLOCATION AND PERCENTAGE OF ADMINISTRATION COST ARE UNALLOV PART B: Detailed Expense (In lieu of completing Part B manually, detailed inf

S	-	Т		Т	Т	_	_	Т	_
Actual Employee Hours Dedicated to COVID or Invoice Quantity or	# of Patients Served								
Required Monthly Hours Worked Or Total Invoice Amount									
Employee Title or Description of Item Puchased									
Employee ID Number or Invoice Number									
Employee Name or Vendor Name or Contractor									
Date of Invoice, payroll, or service,									
Recipient Name or Subrecipent Name									
	Employee Name or payroll, or service, Vendor Name or Contractor Contractor	Recipient Name Date of Invoice, payroll, or service, Contractor Contractor Required Monthly Employee Hours Employee ID Number Correction of Item Pours Worked Puchased Total Invoice Amount Corrections Employee ID Number Correction of Item Pours Worked Patients Served Employee ID Number Correction of Item Pours Worked Or Invoice Quantity Or Served Actual Employee Hours Bedicated to COVID Or Hours Or Invoice Quantity Or Served # of Patients Served	Recipient Name Date of Invoice, Subrecipent Name payroll, or service, Contractor Contractor Contractor Employee ID Number Employee ID Number Description of Item Or Description of Item Or Description of Item Or Puchased Total Invoice Amount # of Patients Served	Recipient Name Date of Invoice, or Paresipent Name payroll, or service, Contractor Contractor Date of Invoice Number Contractor Contractor Date of Invoice Number Puchased Title Required Monthly Dedicated to COVID or Hours Worked Or Invoice Amount Contractor Contra	Recipient Name Date of Invoice, Subrecipent Name payroll, or service, Contractor Contractor Required Monthly or Description of Item Or Description of Item Or Puchased Total Invoice Amount # of Patients Served	Recipient Name Date of Invoice, or Subrecipent Name payroll, or service, Contractor Cont	Recipient Name or Date of Invoice, Partie Braployee Title Braployee Title Braployee Title Braployee Hours Or Hours Worked Or Contractor Contractor Puchased Puchased Total Invoice Amount # of Patients Served	Recipient Name or Date of Invoice, Vendor Name payroll, or service, Contractor Contracto	Recipient Name or Date of Invoice, Vendor Name or Contractor Contr

Total Received to Date	· •
January Reimbursement Request for December Expenses (Details in Part B)	
December Reimbursement Request (Details in Part B)	
October November December Reimbursement Reimbursement Reimbursement Request for Request Computed Request From Request	
October Reimbursement Request Details in Part B)	

T A A A

	TOTAL	T	٠	- \$	- \$	- \$	- \$	- \$	7
	Other Expenses (e.g. related charges not assigned in columns H-M and described by recipient, such as, patient services)								
الأحاليا	Equipment								
de muct he are	Goods Expenses (e.g. Supplies, PPE)								
requested fiel	Subcontract Expenses (e.g. construction, maintenance)								
at minimum, the	Other Service Expenses (e.g. utilities, telephone, data, lease related expenses)								
mat, however, a	Contracted Labor Expenses								
Excel or .CSV format, however, at minimum, the requested fields must be provided.	Employee Expenses (Payroll and benefits cost for employee that are dedicated to COVID-								

