



**SAMPSON COUNTY  
BOARD OF COMMISSIONERS  
MEETING AGENDA  
December 6, 2021**

<b>6:00 pm</b>	<b>Convene Regular Meeting (County Auditorium)</b>	
	Invocation and Pledge of Allegiance	
	Approve Agenda as Published	
<b>Item 1</b>	<b>Organization of the Board</b>	<b>1</b>
<b>Item 2</b>	<b>Reports and Presentations</b>	
	a. Update on Status of Audit	<b>2</b>
<b>Item 3</b>	<b>Planning &amp; Zoning</b>	<b>3 - 9</b>
	a. I-40 Corridor Rezoning (Unzoned to Residential Agricultural)	<b>10 - 28</b>
	b. Zoning Ordinance Text Amendment (Private Family Cemeteries)	<b>29 - 31</b>
	c. Subdivision Ordinance Text Amendment	<b>32 - 35</b>
<b>Item 4</b>	<b>Action Items</b>	
	a. Consideration of Formation of New Regional Workforce Development Area and Workforce Development Board	<b>36 - 37</b>
	b. Discussion of Appropriations for Sampson County in Newly Approved State Budget	<b>38</b>
	c. Report on Internal Salary Survey and Consideration of County Manager Recommendations Based Upon Survey Data	<b>39</b>
	d. Selection of Interim Social Services Director and Consideration of Consulting Services for Assessment of Social Services Director Candidates	<b>40 - 42</b>
	e. Response to OSHA COVID 19 Vaccination and Testing Emergency Temporary Standard	<b>43 - 55</b>
	f. Selection of Contractor for Design-Build Project to Construct Industrial Park Road and Adoption of Resolution Authorizing Execution of Contract	<b>56 - 86</b>
	g. Authorization to Execute National Opioid Settlement Documents	<b>87 - 96</b>

**Item 4 Action Items, continued from previous page**

- h. Public Hearing – Name of Private Roads 97 - 99
- i. Appointments 100 - 102
  - Health Advisory Board
  - Advisory Board of Older Adults
  - DSS Board

**Item 5 Consent Agenda 103**

- a. Approve the minutes of the November 1, 2021 meeting 104 - 107
- b. Adopt a resolution authorizing the County Manager to execute a lease for less than one year for county property (a portion of Sampson County Parcel Nos. 12-0265560-02 and 12-0192880-05) to Lynn S. Carr 108 - 117
- c. Authorize, by resolution, the sale of certain surplus property parcel number 16091208001 located on Garland Highway 118 - 120
- d. Approve newly drawn 5- and 6-mile insurance district boundaries for the Clinton Fire District (no change to tax district or response district) 121 - 122
- e. Award the bid for the purchase of pipe and supplies for the S. Eldridge Road project to the lowest bidder, Core & Main, LP, in the amount of \$89,834.64 123
- f. Approve amendments to the bylaws of the Ft. Bragg Regional Land Use Advisory Commission (RLUAC) as requested by the Commission 124 - 136
- g. Authorize execution of the EMS Clinical Internship Agreement between Sampson County and Montgomery Community College 137 - 143
- h. Approve delinquent veterans tax exclusion requests for George B. Howard, Daniel W. Carr, Johnny Patrick Millen, and Cory Jason Muzzy 144 - 155
- i. Approve the tax refunds and releases as submitted 156 - 170
- j. Approve budget amendments as submitted 171 - 177

**Consent Agenda, Board of Health 178**

- k. Approve Health Department fee revisions as recommended by Health Advisory Board 179
- l. Approve revisions to the SCHED Advisory Committee Operating Procedures Policy 180 - 186
- m. Approve revisions to the SCHED Advisory Committee Conflict of Interest Policy 187 - 191
- n. Approve revisions to the SCHED Fiscal Policy 192 - 236

<b>Item 5</b>	<b>Consent Agenda, continued</b>	
	o. Authorize submission of an application for a United Way Grant in the amount of \$7,000 to support the Breast and Cervical Cancer Control Program (BCCCP)	237 - 272
<b>Item 6</b>	<b>Consideration of Tax Appeals</b>	273 - 279
	a. Hog Heaven Farming	
	b. BDC Farming	
	c. S&G Farms, Inc.	
<b>Item 7</b>	<b>Board Information (Board of Health)</b>	280 -281
	a. September 20, 2021 SCHD Advisory Committee Minutes	282 - 286
	b. SCHD Annual Report 2020-2021	287 - 288
	c. COVID-19 Update	289
<b>Item 8</b>	<b>County Manager's Report</b>	
<b>Item 9</b>	<b>Public Comment Period</b>	290 - 291
	<i>As publicly advertised, written comments will be accepted until 5 pm on the date of the meeting via mail or email. Comments received by the deadline will be read aloud by the Clerk and included in the official minutes of the meeting (unless they violate the Board's Rules of Procedure and Conduct or Public Comment Policy).</i>	
<b>Item 10</b>	<b>Closed Session - GS 143-318.11(a)(3): Attorney/Client Privilege</b>	
	<b>Adjournment</b>	

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.     1    

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Organization of the Board

**DEPARTMENT:** Governing Body

**PUBLIC HEARING:** No

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

**PURPOSE:** To conduct annual election of officers

**ATTACHMENTS:** None

**BACKGROUND:**

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

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

**RECOMMENDED ACTION OR MOTION:**

Elect officers as prescribed by General Statutes

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 2(a)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Update on Status of Audit

**DEPARTMENT:** Administration/Finance

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Edwin W. Causey

**PURPOSE:** To provide a report on status of audit completion

**ATTACHMENTS:** None

**BACKGROUND:**

The County Manager will report on the work of the Finance Office to ensure the audit is completed in a timely manner and the status of the work performed by our contracted auditor.

**RECOMMENDED ACTION OR MOTION:**

Report only; no action necessary at this time

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.    3 (a-c)

Meeting Date: December 6, 2021	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Consent Agenda	<input checked="" type="checkbox"/> Public Comment <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Planning/Zoning <input type="checkbox"/> Water District Issue
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**SUBJECT:** Planning Issues

**DEPARTMENT:** Sampson County Planning & Zoning

**PUBLIC HEARING:** Yes

**CONTACT PERSON:** Austin Brinkley, Senior Planner

**PURPOSE:** To consider actions on planning and zoning items as recommended by Planning Board

**ATTACHMENTS:** Planning Staff Reports/Memoranda; Minutes; Resolutions; Maps

**BACKGROUND:**

- a. I-40 Corridor Rezoning (Unzoned to Residential Agricultural) The Chairperson should open the public hearing and call upon Senior Planner Austin Brinkley to review a recommendation by the Planning Board to rezone approximately 330 parcels on the I-40 corridor from Unzoned to Residential Agricultural. The Planning Board voted unanimously to recommend approval of the rezoning request, finding the rezoning to be consistent with the County’s land use plan, consistent with the Rural Residential/Agriculture Land Use designation and positively aligning with the main purpose and intent of such designation, and finding the rezoning request reasonable and in best public interest.
  
- b. Zoning Ordinance Text Amendment (Private Family Cemeteries) The Chairperson should open the public hearing and call upon Senior Planner Austin Brinkley to review a Zoning Ordinance text amendment to incorporate new language and standards for Private Family Cemeteries. The Planning Board voted unanimously to recommend approval of the text amendment, finding it consistent with the goals and objectives of the Sampson County Land Use Plan.
  
- c. Subdivision Ordinance Text Amendment The Chairperson should open the public hearing and call upon Senior Planner Austin Brinkley to review a Subdivision Ordinance text amendment which revises the text regarding Section 106(D) to bring the language into alignment with the intent of G.S. 160D-802(c), introduces text in the Family Division section to clarify the process for establishing a Private Family Cemetery, and introduces standards for recording a plat for the sole purpose of establishing an easement to a pre-existing landlocked parcel.

(continued next page)

**RECOMMENDED ACTION OR MOTION:**

- a. Approve, by resolution, the proposed rezoning of 330 tax parcels from Unzoned to Residential Agricultural and adopt the following consistency statement: *The Sampson County Board of Commissioners does hereby find and determine that the rezoning of 330 tax parcels located within 1,500 ft of the I-40 right-of-way and further described by resolution to be consistent with the County's land use plan, consistent with the Rural Residential/Agriculture Land Use designation and positively aligning with the main purpose and intent of such designation, and in the best public interest.*
  
- b. Approve, by resolution, the proposed text amendment to the Sampson County Zoning Ordinance and adopt the following consistency statement: *The Sampson County Board of Commissioners does hereby find and determine that the proposed Zoning Ordinance amendment to be consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents and in the best public interest.*
  
- c. Approve, by resolution, the proposed text amendment to the Sampson County Subdivision Ordinance and adopt the following consistency statement: *The Sampson County Board of Commissioners does hereby find and determine that the proposed Subdivision Ordinance amendment to be consistent with the goals and objectives of the Sampson County Land Use Plan and other long range planning documents and in the best public interest.*

# *Sampson County Inspections & Planning Department*

405 County Complex Rd. STE 110  
Clinton, North Carolina 28328  
(910) 592-0146 (T) (910) 596-0773 (F)



To: Ed Causey, County Manager  
Susan Holder, Assistant County Manager

From: Austin Brinkley, Senior Planner, CZO, CFM

Subject: December 6, 2021, Board of Commissioners Meeting

Date: November 22, 2021

## **I-40 CORRIDOR REZONING (UNZONED TO RESIDENTIAL AGRICULTURAL)**

The proposed **I-40 CORRIDOR REZONING** for approximately 330 parcels was reviewed by the Sampson County Planning Board at their November 8, 2021, meeting. Austin Brinkley, Senior Planner, provided an overview of the proposed rezoning, which is a proposal to rezone the 330 parcels from being Unzoned to a Residential Agricultural (RA) Zoning District. These parcels were never assigned a base zoning district in 2004 when Sampson County adopted zoning, the parcels were intended to be a part of the Highway Corridor Overlay District, but standards were never developed. Due to these parcels currently not belonging to a zoning district, the property owner is required to undergo the rezoning process to obtain a building permit. Sampson County Planning & Zoning staff has initiated this rezoning request to relieve property owners from having to go through that process prior to developing their land. The parcels are served by County water/well and individual septic systems. The Sampson County Land Use Plan classifies the parcel as being within the Rural Residential/Agriculture Land Use Category and the Commercial Growth/Industrial Node Land Use Category.

The Planning Board voted 5-0 to recommend approval of the rezoning request. The recommendation for approval is based off the Planning Board's decision that the proposed rezoning is consistent with the land use plan. The Sampson County Planning Board found the proposed rezoning to be consistent with the Rural Residential/Agriculture Land Use designation and to positively align with the main purpose and intent of such designation. The Planning Board found that the rezoning request is reasonable and in best public interest and recommends approval to the Sampson County Board of Commissioners.

## **ZONING ORDINANCE TEXT AMENDMENT**

The proposed **ZONING ORDINANCE TEXT AMENDMENT** was reviewed by the Sampson County Planning Board at their November 8, 2021, meeting. Austin Brinkley, Senior Planner, provided an overview of the proposed text amendment, which is a proposal to incorporate new language and standards for Private Family Cemeteries.

## ***Sampson County Inspections & Planning Department***

405 County Complex Rd. STE 110

Clinton, North Carolina 28328

(910) 592-0146 (T) (910) 596-0773 (F)

The Planning Board voted 5-0 to recommend approval of the Zoning Ordinance Text Amendment. The recommendation for approval is based off the Planning Board's decision that the text amendment is consistent with the goals and objectives of the Sampson County Land Use Plan.

### **SUBDIVISION ORDINANCE TEXT AMENDMENT**

The proposed **SUBDIVISION ORDINANCE TEXT AMENDMENT** was reviewed by the Sampson County Planning Board at their November 8, 2021, meeting. Austin Brinkley, Senior Planner, provided an overview of the proposed text amendment, which is a proposal to revise the text regarding Section 106(D) to bring the language into alignment with the intent of G.S. 160D-802(c), introduce text in the Family Division section to clarify the process for establishing a Private Family Cemetery, and to introduce standards for recording a plat for the sole purpose of establishing an easement to a pre-existing landlocked parcel.

The Planning Board voted 5-0 to recommend approval of the Subdivision Ordinance Text Amendment. The recommendation for approval is based off the Planning Board's decision that the text amendment is consistent with the goals and objectives of the Sampson County Land Use Plan. The Planning Board found that the text amendments are in best public interest and recommends approval to the Sampson County Board of Commissioners.

# Sampson County Planning Department

405 County Complex Rd. STE 110  
Clinton, North Carolina 28328  
(910) 592-0146 (T) (910) 596-0773 (F)



## Minutes of the Sampson County Planning Board

<u>Meeting Date</u>	<u>Members Present</u>	<u>Members Absent</u>
November 8, 2021	Marilyn Brooks Houston Crumpler, III Jay Darden	Gail Gainey Jason Tyndall

Senior Planner Austin Brinkley, and Planner Michelle Lance were also present.

Chairman Crumpler gave the invocation and led the Pledge of Allegiance.

### Minutes Approved

Chairman Crumpler asked the Board to review the minutes of the August 9, 2021, meeting. Marilyn Brooks made a motion that the minutes be approved as presented. The motion was seconded by Jay Darden.

Ayes: Unanimous

### New Business

#### I-40 CORRIDOR REZONING

**R21-03**

**General Information:** 330 parcels, Sampson County water is available, individual septic

**Location:** 1,500 ft on either side of the I-40 corridor

**Owner:** Multiple Owners

**Current Zoning District:** Un-zoned

**Proposed Zoning District:** Residential Agricultural

(RA)

**Land Use Plan:** Rural Residential/Agriculture, Commercial Growth/Industrial Growth Node

With an audience of two citizens Senior Planner Austin Brinkley presented a rezoning request of 330 parcels submitted by Sampson County Planning & Zoning Staff. The request is to rezone parcels without a zoning district designation within 1,500 feet of the I-40 right-of-way to the Residential Agricultural (RA) Zoning District. Mr. Brinkley explained that when Sampson County adopted Zoning, the subject parcels were all assigned to the HCO Highway Corridor Overlay without any standards or a base zoning district being assigned. "Assigning these parcels to the RA district is Sampson County Planning taking a proactive step to getting these parcels rezoned and not having to do a parcel-by-parcel rezoning in the future. Staff recommends approval of the rezoning request based on the fact that these parcels are currently not located within a zoning district" stated Mr. Brinkley. Chairman Crumpler inquired of the audience for any public comment. There being none after Board discussion, Jay Darden moved to recommend approval of R21-03 to the Sampson County Board of Commissioners based on the following zoning consistency statement:

The Sampson County Planning Board finds the proposed rezoning to be consistent with the Rural Residential/Agriculture Land Use designation and to positively align with the main purpose and intent of such designation. The Planning Board finds that the rezoning request is reasonable and in best public interest

and recommends approval to the Sampson County Board of Commissioners. The Planning Board also recommended approval of the rezoning based on the fact that it is consistent with the Land Use Plan.

The motion was seconded by Marilyn Brooks and was unanimously recommended for approval by the Board of Commissioners.

Ayes: Unanimous

**TEXT AMENDMENTS:**

**Zoning Ordinance /Subdivision Regulations Amendment**

Senior Planner Austin Brinkley presented text amendments of the Sampson County Zoning Ordinance and the Sampson County Subdivision Regulations proposed by the Sampson County Planning and Zoning. Mr. Brinkley first explained that staff had recognized the need for further clarity in the Zoning Ordinance so that citizens may understand all their options regarding their family burial sites. One proposed text amendment to the Zoning Ordinance is (section 1401 Development Standards) to specify that only one parcel may be created for a family cemetery and not a combination of several parcels meeting the maximum allowable acreage. The second proposed text amendment to the Zoning Ordinance is in the definition of a Cemetery, Private (Family Cemeteries) that it explicitly refers to the Subdivision Regulations for the requirements regarding the creation of a cemetery lot. Lastly a text amendment to bring the Subdivision Regulations into compliance with NCGS 160D-802(c), a text amendment to introduce new text to the Family Division standards regarding Private Cemeteries and a text amendment to provide standards for the sole purpose of recording a plat to create an easement for access.

After Board discussion Chairman Crumpler called for a vote on the proposed text amendments.

Marilyn Brooks made a motion to recommend approval of the proposed Sampson County Zoning Ordinance text amendments based on the following zoning consistency statement:

The Sampson County Planning Board finds the proposed text amendments to the Sampson County Zoning Ordinance to be consistent with the goals and objectives of the Sampson County Land Use Plan. The Planning Board finds that the text amendments are in best public interest and recommends approval to the Sampson County Board of Commissioners. The motion was seconded by Jay Darden and was unanimously recommended for approval by the Board.

Ayes: Unanimous

Jay Darden made a motion to recommend approval of the proposed Sampson County Subdivision Regulations text amendments based on the following zoning consistency statement:

The Sampson County Planning Board finds the proposed text amendments to the Sampson County Subdivision Regulations to be consistent with the goals and objectives of the Sampson County Land Use Plan. The Planning Board finds that the text amendments are in best public interest and recommends approval to the Sampson County Board of Commissioners. The motion was seconded by Marilyn Brooks and was unanimously recommended by approval by the Board.

Ayes: Unanimous

**Other Business**

There being no further business Chairman Crumpler called for a motion to adjourn. Motion to adjourn was made by Jay Darden and seconded by Marilyn Brooks.

The Planning Board adjourned at 6:35 p.m.

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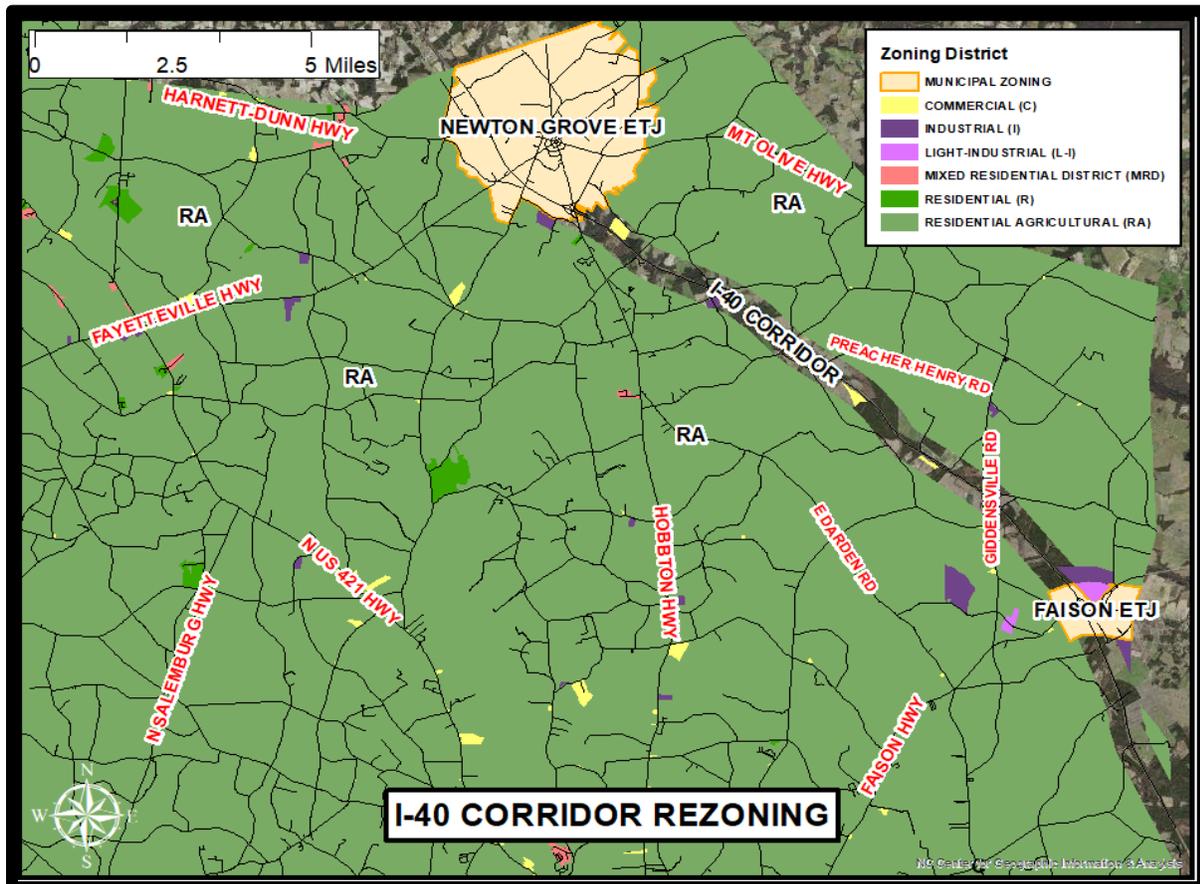
Houston Crumpler III, Chairman

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Austin Brinkley, Secretary

**REQUEST SUMMARY**

<b>Application Number:</b> R21-03	<b>Property Location:</b> Sampson County I-40 Corridor. Properties with no zoning district designation within 1,500 of the I-40 right-of-way.
<b>Request:</b> Rezone parcels without a zoning district designation within 1,500 feet of the I-40 right-of-way to the Residential Agricultural (RA) Zoning District.	<b>Parcel Quantity:</b> 330 parcels
<b>Applicant:</b> Sampson County Planning & Zoning	<b>Existing Land Use:</b> Forestry/Farmland, Residential
<b>Property Owner:</b> Various Owners	<b>Current Zoning:</b> No zoning district, some parcels partially zoned
<b>Tax Map Number:</b> Multiple	<b>Proposed Zoning:</b> Residential Agricultural



## **STAFF RECOMMENDATION**

Staff recommends approval of the rezoning request based on the fact that these parcels currently are not located within a zoning district. The majority of the properties located within the portion of the I-40 corridor are properties that consist of agricultural land, forestry, and low-density residential use. These types of uses align with the purpose of the Residential Agricultural (RA) Zoning District.

## **COMPATIBILITY WITH ADOPTED PLANS**

The Sampson County Land Use Plan classifies this site as being within the Rural Residential/Agriculture land use designation.

The Rural Residential/Agriculture area is identified as being an area that supports low-density residential, agriculture and forestry.

Appropriate land uses would include primarily low-density residential development integrated with agricultural and forestry types of land use. Limited public, institutional, office, and commercial uses meeting locational criteria could also be expected. Locational criteria for non-residential uses include frontage and access to a major state highway or secondary road, proximity to similar uses and spatial separation from non-compatible uses such as existing residential development. Land uses are preferred to develop with public water and with or without public sewer.

The types of uses allowed in the Residential Agricultural (RA) Zoning District meet the main purpose and intent of the Rural Residential/Agriculture Land Use Category. This proposed rezoning would be consistent with the Sampson County Land Use Plan.

The Sampson County Land Use Plan does recognize that there are areas along the I-40 corridor identified for the potential of being a Commercial Growth/Industrial node. At this time, the types of uses that would support zoning a portion of the 330 parcels to either a Commercial or Industrial Zoning District are not present, therefore Residential Agricultural is the appropriate Zoning District.

## **SYNOPSIS OF SITE AND SURROUNDING INFRASTRUCTURE**

The subject properties are currently being utilized as a low-density residential properties, agricultural land, and forestry. There are a total of 330 parcels within the I-40 corridor proposed for rezoning. The use of adjacent properties on either side of the portion of the I-40 corridor without zoning are low-density residential, agriculture and forestry with limited commercial uses.

Virtually all properties adjacent to the corridor are located in the Residential Agricultural (RA) Zoning District. There are a few isolated properties zoned either Commercial (C) or Industrial (I).

### **Environmental Site Conditions**

- **Flood** – The majority of the I-40 corridor is unaffected by flood, however there are a few parcels that are located within a regulated floodplain.
- **Wetlands** – There has not been a plat recorded for the entire corridor that would delineate wetlands, however after an aerial examination of the corridor it does appear there is a presence of wetlands in isolated locations.

### **Fire Service Protection**

Fire service throughout the corridor is provided by several departments. The departments are Goshen, Piney Grove, and Newton Grove.

### **Water & Sewer Utilities**

- The properties within the corridor are served by County water/well and individual septic

### **ZONING DISTRICT COMPARISON – No Zoning Designation to Residential Agricultural (RA)**

The subject properties are currently located in a portion of the County that does not have zoning. Rezoning this property to Residential Agricultural (RA) would place the properties in a zone that supports the following.

The purpose of the Residential Agricultural (RA) Zoning District is to provide an environment for residential use at densities that correspond with the available services and general farming operations as defined herein. It is intended to protect the agricultural sections of the community from an increase of urban density development that would make the land less suitable for farms and to protect residential development that is primarily dependent on private wells and septic tanks to insure a safe and healthy living environment. In addition, some uses that are necessary in a rural environment, which are nonresidential in nature may be allowed with conditions or by special use.

**ZONING COMPARISON TABLE**

No Zoning Designation	Residential Agricultural (RA)
<p align="center">No lot size</p> <p align="center">No density requirements</p>	<p>10,000 sq ft minimum lot size (public water &amp; sewer available)</p> <p>25,000 sq ft minimum lot size (public water w/ no sewer available)</p> <p>30,000 sq ft minimum lot size (no public water &amp; no public sewer)</p> <p>For multi-family development there shall be no more than 6 units per acre</p>
<p align="center">No uses permitted or prohibited due to no zoning designation</p>	<p align="center"><b>PERMITTED USES</b></p> <ul style="list-style-type: none"> <li>*Restaurant</li> <li>**Brewery/Distillery/Winery</li> <li>*Farm Equipment Sales</li> <li>Barber &amp; Beauty Shop</li> <li>**Convenience Store/Gas Station</li> <li>Volunteer Fire Station</li> <li>*Public Fishing Lake/Pond</li> <li>*Church</li> </ul> <p align="center"><b>Residential Uses</b></p> <ul style="list-style-type: none"> <li>Single-Family Dwelling</li> <li>Manufactured Home</li> <li>Modular Home</li> <li>*Dwelling Multi-Family</li> </ul> <p align="center"><b>(THIS IS NOT A COMPLETE LIST OF USES, JUST AN OVERVIEW OF CERTAIN TYPES)</b></p> <ul style="list-style-type: none"> <li>*Special Requirement Permit required</li> <li>**Special Use Permit required</li> </ul>

## **ATTACHMENT 1**

### **RESOLUTION REZONING PROPERTIES FROM UNZONED TO RESIDENTIAL AGRICULTURAL (RA)**

WHEREAS, Sampson County Planning & Zoning, has submitted a petition to rezone 330 tax parcels located within 1,500 ft of the I-40 right-of-way and further described in (Attachment 3) from Unzoned to Residential Agricultural (RA); and,

WHEREAS, the Sampson County Land Use Plan places the proposed rezoning area in the Rural Residential/Agriculture category with a minor number of tax parcels being located within areas designated as Commercial/Industrial Growth Nodes, and,

WHEREAS, the Rural Residential/Agriculture category's appropriate land uses are identified as being low-density residential, agriculture, and forestry; and,

WHEREAS, the Residential Agricultural (RA) Zoning District is intended to protect the agricultural sections of the community from an increase of urban density development that would make the land less suitable for farms and to protect residential development that is primarily dependent on private wells and septic tanks to insure a safe and healthy living environment; and,

WHEREAS, the types of land uses that would support zoning a portion of the 330 parcels to either a Commercial or Industrial Zoning District are not present, therefore Residential Agricultural is the appropriate Zoning District;

WHEREAS, the types of uses allowed in the Residential Agricultural (RA) Zoning District align with the main purpose and intent of the Rural Residential/Agriculture Land Use Category; and,

WHEREAS, the physical conditions, benefits to the community and landowners, and types of permissible and existing development have been taken into consideration; and,

WHEREAS, the proposed Rezoning is therefore considered reasonable, in the public interest, and consistent with the Sampson County Land Use Plan;

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

- A. A. The Official Zoning Map is hereby amended to classify the 330 tax parcels located within 1,500 ft of the I-40 right-of-way and further described in (Attachment 3) as Residential Agricultural (RA).

B. The above amendment is effective upon the adoption of this Resolution. Adopted this 6<sup>th</sup> day of December 2021.

SAMPSON COUNTY  
BOARD OF COMMISSIONERS

ATTEST:

\_\_\_\_\_

Susan J. Holder, Clerk to the Board

\_\_\_\_\_

Clark Wooten, Chairman

**ATTACHMENT 3**

**COMPLETE LIST OF TAX PARCELS PROPOSED TO BE REZONED**

11000007202  
11000266001  
11000292001  
11001865001  
11004191501  
11004460304  
11005581201  
11005981401  
11006296002  
11006300004  
11008028002  
11010128901  
11010736001  
11011276901  
11011323001  
11011488901  
11012468701  
11012500301  
11012695701  
11013440701  
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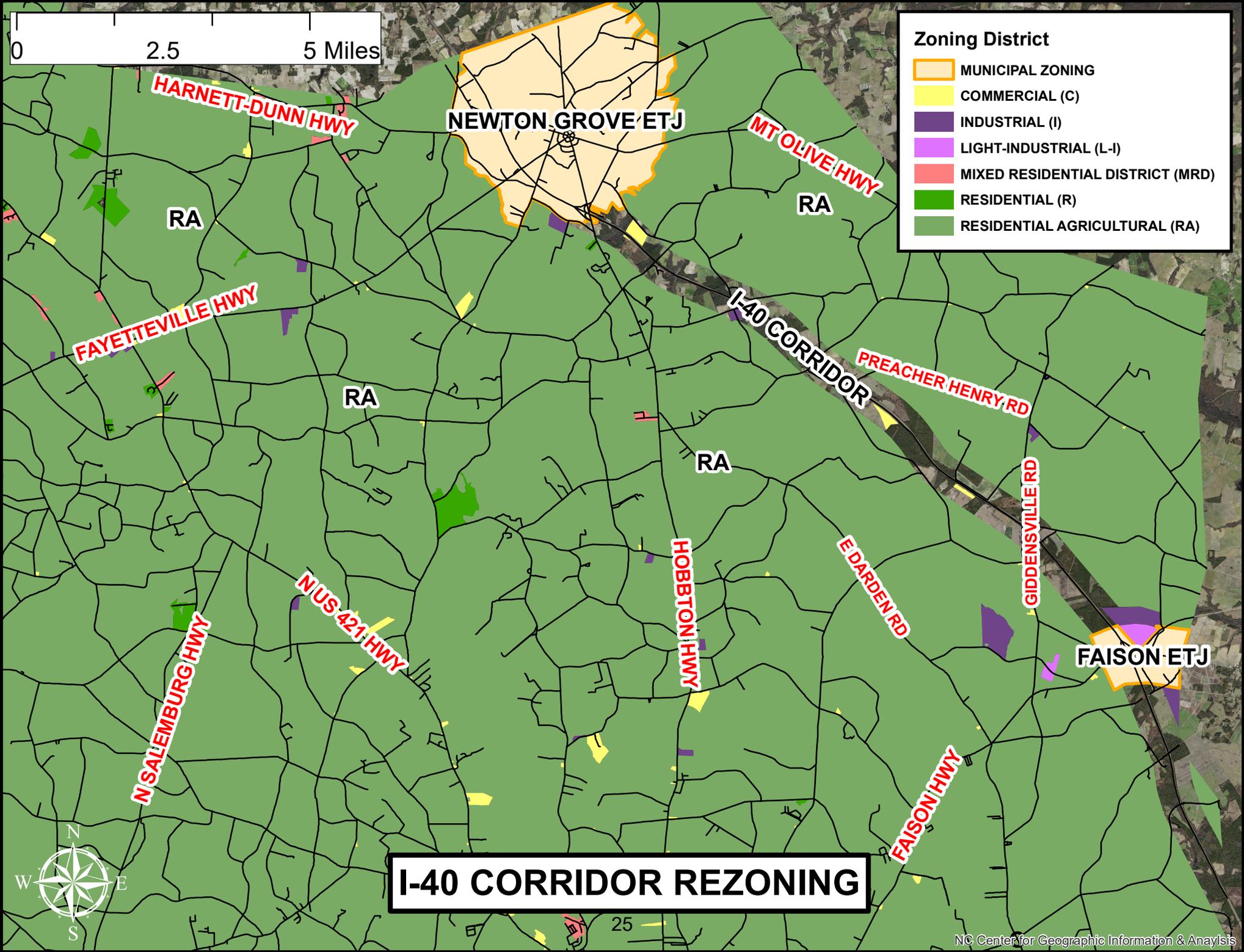
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**Zoning District**

- MUNICIPAL ZONING
- COMMERCIAL (C)
- INDUSTRIAL (I)
- LIGHT-INDUSTRIAL (L-I)
- MIXED RESIDENTIAL DISTRICT (MRD)
- RESIDENTIAL (R)
- RESIDENTIAL AGRICULTURAL (RA)



**I-40 CORRIDOR REZONING**





### REZONING HEARING NOTICE

Sampson County Planning & Zoning has initiated a rezoning to the Residential Agricultural (RA) Zoning District for 330 properties located within the portion of the I-40 corridor that does not have a zoning district.

The Sampson County Board of Commissioners will hold a public hearing during their meeting on Monday, December 6, 2021, to hear the rezoning request. The meeting will be held at 6:00 pm at 437 Rowan Rd., Clinton, NC, in the County Auditorium of the Sampson County Board of Education.

The Board shall consider the application and comments at the hearing and will make a decision to approve or deny the rezoning request. The Board will consider the following when forming a decision to approve or deny the request.

- A. The proposal will place all property similarly situated in the area in the same category, or in appropriate complementary categories.
- B. There is convincing demonstration that all uses permitted under the proposed district classification would be in the general public interest and not merely the interest of an individual or small group.
- C. There is convincing demonstration that all uses permitted under the proposed district classification would be appropriate in the area included in the proposed change.
- D. There is convincing demonstration that the character of the neighborhood will not be materially or adversely affected by any use permitted in the proposed change.
- E. The proposed change is in accord and consistent with the Land Use Plan. A comment by the Board that a proposed amendment is inconsistent with the Land Use Plan shall not preclude consideration or approval of the proposed amendment.

Please contact me at 910-592-0146 if you have any questions or concerns.

Austin Brinkley, CZO, CFM  
Senior Planner

## SAMPSON COUNTY PLANNING & ZONING

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November 15, 2021

Dear Property Owner:

According to Sampson County tax records, you own property located within the I-40 corridor. The properties within 1,500 feet of the corridor do not belong to a zoning district. Sampson County Planning & Zoning has initiated a rezoning to the Residential Agricultural (RA) Zoning District for 330 properties located within the portion of the I-40 corridor that does not have a zoning district

The Sampson County Board of Commissioners will hold a public hearing during their meeting on Monday, December 6, 2021, to hear the rezoning request. The meeting will be held at 6:00 pm at 437 Rowan Rd., Clinton, NC, in the County Auditorium of the Sampson County Board of Education.

The Board shall consider the application and comments at the hearing and will make a decision to approve or deny the rezoning request. The Board will consider the following when forming a decision to approve or deny the request.

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- E. The proposed change is in accord and consistent with the Land Use Plan. A comment by the Board that a proposed amendment is inconsistent with the Land Use Plan shall not preclude consideration or approval of the proposed amendment.

Please contact me at 910-592-0146 if you have any questions or concerns.

Sincerely,

Austin Brinkley, CZO, CFM  
Senior Planner

## SAMPSON COUNTY PLANNING & ZONING

---



November 15, 2021

Dear Property Owner:

According to Sampson County tax records, your property is adjacent to properties that Sampson County Planning & Zoning have petitioned to be rezoned. Sampson County Planning & Zoning has initiated a rezoning to the Residential Agricultural (RA) Zoning District for 330 properties located within the portion of the I-40 corridor that does not have a zoning district.

The Sampson County Board of Commissioners will hold a public hearing during their meeting on Monday, December 6, 2021, to hear the rezoning request. The meeting will be held at 6:00 pm at 437 Rowan Rd., Clinton, NC, in the County Auditorium of the Sampson County Board of Education.

The Board shall consider the application and comments at the hearing and will make a decision to approve or deny the rezoning request. The Board will consider the following when forming a decision to approve or deny the request.

- A. The proposal will place all property similarly situated in the area in the same category, or in appropriate complementary categories.
- B. There is convincing demonstration that all uses permitted under the proposed district classification would be in the general public interest and not merely the interest of an individual or small group.
- C. There is convincing demonstration that all uses permitted under the proposed district classification would be appropriate in the area included in the proposed change.
- D. There is convincing demonstration that the character of the neighborhood will not be materially or adversely affected by any use permitted in the proposed change.
- E. The proposed change is in accord and consistent with the Land Use Plan. A comment by the Board that a proposed amendment is inconsistent with the Land Use Plan shall not preclude consideration or approval of the proposed amendment.

Please contact me at 910-592-0146 if you have any questions or concerns.

Sincerely,

Austin Brinkley, Senior Planner, CZO, CFM



**PROPOSED ZONING ORDINANCE TEXT AMENDMENT(S) OVERVIEW**

Sampson County Planning & Zoning recognized the need to incorporate language and standards for Private Family Cemeteries, which were included in the Zoning Ordinance update that was performed in May 2021. Since the adoption of the new Zoning Ordinance, staff has observed that there was a need to improve this language and provide further clarity for family cemeteries so that citizens may more completely understand what options they have regarding private family burial sites.

**TEXT AMENDMENTS TO THE ZONING ORDINANCE, SAMPSON COUNTY,  
NORTH CAROLINA**

**WHEREAS**, the Sampson County Board of Commissioners duly adopted the Zoning Ordinance of Sampson County, North Carolina on October 4, 2004, and has, from time to time, amended the Ordinance; and

**WHEREAS**, in order to promote the health, safety, morals, and general welfare of the citizens of Sampson County, the Sampson County Board of Commissioners determines that it is necessary to amend the Zoning Ordinance, Sampson County, North Carolina as more particularly set forth herein below; and

**WHEREAS**, the Sampson County Board of Commissioners finds that the amendments set forth herein below are consistent with the Sampson County Land Use Plan, and that they are reasonable and in the best public interest;

**THEREFORE, BE IT ORDAINED** that Section 1401 and the Definition of “Cemetery, Private” of the Zoning Ordinance of Sampson County, North Carolina are hereby amended as follows:

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**SECTION 1401. DEVELOPMENT REQUIREMENTS**

**CEMETERY (PRIVATE FAMILY CEMETERIES)**

- Minimum parent parcel size of three (3) acres. The maximum size of the proposed cemetery site is one (1) acre, this is to be a maximum of one parcel, for example you may not have three (3) separate cemetery parcel subdivided out of the parent parcel and the total acreage of all three (3) be one (1) acre. When a private cemetery is proposed to be established on property of less than 3 acres, a Special Use permit will be required.
- Cemetery must be enclosed by fence or marked by permanent boundary markers
- A family division plat must be recorded within 180 days establishing the boundary of the private cemetery. A deed must be recorded with the Sampson County Register of Deeds within the 180-day period as well.

**DEFINITIONS**

**CEMETERY, PRIVATE (FAMILY CEMETERIES)** – ~~land and facilities~~ used for the burial of the deceased, which have not been licensed and do not meet the licensing requirements of a perpetual care cemetery under State law. Private cemeteries must be subdivided under the

provisions of a ~~service-subdivision~~ Family Division located in the Sampson County Subdivision Regulations.

The above amendments shall become effective upon their adoption.

Adopted by the Sampson County Board of Commissioners, the 6th day of December, 2021.

\_\_\_\_\_  
, Chairman,  
Sampson County Board of Commissioners

ATTEST:

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



### **PROPOSED SUBDIVISION REGULATIONS TEXT AMENDMENT(S) OVERVIEW**

During the process of updating the Sampson County Subdivision Regulations to be compliant with Chapter 160D of the North Carolina General Statutes, many revisions took place in adopting the new Subdivision Regulations for Sampson County. New types of exemptions were introduced to Sampson County as well as plat review procedures and other new development requirements. All statutory requirements of Chapter 160D were included in the adoption of the new Subdivision Regulations for Sampson County, but after speaking with land use law experts at the UNC School of Government and further observing the operation of the current Subdivision Regulations, Sampson County Planning and Zoning staff has found that language which exists in the exemption section of the Ordinance is technically not exempt by the North Carolina General Statutes. This text amendment will bring the Sampson County Subdivision Regulations into compliance with the intent of the G.S. 160D-802(c).

Sampson County Planning & Zoning Staff is proposing to introduce text in the Family Division section to clarify the process of establishing a Family Cemetery that is authorized either as a Special Requirement or Special Use by the Sampson County Zoning Ordinance.

Sampson County Planning & Zoning has also recognized in certain instances that there are landlocked parcels that came into existence prior to Subdivision Regulations being in effect which would prevent such types of division from happening. To allow for these landlocked parcels to have a recorded easement for access, Sampson County Planning & Zoning has initiated an amendment to specify the procedure for the sole purpose of recording a plat to create an easement for access.

**TEXT AMENDMENTS TO THE SUBDIVISION REGULATIONS, SAMPSON  
COUNTY,  
NORTH CAROLINA**

**WHEREAS**, the Sampson County Board of Commissioners duly adopted the Subdivision Regulations of Sampson County, North Carolina on November 1, 2000, and has, from time to time, amended the Ordinance; and

**WHEREAS**, in order to promote the health, safety, morals, and general welfare of the citizens of Sampson County, the Sampson County Board of Commissioners determines that it is necessary to amend the Subdivision Regulations, Sampson County, North Carolina as more particularly set forth herein below; and

**WHEREAS**, the Sampson County Board of Commissioners finds that the amendments set forth herein below are consistent with the Sampson County Land Use Plan and that they are reasonable and in the best public interest;

**THEREFORE, BE IT ORDAINED** that Section 106 and Section 108 of the Subdivision Regulations of Sampson County, North Carolina are hereby amended as follows:

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Section 106. **Exemptions**

- D. The division of a tract in single ownership whose entire area is no greater than 2 acres into not more than 3 lots, where no street right-of-way dedication is involved and where the resultant lots are equal to or exceed the standards of this ordinance. ~~Divisions of a tract in single ownership must meet the following criteria:~~
- ~~a. The subdivision is not considered to be exempt under the 10-acre exemption.~~
  - ~~b. No part of the tract or parcel to be divided has been divided under this subsection in the 10 years prior to the division.~~
  - ~~c. The entire area of the tract or parcel to be divided is greater than 5 acres.~~
  - ~~d. After division, no more than 3 lots result from the division.~~
  - ~~e. After division, all resultant lots comply with the following:~~
    - ~~i. Lot dimension size requirements listed in the Sampson County Zoning Ordinance.~~
    - ~~ii. The use of the lots is in conformity with the Sampson County Zoning Ordinance.~~
    - ~~iii. A permanent means of ingress and egress is recorded for each lot.~~

E. Family Divisions

- x. When a Family Division is being created for the purpose of creating a Cemetery (Private Family Cemetery) as described in the Sampson County Zoning Ordinance, all requirements listed in the Sampson County Zoning Ordinance shall apply to the creation of the division as well as the following.
  - 1. The family cemetery division plat must note that no structure other than tombstones, mausoleums, or other grave markers may be constructed or placed on the cemetery parcel.
  - 2. The family cemetery division plat must note that the cemetery parcel shall only be used for the purpose of the cemetery.
  - 3. The family cemetery division must be served by a minimum 15' easement for access and maintenance.

F. Easement Plat

An Easement Plat must meet the following criteria:

- a) The plat does not create any new parcels nor does the plat create any new rights of way. The sole purpose of the plat is to create an easement for access to a landlocked parcel of land.
- b) Landlocked parcels served by easements created under the provision of this exemption may not be further subdivided. The only instance in which further subdivision is allowed of the previously landlocked parcel is if a Family Division is performed as described in Section 106(E) or if the land is being divided through the Major Subdivision process, which would constitute the construction of a public NCDOT right-of-way, or a private right-of-way constructed to meet NCDOT standards.
- c) Easements shall be a minimum of 30'.
- d) The plat shall note who is responsible for the maintenance of the easement.
- e) The grantor of the easement must sign a dedication statement located on the plat. A note is required on the plat that a deed of dedication of the easement must be recorded with the Sampson County Register of Deeds.

Section 108. **Subdivision Types**

- D. **Expedited Minor Subdivision** - Sampson County may only require a plat for recordation for the division of a tract or parcel of land in single ownership if all of the criteria set forth below are met. The review process as outlined in Article IV, Review and Approval Procedures shall apply to Expedited Minor Subdivisions.

Lots must comply with dimensional requirements of the Sampson County Zoning Ordinance but are not required to meet the other requirements of these Regulations.

- a) The subdivision is not considered to be exempt under the 10-acre exemption.
- b) No part of the tract or parcel to be divided has been divided under this subsection in the 10 years prior to the division.
- c) The entire area of the tract or parcel to be divided is greater than 5 acres.
- d) After division, no more than 3 lots result from the division. For example, the division may not create three (3) one (1) acre lots and leave a remaining two (2) acre parcel.
- e) After division, all resultant lots comply with the following:
  - i. Lot dimension size requirements listed in the Sampson County Zoning Ordinance.
  - ii. The use of the lots is in conformity with the Sampson County Zoning Ordinance.
  - iii. A permanent means of ingress and egress is recorded for each lot.

The above amendments shall become effective upon their adoption.

Adopted by the Sampson County Board of Commissioners, the 6th day of December, 2021.

\_\_\_\_\_  
, Chairman,  
Sampson County Board of Commissioners

ATTEST:

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

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (a)

Meeting Date:	December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
		<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
		<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
		<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Consideration of Formation of New Regional Workforce Development Area and Workforce Development Board

**DEPARTMENT:** Governing Body/ Administration

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Edwin W. Causey, County Manager  
Justin Hembree, MCCOG Executive Director

**PURPOSE:** To consider formation of new regional Workforce Development Area consisting of Sampson, Harnett, and Cumberland County

**ATTACHMENTS:** Draft Resolution

**BACKGROUND:**

Currently, the counties of Chatham, Harnett, Lee, and Sampson jointly cooperate to provide workforce development services through the Triangle South Workforce Development Area/Workforce Development Board, and Central Carolina Community College serves as the grant administrator for the Workforce Board.

After the Cumberland County Workforce Development Program was transferred to the Mid Carolina Council of Government in June, conversations began between staff and elected officials in Sampson, Cumberland, and Harnett regarding interest in looking at workforce development on a more regional basis and reexamining the way the workforce development programs we participate in are administrated. Based upon these discussions and those with Central Carolina Community College and Mid Carolina Council of Governments, there is an interest in forming a new regional workforce area/workforce development board to be known as the Mid-Carolina Workforce Area/Workforce Development Board, with the Mid Carolina Regional Council as the grant administrator for the new workforce area.

County Manager Ed Causey will speak to the work that has been accomplished to date. Mid Carolina Executive Director Justin Hembree will be present to discuss the process of formulating the new regional workforce area/board.

**RECOMMENDED ACTION OR MOTION:**

Adopt a draft resolution of support to create and join the new workforce development area

**RESOLUTION OF SUPPORT  
TO CREATE AND JOIN A NEW LOCAL WORKFORCE DEVELOPMENT AREA**

**WHEREAS**, currently, the Counties of Chatham, Harnett, Lee, and Sampson jointly cooperate to provide workforce development services through the Triangle South Workforce Development Area/Workforce Development Board; and

**WHEREAS**, currently, Central Carolina Community College serves as the grant administrator for the Triangle South Workforce Development Area/Workforce Development Board; and

**WHEREAS**, in cooperation with Cumberland County, Harnett County, Central Carolina Community College, and Mid-Carolina Regional Council, Sampson County wishes to help facilitate the formation of new regional workforce development area/workforce development board; and

**WHEREAS**, Sampson County desires to become a member of this new regional local workforce development area/workforce development board, to be known as the Mid-Carolina Workforce Area/Workforce Development Board; and

**WHEREAS**, based on discussions with Central Carolina Community College and Mid-Carolina Regional Council, Sampson County desires Mid-Carolina Regional Council to become the grant administrator for the Mid-Carolina Workforce Area/Workforce Development Board; and

**WHEREAS**, it is understood that the formation of the new regional workforce development area/workforce development board will take place on or before July 1, 2022.

**NOW, THEREFORE, BE IT RESOLVED** by the Sampson County Board of Commissioners that:

1. Sampson County desires to be member of the Mid-Carolina Workforce Development Area/Workforce Development Board.
2. Sampson County desires that Mid-Carolina Regional Council be the grant administrator for the Mid-Carolina Workforce Development Area/Workforce Development Board.
3. Sampson County will work cooperatively with Cumberland County, Harnett County, Central Carolina Community College, and Mid-Carolina Regional Council to ensure a smooth transition of workforce development services and administration from Triangle South Workforce Development Area/Workforce Development Board to Mid-Carolina Workforce Development Area/Workforce Development Board.

Adopted this the 6<sup>th</sup> day of December, 2021.

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CHAIR,  
Sampson County Board of Commissioners

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CLERK,  
Sampson County Board of Commissioners

**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO.    4 (b)

Meeting Date:	December 6, 2021	___	Information Only	___	Public Comment
		___	Report/Presentation	___	Closed Session
		<b>x</b>	Action Item	___	Planning/Zoning
		___	Consent Agenda	___	Water District Issue

**SUBJECT:** Discussion of Appropriations for Sampson County in Newly Approved State Budget

**DEPARTMENT:** Administration

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Edwin W. Causey, County Manager

**PURPOSE:** To provide a report on appropriations included in the newly approved state budget and consider actions related to use of funds

**ATTACHMENTS:** None

**BACKGROUND:**

Sampson County and some of our municipalities were fortunate to receive appropriations in the State’s newly adopted budget totaling \$22,616,389. The County Manager will recap the focus areas for the anticipated funding, including water and sewer improvements and other capital projects, as generally categorized:

County Water/Sewer Needs	\$ 10,717,000	
Misc. County Projects	\$ 4,600,000	
EM/Sheriff Storage Facility	\$ 3,000,000	
Health Depart Grant	\$ 143,959	
Municipal Appropriations	\$ 2,605,430	Includes municipal water/sewer, paving needs
Misc. Other Projects	\$ 1,550,000	History Museum (\$50,000); SCC Truck Driving (\$1,500,000)

Among the State appropriations are funds for the construction of a companion storage facility for our emergency services facilities that will serve the needs of both our emergency services department and our Sheriff’s Department. There may be cost efficiencies that could be achieved if the construction of this facility could be added to our current construction project, so we are requesting the Board’s authorization for the County Manager and County Attorney to investigate the viability of amending our current contract with ADW Architects to include the design work for the new storage facility and authorization for staff to execute the contract amendment if it is determined to be a viable option.

**RECOMMENDED ACTION OR MOTION:**

Authorize execution of an amendment to the County’s contract with ADW Architects to include the design of a new storage facility to serve the Emergency Services and Sheriff’s departments, if found to be a viable option with State appropriation funding

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (c)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Report on Internal Salary Survey and Consideration of County Manager's Recommendations Based Upon Survey Data

**DEPARTMENT:** Human Resources/ Administration

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Nancy Dillman, HR Director  
Edwin W. Causey, County Manager

**PURPOSE:** To receive a report on the salary survey authorized by the Board on October 18, 2021 and consider implementation recommendations

**ATTACHMENTS:** None

**BACKGROUND:**

On October 18, 2021, the Board of Commissioners took the following actions:

1. Authorized staff to complete an internal salary evaluation for all departments. This evaluation would only include the initial salaries for the entry level of all positions and would not include any reclassifications, time in grade adjustments etc. The results of this internal evaluation were to be brought back to the Board with specific recommendations.
2. Directed staff to revise/update the original market study request for proposals to cover all departments and thoroughly review all relevant issues, including benefits. This work was scheduled to begin in July, 2022.

Human Resources Director Nancy Dillman has completed and will present the data from the internal salary evaluation. County Manager Ed Causey will then offer recommendations based upon the information assimilated.

**RECOMMENDED ACTION OR MOTION:**

Consider approval of the County Manager's recommendations

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (d)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Selection of Interim Social Services Director and Consideration of Consulting Services for Assessment of Social Services Director Candidates

**DEPARTMENT:** Human Resources/Administration

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Nancy Dillman, HR Director  
Edwin W. Causey, County Manager

**PURPOSE:** To designate an Interim Social Services Director and consider approval of contract with Developmental Associates for an assessment of Social Services Director candidates

**ATTACHMENTS:** Memo and Budget Amendment

**BACKGROUND:**

DSS Director Sarah Bradshaw will retire as of December 31, 2021 after more than 31 years of service to Sampson County. As we have done for critical positions in the past (such as Economic Development Director and Emergency Services Director), we are recommending the use of the consulting firm Developmental Associates to assist in the assessment of candidates for the permanent DSS Director position.

We are also recommending the appointment of Deputy Director Lynn Fields to serve as Interim DSS Director as we complete the assessment process.

**RECOMMENDED ACTION OR MOTION:**

1. Appoint Lynn Fields as Interim DSS Director; and
2. Authorize staff to enter into a contract with Developmental Associates for assessment services and approve the budget amendment budgeting funds for consultant services

NORTH CAROLINA'S  
**SAMPSON COUNTY**  
HUMAN RESOURCES DEPARTMENT  
*Nancy Dillman, Director*

**MEMORANDUM**

TO: Mrs. Susan Holder, Assistant County Manager  
FROM: Nancy Dillman, Human Resources Director *N*  
DATE: November 22, 2021  
SUBJECT: Recruitment Proposals

We have realized great success twice with filling two key department head vacancies utilizing the services of Developmental Associates, LLC. It is my recommendation to the Board of Commissioners that we contract with Developmental Associates, LLC to assist with our search for the next Director for the Department of Social Services at a cost of \$22,000 to begin in January 2022.

Please add this request to the December 2021 Board Agenda.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

FROM: David K. Clack, Finance Officer  
 TO: Sampson County Board of Commissioners  
 VIA: County Manager & Finance Officer  
 SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141210-544000	Contracted services	22,000.00	
11999000-509700	Contingency		22,000.00

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
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2. Reason(s) for the above request is/are as follows:  
 Allocate funds to job search for DSS Director position.

*David K. Clack*

\_\_\_\_\_  
 (Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/23/2021

*David K. Clack*

\_\_\_\_\_  
 (County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/23, 2021

*Sam W. G.*

\_\_\_\_\_  
 (County Manager & Budget Officer)

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

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (e)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Response to OSHA COVID 19 Vaccination and Testing Emergency Temporary Standard

**DEPARTMENT:** Human Resources/ Administration

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Nancy Dillman, HR Director  
Edwin W. Causey, County Manager

**PURPOSE:** To adopt a plan responsive to federal mandate

**ATTACHMENTS:** School of Government Blog; Draft Policy

**BACKGROUND:**

An excerpt from a recent School of Government blog explains the impact of recent COVID legislation and the need for us to be prepared to comply with OSHA standards:

*“Under the federal government’s COVID-19 Action Plan, three separate, new vaccine mandates will affect local government employers. Of the three, one from the Occupational Safety and Health Administration (OSHA) will have the greatest impact – if the courts let it stand. The new OSHA COVID-19 Vaccination and Testing Emergency Temporary Standard (ETS) will require employers to put a vaccine requirement in place or to test employees who are not vaccinated on a weekly basis, beginning on January 4, 2022. Enforcement of the new OSHA ETS is presently blocked by a court order. When that legal challenge will be resolved is unclear. Local government employers should begin to prepare now. If the legal challenge is resolved in favor of the new ETS, compliance could be required quickly .... On its face, the ETS applies to private employers, but it will likely apply to North Carolina local government employers through the State Plan Agreement between OSHA and the State of North Carolina.”*

Our HR Director and County Attorney have crafted a draft policy for your consideration.

**RECOMMENDED ACTION OR MOTION:**

Consider adoption of County policy in response to federal mandate

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## Coates' Canons Blog: The New OSHA COVID-19 Vaccination and Testing ETS: On Hold Now but Maybe Coming Soon

By Diane Juffras

Article: <https://canons.sog.unc.edu/the-new-osha-covid-19-vaccination-and-testing-ets-on-hold-now-but-maybe-coming-soon/>

This entry was posted on November 21, 2021 and is filed under Employment, Featured Posts Related To COVID-19, General Local Government (Miscellaneous), Medical Inquiries & Medical Testing

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Under the federal government's COVID-19 Action Plan, three separate, new vaccine mandates will affect local government employers. Of the three, one from the Occupational Safety and Health Administration (OSHA) will have the greatest impact—if the courts let it stand. The new OSHA COVID-19 Vaccination and Testing Emergency Temporary Standard (ETS) will require employers to put a vaccine requirement in place or to test employees who are not vaccinated on a weekly basis, beginning on January 4, 2022.

Enforcement of the new OSHA ETS is presently blocked by a court order. When that legal challenge will be resolved is unclear. This blog post highlights the requirements of the new OSHA ETS. Local government employers should begin to prepare now. If the legal challenge is resolved in favor of the new ETS, compliance could be required quickly. This blog post will be updated when the case is resolved.

### BACKGROUND

The COVID-19 Action Plan sets out three separate vaccine mandates from the federal government:

- a Centers for Medicare and Medicaid rule requiring employees of certain Medicare-certified healthcare organizations to receive a first dose by December 4, 2021 and a second dose by January 6, 2022 (see here for a discussion);
- a guidance requiring federal contractors to see that their workers are vaccinated by January 4, 2022; and
- the new OSHA ETS directing employers to require their employees to be vaccinated or to be tested weekly.

This blog post addresses the new OSHA ETS. **On its face, the ETS applies to private employers, but it will likely apply to North Carolina local government employers through the State Plan Agreement between OSHA and the State of North.**

### The OSHA State Plan

Federal OSHA regulations do not apply to state and local government employees. But federal OSHA has an agreement with the North Carolina Division of Occupational Safety and Health (NC OSH) whereby NC OSH develops its own "State Plan" that covers both private **and public sector employees**. The NC OSH standards (or rules) must be the same as or "at least as effective as" the federal standard or rule (twenty-six other states and one U.S. territory also have State Plans). For more on State Plans, see here and here.

If the court order blocking the new OSHA ETS is lifted, NC OSH will either adopt new OSHA mandate in full or tweak it (but cannot make it weaker) once the litigation is resolved. The rule NC OSH adopts will apply to local governments. Whether the rule will only apply to local governments with 100 or more employees (as the new OSHA mandate does for private employers) or whether NC OSH will extend it to cover all local governments is not yet known.

### THE NEW OSHA ETS

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The new OSHA ETS was published in the Federal Register on November 5, 2021. It is currently the subject of a challenge in the federal courts and its enforcement has been stayed. For more on the lawsuits challenging the ETS, see the latter part of this blog post.

Under the federal Occupational Safety and Health Act's General Duty Clause an employer must provide a workplace that is "free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees." Because the General Duty Clause is just that – general – it does not provide employers with a roadmap or specific requirements that will better protect their workers from transmission of COVID-19. This is the same concern that led OSHA to issue its Bloodborne Pathogen Standard in 1991 and the Healthcare Emergency Temporary Standard (Healthcare ETS) in June of this year. Like those two standards, the new OSHA ETS sets out specific and comprehensive rules for vaccination and testing.

### **Mandatory Vaccination or Vaccination and Testing**

The OSHA ETS gives employers a choice. They may adopt a mandatory COVID-19 vaccination policy under which all employees must be vaccinated. Or they may adopt a policy that makes vaccination optional but requires weekly COVID-19 testing and face coverings for unvaccinated employees. The new OSHA ETS does not apply to employees who do not work where other employees or members of the public are present, employees working from home, or employees who work only outdoors.

#### ***The Mandatory Vaccination Alternative***

The first option is a mandatory vaccination policy. Under this option, *the mandatory vaccination policy* must be written and require all employees, including all new employees, to be vaccinated. The only permissible exceptions are (as with all vaccination requirements) for employees with medical conditions that make vaccination contraindicated or for those with sincerely-held religious beliefs.

#### ***With a Mandatory Vaccination Policy, is Anyone Exempt?***

As with other vaccination mandates, the Americans with Disabilities Act requires employers subject to the new OSHA ETS to accommodate employees for whom vaccination is medically contraindicated by exempting them from the requirement. An ADA accommodation will generally be limited to employees with a documented allergy to polyethylene glycol (PEG) or polysorbate 80. For more on medical contraindications, see here and here. Similarly, Title VII of the Civil Rights Act of 1964 requires employers to accommodate employees whose sincerely held religious beliefs preclude vaccination. For more on religious objections to vaccination, see here. These are the only recognized exemptions from the ETS mandatory vaccination alternative.

In limited circumstances an accommodation may be necessary for employees who are suffering from an acute illness due to COVID-19 itself or who are receiving monoclonal antibodies or convalescent plasma for the treatment of COVID-19.

#### ***The Vaccination or Testing Alternative***

The second employer option makes vaccination optional but requires testing for unvaccinated employees. This testing alternative requires employers to ensure that any employee who is not fully vaccinated and who reports to a workplace where coworkers, citizens or clients are present is tested for COVID-19 at least once every seven days. Unvaccinated employees must also wear face coverings in the workplace.

**Testing Requirement.** The testing alternative does not require employers to perform the testing themselves. They must ensure, however, that employees **provide documentation of their most recent COVID-19 test results** no less frequently than every seven days. Employees who have not been in the workplace for seven or more days must be tested for COVID-19 within the seven-day period before they return to work and provide that test result as soon as they return.

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Only FDA-approved COVID-19 tests may be used. This includes tests approved under an Emergency Use Authorization). Tests that are self-administered by the employee do not count unless they are administered and read in the presence of the employer or a telehealth proctor.

Employers must keep a record of each test. These test results are then confidential medical records. Under the Americans with Disabilities Act, they must be kept in a confidential medical file separate from the rest of the employee's personnel file and disclosed only on a strict need-to-know basis.

Employees who test positive for COVID-19 should be exempted from weekly testing for a period of 90 days following their positive test or diagnosis.

*Face Covering Requirement.* Unvaccinated employees must also wear a face covering when indoors or when in a vehicle with another person for work purposes. Employers must ensure that unvaccinated employees are wearing face coverings that meet the following standard:

1. It completely covers the nose and mouth.
2. It is made of two or more layers of solid piece breathable, tightly woven fabric that does not let light shine through and contains no slits, breathing valves or other openings.
3. It is secured to the head with ties, ear loops or elastic bands that go behind the head.
4. It fits snugly over the nose, mouth and chin with not large gaps around the face.

For communicating with persons with hearing disabilities, clear face coverings (face shields) and cloth face coverings with a clear plastic panel are permissible. There are only four circumstances in which an unvaccinated employee may remove their face covering:

- when the employee is alone in a room behind a closed door;
- for the limited time for the purpose of eating and drinking;
- when necessary to comply with safety or security requirements;
- when the use of a face covering creates a greater hazard than going without a face covering.

*Costs of Testing and Face Coverings.* The new OSHA ETS does not require employers to pay for the costs of weekly testing of unvaccinated employees or for the cost of their face coverings.

### **Proof of Vaccination Status**

Whichever policy an employer adopts—the mandatory vaccination policy or the vaccination or testing alternative—the employer must determine for each employee whether they are partially vaccinated, fully vaccinated, or not vaccinated at all. The following constitute acceptable proof of vaccination status:

- immunization record from a healthcare provider or pharmacy;
- a copy of the CDC Covid-19 Vaccination Record card;
- medical records documenting the vaccination;
- a copy of immunization records from a public health or state immunization information system;
- any other official documentation that contains the type of vaccine administered, the date of vaccination and the name of the healthcare profession or clinic administering the vaccine.

In the rare circumstance that an employee is vaccinated but is unable to show proof of vaccination (perhaps they have been vaccinated in another country, for example), an employer may accept a signed attestation that complies with the specific language set forth in the new OSHA ETS.

In addition to individual records, the employer must maintain a general roster showing the vaccination status of each employee.

### **Paid Time Off for Vaccination Required**

The new OSHA ETS also requires employers to provide employees with up to four hours of paid time off at the employee's

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regular rate of pay to get vaccinated. The four hours includes travel time to the vaccination site and includes time for both doses of a two-dose vaccine. An employer must also provide a reasonable amount of paid sick leave to recover from any side effects from vaccination.

### **Employees Infected with COVID-19**

Employers must make it a condition of employment that any employee must immediately inform the employer when the employee tests positive for COVID-19 or is diagnosed with COVID-19 by a licensed healthcare provider. The employer must immediately remove the employee from the workplace. Employees may not return to work until:

- they test negative on a PCR or other NAAT COVID-19 test; or
- if symptomatic, they have stayed home for 10 days after symptoms first appeared and until they have gone 24 hours without a fever or without the use of fever-reducing medications, such as aspirin, ibuprofen (Advil, Motrin) or acetaminophen (Tylenol) and other symptoms are improving; or
- if without symptoms, they have stayed home for 10 days after the date of their positive COVID-19 test (and if symptoms develop, then they have followed the guidelines for symptomatic employees); or
- they receive a recommendation from a licensed healthcare provider to return to work.

The new OSHA ETS does not require employers to provide paid time off when employees are absent due to COVID-19 infection.

### **Information That Must Be Given to Employees**

The new OSHA ETS requires employers to provide employees with information about the new requirements and about any policies or procedures that the employer has adopted to comply with them. The employer must also give employees a copy of the document, "Key Things to Know About COVID-19 Vaccines," available at <https://www.dcd.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>. Finally, employers must inform employees that OSHA prohibits discrimination or retaliation against or discharge of an employee for reporting a work-related illness.

### **Required Reporting to OSHA**

The new OSHA ETS requires employers to report any work-related COVID-19 fatality within 8 hours of learning of it and any work-related COVID-19 hospitalization within 24 hours of learning of it.

### **DEADLINES FOR COMPLIANCE WITH THE NEW OSHA ETS**

As written, the new OSHA ETS requires compliance with all aspects of the rule beginning on December 6, 2021, except for implementation of the mandatory vaccination or vaccination or testing requirement. This includes the development of policies and distribution to employees of policies and other required documents, mask-wearing by employees who are not yet vaccinated and reporting fatalities and hospitalizations to OSHA.

For the vaccination requirement, employees receiving either the two-dose Pfizer or two-dose Moderna vaccine must have received the second dose by January 4, 2022. Employees receiving the single dose Johnson & Johnson vaccine must have received the shot by January 4, 2022. Employees who have received their shots by this time will be considered to have met the deadline even though they will not be "fully vaccinated" until two weeks after receiving the last dose in the series.

It is likely (but by no means certain) that OSHA and NC OSH will delay enforcement of the new OSHA ETS for a few weeks or so after a final decision about its validity is rendered by the courts. The federal government is urging employers to voluntarily follow the new requirements, as has a large group of professional medical associations, including the American Medical Association, the American Academy of Pediatrics, the American College of Surgeons and the National League for Nursing.

### **PENALTIES FOR NONCOMPLIANCE WITH THE NEW OSHA ETS**

The new OSHA ETS does not have an independent set of penalties. Employers who violate the ETS will be subject to

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OSHA's general penalties. For 2021, OSHA's maximum penalty is \$13,653 per violation.

### **THE CURRENT STATUS OF THE NEW OSHA ETS**

The validity of the new OSHA ETS is under review in federal courts around the country. On November 12, 2021, the U.S. Court of Appeals for the Fifth Circuit granted a motion for a nationwide stay on the new OSHA ETS and ordered OSHA to "take no steps to implement or enforce" it "until further court order." Accordingly, OSHA has suspended enforcement pending the outcome of litigation.

In the meantime, on November 16, 2021, the federal Panel on Multidistrict Litigation consolidated all the challenges and assigned them through a lottery system to the Sixth Circuit Court of Appeals for trial. The Fifth Circuit's stay will remain in effect, however, until the Sixth Circuit decides to lift it, or a final decision is rendered.

On its website, NC OSH takes note of the litigation and says that it will continue to monitor developments. As a State Plan, NC OSH cannot adopt the new OSHA ETS until it is in effect again.

### **WHAT SHOULD LOCAL GOVERNMENTS DO WHILE ENFORCEMENT OF THE NEW OSHA ETS IS STAYED?**

At a minimum, local government employers should decide now which option they will adopt if the new OSHA mandate is upheld: the mandatory testing option or the vaccination or weekly testing alternative. There may not be time for lengthy deliberation after a final decision is reached by the courts. Employers who wish to prepare further should next draft the appropriate policy explaining how the mandatory testing or the testing or vaccination process will work. OSHA has itself developed two policy templates, here and here, which employers may use to develop policies appropriate to their individual workplaces. Those employers who will adopt a mandatory vaccination program should also develop forms by which employees may seek an exemption from the vaccine requirement under the ADA because of medical contraindications or under Title VII because of sincerely held religious beliefs. Employers might also identify those employees who will not be subject to the new OSHA ETS because they do not work in a place where other employees or citizens are present, they work from home, or they work entirely outdoors. Employers who have not already done so might consider beginning the process of collecting information on which employees have been vaccinated and which have not. Whether or not the new OSHA ETS is upheld, employers already have the right to ask employees whether they have been vaccinated. See my blog post here.

## **Links**

- [www.whitehouse.gov/covidplan/](http://www.whitehouse.gov/covidplan/)
- [www.osha.gov/stateplans](http://www.osha.gov/stateplans)
- [www.osha.gov/laws-regs/regulations/standardnumber/1952/1952.5](http://www.osha.gov/laws-regs/regulations/standardnumber/1952/1952.5)
- [www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23643.pdf](http://www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23643.pdf)
- [www.law.cornell.edu/uscode/text/29/654](http://www.law.cornell.edu/uscode/text/29/654)
- [www.osha.gov/bloodborne-pathogens/standards](http://www.osha.gov/bloodborne-pathogens/standards)
- [www.osha.gov/coronavirus/ets](http://www.osha.gov/coronavirus/ets)
- [www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf](http://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf)
- [www.dcd.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html](http://www.dcd.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html)
- [www.washingtonpost.com/health/2021/11/18/doctors-health-groups-urge-businesses-adopt-vaccine-rule/](http://www.washingtonpost.com/health/2021/11/18/doctors-health-groups-urge-businesses-adopt-vaccine-rule/)
- [www.osha.gov/penalties](http://www.osha.gov/penalties)
- [www.labor.nc.gov/covid-19](http://www.labor.nc.gov/covid-19)
- [www.osha.gov/sites/default/files/covid-19-ets2-sample-mandatory-vaccination-policy.docx](http://www.osha.gov/sites/default/files/covid-19-ets2-sample-mandatory-vaccination-policy.docx)
- [www.osha.gov/sites/default/files/covid-19-ets2-sample-employee-choice-vaccination-policy.docx](http://www.osha.gov/sites/default/files/covid-19-ets2-sample-employee-choice-vaccination-policy.docx)

## Sampson County's Vaccination, Testing, and Face Covering Policy

**Purpose:** *Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Sampson County encourages all employees to receive a COVID-19 vaccination to protect themselves, other employees, customers, visitors, business partners, and the community. However, should an employee choose not to be vaccinated, this policy's sections on testing and face coverings will apply. This policy complies with OSHA's Emergency Temporary Standard on Vaccination and Testing (29 CFR 1910.501).*

**Scope:** *This COVID-19 Policy on vaccination, testing, and face covering use applies to all employees of Sampson County, except for employees who do not report to a workplace where other individuals (such as coworkers or customers) are present; employees while working from home; and employees who work exclusively outdoors. (i.e. Mask not required for employee riding alone in a vehicle or operating a piece of equipment, employee working alone in a private office, or employee temporarily working remotely).*

*All employees are encouraged to be fully vaccinated. Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses. For example, this includes two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single-dose vaccine, such as Johnson & Johnson's vaccine, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series. Employees who are not fully vaccinated will be required to provide proof of weekly COVID-19 testing and wear a face covering at the workplace.*

*Some employees may be required to have or obtain a COVID-19 vaccination as a term and condition of employment due to their specific job duties (e.g., public facing positions). Employees subject to mandatory vaccination requirements should follow all relevant vaccination procedures in this policy and are not given the choice to choose testing and face covering use in lieu of vaccination.*

*All employees are required to report their vaccination status and, if vaccinated, provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status, and, if not fully vaccinated, their testing results. Employees not in compliance with this policy may be subject to discipline as detailed in Article IX, Section 4 of the Sampson County Personnel Resolution.*

*Employees may request an exception from vaccination requirements (if applicable) if the vaccine is medically contraindicated for them or medical necessity requires a delay in vaccination. Employees also may be legally entitled to a reasonable accommodation if they cannot be vaccinated and/or wear a face covering (as otherwise required by this policy) because of a disability, or if the provisions in this policy for vaccination, and/or testing for COVID-19, and/or*

wearing a face covering conflict with a sincerely held religious belief, practice, or observance. Requests for exceptions and reasonable accommodations must be initiated by the employee with their department head. All such requests will be handled in accordance with applicable laws and regulations, Article V, Section 9 of the Sampson County Personnel Resolution, and the ADA.

## **Procedures: Overview and General Information**

### **Vaccination**

Any Sampson County employee that chooses to or is required to be vaccinated against COVID-19 must be fully vaccinated no later than 60 days after implementation of this policy. Any employee not fully vaccinated by that deadline (date to be determined) will be subject to the regular testing and face covering requirements of the policy.

To be fully vaccinated by the established deadline, an employee must:

- Obtain the first dose of a two-dose vaccine no later than one week after implementation of this policy; and the second dose no later than the established deadline; or
- Obtain one dose of a single dose vaccine no later than the established deadline.

Employees will be considered fully vaccinated two weeks after receiving the requisite number of doses of a COVID-19 vaccine as stated above. An employee will be considered partially vaccinated if they have received only one dose of a two-dose vaccine. Employees should coordinate vaccination appointments with direct supervisors or schedule appointments after work hours. Time is provided for vaccinations as detailed in this policy. Vaccinations are provided through multiple providers including the Sampson County Health Department during advertised times. All vaccination records should be immediately submitted to HR via the provided portal.

### **Testing and Face Coverings**

All employees, including new hires, who are not fully vaccinated as of the established deadlines will be required to undergo regular COVID-19 testing and wear a face covering when in the workplace. Policies and procedures for testing and face coverings are described in the relevant sections of this policy.

## **Vaccination Status and Acceptable Forms of Proof of Vaccination**

### **Vaccinated Employees – Compliance with 29 CFR 1910.501(e)**

All vaccinated employees are required to provide proof of COVID-19 vaccination, regardless of where they received vaccination. Proof of vaccination status can be submitted via the confidential vaccination portal provided by HR or in-person at the HR office.

Acceptable proof of vaccination status is:

1. The record of immunization from a health care provider or pharmacy;
2. A copy of the COVID-19 Vaccination Record Card;
3. A copy of medical records documenting the vaccination;

4. A copy of immunization records from a public health, state, or tribal immunization information system; or
5. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

*Proof of vaccination generally should include the employee’s name, the type of vaccine administered, the date(s) of administration, and the name of the health care professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances Sampson County will still accept the state immunization record as acceptable proof of vaccination.*

*If an employee is unable to produce one of these acceptable forms of proof of vaccination, despite attempts to do so (e.g., by trying to contact the vaccine administrator or state health department), the employee can provide a signed and dated statement attesting to their vaccination status (fully vaccinated or partially vaccinated); attesting that they have lost and are otherwise unable to produce one of the other forms of acceptable proof; and including the following language:*

*“I declare (or certify, verify, or state) that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties.”*

*An employee who attests to their vaccination status in this way should to the best of their recollection, include in their attestation the type of vaccine administered, the date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine.*

*All employees were requested to provide vaccination status to their Department Head in August 2021. Any employee who did not comply with the request was assumed to be unvaccinated. Vaccination status is now required. Any changes should be reported to the Department Head as they occur, and Department Heads will upload documentation into the shared confidential folder provided and maintained by HR.*

**All Employees**

*All employees, both vaccinated and unvaccinated, must inform Sampson County HR of their vaccination status. The following table outlines the requirements for submitting vaccination status documentation.*

<i>Vaccination Status</i>	<i>Instructions</i>	<i>Deadline(s)</i>
<i>Employees who are fully vaccinated.</i>	<i>Submit proof of vaccination that indicates full vaccination.</i>	<i>60 Days after the established deadline</i>

<i>Employees who are partially vaccinated (i.e., one dose of a two dose vaccine series).</i>	<i>Submit proof of vaccination that indicates when the first dose of vaccination was received, followed by proof of the second dose when it is obtained.</i>	<i>60 Days after the established deadline</i>
<i>Employees who are not vaccinated.</i>	<i>Submit statement that you are unvaccinated but are planning to receive a vaccination by the deadline.</i>	<i>60 Days after the established deadline</i>
	<i>Submit statement that you are unvaccinated and not planning to receive a vaccination.</i>	<i>60 Days after the established deadline</i>

**Supporting COVID-19 Vaccination**

*An employee may take up to four hours of duty time per dose to travel to the vaccination site, receive a vaccination, and return to work. This would mean a maximum of eight hours of duty time for employees receiving two doses. If an employee spends less time getting the vaccine, only the necessary amount of duty time will be granted. Employees who take longer than four hours to get the vaccine must send their immediate supervisor an email documenting the reason for the additional time (e.g., they may need to travel long distances to get the vaccine). Any additional time requested will be granted, if reasonable, but will not be paid; in that situation, the employee can elect to use accrued leave, e.g., sick leave, to cover the additional time. If an employee is vaccinated outside of their approved duty time they will not be compensated.*

*Employees may utilize up to two workdays of sick leave immediately following each dose if they have side effects from the COVID-19 vaccination that prevent them from working. Employees who have no sick leave will be advanced up to two days of sick leave immediately following each dose if necessary.*

*The following procedures apply for requesting and granting duty time to obtain the COVID-19 vaccine or sick leave to recover from side effects: Employees will follow the established procedures within their department for requesting leave and document same on monthly time sheet.*

**Employee Notification of COVID-19 and Removal from the Workplace**

*Sampson County will require employees to promptly notify their immediate supervisor when they have tested positive for COVID-19 or have been diagnosed with COVID-19 by the health department or a licensed healthcare provider as detailed in the latest Sampson County Emerging Infectious Illness or Pandemic Response Plan. HR will be promptly notified to insure all employees are made aware of available leave options and provided with guidance on Family Medical Leave.*

### Medical Removal from the Workplace

*Sampson County has also implemented a policy for keeping COVID-19 positive employees from the workplace in certain circumstances. Department Heads will immediately remove an employee from the workplace if they have received a positive COVID-19 test or have been diagnosed with COVID-19 by the health department or a licensed healthcare provider (i.e., immediately send them home or to seek medical care, as appropriate).*

*All employees will adhere to the guidance of the latest Sampson County Emerging Infectious Illness or Pandemic Response Plan for relevant procedures addressing removal from the workplace.*

### Return to Work Criteria

*For any employee removed because they are COVID-19 positive, Department Heads will keep them removed from the workplace until the employee receives a negative result on a COVID-19 nucleic acid amplification test (NAAT) following a positive result on a COVID-19 antigen test if the employee chooses to seek a NAAT test for confirmatory testing; meets the return to work criteria in CDC's "Isolation Guidance"; or receives a recommendation to return to work from the health department or a licensed healthcare provider.*

*Under CDC's "Isolation Guidance," asymptomatic employees may return to work once 10 days have passed since the positive test, and symptomatic employees may return to work after all the following are true:*

- *At least 10 days have passed since symptoms first appeared, and*
- *At least 24 hours have passed with no fever without fever-reducing medication, and*
- *Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).*

*If an employee has severe COVID-19 or an immune disease, Department Heads will follow the guidance of a licensed healthcare provider regarding return to work. Immediately upon return to work, the employee will provide their supervisor with documentation from the healthcare provider that they have been cleared to return to work with any restrictions clearly indicated. Any questions or concerns will be promptly addressed with HR, and HR will maintain the documentation.*

### **COVID-19 Testing in Compliance with 29 CFR 1910.501(g)**

*All employees who are not fully vaccinated will be required to comply with this policy for testing.*

*Employees who report to the workplace at least once every seven days:*

- (A) *must be tested for COVID-19 at least once every seven days; and*

*(B) must provide documentation of the most recent COVID-19 test result to their supervisor no later than the seventh day following the date on which the employee last provided a test result.*

*Any employee who does not report to the workplace during a period of seven or more days (e.g., if they were teleworking for two weeks prior to reporting to the workplace):*

*(A) must be tested for COVID-19 within seven days prior to returning to the workplace; and*

*(B) must provide documentation of that test result to their supervisor upon return to the workplace.*

*If an employee does not provide documentation of a COVID-19 test result as required by this policy, they will be removed from the workplace until they provide a test result.*

*Employees who have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.*

*The Sampson County Health Department will provide testing for County employees at no cost to the employees; third party payers will be billed. \*(Policy may be revised if cost to County becomes prohibitive). Human Resources will coordinate with the health department to establish a testing schedule once all participating employees are identified, and employees will be informed in writing of their testing obligations. Confidential testing records will be maintained by HR in collaboration with the Communicable Disease Nurse. Alternatively, employees may choose to test at an onsite clinic or with their medical provider and provide weekly documentation to HR.*

### **Face Coverings**

*Sampson County's COVID-19 Response will require all employees who are not fully vaccinated to wear a face covering. Face coverings must: (i) completely cover the nose and mouth; (ii) be made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source); (iii) be secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers; (iv) fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face; and (v) be a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings. Acceptable face coverings include clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet these criteria and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.*

*Employees who are not fully vaccinated must wear face coverings over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for face coverings will be implemented, along with the other provisions required by*

*OSHA's COVID-19 Vaccination and Testing ETS, as part of a multi-layered infection control approach for unvaccinated workers.*

*Approved face coverings will be provided by Sampson County and will be worn appropriately by all non-vaccinated employees at all times they are in the presence of others in buildings, vehicles or within six feet of others in outside spaces.*

*The following are exceptions to Sampson County's requirements for face coverings:*

- 1. When an employee is alone in a room with floor to ceiling walls and a closed door.*
- 2. For a limited time, while an employee is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.*
- 3. When an employee is wearing a respirator or facemask.*
- 4. Where Sampson County HR has determined that the use of face coverings is infeasible or creates a greater hazard (e.g., when it is important to see the employee's mouth for reasons related to their job duties, when the work requires the use of the employee's uncovered mouth, or when the use of a face covering presents a risk of serious injury or death to the employee).*

**New Hires:**

*All new employees are required to comply with the vaccination, testing, and face covering requirements outlined in this policy within 6 months of employment or as soon as practicable and as a condition of employment. Potential candidates for employment will be notified of the requirements of this policy prior to the start of employment and must provide attestation of vaccination status and, if applicable, proof of vaccination on the first day of employment during onboarding.*

**Confidentiality and Privacy:**

*All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.*

**Questions:**

*Please direct any questions regarding this policy to the Sampson County HR Director.*

*\*This policy becomes effective the date that the North Carolina Division of Occupational Safety and Health ("NC OSH") implements the Occupational Safety and Health Administration ("OSHA") COVID-19 Vaccination and Testing Emergency Temporary Standard ("ETS") or a requirement at least as effective as the OSHA standard.*

This model plan is intended to provide information about OSHA's COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this model plan is not itself a standard or regulation, and it creates no new legal obligations.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (f)

Meeting Date:	December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
		<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
		<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
		<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue
		<input type="checkbox"/>		<input type="checkbox"/>	

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**SUBJECT:** Selection of Contractor for Design-Build Project to Construct Industrial Park Road and Adoption of Resolution Authorizing Execution of Contract

**DEPARTMENT:** Economic Development

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Stephen Barrington, EDC Director  
Joel Starling, County Attorney

**PURPOSE:** To ratify design-build methodology for roadway/water and sewer project and authorize negotiation and execution of contract

**ATTACHMENTS:** Memo; Resolution; Design-Build Criteria; Preliminary Engineering Report; RFQ

**BACKGROUND:**

In July, Sampson County was awarded \$1,281,995 in Industrial Development Grant funding to assist with the development of infrastructure within the Sampson Southeastern Business Center. To expeditiously expend the grant funding, EDC has recommended the design-build methodology for the construction of the roadway and water/sewer expansion. As reflected on the enclosed criteria, the design-build method is appropriate when the County has professional personnel that are both qualified and experienced enough to thoroughly define the project requirements prior to the issuance of an RFQ for a design-builder, when there are time-constraints for delivery of the project, when the County has the ability to manage and oversee the project and ensure a quality project can be delivered.

EDC received two submissions in response to its RFQ, and based upon the qualifications of the respondents they are recommending that the Board approve Barnhill Contracting for the road construction and water/sewer expansion. EDC Director Stephen Barrington and County Attorney Joel Starling will review the selection process and recommendation.

**RECOMMENDED ACTION OR MOTION:**

Adopt a resolution which: (1) ratifies the criteria for selection of the design-build delivery method and demonstrates the Board's concurrence that design-build method is appropriate; and (2) authorizes the County Manager to negotiate and execute a contract with the most qualified respondent, Barnhill Contracting Company, at a price not to exceed \$1,281,995

MEMO

TO: Sampson County Board of Commissioners

FROM: Sampson County Economic Development Commission

DATE: November 19, 2021

RE: New Road Construction and Water/Sewer Extension Project in Sampson Southeast Business Center

Sampson County Economic Development Commission (EDC) is recommending that Sampson County Board of Commissioners (Board) 1. Approve Barnhill Contracting as the project contractor for the New Road Construction and Water/Sewer Extension project in Sampson Southeast Business Center; and 2. Authorize the County Manager to enter in a contract with Barnhill Contracting for the purpose of this project.

Sampson County EDC pursued a Design-Build route at the recommendation of our Public Works Director. This route will support our “speed to market” requirement per the NC Commerce Industrial Development Fund (IDF) grant received for this project.

We received two submissions for the New Road Construction and Water/Sewer Extension project in Sampson Southeast Business Center. Submissions were received by Barnhill Contracting and T.A. Loving. Both companies met the qualifications to complete the work.

Based on written RFQ responses and our in-person conversation with both companies, we recommend Barnhill Contracting for this project based on the following reasons:

- The company’s ability to perform more of the work in-house
- The company’s sheer quantity (experience) of design-build new roads with water and sewer tie ins over the last three years
- The projected timeline in which the company shared with our team appeared to be more realistic, based on permitting requirements and materials supply chain

Respectfully submitted.

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, on August 6, 2021 and September 8, 2021, Sampson County issued a request for qualifications (“RFQ”) for a design-build project involving the construction of a new two-lane road in the Sampson Southeast Business Center located in Clinton, North Carolina; and

**WHEREAS**, the Sampson County Board of Commissioners find Barnhill Contracting Company to be the most qualified RFQ respondent and T.A. Loving Company to be the second most qualified RFQ respondent based on the criteria included in the RFQ; and

**WHEREAS**, the Sampson County Board of Commissioners has reviewed and further wishes to ratify the Criteria for Selection of Design-Build Delivery Method included in the agenda materials for the December 6, 2021 regular meeting and concurs with staff’s determination that the design-build delivery method is appropriate for the project; and

**WHEREAS**, the Sampson County Board of Commissioners wishes to authorize the County Manager to negotiate and execute a contract with the most qualified RFQ respondent at a fair and reasonable price, provided that the total contract price does not exceed the budget for the project of \$ 1,281,995.00;

**NOW, THEREFORE, BE IT RESOLVED** that the County Manager is hereby authorized to negotiate and, with the concurrence of the County Attorney, execute a contract at a fair and reasonable price with Barnhill Contracting Company, provided that the total contract price does not exceed the budget for the project of \$ 1,281,995.00.

**ADOPTED**, this the 6th day of December 6, 2021.

\_\_\_\_\_  
CHAIR,  
Sampson County Board of Commissioners

**ATTEST:**

\_\_\_\_\_  
SUSAN J. HOLDER,  
Clerk to the Sampson County Board of Commissioners

## CRITERIA FOR SELECTION OF DESIGN-BUILD DELIVERY METHOD

North Carolina General Statutes § (“G.S.”) 143-128.1A requires governmental entities to establish in writing the circumstances under which the design-build delivery method is appropriate for a project. The following criteria shall be used by Sampson County (the “County”) when evaluating whether to use a design-build delivery method for a particular project:

1. **The extent to which the County can adequately and thoroughly define the project requirements prior to the issuance of the request for qualifications (“RFQ”) for a design-builder.** The design-build delivery method may be used if it is determined that, for the project, the County has professional personnel that are both qualified and experienced enough to thoroughly define the project requirements prior to the issuance of an RFQ for a design-builder.

2. **The time constraints for the delivery of the project.** The design-build delivery method may be used if a project has a firm date by which a facility must be operational or if the funding utilized to construction of the facility must be expended by a firm date and another delivery method is not likely to be timely.

3. **The ability to ensure that a quality project can be delivered.** The design-build delivery method may be used if it is determined that the County has professional and experienced personnel to ensure that the design-build firm will provide a quality project within the budget constraints established by the Board of Commissioners.

4. **The capability of the County to manage and oversee the project, including the availability of experienced staff or outside consultants who are experienced with the design-build method of project delivery.** The design-build delivery method may be used if it is determined that the County has professional and experienced personnel that are knowledgeable of design-build projects or, in the alternative, experienced consultants are available to be retained to perform the construction management of a design-build contract.

5. **A good-faith effort to comply with G.S. 143-128.2, G.S. 143-128.4, and to recruit and select small business entities.** The design-build delivery method may be used if it is determined that requirements will be imposed that ensure that contractors will comply with the M/WBE goals set by the Board of Commissioners.

6. **The criteria utilized by the County, including a comparison of the costs and benefits of using the design-build delivery method for a given project in lieu of separate-prime, single-prime, and construction management at risk delivery methods.** The following will be considered by the County when considering a design-build delivery method for a project:

a. Is the project well-defined and does it include qualitative and quantitative characteristics that make a design-build contract more appropriate than other methods of delivery?

b. Is the project timeline constrained and will it be necessary to have the project complete and operational within a relatively short timeframe?

c. Given the scope of the project, is there a maximum budget that must be adhered to in order to allow negotiations and flexibility to make appropriate decisions on scope as the project progresses?

d. Does the design-build delivery method meet the operational goals established for a given facility?

# REQUEST FOR QUALIFICATIONS

## Design-Build Services Sampson Southeast Business Center

Agency: Sampson County, North Carolina

Project: New Road Design-Build | Water and Sewer Extension  
Sampson Southeast Business Center

### CONTENTS

I.	Announcement	Page 1
II.	Instructions to Companies	Page 1
III.	Design Build Company Qualifications	Page 2
IV.	Requirements of the Selected Design Build Company	Page 2
V.	Selection of Company	Page 3
VI.	Project Description	Page 3
VII.	Project Schedule	Page 4
VIII.	Submission Requirements	Page 4
IX.	Evaluation Criteria	Page 6

## **I. ANNOUNCEMENT**

**Date: August 6, 2021**

- A. Sampson County will receive qualifications from design-build companies for the design and construction of a new road, and water and sewer extensions off Industrial Drive, located in Clinton, North Carolina. The Preliminary Engineering Report for the project is attached to this RFQ and incorporated herein by reference.
- B. Companies will be required to meet qualifications set forth in this RFQ, which include the following:
- Experience in engineering, designing, clearing and grubbing, grading (undercut, unclassified and borrow), subgrade (stone or asphalt), asphalt paving, curb and gutter, drainage pipe and structures, and water and sewer line tie-ins.
  - General Liability, Professional Liability, Workers' Compensation, and Automobile Liability Insurance
  - Ability to provide experienced staff (the County reserves the right to approve individuals working on this project)
  - Experience working with and providing timely, accurate and compliant documentation to Federal and State funding sources
  - Assurances that projected time frames herein can be met

## **II. INSTRUCTIONS TO COMPANIES**

- A. Preparation of Proposals
1. Companies are expected to comply with all specifications, terms, conditions, and instructions contained in this RFQ. Failure to do so will be cause for rejection.
  2. Qualification packages shall be prepared with brevity, providing a concise description of a respective company's capabilities to satisfy the requirements of this RFQ. Emphasis should be placed on completeness and clarity. Each copy, and all documentation submitted, should be bound in a single volume. The County will not be responsible for any costs incurred by companies in preparing or presenting qualifications.
- B. Interested and qualified companies can submit their qualifications to:
- Sampson County Economic Development Commission  
406 County Complex Road, Suite 130  
Clinton, NC 28328
- C. Qualifications shall be enclosed in envelopes that clearly indicate "Qualifications for Design-Build Services."
- D. An authorized representative of Sampson County will receive qualifications until

3:00 pm (local time) on Friday, September 3, 2021. **Qualifications received after this date and time will not be considered.**

E. Number of Copies

Companies shall furnish six (6) bound hard copies of the qualification packages, one of which is identified as the original.

F. Form of Agreement

The Form of Agreement to be used shall be determined and must meet requirements of Federal and State funding sources.

G. Proposed Site

The proposed location for the design-build project is located off Industrial Drive in Clinton, North Carolina.

### **III. DESIGN-BUILD COMPANY QUALIFICATIONS**

Companies submitting qualifications shall:

- A. Be knowledgeable of all current federal, state, and local applicable statutes and codes related to design-build projects in North Carolina.
- B. Maintain workers compensation insurance, comprehensive general liability insurance in the amount of no less than \$1,000,000, automobile liability insurance in the amount of no less than \$1,000,000 and professional liability/errors & omissions insurance in the amount of no less than \$1,000,000.
- C. Have the ability to prepare and submit to appropriate federal, state, and local approval agencies all necessary documents in proper form and in a timely manner.
- D. Directly employ personnel in-house to perform 75% of the actual design-build work.
- E. Provide three (3) current references for design-build projects, preferably new road projects with water and sewer tie-ins, completed within the past three (3) years.
- F. Provide a listing of any projects that company has completed that were funded by grant funding, including grant funding from the NC Department of Commerce.