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CFDA #: 21.019	Federal awd date	03/27/20		FAIN: H.R. 748 – (2019-202	- 116 th Congres	Total amount of fed awd:	\$ 3,585,391,176
CFDA Coronavir	rus Relief Fund		Fed award project description:	Coronavirus / (to States)	Aid, Relief, and Ec	onomic Security Act, Co	oronavirus Relief Funds
			agency.	Treasury		deral award NC DH direct cost rate: Subaw	HS limited to: 0%
Subrecipient		Fed funds fo Supplemen	r Total of All Fed Fund t for This Activit	C	Subrecipiont		Total of All Fed Fund
Alamance	965194483	20185	20100	7 Jackson	019728518	67821	67821
Albemarle	130537822	335813	335813	3 Johnston	097599104	238037	238037
Alexander	030495105	61803	1 61801	Jones	095116935	31127	31127
Anson	847163029	47598	3 47598	B Lee	067439703	86438	86438
Appalachian	780131541	164871	l 164871	Lenoir	042789748	82049	82049
Beaufort	091567776	71811	l 71811	Lincoln	086869336	112491	112491
Bladen	084171628	57723	57723	Macon	070626825	59398	
Brunswick	091571349	169625	169625	Madison	831052873	44403	59398
Buncombe	879203560	304908	304908		087204173		44403
Burke	883321205	119750		_		103301	103301
Cabarrus	143408289	248252				1207750	1207750
Caldwell	948113402	110898			050988146	50144	50144
Carteret	058735804	97153		-		128467	128467
Caswell	077846053	45842	37133		050425677	124033	124033
Catawba	083677138	192957				273459	273459
Chatham	131356607	101047				42501	42501
Cherokee	130705072	51949		Onslow	172663270	236891	236891
Clay	145058231	32723	323.5	Orange	139209659	178869	178869
Cleveland	879924850	128195	32723	Pamlico	097600456	34579	34579
Columbus	040040016		128195	Pender	100955413	87846	87846
Craven	091564294	81577	81577	Person	091563718	63880	63880
Cumberland	123914376	133055	133055	Pitt	080889694	214737	214737
Dare		382064	382064	Polk	079067930	43502	43502
Davidson	082358631	60376	60376	Randolph	027873132	177244	177244
Davie	077839744	203445	203445	Richmond	070621339	69327	69327
Duplin	076526651	66901	66901	Robeson	082367871	163619	193619
Durham	095124798	85231	85231	Rockingham	077847143	120125	120125
	088564075	359582	359582	Rowan	074494014	174753	174753
dgecombe	093125375	77539	77539	Sampson	825573975	89940	89940
oothills	782359004	165280	165280	Scotland	091564146	59009	59009
orsyth	105316439	430687	430687	Stanly	131060829	89112	89112
ranklin	084168632	94224	94224	Stokes	085442705	70716	70716
	071062186	603148	603148	Surry	077821858	99920	99920
	020952383	29479	29479	Swain	146437553	35761	
ranville-Vance	063347626	156187	156187	Toe River	113345201	116460	35761
	091564591	42944	42944	Transylvania	030494215		116460
	071563613	603148	603148	Union	079051637	58322 273696	58322
alifax	014305957	76260	76260	Wake	019625961		273696
arnett	091565986	165335	165335	Warren	030239953	1187939	1187939
aywood	070620232	88578	88578	Wayne		41899	41899
enderson	085021470	147530	147530	Wilkes	040036170	156092	156092
oke	091563643	78923	78923	Wilson	067439950	96298	96298
	832526243	25673	25673		075585695	109433	109433
1 10	074504507	215054	230/3	Yadkin	089910624	61580	61580

DPH-Aid-To-Counties

DPH-Aid-10-(ounti	25	F	or Fiscal \	Tear: 20/21
Activity 115 Service Period Payment Perio		1175 4026 HN A 07/01-12/		Proposed Total	New Total
01 Alamance	*0	201,857		201,857	201,857
D1 Albemarle	* 0	335,813		335,813	
02 Alexander	* 0	61,801		61,801	
04 Anson	* 0	47,598	\exists	47.598	
D2 Appalachia	n * 0	164,871		164,871	
07 Beaufort	* 0	71,811		71,811	
09 Bladen	* 0	57,723		57,723	57,723
10 Brunswick	* 0	169,625		169,625	169,625
11 Buncombe	* 0	304,908		304,908	304,908
12 Burke	* 0	119,750		119,750	119,750
13 Cabarrus	* 0	248,252		248,252	248,252
14 Caldwell	* 0	110,898		110,898	110,898
16 Carteret	* 0	97,153	7	97,153	97,153
17 Caswell	* 0	45,842	ĪĒ	45,842	45,842
18 Catawba	* 0	192,957	Ī	192,957	192,957
19 Chatham	* 0	101,047		101,047	101.047
20 Cherokee	*0	51,949	IF	51,949	51,949
22 Clay	* 0	32,723	Ī	32,723	32,723
23 Cleveland	*0	128,195	Ī	128,195	128,195
24 Columbus	* 0	81,577	F	81,577	81,577
25 Craven	* 0	133,055		133,055	133,055
26 Cumberland	*0	382,064		382,064	382,064
28 Dare	* 0	60,376		60,376	60,376
29 Davidson	* 0	203,445		203,445	203.445
30 Davie	* 0	66,901		66,901	66.901
31 Duplin	* ()	85,231		85,231	85,231
32 Durham	* 0	359,582		359,582	359,582
33 Edgecombe	* 0	77,539		77,539	77,539

Budgetary Estimate Number: 0

D7 Foothills	* 0	165,280		165,28	0 165,280
34 Forsyth	* 0	430,678		430,67	
35 Franklin	* ()	94,224		94.22	
36 Gaston	* 0	261,191	-	261.19	
38 Graham	* 0	29,479		29,47	
D3 Gran-Vanc	e * 0	156,187		156.18	
40 Greene	* 0	42,944		42.94	
41 Guilford	* 0	603.148		603,14	
42 Halifax	* 0	76,260	٦	76.26	
43 Harnett	* 0	165.335	\neg	165,33	
44 Haywood	* 0	88,578	7	88,578	
45 Henderson	* 0	147.530	1	147.530	
46 Hertford	= *0	0		(
47 Hoke	*0	78.923	1	78.923	
48 Hyde	= *0	25,673		25.673	
49 Iredell	= *0	215,054	ᆙ	215,054	22,20,20
50 Jackson	† *0	67,821	ᆘ	67.821	
51 Johnston	*0	238.037	╬	238,037	
52 Jones	1*0	31,127	╬	31,127	
53 Lee	Ī*0	86,438	╬	86,438	
54 Lenoir	*0	82,049	╬	82,049	
55 Lincoln	1*0	112.491	╬	112,491	02,013
56 Macon	i*0	59,398	╬	59.398	112,491
57 Madison	*0	44.403	╬	44.403	59,398 44,403
D4 M-T-W	1*0	103,301	╬	103,301	
60 Mecklenburg	*0	1,207,755	╬	1,207,755	103,301 1,207,755
62 Montgomery	*0	50,144	怗	50.144	50,144
63 Moore	*0	128.467	╬	128,467	
64 Nash	*0	124,033	탉	124,033	128,467
65 New Hanover	1	273,459	╠	273,459	124,033 273,459
66 Northampton	*0	42,501		42,501	42,501
67 Onslow	* 0	236.891	=	236.891	236,891
68 Orange	* ()	178,869	F	178,869	178,869
69 Pamlico	* 0	34,579	F	34,579	
71 Pender	* 0	87,846	-	87,846	34,579
			<u></u>	01.040	87,846

73 Person	* 0	63,880	63,88	0 63,880
74 Pitt	* 0	214,737	214,73	
75 Polk	* 0	43,502	43.50	
76 Randolph	* 0	177,244	177,24	
77 Richmond	* 0	69,327	69.32	
78 Robeson	* 0	163,619	163,619	
79 Rockingham	* 0	120,125	120,125	=======================================
80 Rowan	* 0	174,753	174,753	
D5 R-P-M	* 0	0		0
82 Sampson	* 0	89,940	89,940	89,940
83 Scotland	* 0	59,009	59,009	
84 Stanly	*0	89,112	89,112	
85 Stokes	* 0	70,716	70,716	
86 Surry]*0	99,920	99,920	
87 Swain	*0	35,761	35,761	
D6 Toe River	* 0	116,460	116,460	-
88 Transylvania	*0	58,322	58,322	
90 Union	*0	273,696	273,696	273.696
92 Wake	* 0	1,187,939	1,187,939	1,187,939
93 Warren	* 0	41,899	41,899	41.899
96 Wayne	* 0	156,092	156,092	156.092
97 Wilkes	* 0	96,298	96,298	96,298
98 Wilson	* ()	109,433	109,433	109.433
99 Yadkin	* ()	61,580	61,580	61,580
Totals		13,338,000	13,338,000	

09042020 Sign and Date - DPH Program Administrator	Pate - DPH Section Chief
Gremeko Stuart 9/4/2020	O9/04/2020
Sign and Date - DPH Contracts Office	Sign and Date - DPH Budget Officer

SH 9/4/2020