### **IV. REQUIREMENTS OF THE SELECTED DESIGN BUILD COMPANY**

The selected design-build company shall fulfill the following project responsibilities:

- A. Participate as a responsible, cooperative, and contributing member of the design and construction team.
- B. Manage and complete the design within the defined time schedule, approved budget, and quality guidelines.
- C. Act in the best interests of the County in the performance of services, ensuring the expeditious and efficient completion of the project.
- D. Provide the services below according to North Carolina Department of Transportation (NCDOT) approved design standards and built to current NCDOT construction standards. Must also meet Sampson County and City of Clinton requirements, including engineering, environmental, and public safety:
  - Engineering
  - Designing
  - Construction
- E. Prepare and submit to appropriate federal, state, and local approval agencies all necessary documents in proper form and in a timely manner.

## **V. SELECTION OF COMPANY**

Selection will be made in accordance with North Carolina General Statute on the basis of demonstrated competence and qualification for the services described in this announcement without regard to fee other than unit price information. Sampson County reserves the right to select or reject any company based on criteria set forth herein. The County further reserves the right to reject all qualifications packages. Sampson County will evaluate submitted company qualification packages and may conduct interviews with up to three (3) companies. The County will negotiate a contract with the company deemed by the county to be best qualified. If a contract cannot be negotiated with the best qualified company, the County will initiate negotiations with the next best qualified company.

## **VI. PROJECT DESCRIPTION**

- A. This project will involve design and construction of a new two-lane road in the Industrial Park for heavy truck usage, with a wide entrance, 1,000 feet in length with a cul-de-sac large enough for trucks to turn around, and with road being no less than 24 feet wide with 6-foot shoulders on each side.
- B. This project will also include water and sewer extension to serve lots 1-4 as noted on Site Plan and run alongside the new road and around the cul-de-sac.
- C. The selected Design Build company will be required to provide design development, construction and permitting documents; and provide construction administration services per requirements of the County.

## VII. PROJECT SCHEDULE

A tentative schedule has been developed for the project. Adherence to the schedule is a primary goal of this RFQ as various federal, state and local deadlines are placed on the County. The proposed project schedule is as follows:

- |  |  |
|--|--|
| A. RFQ Issued:   | Friday, August 6, 2021                       |
| B. Inform Sampson County Economic Development (EDC) of your intention to submit Qualification: | Friday, August 20, 2021                      |
| C. Deadline for questions:   | Friday, August 20, 2021                      |
| D. Qualification Packages Due:   | 3:00 PM, Friday, September 3, 2021           |
| E. Interviews to be conducted:   | Tuesday – Thursday,<br>September 21-23, 2021 |
| F. The project must be completed:  | May 31, 2022.                                |

All questions should be in writing and submitted to [info@sampsonedc.com](mailto:info@sampsonedc.com). All questions and responses will be sent to all companies that have informed Sampson County EDC of their intent to submit qualifications.

The County and the selected Design Build company will develop a more definitive schedule following contract award.

## VIII. SUBMISSION REQUIREMENTS

Companies are required to provide clear and concise answers to the RFQ requirements described below, each with a tabbed section in a bound proposal document previously described. Proposal content requirements are as follows:

### A. Company Identification

Please provide the following information about your company:

*Name*

*Address, City, Zip*

*Phone Number*

*Fax Number*

*Designated Project contact*

*Contact e-mail address*

*Number of years the company has been in business*

B. Company Overview

Please provide a brief description of your company. Please describe the company's operating philosophy. Please include a statement describing any recent experience with similar projects.

C. Sub-consultants

If outside consultants are utilized to perform any of the engineering services, please list the companies and the services they will provide. Please provide a brief company description and the same information as required in Item A above.

D. Team Organization and Résumés

Please provide an organization chart that illustrates the role the key team members will play in this project as well as their résumés. Key team members include the Principal-in-Charge, Project Manager, Project Engineer, and other key team members representing each discipline expected to be part of the actual project.

E. Company Experience

1. Please provide the information below for three (3) similar Design Build projects in the past three (3) years.

*Name of the Project*

*Location of the Project*

*Name of Owner's Representative with address and telephone number for references*

*Year the Project was completed*

*Owner's Construction Budget*

*Engineer's Construction Estimate*

*Total Contract Award*

*Construction Cost*

*Scheduled months for construction activities*

*Actual months for construction activities*

*Photography of the Project*

F. Litigation and Claims

1. Please provide the company's North Carolina Engineer's License number.
2. Please list any claims filed by an Owner against your company or individuals in your company for which you provided professional services over the last five (5) years. Please provide the name of the plaintiff, a brief description of the claim, the value of the claim and the outcome (if resolved) or current status.

3. Please identify if any Engineer or licensed professional employed by your company has had their license revoked or suspended in the last (10) ten years. If so, provide the name and the situation.

#### G. Insurance Coverage

Each company should provide a declaration of insurance with limits for general commercial liability, professional liability, workers' compensation, and automobile liability insurance, and other insurance coverages as appropriate. (Also see III.B)

#### H. Summary Statement

Please provide a summary statement, of not more than one page, which summarizes the reasons your company is best suited for this project. Please ensure that your submission directly addresses each of evaluation/qualification criteria noted in Section IX below.

### **IX. EVALUATION CRITERIA**

The evaluation criteria are largely focused on demonstrated experiences and an adequate record of performance with NCDOT road design, construction, and water and sewer extension projects. The contract will be awarded only to a qualified design-builder (or team). Minimum standards for qualifications are:

Directly employ personnel in-house to perform the actual design-build work.

75% or more	7.5 points
50% - 74%	5 points
Less than 50%	0 points

Company completed Design Build new road projects over the last three (3) years.

10 or more	7.5 points
5 - 9	4 points
3 - 4	2 points
Less than 3	0 points

Company completed water and sewer extension projects over the last three (3) years.

10 or more	7.5 points
5 - 9	4 points
3 - 4	2 points
Less than 3	0 points

Company completed Design Build new road projects with water and sewer tie-ins over the last three (3) years.

10 or more	15 points
5 - 9	8 points
3 - 4	4 points

Less than 3                      0 points

Project Manager has managed Design Build new road projects over the last three (3) years.

5 or more                      10 points  
2 - 4                              4 points  
Less than 2                      0 points

Project Manager has managed water and sewer extension projects over the last three (3) years.

5 or more                      10 points  
2 - 4                              4 points  
Less than 2                      0 points

Project Manager has managed Design Build new road projects with water and sewer tie-ins over the last three (3) years.

5 or more                      15 points  
2 - 4                              8 points  
1                                      3 points

Aggregating all the company's Design Build new road projects and water and sewer extensions, including tie-ins over the last three (3) years, the percentage of projects completed within the initially approved timeline is:

90% or more                      10 points  
70% - 89%                      6 points  
Less than 70%                      0 points

Aggregating all the company's Design Build new road projects and water and sewer extensions, including tie-ins over the last three (3) years, the percentage of projects completed within the initially approved budget is:

90% or more                      10 points  
70% - 89%                      6 points  
Less than 70%                      0 points

The Design Builder's proximity to the project location.

Within 60-miles                      7.5 points  
More than 60-miles                      3 points

Y N      Confirm that your company maintains the following insurance and coverages:

- Workers compensation insurance
- Employer's liability insurance in the amount of no less than \$1,000,000
- Comprehensive general liability insurance in the amount of no less than \$1,000,000
- Automobile liability insurance in the amount of no less than \$1,000,000
- Professional liability / errors & omissions insurance

Y N Confirm that your company is an Equal Opportunity Employer and being otherwise qualified by law to enter in a contract such as this.

Historically Underutilized Businesses (HUB) certified vendors/contractors are encouraged to submit a qualification response to this RFQ for Design-Build Services.

Preliminary Engineering Report  
Sampson Southeast Industrial Park  
Clinton, Sampson County, NC  
S&ME Project No. 212752

PREPARED FOR:

PREPARED BY:

June 30, 2021

Sampson County Economic Development Commission  
County Complex Road, Bldg. C  
Clinton, North Carolina 28328

Attention: Mr. Stephen Barrington

Reference: **Preliminary Engineering Report**  
**Sampson Southeast Industrial Park**  
Clinton, Sampson County, NC  
S&ME Project No. 212752

Dear Mr. Barrington:

S&ME, Inc. has completed a Preliminary Engineering Report for the proposed expansion of the Sampson Southeast Industrial Park. The proposed expansion will provide access and essential utilities for four (4) proposed parcels ranging from approximately 16 to 27 acres each on the north side of Industrial Drive (SR1834) in Sampson County, North Carolina.

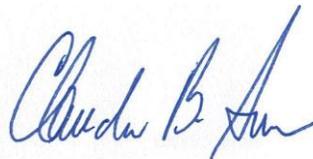
This final report is based upon data provided by the Sampson County Economic Development Commission and collected between March 20 and May 26, 2021. The Environmental Assessment will be submitted under separate cover since we are still awaiting an agent authorization agreement from an adjacent property through which a sewer easement is proposed.

Please feel free to contact us at (865) 970-0003 if you wish to discuss any particular aspects of this report. We look forward to being of continued service to you.

Sincerely,  
**S&ME, Inc.**



Clive Sorhaindo, PE-TN, CFM  
Senior Engineer  
[csorhaindo@smeinc.com](mailto:csorhaindo@smeinc.com)



Claudia B. Irvin  
Project Manager  
[cirvin@smeinc.com](mailto:cirvin@smeinc.com)

# Table of Contents

<b>1.0</b>	<b>Project Overview</b> .....	<b>1</b>
1.1	Introduction.....	1
1.2	Existing Conditions.....	1
1.3	Proposed Conditions.....	1
<b>2.0</b>	<b>Project Component Verification Statement</b> .....	<b>2</b>
<b>3.0</b>	<b>Description of Project Needs</b> .....	<b>2</b>
<b>4.0</b>	<b>Utility Engineering</b> .....	<b>3</b>
4.1	Water Distribution.....	3
4.1.1	<i>Existing Conditions</i> .....	3
4.1.2	<i>Proposed Improvements</i> .....	3
4.2	Sanitary Sewer.....	3
4.2.1	<i>Existing Conditions</i> .....	3
4.2.2	<i>Proposed Improvements</i> .....	4
4.3	Gas Service.....	4
4.3.1	<i>Existing Conditions</i> .....	4
4.3.2	<i>Proposed Improvements</i> .....	4
4.4	Electric Utility.....	5
4.4.1	<i>Existing Conditions</i> .....	5
4.4.2	<i>Proposed Improvements</i> .....	5
<b>5.0</b>	<b>Roadway Engineering</b> .....	<b>5</b>
5.1	Streets and Access.....	5
<b>6.0</b>	<b>Stormwater Management</b> .....	<b>6</b>
<b>7.0</b>	<b>Environmental Assessment</b> .....	<b>6</b>

## **Appendices**

Appendix I – Vicinity Map

Appendix II – Existing Site

Appendix III – Proposed Site Improvements

## 1.0 Project Overview

### 1.1 Introduction

The Sampson County Economic Development Commission (EDC) is proposing to develop an industrial park on a portion of a newly-acquired 120-acre site at the Sampson Southeast Business Center in Clinton, North Carolina. The property is located on the north side of Industrial Drive (SR 1834), see Vicinity Map in **Appendix I**. The development of this property will consist of subdividing the site into four (4) lots ranging in size from approximately 16 to 27 acres. It is expected that the uses of the parcels will range from light manufacturing/distribution operations to heavy industrial manufacturing/materials storage. Site improvements will include a new road with water, sanitary sewer, gas, electric and storm drainage utility improvements, and extensions.

### 1.2 Existing Conditions

The existing site consists of two parcels, designated as the Berry and Carr parcels based on the previous owners' names. Preliminary plats and an existing conditions plan are included in **Appendix II**. The section of the parcels proposed to be developed are outside the corporate boundaries of the City of Clinton but within the City's extraterritorial jurisdiction (ETJ). Therefore, the City of Clinton's Land Development Ordinance applies to the proposed development.

The topography is gently sloping from about 162 feet in elevation along the northern boundary to 150 feet in the lowest area of the site which corresponds to an existing stream/wetland area between the proposed Lots 1 and 2. Based on GIS contours, the maximum existing slopes (not associated with the stream or wetland) are of the order of 3%. The land has been used as agricultural fields for decades and appears most recently to have been used to farm cotton.

The trees on the property are located along the existing stream/wetland area between the proposed Lots 1 and 2.

### 1.3 Proposed Conditions

The proposed site improvements will provide a new road off Industrial Drive (SR1834) to access Lots 2, 3 and 4. Lot 1 will be accessed directly off Industrial Drive and potentially by the future extension of SR1835 along the east boundary of the site. Water, sanitary sewer, gas, and electric utility infrastructure necessary for the proposed industrial development will also be provided via extension of existing utility infrastructure in the vicinity.

A conceptual plan of proposed site improvements is included in **Appendix III**.

## 2.0 Project Component Verification Statement

The project components described in this engineering report are consistent with the IDF Investment Project description that is provided below:

*The purpose of this project is to spur new, higher-paying, jobs in Sampson County, and to increase the County's taxable real and personal property. By adding a new road and extending water and sewer, we are positioning the County to be more competitive, by decreasing the amount of time it will take prospective companies to be operational.*

*The project includes constructing a new road, extending water and sewer lines along the new road. In addition, we are extending the sewer line to serve Lot 1.*

## 3.0 Description of Project Needs

Sampson County is rated as a Tier One County in the 2021 North Carolina Development Tier Designations. This designation means that it is in the top 40 most economically distressed counties in the state based on the following four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

This proposed development is expected to have positive impacts on all four of the above factors.

In addition, the provision of access and essential utilities to the proposed parcels will greatly reduce the timeframe from start of construction to occupancy for companies moving to this location.

Sampson County anticipates four to eight new companies that yield an aggregated taxable investment of more than \$30M and 200 new jobs above the County's average wage. Currently, the industrial park is home to Schindler Escalator Division, DuBose Strapping, DuBose Industries, DuBose National Energy Services, Hog Slat, Coastal Agro-Business, HillCo Transport, Universal Forest Products, and more. It is anticipated that similar types and sizes of companies will locate to the newly purchased property.

Proximity Matters! I-40 is a 15-minute drive from the industrial park, and I-95 is less than 30-minutes off three different exits. The industrial park is an hour between both Raleigh and Wilmington. The industrial park provides easy access to ports (Wilmington and Morehead City) and air (Raleigh-Durham International, Wilmington International, Fayetteville Regional, and Clinton-Sampson General Aviation). A regional labor force of over 420,000 is located within a 45-mile radius of the park.

## 4.0 Utility Engineering

### 4.1 Water Distribution

#### 4.1.1 Existing Conditions

A 10-inch water distribution main is installed along the north side of Industrial Drive (SR1834), with three fire hydrants spaced from 400-500 feet along the frontage of the property. The 10-inch main connects to a 12-inch main on the west side of SR1835. The water supply is from the City of Clinton and the source is groundwater.

The City of Clinton has stated that the existing water infrastructure should have capacity for this development. However, this cannot be definitively confirmed without details of the proposed industries and the corresponding water needs for the industry that will be developed in this location.

#### 4.1.2 Proposed Improvements

A proposed water main extension is illustrated in **Appendix III**. This will consist of an approximately 900 foot of 10-inch main along the east side of the new access road to serve Lots 2 to 4, which will be teed off the existing main. Two fire hydrants will be provided on the new main. It is expected that Lot 1 will be serviced directly from the existing main. Service sizes are expected to vary from 2-inch to 6-inch diameter, depending on the proposed building needs for use and fire protection.

The water distribution extension shall be constructed to the City of Clinton's Standard Water Specifications and in accordance with Title 15A Subchapter 18C of the North Carolina Administrative Code and the rules and policies of practice of the N.C. Department of Environmental Quality Public Water Supply Section. After construction of the extension, it will be dedicated to the City. The City will also require utility easements along the side lot lines of the proposed subdivision i.e., between Lots 2 & 3 and 3 & 4, to allow possible future extension to the undeveloped properties to the north.

### 4.2 Sanitary Sewer

#### 4.2.1 Existing Conditions

There is an existing 12-inch gravity sanitary sewer main that is located approximately 750 feet from the proposed intersection of the new access road with Industrial Drive. There is an 8-inch gravity sewer main along the east side of SR1835 that serves the Schindler Elevator Corporation facilities and connects to the main above. The sanitary main is part of the City of Clinton's collection system and drains to the Norman H. Larkins Wastewater Treatment Plant which is located approximately 1.5 miles south of the site.

The City of Clinton has stated that the existing sanitary sewer infrastructure, though limited in capacity, should have capacity for this development. However, this cannot be definitively confirmed without details of the proposed industries that will be developed in this location and there are possibilities that upgrades to the sewer

collection system and treatment plant may be required, depending on the proposed industries' wastewater production.

#### 4.2.2 *Proposed Improvements*

Proposed sanitary sewer main extensions are illustrated in **Appendix III**. This will consist of an approximately 900-foot of 12-inch gravity main extension along the east side of the new access road to serve Lots 2 to 4, and an approximately 800-foot of 8-inch gravity main extension along Industrial Drive to serve Lot 1. These main extensions will combine near the intersection of the new road with Industrial Drive and connect via an approximately 850-foot 12-inch gravity main to the existing sewer main described above. A minimum 20-foot-wide easement will have to be obtained for this main where it will traverse the property owned by Dubose National Energy Services, Inc., including a stream crossing. It is expected that the sanitary main across Industrial Drive will be constructed via boring.

The sanitary sewer main extension shall be constructed to the City of Clinton's Standard Gravity and Pressure Sewer Specifications and in accordance with the N.C. Department of Environmental Quality's publications "Minimum Design Criteria for the Permitting of Gravity Sewers" and "Minimum Design Criteria for the Permitting of Pump Stations and Force Mains". After construction of the extension, it will be dedicated to the City, along with the offsite sewer utility easement on the Dubose National Energy property, mentioned above. As stated in Section 4.1.2, the City will also require utility easements along the side lot lines of the proposed subdivision i.e., between Lots 2 & 3 and 3 & 4, to allow possible future extension to the undeveloped properties to the north.

When potential customer uses are identified, the City of Clinton will address pretreatment requirements, if required, based on the intended composition of the industrial use wastewater.

### 4.3 **Gas Service**

#### 4.3.1 *Existing Conditions*

A 4-inch gas distribution main is installed along the south side of Industrial Drive (SR1834), with industrial service lines to the north and south sides continuing along the extent of the drive. The provider is Piedmont Natural Gas, a Duke Energy owned and operated natural gas provider.

Piedmont Natural Gas has stated that, based on current system operating conditions, the capacity of the existing gas infrastructure in the vicinity is able to provide a firm service of up to 40 MCFH (40,000 cubic feet per hour) and an interruptible service for up to 50 MCFH (50,000 cubic feet per hour). Upgrades will likely be required for any industry needing more than this and would involve additional gas distribution lines to the closest transmission line, which is located approximately two miles away.

#### 4.3.2 *Proposed Improvements*

Without knowing the gas requirements of the proposed industries at this stage it is not recommended that a gas main extension is constructed initially. It is expected that a typical industry would be able to be served via service lines off the existing main on the south side of Industrial Drive. If an industry requires a gas main extension to be

constructed, Piedmont Gas will carry out a feasibility study to see whether the costs to install will be recouped within five years through customer billing.

## 4.4 Electric Utility

### 4.4.1 Existing Conditions

There are existing utility poles and overhead lines along the north side of Industrial Drive with an existing pole-mounted transformer at the south-east corner of proposed Lot 2. In addition, there is an overhead line running along the south side of Industrial Drive terminating at a pole-mounted transformer at the south-west corner of proposed Lot 2. There is also existing street lighting along the entire length of Industrial Drive. The electric provider is Duke Energy Utilities.

Duke Energy has stated that they have adequate capacity up to 10 MW for most distribution served clients. They also have an outdoor lighting program that would supply turnkey streetlighting at an anticipated monthly cost of \$30 per month per streetlight.

### 4.4.2 Proposed Improvements

A proposed overhead electric line extension is illustrated in **Appendix III**. This will consist of an approximately 900 foot of overhead electric lines with four (4) poles to serve Lots 2 to 4. It is expected that Lot 1 will be served directly off the existing electric line. Six (6) streetlights will be provided along the new access road.

Duke Energy Utilities confirmed that for a standard industrial user they will install the required electric infrastructure and streetlighting with no upfront costs required.

## 5.0 Roadway Engineering

### 5.1 Streets and Access

The new access road for the development will be designed as a local street with a Right-of-Way width of 50 feet and 30 inch concrete curb and gutter. The curb-to-curb width will be 26 feet and the cul-de-sac will have a minimum radius of 35 feet. The asphalt pavement section will meet NCDOT requirements and is proposed to consist of a 3 inch surface course, 2½ inch intermediate course over an 8 inch base course.

Intersection radii with Industrial Drive will be sufficient to accommodate a WB-67 truck turning movement and the intersection will be perpendicular to Industrial Drive. Sight distance at the intersection is over 500 feet to the north-east and over 1,000 feet to the south-west. Utilizing the posted speed of 45 mph, the required sight distance based on the latest edition of AASHTO Policy on Geometric Design of Highways and Streets is 383 feet.

A reinforced 18-inch concrete culvert with safety end walls will be installed across the entrance to the new access road to allow drainage from the existing roadside swale to be directed to the existing drainage channel, which is

located about 50 feet south-west of the access road. Drainage from the new road will run along the curb and gutter to curb inlets over the new culvert.

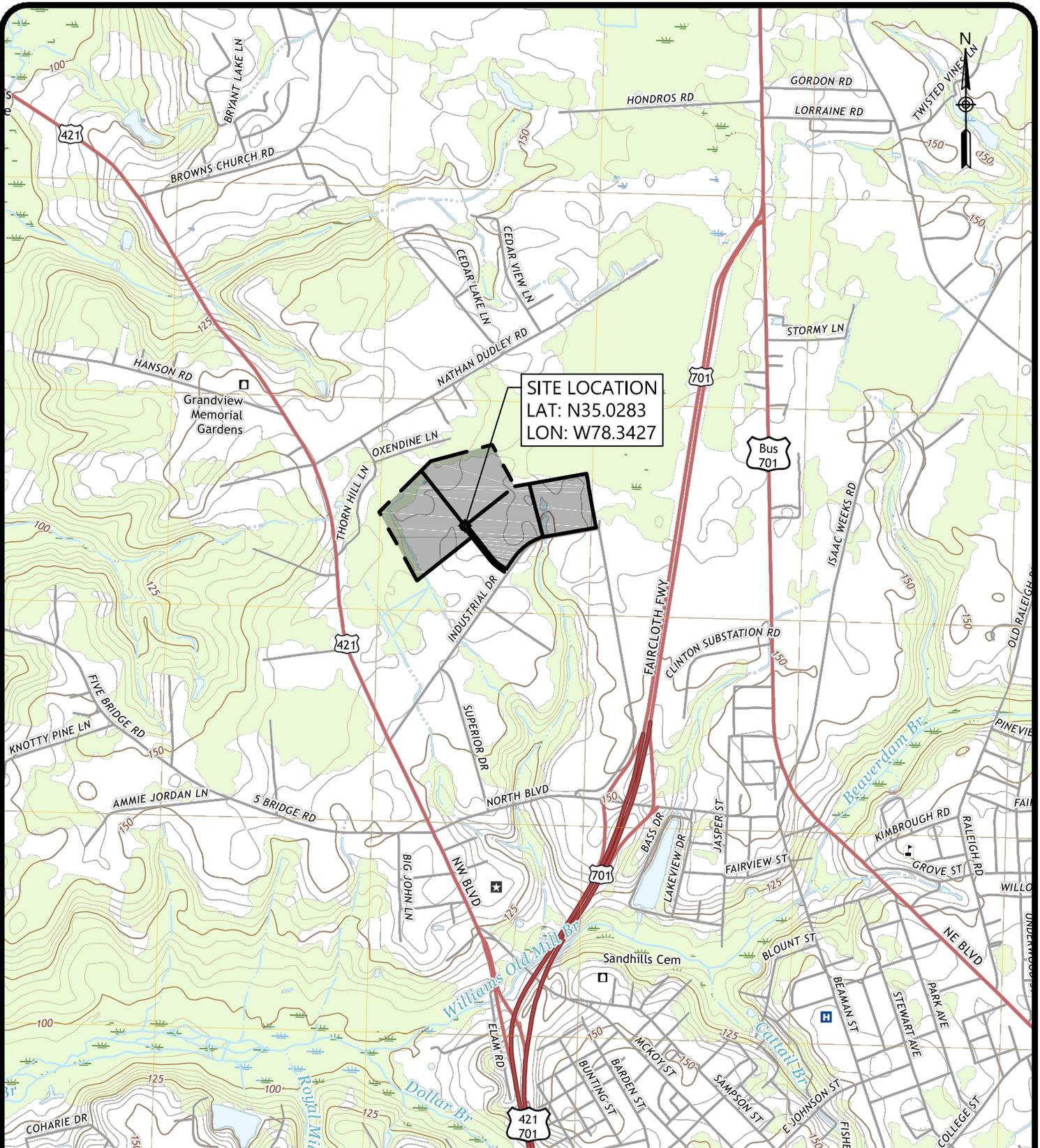
The new access road shall meet the requirements of the City of Clinton Land Development Ordinance and designed in accordance with NCDOT Standards and Specifications and the latest edition of the NCDOT Development Roads Minimum Construction Standards. There are no specific tree planting or buffer requirements for the new access road and turf will be provided in the Right-of-Way outside of the paved surface.

## **6.0 Stormwater Management**

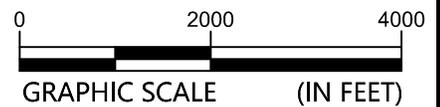
Based on the existing site topography and the natural drainage pathways on the site there are a multitude of options for stormwater management on the site. Typically, a regional or shared stormwater detention feature has provided an economical solution for multiple parceled developments. For this site, an option could be that Lots 2 and 3 drain to a common stormwater feature on the eastern side of Lot 2 and that Lots 1 and 4 will have individual stormwater features. These features will likely be stormwater ponds which will reduce the peak flows from the lots so that the increased runoff from the proposed buildings and impervious surfaces does not cause adverse effects to downstream properties per Section 10.3.3 of the City of Clinton Land Development Ordinance.

## **7.0 Environmental Assessment**

An Environmental Assessment Report will be submitted under separate cover.



BASE MAP SOURCE: CLINTON NORTH QUADRANGLE (2019)  
 NORTH CAROLINA 7.5-MINUTE SERIES (TOPOGRAPHIC),  
 SAMPSON COUNTY

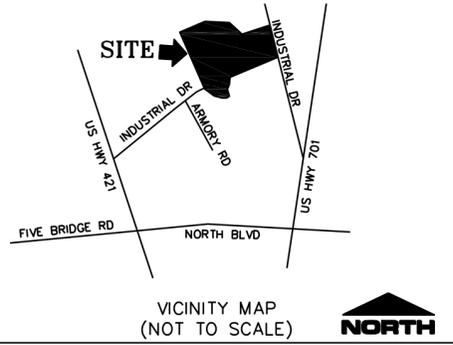


**SITE LOCATION**  
**BUSINESS CENTER EXPANSION**  
**SAMPSON COUNTY, NORTH CAROLINA**

SCALE:  
 1" = 2000'  
 DATE:  
 04/20/2021  
 PROJECT NUMBER  
 212752

FIGURE NO.  
**1**

## **Appendix II – Existing Site**



**CERTIFICATE OF OWNERSHIP & DEDICATION**

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT, ESTABLISH MINIMUM BUILDING SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED, FURTHERMORE, I HEREBY DEDICATE ALL SANITARY SEWER, AND WATER LINES TO THE CITY OF CLINTON

OWNER(S) OR REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_, COUNTY, NORTH CAROLINA  
I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT \_\_\_\_\_  
PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT, WITNESS MY HAND AND OFFICIAL STAMP AND SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC  
MY COMMISSION EXPIRES \_\_\_\_\_

- LEGEND:**
- IRF—IRON ROD FOUND
  - IPF—IRON PIPE FOUND
  - MNF—MAG NAIL FOUND
  - CSF—COTTON SPINDLE FOUND
  - SPF—SPIKE FOUND
  - RBS—5/8" REBAR SET
  - PKS—PK NAIL SET
  - CP—COMPUTED POINT
  - N/F—NOW OR FORMERLY
  - R/W—RIGHT OF WAY
  - R/W— RIGHT OF WAY
  - PROPERTY LINE
  - ADJACENT PROPERTY LINE

STATE OF NORTH CAROLINA  
COUNTY OF SAMPSON

I, \_\_\_\_\_ REVIEW OFFICER OF SAMPSON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATE IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

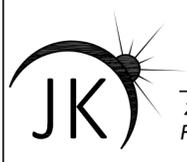
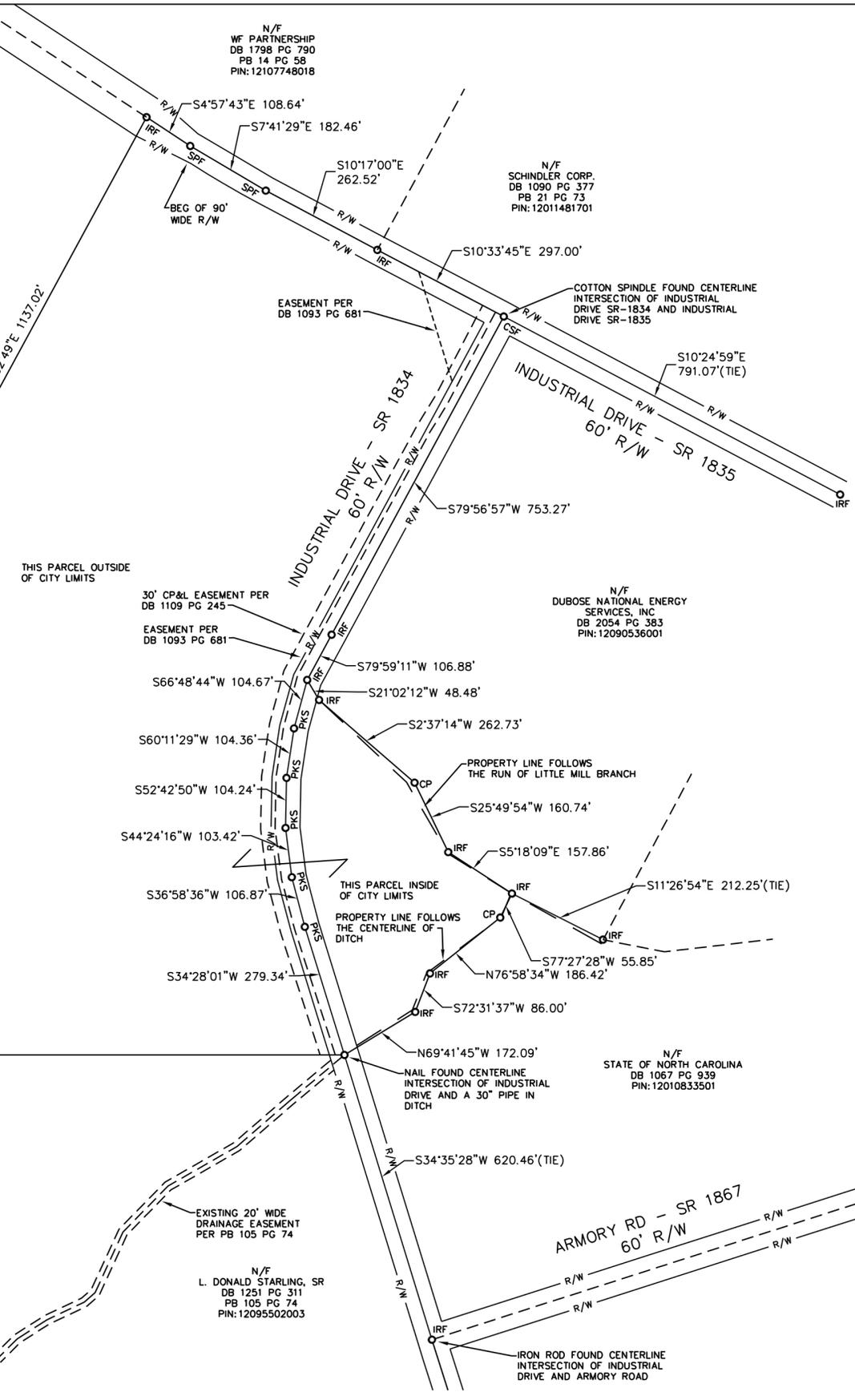
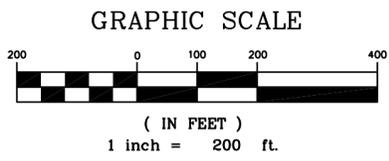
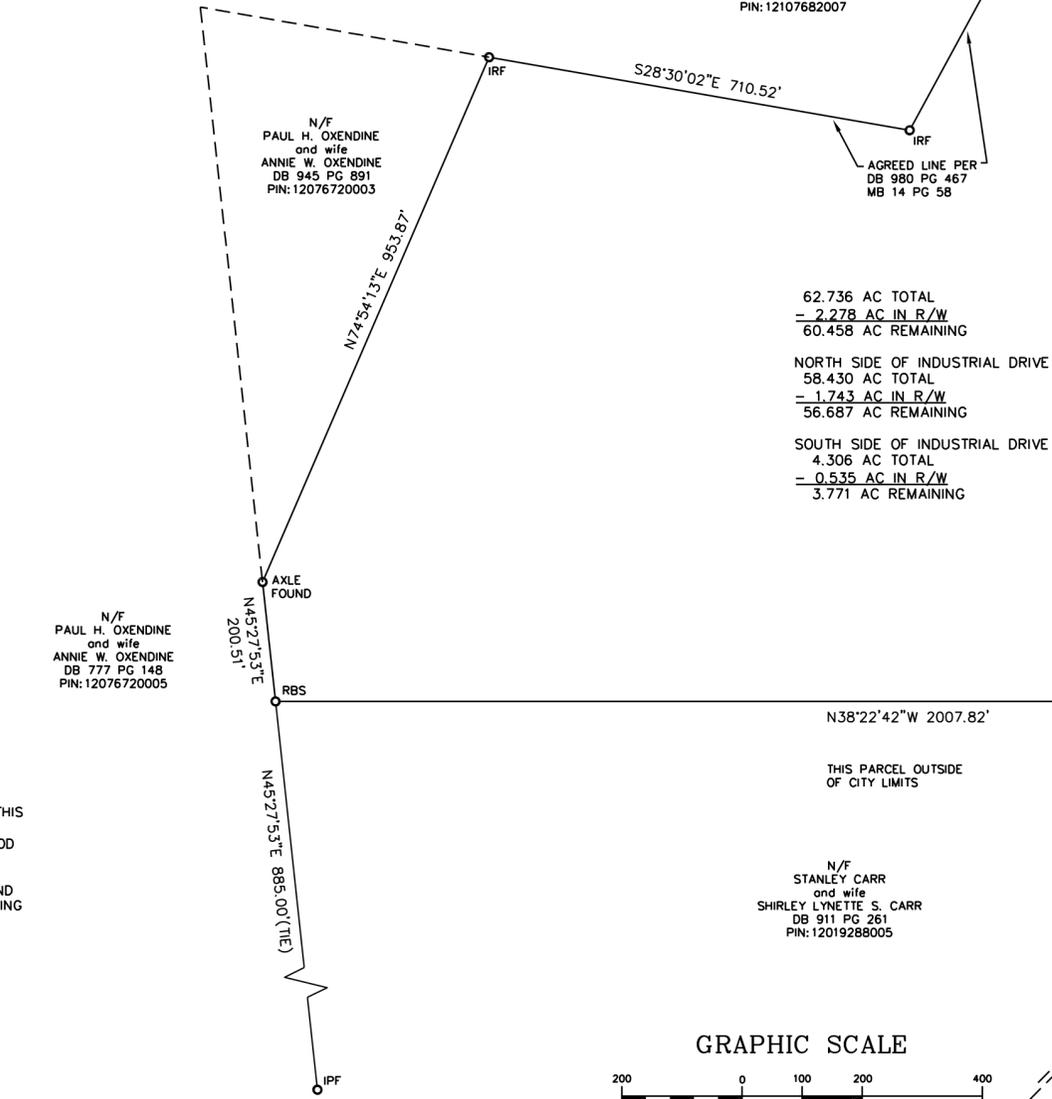
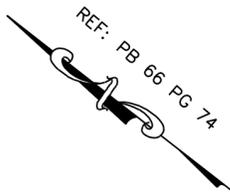
REVIEW OFFICER \_\_\_\_\_

DATE: \_\_\_\_\_

- SUBJECT PROPERTY INFORMATION**  
DB 2054 - PG 937  
PIN: 12026556002
- NOTES:**
- 1) ALL DISTANCES SHOWN ARE HORIZONTAL GROUND DISTANCES.
  - 2) NONCONFORMING STRUCTURES HAVE NOT BEEN CREATED BY THIS SURVEY.
  - 3) THIS PROPERTY IS LOCATED IN FLOOD ZONE "X" MINIMAL FLOOD RISK FEMA- FIRM PANEL 1486, MAP NUMBER 3720148600K, EFFECTIVE DATE: JUNE 20, 2018
  - 4) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
- ZONE:** PID (PLANNED INDUSTRIAL)
- SETBACK:**  
FRONTYARD - 50'  
SIDEYARD - 30'  
REARYARD - 30'

REX B. OWEN, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 2054, PAGE 937); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION AS SHOWN HEREON; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:10,000+; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D., 20\_\_\_\_

**PRELIMINARY**  
PROFESSIONAL LAND SURVEYOR - L-2719

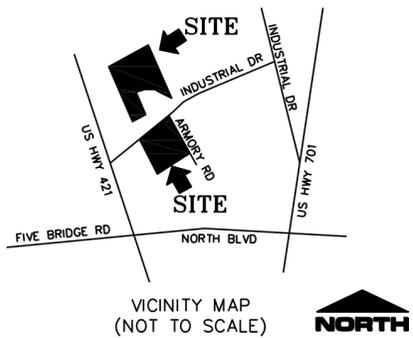


**JoynerKeeny**  
Land Planning & Surveying  
230 DONALDSON STREET, SUITE - 500A  
FAYETTEVILLE, NORTH CAROLINA 28301  
North Carolina Firm Number P-0551  
Phone: 910.920.3275  
www.joynerkeeney.com

BOUNDARY SURVEY  
FOR  
**SAMPSON SOUTHEAST BUSINESS CENTER**  
OF THE  
**SUMMER BERRY PROPERTY**  
DATE: SEPTEMBER 29, 2020 SCALE: 1" = 200'  
NORTH CLINTON TOWNSHIP CLINTON SAMPSON COUNTY NORTH CAROLINA

PROJECT # : 200263A  
PROJ. SVYR : RBO  
DRAWN BY : JLK  
DWG : PLAT BERRY  
VIEWPORT : PLAT BERRY

SHEET # : 1 OF 1



**CERTIFICATE OF OWNERSHIP & DEDICATION**

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT, ESTABLISH MINIMUM BUILDING SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED, FURTHERMORE, I HEREBY DEDICATE ALL SANITARY SEWER, AND WATER LINES TO THE CITY OF CLINTON

OWNER(S) OR REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_, COUNTY, NORTH CAROLINA

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT, WITNESS MY HAND AND OFFICIAL STAMP AND SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

STATE OF NORTH CAROLINA COUNTY OF SAMPSON

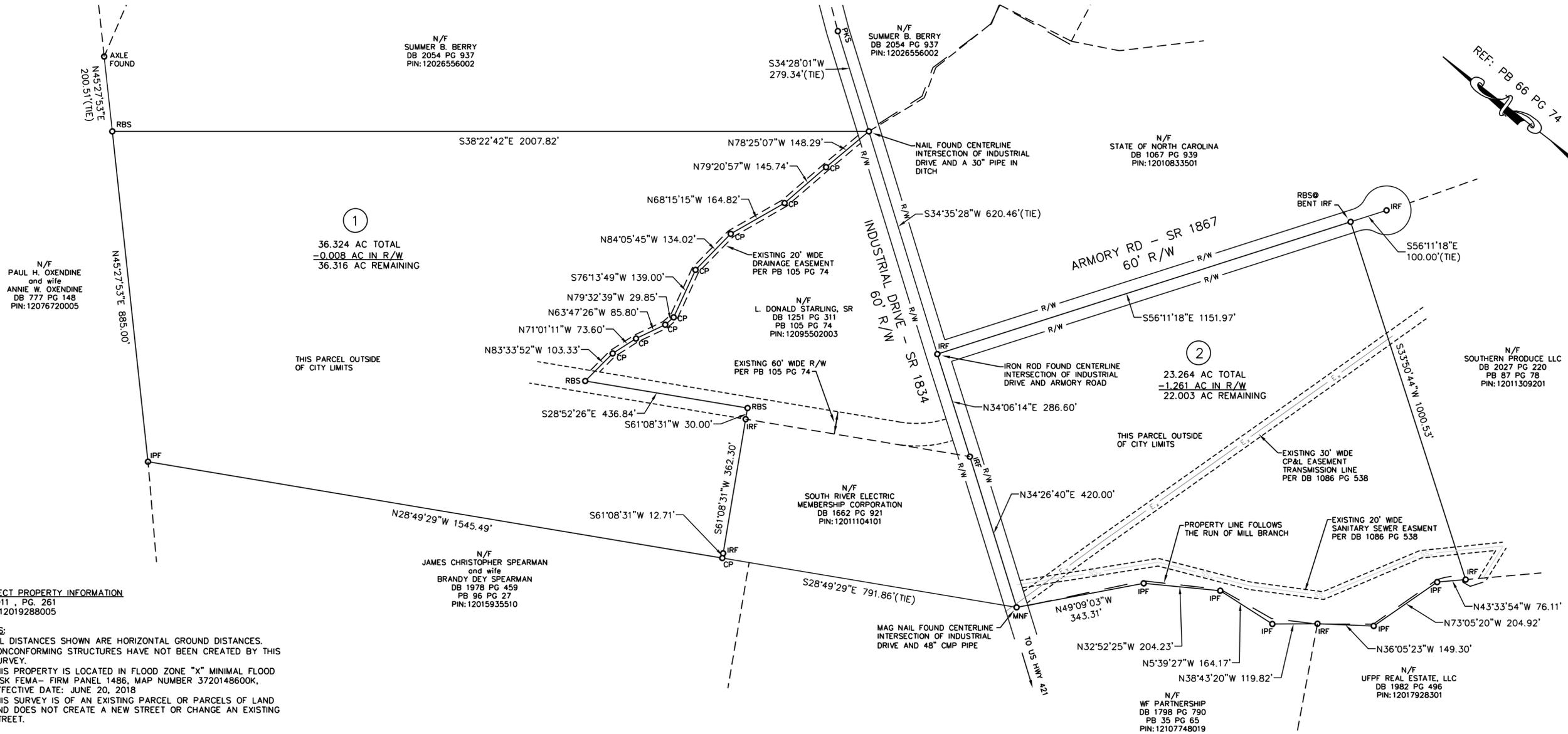
I, \_\_\_\_\_ REVIEW OFFICER OF SAMPSON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATE IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER \_\_\_\_\_

DATE: \_\_\_\_\_

**LEGEND:**

- IRF—IRON ROD FOUND
- IPF—IRON PIPE FOUND
- MNF—MAG NAIL FOUND
- CSF—COTTON SPINDLE FOUND
- SPF—SPIKE FOUND
- RBS—5/8"REBAR SET
- PKS—PK NAIL SET
- CP—COMPUTED POINT
- N/F—NOW OR FORMERLY
- R/W—RIGHT OF WAY
- R/W— RIGHT OF WAY
- PROPERTY LINE
- - - ADJACENT PROPERTY LINE



**SUBJECT PROPERTY INFORMATION**  
DB 911, PG 261  
PIN: 12019288005

- NOTES:**
- 1) ALL DISTANCES SHOWN ARE HORIZONTAL GROUND DISTANCES.
  - 2) NONCONFORMING STRUCTURES HAVE NOT BEEN CREATED BY THIS SURVEY.
  - 3) THIS PROPERTY IS LOCATED IN FLOOD ZONE "X" MINIMAL FLOOD RISK FEMA- FIRM PANEL 1486, MAP NUMBER 3720148600K, EFFECTIVE DATE: JUNE 20, 2018
  - 4) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

**ZONE:** PID (PLANNED INDUSTRIAL)

**SETBACK:**  
FRONTYARD - 50'  
SIDEYARD - 30'  
REARYARD - 30'

REX B. OWEN, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 911, PAGE 261); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION AS SHOWN HEREON; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:10,000+; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS DAY OF \_\_\_\_\_, A.D., 20\_\_\_\_\_

**PRELIMINARY**  
PROFESSIONAL LAND SURVEYOR - L-2719



**JoynerKeeny**

Land Planning & Surveying

230 DONALDSON STREET, SUITE - 500A  
FAYETTEVILLE, NORTH CAROLINA 28301  
North Carolina Firm Number P-0551

Phone: 910.920.3275  
www.joynerkeeney.com

BOUNDARY SURVEY  
FOR

**SAMPSON SOUTHEAST BUSINESS CENTER**

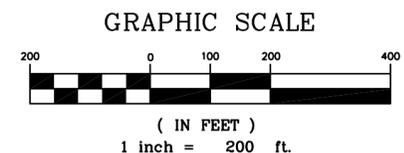
OF THE  
**STANLEY CARR PROPERTY**

DATE: SEPTEMBER 29, 2020 SCALE: 1" = 200'

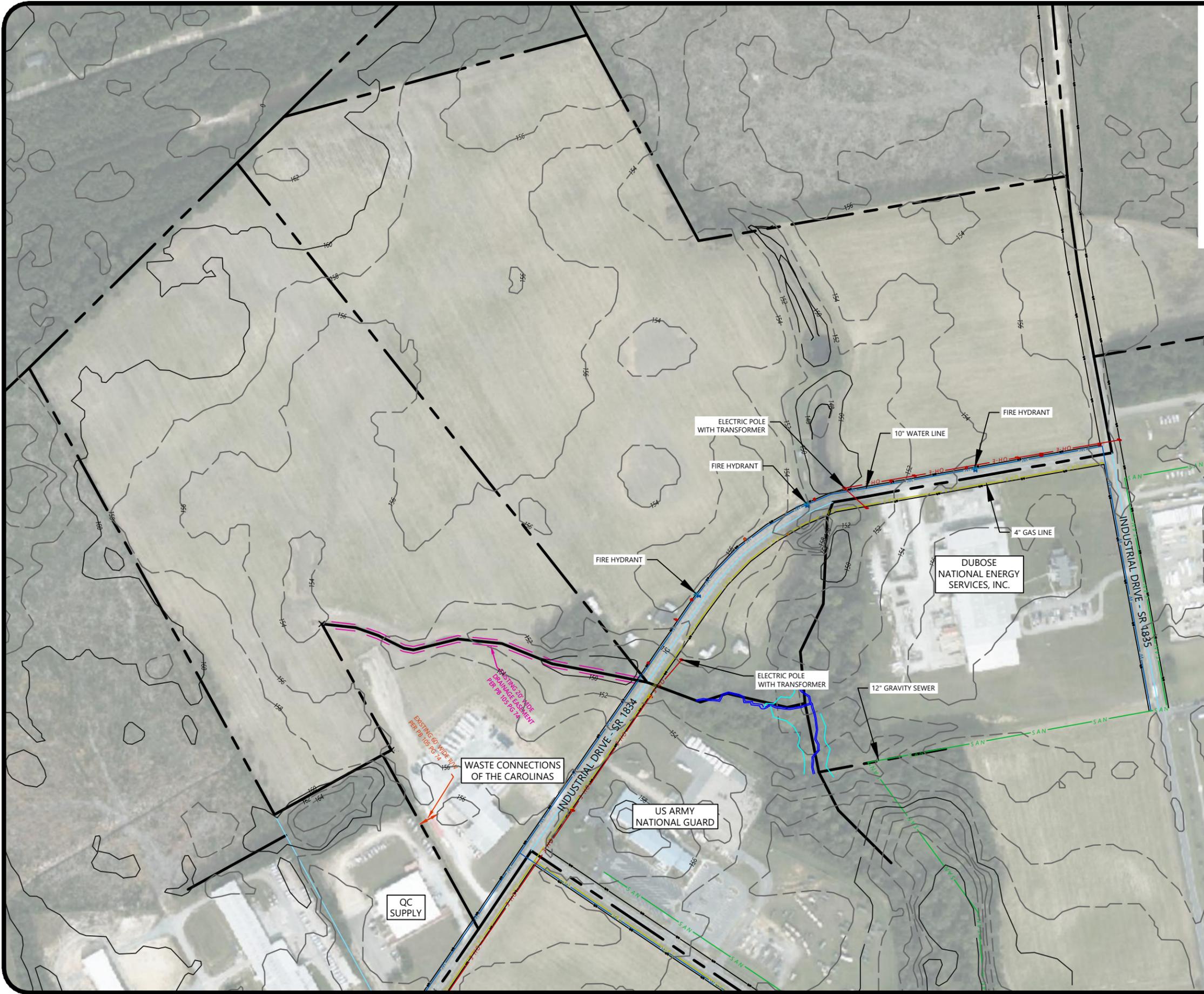
NORTH CLINTON TOWNSHIP CLINTON SAMPSON COUNTY NORTH CAROLINA

PROJECT #: 200263A  
PROJ. SVYR: RBO  
DRAWN BY: JLK  
DWG: PLAT CARR  
VIEWPORT: PLAT CARR

SHEET #: 1 OF 1



Drawing path: \\ENVP\Projects\2021\212752\_sampson county\_preliminary engr report & es\_clinton nc\CAD\construction\212752\_EX1.dwg

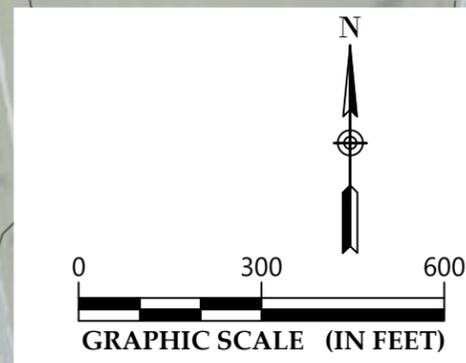


**LEGEND**

PROPERTY LINE	---
RIGHT OF WAY	---
CONTOUR LINE	-500-
EXISTING OVERHEAD POWER LINE	OH-E
EXISTING GRAVITY SEWER LINE	SAN
EXISTING WATER LINE	W
EXISTING GAS LINE	GAS
EXISTING TELEPHONE PEDESTAL	TP
EXISTING ELECTRIC METER	E
EXISTING UTILITY POLE	U
EXISTING LIGHT POLE	L
EXISTING FIRE HYDRANT	FH
EXISTING WATER VALVE	WV
EXISTING GAS METER	G



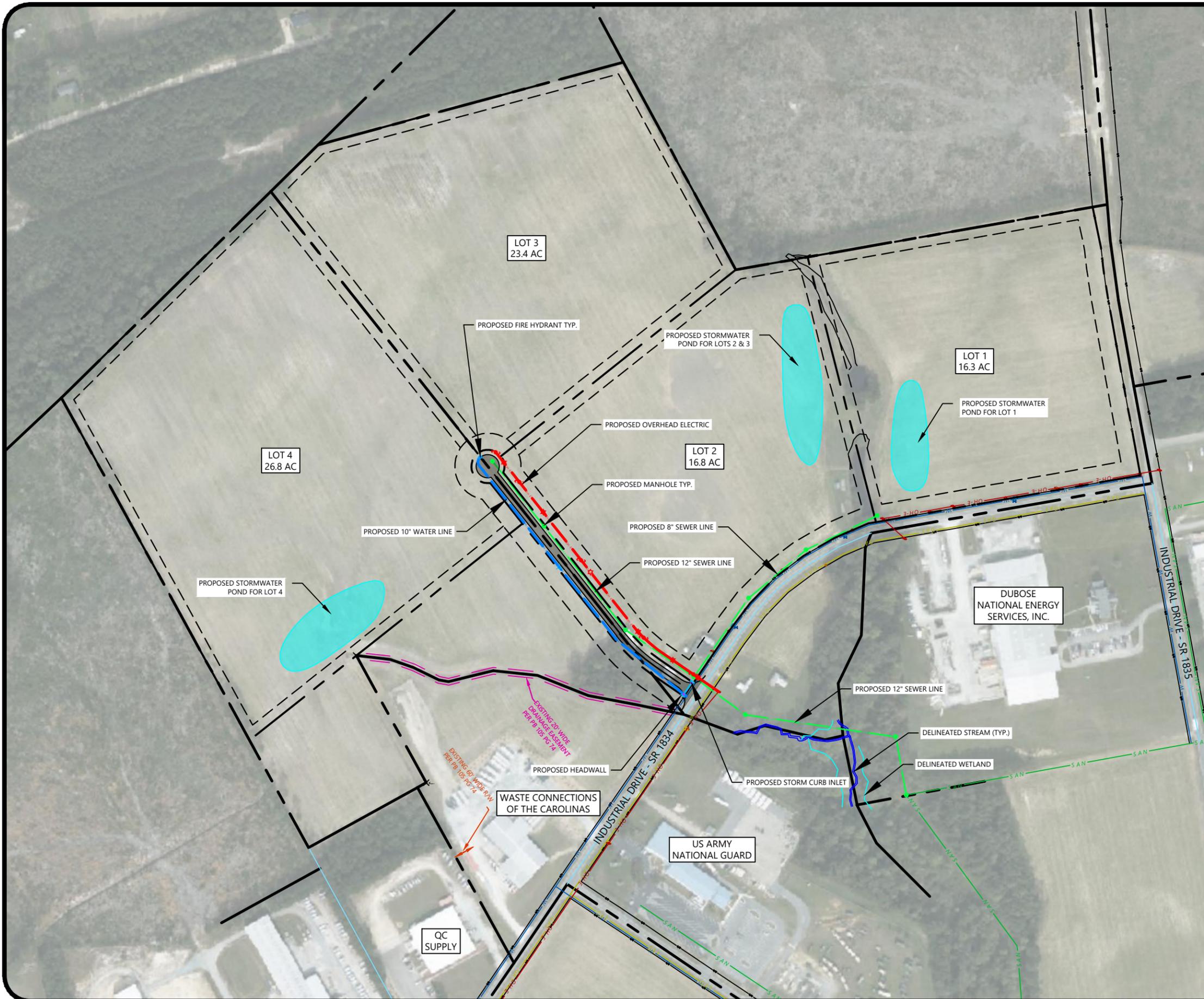
**EXISTING SITE**  
 PRELIMINARY ENGINEERING REPORT  
 SAMPSON SOUTHEAST INDUSTRIAL PARK  
 CLINTON, NORTH CAROLINA



SCALE:	1" = 300'
DATE:	05/26/2021
PROJECT NUMBER	212752
FIGURE NO.	<b>2</b>

## **Appendix III – Proposed Site Improvements**

Drawing path: \\ENVP\Projects\2021\212752\_sampson county\_preliminary engr report & es\_clinton nc\CAD\construction\212752\_LAY.dwg



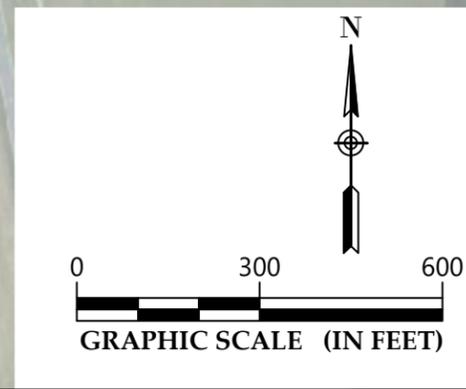
**LEGEND**

PROPERTY LINE	---
RIGHT OF WAY	---
CONTOUR LINE	---
EXISTING OVERHEAD POWER LINE	OH-E
EXISTING GRAVITY SEWER LINE	SAN
EXISTING WATER LINE	W
EXISTING GAS LINE	GAS
EXISTING TELEPHONE PEDESTAL	TP
EXISTING ELECTRIC METER	E
EXISTING UTILITY POLE	U
EXISTING LIGHT POLE	L
EXISTING FIRE HYDRANT	F
EXISTING WATER VALVE	V
EXISTING GAS METER	G
PROPOSED WATER LINE (10")	W
PROPOSED SEWER LINE (8", 12")	SAN
PROPOSED STORM LINE (18" RCP)	ST
PROPOSED OVERHEAD POWER LINE	OH-E
PROPOSED FIRE HYDRANT	F
PROPOSED SEWER MANHOLE	M
PROPOSED STORM HEADWALL	H
PROPOSED STORM CURB INLET	C
PROPOSED UTILITY POLE	U
PROPOSED LIGHT POLE	L



**PROPOSED SITE IMPROVEMENTS**  
 PRELIMINARY ENGINEERING REPORT  
 SAMPSON SOUTHEAST INDUSTRIAL PARK  
 CLINTON, NORTH CAROLINA

SCALE:	1" = 300'
DATE:	05/26/2021
PROJECT NUMBER	212752
FIGURE NO.	<b>3</b>



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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (g)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

---

**SUBJECT:** Authorization to Execute National Opioid Settlement Documents

**DEPARTMENT:** Legal

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Joel Starling, County Attorney

**PURPOSE:** To authorize execution of the opioid settlement documents

**ATTACHMENTS:** Attorney Memo; Resolution; Settlement Forms

**BACKGROUND:**

In June 2019, the Board of Commissioners declared the opioid epidemic in Sampson County a public nuisance and hired outside counsel to initiate litigation against certain opioid manufacturers, distributors, and pharmacies. Certain companies have subsequently reached tentative settlements. Sampson County's outside counsel as well as the North Carolina Association of County Commissioners and the North Carolina Attorney General have recommended that eligible North Carolina local governments participate in the settlements by authorizing an official to DocuSign or otherwise execute the Settlement Participation Forms that are included in your agenda materials as well as Releases and other documents necessary to effectuate the settlements. Local governments were previously required to register for the national settlement and designate an authorized signatory. At that time, Commissioner Clark H. Wooten was designated as the authorized signatory for Sampson County. To participate in the settlements, local governments must execute the Settlement Participation Forms, Releases, and other required documents on or before January 2, 2022.

**RECOMMENDED ACTION OR MOTION:**

Adopt the enclosed resolution authorizing participating in the Distributor Settlement and Janssen Settlement and authorizing Commissioner Clark H. Wooten and/or the County Manager to execute Settlement Participation Forms and any other Election, Release, or other documents necessary to effectuate said Settlements

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

**MEMORANDUM**

---

**TO:** Susan J. Holder  
**FROM:** Joel Starling  
**DATE:** November 19, 2021  
**RE:** Opioid Distributor and Janssen Settlement Agreements

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In June 2019, the Board of Commissioners declared the opioid epidemic in Sampson County a public nuisance and hired outside counsel to initiate litigation against certain opioid manufacturers, distributors, and pharmacies. Four companies—distributors McKesson, Cardinal Health, and AmerisourceBergen and manufacturer Janssen Pharmaceuticals—have reached tentative settlements that would resolve claims asserted against them by state and local governments, including Sampson County.

The settlements provide for payments totaling \$26 billion over 18 years, as much as \$750 million of which will flow to state and local governments in North Carolina. North Carolina's settlement funds will be divided up based on an allocation agreement, known as the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation. The Sampson County Board of Commissioners entered into the MOA on September 13, 2021. The first tranche of settlement payments will be received by state and local governments by July 2022, assuming enough jurisdictions elect to sign onto the settlement.

While the settlement agreements (which run over 700 pages in length) are too voluminous to reproduce in the Board's agenda packet, full copies of the Distributor Settlement and the Janssen Settlement are available at the following website:

<https://www.morepowerfulnc.org/opioid-settlements/distributor-jj-settlements/>

Sampson County's outside counsel as well as the North Carolina Association of County Commissioners and the North Carolina Attorney General have recommended that eligible North Carolina local governments participate in the settlements by authorizing an official to DocuSign or otherwise execute the Settlement Participation Forms that are included in your agenda materials as well as Releases and other documents necessary to effectuate the settlements. Local governments were previously required to register for the national

settlement and designate an authorized signatory. At that time, Commissioner Clark H. Wooten was designated as the authorized signatory for Sampson County.

Should the Board have any questions about the settlement agreements, release of claims that Sampson County will be required to make in connection with the settlements, the timing or allocation of settlement payments, or any other matter related to the settlements, outside counsel and I are available to answer questions. In order to participate in the settlements, local governments must execute the Settlement Participation Forms, Releases, and other required documents on or before January 2, 2022.

Materials:

1. Resolution Authorizing Commissioner Wooten to Execute Settlement Participation Forms and Other Required Documents
2. Settlement Participation Form for the Distributor Settlement
3. Settlement Participation Form for the Janssen Settlement

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, the Sampson County Board of Commissioners declared the opioid crisis a public nuisance which must be abated for the benefit of Sampson County and its residents and further engaged outside counsel to pursue civil litigation against certain entities in the chain of distribution of prescription opiates responsible for the opioid epidemic on June 10, 2019; and

**WHEREAS**, the Sampson County Board of Commissioners approved a Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation on September 13, 2021, ensuring an equitable distribution of any proceeds from any settlement(s) of national opioid litigation to the State of North Carolina and to individual local governments, including Sampson County; and

**WHEREAS**, two proposed nationwide settlement agreements have been reached that would resolve all opioid litigation brought by state and local governments against the three largest drug distributors, McKesson, Cardinal Health and AmerisourceBergen (the “Distributor Settlement”), and one manufacturer, Janssen Pharmaceuticals, Inc., and its parent company Johnson & Johnson (the “Janssen Settlement”); and

**WHEREAS**, counsel have advised the Sampson County Board of Commissioners that, in counsel’s professional judgment, Sampson County should elect to participate in the Distributor Settlement and the Janssen Settlement; and

**WHEREAS**, the Sampson County Board of Commissioners wishes to participate in the Distributor Settlement and Janssen Settlement and to authorize Commissioner Clark H. Wooten and/or the County Manager to execute Settlement Participation Forms and any other Election, Release, or other document necessary to effectuate said Settlements;

**NOW, THEREFORE, BE IT RESOLVED** that Commissioner Clark H. Wooten, Sampson County Board of Commissioners, and/or the County Manager are hereby authorized to execute Settlement Participation Forms for the Distributor and Janssen Settlements and any other Election, Release, or other document necessary to effectuate said Settlements.

**ADOPTED**, this the 6th day of December, 2021.

\_\_\_\_\_  
CLARK H. WOOTEN,  
Sampson County Board of Commissioners

**ATTEST:**

\_\_\_\_\_  
SUSAN J. HOLDER,  
Clerk to the Sampson County Board of Commissioners

**Settlement Participation Form**

Governmental Entity: Sampson County	State: North Carolina
Authorized Signatory: Clark H. Wooten	
Address 1: 406 County Complex Rd.	
Address 2: Building C	
City, State, Zip: Clinton, NC 28328	
Phone: (910) 592-6308	
Email: cwooten@sampsonnc.com	

The governmental entity identified above (“Governmental Entity”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the Settlement Agreement dated July 21, 2021 (“Janssen Settlement”), and acting through the undersigned authorized official, hereby elects to participate in the Janssen Settlement, release all Released Claims against all Released Entities, and agrees as follows.

1. The Governmental Entity is aware of and has reviewed the Janssen Settlement, understands that all terms in this Election and Release have the meanings defined therein, and agrees that by this Election, the Governmental Entity elects to participate in the Janssen Settlement and become a Participating Subdivision as provided therein.
2. The Governmental Entity shall, within 14 days of the Reference Date and prior to the filing of the Consent Judgment, dismiss with prejudice any Released Claims that it has filed.
3. The Governmental Entity agrees to the terms of the Janssen Settlement pertaining to Subdivisions as defined therein.
4. By agreeing to the terms of the Janssen Settlement and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
5. The Governmental Entity agrees to use any monies it receives through the Janssen Settlement solely for the purposes provided therein.
6. The Governmental Entity submits to the jurisdiction of the court in the Governmental Entity’s state where the Consent Judgment is filed for purposes limited to that court’s role as provided in, and for resolving disputes to the extent provided in, the Janssen Settlement.
7. The Governmental Entity has the right to enforce the Janssen Settlement as provided therein.

8. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes in the Janssen Settlement, including but not limited to all provisions of Section IV (Release), and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in their official capacity elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in any forum whatsoever. The releases provided for in the Janssen Settlement are intended by the Parties to be broad and shall be interpreted so as to give the Released Entities the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The Janssen Settlement shall be a complete bar to any Released Claim.
9. In connection with the releases provided for in the Janssen Settlement, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

**General Release; extent.** A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the Janssen Settlement.

10. Nothing herein is intended to modify in any way the terms of the Janssen Settlement, to which Governmental Entity hereby agrees. To the extent this Election and Release is interpreted differently from the Janssen Settlement in any respect, the Janssen Settlement controls.

I swear under penalty of perjury that I have all necessary power and authorization to execute this Election and Release on behalf of the Governmental Entity.

Signature:	_____
Name:	Clark H. Wooten _____
Title:	Chair, Sampson County Board of Commissioners _____
Date:	December 6, 2021 _____

**Settlement Participation Form**

Governmental Entity: Sampson County	State: North Carolina
Authorized Signatory: Clark H. Wooten	
Address 1: 406 County Complex Rd.	
Address 2: Building C	
City, State, Zip: Clinton, NC 28328	
Phone: (910) 592-6308	
Email: cwooten@sampsonnc.com	

The governmental entity identified above (“Governmental Entity”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the Settlement Agreement dated July 21, 2021 (“Distributor Settlement”), and acting through the undersigned authorized official, hereby elects to participate in the Distributor Settlement, release all Released Claims against all Released Entities, and agrees as follows.

1. The Governmental Entity is aware of and has reviewed the Distributor Settlement, understands that all terms in this Election and Release have the meanings defined therein, and agrees that by this Election, the Governmental Entity elects to participate in the Distributor Settlement and become a Participating Subdivision as provided therein.
2. The Governmental Entity shall, within 14 days of the Reference Date and prior to the filing of the Consent Judgment, dismiss with prejudice any Released Claims that it has filed.
3. The Governmental Entity agrees to the terms of the Distributor Settlement pertaining to Subdivisions as defined therein.
4. By agreeing to the terms of the Distributor Settlement and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
5. The Governmental Entity agrees to use any monies it receives through the Distributor Settlement solely for the purposes provided therein.
6. The Governmental Entity submits to the jurisdiction of the court in the Governmental Entity’s state where the Consent Judgment is filed for purposes limited to that court’s role as provided in, and for resolving disputes to the extent provided in, the Distributor Settlement.
7. The Governmental Entity has the right to enforce the Distributor Settlement as provided therein.

8. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes in the Distributor Settlement, including but not limited to all provisions of Part XI, and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in their official capacity elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in any forum whatsoever. The releases provided for in the Distributor Settlement are intended by the Parties to be broad and shall be interpreted so as to give the Released Entities the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The Distributor Settlement shall be a complete bar to any Released Claim.
9. The Governmental Entity hereby takes on all rights and obligations of a Participating Subdivision as set forth in the Distributor Settlement.
10. In connection with the releases provided for in the Distributor Settlement, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

**General Release; extent.** A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the Distributor Settlement.

11. Nothing herein is intended to modify in any way the terms of the Distributor Settlement, to which Governmental Entity hereby agrees. To the extent this Election and Release is interpreted differently from the Distributor Settlement in any respect, the Distributor Settlement controls.

I swear under penalty of perjury that I have all necessary power and authorization to execute this Election and Release on behalf of the Governmental Entity.

Signature: \_\_\_\_\_  
Name: Clark H. Wooten \_\_\_\_\_  
Title: Chair, Sampson County Board of Commissioners \_\_\_\_\_  
Date: December 6, 2021 \_\_\_\_\_

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (h)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input checked="" type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Public Hearing - Naming of Private Roads

**DEPARTMENT:** Emergency Services (Addressing)/Administration

**PUBLIC HEARING:** Yes

**CONTACT PERSON(S):** Susan J. Holder, Assistant County Manager

**PURPOSE:** To receive public input on the naming of certain private roads

**ATTACHMENTS:** Memo

**BACKGROUND:**

We have duly advertised this public hearing to receive comments on the recommendations of the Road Naming Committee regarding the names of certain private roads:

SR 1361            Water Treatment Road  
 SR 1362            Tower Road  
 PVT 1231 Lisbon   Hardware Lane

**RECOMMENDED ACTION OR MOTION:**

Name private roads as recommended

NORTH CAROLINA'S  
**SAMPSON COUNTY**  
OFFICE OF EMERGENCY SERVICES

**MEMORANDUM:**

**TO:** Ms. Susan Holder, Assistant County Manager  
**FROM:** Richard Sauer, Emergency Services *RS*  
**DATE:** November 8, 2021  
**SUBJECT:** Private/State Road Names/Public Hearing Request

The Road Naming Committee members have reviewed road name suggestions for the following pending private/state roads. The Committee's recommendations have been listed below:

SR 1361	Water Treatment Rd
SR 1362	Tower Rd
PVT 1231 Lisbon	Hardware Ln

This is being forwarded for your review and if you concur, please place this on the Board's agenda for consideration at a public hearing.

Please review and advise.



107 Underwood Street | Clinton, NC 28328

OFFICE: (910) 592-8996 | FAX: (910) 592-5383

## NOTICE OF PUBLIC HEARING NAMING OF PRIVATE ROADS

The Sampson County Board of Commissioners will hold a public hearing at 6:00 p.m. (or as soon as possible thereafter) on Monday, December 6, 2021 in the County Auditorium, Sampson County Complex Building A, 435 Rowan Road, Clinton NC to consider public input on the naming of the following private roads:

### PVT ROAD CODE

SR 1361

SR 1362

PVT 1231

### PROPOSED NAME

Water Treatment Road

Tower Road

Lisbon Hardware Lane

Only those roads listed will be considered at this time.

The Board will also accept written comments until 5:00 p.m. on December 6, 2021 via email at [susanh@sampsonnc.com](mailto:susanh@sampsonnc.com) or via US Mail to Clerk to the Board, 406 County Complex Road, Building C, Clinton, NC 28328. Written comments submitted by members of the public will be read aloud by the Clerk and provided as part of the meeting minutes.

Questions or comments may be directed to the Office of the Clerk to the Board, 406 County Complex Road, Clinton, NC 28328 (tel: 910/592-6308)

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 4 (i)

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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**SUBJECT:** Appointments

**DEPARTMENT:** Governing Body

**PUBLIC HEARING:** No

**CONTACT PERSON:** Vice Chairperson Sue Lee

**PURPOSE:** To consider appointments to various boards and commissions

Health Advisory Board

Dr. Jeffrey Bell, Cassie Faircloth and Charlotte Harrell are recommended for reappointment to the Health Advisory Board.

Advisory Board of Older Adults

The following persons have been recommended for appointment to the Advisory Board of Older Adult Services: Barbara Faison (City of Clinton); Gracie Ellis (North Sampson); and Gail Mitchell (City of Clinton).

DSS Board

A replacement appointment is needed for DSS board member Dave Richert who has moved out of town. The appointment would be to fill the remainder of Mr. Richert's term, which ends June 30, 2023.

# SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson  
Health Director



360 County Complex Rd., Suite 200  
Clinton, NC 28328

To: Edward Causey  
From: Wanda Robinson *WR*  
Subject: SCHD Advisory Board Appointment  
Date: November 17, 2021

The Sampson County Health Department Advisory Board recommends the appointment of the board members listed below:

- I. Dr. Jeffrey Bell, 2<sup>nd</sup> Term Reappointment
- II. Cassie Faircloth, 3<sup>rd</sup> Term Reappointment
- III. Charlotte Harrell, 2<sup>nd</sup> Term Reappointment

Thank you for your assistance in this matter.



***Department of Aging***

405 County Complex Rd.  
Clinton, NC 28328

**Memorandum:**

**To:** Mr. Ed Causey, County Manager

**From:** Dana Hall, Director, Department of Aging

**Date:** November 22, 2021

**Subject:** Advisory Board of Older Adult Services

I would like to recommend the names below to serve on the Advisory Board of Older Adult Services. Upon approval by the Sampson County Board of Commissioners the following individuals would serve on the board for a term of two years, with the option to be reappointed at the discretion of the county commissioners.

Barbara Faison – City of Clinton Resident Representative

Gracie Ellis – Northern Sampson Representative

Gail Mitchell – City of Clinton Resident Representative

Please let me know if you have any questions.

Thank you,

Dana Hall  
Director, Department of Aging



The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, October 4, 2021 in the County Auditorium, 435 Rowan Road in Clinton, North Carolina. Members present: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Thaddeus Godwin, Jerol Kivett, and Lethia Lee.

Chairman Clark Wooten called the meeting to order and acknowledged Vice Chairperson Sue Lee who called upon Commissioner Godwin to provide the invocation. Commissioner Kivett then led the pledge of allegiance.

### **Approval of Agenda**

Upon a motion made by Commissioner Godwin and seconded by Vice Chairperson Lee, the board voted unanimously to approve the agenda as published.

### **Item 1: Action Items**

Resolution Approving Commissioner Districts Redrawn Following 2020 Census  
Chairman Wooten explained that based on the results of the 2020 Census, Sampson County is legally required to redraw the boundaries of its five county commissioner districts. Specifically, District 1 was more than 5% overpopulated. District 2 was more than 10% overpopulated. District 4 was more than 10% underpopulated. District 5 was more than 5% underpopulated. He noted that the Board had conducted a public hearing on the required redistricting on October 18, 2021. At that time, demographer John Morgan provided an overview of a draft redistricting plan and spoke about the proposed redistricting map. The Board also indicated at that time that the public could submit written comments through 5:00 pm on Friday, October 29, 2021. He asked the Clerk if additional comments had been received, and she reported that none had been received. County Attorney Joel Starling provided a resolution and proposed map of the redrawn commissioner districts, as prepared by John Morgan, a demographer with Applied Research Coordinates whom the County engaged to assist with the redistricting process. There were no comments from the Board or received from the public by the Clerk. Upon a motion made by Commissioner Godwin and seconded by Commissioner Lethia Lee, the Board voted unanimously to adopt the resolution approving the redrawn commissioner districts. (Copy filed in Inc. Minute Book \_\_\_\_\_, Page \_\_\_\_\_.)

Purchasing Policy Amendments In preparation for Sampson County’s future expenditure of American Rescue Plan Act (ARPA) funds, County staff had reviewed the County’s purchasing policies and recommended revisions to comply with the more restrictive of the procurement procedures set forth in the North Carolina General Statutes and the procurement procedures imposed by federal Uniform Guidance. Attorney Starling presented a Resolution Authorizing an Increase in the Micro-Purchase Threshold, amendments to the Federal Fund Procurement Policy, and amendments to the Purchasing Manual. Commissioner Kivett requested clarification regarding ARPA funds. Attorney Starling clarified that the most restrictive policies, whether they be local, state, or federal, must be followed while spending ARPA funds. Upon a motion by Commissioner Kivett and seconded by Commissioner Godwin, the Board voted unanimously to adopt the Resolution Authorizing an Increase in the Micro-Purchase Threshold. Upon a motion by Vice Chairperson Lee and seconded by Commissioner Lethia Lee, the Board voted unanimously to adopt the Procurement Policy as presented. Upon a motion by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously to adopt the Purchasing Manual as presented. (Copies filed in Inc. Minute Book \_\_\_\_\_, Page \_\_\_\_\_.)

Finance - Amendment Budgeting American Rescue Plan Act (ARPA) Funding for Premium Pay for Full-Time Employees Finance Officer David Clack reviewed a proposal to use ARPA funds to pay all eligible full-time employees a 2.1% premium payment, with the total amount not expected to exceed \$600,000. He requested the Board approve the appropriation of up to \$95,000 of County funds for all employees who are not eligible to be paid from ARPA funds. Upon a motion by Vice Chairperson Lee and seconded by Commissioner Lethia Lee, the Board voted unanimously to approve the budget amendment as proposed:

<u>EXPENDITURE</u>	Finance		
<u>Code Number</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141300	512200 Overtime	\$76,579.	
11141300	518100 FICA	\$4749.	
11141300	518120 Medicare	\$1,111.	
11141300	518200 Retirement	\$8,731.	
11141300	518901 401K County	\$3830.	
11999000	509700 Contingency		\$95,000.

Appointments - CVB Board Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Godwin, the Board voted unanimously to appoint Ms. Denise Rentz to the Convention and Visitors Bureau Board.

**Item 2: Consent Agenda**

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

- a. Approved the minutes of the October 4, 2021 and October 18, 2021 meetings
- b. Adopted a resolution accepting American Rescue Plan Act (ARPA) funds and corresponding grant project ordinance (Copies filed in Inc. Minute Book \_\_\_\_\_, Page \_\_\_\_\_.)
- c. Authorized the Sampson-Clinton Public Library’s submission of an application to receive Grassroots Arts Program grant funding and to accept grant funds if awarded utilizing existing budget allocations as matching funds.
- d. Declared certain real property, parcel number 16091208001 located on Garland Highway, as surplus and authorized staff to advertise for upset bids
- e. Adopted the 2022 Board of Commissioners Meeting Schedule (Copy filed in Inc. Minute Book \_\_\_\_\_, Page \_\_\_\_\_.)
- f. Adopted the 2022 County Holiday Schedule (Copy filed in Inc. Minute Book \_\_\_\_\_, Page\_\_\_\_\_.)
- g. Approved the tax refunds and releases as submitted:

#9720	Edward A Tedford	\$416.25
#9721	Joseph D Austin	\$405.00
#9724	Tymasia Howard	\$102.65
#9722	Allen Ray Fowler	\$201.18
#9719	George Edward Stambaugh	\$174.83
#9716	Teresa Renee Lewis	\$117.54
#9699	Neal D DeVane	\$188.31
#9714	Cassell DeVane	\$272.32
#9709	Linda T Parrish	\$364.89
#9717	Johnny Cabbel McBride	\$343.40
Tax Release	Larry & Dale Phillips	\$637.59
Tax Release	Larry & Dale Phillips	\$307.94
Tax Release	Sue Carol & George Barber	\$281.64
Tax Release	Sonny Leon Kirby	\$640.84
Tax Release	Laura Elizabeth Deans	\$120.76
Tax Release	Thomas Ray McPhail	\$1476.28

- h. Approved budget amendments as submitted:

<b><u>EXPENDITURE</u></b>		Social Services		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
13553770	529924	Links (Supplemental)	\$75,000.	
13553770	568406	Cares Act IV-B	\$14,748.	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
13535310	403328	Links (Supplemental)	\$75,000.	
13535310	403329	Cares Act IV-B	\$14,748.	

<b><u>EXPENDITURE</u></b>		Finance		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243250	526200	Departmental supplies	\$4,432.	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11039999	409800	Fund balance approp encumbrances	\$4,432.	

<b><u>EXPENDITURE</u></b>		Animal Shelter		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243800	526200	Departmental supplies	\$1,875.	

<b><u>REVENUE</u></b>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034380	408401	Donations	\$1,875.	

**Item 3: Consideration of Tax Appeal**

Upon a motion by Chairman Wooten and seconded by Commissioner Kivett, the Board unanimously voted to forgive 50% of the penalties in the tax appeal case of Stacy F. Moore, Jr.

**Item 4: County Manager’s Report**

No report was given.

**Item 5: Public Comment Period**

No public comment was received, and none had been received by the Clerk prior to the meeting.

**Adjournment**

Upon a motion by Commissioner Godwin and seconded by Vice Chairperson Lee, the Board voted unanimously to adjourn.

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Clark H. Wooten, Chairman

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Susan J. Holder, Clerk to the Board

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

**MEMORANDUM**

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**TO:** Susan J. Holder  
**FROM:** Joel Starling  
**DATE:** November 19, 2021  
**RE:** Lease Agreement with Lynn S. Carr.

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In October 2020, Sampson County acquired approximately 138 acres at the Sampson Southeast Business Center in Clinton, North Carolina. Since then, the county has leased a portion of the property to a local farmer for cultivation in order to avoid spending what would otherwise be a substantial amount of taxpayer money mowing the property. The lease agreement is structured in such a way that the county can terminate at any time, provided that it compensates the farmer for the loss of any crops that have not been harvested at the time of termination. This ensures that the county can quickly make the property available in the event that an economic development prospect indicates that it wishes to purchase the property.

Materials:

1. Resolution Authorizing Execution of the Lease Agreement; and
2. Lease Agreement

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, N.C. Gen. Stat. §§ 153A-176 and 160A-272 authorize counties to enter into leases of one year or less upon resolution of the Board of Commissioners adopted at a regular meeting and further authorize the Board of Commissioners to delegate to the County Manager authority to lease or rent county property for terms of one year or less; and

**WHEREAS**, Lynn S. Carr (“Carr”) has requested that Sampson County lease unto Carr certain vacant real property located off of Industrial Drive in Clinton, North Carolina, being a portion of Sampson County Parcel Nos. 12-0265560-02 and 12-0192880-05; and

**WHEREAS**, the Sampson County Board of Commissioners is convened in a regular meeting and wishes, subject to the terms and conditions of the Lease Agreement, to lease the above-described real property to Carr for a term of less than one year;

**NOW, THEREFORE, BE IT RESOLVED** that the Sampson County Board of Commissioners approve the lease of county property described above and authorizes the Sampson County Manager to execute on behalf of Sampson County a Lease Agreement for the above-described real property.

**ADOPTED**, this the 6th day of December, 2021.

\_\_\_\_\_  
CHAIR,  
Sampson County Board of Commissioners

**ATTEST:**

\_\_\_\_\_  
SUSAN J. HOLDER,  
Clerk to the Sampson County Board of Commissioners

STATE OF NORTH CAROLINA

LEASE AGREEMENT

COUNTY OF SAMPSON

**THIS LEASE AGREEMENT** (“Agreement”) is made and entered into effective the 1st day of January, 2022 by and between **SAMPSON COUNTY** (the “County”), a body corporate and politic and a political subdivision of the State of North Carolina with a principal office located at 406 County Complex Road, Building C, Clinton, North Carolina 28328, and **LYNN S. CARR** (“Carr”), a natural person whose address is 10415 Hobbton Highway, Clinton, North Carolina 28328. The County and Carr may be referred to at times herein individually as a “Party” and collectively as the “Parties.”

1. **Demise and Property.** The County leases to Carr, to occupy and use exclusively for the cultivation of soybeans, certain real property more particularly described as follows and hereinafter referred to as the “Leased Premises”:

**Tract 1**

**Being a portion of the tract or parcel of land lying and being in North Clinton Township, Sampson County, North Carolina more particularly described as Tract No. 1 on the survey map entitled, “Boundary Survey for Sampson Southeast Business Center of the Stanley Carr Property,” and recorded in Map Book 106 at Page 23 of the Sampson County Registry. Carr will cultivate an area containing 32.5 acres, more or less, on said tract.**

**Tract 2**

**Being a portion of the tract or parcel of land lying and being in North Clinton Township, Sampson County, North Carolina more particularly described as Tract No. 2 on the survey map entitled, “Boundary Survey for Sampson Southeast Business Center of the Stanley Carr Property,” and recorded in Map Book 106 at Page 23 of the Sampson County Registry. Carr will cultivate an area containing 17.2 acres, more or less, on said tract.**

**Tract 3**

**Being a portion of the tract or parcel of land lying and being in North Clinton Township, Sampson County, North Carolina depicted on the survey map entitled, “Boundary Survey for Sampson Southeast Business Center of the Summer Berry Property,” and recorded in Map Book 106 at Page 26 of the Sampson County Registry. Carr will cultivate an area containing 53.3 acres, more or less, on said tract.**

2. **Term.** The term of this lease shall run for a period of eleven (11) months, to commence on January 1, 2022 (the “Commencement Date”) and terminate on November 30, 2022 (the “Termination Date”), unless sooner terminated as

provided herein. This Agreement may not be renewed by the parties. Any subsequent agreement by the Parties for the lease of the Leased Premises shall require the execution of a new lease agreement.

Notwithstanding the payment of the rent set forth in Section 4 of this Agreement and full compliance with the terms of this Agreement by Carr, the County shall have the right to terminate this Agreement prior to the Termination Date upon five (5) days written notice **and destroy any unharvested crops located on the Leased Premises** in the event that the County determines, in its sole and absolute discretion, that the Leased Premises is needed for economic development purposes. Carr acknowledges and agrees that this is a material term of this Agreement, in the absence of which the County would not have entered into this Agreement.

In the event that the County terminates this Agreement prior to the Termination Date and destroys any unharvested crops located on the Leased Premises in order to use the Leased Premises for economic development purposes prior to the payment of rent by Carr, the County shall compensate Carr for the loss of his crop in the amount of \$450.00 per acre of crops that are actually destroyed.

In the event that the County terminates this Agreement prior to the Termination Date and destroys any unharvested crops located on the Leased Premises in order to use the Leased Premises for economic development purposes after the payment of rent by Carr, the County shall compensate Carr for the loss of his crop in the amount of \$550.00 per acre of crops that are actually destroyed.

3. **Notice to Quit.** The Parties stipulate and agree that the County has hereby given Carr notice to quit the property upon the termination of the lease term, and no further notice to quit shall be required.
4. **Rent.** Carr agrees and covenants to pay the County as rent the sum of \$10,300.00 for the Leased Premises, to be paid in one (1) lump sum on or before November 1, 2022. In the event that Carr fails to pay the rent in full within thirty (30) days of said date, Carr shall pay to the County a late charge equal to 5.0% of the amount due.
5. **Lien on Crops.** Pursuant to N.C. Gen. Stat. § 42-15, any and all crops raised on the Leased Premises shall be deemed and held to be vested in possession of the County and its assigns at all times until the rent identified herein is paid and until all the provisions set forth in this Agreement have been performed by Carr or damages in lieu thereof have been paid to the County by Carr to the County's satisfaction. This lien shall be preferred to all other liens, and the County and its assigns shall be entitled, against Carr or his assigns who remove(s) the crop or any part thereof from the Leased Premises without the consent of the County or its assigns or any other person who may get possession of said crop or any part thereof to the remedies given in an action upon a claim for delivery of personal property.

The provisions of Section 5 of this Agreement shall survive termination or expiration of hereof, regardless of the cause giving rise to termination or expiration

6. **Permitted Use.** The Leased Premises is to be used by Carr only for the cultivation of soybeans.

7. **Prohibited Uses.**

7.1 Carr and any person or entity acting on Carr's behalf shall not, without the prior written consent of the County, add fencing, hoop houses, pens, barns, or other structures or alterations to the Leased Premises. The specific location of any proposed fencing, structure, or alteration must be approved by the County in writing. Any fencing, structure, or alteration constructed on or made to the Leased Premises shall remain the property of the County upon the termination of this Agreement.

7.2 Carr and any person or entity acting on Carr's behalf shall not improperly use or install any Hazardous Material on the Leased Premises; violate any Environmental Laws relating to or affecting the Leased Premises; use the Leased Premises to generate, manufacture, transport, treat, store, handle, dispose, or process Hazardous Materials; cause or permit the improper installation of Hazardous Materials on the Leased Premises or a release of Hazardous Materials on the Leased Premises; and shall at all times comply with an ensure compliance by all parties with all applicable Environmental Laws.

"Hazardous Materials", as used herein, shall include, but shall not be limited to, any chemical, material, substance or other matter of any kind whatsoever which is prohibited, limited, or regulated by any federal, state, county, regional, or local authority or legislation, regulation, or order, including, without limitation, the Federal Resource Conservation and Recovery Act, 42 U.S.C. § 6901, et seq., the Federal Comprehensive Environmental Response Compensation and Liability Act of 1980, as amended, 42 U.S.C. § 9601, et seq., the regulations promulgated from time to time thereunder, environmental laws administered by the Environmental Protection Agency and laws, regulations, and orders of the State of North Carolina, the North Carolina Department of Environmental Quality, or any other governmental organization or agency having jurisdiction over the Leased Premises.

"Environmental Laws", as used herein, shall mean, all federal, state, and local laws, regulations, and other provisions having the force or effect of law, all judicial and administrative orders and determinations, all contractual obligations, and all common law concerning public health and safety, worker health and safety, pollution, or protection of the environment, including all those relating to the presence, use, production, generation, handling, transportation, treatment, storage, disposal, distribution, labeling,

testing, processing, discharge, release, threatened release, control, exposure to, or cleanup of any Hazardous Materials.

The provisions of Section 7 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration

**8. Covenants.**

8.1 County Covenants. The County covenants to allow Carr full use of the Leased Premises for the Permitted Use beginning on the Commencement Date and ending on the Termination Date, subject to the County's right to terminate this Agreement pursuant to Section 2 hereof.

8.2 Carr Covenants. Carr covenants as follows:

- a. To comply with all the terms and provisions of this Agreement;
- b. To pay all amounts payable to the County hereunder;
- c. To use the Leased Premises only for the Permitted Use or any purpose for which the County gives written permission;
- d. Never to use the Leased Premises for any Prohibited Uses;
- e. To comply with all present and future laws, regulations, and orders relating to the occupation and use of the Leased Premises;
- f. To comply with all federal, state, and local laws, regulations, ordinances, decrees, and rulings in connection with the use of the Leased Premises and any activities conducted thereon;
- g. To permit the County to enter the Leased Premises at any time outside normal business hours in case of an emergency and otherwise during normal business hours where such will not unreasonably disturb or interfere with Carr's use of the Leased Premises or operation of its business, to examine, repair, inspect, survey, or test the Leased Premises, exhibit the Leased Premises to prospective lessees or purchasers, and for any other reasonable purpose.

The provisions of Section 8.2 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

**9. Taxes.** Carr shall not be responsible for any *ad valorem* real property taxes owed on the Leased Premises.

10. **Utilities.** The Parties stipulate and agree that Carr's use of the Leased Premises will not require the use of electricity or other utility services.
11. **Care and Surrender of the Leased Premises.** Carr shall commit no waste on the Leased Premises. Upon any termination of this Agreement, Carr shall surrender possession of the Leased Premises, without notice, in as good condition as at the Commencement Date, reasonable wear and tear and casualty beyond Carr's control being excepted. Carr shall be responsible for any environmental clean-up required by the proper authorities, which contamination resulted from Carr's activities.

The provisions of Section 11 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

12. **Entry by the County.** The County, its agents, and representatives may, at any reasonable time, enter the Leased Premises for the purpose of inspecting, examining, and repairing the property, surveying, or conducting testing on the Leased Premises; provided, however, that, in so doing, the County, its agents and representatives will endeavor to avoid interfering with the use and occupancy of the Leased Premises by Carr.
13. **Indemnity.** Carr shall indemnify the County and its employees, officers, elected officials, and agents against, and hold the same harmless from, all claims, demands, and/or causes of action, including, without limitation, all reasonable expenses of the County incident to such proceedings, for injury to, or death of any person, or loss of, or damage to, any property, where such claims, demands, and/or causes of action are not caused by the negligence, omission, intentional act or breach of contractual duty of or by the County or its employees. Carr's agreement to indemnify the County must include, but not be limited to, all claims, demands, and/or causes of action, including all reasonable expenses of the County, arising from any Hazardous Material or other waste generated by Carr.

The provisions of Section 13 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

14. **Liens.** Carr must keep the Leased Premises free from any liens arising from any labor performed by or on behalf of, or materials furnished to Carr, or other obligations incident to his use or occupancy. If any lien attaches, and the same is not released by payment, bond, or otherwise, within twenty (20) days after the County notifies Carr thereof, the County has the option to discharge the same and terminate Carr's lease, and Carr shall reimburse the County within thirty (30) days of notification by the County.

The provisions of Section 14 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

15. **Insurance.** Carr shall obtain and keep in effect general liability insurance against any and all claims for personal injury or property damage occurring in or upon the Leased Premises during the term of the Agreement. Carr shall also be responsible for obtaining insurance on any crops cultivated on the Leased Premises.
16. **Fire and Casualty.** The County shall not be responsible for any damage to the crops or other property of Carr that may be caused by fire or other casualty. In the event that the Leased Premises is rendered totally or partially untenable by fire or casualty, the County shall be under no obligation to repair or restore the Leased Premises.
17. **Assignment and Subletting.** Carr may not assign or sublet this Agreement without the County's written consent, which may be withheld in the County's sole discretion.
18. **Minerals.** Nothing in this Lease confers upon Carr the right to any minerals or other resources underlying the Leased Premises.
19. **Forfeiture for Noncompliance.** If Carr shall neglect to perform any matter or thing herein agreed to be done and performed by Carr, and shall remain in default thereof for a period of thirty (30) days after actual notice from the County calling attention to such default, the County may declare Carr's lease terminated and canceled and take possession of the Leased Premises without prejudice to any other legal remedy the County may have on account of such default. In the event that the County shall have to institute a suit to collect any unpaid rent due under this Agreement, the County shall be entitled to recover a reasonable attorney's fee which shall be not more than fifteen (15%) percent of the rent so recovered by the County from Carr or any guarantor of this Agreement.
20. **Bankruptcy and Insolvency.** It is expressly agreed that if at any time during the term of this Agreement, Carr should be adjudged bankrupt or insolvent by a court of competent jurisdiction, the County may at its option declare this Agreement terminated and canceled and take possession of the leased premises.
21. **Non-Waiver.** No prior indulgence, waiver, election or non-election by the County under this Agreement shall effect the County's right to declare a breach of this Agreement in the future or effect Carr's duties and liabilities hereunder.
22. **Binding Nature.** The terms, covenants, agreements, conditions and undertakings contained in this Agreement shall be binding upon and shall inure to the benefit of the heirs, successors in interest and assigns of the Parties.
23. **Entire Agreement, Modification, and Severability.** This Agreement, its Exhibits, and any Addenda contain the entire agreement between the Parties, and no representations, inducements, promises or agreements, oral or otherwise,

entered into prior to the execution of this Agreement will alter the covenants, agreements and undertakings set forth herein. This Agreement shall not be modified in any manner, except by an instrument in writing executed by the Parties. If any term or provision of this Agreement or its application to any person or circumstance is invalid or unenforceable, the remainder of this Agreement, or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, is not affected and each term and provision of this Agreement is valid and be enforceable to the fullest extent permitted by law.

- 24. **Relationship of the Parties.** It is stipulated and agreed that this Agreement shall not be construed as creating any partnership or other relationship between the parties other than that of landlord and tenant. Carr shall assume all legal and financial responsibility for taxes (other than *ad valorem* real property taxes on the Leased Premises), FICA, employee fringe benefits, workers' compensation, employee insurance, minimum wage requirements, overtime and other expenses and agrees to indemnify, save and hold the County, its elected officials, officers, agents, and employees harmless from and against any and all losses, costs (including attorney's fees), and damage of any kind related to such matters.

The provisions of Section 24 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

- 25. **Choice of Law and Forum Selection.** This Agreement shall be governed by and construed under the laws of the State of North Carolina. The exclusive venue for any litigation arising out of this Agreement shall be in the General Court of Justice of Sampson County, North Carolina.

The provisions of Section 25 of this Agreement shall survive termination or expiration of this Agreement, regardless of the cause giving rise to termination or expiration.

- 26. **Headings.** The headings in this Agreement are for ease of reference only and shall not affect the interpretation of the provisions hereof.

**THE REMAINDER OF THIS PAGE IS LEFT INTENTIONALLY BLANK.**

**IN WITNESS WHEREOF**, the Parties have executed this Agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

**LANDLORD**

SAMPSON COUNTY

By: \_\_\_\_\_  
Edwin W. Causey,  
County Manager

**TENANT**

\_\_\_\_\_  
Lynn S. Carr

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

\_\_\_\_\_  
David K. Clack,  
Finance Officer

# Memo

**To:** David Clack, Finance Officer  
**From:** Juanita Brewington, Purchasing & Contracting Officer  
**Date:** November 22, 2021  
**Re:** Surplus Real Property – Garland Hwy (Hwy 701) – 16091208001

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At the Board of Commissioners meeting on November 1, 2021, the Board declared parcel number 16091208001 surplus and authorized the sale by upset bid. This parcel is located on Garland Highway (Hwy 701) in the South River Township.

An offer was received on October 22, 2021, in the amount of \$2,000.00 from Ms. Fateama V. Eddington along with a \$100.00 bid deposit (5% of the offer). Ms. Eddington's offer was accepted by the Board of Commissioners at the November 1, 2021, meeting.

This parcel was advertised for upset bid, according to General Statute 160A-269, on November 6, 2021, with deadline for upset bids and bid deposit set for November 17, 2021. As of the date of this memo, no upset bids have been received.

We have attached a resolution accepting Ms. Eddington's offer to be adopted since no other bids were received. The Board of Commissioners may at any time reject any and all offers.

We respectfully recommend that the Board accept the bid for the property.

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, N.C. Gen. Stat. §§ (“G.S.”) 153A-176 and 160A-269 authorize a county to receive an offer to purchase property and advertise it for upset bids; and

**WHEREAS**, Sampson County received an offer in the amount of Two Thousand Dollars (\$2,000.00) from Fateama V. Eddington (the “Offeror”) for the purchase of that certain tract or parcel of land situated in South River Township, Sampson County, North Carolina, and more particularly described as follows:

Beginning at Oscar Herrings corner on the Lamb Road and runs with Oscar Herrings line due East 7.18 chains to a stake; thence due North 3.17 chains to a stake; thence due West 9.50 chains to a stake on the Lamb road; thence with the Lamb road and the old road to the beginning with the Lamb road and the old road to the beginning, containing 2.6 acres, more or less (Tax Parcel No. 16-0912080-01); and

**WHEREAS**, the Sampson County Board of Commissioners voted on November 1, 2021 to require the Offeror to deposit a sum equal to five percent (5%) of her bid with the Clerk to the Board of Commissioners and to publish notice of the offer pursuant to G.S. 160A-269; and

**WHEREAS**, notice of the offer and the ability of any person to within ten (10) days raise the bid by not less than ten percent (10%) of the first One Thousand Dollars (\$1,000.00) and five percent (5%) of the remainder was published as by law provided; and

**WHEREAS**, no qualifying upset bids were received within the time allowed by law; and

**WHEREAS**, the Sampson County Board of Commissioners wishes to accept the above offer and sell the property “as is” to the Offeror pursuant to G.S. 160A-269;

**NOW, THEREFORE, BE IT RESOLVED** that the offer is accepted, and the real property more particularly described above shall be sold to the Offeror, Fateama V. Eddington. The Chair of the Sampson County Board of Commissioners is hereby authorized to execute any instruments necessary to convey the real property to Fateama V. Eddington.

**ADOPTED**, this the 6th day of December 6, 2021.

\_\_\_\_\_  
CHAIR,  
Sampson County Board of Commissioners

**ATTEST:**

\_\_\_\_\_  
SUSAN J. HOLDER,  
Clerk to the Sampson County Board of Commissioners

## NOTICE OF UPSET BID

Pursuant to North Carolina General Statute 160A-269, Sampson County is accepting upset bids on certain real property. Subject is a parcel of land owned by Sampson County (Sampson County Parcel Identification Number 16091208001), situated in South River Township and being more particularly described as beginning at Oscar Herrings corner on the Lamb Road and runs with Oscar Herrings line due East 7.18 chains to a stake; thence due North 3.17 chains to a stake; thence due West 9.5 chains to a stake on the lamb Road; thence with the Lamb Road and the old road to the beginning with the Lamb Road and the old road to the beginning, containing 2.6 acres, more or less.

Sampson County has been offered a bid of **\$2,000** for this parcel. Any person may raise this bid by not less than 10% of the first \$1,000 and 5% of the remainder. Bids must be submitted in writing to the Purchasing and Contracting Officer and must be accompanied by a deposit equal to 5% of the increased bid, no later than 10:00am on Wednesday, November 17, 2021. Deposits must be made in the form of cash or good check. This process shall continue until no further qualifying bids are received. The Board may at any time reject any and all offers. For further information, please contact: Juanita Brewington, Purchasing and Contracting Officer, Sampson County Finance Department, 406 County Complex Road, Suite 120, Clinton, NC 28328 (910) 592-7181, ext. 2256.

*will publish Sat. 11/6/21*

NORTH CAROLINA'S  
**SAMPSON COUNTY**  
OFFICE OF EMERGENCY SERVICES

**MEMORANDUM:**

**TO:** Susan Holder  
**FROM:** Rick Sauer, Emergency Services Director  
**DATE:** November 16, 2021  
**SUBJECT:** **Clinton Fire Department Insurance District Map Update**

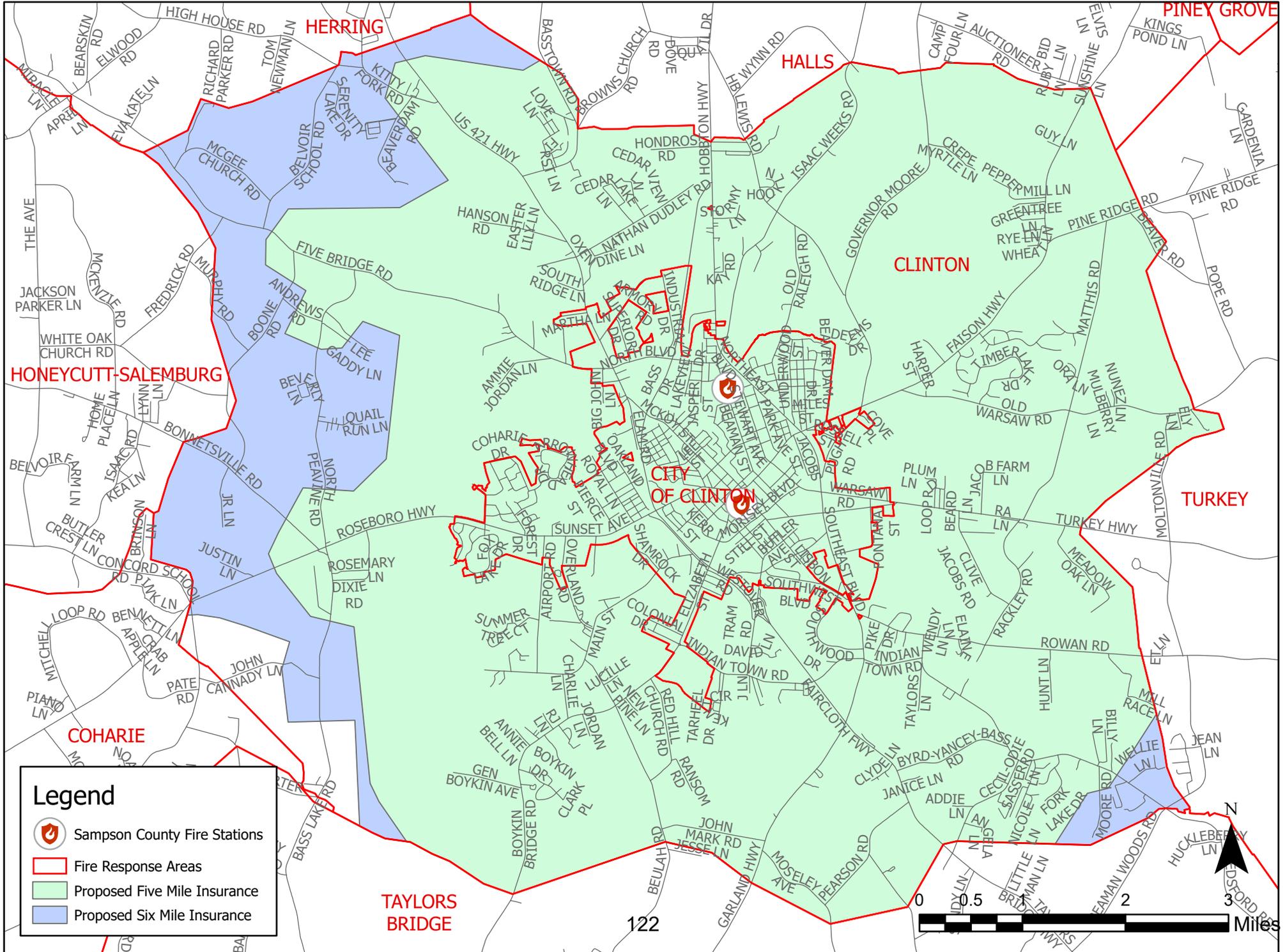
As part of the Office of State Fire Marshal's inspection of fire departments, providing an accurate insurance district map is required for their rating classification process. While reviewing the Insurance District Map, it was discovered that there were a few discrepancies showing their 5- and 6-mile fire response districts. Attached you will find the newly drawn 5- and 6-mile boundaries for the Clinton Fire District. There is no change to the tax district maps or response areas. I respectfully request this to be added to the consent agenda for the Board of Commissioners next meeting.



107 Underwood Street | Clinton, NC 28328

OFFICE: (910) 592-8996 | FAX: (910) 592-5383

# Proposed Clinton Fire Department Insurance Districts





***Sampson County Finance Department***  
*David K. Clack, Finance Officer*

***MEMORANDUM***

**TO:** Board of Commissioners

**FROM:** David K. Clack, Finance Officer

**DATE:** November 22, 2021

**SUBJECT:** Bid Award for Pipe Purchase

Sampson County has received bids for the purchase of pipe and supplies for the project on S. Eldridge Road. We sent requests for proposals to nine pipe suppliers and received quotes from two of them.

Below is the bid tabulation:

Vendor	Signed Bid Form	Qualification Statement	E-Verify Compliance	Total Bid (not including sales tax)
Charlotte Pipe				No Bid
Core & Main	Yes	Yes	Yes	\$89,834.64
Ferguson	Yes	Yes	Yes	\$90,815.62
Fortline				No Bid
Grainger				No Bid
NAPCO Pipe				No Bid
Reinders, Inc.				No Bid
Site One				No Bid
US Plastic				No Bid

Public Works has evaluated material quoted in the bids and found them to adhere to the specifications requested. Based on the total bid it appears that Core & Main LP is the lowest bidder.

We respectfully recommend that the bid for the purchase of pipe be awarded to Core & Main LP.

# RLUAC

Regional Land Use Advisory Commission

October 13, 2021

Edwin W. Causey, County Manager  
Sampson County  
406 County Complex Road  
Clinton, NC 28328

VIA EMAIL

Dear Mr. Causey,

Over the past year, the Fort Bragg Regional Land Use Advisory Commission (RLUAC) has developed and voted to approve amendments to its bylaws that modernize its governance structure and implement the organization's Strategic Plan. The next step in the process requires the approval of two-thirds of the local government members of RLUAC to officially amend the bylaws. The current local government members include the counties of Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, and Scotland; and the municipalities of Aberdeen, Eastover, Erwin, Fayetteville, Hoffman, Hope Mills, Laurinburg, Lillington, Pinebluff, Pinehurst, Raeford, Spring Lake, Southern Pines, Vass, and Wagram.

The mission of RLUAC is to provide a forum for communication between Fort Bragg and local governments; educate and inform local government leaders, the development community, legislative representatives and the general public about compatible growth and environmental issues; provide local governments with timely, credible and authoritative analysis of the compatibility of land use and development proposals; assist local governments with the adoption of plans and policies that foster compatible growth and protect critical environmental resources; and preserve and protect Fort Bragg's training and operational mission from incompatible civilian development patterns.

A redlined version of the bylaws and proposed amendments is attached along with a clean version of the new bylaws for your review. We request your Board of Commissioners' timely consideration and approval of this request at your next available regular meeting to help us finalize the bylaw amendments and move forward into 2022.

Respectfully,

John K. McNeill, Chairman  
Regional Land Use Advisory Commission  
Mayor, City of Raeford

## RLUAC Board of Directors

Al Aycock (MG, USA, Retired), Ex-Officio  
Greg Bean (COL, USA, Retired), At-Large  
Will Best, NC Department of Commerce  
Roland Hall, Sampson County  
Rawls Howard, Cumberland County  
Mark Locklear, Vice Chairman, Harnett County

Michael Lynch, Secretary, At-Large  
Robert McLaughlin, Wagram (Scotland)  
John Hammond, US Fish & Wildlife Service  
Glen Prillaman, At-Large  
Jeff Sanborn (COL, USA, Retired), Pinehurst (Moore)  
Robert Fleming, Fort Bragg

**BYLAWS OF THE**  
**~~FT. FORT BRAGG/POPE AIR FORCE BASE~~ REGIONAL LAND USE ADVISORY**  
**COMMISSION, INC.**  
**REVISED IN 2005 AND 2021**

**ARTICLE 1 – TITLE**

The ~~title organization~~ shall be the Fort Bragg/~~Pope Air Force Base~~ Regional Land Use Advisory Commission, Inc. ~~(, herein after referred to as “RLUAC”).~~

**ARTICLE 2 – MISSION**

The purposes and duties of the ~~Fort Bragg/Pope Air Force Base Regional Land Use Advisory Commission~~RLUAC are as follows:

- ~~1. To promote a regional perspective on land use and~~ Provide a forum for communication between Fort Bragg and local governments;
- ~~2. Educate and inform local government leaders, the development community, legislative representatives and the general public about compatible growth and environmental issues of mutual concern to the adjacent local communities and the;~~
- ~~1-3. Provide local governments with timely, credible and authoritative analysis of the compatibility of land use and development proposals with the military installations, training and operational missions of Fort Bragg;~~
- ~~2. To provide a forum for discussing noise and accident potential problems relating to land use and deliberate and develop mitigation actions.~~
- ~~4. To Assist local governments with the adoption of plans and policies that foster compatible land uses impacted by growth and protect critical environmental resources; and~~
- ~~3-5. Preserve and protect Fort Bragg’s training and operational missions from incompatible civilian and military areas development patterns and environmental degradation.~~
- ~~4. To foster increased local economic development opportunities, particularly as they relate to the military.~~

**ARTICLE 3 – ESTABLISHMENT**

The ~~Fort Bragg/Pope Air Force Base Regional Land Use Advisory Commission~~RLUAC is established through the authority of N.C.G.S. Chapters 160A-460 through ~~464~~466 and 55A et. al.

**ARTICLE 4 – MEMBERSHIP**

- ~~1. Composition: Fort Bragg/Pope Air Force Base Regional Land Use Advisory Commission membership is limited to Fort Bragg, Pope Air Force Base, and all municipal / county governments within Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, and Scotland Counties.~~
- ~~2. Each member county and municipality shall appoint one voting member. Member governments are encouraged to appoint an elected official to be their voting member. They may also appoint as many non-voting members as they deem appropriate. Fort Bragg and Pope Air Force Base may appoint as many non-voting members as they deem appropriate.~~
- ~~3. Voting and non-voting members shall be appointed by the Boards of Commissioners from the Cities and Counties they represent. Military members/representatives shall be appointed by the Commanding Officer(s) from the military installations which they represent.~~

1. Voting and non-voting members should have a Regular Members: Regular membership consists of the units of local government that are party to the interlocal cooperation agreement to establish the organization.
  - a. Regular Members may be admitted to the Commission upon invitation by the Board of Directors and approval by the full Commission, contingent upon the governing body of the local government adopting a resolution to join the Commission in accordance with NCGS 160A-461.
  - b. Regular Members may withdraw their membership at any time by the adoption of a resolution by the governing body effecting its withdrawal from the Commission. Upon the effective date of the withdrawal, the appointment and term of service of both voting and non-voting representatives of the Regular Member shall be rescinded.
2. Associate Members: Associate membership consists of entities or individuals that are not party to the interlocal cooperation agreement, which have a direct relationship to the mission of the organization.
  - a. Fort Bragg: United States Army Garrison Fort Bragg is admitted as an enduring Associate Member.
  - b. Partner Organizations: An organization that works closely with Fort Bragg and local governments to achieve a common mission.
    - i. The US Fish & Wildlife Service, Sustainable Sandhills Inc., the NC Department of Commerce, and the NC Wildlife Resources Commission are admitted as enduring Associate Members.
    - ii. The Board of Directors may admit or remove Partner Organizations as Associate Members by a simple majority vote.
  - c. Individual: An individual that has specialized knowledge, skills, or experience related to the mission of RLUAC gained through their prior association with Fort Bragg, a local government member, and/or another Partner Organization.
    - i. The Board of Directors may nominate an Individual for admission or removal as an Associate Member, subject to approval of the Commission.
    - ii. The nomination to add or remove an Individual shall not be effective until approved by a majority of the voting representatives at a regular meeting of the Commission.

#### **ARTICLE 5 – MEMBER REPRESENTATION**

1. Regular Members: The Regular Members shall have voting and non-voting representation on the Commission.
  - a. Voting Representative:
    - i. Each Regular Member shall appoint one voting representative to the Commission.
    - ii. The voting representative shall be appointed by the Regular Member's governing body.
  - 4.iii. Regular Members are encouraged to appoint a member of the governing body as the voting representative, with preference for an individual who has basic knowledge of the Fort Bragg/~~Pope Air Force Base~~ region's physical, environmental, social, and economic makeup. ~~In addition, and a basic general understanding of the planning process and~~ land use planning, ~~in particular, is recommended.~~

~~5. Terms of Voting and Non-Voting Members:~~

~~a.iv. The length of the term for a voting member representative shall be three (3) years. ~~Non-voting members serve at the will of the appointing body and have no specified terms.~~~~

~~b.v. Voting members representatives may be reappointed to successive terms, without limitation.~~

b. Non-Voting Representative(s):

i. Each Regular Member may appoint one or more elected officials, planning board members and/or employees of the local government as non-voting representatives, as they deem appropriate.

ii. Non-voting representatives' term of service shall continue until replaced or until such time that their appointment is rescinded.

2. Associate Members: Associate Members shall have non-voting representation on the Commission, as specified below:

a. US Army Garrison Fort Bragg: The Garrison Commander is designated as the representative for Fort Bragg. He/she may appoint additional Garrison staff at their discretion to serve as non-voting representatives on the Commission.

b. Partner Organizations: Partner Organizations may appoint one or more non-voting representatives to serve at the will of the Partner Organization on the Commission.

3. Individual Member: An Individual Member is a non-voting representative on the Commission.

**ARTICLE ~~5~~6 - MEETINGS OF THE COMMISSION**

1. ~~1.~~ Meetings – Meetings ~~will~~ of the full membership of the Commission shall be held quarterly throughout the year, generally on the third Thursday of February, May, August, and November.

3. Attendance – ~~Attendance~~ The attendance of the voting representatives of the Regular Members is mandatory. If ~~an appointee~~ a voting representative is absent from more than two

2. (2) consecutive meetings or three (3) meetings in a calendar year, and such absences are not caused by extraordinary events, the ~~member~~ Regular Member is obligated to ~~resign in writing~~ remove the voting representative and appoint a replacement to fulfill the unexpired term of the removed voting representative.

3. Quorum – The presence of a simple majority of the duly appointed voting representatives of the Regular Members of the Commission shall constitute a quorum and allow the Commission to conduct business.

## Bylaws

### Page 4

4. Public – All regular and special meetings, hearings, records, and accounts of the Commission shall be open to the public in accordance with North Carolina public records and open meetings law.
5. Special Meetings – Special meetings ~~shall~~ may be called at the ~~request~~ discretion of the Chairman or by the request of a majority of ~~members~~ the Board of Directors or the voting representatives of the Regular Members of the Commission. The Chairman may designate in advance regular or special meetings for the presentation of reports on the comprehensive plan, or on general planning discussions, deferring hearings and petitions to subsequent meetings.
6. Prayer – All Commissions meetings may be opened with prayer.
7. Written Material – All written material used for consideration in Commission meetings become part of the official records of that meeting and are to be kept on file in the office of the Executive Director.

### ARTICLE 6 – OFFICERS/DUTIES

- ~~1. Chairman – The Chairman shall preside at all meetings, appoint members to committees, and perform such other duties as may be ordered by the Commission.~~
- ~~2. Vice Chairman – The Vice Chairman shall act in the capacity of the Chairman in his absence.~~

- ~~3. Secretary — The Secretary shall keep the minutes, execute such documents as authorized by the Commission, in the name of the Commission, and perform such other duties as the Commission shall determine or direct.~~
- ~~4. Executive Director — The position of Executive Director may be authorized by the Board of Directors and appointed or discharged by a vote of the Fort Bragg / Pope Air Force Base Regional Land Use Advisory Commission (RLUAC) membership. The employment of the Executive Director shall be an at will employment. The responsibilities and job requirements of the Executive Director shall be as follows:~~

Responsibilities

- ~~a. Make the logistical arrangements for and participate in RLUAC quarterly meetings (4 each year).~~
- ~~b. Make the logistical arrangements for quarterly Board of Directors meetings (4 each year). He /she shall offer suggestions for topics and speakers for the RLUAC quarterly meetings.~~
- ~~c. Serve as the “point of contact” / primary liaison for RLUAC information and public relations.~~
- ~~d. Represent the RLUAC at public hearings, meetings, and conferences as directed by the Board of Directors.~~
- ~~e. Contact and confirm speakers for the RLUAC quarterly meetings.~~
- ~~f. Prepare agendas for RLUAC quarterly meetings and Board of Directors’ meetings (8 each year).~~
- ~~g. Oversee the preparation of minutes for RLUAC quarterly and Board of Directors’ meetings (8 each year).~~
- ~~h. Coordinate the mailing of minutes and meeting notices (by U.S. mail and e-mail) for RLUAC quarterly meetings and Board of Directors’ meetings (8 each year).~~
- ~~i. Oversee the maintenance of accurate and up-to-date membership rolls and attendance records.~~
- ~~j. Maintain current information regarding regional, state, and national legislative issues of interest.~~
- ~~k. Complete various other tasks as assigned by the Board of Directors.~~
- ~~l. Fund Raising — Coordinate efforts to raise funding to support RLUAC operations.
  - ~~1) Prepare and submit grant proposals to appropriate corporations and foundations.~~
  - ~~2) Prepare and mail fund raising letters to potential financial supporters.~~
  - ~~3) Make presentations to potential funding entities as opportunities arise.~~~~
- ~~m. Incorporation — Facilitate the process of incorporating the RLUAC and securing tax exempt designation with the State of North Carolina and the federal government.~~

Job Requirements

~~A Master's Degree in Planning or Public Administration curriculum and three years planning and management experience, which includes one year in a supervisory capacity; or a College Degree and five years of specifically related planning and management experience, including one year in a supervisory capacity; or an equivalent combination of education and experience.~~

The Executive Director job description may be amended by the Board of Directors.

ARTICLE 7 BOARD OF DIRECTORS

~~1. The Board of Directors shall act as the Executive Committee and shall be elected from the membership for two year terms.~~

~~2. Composition~~

~~a. The Chairman, Vice Chairman, Secretary, one representative selected from each of the County delegations, and a representative from each of the military installations shall constitute the Board of Directors.~~

~~b. Non voting members may be named to the Board of Directors by the officers as they deem necessary.~~

~~3. Meetings of the Executive Committee shall be called as necessary by the Chairman or Vice Chairman to plan agendas for the Advisory Commission and to provide decisions on matters of importance when it is impractical to convene a special meeting of the full Advisory Commission.~~

~~4.1. Meetings of the Board of Directors shall be open to the public.~~

~~5.1. A quorum must be present for the Board of Directors to vote. A quorum consists of a majority of the current membership.~~

ARTICLE 8 ELECTIONS

~~1. The Chairman shall be elected at the first regular meeting in each odd numbered year. Terms of office shall be for two years beginning in the year 2007. The Commission shall elect the Chairman from its membership.~~

~~2. The Vice Chairman shall be elected at the first regular meeting in each odd numbered year. Terms of office shall be for two years. The Commission shall elect the Vice Chairman from its membership.~~

~~3. The Secretary shall be elected at the first regular meeting in each odd-numbered year. Terms of office shall be for two years. The Secretary is not required to be a member of the Commission.~~

### ARTICLE 9 – VOTING

~~1.8.~~ Action – Transaction of business and the taking of official action shall require ~~a concurring~~ an affirmative vote of a majority of the voting ~~members~~ representatives of the Commission present at the meeting.

~~2.9.~~ Motions – Motions by a voting representative shall be restated by the Chairman before a vote is taken. The name of the maker of the motion and that of the second shall be recorded.

~~3.10.~~ Voting – ~~Voting~~ The voting representatives shall ~~be~~ vote by voice or by show of hands. In the event that a vote is not unanimous, the minutes shall show the names of how each voted on each issue.

~~11. Abstaining~~ Suspension of Voting Privilege – The voting privileges of a voting representative shall be suspended if the Regular Member is not current with their annual membership dues. Voting privileges of a voting representative will be restored once the Regular Member becomes current with their annual membership dues.

~~4.12.~~ Abstentions – When a ~~Commission member~~ voting representative wishes to abstain from consideration on any issue, he or she shall make a formal request to the Chairman, prior to action by the Commission. Notification of a request for abstention should be made as soon as the ~~member~~ voting representative is aware of such a possibility. At the meeting, the Chairman shall ask if there is any opposition to the request. Abstention will be allowed only with a consenting vote of ~~a~~ a majority of the Commission present.

~~13. Remote Meeting Procedures~~ – When a voting member of the Commission is unable to attend a meet remotely via means of electronic communication, the policies and procedures specified by statute at the time of the meeting for remote meetings held by local governments in North Carolina shall be observed.

### ARTICLE 7, he or she – OFFICERS/DUTIES

1. Chairman – The Chairman shall preside at all meetings, appoint members to committees, and perform such other duties as may assign be specified by the Commission. The Chairman shall be selected from among the voting representatives of the Regular Members of the Commission.

## Bylaws

### Page8

2. Vice-Chairman – The Vice-Chairman shall act in the capacity of the Chairman in his / her absence. The Chairman shall be selected from among the voting representatives of the Regular Members of the Commission.
3. Secretary – The Secretary shall keep the minutes, execute such documents as authorized by the Commission, in the name of the Commission, and perform such other duties as the Commission may determine or direct. The Secretary may be assisted in their duties by a third-party, subject to approval by the Executive Committee of the Board of Directors. The Secretary shall be selected from among the voting representatives of the Regular Members of the Commission.
4. Treasurer – The Commission shall appoint an individual to serve as Treasurer of the Commission. The Treasurer shall be responsible for all funds of the association including income and disbursements and proper record keeping as approved by the Board of Directors. At the close of each fiscal year, the Treasurer shall be responsible for the preparation of a complete financial report which shall be submitted to the Board of Directors. The individual appointed to serve as Treasurer shall not be required to be a Member or Representative of the Commission.
5. Executive Director – The Chairman may appoint an Executive Director upon recommendation by the Board of Directors and approval by a vote of the Regular Members of the full Commission. The responsibilities of the Executive Director shall be established by the Board of Directors and set forth in an employment agreement between the Commission and the incumbent. The Executive Director shall serve in their position as an at-will employee of the Commission, and may be dismissed in accordance with the terms of their employment agreement.

### **ARTICLE 8 - BOARD OF DIRECTORS**

1. Composition: The Board of Directors shall consist of the following:
  - a. Executive Committee (3 members):
    - i. Chairman
    - ii. Vice Chairman
    - iii. Secretary ~~voting authority to another RLUAC~~
  - b. Director (6 at-large):
    - i. Two at-large directors shall be voting representatives of Regular Members
    - ii. Four of the at large directors may be appointed from the Regular Member category, the Associate Member Partner Organization, or Individual Member categories.
  - c. Ex-Officio Director (3):
    - i. The Chairman of the Board of Directors may appoint up to three (3) additional members from any membership category to serve as non-voting members of the Board of Directors.
2. Elections: The Executive Committee shall serve as the nominating committee, establishing a slate of Officers and Directors for submission to the full Commission by May 1st of each even numbered year. The slate of officers shall be approved by the voting representatives at a regular meeting of the Commission in May of each even numbered year. If the slate of officers is not approved, open nominations will be considered for each position until each of the officers and directors are approved by the voting representatives.
3. Terms: The Board of Directors shall serve for two-year terms and may serve a maximum of three (3) consecutive terms if re-elected by the Commission (additional terms of office shall be permitted following a break in service of one term). Terms of office shall begin on July 1 of

## Bylaws

### Page9

each odd numbered year, and shall continue until such time as their successors are appointed and assume office.

4. Meetings of the Executive Committee shall be called as necessary by the Chairman or Vice Chairman to plan agendas for the Commission and to deliver decisions on matters of importance when it is impractical to convene a special meeting of the Commission.
5. Meetings of the Board of Directors shall be open to the public.
6. A quorum must be present for the Board of Directors to vote. A quorum consists of a majority of the current voting membership of the Board.

### **ARTICLE 9 - COMMITTEES**

1. The Board of Directors is authorized to form committees to carry out specialized tasks or projects, as deemed necessary and appropriate by the Board.
2. The term of the committee shall be set by the Board of Directors at the time of its formation. Standing committees are authorized, and any committee may be dissolved upon an affirmative vote of the Board of Directors.
3. Each committee shall consist of either three (3) or (5) members, at the discretion of the Board of Directors.
4. At least one member of the Board of Directors shall be appointed to serve on each committee.
5. The Chairman of the Board of Directors shall appoint and remove members of each committee, subject to the consent of the other two members of the Executive Committee. In the event of a disagreement on the appointment (removal) of an individual to a committee by the members of the Executive Committee, the matter of the appointment shall be voted on by the full Board of Directors.
6. Appointment to a committee shall be open to any voting or non-voting representative serving on the Commission.
7. Terms of appointment for representatives to a committee shall be two (2) years. Successive appointments shall be permitted, without limitation.
8. The Chairman of the Commission shall appoint an individual who is a member designated by of the Board of Directors to serve as the Chairman of each committee.
- 5-9. Committees shall meet as needed. Meetings shall be called by the Chair of each committee. Electronic communication for committee meetings shall be authorized, provided that voting member in writing to the Corporation, a record is kept of such communication.

### **ARTICLE 10 REMUNERATION**

~~Members of the Commission may be reimbursed for their expenses by their appointing body in accordance with that body's policies and procedures.~~

### **ARTICLE 11 – AMENDMENTS**

1. These Bylaws may be amended by upon an affirmative vote of the full Commission, subject to approval by the governing bodies of the Regular Members of the Commission.
- ~~1. The affirmative vote of two-thirds of all voting members present, provided all the governing bodies of the Regular Members of the Commission is required to approve amendments conform to established policies and law.~~

## Bylaws

### Page10

- ~~2. Two-thirds of the appointing bodies must approve to~~ the Bylaws ~~and all changes.~~
- ~~2.3.~~ Two-thirds of the ~~appointing~~ Regular Member governing bodies can amend or revise the Bylaws without approval of the Commission.

### ARTICLE ~~12~~11 - DISSOLUTION

Two-thirds of the ~~appointing~~ Regular Member governing bodies, as appointing ~~authority~~ authorities, can reorganize or dissolve the Commission ~~without advance notice~~ at their discretion; however, the Commission shall continue in existence as long as two (2) or more local government signatories retain active membership.

**ARTICLE ~~13~~12 - RULES**

Robert's Rules of Order Revised shall govern the conduct of meetings, unless modified by the voting ~~members~~representatives.

**ARTICLE ~~14~~13 - REPORTS**

~~Minutes~~Electronic copies of the minutes of meetings shall be provided to the voting representatives of Regular Members in advance of the next regular meeting. ~~Copies of the minutes of all meetings shall also be mailed to the appointing authority.~~

~~Adopted~~Amended this ~~13~~th \_\_\_ day of ~~January, 2005~~\_\_\_\_\_, 2021.

\_\_\_\_\_  
~~Timothy McNeill,~~\_\_\_\_\_, Chairman

## EMS CLINICAL INTERNSHIP AGREEMENT

**THIS EMS CLINICAL INTERNSHIP AGREEMENT** (“Agreement”) is made and entered into effective the 25<sup>th</sup> day of November, 2021 by and between **SAMPSON COUNTY** (the “County”) and **MONTGOMERY COMMUNITY COLLEGE** (the “College”). The County and the College may be referred to individually as a “Party” and collectively as the “Parties.”

### RECITALS

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

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

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

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

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

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

### AGREEMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If to the College: Montgomery Community College  
Attn: Director of Health and Public Safety  
1011 Page Street  
Troy, NC 27371

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

17. Amendments and Modifications. This Agreement may be modified or amended by mutual consent of the Parties so long as the modification or amendment is executed in the same fashion as this Agreement.

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

19. Severability. In the event that any provision of this Agreement shall be found to be invalid, illegal, or otherwise unenforceable, the validity, legality, and enforceability of the remaining provisions shall in no way be affected or impaired thereby.

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

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

22. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which taken together constitute one and the same instrument.

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

SAMPSON COUNTY

By: \_\_\_\_\_  
Clark H. Wooten, Chair,  
Board of Commissioners

ATTEST:

\_\_\_\_\_  
Susan J. Holder, Clerk,  
Board of Commissioners

MONTGOMERY COMMUNITY COLLEGE

By: \_\_\_\_\_  
*Riley Beaman*  
[Insert Name]  
Director of Health & Public Safety

ATTEST:

\_\_\_\_\_  
[Insert Name], Clerk,  
Board of Trustees

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

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager  
From: Jim Johnson, Tax Administrator  
Date: November 22, 2021  
Subject: Disabled Veteran Exclusion  
( GS 105-277.1c )

The attached disabled veteran exclusion application was received after June 1, 2021. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

George B. Howard

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on November 15, 2021.

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

November 15, 2021

Sampson County Board of Commissioners  
406 County Complex Road  
Clinton, North Carolina 28328

RE: George B. Howard (4815)

Dear Commissioners:

I am a 100% permanently and totally disabled Veteran. I submitted an application for property Tax Exclusion to The Department of Veterans Affairs, at the Regional Office, through the Sampson County Veterans Service Office when I realized that I was entitled which was 09/29/2021. The effective date of my disability rating at the permanent and total rating was 11/18/2014. The NCDVA-9 form for Property Tax Exclusion was received after the June cutoff date. I understand that my application is not within the time frame set, but I am requesting you to please accept this application and grant me the Tax Exclusion on my County Property Tax.

I am truly sorry for the late date and ask for your favor on my Tax Exclusion.

Thank you for your consideration and I wait anxiously for your decision.

Sincerely,



George B. Howard  
4537 Bearskin Road  
Clinton, North Carolina

#495520  
01-0495520-01

NCDVA-9 (Rev. 08-09)

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

074

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

<b>SECTION 1</b>	<b>TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED</b>	
------------------	---	--

**George B. Howard**  
 NAME (Print or Type)

**4537 Bearskin Road**  
 STREET ADDRESS OR P.O. BOX NUMBER

**Clinton NC 28328**  
 CITY STATE ZIP CODE

DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

U.S. DEPT. OF VETERANS AFFAIRS  
 NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification *in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.*

<b>SECTION 2</b>	<b>Disabled Veteran's Signature</b>
------------------	-------------------------------------

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

*George B. Howard*  
 DISABLED VETERAN'S SIGNATURE

**09/29/2021**  
 DATE

<b>SECTION 3</b>	<b>Surviving Spouse's (who has not remarried) Signature</b>
------------------	---

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

<b>SECTION 4</b>	<b>To be completed by the U.S. Department of Veterans Affairs</b>
------------------	---

- Please check all that apply:**
- A.  Veteran does not meet either B, C, D, or E of the below criteria.
  - B.  Veteran has a service-connected permanent and total disability that existed as of 11/18/2014.
  - C.  Veteran received benefits on \_\_\_\_\_ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
  - D.  Veteran died on \_\_\_\_\_ and had a service-connected permanent and total disability at death.
  - E.  Veteran died on \_\_\_\_\_ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214)  **Honorable**  **Under Other than Honorable Conditions**  
 **Under Honorable Conditions**

SIGNATURE OF USDVA CERTIFYING OFFICIAL: *Christopher Warguez*

DATE: **10/08/2021**

PRINTED NAME OF USDVA CERTIFYING OFFICIAL: **Christopher Warguez**  
 Assistant Veterans Service Center Manager

NOTE: Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

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

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager  
From: Jim Johnson, Tax Administrator  
Date: November 22, 2021  
Subject: Disabled Veteran Exclusion  
( GS 105-277.1c )

The attached disabled veteran exclusion application was received after June 1, 2021. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Daniel W. Carr

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on November 3, 2021.

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

November 3, 2021

Sampson County Board of Commissioners  
Clinton, North Carolina 28328

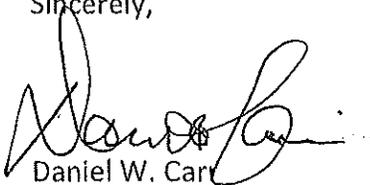
RE: Daniel W Carr

Dear Commissioners:

I am an Honorably Discharged Veteran, who recently received my 100% permanent & total disability. My disability was made permanent & total back to 10/22/2020. I understand that my request is not within the time frame set and ask that my application be considered.

Thank you for your consideration in this matter.

Sincerely,



Daniel W. Carr  
949 Buckhorn Rd  
Willard, NC 28478

Acc# 189040  
# 03-0189040-04

018

NC DVA-9 (Rev. 08-09)

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

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	Sampson County Veterans Service Office COUNTY
--	---	---

**SECTION 1**

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

Daniel Webster Carr  
NAME (Print or Type)

Daniel Webster Carr  
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

849 Buckhorn Rd  
STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)  
(If Applicable)

Willard                      NC                      28478  
CITY                              STATE                      ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS  
FILE NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

**SECTION 2**

**Disabled Veteran's Signature**

[Signature]  
I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.  
DISABLED VETERAN'S SIGNATURE                      DATE 10-08-2021

**SECTION 3**

**Surviving Spouse's (who has not remarried) Signature**

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.  
[Signature]  
SURVIVING SPOUSE'S SIGNATURE                      DATE 10-08-2021

**SECTION 4**

**To be completed by the U.S. Department of Veterans Affairs**

- Please check all that apply:
- A.  Veteran does not meet either B, C, D, or E of the below criteria.
  - B.  Veteran has a service-connected permanent and total disability that existed as of 10/22/2020.
  - C.  Veteran received benefits on \_\_\_\_\_ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
  - D.  Veteran died on \_\_\_\_\_ and had a service-connected permanent and total disability at death.
  - E.  Veteran died on \_\_\_\_\_ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214)     Honorable                       Under Other than Honorable Conditions  
 Under Honorable Conditions

[Signature]  
SIGNATURE OF USDVA CERTIFYING OFFICIAL                      DATE 10/19/2021

Christopher Warguez  
PRINTED NAME OF USDVA CERTIFYING OFFICIAL  
Assistant Veterans Service Center Manager  
TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:  
Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

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

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager  
From: Jim Johnson, Tax Administrator  
Date: November 22, 2021  
Subject: Disabled Veteran Exclusion  
( GS 105-277.1c )

The attached disabled veteran exclusion application was received after June 1, 2021. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Johnny Patrick Millen

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on November 1, 2021.

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

11/01/2021

Sampson County Board of Commissioners  
Clinton, North Carolina 28328

RE: Johnny Millen

Dear Commissioners:

I am an Honorably Discharged Veteran, who recently received my 100% permanent & total disability. My disability was made permanent & total back to 5/7/2014. I did not realize that the benefit for property tax exclusion was available until recently. I understand that my request is not within the time frame set and ask that my application be considered.

Thank you for your consideration in this matter.

Sincerely,



Johnny P Millen  
857 Houses Mill Rd.  
Newton Grove, NC 28366

# 188603

# 19-0145635-01



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

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager  
From: Jim Johnson, Tax Administrator  
Date: November 22, 2021  
Subject: Disabled Veteran Exclusion  
( GS 105-277.1c )

The attached disabled veteran exclusion application was received after June 1, 2021. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Cory Jason Muzzy

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on November 19, 2021.

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

November 19, 2021

Sampson County Board of Commissioners  
406 County Complex Road  
Clinton, North Carolina 28328

RE: Cory Muzzy

Dear Commissioners:

I am a 100% permanently and totally disabled Veteran. I submitted an application for Property Tax Exclusion to The Department of Veterans Affairs, at the Regional Office, through the Sampson County Veterans Service Office when I realized that I was entitled to receive this benefit from the county. The Department of Veterans Affairs made me totally disabled after I was seriously injured in an explosion at Ft. Bragg which resulted in loss of limb and eyesight.

I understand that my application is not within the time frame set, but I am requesting you to please accept this application and grant me the Tax Exclusion on my County Property Tax.

I am truly sorry for the late date and ask for your favor on my Tax Exclusion.

Thank you for your consideration and I wait anxiously for your decision.

Sincerely,



Cory Muzzy  
100 Barker Rod  
Clinton, North Carolina 28328

#201892  
08-0152686-01

# 201892  
08-0152686-01

NCDVA-9 (Rev. 06-09) For best delivery to USDVA, filing this form with your local veteran's service office is recommended. Prn. Wmo

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

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

Cory Muzzy  
NAME (Print or Type)  
100 Barker RD  
STREET ADDRESS OR P.O. BOX NUMBER  
Clinton, NC 28328  
CITY STATE ZIP CODE

Cory Jason Muzzy  
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)  
Michelle Antoinette-Besaw Muzzy  
SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

U.S. DEPT. OF VETERANS AFFAIRS  
NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

**SECTION 2** Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

[Signature]  
DISABLED VETERAN'S SIGNATURE

2/24/20  
DATE

**SECTION 3** Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

**SECTION 4** To be completed by the U.S. Department of Veterans Affairs

- Please check all that apply:
- A.  Veteran does not meet either B, C, D, or E of the below criteria.
  - B.  Veteran has a service-connected permanent and total disability that existed as of 12/01/2020.
  - C.  Veteran received benefits on \_\_\_\_\_ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
  - D.  Veteran died on \_\_\_\_\_ and has a service-connected permanent and total disability at death.
  - E.  Veteran died on \_\_\_\_\_ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service / Separation: (DD-214)  Honorable  Under Other than Honorable Conditions  
 Under Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL  
Christopher Waiguel

10/27/21  
DATE

PRINTED NAME OF USDVA CERTIFYING OFFICIAL  
Assistant Veterans Service Center Manager  
TITLE OF USDVA CERTIFYING OFFICIAL

NOTE: Stamped Signature by USDVA Official on this form has been received by VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

09748

JIM JOHNSON  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by East Coast Grills Inc in Dismal Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>168.08</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 168.08

These taxes were assessed through clerical error as follows.

0052157134 2020 2020 0000 00  
ECE 6110  
Tag turned in  
2020 Toyota Tacoma Double TR  
Vehicle Sold

G02	County Tax	<u>150.73</u>
	School Tax	_____
F01	Fire Tax	<u>17.35</u>
	City Tax	_____
	TOTAL \$	<u>168.08</u>

Mailing Address.

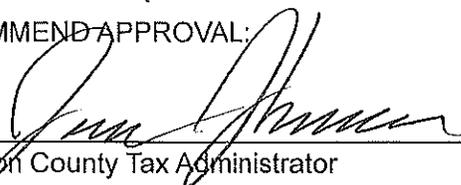
East Coast Grills Inc.  
1468 Sivertson Rd.  
Autryville, NC 28318

Yours very truly

Curtis Hudson  
\* Taxpayer

\* Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:



Sampson County Tax Administrator

Board Approved \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

**09752**

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by James Bass

\_\_\_\_\_ in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>324.69</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 324.69

These taxes were assessed through clerical error as follows.

Bill # 006231 8002  
Plate # THE 2695  
Plate Turn In - Sold  
2021 Jeep TK

602 County Tax	<u>250.35</u>
501 School Tax	<u>44.00</u>
F19 Fire Tax	<u>30.34</u>
<del>50</del> City Tax	_____
TOTAL \$	<u>324.69</u>

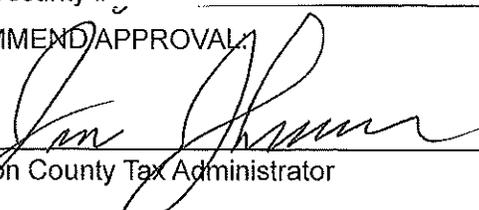
Mailing Address.

387 BEAVERDAM Rd.  
Clinton, N.C.  
28328

Yours very truly

  
Taxpayer

Board Approved \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

Social Security # \_\_\_\_\_  
RECOMMEND APPROVAL  
  
Sampson County Tax Administrator

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

09749

**JIM JOHNSON**  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

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

YEAR	
<u>2020</u>	\$ <u>231.19</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>231.19</u>

These taxes were assessed through clerical error as follows.

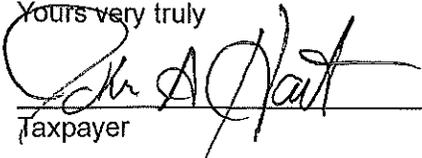
0053074173 2020 2020 0000 00  
EDM 4368  
Tag turned in  
2016 Chev Silverado  
vehicle sold

GO2 County Tax	<u>139.22</u>
SD1 School Tax	<u>24.47</u>
Fire Tax	_____
CO2 City Tax	<u>67.50</u>
TOTAL \$	<u>231.19</u>

Mailing Address.

Clinton Wheel Alignment Inc  
112 SE Blvd  
Clinton NC 28328

Yours very truly

  
Taxpayer

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

09744

JIM JOHNSON  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Matthew Thomas Young in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>132.54</u>
<u>2020</u>	\$ <u>201.52</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>334.06</u>

These taxes were assessed through clerical error as follows.

0061475994 2020 2020 0000 00  
THE 2520  
Tag turned in  
2014 Chevy TR

602 County Tax 201.52/132.54  
School Tax \_\_\_\_\_  
Fire Tax \_\_\_\_\_  
City Tax \_\_\_\_\_  
TOTAL \$ 334.06

0061476876 2020 2020 0000 00  
THE 2531  
Tag turned in  
2014 Volkswagen  
Both registered in the state of New York

Mailing Address.

Matthew Thomas Young  
Matthew Thomas Young  
326 N Clinton St Clinton NY 13

Yours very truly  
Matthew Young 11/3/21  
Taxpayer

\* Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

Board Approved \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

Jim Johnson  
Sampson County Tax Administrator 159



**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

09738

JIM JOHNSON  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

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

YEAR	
<u>2020</u>	\$ <u>172.93</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>172.93</u>

These taxes were assessed through clerical error as follows.

0046122202 2020 2020 0000 ∞  
HD38794  
Tag turned in  
2017 Chev Colorado Z71 TR  
Vehicle sold

G02	County Tax	<u>104.14</u>
S01	School Tax	<u>18.30</u>
	Fire Tax	_____
C02	City Tax	<u>50.49</u>
	TOTAL \$	<u>172.93</u>

Mailing Address.

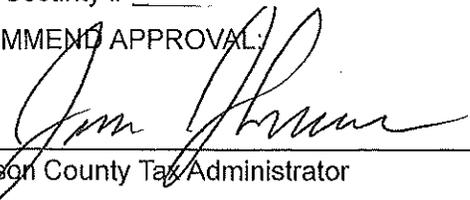
Peggy Matthews Matthews  
318 Wendenwood St  
Clinton, N. C. 28328

Yours very truly

Peggy Matthews Matthews  
Taxpayer

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:



Sampson County Tax Administrator

Board Approved \_\_\_\_\_

Date

Initials

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

09742

JIM JOHNSON  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Cameron Lee Tyndall in Turkey Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2021</u>	\$ <u>287.11</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>287.11</u>

These taxes were assessed through clerical error as follows.

0062909 879 2021 0001 0000 00  
KR3251  
Tag turned in  
2011 Chevy Silverado TR  
Vehicle Sold

Gas	County Tax	<u>264.65</u>
	School Tax	_____
FID	Fire Tax	<u>22.46</u>
	City Tax	_____
	TOTAL \$	<u>287.11</u>

Mailing Address.

Cameron Tyndall  
891 New Hope Church Rd  
Turkey N.C 28393

Yours very truly

Cameron Tyndall  
Taxpayer

Social Security # \_\_\_\_\_

RECOMMEND APPROVAL

Jim Johnson  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

09727

JIM JOHNSON  
Tax Administrator

Telephone 910-592-8146  
910-592-8147

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

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by George A Johnson  
in Westbrook Township, Sampson County, for  
the year(s) and in the amount(s) of: Parcel 19009514102

YEAR	
<u>2019</u>	\$ <u>484.04</u>
<u>2020</u>	\$ <u>484.04</u>
<u>2021</u>	\$ <u>484.04</u>
	\$ _____
	\$ _____

TOTAL REFUND \$ 1,452.12

These taxes were assessed through clerical error as follows.

\* Land error by  
Reval 2019  
DATA Entry Error

G01 - County Tax 1,295.13  
 School Tax \_\_\_\_\_  
 F07 - Fire Tax 156.99  
 City Tax \_\_\_\_\_  
 TOTAL \$ 1,452.12

Yours very truly

George A Johnson  
Taxpayer

Mailing Address.

George Johnson  
1646 Harnett Dunn Hwy  
Dunn, NC 28335

\* Social Security # \_\_\_\_\_

RECOMMEND APPROVAL:

[Signature]  
Sampson County Tax Administrator

Board Approved \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Parcel ID: 19009514102



JOHNSON, GEORGE A. C/O NANCY BLACKMAN HARNETT DUNN HWY

2020

Add Record Copy Record Copy From Simple Copy Adv. Copy Reassign Abandon Save Validate Commit Quick View Print Run Reports Docs & Photos Quick Links

PRIOR YEAR - 2020

Parcel L#	Permits Code	Type	Land SqFt	Entrances Acres	Dwellings Units	Additions Inft%	OBYs Vac%	Field Notes Ovr Rt	Values Rate	Asmt Value	Alt. Addr U..	Sales Who	Public Notes When	Alternate ID Record	Work List Status
1	4CG	A	317552	7.29				12,000	3,450	87,480		EOY ROLL	13-MAR-2019 03:19 PM	Current	
2	B	G	87120	2				10,000	0	10,000		EOY ROLL	13-MAR-2019 03:19 PM	Current	

Land Line Details:

Land Line #: 1 \*

Land Type: A: Acreage \*

Land Code: 4CG RA4 WOODLAND (C / G / ON)

Acres: 7.29

Square Feet: 317,552

Lots / Units:

Actual Frontage:

Effective Frontage:

Depth:

Depth Tbl:

Depth Factor: 1

AG Use:

Exemption Flag:

Influence Factor:

Vacant Factor:

Influence Reasons:

Original Grade: C

Notes:

Table Rates:	Base Model Size:	Base Rate:	Incr Rate:	Decr Rate:	Value:
	1.00	3,450.00	3,450.00	3,450.00	87,480
Override:		12,000	12,000	12,000	

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

Summary Totals:

07,480	12,000	12,000	12,000	1.00
--------	--------	--------	--------	------

*\* override error - Reval 2019*

Parcel ID: 19009514102



JOHNSON, GEORGE A. C/O NANCY BLACKMAN HARNETT DUNN HWY

2018

Add Record Copy Record Copy From Simple Copy Adv. Copy Reassign Abandon Save Validate Commit Quick View Print Run Reports Docs & Photos Quick Links  
PRIOR YEAR - 2018

Parcel L#	Permits Code	Type	Land SqFt	Entrances Acres	Dwellings Units	Additions Infl%	OBYs Vac%	Field Notes Ovr Rt	Values Rate	Asmt Value	Alt. Addr U..	Sales Who	Public Notes When	Alternate ID Record	Work List Status
1	4CG	A	317552	7.29				2,588	2,875	18,863		AT_RHOWLAN	28-JAN-2019 12:04 PM	Current	
2	8	G	87120	2				10,000	0	10,000		AT_RHOWLAN	28-JAN-2019 12:04 PM	Current	

Land Line Details:

Land Line #: 1 \*  
 Land Type: A: Acreage \*  
 Land Code: 4CG RA4 WOODLAND (C / G / ON)  
 Acres: 7.29  
 Square Feet: 317,552  
 Lots / Units:   
 Actual Frontage:   
 Effective Frontage:   
 Depth:   
 Depth Tbl:   
 Depth Factor: 1  
 AG Use:   
 Exemption Flag:   
 Influence Factor:   
 Vacant Factor:   
 Influence Reasons:   
 Original Grade: C  
 Notes:

Table Rates:	Base Model Size:	Base Rate:	Incr Rate:	Decr Rate:	Value:
	1.00	2,875.00	2,875.00	2,875.00	18,863.
Override:		2,587.5	2,587.5	2,587.5	

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

Summary Totals:

Table Rates:	2,587.5	2,587.5	2,587.5	18,863.
--------------	---------	---------	---------	---------

Prior to Reval 2019

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Canada - America Farms, LLC in McDaniels Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2021</u>	\$ <u>350.37</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Release/Adjustment		\$ _____

G01	County Tax	\$ <u>-288.76</u>	<u>6-28.88</u>
	School Tax	\$ _____	
F14	Fire Tax	\$ <u>-29.75</u>	<u>-2.98</u>
	City Tax	\$ _____	
	Total	\$ <u>350.37</u>	

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

Discover letter / Came in after Bill.  
Assets disposed prior to 2021  
Did historical cost from # 11937  
Only have what is highlighted

Taxpayer: Nick G. Looken

Tax Administrator: [Signature]

Board Approved: \_\_\_\_\_  
 Date Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed

by Sampson County against the property owned by Jena Darlene Cline  
in Franklin Township, Sampson County, for the year(s) and in the

amount(s) of: 03-0208064-01

Year	<u>2021</u>	\$	<u>502.01</u>
		\$	
		\$	
		\$	
		\$	

Total Release/Adjustment		\$	<u>502.01</u>
<u>601</u>	County Tax	\$	<u>447.74</u>
	School Tax	\$	
<u>709</u>	Fire Tax	\$	<u>54.27</u>
	City Tax	\$	
	Total	\$	<u>502.01</u>

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

DW DL on parcel 0361907280 + pd by above owner

Taxpayer: Jena D. Cline

Tax Administrator: [Signature]

Board Approved: \_\_\_\_\_  
Date Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by B. J. Johnson in McDaniels Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2021</u>	\$	<u>289.20</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	_____

G01	County Tax	\$	<u>234.49</u>	L-2345
	School Tax	\$	_____	
F22	Fire Tax	\$	<u>28.42</u>	L-2.84
	City Tax	\$	_____	
	Total	\$	<u>289.20</u>	

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

Deceased 9.10.2020  
 See Attached  
 Acd# 187475  
 PID# 44340

Taxpayer: B. J. Johnson DS

Tax Administrator: [Signature]

Board Approved: \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Christopher Alta Jordan in South Clinton Township, Sampson County, for the year(s) and in the amount(s) of: \$ 195.75

Year		\$	
	<u>2020</u>		<u>195.75</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	<u>195.75</u>

<u>601</u>	County Tax	\$ <u>137.20</u>	<u>L 73.72</u>
<u>501</u>	School Tax	\$ <u>-24.12</u>	<u>L -2.41</u>
<u>719</u>	Fire Tax	\$ <u>-16.63</u>	<u>L: 1.67</u>
	City Tax	\$ _____	
	Total	\$ <u>195.75</u>	

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

Double Billed  
See Acct # 203216

Taxpayer:

Christopher Alta Jordan

Tax Administrator:

[Signature]

Board Approved:

\_\_\_\_\_ Date

\_\_\_\_\_ Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed

by Sampson County against the property owned by William Trevor Powell

in South River Township, Sampson County, for the year(s) and in the

amount(s) of: # 207618

Year	<u>2021</u>	\$ <u>376.07</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Total Release/Adjustment \$ \_\_\_\_\_ <sup>Penalty</sup>

County Tax \$ 304.92 + (30.49)

School Tax \$ \_\_\_\_\_

Fire Tax (F22) \$ 36.96 + (3.70)

City Tax \$ \_\_\_\_\_

Total \$ 376.07

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

Mr. Powell says the vehicle was totalled in October of 2020.

Taxpayer: William Trevor Powell

Tax Administrator: Jim Shum

Board Approved: \_\_\_\_\_  
Date Initials

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

November 8, 2021

FROM: Dana Hall, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558790-526200	INFO/CASE ASST - DEPT SUPPLIES	\$ 1,333.00	
02558790-544000	INFO/CASE ASST - CONTRACTED SERVICES	\$ 2,000.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035879-403602	INFO/CASE ASST - HEALTH PROMOTION	\$ 3,333.00	

2. Reason(s) for the above request is/are as follows:  
To budget Health Promotion Funding for FY 21-22'.

  
\_\_\_\_\_  
(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending  approval/ disapproval.

\_\_\_\_\_, 11/22, 2021  
  
\_\_\_\_\_  
(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending  approval/ disapproval.

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

\_\_\_\_\_, 20\_\_\_\_  
  
\_\_\_\_\_  
(County Manager & Budget Officer)

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

FROM: Kelsey Edwards, Library Director  
 TO: Sampson County Board of Commissioners  
 VIA: County Manager & Finance Officer  
 SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11761100-526200	DEPT SUPPLIES	\$4,769.50 4,770.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11036110-403625	Reimbursement for Scanners and Receipt Printers from NC Cardinal Grant	\$4,769.50 4,770.00	

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

To replace funds spent for receipt printers and scanners as part of NC Cardinal grant reimbursed expenses.

Kelsey B. Edwards 11/15/21  
 (Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/22/2021  
Dale W. [Signature]  
 (County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

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

\_\_\_\_\_, 20\_\_\_\_  
[Signature]  
 (County Manager & Budget Officer)

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

FROM: Kelsey Edwards, Library Director  
 TO: Sampson County Board of Commissioners  
 VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11761100-544200	Cultural Programming	\$375	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11036110-408900	Grant Arts Council	\$375	

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

To budget grant funds that will be used for the 2022 African American Read-in Program

*Kelsey B. Edwards 11/15/21*  
 (Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_  
 11/22/21  
*D. A. Ch...*  
 (County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_  
*Sam W. G...*  
 (County Manager & Budget Officer)

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

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

11/8/2021

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551560-529900	MISCELLANEOUS	500.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535123-408401	DONATION	500.00	

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

TO ALLOCATE NEW FUNDING RECEIVED THROUGH DONATION

*Wanda Robison*

(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/22, 2021

*Dale G. Hill*

(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_

*Ken W. G.*

(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

FROM: David K. Clack, Finance Officer  
 TO: Sampson County Board of Commissioners  
 VIA: County Manager & Finance Officer  
 SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141250-544000	Contract services	30,000.00	
21941250-596020	Transfer to general fund	15,000.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034125-403623	City of Clinton	15,000.00	
11034125-409619	County capital reserve	15,000.00	
21934125-409900	Fund balance approp	15,000.00	

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

To budget funds to remove trees around airport that are interfering with the function of the Airport weather station.

*David K. Clack*

\_\_\_\_\_  
(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/22/2021

*David K. Clack*

\_\_\_\_\_  
(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_

*Earl W. G.*

\_\_\_\_\_  
(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

November 8, 2021

FROM: Dana Hall, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2021-2022.

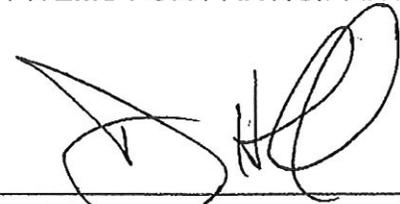
1. It is requested that the budget for the AGING Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558710-525600	ADHC - DEPT SUPPLIES	\$ <del>353.00</del> 350	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035871-408401	ADHC - DONATIONS	\$ <del>353.00</del> 350	

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

TO BUDGET DONATIONS FOR THE PURCHASE OF PRIZES / ITEMS FOR PARTICIPANTS



(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/22, 2021



(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

, 20\_\_



(County Manager & Budget Officer)

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

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

FROM: Sheriff Jimmy Thornton

November 8, 2021

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2021-2022

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

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11243100-526201	Dept. Supply CD	12,000.00	
11243100-526279	Dept. Supply Narc.	17,800.00	
11243100-539500	Training	17,200.00	
11243100-526200	Dept. Supplies	10,000.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034310-403631	Substance Abuse	57,000.00	

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

Funds to be used to purchase gas masks, specialized evidence lockers, office furniture for investigators, specialized computer for investigative and data storage and Cellebrite forensic training for narcotics investigators to be used during drug related investigations.



(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

11/22, 2021



(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_



(County Manager & Budget Officer)

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

# SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson  
Health Director



360 County Complex Rd., Suite 200  
Clinton, NC 28328

To: Mr. Edwin Causey  
County Manager

Susan Holder  
Assistant County Manager

From: Wanda Robinson   
Health Director

Subject: County Commissioner's Agenda Items-Consent Agenda

Date: November 17, 2021

Attached are the items that were approved by the Health Advisory Board on November 15, 2021. These are being submitted for approval by the County Commissioners.

- I. Fee schedule revision
- II. SCHD Advisory Committee Operating Procedures Policy
- III. SCHD Advisory Committee Conflict of Interest Policy
- IV. SCHD Fiscal Policy
- V. United Way Grant: Approval to apply for the United Way Grant in the amount of \$7,000.00. Funds will be used to support the Breast and Cervical Cancer Control Program (BCCCP) for the purpose of providing mammograms for indigent clients. See attachment.

Thank you for your assistance.

Attachment:  
Sampson County Health Department Fees/CPT update  
Operating Procedures Policy  
Conflict of Interest Policy  
Fiscal Policy  
United Way Grant

**Sampson County Health Department Fees/CPT Update**

**11/15/2021**

<b>Date Added</b>	<b>Name of Procedure</b>	<b>LabCorp Order Number</b>	<b>CPT Code</b>	<b>Price</b>
10/12/2021	Pfizer Vaccine Admin 3 <sup>rd</sup> Dose	NA	0003A	\$40.00
10/12/2021	Moderna Vaccine Admin 3 <sup>rd</sup> Dose	NA	0013A	\$40.00
10/12/2021	Pfizer Vaccine Admin Booster	NA	0004A	\$40.00
10/12/2021	Moderna Vaccine Admin Booster (Low Dose)	NA	0064A	\$40.00
11/04/2021	Moderna Vaccine (Low Dose)	NA	91306	No charge
11/04/2021	Janssen Vaccine Admin Booster	NA	0034A	\$40.00
11/04/2021	Pfizer Vaccine Admin Pediatric- 1 <sup>st</sup> Dose	NA	0071A	\$40.00
11/04/2021	Pfizer Vaccine Admin Pediatric- 2 <sup>nd</sup> Dose	NA	0072A	\$40.00
11/04/2021	Pfizer Pediatric Vaccine	NA	91307	No charge

**SAMPSON COUNTY HEALTH DEPARTMENT  
Advisory Committee  
Operating Policy: Year 2021**

Manual: Board of Health	<u>Applicable Signatures/Title</u>
Title: Operating Policy Procedures	Program Coordinator/Specialist: N/A
( )SCHD Advisory Committee Policy	Supervisor: N/A
Distributed to: Advisory Committee Members	Director of Nursing: Kelly Parrish, RN
	Medical Director: Dr. Tim Smith
	Health Director: Wanda Robinson
	County Commissioner Chair: Clark Wooten
	Health Advisory Board Chair: Jeffrey Bell
	Effective date: 12/01/2021
	Supersedes: 12/01/2020

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018; 2/3/2020; 12/01/20; 11/08/2021

\_\_\_\_\_  
Board of Health Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCHD Advisory Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

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

<b>Annual Review Date</b>	<b>Revision Date</b>	<b>Revision: Name, Location, Page # of Section w/ Revision(s)</b>	<b>Changes Made By</b>	<b>Date Staff Notified</b>
11/2020		Page 1 Dates and Names Page 2 Review & Revision Form added Page 6 Dates updated	S. DeMay	11-16-20
11/2021		Page 1 Dates and Names Page 6 & 7 Dates updated	Cherish Allen/Wanda Robinson	

## **SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE OPERATING PROCEDURES**

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### **I. Name and Principal Office.**

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

### **II. Officers and Committees.**

#### **A. Chair and Vice-Chair.**

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

#### **B. Secretary.**

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

#### **C. Standing Sub-Committees.**

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

#### **D. Temporary Sub-Committees.**

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

#### **E. Membership.**

Members of the Committee shall serve three (3) year terms. No member may serve more than three (3) consecutive three (3) year terms. The ex-officio, non-voting county commissioner serving on the Committee shall serve only

so long as he or she is also members of the Sampson County Board of Commissioners. Meetings.

**F. Regular Meetings.**

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

**G. Special Meetings.**

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

**H. Emergency Meetings.**

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

**I. Agenda.**

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

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

**J. Presiding Officer.**

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

**K. Quorum.**

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

**L. Voting.**

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

**M. Minutes.**

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

**III. Rule-Making Procedures and Other Procedural Matters.**

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

**IV. Amendments to Operating Procedures.**

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

**V. Compliance with North Carolina Law.**

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

**APPROVED AND ADOPTED**, by the Sampson County Health Department Advisory Committee, this \_\_\_ day of November, 2021.

---

Jeffrey Bell, Chair,  
Sampson County Health Department Advisory  
Committee

---

WANDA ROBINSON, Secretary,  
Sampson County Health Department Advisory  
Committee

**APPROVED AND ADOPTED**, by the Sampson County Board of Health, this \_\_\_\_\_  
day of December 2021

---

CLARK WOOTEN, Chair,  
Sampson County Board of Health

Sampson County Health Department  
Advisory Committee Operating Policy Procedures

**SAMPSON COUNTY HEALTH DEPARTMENT**  
**Annual Review/Policy Update Staff Review Form**  
2021

Program Policy: Advisory Committee Operating Procedures

Review Date: 11/15/2021

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**SAMPSON COUNTY HEALTH DEPARTMENT**  
**Conflict of Interest Policy and Procedures: Year 2021**

Manual: Board of Health	<u>Applicable Signatures/Title</u>
Title: Conflict of Interest Policy	Program Coordinator/Specialist: N/A
( )SCHD Advisory Committee Policy	Supervisor: N/A
Distributed to: Advisory Committee Members	Director of Nursing: Kelly Parrish, RN
	Medical Director: Dr. Tim Smith
	Health Director: Wanda Robinson
	County Commissioner Chair: Clark Wooten
	Health Advisory Board Chair: Jeffrey Bell
	Effective date: 12/01/2021
	Supersedes: 12/01/2020

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

\_\_\_\_\_  
Board of Health Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCHD Advisory Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

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

<b>Annual Review Date</b>	<b>Revision Date</b>	<b>Revision: Name, Location, Page # of Section w/ Revision(s)</b>	<b>Changes Made By</b>	<b>Date Staff Notified</b>
11/2020		Page 1 Dates and Names; Page 4 dates	SDeMay	11-16-20
11/2021		Page 1 Dates and Names; Page 4 Dates and Updated Advisory Chair Page 5 Review date	Cherish Allen/Wanda Robinson	

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

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**I. Policy Review:**

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

**II. Conflict of Interest Defined:**

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

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

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

**III. Health Department Advisory Committee Responsibilities:**

**A.** It is in the interest of the organization, individual staff, and Committee members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual

stress that can be caused by a conflict of interest. Committee members are to avoid any conflict of interest, even the appearance of a conflict of interest.

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

**IV. Acceptance of Gifts:**

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

**Approved and Adopted** by the Sampson County Health Department Advisory Committee, this the \_\_\_\_ day of November 2021.

\_\_\_\_\_  
Dr. Jeffrey Bell, Chair  
Sampson County Health Department  
Advisory Committee

\_\_\_\_\_  
Wanda Robinson, Secretary  
Sampson County Health Department  
Advisory Committee

**Approved and Adopted** by the Sampson County Health Board of Health, this the \_\_\_\_ day of December 2021.

\_\_\_\_\_  
Clark Wooten, Chair  
Sampson County Board of Health

**SAMPSON COUNTY HEALTH DEPARTMENT**  
**Annual Review/Policy Update Staff Review Form**

Program Policy: Advisory Committee Conflict of Interest

Review Date: 11/15/2021

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Name Date

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

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

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish, RN
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<b>XX</b> Fiscal Policy	Board of Health Chair: Clark Wooten Health Advisory Board Chair: Dr. Jeffrey Bell
Distributed to: All Staff	Effective Date: 9/30/2021
	Supersedes: 9/30/2020

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

\_\_\_\_\_  
 Clark Wooten, Chairman, Board of Health

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Health Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Fiscal Supervisor (Accounting Specialist)

\_\_\_\_\_  
 Date

## Table of Contents

<b>Responsible Persons</b> .....	2
<b>Fiscal Services Policy Review &amp; Revision Form</b> .....	6
<b>Purpose</b> .....	13
<b>Policy</b> .....	13
<b>Applicable Law, Rules and References</b> .....	14
<b>Procedures</b> .....	14
<b>Verification of Identification</b> .....	14
<b>Financial Eligibility Guidelines</b> .....	14
<b>Proof of Insurance/Medicaid/Medicare/Co-pays</b> .....	14
<b>Determining Gross Income</b> .....	15
<b>Proof of Income Requirements</b> .....	15
<b>Determining Household Size</b> .....	16
<b>Computation of Income</b> .....	17
<b>Follow-up of Income/Household Verification</b>	
<b>After Initial Visit</b> .....	17
<b>Services Eligibility, Required Fees &amp; Payments</b> .....	17
<b>Patient Confidentiality</b> .....	18
<b>Eligibility for Specific Programs</b> .....	20
<b>Adult Health</b> .....	20
<b>Breast &amp; Cervical Cancer Control Program (BCCCP)</b> .....	20
<b>Child Health</b> .....	21
<b>Communicable Disease/TB Control</b> .....	21
<b>Care Management for at Risk Children (CMARC)</b> .....	21
<b>Diabetes Self-Management Program (DSMP)</b> .....	22
<b>Family Planning</b> .....	22
<b>Immunizations for VFC Clients and Others</b> .....	22
<b>Maternal Health</b> .....	23
<b>Care Management for High Risk Pregnancies</b>	
<b>CMHRP)</b> .....	23
<b>Sexually Transmitted Diseases (STDs)</b> .....	23
<b>Women, Infants &amp; Children Nutrition Program (WIC)</b> .....	24
<b>Environmental Health</b> .....	24
<b>State/Local Fee Setting, Sliding Fee Scale &amp;</b>	
<b>Collection Guidelines</b> .....	24
<b>Fee Setting Process</b> .....	25
<b>Direct Patient Charges</b> .....	26
<b>Fee Collection Process</b> .....	26
<b>Patient Accounts Receivable Process</b> .....	27
<b>Billing Medicaid/Medicare/Private Insurance &amp;</b>	
<b>Handling Delinquent Claims</b> .....	28
<b>Medicaid</b> .....	28
<b>Medicare</b> .....	28
<b>Insurance</b> .....	29
<b>Delinquent Insurance Claims</b> .....	30



- Attachment 25: Worksheet for Check Requests for Hotel Reservations**
- Attachment 26: Sampson County Health Department Check Request Form**
- Attachment 27: Sampson County Health Department Travel Request**
- Attachment 28: Sampson County – Statement of Travel Expense – Monthly Travel Report**
- Attachment 29: Current IRS Standard Mileage Rates Announcement (2018)**
- Attachment 30: Sampson County Health Department Travel Policy**
- Attachment 31: Sampson County Surplus and Junk Property Declaration Request**
- Attachment 32: Sampson County XVII Surplus Policy**
- Attachment 33: Fiscal Services Job Descriptions**
- Attachment 34: Fiscal Services Orientation Review Information for New Employees**

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

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

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

<b>Annual Review Date</b>	<b>Revision Date</b>	<b>Revision: Name, Location, Page # of Section w/ Revision(s)</b>	<b>Changes Made By</b>	<b>Date Staff Notified</b>
	10/31/17	<u>Multiple Changes Made to the Following Sections:</u> Financial Eligibility Guidelines; Proof of Insurance/Medicaid/Medicare; Proof of Income; Follow-up of Income; Services Eligibility & Fees; Patient Confidentiality; Eligibility of Specific Programs; Fee Setting Process; Fee Collection Process; Control & Segregation of Duties: Daily Cashiering Operations; Revenue Received by Mail; Procedures for Deposits; Travel; Title X Clients Billing & Collections Guidance References.	T. Jones	11/01/17
9/4/2018		All Sections: Reference to BOH now Sampson County Health Advisory Committee Pg. 13- F-U of Income & Services Eligibility. Pg. 14-Patient Confidentiality Pg. 17-Diabetes Program & FP Pg. 18-Immunizations & MH Pg. 19-OBCM Pg. 22-Billing M' Caid/M' Care/Ins Pg. 25-Delinquent Insurance Claims Pg. 29-Revenue Received by Mail Pg. 30-Procedures for Deposits Pg. 31-Employee Payroll & Travel Pg. 31-Purchasing Procedures Pg. 33 Check Requests Procedures Pg. 35-Travel Pg. 38-Change to Title X Policy	Tamra Jones	09/11/18
	7/11/2019	Pgs. 2 & 9 – Changed nursing director from Kathie Johnson to Kelly Parrish	Tamra Jones	7/12/2019

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9/30/2019		Annual Policy Update	Tamra Jones	9/30/2019

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

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

		<p>Page 36 – Purchasing Procedures #3 – Section completely reworded for better flow of process.</p> <p>Page 38 – Removed Letters G and H under # 4 and updated letters of Check Requests Procedures.</p> <p>Page 39-40 – Added “e. Per Diem” to #1, E, #6, e of Travel. Changed “email” to “submit” in letter G. Added “a” before copy and “by the Management Support Administrative Assistant in the last sentence of letter H. Added letter I. Added # 10 under letter F of #2 – Monthly Travel Sheets.</p>		
9/30/2021	9/30/2021	<p>Dr. Jeffrey Bell replaces Jacqueline Howard as Health Advisory Committee Chair.</p> <p>OBCM changed to CMHRP and CC4C changed to CMARC throughout policy</p>	Tamra Jones	

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

<b>Annual Review Date</b>	<b>Revision Date</b>	<b>Revision: Name, Location, Page # of Section w/ Revision(s)</b>	<b>Changes Made By</b>	<b>Date Staff Notified</b>

**SAMPSON COUNTY HEALTH DEPARTMENT**  
**Fiscal Services Policy and Procedures: Year 2020**

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<b>XX</b> Fiscal Policy	Board of Health Chair: Clark Wooten Health Advisory Board Chair: Dr. Jeffrey Bell.
Distributed to: All Staff	Effective Date: 9/30/2021
	Supersedes: 9/30/2020

**Purpose:**

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

**Policy:**

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

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

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

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

**Applicable Law, Rules & Regulations:**

North Carolina General Statute § 130A-39  
North Carolina General Statute § 105A: Article 1: 1 – 16.  
10A NCAC 45A.  
Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
42 CFR 59: Grants for Family Planning Services.

**Responsible Person(s):**

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

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

**Procedures:**

Verification of Identification:

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

Financial Eligibility Guidelines:

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

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

1. All clients are required to provide insurance, Medicaid and Medicare cards at the beginning of each visit.
2. The cards are to be collected by the Intake/Eligibility Staff and scanned into the client's chart. A copy of their insurance card is attached to the client's encounter form before being dropped for the nursing staff.

3. Intake/eligibility staff is responsible for collecting co-pays at the time of financial eligibility screening **prior** to the client receiving services with the exception of Family Planning Services. - see “Eligibility for Specific Programs” # 7 below.

#### Determining Gross Income:

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

#### Proof of Income Requirements

1. Sampson County Health Department has the right to require “proof of income” when determining eligibility for all programs, with the exception of Communicable Disease, STD and TB Programs.
2. A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client’s document manager.
3. Income is verified by paycheck stub, letter from employer, or tax return/W-2 – refer to “Determining Gross Income” above for income considerations.
4. Adolescents that request confidential Family Planning services: The adolescent’s income is the only income that will be used and the adolescent will be considered as a household of one. – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.

5. No client will be refused services when presenting for care due to failure to provide proof of income; however, the client will be billed at 100% of the total cost of the services if proof of income and family size is not provided to the agency within 30 days of the patient's visit.
6. Any client that does NOT have proof of income will sign the thirty (30) day letter showing they understand they have thirty (30) days to present proof of income in order to apply the sliding scale fee to the charges for the visit. If no documentation is produced within the thirty (30) days, the charge will stand at 100% for the visit.
7. SCHD staff has the right to verify income information and the client must read, understand, and sign the income statement in regards to checking their income information.
8. Income verification documented from a client's participation in another program may be used to determine financial eligibility for the current services being requested.

#### Determining Household Size:

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

#### Computation of Income:

1. Employment Income Formula:

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

2. Unemployment Income Formula:

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

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

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

Services Eligibility & Required Fees/Payments:

1. All clients are eligible for services through the Sampson County Health Department, regardless of their ability to pay with the exception of Adult Health Services – see “Eligibility for Specific Programs” #1 below.
2. Patient fees are assessed according to the rules and regulations of each program and each program’s recommended Poverty Level Sliding Fee Scale Schedule will be used to access fees with the exception of Adult Health and specific flat fee services, which are NOT supported by state or federal funds and/or program requirements.
3. All sources of payment will be accepted, including cash, check, debit/credit cards, insurances, Medicaid and Medicare. Co-pays (if applicable) are to be collected PRIOR to clients receiving services.
4. All third-party providers are billed where applicable, unless confidentiality is a barrier see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. Medicaid will be billed as the payer of last resort.
6. Enrollment under Title XIX (Medicaid) will be presumed to constitute full payment for the service with the exception of the collection of all required Medicaid Co-pays unless the service the patient is receiving is not covered by their particular type of Medicaid. The patient can be charged for services not covered under their particular type of Medicaid. Patients will be informed of this and will sign the insurance agreement form.

7. Clients requesting Adult Health and flat fee services **MUST** pre-pay for all flat fees, co-pays and deductibles **PRIOR** to receiving services. These services include, but are not limited to:
  - A. Work physical
  - B. College physical
  - C. AH Physical Exam
  - D. Varicella titer
  - E. Urine culture
  - F. CBC with differential
  - G. Adult Health Program private vaccines
  - H. Any laboratory services provided per written order from a Medical Provider.
8. All other client fees will be collected after the service is received. If a patient is unable to pay their account balance in full, Intake/Eligibility/Cashier Staff will have the patient sign a payment agreement. An itemized bill will be provided to all clients at the time of service. Those clients who pay or make a payment will also be given a receipt.
9. An itemized account of services provided will be given to all Family Planning clients, regardless of the amount owed by the client.
10. The Health Director is authorized to circumvent fiscal services guidelines. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for services, including Family Planning clients.
  - A. The client and/or the client's financial record will be referred to the Health Director who will review the information and consider that waiver of charges.
  - B. The Health Director's determination will be documented in the client's medical record.
  - C. A letter will be sent to the client informing him/her of the Health Director's decision.

Patient Confidentiality:

1. Any client receiving services may request confidentiality – see the SCHD Administrative Manual Confidentiality Policy. This includes adolescents and young adults seeking confidential Family Planning services or individuals for whom billing could result in domestic/intimate partner/interpersonal violence – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
2. If a patient is considered to be a “confidential patient”, Intake/Eligibility staff will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential. If clinic staff identifies a confidential client, they will document on the Problem/Needs List and in the SOAP Note as well as the encounter form. Intake/Eligibility staff who checks the patient out, will mark the confidential red

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

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

Eligibility for Specific Programs:

1. Adult Health:
  - A. Provides Adult Health Physical Exam screening services for clients including physical exam and laboratory testing as indicated.
  - B. Provides flat fee and other services including, but not limited to:
    1. Work/College physicals
    2. Varicella titer
    3. Urine culture,
    4. CBC and other Lab services that are not part of Program requirements
    5. Adult Health Program private vaccines.
    6. Pregnancy Tests
    7. Any laboratory services provided per written order from a Medical Provider.
  - C. Eligibility:
    1. Sampson County resident (Adult Health Vaccine recipients do not have to be a county resident)
    2. 21 years and older. (18 years and older on some programs)
    3. Sliding fee scale which slides to a \$30 minimum co-payment for Adult Health Physical screenings.
    4. Fees vary for other services – refer to the Sliding Fee Schedule
    5. Medicaid, Medicare, Insurances accepted.
  - D. Adult Health clients that do not have third party payers **MUST pre-pay** for all services.
  - E. Clients with third party payers **MUST pre-pay** all applicable co-pays and deductibles **PRIOR** to receiving services.
2. Breast & Cervical Cancer Control Program (BCCCP):
  - A. Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
  - B. Eligibility: Sampson County resident; determined by income; target group is women 50 to 64 years of age for mammograms and 40 to 64 years of age for Pap testing.
  - C. May not have Medicaid or Medicare; may have limited insurance, providing it meets NC BCCCP guidelines, such as large deductibles. This determination is made on a case-by-case basis.
3. Child Health:

- A. Well child exams conducted by the Child Health enhanced role nurses. Exams include:
  - 1. Medical, social, development and nutritional history
  - 2. Lab work as indicated by screening information
  - 3. Physical exam.
  
- B. Eligibility:
  - 1. Sampson County resident
  - 2. Birth through 20 years
  - 3. Sliding fee scale
  - 4. Insurance and Medicaid accepted
  
- 4. Communicable Disease/TB Control:
  - A. Deals with the investigation and follow-up of all reportable communicable diseases.
  - B. Provides testing, diagnosis, treatment, and referring as appropriate, of a variety of communicable diseases.
  - C. Provides follow-up and treatment of communicable disease cases, TB suspects/cases and their contacts.
  - D. Provides TB Skin testing not funded by the TB program.
  - E. Eligibility:
    - 1. No residency requirements
    - 2. Medicaid, Medicare and Insurance payers will be billed
    - 3. NO fees can be charged directly to the patient for these services as stated in Program Rules.
    - 4. Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.
  
- 5. Case Management for at Risk Children (CMARC):
  - A. Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.
  - B. Eligibility: Sampson County children who have any risk criteria or an identified developmental delay, disability, chronic illness; birth to 5 years of age.
  - C. **NO** fees or costs can be charged directly to the patient for participation in the program.

6. Diabetes Self-Management Program (DSMP):
  - A. Provides diabetes education to increase the awareness and dangers of diabetes and lower the incidence of diabetes in the county.
  - B. The program consists of an initial assessment, one 8 hour class, a three month follow-up assessment and annual refresher classes.
  - C. Eligibility:
    1. Sampson County resident  $\geq$  18 years old who must have a diagnosis of diabetes or pre-diabetes
    2. Must be referred by a medical provider
    3. Private insurances, Medicaid and Medicare will be billed;
    4. Clients must pay all applicable co-pays as required by third-party payers.
  
7. Family Planning:
  - A. Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by the nurse practitioners.
  - B. Eligibility: Women and men of childbearing age regardless of residency; sliding fee scale, Medicaid, Insurance.
  - C. FP Clients with private insurance will be charged the lesser of two amounts. Total charges for the visit are calculated based on the sliding fee scale. If the amount due is more than the insurance required co-pay, the co-pay will be collected, if the amount due is less than the insurance required co-pay, the amount due will be collected. The total charges for the day will then be billed to the patient's insurance for payment.
  - D. All Family Planning patients will be given a receipt upon check out. This receipt will include their total charges and any discount applied. If they are at the status of "zero percent pay", they will receive a statement designating the total charge, to reflect their percentage of pay.
  - E. See "Title X Fiscal Guidance for Family Planning" below.
  
8. Immunizations for VFC Clients and Others:
  - A. Provide immunizations and other vaccinations (e.g. influenza, pneumonia, etc.) to children (infants through 18 years of age) if they qualify for Vaccine for Children (VFC) Program for the prevention of life threatening communicable diseases (e.g. polio, hepatitis, measles, etc.) and reduce the risk of life threatening illnesses at no charge and no resident requirements to the client.
  - B. There is no charge or residency requirement for any state-supplied immunizations according to Program Rules and Regulations.
  - C. VFC eligible clients may not have private or Health Choice insurance, but may have Medicaid.
  - D. Clients that have private or Health Choice insurance or are 19 years of age and above do not qualify for state-supplied vaccines and must receive private vaccines

except under specific circumstances as determined by the NC Immunization and/or Communicable Disease Branch.

- E. SCHD accepts self-proclaimed insurance information. If a client declares they have no insurance, but SCHD has a record of insurance in chart, the client can be questioned.
  - F. Administration fees may be charged for state-supplied vaccines.
9. Maternal Health:
- A. Provides prenatal services for Sampson County residents including physical exam, laboratory testing; routine prenatal follow-up care based on ACOG and WCH Branch guidelines.
  - B. Eligibility: Determined by household income and number in the household; Sampson County residents; Sliding fee scale; Medicaid or potentially Medicaid eligible, Insurance. Global billing system for all antepartum care or as determined by DMA – refer to North Carolina Division of Medical Assistance Clinical Coverage Policy 1E-7 Obstetrics.
10. Care Management for High Risk Pregnancies (CMHRP)
- A. Care manager assists pregnant women in receiving needed prenatal care and pregnancy related services.
  - B. Eligibility:
    - 1. Sampson County resident
    - 2. Has Medicaid or is Medicaid eligible.
    - 3. Non-Medicaid Grant allows services for those without Medicaid and who are not Medicaid eligible.
  - C. **NO** fees or costs can be charged directly to the patient for participation in the program.
11. Sexually Transmitted Diseases (STDs):
- A. Provides testing, diagnosis, treatment, investigation and follow-up as needed of persons with Sexually Transmitted Diseases – STDs.
  - B. Provides follow-up and treatment of client’s contacts as appropriate.
  - C. Eligibility:
    - 1. No residency requirements.
    - 2. Medicaid, Medicare and Insurance payers may be billed with client approval. Clients will be informed that an Explanation of Benefits (EOB) will be sent to the policy holder when private insurance is billed. The client must sign a consent allowing SCHD to bill private insurance in order for SCHD to file a claim. If the client declines to give consent, services cannot be withheld and the client cannot be billed.

3. NO fees can be charged directly to the patient for services covered by State program requirements.
4. Clients requesting testing for services not offered by the NC STD Branch program requirements will be charged for the testing and **MUST pay** prior to receiving the requested testing.

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

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

13. Environmental Health:

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

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

1. North Carolina General Statute G.S. 130-A-39(g) allows local health departments to implement fees for services rendered. The Sampson County Health Department (SCHD), with the approval of the Sampson County Health Department Advisory Committee and the Sampson Board of County Commissioners, implements specific fees for services and seeks reimbursement.
2. Specific methods used in seeking reimbursement are through individual patient pay and third-party coverage, including Medicaid, Medicare, and private insurance.
3. The agency adheres to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided. See “Fee Setting Process,” “Direct Patient Charges,” and “Fee Collection Process.”
4. SCHD uses the appropriate Federal Poverty Scale to determine fees for the following health department programs:

- A. Adult Health: 101% - 250% Federal Poverty Scale – Minimum Co-payment of \$30; does NOT include flat fees
- B. Family Planning: 101% - 250% Federal Poverty Scale
- C. Breast and Cervical Cancer Control: 250% Federal Poverty Level
- D. Child Health: 101% - 250% Federal Poverty Scale
- E. Immunizations: 101% - 250% Federal Poverty Scale
- F. Maternal Health: 101% - 250% Federal Poverty Scale

Fee Setting Process:

1. All SCHD staff will adhere to the procedures for processing client bills.
2. All services available at Sampson County Health Department are associated with a fee. These charges are passed on to the client as applicable based on program eligibility status and requirements. A process is in place to ensure the fees are appropriate based on the cost of services.
3. The Fees Schedule Team, a multidisciplinary team assigned by the Health Director meets as necessary to determine the cost of providing services and discuss the setting of rates for the services provided by the agency.
4. Fees for medications purchased through the 340B program will be set based on the cost of acquisition for each time purchased. Fees will be updated in the system according to the most current purchase price per state guidelines.
5. If there are significant changes associated with services that affect the cost of providing those services, fees will be evaluated on a case-by-case basis.
6. Fees are reviewed annually for possible adjustments, usually when the Office of Medicaid Reimbursement issues their reimbursement rate, which serves as a baseline when determining the cost of services.
7. An increase in Medicare or Medicaid reimbursement rates does not automatically mean the health department cost for providing the service increases.
8. The Fees Schedule Team reviews cost of services, including time costs, labor costs and cost of supplies required to perform a service.
9. The Fees Schedule Team also reviews surrounding community rates, other health department rates and the Medicaid Cost Analysis in the fee setting process.
10. The cost of determining flat rate fees is also determined through this procedure and may be established for specific services that are not funded by state program funds.
11. Once the process has been completed, the Fees Schedule Team recommends fee changes and additions to the QI Committee. If approved by the QI Committee, the recommendations are made to the Management Team. If the Health Director and Management Team approve, fees are taken to the Sampson County Health Department Advisory Committee and Board of County Commissioners, per G.S. 130-A-39, for discussion and final approval.
12. The information is reflected in the appropriate minutes for each meeting for future review.
13. The appropriate fees are maintained in the SCHD Fee Schedule by the Accounting Specialist and Accounting Technician.

14. Once approved by the County Commissioners, updates to the fee schedule are made available to the public by means of posting on site, posting on the health department website and other means as deemed necessary.
15. References that may be used in the process include:
  - A. Current SCHD Fee Schedule
  - B. Medicaid Cost Analysis
  - C. Office of Medicaid Reimbursement Rate Schedule
  - D. Medicare Reimbursement Rate Schedule
  - E. Other health departments' rates,
  - F. Surrounding community providers' rates
  - G. State/Federal program rules
  - H. North Carolina General Statutes

Direct Patient Charges:

1. NO minimum fee requirement or surcharge will be indiscriminately applied to any patient.
2. There will be a consistent applied method of “aging” accounts - see “Bad Debt Write-Off Procedures” below.
3. No one, including Family Planning patients, will be denied services based solely on the inability to pay with the exception of Adult Health Services. See – “Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 & #4; “Eligibility for Specific Programs” #1; and State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4.
4. No patient, including Family Planning patients will be required to meet with the Health Director in an attempt to collect a delinquent account.
5. Patients will be given a receipt each time a payment is collected.
6. Donations: Donations will be accepted from any patient regardless of income status as long as they are truly voluntary. There will be no “schedule of donations”, bills for donations, or implied or overt coercion. All donation receipts will be deposited and recorded in the actual program for which the donation is earned.
7. No patient charges will be assessed when household income falls below 100% of Federal Poverty Guidelines, with the exception of the Adult Health Services Program – refer to “Eligibility for Specific Programs” #1;
8. SCHD will use the best efforts possible to provide services to patients at or below 150% of Federal Poverty Level.
9. Family Planning: Title X patients will not be denied a service, due to an outstanding balance or inability to pay – see “Title X Fiscal Guidance for Family Planning.”

Fee Collection Process:

1. With the exception of Adult Health and other flat fee services, which are not funded with state or federal funds, charges in all programs will be determined by the Federal Poverty Level Sliding Fee Scale Schedule based on the most current Federal Poverty Level Schedule set for each specific program.

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

Patient Accounts Receivable Process:

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

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

1. Medicaid:
  - A. Medicaid claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
  - B. A copy of the Medicaid/Medicaid Managed Care card will be made by Intake/Eligibility staff and attached to the Encounter Form to be used for clinical and billing purposes.
  - C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
  - D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
  - E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
  - F. Fiscal Services staff will submit claims to Medicaid through the Cure MD process several times weekly. Claims flow from Cure MD to Medicaid/Medicaid Managed Care Providers and are processed by Medicaid if received prior to 4:00 pm each Thursday afternoon and by Medicaid Managed Care Providers as received.
  - G. Each Tuesday (unless it is a holiday) is the Medicaid Check-write day, Fiscal Services staff will post payment in Cure MD using the appropriate process and submit amounts and posting codes to the County Finance Office for accurate record of payment and revenue. Items that need to be manually posted will be handled accordingly. Medicaid Managed Care Provider payments will come in periodically as they are processed just like private insurance payments.
  - H. Any claims denied will be researched and corrections will be made based on denial reason code. Once the claim is corrected, the claim will be submitted again for payment. Assistance from the state administrative office as well as nursing consultants will be requested for claims that continue to be denied.
  - I. The Fee Schedule Team will be responsible reviewing and updating the CPT and ICD codes annually and as needed.
2. Medicare:
  - A. Medicare claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
  - B. A copy of the Medicare card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
  - C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.

- D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- F. Medicare claims are entered in Cure MD on a daily basis. Claims will be sent to Medicare several times per week through the Cure MD claims process.
- G. The Fee Schedule Team will be responsible reviewing and updating the CPT and/or ICD codes annually and as needed.

4. Insurance:

- A. SCHD has multiple contracts with public and private insurance providers. SCHD actively seeks new contracts with all insurance companies that SCHD clients use.
- B. Insurance claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- C. A copy of the insurance card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- D. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- F. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- G. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- H. All documents regarding insurance billing (assignment of benefits, insurance card, HCFA 1500 Form and encounter sheet) will be maintained in the Insurance Billing File Cabinet located in Medical Records.
- I. Insurance claims are filed using the procedure codes specified on the encounter form.
- J. Claims are entered into the Cure MD computer system and electronically filed to each patient's insurance company through a clearinghouse several times a week.
- K. The name of the Insurance Company will be designated at the top of each HCFA 1500 form and a copy will be kept for posting and further correspondence when HCFA 1500 forms are required.
- L. Charges are posted and reconciled with correspondences, payments, and denials.
- M. If an insurance company denies payment for services rendered for reasons of non-coverage, the patient is consulted and given an explanation.

- N. The documentation of denial from the insurance company is attached to the copy of the HCFA 1500 form and maintained in the Insurance billing file.
  - O. The Fee Schedule Team will be responsible reviewing and updating the CPT/ICD codes annually and as needed – see “Fee Setting Process.”
5. Delinquent Insurance Claims:
- A. If there is no response on a claim after 3 months, the claim will be rebilled on the HCFA 1500 form to the insurance company will be attached.
  - B. If there is no response on a claim after six months, a telephone call will be made.
  - C. If there is no response to a claim after a telephone call, the claim will be posted as denied and the patient will be mailed a statement of charges and the amount owed.
  - D. The Health Department will follow Fiscal Program Rules and Regulations concerning billing the patient for these charges – see “Fee Collection Process.”

Bad Debt Write-Off Process:

1. Intake/Eligibility Staff will inform clients of the cost of the service for that visit and of the amount of their account during the eligibility process.
2. Intake/Eligibility Staff will inform clients that payment is due and expected at the time services are rendered.
3. When the client is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment and the patient will sign a payment agreement and that will be scanned in the medical record. The exception is Adult Health services, which require payment prior to the receipt of services – see “Services Eligibility & Required Fees/Payments” # 7; :”Patient Confidentiality” # 3 – #4; “Eligibility for Specific Programs” # 1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” # 4; and “Fee Collection Process” #5.
4. A statement will be sent within thirty (30) (60) and (90) days from date of service.
5. All patients with balances 120 days or older with no effort to pay will be sent to the Sampson County Finance office to be put into their collections process. After several attempts to collect, the County Finance office will garnish state refunds for those clients owing a balance for services rendered.
6. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program. See NC & Sampson County Debt Set-Off Policy and Procedure.
7. Client requesting confidentiality:
  - A. When a client requests confidentiality/no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
  - B. Staff will obtain an alternate form of notification, such as the Emergency Contact Information Form, and document the information in the client’s chart/record.
  - C. A three-contact process may be done using the alternate notification information. The contact processes will be documented in the client’s chart by the staff obtaining the information.

- D. The Health Department will submit all outstanding account balances to the Sampson County Collection Department if no payments are received from the client within (120) days after the date of service.
8. The account will be considered uncollectable when all means of collection have been exhausted. Finance will inform the Fiscal Supervisor of patient claims that are to be considered uncollectable and that need to be written off. Items can stay in collections with Sampson County Finance for as long as 10 years before being considered uncollectable.
  9. An itemized list of uncollectable outstanding patient balances will be prepared periodically by the County of Sampson Collection Department for the Health Department's review.
  10. The County Collection Department will send a statement periodically to the Health Department listing which accounts have been approved to be written off.
  11. The Accounting Technician will submit the list to the Accounting Specialist and the Health Director for approval. The list is then taken to the Sampson County Health Advisory Committee for approval.
  12. Once approval has been provided by the Sampson County Health Department Advisory Committee, the Accounting Technician will write the accounts off based on the information provided in the monthly statement from the Sampson County Collection Department.
  13. The Patient account will be listed as uncollectable and evidence will be on file to document required billing in the CureMD system in the patient's record.
  14. The client is to never be informed that a debt has been written off.
  15. A client that returns for services after a bad debt has been determined uncollectible will have the bad debt write off reactivated and the billing process will resume.
  16. Confidential/No Mail: Regarding mailing of billing to clients requesting confidential/no mail services – see “Services Eligibility & Required Fees/Payments” #7; :”Patient Confidentiality” #3 – #4; “Eligibility for Specific Programs” #1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4; and “Fee Collection Process” #5; and # 7 above.

Sampson County Debt Set Off Process:

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

Returned Check Policy:

1. Sampson County Health Department adheres to the County of Sampson Returned Check Policy and Procedure – see Attachment 20.
2. Fiscal staff /Cashier will notify the client with a telephone call and a letter with a copy of the check and the request for the \$25 returned check fee.

3. The client will have 10 days to respond. If there is no response in 10 days, it is forwarded to the County Finance Collections Office.

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

1. Records will be maintained in accordance with accounting principles, and federal, state and local requirements to support fiscal accountability.
2. The SCHED Accounts Receivable System addresses requirements for earned income, including third party receipts and client fees.
3. The system provides for the integration of the North Carolina Department of Human Resources, Division of Health Services Consolidated Agreement reporting system and Sampson County Finance Officer will review and approve all policies and procedures involving the handling of County cash.
4. All Intake/Eligibility/Cashier staff is responsible for protecting the assets of the County of Sampson.
5. These rules and procedures are provided to fiscal staff to assist with carrying out their duties.
6. SCHED has the primary responsibility for care of and liability for loss of County cash in its custody until deposited in the official depository or entrusted to an authorized individual in the County Finance Office for deposit in the official depository.

7. Daily Cashiering Operations:

- A. Four change fund drawers will be maintained in the amounts of \$200, \$100, \$100 and \$100 at the Intake/Eligibility windows located in Medical Records for the purpose of making change for clinical services.
- B. Each Intake/Eligibility employee is responsible for handling cash on a recurring basis and will maintain an individual change fund drawer for which they are solely responsible.
- C. A change fund will be maintained in the amount of \$200 for making change for Environmental Health purposes and will be secured by the Environmental Health Processing Assistant.
- D. At the beginning of each daily shift the cashier will:
  1. Arrange coin currency in a consistent manner. The cash drawer or lockbox will be divided into separate compartments for different currency denominations, checks, etc. to help prevent accidental distribution of incorrect denominations.
  2. Verify the dollar amount of beginning cash for each drawer in the amounts of \$200, \$100, \$100 and \$100 by providing an open count of all cash in each drawer. The cash count will be recorded and initialed by the individual making the count.

- E. During the hours of operation, the following procedures will be followed by the Cashiers **at all times** to monitor the cash drawer:
1. The Accounting Technician or Accounting Specialist will bring the change funds to the Intake/Eligibility windows each morning. Each Intake/Eligibility staff member has a locked money bag. They have the key and the extra key is in a sealed initialed envelope in the locked key box in the spare key safe.
  2. All cash and coins will be locked in the cash drawer, lockbox, safe or other safe secure location when not in use.
  3. The cash drawer or lockbox will never be left unattended. All staff members will be responsible for securing their drawers.
  4. Fiscal/Intake/Eligibility staff will never allow any other person access to their drawer unless under the direct supervision of the staff member responsible for the drawer.
  5. The cash drawer is never to be used for the purpose of making change, cashing personal checks, or providing temporary loans for anyone, including any SCHD staff member.
  6. NO Petty Cash expenditures will ever be paid from a cash drawer.
  7. The cash operation of each cashier must include a permanent collection record, including, but not limited to:
    - a. A daily cash collection report
    - b. Receipt documentation
    - c. Calculator tapes dated and initialed by the staff member responsible for the drawer.
  8. Records will reflect all transactions including cash, checks, debit/credit card transactions, voids and refunds. This permanent record must be retained by the department for a minimum of three (3) years.
- F. The Accounting Technician or Accounting Specialist (or other Management Team staff members on their designated days) will collect the Intake/Eligibility change funds in their individual locked money bags at the end of each day and secure all funds for the agency in a locked safe in the Administrative Work Room.
- G. The Accounting Technician or Accounting Specialist performs an unannounced audit with staff responsible for the funds present of all change funds on a quarterly basis and provides the results to the Accounting Specialist and the Health Director.

Revenue Received in Mail:

1. The Management Support Staff (on a daily rotating basis) opens and distributes all incoming mail.
2. The Management Support Staff (on a daily rotating basis) records checks and information in a manual check log. This process includes:

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

Procedures for Deposits:

1. The Intake/Eligibility staff is responsible for the collection and posting of payments from patients/clients throughout the day.
2. The Environmental Health Processing Assistant is responsible for the collection of payments for Environmental Health services.
3. The Patient Relations Representative IV/Billing Clerk and/or other Fiscal staff copy the Remittance Advice (RA) and post payments to patient accounts on a daily basis.
4. Beginning at 4:00 PM every day, the Intake/Eligibility staff will consecutively close out their collections for the day, run daily deposit reports and balance the cash fund for the day.
5. All daily receipts and supporting documentation are given to the Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis), who then verifies that funds are correct and accounted for and initials the documentation.
6. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will:
  - A. Close out the collections for the day
  - B. Run the daily deposit report
  - C. Balance the cash fund for the day
  - D. Prepare a deposit slip
  - E. Prepare an envelope listing currency, coins and checks to be transported to the County Finance Office for deposit.
7. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will verify and sign off on the amount, then lock up the deposit

envelope in her bag for the night. This allows all daily transactions to be included in that day's deposit.

8. The next morning, the Accounting Specialist or Finance Technician will prepare the deposit slip, make copies of all checks, the deposit envelope, charge card receipts and the deposit break down. The deposit along with the checks, charge card receipts and the deposit break down are taken to the Sampson County Finance Office and given to the County Senior Finance Technician or the County Deputy Finance Officer for verification. The deposit will then be taken to the bank by the Sampson County Finance Officer.
9. The Sampson County Finance Office will credit the appropriate line items. The bank receipt as well as a scanned check receipt will be returned to the Health Department.
10. In the absence of any of the Patient Relations Representatives, the Accounting Technician will be responsible for assuring the above procedures occur.
11. Deposits:
  - A. The Sampson County Government Cash Management Plan governs the administration of funds through the central depository system.
  - B. Per the Plan, deposits are to be made in the official depository daily.

#### Employee Payroll and Travel Deposits:

- A. Employee Payroll and Travel reimbursement is made by direct deposit.
- B. Travel reimbursement is issued on the 20th of the month via electronic deposit and is documented with the monthly Travel Report.
- C. Employee Payroll is issued on the 25th of the month via electronic deposit. The Management Support Administrative Services Assistant will obtain and distribute the payroll check stubs/vouchers on the 25th of the month.
- D. **Note:** Both Travel and Payroll electronic deposits are based on the day of the week that the 20<sup>th</sup> and/or 25<sup>th</sup> date falls; if on a weekend or holiday, the electronic deposits are made the day prior to weekend/holiday.

#### Losses/Shortages/Overages:

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

3. Any loss must be immediately reported to the Accounting Specialist, the Health Director and the Sampson County Finance Officer.
4. The County Finance Officer must be sent a detailed statement as to the circumstances of the loss, along with a copy of any applicable Police Report within 24 hours of the loss.

Purchasing Procedures:

1. Sampson County Health Department adheres to the Sampson County Purchasing Policy and Procedure Manual. A copy of this manual is maintained in the Accounting Specialist's office.
2. State and Federal Revenues Received: Revenues received from State and Federal sources are deposited into the programs designated by Agreement Addendums. Sampson County Government uses Munis accounting software to track all receivables and payables. The Health Department places revenues in line items based on the program requirements. One or more Agreement Addendum services may be included in a line item, such as TB, STD, and/or HIV under the Communicable Disease Program.
3. Each employee is to complete his/her requisition in its entirety to include:
  - A. The vendor number, name and address.
  - B. Any shipping, federal excise taxes, print set-up fees and/or any other associated costs. Making sure to break down the cost by the appropriate item.
  - C. Prior to submission, review the request for accuracy and submit the form electronically to the department supervisor. Make sure to include your name and date on the request.
  - D. If the requisition is for a new vendor, the staff member must have the vendor complete a new vendor registration form. If the vendor information has changed, the staff member must complete a vendor form with the correct information and submit it to the Accounting Technician to sent to Finance to set up a Remit To address.
4. The Department Supervisor will specify the program(s) to be charged.
5. The Department Supervisor will then review the request and: either approve it and email it to the Accounting Technician's mailbox; or deny it and return it to the staff member. The Department Supervisor is responsible for ensuring all of the information in the request is correct.
6. The Accounting Technician will check the program for the availability of the funds to purchase the items and assign the account number to purchase the items. The request will then be forwarded to the Health Director, or the Accounting Specialist in the Health Director's Absence, for final agency approval.
7. The request is returned to the Accounting Tech to be posted to the ledger and then emailed to the County Purchasing Agent for processing.
8. The County Purchasing Agent will again verify the availability of the funds and type the Purchase Order (PO). It is then forwarded to the County Finance Officer.
9. The County Finance Officer will provide the final approval of the request for the purchase unless it is Capital Outlay. All Capital Outlay must be forwarded to the County Manager for approval.

10. The County Purchasing Agent will then send the authorized Purchase Order (PO) back to the Accounting Tech via email.
11. The Accounting Tech will make a copy on white paper for her records and one on **BLUE** paper and put in the box of the staff member originally requesting the purchase.
12. Staff members receiving the BLUE copy will make a copy to keep for their records.
13. Staff members will:
  - A. Place all packing slip(s) received in the Accounting Tech's mailbox **as they arrive** to make the Accounting Tech aware of the items received.
  - B. Make a copy of the packing slip and mark off the items from the original PO.
  - C. Attach to the packing slips to the **BLUE** copy of the PO.
14. In the event that packing slips are not included in the items shipped, staff will:
  - A. Print a copy of the original PO.
  - B. Mark off the type and amount of items received on the PO
  - C. Make a note on the bottom of the PO: 1) that the packing slip was not included; 2) and the date the items were received.
  - D. Make a copy of the PO and attach to the blue copy of the PO.
  - E. Place the original PO being used as a packing slip in the Accounting Tech's mailbox.
15. Once all of the items on the requisition have been received, the staff member will:
  - A. Remove the copies of the packing slips from the **BLUE** PO.
  - B. Attach all copies to their copy of the Purchase Order.
  - C. Place the **BLUE** copy of the PO in the Accounting Tech's mailbox to make the Accounting Tech aware that all items requested have been received.

**Invoice Procedures:**

1. The Accounting Technician will process all invoices for the agency. The Accounting Tech will prepare a bill tab that informs the County Finance Office staff where to deduct the money to cover the expenditure.
2. The bill tab is then posted in the general ledger spreadsheet and forwarded to the Health Director.
3. The Health Director signs and gives the final approval for all invoices. In the Health Director's absence, the Accounting Specialist will approve invoices.
4. The signed invoices are then submitted to the County Finance Office.
5. The County Finance Office ~~then~~ processes the invoice for payment.
6. Invoices are paid by the County on the 10<sup>th</sup>, 20<sup>th</sup>, and 30<sup>th</sup> of each month. Invoices must be submitted to the County Finance office a minimum of five working days prior to these dates.
7. The County Finance Officer and the County Manager will sign each county check.

Check Requests Procedures:

1. Check requests are to be used for purchases that require a check when an invoice will not be received.
2. All check requests are to be typed on the electronic form and submitted to the Department Supervisor for approval.
3. The Department Supervisor will approve or deny the request; if approved, the staff member making the request emails the Check Request with all supporting documents to the Accounting Tech.
4. The staff member is responsible for completing all of the necessary information on check requests. This includes:
  - A. Vendor Number:  
**Note:** Refer to vendor number list/maintained by Accounting Tech in Fiscal Services; vendors, especially hotels, may have several vendor numbers.
  - B. Vendor Name & Complete Remit/Mailing Address
  - C. Invoice and/or Confirmation Number(s)
  - D. Total Dollar Amount of Request (including tax)
  - E. **For:** “What the request is for;” The specifics of the request, such as registration fee, hotel room cost, using wording to detail specific information – see Attachments.
  - F. Description: Travel or other as designated by the Accounting Tech.
  - G. Amount: net amount of request including any applicable taxes
    1. State Tax: Current State Tax percentage
    2. County Tax: Current County Tax/
    3. Occupancy tax percentage (for hotel reservations)
  - H. Total: Total Dollar Amount of request
  - I. **Justification:** “Why the request is needed;” the purpose for which the check is requested, such as to attend a workshop, supplies needed for a program, etc. – see Attachments.
  - J. Delivery Instructions: Is usually marked “Mail to Payee”. Special instructions are to be noted, such as: with attachments; specified to be picked up by Health Department Staff
  - K. Requested By: Employee requesting payment
  - L. Leave all other lines blank
  - M. Attach all information that will be necessary to determine the purpose of the request. This may include, but not be limited to:
    1. Copy of hotel reservation with confirmation number
    2. Copy of form that indicates registration fees
    3. **REQUIRED** Copy of approved Travel Request
    4. Copy of any special forms and/or instructions that need to accompany the check request

5. Staff is to obtain **all** receipts for the check and place in the Accounting Tech's mail box. Receipts include such items as hotel room receipts that show payment or registration fee payment receipts.

Travel:

1. Travel Request:
  - A. If a County Vehicle is available for travel during the scheduled time to travel, staff is to use the available County Vehicle for travel **UNLESS** given specific permission by the Health Director to use a personal vehicle.
  - B. Mileage reimbursement is set by the County Finance Officer in accordance with the current IRS rate per mile.
  - C. All travel requires prior approval from the Department Supervisor, Fiscal Supervisor and the Health Director.
  - D. The person requesting travel is to:
    1. Complete an electronic Travel Request Form
    2. Scan and attach a copy of the reason for the request, such as a copy of a workshop brochure, email of a planned meeting, meeting agenda, etc.
    3. Submit the form to the Department Supervisor for approval.
  - E. The information that must be completed on the form includes:
    1. Date of request
    2. Name of person(s) needing to travel
    3. Travel destination city
    4. Purpose for travel (workshop, meeting, etc.)
    5. Travel date(s)
    6. Estimated total cost of travel to include:
      - a. Registration fee
      - b. Accommodations
      - c. Meals
      - d. Mileage
      - e. Per Diem
  - F. The form is to be submitted to the Department Supervisor a minimum of four (4) weeks prior to the need to travel.
  - G. The Department Supervisor will approve or deny the request. If denied, the form will be returned to the requesting staff member with the denial noted on the form. If approved, the Department Supervisor will submit the request to the Accounting Specialist to verify availability of funds.
  - H. Once funds are verified, the request will be submitted to the Health Director by the Accounting Specialist for final approval. If denied the form will be returned to the staff member and a copy will be provided to the Department Supervisor. If

approved, a copy will be provided to the staff member and the Department Supervisor by the Management Support Administrative Assistant.

- I. The Management Support Administrative Assistant will make any needed hotel reservations billed to the County Credit Card using the hotel information attached to the travel request by the staff member who is traveling.
- J. Once the approved form is received, the employee will then submit any needed check requests with a copy of the approved travel request attached to the check request(s).

2. Monthly Travel Sheets:

- A. Travel sheets are to be completed by each individual employee. The fund code must reflect the program to charge for the employee's travel. Only one month is to be documented per travel sheet.
- B. All travel for the month must be submitted by the last working day of the month for payment on the 20<sup>th</sup> of the following month. Travel sheets must not be held resulting in multiple months handed in at once. Refer to N. below for annual June requirements.
- C. All expenses incurred while on county approved travel for one day meetings require a receipt from the vendor. The itemized receipt must contain the date of the transaction, the vendor's name, the amount of the purchase and the item(s) purchased. It is the responsibility of the employee to obtain the required documentation to receive reimbursement. No alcoholic beverages, personal items or groceries will be reimbursed.
- D. Overnight travel will be subject to per diem amounts outlined in the County of Sampson Travel Policy.
- E. Accurate odometer reading must be recorded at the beginning and ending of any travel for mileage reimbursement.
- F. The information to be completed by the employee on the form includes:
  - 1. Date of travel
  - 2. Destination
  - 3. Accurate odometer readings to and from the travel destination
  - 4. Total mileage of the trip
  - 5. Fund Code
  - 6. Any Subsistence totals with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
  - 7. Any other expenditures, such as parking, etc., with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
  - 8. A copy of the meeting agenda must also be **paper-clipped to the BACK of the travel sheet for any travel.**
  - 9. The Mileage, Subsistence and Other totals are entered in each section on the travel sheet. Subsistence must be listed in chronological date and meal order (i.e., 10<sup>th</sup>, 11<sup>th</sup> 12<sup>th</sup> of the month; Breakfast, lunch, and dinner).
  - 10. Deductions from daily per diem amount must be listed separately for meals provided during workshops, conferences, meetings, etc.

11. Travel, subsistence, and other totals will be combined for the final total of travel expenses incurred.
- G. Travel sheets are to be given to the Department Supervisor on the last working day of the month unless travel is anticipated on that day. Staff traveling on the last working day of the month will submit their travel sheets as soon as the travel for the day is completed.
  - H. Each Department Supervisor is responsible for reviewing the forms for accuracy and signing the form to indicate review and accuracy.
  - I. The Department Supervisor then places the forms in the Accounting Tech's mailbox.
  - J. The Accounting Tech/Fiscal Services staff reviews the forms for accuracy and designation of costs to programs based on the fund codes.
  - K. If the form is incomplete, it will be returned to the Department Supervisor for follow-up to ensure completion.
  - L. Once the travel form is complete and accurate, the Accounting Tech will prepare a bill tab for submission and make a copy of the form and place in the employee's mailbox.
  - M. Travel reimbursements will be made by direct deposit on the 20<sup>th</sup> of the month. Refer to "Employee Payroll and Travel Deposits" above.
  - N. Travel sheets for the month of June are to be submitted to the Department Supervisor for approval and then to Fiscal Services on June 25<sup>th</sup> for the fiscal year end close. Any mandatory travel made from June 26<sup>th</sup> through June 30<sup>th</sup> must be documented on a separate travel sheet and submitted on June 30<sup>th</sup>/last working day of June.

Inventory Management - Capital Outlay & Fixed Assets:

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

### Replacement of Equipment:

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

### Title X Fiscal Guidance for Family Planning:

1. SCHD has policies and procedures for charging, billing, and collecting funds for the services provided to Family Planning Clients.
2. Clients are not to be denied services or subjected to any variation in quality of services because of inability to pay.
3. There are no fees or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.
4. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) are not charged; however, SCHD bills all third parties authorized or legally obligated to pay for services. All clients are provided a receipt that lists the services received.
5. SCHD uses all valid means of income verification, including the client's participation in other SCHD programs, to verify income rather than rely solely on the client's self-report. All clients are informed to bring proof of income at the time of their visit; verifying client income will not present a barrier to receipt of Family Planning services.
6. SCHD uses the most current sliding fee scale provided by the North Carolina Women's Health Branch to determine costs for Family Planning services for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL).
7. Fees are waived for individuals with family incomes above 100% of the FPL who, as determined by the Health Director, are unable, for good cause, to pay for Family Planning services – refer to "Services Eligibility & Required Fees/Payments" #10 above.
8. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. Refer to the "Fee Setting Process" above.
9. Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor. Refer to "Patient Confidentiality" and "Proof of Income Requirements" #4 above.
10. All reasonable efforts are made to obtain third party payment without the application of any discounts for authorization for third party reimbursement.
11. Family income and payment methods are assessed before determining whether payments or additional fees are charged. This includes assessing for private insurance. Refer to "Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims" #4 above.
12. Insured clients whose family income is at or below 250% FPL will not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of

discounts is applied and will be charged the lesser of two amounts. After total charges for the visit are calculated based on the sliding fee scale:

- A. If the amount due is more than the insurance required co-pay, the co-pay will be collected
  - B. If the amount due is less than the insurance required co-pay, the amount due will be collected.
  - C. The total charges for the day will then be billed to insurance for payment.
13. Confidential Services: All reasonable efforts are made to collect charges without jeopardizing the client are made. This includes third-party payers that issue Explanation of Benefits (EOB) statements. Refer to “Patient Confidentiality” above.
14. Donations: Voluntary donations from clients are permissible; however, clients are not pressured to make donations, and donations are not a prerequisite to the provision of services or supplies. Refer to “Direct Patient Charges” #6 above.
15. Abortion Services: SCHD does not provide abortion services; therefore, no additional financial documentation is required.
16. Title X References:

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

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

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

### **References:**

North Carolina General Statute § 130A-39  
North Carolina General Statute § 105A: Article 1: 1 – 16.  
10A NCAC 45A.  
Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
42 CFR 59: Grants for Family Planning Services.  
OPA: Program Requirements for Title X Funded Family Planning Projects, April 2014.  
Centers for Medicare & Medicaid Services  
North Carolina Department of Public Health Program Branches  
Sampson County Finance Policy & Procedures  
Sampson County Accounts Receivable Policy  
Sampson County Accounts Receivable Collections Procedure  
Sampson County Procedure for Handling Counterfeit Currency  
Sampson County Returned Check Policy

Sampson County XVII Surplus Policy  
Sampson County Health Board of Health Operating Procedures.  
Sampson County Health Department Adult Health Policy  
Sampson County Health Department BCCCP/WW Policy  
Sampson County Health Department Care Coordination for Children (CC4C) Policy  
Sampson County Health Department Child Health Policy  
Sampson County Health Department Communicable Disease Policy  
Sampson County Health Department Family Planning Policy  
Sampson County Health Department Immunizations Policy  
Sampson County Health Department Maternal Health Policy  
Sampson County Health Department Prenatal Care Management (OBCM) Policy  
Sampson County Health Department STD Policy  
Sampson County Health Department TB Policy

# APPENDIX

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



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

**Funding Request Due: January 7, 2022**

**INTRODUCTION**

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

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

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

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

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

If questions arise, please contact Wendi Ferrell, Executive Director at 592-4263 or [unitedsampson@intrstar.net](mailto:unitedsampson@intrstar.net).

**CRITERIA FOR SUBMITTED FUNDING REQUESTS**

1. United Way of Sampson County does not fund:
  - Capital improvement cost
  - Direct influencing of legislation
  - Expenses already incurred
  - Religious programming
  - Support of political activities
  - Lost funding from any source of any type
  - Endowments
  - Capital campaigns
  - Fundraising events
  - Scholarship funds – unless restricted by United Way
2. The program for which funding is requested must only provide services within Sampson County.
3. All financial information must be rounded to the nearest dollar.
4. Loss of program licensure [local, state, or federal] will result in immediate termination of funding.

## INSTRUCTIONS FOR FUNDING REQUEST SUBMISSION

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

## INSTRUCTIONS FOR COMPLETION OF FUNDING REQUEST APPLICATION

### Cover Sheet/Certification

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

### Specific Use of UWSC Funding

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

### Organization Governance & Oversight

Reviews organization's volunteer governance and oversight.

### Organization Overview

Provides an overview of agency's operations.

### Program Overview

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

### Program Outcomes Logic Model

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

### Program Outcomes Framework – Outcome Measurement Management Process

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

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

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

Arrange information in the Framework appropriately.

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

### Measuring Program Effectiveness – Outcome Measurement Results

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

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

## **Budget & Variance Form**

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

Financial information must be rounded to the nearest dollar.

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

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

### **Expenses:**

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

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

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

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

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

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

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

**Postage & Shipping** – Self-explanatory

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

**Utilities** – Electricity, gas, water & sewer.

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

**Property & Equipment** – Purchase of property and equipment.

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

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

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

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

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

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

**Organization Dues** – support to national "parent" organization

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

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

**Revenue:**

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

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

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

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

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

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

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

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

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

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

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

**Variations/Comments:**

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

**EXAMPLE 1:**

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

**EXAMPLE 2:**

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

**EXAMPLE 3:**

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

**Program Participant Demographics**

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

**Program Staff Positions**

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

**Program Funding**

**Request Application**



**United Way of Sampson County**

**Sponsoring Agency:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone/email** \_\_\_\_\_

**Funding Request for 2022 Program Funding** \$ \_\_\_\_\_

**CERTIFICATION**

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

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

Our fiscal year is \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

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

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

\_\_\_\_\_  
**Executive Director ~ Name**

\_\_\_\_\_  
**Board President or Authorized person Name**

\_\_\_\_\_  
**Volunteer Title**

\_\_\_\_\_  
**Signature - Executive Director**

\_\_\_\_\_  
**Signature ~ Board President or Authorized Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

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

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

## Organization's Governance & Oversight

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

### Board Meetings

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

### Current Demographics of Board of Directors

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

### Fiscal Oversight

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

### National/State Affiliations

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

Please briefly describe those national standards.

## ORGANIZATION OVERVIEW

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

1. Describe the organization's mission.

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

5. Does the organization employ paid staff?

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_ YES \_\_\_\_\_ NO

## PROGRAM OVERVIEW

**Program Name:** \_\_\_\_\_

**Program Director's name:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**MEASURING PROGRAM EFFECTIVENESS  
OUTCOMES LOGIC MODEL**

**PROGRAM  
NAME** \_\_\_\_\_

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

<b>INPUTS</b>	<b>ACTIVITIES</b>	<b>OUTPUTS</b>

**MEASURING PROGRAM EFFECTIVENESS  
OUTCOMES FRAMEWORK**

**PROGRAM  
NAME:** \_\_\_\_\_

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

<b>OUTCOMES</b>	<b>INDICATORS</b>	<b>DATA SOURCE</b>	<b>DATA COLLECTION METHOD</b>

## OUTCOMES MEASUREMENT RESULTS

**Program Name:** \_\_\_\_\_

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

Program Name:

Sampson County Breast & Cervical Awareness & Outreach - Mammograms

UNDUPLICATED PEOPLE SERVED TOTAL	Actual				Projected			
	2021			Total	2022			Total
	Male	Female	Unknown		Male	Female	Unknown	

AGE	Actual				Projected			
	Male	Female	Unknown	Total	Male	Female	Unknown	Total
0-12				0				0
13-18				0				0
19-45		4		4		7		7
46-64		6		6		16		16
65 +				0				0
Unknown				0				0
<b>TOTAL</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>23</b>

RACE/ETHNICITY	Actual				Projected			
	Male	Female	Unknown	Total	Male	Female	Unknown	Total
Caucasian				0				0
Asian				0				0
African American		4		4		7		7
Hispanic		6		6		11		11
Native American				0				0
Other				0				0
Unknown				0				0
<b>TOTAL</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>18</b>

INCOME	Actual				Projected			
	Male	Female	Unknown	Total	Male	Female	Unknown	Total
\$7,500 or less		1		1		4		4
\$7,501 - \$15,000		2		2		8		8
\$15,001 - \$30,000		5		5		6		6
\$30,001 - \$50,000		2		2		4		4
\$50,000 +		0		0		0		0
<b>TOTAL</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>22</b>

**Program Name:** Sampson County Breast & Cervical Cancer Awareness & Outreach - Mammograms

	<b>Staff Position</b>	<b>Salary</b>	<b>Number of Hours Worked/Week</b>
1	20 Volunteers	\$0.00	N/A
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
<b>TOTAL</b>	1	\$0.00	0
	<b>Average</b>	\$0.00	#DIV/0!

**Program Name:** Sampson County Breast & Cervical Awareness & Outreach P

	Actual 2021	Projected 2022	
	Program Budget	Program Budget	Program Variance
			Comments
<b>DIRECT EXPENSES</b>			
1 Salaries ( list positions on attached sheet)	\$2,889	\$1,565	-\$1,324
2 Employee Benefits	\$647	\$719	\$72
3 Payroll Taxes	\$199	\$120	-\$79
4 Property and other Taxes			\$0
5 Advertising	\$250		-\$250
6 Professional Fees & Contracts			\$0
7 Investment Expenses: (Bank charges, broker fees, etc.)			\$0
8 Supplies			\$0
9 Telephone			\$0
10 Postage & Shipping			\$0
11 Occupancy (Building and Grounds)			\$0
12 Utilities (power, water, etc)			\$0
13 Insurance			\$0
14 Property & Equipment			\$0
15 Depreciation			\$0
16 Rental & Maintenance of Equipment			\$0
17 Outside Printing			\$0
18 Public/Private Transportation Fees		\$114	\$114
19 Other Transportation			\$0
20 Conference and Conventions			\$0
21 Training			\$0
22 Specific Assistance to Individuals			\$0
23 Organization Dues			\$0
24 Thrift store operating expenses			\$0
25 Special Events/Fundraiser/Sales to Public (Cookies, etc)		\$1,000	\$1,000
26 Medical Services (Mammograms, Ultrasounds, Surgical Proc)	\$6,372	\$13,707	\$7,335
27 Lab Services (Lab tests needed for program)	\$286	\$1,800	\$1,514
28 Miscellaneous 3: (explain)			\$0
29 Miscellaneous 4: (explain)			\$0
30 Miscellaneous 5: (explain)			\$0
31 <b>TOTAL EXPENSES</b>	<b>\$10,643</b>	<b>\$19,025</b>	<b>\$8,382</b>
<b>REVENUE</b>			
32 UW Sampson County (Include request for projected year)	\$5,000	\$7,000	\$2,000
33 Other United Ways			\$0
34 Other Foundation Grant 1 (explain)			\$0
35 Other Foundation Grant 2 (explain)			\$0
36 Other Foundation Grant 3 (explain)			\$0
37 Other Foundation Grant 4 (explain)			\$0
38 State Revenue/grants-1	\$12,025	\$12,025	\$0
39 State Revenue/grants-2			\$0
40 Federal Revenue/grants			\$0
41 County Revenue/grants			\$0
42 City Revenue/grants			\$0
43 Thrift Store, retail sales			\$0
44 Special Events/Fundraiser/Sales to Public (Cookies, etc)			\$0
45 Membership Dues, parent fees etc			\$0
46 Program Income: client fees, participant fees etc.			\$0
47 Investment Income (interest, dividends, gain on sale of assets)			\$0
48 Endowment Contribution			\$0
49 Contributions (Restricted & Unrestricted)			\$0
50 Refunds			\$0
51 Match Requirements			\$0
52 Miscellaneous 1: (explain)			\$0
53 Miscellaneous 2: (explain)			\$0
54 Miscellaneous 3: (explain)			\$0
55 Miscellaneous 4: (explain)			\$0
56 <b>TOTAL REVENUE</b>	<b>\$17,025</b>	<b>\$19,025</b>	<b>\$2,000</b>
57 <b>SURPLUS/(DEFICIT)</b>	<b>\$6,382</b>	<b>\$0</b>	<b>(\$6,382)</b>

Group Insurance, Dental Insurance, Retirement FICA, Medicare FICA

State Amount based on number of BCCCP Patients

## Funding Application Checklist

Submit **ONE (1) of each item to ORIGINAL PACKET ONLY** as addendums, 3 hole punched, **NO STAPLES**

Current UWSC Funded Agency	Not Current UWSC Funded Agency	<b>REQUIRED DOCUMENTATION</b>
	<input type="checkbox"/>	501 C (3) IRS tax exemption letter
	<input type="checkbox"/>	NC Department of Revenue tax exemption letter
	<input type="checkbox"/>	NC Solicitation License or exemption letter
	<input type="checkbox"/>	Agency and Program marketing/advertising materials (e.g. brochures)
	<input type="checkbox"/>	Agency By-laws
	<input type="checkbox"/>	Board Approved policy regarding non-discrimination signed by the Board President
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial Records Attached in accordance with Audit Policy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I certify that I have read and understand the Audit Policy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I certify that I have read and understand the Agreement of Affiliation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I certify that I have read and understand the Supplemental Fundraising Policy
<input type="checkbox"/> N/A	<input type="checkbox"/>	Supplemental Fundraising Form Attached - if applicable
<input checked="" type="checkbox"/>	<input type="checkbox"/>	List of Board of Directors (include addresses)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Funding Application Part I
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Funding Application Part II
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Funding Application Checklist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agency Summary Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audit OR if n/a Most Recent IRS Form 990 OR if n/a Most Recent 6 Months Bank Statements and
		Include Income Statement and Balance Sheet

This tool is provided for completion by each Agency applying for United Way funding in Sampson County. Some of the information may be captured on the full application, however, this form is intended to provide clear, summarized program/impact statements which will not only assist applicant presentations, but will also assist board members as considerations are given and award decisions made. Completion of this form is required as part of your application.

### Introductory Statement

**What is Community Impact?** (as defined by United Way of Sampson County) The *measurable and substantial impact* made in the community by the *effective investment of funds to improve the lives of our residents.*

*With the above impact statement in mind, please complete the following and restrict all responses to the allotted space for each.*

AGENCY NAME: SCHD/BCCCP

COMPLETED BY: Wanda Robinson

DATE: 11/18/21

1. Amount of funding requested? \$7,000.00
2. **For previous/current recipients:** Does your funding request reflect an increase, decrease or no change in relation to prior award? (Requests differing from prior year **must** include an explanation)

The funding request reflects an increase in relation to the prior year award due to diagnostic procedures, such as ultrasounds and biopsies that further exhaust state funding.

3. What high priority need(s) will you address using United Way funds? (education, financial stability, health issues)

United Way funds will be utilized in providing mammograms and diagnostic procedures such as ultrasounds and biopsies for BCCCP eligible women due to lack of adequate state funding.

4. List the TOTAL anticipated number of individuals that benefit through this project AND the number benefited SPECIFICALLY due to United Way funds. Please include categorical data (such as children, teenagers, adults, elderly, etc.) and how you will address diversity among those served. (Note: At the conclusion of the United Way funding year, recipients will be asked to complete a final report of actual outcome in comparison to anticipated.)

Due to the COVID pandemic, during FY 20-21, 29 females ages 40-64 who are uninsured or underinsured and need assistance obtaining basic preventive services such as screening mammograms benefited through the BCCCP clinic. Of those, 10 mammograms were provided to 10 women specifically with United Way funds. During FY 20-21, at least 22 females will be seen through the BCCCP clinic. United Way funds will be used for mammograms and diagnostic procedures (ultrasounds and biopsies) in the BCCCP clinic.

Note: Women of all races/ethnicities are accepted in the BCCCP program with priority given to minority females due to greater risk factors such as heredity, low income, and low healthcare literacy.

5. List two measurable project goals and the anticipated outcome that will be used to gauge the effectiveness of your investment as explained above. (Example: % Increase due to United Way Funds). (Note: At the conclusion of the United Way funding year, recipients will be asked to complete a final report detailing actual outcomes in comparison to anticipated outcomes).

- 1.) BCCCP eligible women will receive mammograms and diagnostic procedures (ultrasounds and biopsies) without a barrier to care.
- 2.) Increase the number of women served utilizing United Way funds.

Note: In order for women to utilize United Way funds for mammograms and diagnostic procedures, they are required to come through the BCCCP clinic.

6. Please describe the impact on your project/services if you are not awarded United Way funding?

If we are not awarded United Way funding, there will likely be a gap in services due to unavailable funds. In addition, there will probably be a waiting list due to BCCCP state funds being exhausted.

7. Please describe how your Agency supports our United Way. (for example: Encouraging board members/employees to contribute to the annual campaign, increasing visibility via our logo on all written materials, mentioning our funding in newspaper articles, on social media, etc.)

We support United Way by:

1.) Using the United Way logo and mentioning United Way funding in newspaper articles and on social media in relation to providing mammograms and diagnostic procedures through our BCCCP clinic.

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Form Revised/Effective October 28, 2019

**SAMPSON COUNTY, NORTH CAROLINA**

Annual Financial Report

For the Fiscal Year Ended June 30, 2019

**SAMPSON COUNTY, NORTH CAROLINA  
GENERAL FUND  
SCHEDULE OF REVENUES, EXPENDITURES, AND  
CHANGES IN FUND BALANCES - BUDGET AND ACTUAL (CONTINUED)  
For the Year Ended June 30, 2019**

	Final Budget	Actual	Variance Positive (Negative)
Veterans			
Salaries and employee benefits		\$ 125,554	
Operations and maintenance		24,590	
Total	\$ 168,853	150,144	\$ 18,709
Youth Needs Task Force			
Salaries and employee benefits		67,409	
Programs		100,429	
Total	191,002	167,838	23,164
Health			
Administration			
Salaries and employee benefits		12,714	
Operations and maintenance		54,343	
Total	119,096	67,057	52,039
Rural Health			
Salaries and employee benefits		36,017	
Operations and maintenance		29,148	
Capital outlay		-	
Total	182,764	65,165	117,599
School Nurse Initiative			
Contracted services		400,000	
Total	400,000	400,000	-
BCCCP Wise Woman			
Salaries and employee benefits		2,000	
Operations and maintenance		-	
Total	7,830	2,000	5,830
Communicable Disease			
Salaries and employee benefits		189,110	
Operations and maintenance		45,989	
Total	335,268	235,099	100,169

**SAMPSON COUNTY, NORTH CAROLINA  
GENERAL FUND  
SCHEDULE OF REVENUES, EXPENDITURES, AND  
CHANGES IN FUND BALANCES - BUDGET AND ACTUAL (CONTINUED)  
For the Year Ended June 30, 2019**

	Final Budget	Actual	Variance Positive (Negative)
Adult Services			
Salaries and employee benefits		\$ 18,619	
Operations and maintenance		54,362	
Total	\$ 82,901	72,981	\$ 9,920
Breast and Cervical Cancer			
Salaries and employee benefits		3,474	
Operations and maintenance		8,459	
Total	14,945	11,933	3,012
Immunization			
Salaries and employee benefits		119,182	
Operations and maintenance		88,811	
Total	222,140	207,993	14,147
Maternal Health & Outreach			
Salaries and employee benefits		363,717	
Operations and maintenance		179,060	
Total	602,969	542,777	60,192
Family Planning			
Salaries and employee benefits		281,271	
Operations and maintenance		85,604	
Total	383,138	366,875	16,263
WIC			
Salaries and employee benefits		333,072	
Operations and maintenance		65,564	
Total	399,529	398,636	893
Child Services Coordination			
Salaries and employee benefits		176,284	
Operations and maintenance		19,221	
Total	213,454	195,505	17,949
Pregnancy Care Management			
Salaries and employee benefits		188,736	
Operations and maintenance		34,487	
Total	249,268	223,223	26,045

**SAMPSON COUNTY, NORTH CAROLINA  
GENERAL FUND  
SCHEDULE OF REVENUES, EXPENDITURES, AND  
CHANGES IN FUND BALANCES - BUDGET AND ACTUAL (CONTINUED)  
For the Year Ended June 30, 2019**

	Final Budget	Actual	Variance Positive (Negative)
Child Health			
Salaries and employee benefits		\$ 81,030	
Operations and maintenance		17,869	
Total	\$ 112,414	98,899	\$ 13,515
Environmental Health			
Salaries and employee benefits		446,616	
Operations and maintenance		98,698	
Capital outlay		8,400	
Total	563,201	553,714	9,487
Food and Lodging			
Operations and maintenance		11,065	
Total	11,416	11,065	351
State Bio-Terrorism			
Salaries and employee benefits		38,590	
Operations and maintenance		1,143	
Total	40,937	39,733	1,204
Total Health	3,941,270	3,492,655	448,615
Social Services			
Administration			
Salaries and employee benefits		8,245,453	
Operations and maintenance		1,633,143	
Capital outlay		-	
Total	9,987,489	9,878,596	108,893

## United Way of Sampson County Audit Policy

The following Audit Policy was adopted by the United Way Board of Directors at a meeting held on October 30, 1991, and was revised on February 23, 1994, October 27, 1000, and February 7, 2005.

The financial records of the affiliated agencies shall be submitted and examined by the United Way of Sampson County, Inc. (UWSC) at least annually. Each agency should comply with the following set of rules when submitting financial reports to United Way, however, in no case should the reports be in any less detail than that which is required by each agency's governing board.

Failure to adhere to United Way of Sampson County's financial standing guidelines may restrict or prohibit funding of an agency and/or program.

- (A) If the total support and revenue to the agency from UWSC exceeds \$35,000 for the fiscal year, the agency shall submit a copy of their financial statement including both a balance sheet and income/expense statement in nothing less than an audit format and performed by a certified public accountant (CPA). Information as to the total support and revenue and all of the fundraising activities including the kind and amounts of all funds raised, costs and expenses incidental thereto, allocation and disbursement of funds raised, changes in fund balances, notes to the audit and opinion as to the fairness of the presentation by the accountant shall be included.
- (B) If the total support and revenue to the agency from UWSC exceeds \$10,000, but is less than or equal to \$35,000 for the fiscal year, the agency may select one of these options:
  - (1) A copy of their financial statement, audited by a certified public accountant as defined in (A) above, or
  - (2) A copy of their financial position (balance sheet and income statement) presented in a review format by a CPA.
- (C) If the total support and revenue to the agency from UWSC is less than or equal to \$10,000 for the fiscal year, the agency may select one of these options:
  - (1) A copy of the financial statements audited by a certified public accountant as defined in (A) above; OR
  - (2) A copy of a review performed by a certified public accountant as defined in (B) above; OR
  - (3) A copy of a compilation performed by an independent public accountant accompanied by a statement signed by three members of the organization's governing board that to the best of their knowledge and belief the financial reports are true and correct, OR
  - (4) A copy of your completed current year IRS Form 990 accompanied by a statement signed by three members of the organization's governing board that to the best of their knowledge and belief the financial report is true and correct. In addition, the organization must provide an income statement, balance sheet and prior six months of bank statements.
- (D) Annual financial statements shall be submitted to United Way within four months after the agency's fiscal year.

BY: Sampson County Health Department  
AGENCY

BY: \_\_\_\_\_  
CHAIRMAN/PRESIDENT OF BOARD OF DIRECTORS

BY: \_\_\_\_\_  
CHIEF EXECUTIVE OFFICER OR SECRETARY

\_\_\_\_\_  
DATE

**UNITED WAY OF SAMPSON COUNTY, INC.**

BY: \_\_\_\_\_  
PRESIDENT OF BOARD OF DIRECTORS

BY: \_\_\_\_\_  
VICE PRESIDENT/SECRETARY/TREASURER

\_\_\_\_\_  
DATE

AGREEMENT OF AFFILIATION

BETWEEN

Sampson County Health Department

with its office located

360 County Complex Rd., Suite 200 Clinton, NC 28328

(Hereinafter referred to as the Agency)

And

**UNITED WAY OF SAMPSON COUNTY, INC.**

(Hereinafter referred to as United Way)

This agreement is entered into in the mutual beliefs of the above named parties that: (a) the county of Sampson, North Carolina forms the basis for our community--wide efforts and that participation from all areas of our community is essential; (b) a effective way of providing maximum resources for health and human care services: and (c) it is the consideration of the total health and human care needs of our community, development of volunteers and our commitment to bring about a delivery system according to open, rational and non-discriminatory procedures which form the basis for this working relationship.

Both United Way and the Agency Agree, That Each

1. Has an active, responsible, and voluntary governing body, with representation from diverse elements in the community, which exercises effective control over the operations of the organization;
2. Faithfully adheres to a policy of nondiscrimination with respect to age, sex, race, religion, and national origin in connection with the makeup of its governing body, committees, and staff and the persons whom it directly and indirectly serves;
3. Has been ruled exempt from taxation under Section 501(c) (3) of the Internal Revenue code as well as corresponding provisions of other applicable state, local, or foreign laws or regulations;
4. Uses ethical methods of publicity and promotion as established by national professional public relations associations. (For example, see attached "Code of Professional Standards" adopted by the Public Relations Society of America.);

5. Issues an annual report to the public, including a financial report that complies with the "Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations" or similar standards that are recognized and approved by United Way of America's Board of Governors.

B The Agency Agrees

1. To provide a needed, non-duplicated service of education, prevention, remediation and/or contribution in the field of health, welfare or recreation within our community/county;
2. To support and assist the United Way in the annual fund raising campaign;
3. To engage in an effective public relations program in which the objectives, services and accomplishments of the Agency and the United Way support of such services are adequately publicized; to cooperate with and assist the United Way in its public information programs; and to make use of the United Way logo on letterheads and at all of its public functions;
4. To submit its proposed annual budget and budget request approved in advance by its governing board and in the format prescribed by United Way to the United Way within the agreed upon time schedule and to cooperate with the Allocations Committee in accordance with its review procedures;
5. To cooperate with the United Way planning committee in its efforts to coordinate human care services in the community and cooperate in the conduct of such studies as may be needed in support or planning, Allocations, Communications and/ or Fund Raising;
6. To conform with the united Way audit policy as approved by the Board of Directors on 10/30/91 as revised 2/23/94. A copy of the audit, financial statement, or IRS form 990 should be submitted to the United Way within four months after the Agency's fiscal year;
7. To submit quarterly financial reports to the United Way on the forms provided for that purpose that accurately reflect the Agency's current financial status;
8. To submit for prior approval and discussion by the United Way, all proposals for supplementary fundraising efforts as outlined in the United Way Policy On

## Supplementary Fund Raising;

9. To submit for prior approval and discussion by United Way all proposals for new programs and/or expansion of a programs that may require United Way financial support now or in the future; and

10. To realize and utilize all possible operating income that might be secured through the Agency's normal activities, e. g. , fees for service, interest, non-designated contributions and membership fees, while at no time paying a commission in connection with fund raising.

### C. The United Way Agrees

1. To respect the essential autonomy of the individual Agency and the authority of its Board of Directors to determine its own policies and to manage its own service;
2. To develop its objectives for the annual fund raising campaign with due regard for the requirements of all anticipating agencies, fund raising realities and other pertinent considerations to raise the maximum funds. To use its best efforts to achieve the campaign objectives and to exceed those objectives whenever possible;
3. To provide a reasonable, comprehensive and courteous review of each Agency;
4. To allocate contributed funds in a manner which recognizes the relative need among services provided by the Agencies;
5. To pay the Agency on the basis of the annual approved allocation and campaign collections;
6. To act as a steward of contributed funds by informing the public of the allocations; and
7. To submit its annual financial records to an audit by a Certified Public Accountant, a copy of which shall be made available for inspection by the Agency upon request.

### D. Enforcement and Termination

1. This agreement may be revoked by either party by such party giving written notice to the other party at least ninety (90) days prior to the United Way annual fund raising drive. The party to whom notice of termination

raising drive. The party to whom notice of termination is given shall have the right to a hearing before the governing board of the other party; and

- 2. The United Way reserves the right to issue a "Notice of Exception" to an agency exhibiting substantial problems or deficiencies as identified by the United Way in any area of operation. Said Notice, signed by the originating allocations review committee, shall describe such problem or deficiency and explain the nature of contraction to United Way policy or understanding. The Agency shall be given one (1) year to show substantial progress in eliminating the problem or deficiency.

If substantial progress has not been made during the year, a "Notice of Probation" will be issued. All officers and executives of the Agency, as well as, any state or national office to which the Agency is affiliated shall receive a copy of the "Notice of Probation". If the problem or deficiency noted has not been resolved to the satisfaction of United Way by the end of the second year, the Agency's affiliation with the United Way will be terminated. If the Agency requests a meeting, the United Way will arrange for a panel of representative board members and will insure the members of the originating allocations committee group attend the meeting.

In witness of approval of this Agreement of Affiliation, the undersigned have affixed their signatures:

Sampson County Health Department  
AGENCY

BY: \_\_\_\_\_  
CHAIRMAN / PRESIDENT OF BOARD OF DIRECTORS

BY: \_\_\_\_\_  
CHIEF EXECUTIVE OFFICER OR SECRETARY

\_\_\_\_\_  
DATE

**UNITED WAY OF SAMPSON COUNTY, INC.**

BY: \_\_\_\_\_  
PRESIDENT OF BOARD OF DIRECTORS

BY: \_\_\_\_\_  
VICE PRESIDENT / SECRETARY / TREASURER

\_\_\_\_\_  
DATE

## POLICY ON SUPPLEMENTAL FUND RAISING BY AFFILIATED

### PREAMBLE

The United Way of Sampson County, Inc. (hereinafter referred to as United Way) and our affiliate agencies (hereinafter referred to as agencies) are jointly concerned with the total effect of all fund raising activities conducted throughout the Sampson County area by community service organizations. In order for the United Way to maintain its integrity, it must provide a clear set of guidelines for member agencies to follow when seeking additional (non-United Way) financial support. These guidelines for the conduct of supplemental fund raising activities are designed to maximize yield, minimize competition, and avoid excessive intrusion on the donor community.

In an environment of limited resources and expanding needs, the United Way recognizes the value to participating agencies and to the community served of expanded supplemental resources generated by activities which do not conflict with the United Way. The United Way endorses the concept that good management practices dictate that agencies explore all ethical avenues for earning and obtaining multiple sources of funding to provide human care services. However, the methods used by the agencies to approach these sources should be in harmony with the United Way's fund raising principle that there will be one (1) annual, comprehensive effort for contributions from the community.

It is therefore essential that supplemental fund raising activities be conducted in a manner which would not adversely affect the United Way annual campaign or the member agencies abilities to provide human care services.

### STRUCTURE

The chairman of the allocations committee will be responsible for forming a standing subcommittee which will be called the supplemental income producing subcommittee. Membership may include representation from the executive committee to include the treasurer and from the planning committee. This subcommittee will provide a forum for careful consideration, encouragement, consultation and advice on agency income producing proposals. This subcommittee will also serve as a clearing house for gathering resource information and scheduling, as appropriate, to help prevent competing activities.

Agencies are encouraged to have preliminary discussion with United Way well in advance of commitments being made regarding any proposed fund raising activity. Agencies making proposals will submit a written request to the supplemental income producing subcommittee or the allocations committee chairman at least sixty (60) days

prior to the scheduled commencement dated, specifying the activity, the area and population to be covered, the resource development method to be employed, expected completion date and anticipated revenues. Annual activities will be discussed prior to the initial event and then again only if significant changes occur.

All supplemental income received by agencies will be considered part of the total agency budget and will be reviewed by the allocations committee.

### III. DEFINITION

"Income producing activity" is any activity by or in behalf of a participating agency that produces income for any purpose in addition to and other than the support of United Way.

### ACTIVITIES

Agency income producing activities as covered in these guidelines fall within three (3) major groups: (A) Self-support activities which do not require prior approval of United Way; (B) Activities which require consultation and prior approval by United Way; and (C) Activities which are generally inappropriate.

#### SELF-SUPPORT ACTIVITIES NOT REQUIRING PRIOR UNITED WAY APPROVAL

Certain types of revenues are encouraged by the United Way and do not require approval. Such operating revenue, however, must be reflected in the agency's annual operating budget.

1. Membership - All types of membership programs wherein the member becomes involved and identified with the agency and being a part of an active constituency.
2. Program Service Fees - Fees related to participating in agency programs and services. establishment of appropriate fees are entirely within the province of the agency's Board of directors.
3. Rental Fees - Fees for the use of agency facilities are appropriate sources of agency revenue.
4. Grants-In-Aid - Private and public foundations, corporations and individuals, government agencies and private organizations that are in the business of being grant makers to the extent that these funds have no implications for United Way funding.
5. Purchase of Service Contracts - Reimbursements

from private and public agencies for services rendered on a contractual basis.

6. Bequests and Memorials - Endowments, trusts, honor gifts, scholarships, real property, and other forms of deferred or donor restricted or unrestricted giving.
7. Investment Income - Agencies having endowment funds are encouraged to manage such funds in a manner consistent with the agency's endowment policy and donor's wishes.
8. Out of Area Contributions - Agencies rendering significant services outside the United Way of Sampson County defined community are expected to develop appropriate amounts of contribution support from such areas.
9. Sales of Services or Manufactured Products - Agencies able to derive income from the sale of services, salvaged materials, or manufactured items as a part of their service program are encouraged to develop income from these sources.
10. Contributed Equipment, Materials, or Services - which do not diminish the support of the annual United Way campaign, and for which no general appeal is made between September 1 and November 1.

#### **ACTIVITIES WHICH REQUIRE CONSULTATION AND PRIOR**

##### ***APPROVAL BY UNITED WAY***

1. Sustaining Membership - Sustaining membership is an affiliation with an agency for the primary purpose of financially supporting the aims of the organization without expectation of use of services or participating in the activities of the agencies. Those approached for membership should have a genuine personal interest in a relationship with the agency.
2. Entertainment - Motion pictures, concerts, stage plays, celebrity show, circuses, ice show, variety show, amateur nights, rodeos, etc.
3. Meals and Refreshments - Breakfast, lunches, dinners, picnics, wine-tasting, cocktail parties, teas, etc.
4. Shows - Painting, photography, antiques, home and garden, hobbies, flower arranging, pets, boats, autos, sporting goods, program activities, fashions, etc.
5. Public Sales - Income from value received sales of products directed toward the community-at-large.

6. Sports Tournaments - Golf, bowling, tennis, bridge, baseball, basketball, football, automobiles, airplanes, boats, horses, etc., directed toward the general public.
7. Social Activities - Dances, tours, charter trips, skating parties, excursions, etc., directed toward the general public.
8. Solicitations of Agency Board Members, Volunteers and Staff only.
9. Capital Fund Raising Campaigns.
10. Any and all other forms of fund raising not mentioned above but which might occur during or immediately preceding the United Way annual campaign.

**C. ACTIVITIES WHICH ARE GENERALLY INAPPROPRIATE**

1. Commercial Promotions - wherein a for-profit business or organization is given responsibility for raising funds for the agency.
2. Activities - seeking charitable gifts in which the persons being solicited are not likely to be identified by the agency or its representatives such as those names received from a purchased mailing list.
3. Solicitation - from companies which are not presently contributing to the United Way. Confirmation with the United Way office prior to making such contacts is required.
4. Lending its Name - to the promotional campaign of a business or sales organization.
5. Telethons - or similar mass media appeals designed to raise funds for special or specifically identified projects or purposes not otherwise provided for in the agency's budget.
6. Door-to-Door fund - solicitation of the general public.
7. Mailing of unordered items - with a request for money in return.
8. Employee work place solicitations.
9. Gambling

## **ADVOCATE BODIES**

All fund raising activities conducted by guilds, auxiliaries, or other community organizations on behalf of the member agency shall be considered activities of the agency itself. The agency will be considered responsible to assure that the fund raising activities conform to the United Way guidelines.

## **VI. APPROVAL PROCEDURES**

Where prior United Way approval is required, the following process will be followed:

1. A written request on United Way forms at least sixty (60) days prior to the beginning of the event.
2. The written request will be reviewed by the designated United Way committee.
3. A decision will be given to the agency within thirty (30) days of submission of the request.

## **AMENDMENTS**

Certain programs and activities historic in character and/or required by charter terms of the member agencies' national organization may necessitate ratification of these guidelines. These requirements should be presented by the member agency to the United Way in the form of an addendum to this policy. Any waivers of addenda negotiated between the United Way and one member agency will be made known to all member agencies.

EFFECTIVE DATE

These guidelines will take effect October 30, 1991.

**AGENCY**

BY: \_\_\_\_\_  
CHAIRMAN/PRESIDENT OF BOARD OF DIRECTORS

By: \_\_\_\_\_  
CHIEF EXECUTIVE OFFICER OR SECRETARY

\_\_\_\_\_  
DATE

**UNITED WAY OF SAMPSON COUNTY, INC.**

By: \_\_\_\_\_  
PRESIDENT OF BOARD OF DIRECTORS

BY: \_\_\_\_\_  
VICE PRESIDENT/SECRETARY/TREASURER

\_\_\_\_\_  
DATE

## **Sampson County Board of Commissioners**

**Clark Wooten**, Chairman  
406 County Complex Rd.  
Clinton, NC 28328

**Sue Lee**, Vice-Chairperson  
406 County Complex Rd.  
Clinton, NC 28328

**Thaddeus L. Godwin**  
406 County Complex Rd.  
Clinton, NC 28328

**Jerol Kivett**  
406 County Complex Rd.  
Clinton, NC 28328

**Lethia R. Lee**  
406 County Complex Rd.  
Clinton, NC 28328

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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**ITEM ABSTRACT**

**ITEM NO.** 6

Meeting Date: December 6, 2021	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

**SUBJECT:** Consideration of Tax Appeals

**DEPARTMENT:** Board of Commissioners

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Edwin W. Causey, County Manager

**PURPOSE:** To consider taxpayer appeals of penalties assessed for failure to timely list business personal property

**ATTACHMENTS:** Appeal requests and tax billings

**BACKGROUND:**

Assessments and billings have been issued as a result of business personal property compliance reviews. The following individuals have requested an adjustment of the penalties applied to their accounts, pursuant to North Carolina General Statutes, for failure to timely list their business personal property. The Board has previously voted to require the appeal to be made in person (or by a designated representative).

Hog Heaven (Tax \$8,570.76 + Penalty \$2,550.35 = \$11,121.11) ½ penalty = \$1,275.18

BDC Farming, LLC (Tax \$7,635.14 + Penalty \$1,745.29 = \$9,380.43) ½ penalty = \$872.65

S&G Farms (Tax \$11,055.05 + Penalty \$3,889.08 = \$14,944.13) ½ penalty = \$1,944.54

**RECOMMENDED ACTION OR MOTION:**

Allow each citizen opportunity to request adjustment and consider each appeal individually

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

Phone 910-592-8146

Fax 910-592-1227

Date: 11/5/21

Hog Heaven  
3786 Ozzie Rd.  
Clinton, NC 28329

Account # 212903

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.



Signature

Charges

My File Edit Tools Help



Installments

Property ID **66432** Version **7 - Subsequent**

Recalc Charges

Tax year **2021** AR category **25** Bill number **1006444**

Owner **212903** **HOG HEAVEN FARMING, LLC**

Item	Year	Charge	Description	Activity Code	Assessable Value	Percent	Count	Rate	Tax Amount
1	2021	F23	TAYLORBRFD	PRIN	3 120,448	100.000000	0	0.100000	120.45
2	2020	F23	TAYLORBRFD	PRIN	3 205,172	100.000000	0	0.100000	205.17
3	2019	F23	TAYLORBRFD	PRIN	3 257,846	100.000000	0	0.100000	257.85
4	2018	F23	TAYLORBRFD	PRIN	3 271,514	100.000000	0	0.070000	190.06
5	2017	F23	TAYLORBRFD	PRIN	3 83,089	100.000000	0	0.070000	58.16
6	2021	G01	CNTY TAX	PRIN	3 120,448	100.000000	0	0.825000	993.70
7	2020	G01	CNTY TAX	PRIN	3 205,172	100.000000	0	0.825000	1,692.67
8	2019	G01	CNTY TAX	PRIN	3 257,846	100.000000	0	0.825000	2,127.23
9	2018	G01	CNTY TAX	PRIN	3 271,514	100.000000	0	0.825000	2,239.99
10	2017	G01	CNTY TAX	PRIN	3 83,089	100.000000	0	0.825000	685.48
11	2021	F23L	TAYLORS BR	LL	1 0	100.000000	0	10.000000	12.05 <i>6.02</i>
12	2020	F23L	TAYLORS BR	LL	1 0	100.000000	0	20.000000	41.03 <i>20.52</i>
13	2019	F23L	TAYLORS BR	LL	1 0	100.000000	0	30.000000	77.36 <i>38.69</i>
14	2018	F23L	TAYLORS BR	LL	1 0	100.000000	0	40.000000	76.02 <i>38.01</i>
15	2017	F23L	TAYLORS BR	LL	1 0	100.000000	0	50.000000	29.08 <i>14.54</i>
16	2021	G01L	COUNTY LAT	LL	1 0	100.000000	0	10.000000	99.37 <i>49.69</i>
17	2020	G01L	COUNTY LAT	LL	1 0	100.000000	0	20.000000	338.53 <i>169.27</i>
18	2019	G01L	COUNTY LAT	LL	1 0	100.000000	0	30.000000	638.17 <i>319.09</i>
19	2018	G01L	COUNTY LAT	LL	1 0	100.000000	0	40.000000	896.00 <i>448.00</i>
20	2017	G01L	COUNTY LAT	LL	1 0	100.000000	0	50.000000	342.74 <i>171.37</i>

Total rate **4.565000** Total tax **11,121.11**

*2550.35*

*1275.18*

*1/2 Penalty Reduction*

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

Phone 910-592-8146

Fax 910-592-1227

Date: 11/5/21

BDC  
3786 Ozzie Rd.  
Clinton, NC 28329

Account # 212902

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

  
\_\_\_\_\_  
Signature

Charges

My File Edit Tools Help



Installments  
Recalc Charges

Property ID **66425** Version **7 - Subsequent**  
 Tax year **2021** AR category **25** Bill number **1006439**  
 Owner **212902** **BDC FARMING, LLC**

Item	Year	Charge	Description	Activit Code	able Value	Percent	Count	Rate	ax Amount
1	2021	F23	TAYLORBRFD	PRIN	3 324,990	100.000000	0	0.100000	324.99
2	2020	F23	TAYLORBRFD	PRIN	3 212,011	100.000000	0	0.100000	212.01
3	2019	F23	TAYLORBRFD	PRIN	3 125,909	100.000000	0	0.100000	125.91
4	2018	F23	TAYLORBRFD	PRIN	3 81,047	100.000000	0	0.070000	56.73
5	2017	F23	TAYLORBRFD	PRIN	3 60,130	100.000000	0	0.070000	42.09
6	2016	F23	TAYLORBRFD	PRIN	3 26,632	100.000000	0	0.070000	18.64
7	2021	G01	CNTY TAX	PRIN	3 324,990	100.000000	0	0.825000	2,681.17
8	2020	G01	CNTY TAX	PRIN	3 212,011	100.000000	0	0.825000	1,749.09
9	2019	G01	CNTY TAX	PRIN	3 125,909	100.000000	0	0.825000	1,038.75
10	2018	G01	CNTY TAX	PRIN	3 81,047	100.000000	0	0.825000	668.64
11	2017	G01	CNTY TAX	PRIN	3 60,130	100.000000	0	0.825000	496.07
12	2016	G01	CNTY TAX	PRIN	3 26,632	100.000000	0	0.830000	221.05
13	2021	F23L	TAYLORS BR	LL	1 0	100.000000	0	10.000000	32.50 <i>16.25</i>
14	2020	F23L	TAYLORS BR	LL	1 0	100.000000	0	20.000000	42.40 <i>21.20</i>
15	2019	F23L	TAYLORS BR	LL	1 0	100.000000	0	30.000000	37.77 <i>18.89</i>
16	2018	F23L	TAYLORS BR	LL	1 0	100.000000	0	40.000000	22.69 <i>11.35</i>
17	2017	F23L	TAYLORS BR	LL	1 0	100.000000	0	50.000000	21.05 <i>10.53</i>
18	2016	F23L	TAYLORS BR	LL	1 0	100.000000	0	60.000000	11.18 <i>5.59</i>
19	2021	G01L	COUNTY LAT	LL	1 0	100.000000	0	10.000000	268.12 <i>134.06</i>
20	2020	G01L	COUNTY LAT	LL	1 0	100.000000	0	20.000000	349.82 <i>174.91</i>
21	2019	G01L	COUNTY LAT	LL	1 0	100.000000	0	30.000000	311.63 <i>155.81</i>
22	2018	G01L	COUNTY LAT	LL	1 0	100.000000	0	40.000000	267.46 <i>133.73</i>
23	2017	G01L	COUNTY LAT	LL	1 0	100.000000	0	50.000000	248.04 <i>124.02</i>
24	2016	G01L	COUNTY LAT	LL	1 0	100.000000	0	60.000000	132.63 <i>66.31</i>

Total rate **5.465000** Total tax **9,380.43**

*1745.29*  
*872.65*      *1/2 Penalty Reduction*

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

Phone 910-592-8146

Fax 910-592-1227

Date: 11/5/21

S & G Farms  
1070 W. Mt. Gilead Church Rd.  
Clinton, NC 28328

Account # 140193

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

Steven J. Ban  
Signature

910-385-8936 - Steven  
910 385-8934 Debra



Property ID:  Version:

Tax year:  AR category:  Bill number:

Owner:

Item	Year	Charge	Description	Activit	Code	able Value	Percent	Count	Rate	ax Amount
1	2021	G01	CNTY TAX	PRIN	3	167,875	100.000000	0	0.825000	1,384.97
2	2021	F23	TAYLORBRFD	PRIN	3	167,875	100.000000	0	0.100000	167.88
3	2020	F23	TAYLORBRFD	PRIN	3	184,645	100.000000	0	0.100000	184.65
4	2019	F23	TAYLORBRFD	PRIN	3	175,043	100.000000	0	0.100000	175.04
5	2018	F23	TAYLORBRFD	PRIN	3	210,696	100.000000	0	0.070000	147.49
6	2017	F23	TAYLORBRFD	PRIN	3	223,310	100.000000	0	0.070000	156.32
7	2016	F23	TAYLORBRFD	PRIN	3	239,136	100.000000	0	0.070000	167.40
8	2020	G01	CNTY TAX	PRIN	3	184,645	100.000000	0	0.825000	1,523.32
9	2019	G01	CNTY TAX	PRIN	3	175,043	100.000000	0	0.825000	1,444.10
10	2018	G01	CNTY TAX	PRIN	3	210,696	100.000000	0	0.825000	1,738.24
11	2017	G01	CNTY TAX	PRIN	3	223,310	100.000000	0	0.825000	1,842.31
12	2016	G01	CNTY TAX	PRIN	3	239,136	100.000000	0	0.830000	1,984.83
13	2021	G01L	COUNTY LAT	LL	1	0	100.000000	0	10.000000	138.50
14	2021	F23L	TAYLORS BR	LL	1	0	100.000000	0	10.000000	16.79 <i>8.39</i>
15	2020	F23L	TAYLORS BR	LL	1	0	100.000000	0	20.000000	36.93 <i>18.46</i>
16	2019	F23L	TAYLORS BR	LL	1	0	100.000000	0	30.000000	52.51 <i>26.26</i>
17	2018	F23L	TAYLORS BR	LL	1	0	100.000000	0	40.000000	59.00 <i>29.50</i>
18	2017	F23L	TAYLORS BR	LL	1	0	100.000000	0	50.000000	78.16 <i>39.00</i>
19	2016	F23L	TAYLORS BR	LL	1	0	100.000000	0	60.000000	100.44 <i>50.22</i>
20	2020	G01L	COUNTY LAT	LL	1	0	100.000000	0	20.000000	304.66 <i>152.33</i>
21	2019	G01L	COUNTY LAT	LL	1	0	100.000000	0	30.000000	433.23 <i>216.62</i>
22	2018	G01L	COUNTY LAT	LL	1	0	100.000000	0	40.000000	695.30 <i>347.65</i>
23	2017	G01L	COUNTY LAT	LL	1	0	100.000000	0	50.000000	921.16 <i>460.50</i>
24	2016	G01L	COUNTY LAT	LL	1	0	100.000000	0	60.000000	1,190.90 <i>595.45</i>

Total rate:  Total tax:

*Penalty - \$3889.08*

*1944.54*

*14,944.13*  
*- 1944.54*

*12,999.59*

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 7

Meeting Date: December 6, 2021	<input checked="" type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

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INFORMATION ONLY

*For all Board Information items, please contact the County Manager's Office if you wish to have additional information on any of the following.*

- a. September 20, 2021 SCHD Advisory Committee Minutes
- b. SCHD Annual Report 2020-2021
- c. COVID-19 Update

# SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson  
Health Director



360 County Complex Rd., Suite 200  
Clinton, NC 28328

To: Mr. Edwin Causey  
County Manager

Susan Holder  
Assistant County Manager

From: Wanda Robinson   
Health Director

Subject: County Commissioner's Agenda-Information Items

Date: November 17, 2021

Attached are items that were reviewed and approved by the Health Advisory Committee on November 15, 2021. They are being submitted as informational items for the County Commissioners.

- I. September 20, 2021 SCHD Advisory Committee Meeting Minutes
- II. SCHD Annual Report 2020-2021
- III. COVID-19 Update

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

Attachments:

September 20, 2021 SCHD Advisory Committee Meeting Minutes  
SCHD Annual Report 2020-2021  
COVID-19 Update

## SCHD Advisory Committee Meeting Minutes Monday, September 20<sup>th</sup> 2021

### Attendance

Board Members- Jeffrey Bell, Robert Butler, Dr. Elizabeth Bryan, Dr. Cynthia Davis, Cassie Faircloth, Yire Hernandez, Jacqueline Howard, Commissioner Lethia Lee, Linda Peterson.

Health Department and Administration Staff- Wanda Robinson, Cherish Allen, Tamra Jones, Kory Hair, Kelly Parrish, Edwin Cauey, and Joel Starling.

- I. **Call to Order**- Dr. Jeffrey Bell
  
- II. **Invocation**-Jacqueline Howard
  
- III. **Approval of Minutes:**
  - a) May 17, 2021 SCHD Advisory Committee Minutes- Motion to approve made by Robert Butler; 2<sup>nd</sup> by Dr. Elizabeth Bryan.
  - b) June 14, 2021 Dangerous Dog Appeal Hearing Minutes- Motion to approve made by Linda Peterson; 2<sup>nd</sup> by Robert Butler.
  - c) July 19, 2021 SCHD Advisory Committee Minutes- Motion to approve made by Jacqueline Howard; 2<sup>nd</sup> by Yire Hernandez.
  - d) July 22, 2021 SCHD Advisory Committee Special Call Meeting- Motioned to approve made by Jacqueline Howard; 2<sup>nd</sup> by Robert Butler.
  
- IV. **Covid-19 Update**- See attached report given by Kelly Parrish Report contained Key Points, Current Statistics, Testing information and Vaccinations information. Kelly also gave information on the new 3<sup>rd</sup> dose and booster recommendation, which is also included in attached report. Yire Hernandez asked if you have to get the same 3<sup>rd</sup>/Booster that you received previously. Kelly responded, "They recommend you keep the vaccines the same; in some situations they would allow a different brand."
  - Wanda reviewed the Vaccine Dosage Report (handed to all members). She emphasized that on each page there was comparisons such as County vs. State, age, gender, race, non-vaccinated vs vaccinated, etc. See attached report for more details.
  - **Legal Update: Control Measures in Schools: Isolation, Quarantine and Exclusion:** Wanda Robinson stated that the Schools have been extremely challenging. She informed members that Union County decided they were not going to mask or take part in contact tracing. Fortunately the State stepped in and did not allow this due to communicable disease laws (explained in the underlined handout above). Wanda Robinson stated there was more concern with the K-8 students due to them only have a mask as a protection; therefore she was pleased when our schools decided to require a mask. Wanda Robinson stated that the larger challenge currently is that some parents do not want to keep their children home for the 7, 10 or 14 days. Currently in the County there is a ball team that has proposed to not isolate or quarantine the contacts that were involve with positive cases due to the State Championship coming up. They

would prefer the athletes to wear a mask; Kelly Parrish stated that this is a concern due to performing physical activity with a mask on. She stated that they are still waiting to hear back from the State on what they should do about this situation. Wanda Robinson reminded the members that these control measures are laws. CDC has shortened the quarantine for asymptomatic people to 10 days and there is an option for a 7 days quarantine as well. Wanda Robinson stated that the 7 days quarantine is not likely due to the turnaround time between testing and results. See attached handout for specific details. Wanda emphasized that the Health Department is the only organization that can quarantine individuals/students, not the schools. Joel Starling stated that Union County Board of Education did reverse their decision today because that State was going to sue them. Wanda Robinson questioned exemption for vaccinations in the schools. Joel Starling stated that there absolutely is a Rule 7 exemption for Vaccinations. Edwin Causey asked if Daycares fall into the Control Measures. Wanda Robinson stated yes they were included. She explained that if the Daycares can follow the rules and stay open, she feels that the schools should be able to do the same. Yire Hernandez asked if these rules apply to the Community College. Wanda Robinson stated that yes it does, although they have not had any problems or heard anything from the Community College. Robert Butler asked if there were any issues with any systems not following the rules. Wanda Robinson stated that there have been issues as such. He asked what the next step is when this happens. Wanda Robinson stated that someone is sent to the place where the problem is to investigate. Jacqueline Howard commented that she is amazed that people will have a positive case in the home, but still send their children to school. Kelly stated that the school nurses are so overwhelmed with Covid currently. The problem is that several family members live together but their address is not correct on file, therefore they are unable to pull all contacts out. Yire Hernandez asked what happens in the situation where all household members test positive. Kelly Parrish stated that all situations are different and can be handled differently. She stated that it can get really confusing especially when you have positive cases on vaccinated people vs not or depending on if they are in the 3 month window of previously having Covid. Cassie Faircloth asked if there was specific guidance for the schools on what do to for individual cases. Kelly Parrish stated that there is a complete tool kit for the schools. Cassie Faircloth also stated that on the side of acute care it would be helpful to have specific guidelines. Kelly Parrish stated that it is called the Strong Schools Toolkit. It lists specific scenarios with guidelines. Wanda Robinson stated that the toolkit can be conflicting and they are working to get some additional guidelines.

- V. **SOTCH**- Kelly Parrish reviewed the 2020 report for Sampson County. She stated that most of the effort has been put towards Covid. Some things did not happen as she had hoped due to the amount of effort it took to handle the pandemic. Since last assessment Cancer, Heart Disease and accidental injuries have remained the least cause of death for the County. March 16, 2020 was the date of our first positive Covid case. See report for statistics about positive cases/deaths. Since last assessment Medicaid Transformation, Covid Pandemic and Opioid substance abuse continued to be emerging issues. She stated that substance abuse has increased since the start of the Pandemic. The Pandemic has caused a ripple effect as some

people are facing housing eviction due to financial problems; DSS is been a link in providing assistance especially where children are involved. Education was effected with virtual learning and many students not having face to face instruction, as it presented learning barriers especially with internet issues and lack of social interaction. Diabetes self-management classes were not has high due to having to pull that nurse for mass vaccination events. See attached 2020 SOTCH report for more details. Kelly Parrish stated that she hopes we can soon put our efforts back to other Community needs by the next assessment.

**VI. Child Fatality Task Force Survey:** Kelly Parrish stated that in 2020, 5 child deaths were reviewed. There were 3 system problems identified. See attached Child Fatality Task Force Survey for more details to include problems and recommendations. Kelly Parrish stated that the summary was sent to the State. Cynthia Davis asked if there was a car seat install place in the County. Members mentioned the Fire Department and Partnership for Children will assist parents. S

**VII. Environmental Health Update:** Kory Hair gave report on Environment Health. He stated that there is currently 1 authorized inspector, 2 interns and 1 part time employee. They have been working hard on getting the 2 interns authorized. Their paperwork will be submitted in approximately 2 weeks. Once authorized, they will be able to go out and do inspections on their own. Kory stated that there is a new employee starting on 09/22/2021. She is already authorized in food and lodging and will be able to start work within days of being on the job. He reported that in April there were 111 applications for septic and well permits; May=67, June=80, July=85 and August=74. As of now, there are 69 applications that have been turned in that have not been started. 40 of those 69 are from the month of September. Kory Hair stated that are working hard to get these caught up. He explained that Onsite side of Environmental Health is wells and septic permits to include migrant housing. Kory Hair added that Sampson County has the most migrant housing than any other County. Kory Hair explained that the Food and Lodging side inspections of restaurants, hotels, motels, hospitals, pools, nursing homes, etc. Kory Hair stated this also includes lead levels in children. He stated that the blood lead level has been lowered by the state. Kory Hair has just completed the required training to become authorized and be the lead agent for the County. When a child has a high lead level in their blood, he will work closely with the state consultant and parents to find out where the exposure is coming from. Kory Hair stated that there is still one vacant position on the Onsite side. Edwin Causey asked if the new employee was Onsite or Food and Lodging. Kory Hair stated she was Food and Lodging. Edwin Causey verified that Jason moved to Food and Lodging and the department was now missing the lead for Onsite. Kory Hair confirmed this information to be correct. Wanda Robinson praised Kory Hair on his hard work since becoming Environmental Health Supervisor. Kory Hair explained that even though they are working hard to get caught up but it can be frustrating because Sampson is so large. Wanda Robinson agrees that the growth in the County is unbelievable.

**VIII. Financial**

a) Financial Update- Tamra Jones stated that activities remained steady even with Covid going on. She stated that the number of Covid vaccines has been broken down;

July=977, August=1679. She stated that our revenues have shown consistency with no sign of any lapse during Covid, rather an increase in revenues. Wanda Robinson stated that the top three programs were STD's, Maternal Health and Family Planning. Unfortunately many people do not allow us to bill insurance for STD visits, which decreases the amount of revenue. She stated that Medicaid increased reimbursement rates on office visit codes, which helps. Tamra Jones stated that the Medicaid revenue looks slim due to the fact that she is still working on the payments for Medicaid Transformation. With the new transformation she is now getting 6 separate checks. She is working on getting this caught up and figured out. She stated that there are some issues with denials and she is working to get those worked out as well. Tamra Jones stated that she will have the updated June revenue at next meeting. See attached report for specific programs and numbers, to include graphs.

- b) Fee Schedule Update- TSH CPT 84443 Current Price is \$94, LabCorp has it as \$8.73. CMP CPT 80053 Current Price is \$15, LabCorp has it as \$15.75. She stated that she is unsure how the prices became incorrect. She is asking that the Board approve the change. Kelly Parrish introduced the Booster codes for Moderna and Pfizer. Although she does not have a price, she is requesting approval and will bring the price to the next meeting. Tamra Jones stated that the administrative code for Hepatitis B needs to be changed to G0010 with a price of \$25. Per Medicare they only accept G codes. Robert Butler questions if the Board should wait to vote due to missing three pieces of information. He questioned the large difference between the TSH current price and new price. Tamra Jones explained that these numbers go through several people, it could have been a mistake or it could have simply been that LabCorp lowered their price. She explained that we do not bill for the test, but the price does have to be on the report when reported to the State. Dr. Jeffrey Bell asked for a motion to approve the new LabCorp Fees and CPT updates; Motion to approve made by Jacqueline Howard; 2<sup>nd</sup> by Robert Butler.
- c) AA 361 ELC Reopening Schools SH Liaison- \$115,000-Per Wanda Robinson this position will be a contract nurse that will work with the schools with anything Covid related. Motion to approve made by Linda Peterson; 2<sup>nd</sup> by Yire Hernandez.
- d) AA 466 Advancing Equity- \$39,000- Per Wanda Robinson this is also a contract position for a Health Educator to work with the schools. Motion to approve made by Commissioner Lethia Lee; 2<sup>nd</sup> by Dr. Elizabeth Bryan.

**IX. Health Director's Report:** Wanda Robinson asked everyone to look at the NC DHHS Newsletter for Local Farmworker Vaccination Teams that was handed out about Farmworker Vaccinations. She stated that we have done really well vaccinating our farmworkers and have had several buses come to get vaccinations. She explains that the Health Department has been very busy providing Covid vaccine on Monday, Wednesday and Friday. Covid testing on Tuesday and Thursday. Along with still providing services in house. See attached Newsletter from June 2021 and August 2021 for details.



# Sampson County Health Department

## Annual Report 2020-2021

[www.facebook.com/Sampson-County-Health-Department](http://www.facebook.com/Sampson-County-Health-Department)

### GRANTS & AWARDS

#### Grants

*Enhanced Influenza - \$14,492*

Due to the importance of flu vaccine coverage during the COVID-19 pandemic, these funds were awarded to enhance and/or develop new flu activities & outreach.

*Infant Mortality Reduction Grant - \$65,906*

This grant supplies long-acting contraceptives to reduce the infant mortality rate.

*OBCM Non-Medicaid Grant - \$45,817*

This grant provides prenatal and postpartum care management services to uninsured, low income women ineligible for Medicaid, who are at high risk for poor birth outcomes, including low birth weight babies and premature delivery.

*Rural Health Grant - \$150,000*

This grant provides quality healthcare access to uninsured or underinsured clients.

*United Way of Sampson County Grant - \$7,000*

This grant increased in funding from \$5,000 and provides mammograms and diagnostic procedures to uninsured or underinsured minority females.

*COVID-19 Funds- \$440,762*

These funds were allocated to local health departments to support COVID-19 staffing, infection controls, testing, tracing, vaccination, IT infrastructure and data sharing, and visualization.

### HIGHLIGHTS

#### Infant Mortality

Sampson County's Infant Mortality Rate decreased from 6.0 in 2017 to 4.1 in 2019 per 1,000 live births.

#### Medicaid Transformation

Staff members have completed required mandatory trainings to successfully transition to "NC Managed Care" starting July 1, 2021 in which beneficiaries choose a health plan and get care through a health plan's network of doctors.

#### COVID-19 Response

Since the start of the pandemic, health department staff have worked around the clock to protect Sampson County residents and slow the spread of the virus. The health department has been on the frontline supporting people by continuing to provide education, testing, and vaccinations. We have collaborated with other county entities to provide many successful mass COVID-19 vaccination events, as well as provided opportunities to reach low socioeconomic communities, migrant farm worker populations, businesses (employees), inmates, and home bound patients. The health department provided **18,065** COVID vaccines during the 20-21 fiscal year.



# Sampson County Health Department

## 2020-2021 Annual Report

### Message from the Health Director

The Sampson County Board of Health and the staff of the Sampson County Health Department are pleased to provide you with our annual report for fiscal year 2020-2021. The Sampson County Health Department works hard to accomplish our mission—to preserve, protect and promote the health, environment and well-being of the citizens of Sampson County. This report was developed to inform Sampson County residents and officials of the progress made by their Public Health Department to meet this mission.

Since March 2020, the main focus of the health department has been on COVID-19. As of June 30, 2021, Sampson County has provided 22,597 COVID-19 Tests with 8,322 positives. This has created additional workload on the staff and the department. Much work has been done on testing, contact investigation, contact tracing, isolation, quarantine, and vaccination of county residents. I am sure these preventative efforts will continue through next fiscal year as public health takes the lead role in the pandemic.

The demand for our services has increased over the past year due to the economy. Our case management services have doubled due to policy changes by the Division of Medical Assistance. Clinic numbers continue to increase due to the need for client services. United Way and Sampson County BCCCP continue to provide Breast and Cervical Cancer services and virtual outreach due to the pandemic. We continue to work with the Sampson County Healthy Carolinians Task Force to partner and focus on the areas identified in our community health assessment while continuing to provide much needed safety net services to Sampson County residents. I am proud of the many programs provided by our staff and the diligence with which they work to improve the health of Sampson County.

Thank you for taking the time to review our annual report and join us as we observe the three 'W's: Wear, Wait, Wash.

Wanda Robinson  
Health Director

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# Sampson County Health Department

## FY 2020-2021 by the numbers

### CLINICS

Adult Health (visits)	932
Breast & Cervical Cancer Control Program (visits)	41
Care Management for At-Risk Children/CC4C (avg. caseload)	116
Child Health (visits)	261
Communicable Disease (total)	75
Diabetes Self-Management Education (assessments)	49
Family Planning (visits)	922
Immunizations (total)	2,916
Laboratory Services (total)	4,218
Maternal Health (visits)	1,953
Sexually Transmitted Disease (visits)	781
Newborn Home (visits)	0
Postpartum Home Visits	0
Case Management for High Risk Pregnancy/OBCM (avg. caseload)	96
Tuberculosis (cases)	2

### ENVIRONMENTAL HEALTH

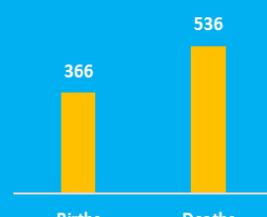
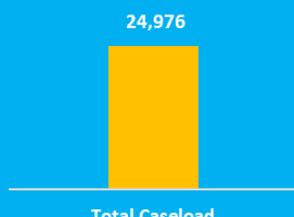
<b>Food &amp; Lodging</b>	
Inspections	403
Visits	428
<b>Septic Systems</b>	
Permits	929
Site Visits	892
Evaluations	435
<b>Water</b>	
Visits	299
Samples Collected	215
<b>Wells</b>	
Permits Issued	116

288

### HEALTH PROMOTION

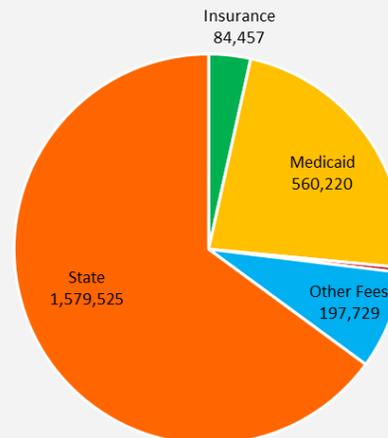
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### VITAL RECORDS

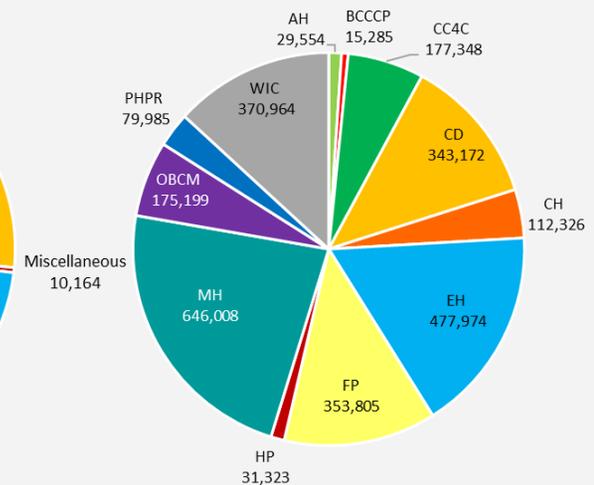


### FINANCE

#### Revenues



#### Expenses



## Sampson County COVID-19 Update

11/15/2021

### 1. Statistics:

- a. 183 cases reported in the last 14 days

Last week	253
Last month	532

- b. 4.7% rate for Sampson; NC = 6.2%  
c. 52% partially vaccinated; 48% fully vaccinated

### 2. Vaccine Update:

- a. Pfizer Pediatric Vaccines have been given approval to be administered to those 5-11 years of age. SCHED plans to begin administering these on Wednesday, November 17<sup>th</sup> at the Expo Center.
- b. 1% of the 5-11-year-old population have received the first vaccine (49 children). There are approximately 4,500 children this age who are eligible for the vaccine in Sampson County.
- c. NC DHHS has established a Family Vaccination Site at SCC. It is open Thursday through Friday: 1-6pm and Saturday: 10am-2pm. This site will be open at this location until November 20<sup>th</sup> then will likely move to the Expo Center. Vaccine incentives will also be given at this site.

SCHED continues to offer all vaccines (Moderna, Pfizer and Janssen) on Mondays and Fridays at the health department and on Wednesdays at the Expo Center. No appointment needed.

COVID testing is available Tuesdays from 8am-10am and 2-4pm and on Thursdays from 2-4pm. No appointment needed.

SCHED also seeks opportunities to vaccinate the community offsite. We recently participated in Ag Day at the Expo Center and administered 60 vaccines. We also went onsite to a migrant camp on Friday, November 12<sup>th</sup> and administered 124 vaccines to H2A workers. We also administer vaccines to home-bound residents in our county.

**PUBLIC COMMENT POLICIES AND PROCEDURES**  
**Revised June, 2018**

In accordance with NCGS 153A-52.1, a period reserved for comments from the public on topics not otherwise included on that evening's agenda will be included as an item of business on all agendas of regularly-scheduled Board of Commissioners meetings and shall be deemed the "Public Comment" segment of the agenda. The Public Comment segment of the agenda will be placed at the end of the agenda, following the conclusion of all other open session business. Because subjects of Special and Emergency Meetings are often regulated by General Statutes, there will be no Public Comments segment reserved on agendas of these meetings; however, Special and Emergency Meetings are open for public attendance.

As with public hearings, the Chair (or presiding officer) will determine and announce limits on speakers at the start of the Public Comment period. Each speaker will be allocated no more than five (5) minutes. The Chairman (or presiding officer) may, at their discretion, decrease this time allocation if the number of persons wishing to speak would unduly prolong the meeting. A staff member will be designated as official timekeeper, and the timekeeper will inform the speaker when they have one minute remaining of their allotted time. When the allotted time is exhausted, the speaker will conclude their remarks promptly and leave the lectern. Speakers may not yield their time to another speaker, and they may not sign up to speak more than once during the same Public Comment period.

An individual wishing to address the Board during the Public Comment period shall register with the Clerk/Deputy Clerk to the Board prior to the opening of the meeting by signing his or her name, and providing an address and short description of his or her topic on a sign-up sheet stationed at the entrance of the meeting room. Any related documents, printed comments, or materials the speaker wishes distributed to the Commissioners shall be delivered to the Clerk/Deputy Clerk in sufficient amounts (10 copies) at least fifteen minutes prior to the start of the meeting. Speakers will be acknowledged to speak in the order in which their names appear on the sign-up sheet. Speakers will address the Commissioners from the lectern, not from the audience, and begin their remarks by stating their name and address.

**To ensure the safety of board members, staff and meeting attendees, speakers are not allowed to approach the Board on the seating platform, unless invited by the Board to approach.**

Speakers who require accommodation for a disabling condition should contact the office of the County Clerk or County Manager not less than twenty-four (24) hours prior to the meeting.

If time allows, those who fail to register before the meeting may be allowed speak during the Public Comment period. These individuals will be offered the opportunity to speak following those who registered in advance. At this time in the agenda, an individual should raise his or her hand and ask to be recognized by the Board Chair (or presiding officer) and then state his or her name, address and introduce the topic to be addressed.

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

Items of discussion during the Public Comment segment of the meeting will be only those appropriate to Open Meetings. Closed Meeting topics include, but are not limited to, such subjects as personnel, acquisition of real property, and information protected by the client-attorney privilege. Closed Meeting

subjects will not be entertained. Speakers will not discuss matters regarding the candidacy of any person seeking public office, including the candidacy of the person addressing the Board.

Speakers will be courteous in their language and presentation, shall not use profanity or racial slurs and shall not engage in personal attacks that by irrelevance, duration or tone may threaten or perceive to threaten the orderly and fair progress of the discussion. Failure to abide by this requirement may result in forfeiture of the speaker's right to speak.

The Public Comments segment of the agenda is intended to provide a forum for the Board of Community to listen to citizens; there shall be no expectation that the Board will answer impromptu questions. However, Board members, through the presiding officer, may ask the speaker questions for clarification purposes. Any action on items brought up during the Public Comment period will be at the discretion of the Board. When appropriate, items will be referred to the Manager or the proper Department Head for further review.

A copy of the Public Comments Policy will be included in the agenda of each regular meeting agenda and will be made available at the speaker registration table. The policy is also available on the County's website.