Wayne County, North Carolina
Board of Commissioners

March 5, 2024
224 E. Walnut Street
Courthouse 4th Floor
Goldsboro, NC 27530

MINUTES

8:00 A.M. AGENDA BRIEFING

During the scheduled briefing and prior to the regularly scheduled meeting, the Board of Commissioners held an advertised briefing session to discuss the items of business on the agenda.

The briefing began at 8:00 a.m. with Chairman Chris Gurley reviewing the agenda. No adjustments were made.

Finance Director Angie Boswell reviewed the budget amendments.

At 8:09 a.m., Commissioner Joe C. Daughtery joined the meeting.

County Manager Chip Crumpler reviewed the late present use value application.

Staff Attorney Andrew Neal reviewed the conveyance of 38.33 acres to the Wayne County Development Alliance.

County Manager Chip Crumpler reviewed the agreement with Crossroads Strategies.

Members Present: Chairman Chris Gurley; Vice-Chairman George Wayne Aycock, Jr.; Barbara Aycock; Joe Daughtery; Freeman Hardison, Jr.

Members Absent: Bevan Foster and Antonio Williams

9:00 A.M. CALL TO ORDER - Chairman Chris Gurley

The Wayne County Board of Commissioners met on Tuesday, March 5, 2024, at 9:06 a.m. in the Commissioners Meeting Room in the Wayne County Courthouse Annex, Goldsboro, North Carolina, after due notice thereof had been given.

Members present: Chairman Chris Gurley; Vice-Chairman George Wayne Aycock, Jr.; Barbara Aycock; Joe C. Daughtery; Bevan Foster; and Freeman Hardison, Jr.

Members absent: Antonio Williams

INVOCATION - Commissioner Joe C. Daughtery

Commissioner Joe C. Daughtery gave the invocation.

PLEDGE OF ALLEGIANCE - Chairman Chris Gurley

Chairman Chris Gurley led the Board of Commissioners in the Pledge of Allegiance to the Flag of the United States of America.

APPROVAL OF MINUTES

1. Motion to Approve the February 20, 2024, Minutes.

   Upon motion of Commissioner Freeman Hardison, Jr., the Board of Commissioners unanimously approved the February 20, 2024, minutes.

DISCUSSION/ADJUSTMENT OF AGENDA

2. Motion to Approve the Agenda for March 5, 2024.

   Upon motion of Vice-Chairman George Wayne Aycock, Jr., the Board of Commissioners unanimously approved the Agenda for March 5, 2024.

SPECIAL PRESENTATIONS

3. Mark Browder with Mark III, Benefits Administrator

   Mark III Benefits Administrator Mark Browder gave a presentation, attached hereto as Attachment A, detailing the health plan performance and 2024-2025 renewal recommendations.

   Commissioner Bevan Foster commended the Human Resources department and plan for better fitness within the County. Commissioner Joe C. Daughtery commended Mr. Browder for a great plan presented nine years ago that proved itself valuable today. Mr. Browder commended the staff and leadership for their willingness to invest in the plan several years ago. Chairman Chris Gurley thanked Mr. Browder for the great news.

9:30 A.M. PUBLIC HEARING

4. Public Hearing to receive public comments on amendments to Article VII of the Wayne County Code of Ordinances, related to Solar Energy Facilities, as well as the Wayne County Zoning Ordinance, related to Wind Energy Facilities.

   At 9:38 a.m., Chairman Chris Gurley opened the Public Hearing to receive public comments on amendments to Article VII of the Wayne Code of Ordinances.

   Planning Director Berry Gray explained the proposed amendments to the ordinances.

   Mr. Kevin Johnson spoke of the loss of farmland acreage to solar energy facilities versus loss of acreage to the construction of highways by the NCDOT, (nearly double). No one else presented themselves for comments.

   At 9:56 a.m., Chairman Chris Gurley closed the Public Hearing.

   Upon motion of Commissioner Freeman Hardison, Jr., the Board of Commissioners unanimously approved the amendments to Article VII of the

Wayne County Code of Ordinances, related to Solar Energy Facilities, as well as the Wayne County Zoning Ordinance, related to Wind Energy Facilities, attached hereto as Attachment B. Per GS 153A-45, when an ordinance requires a public hearing to be adopted, during the first meeting at which it is introduced, the amendment must receive a positive vote from all members of the board, not simply a majority. As one member was absent, the matter will be voted on again at the March 19, 2024, meeting, where a simple majority will be sufficient for adoption.

UNFINISHED BUSINESS

5. Motion to Approve Request for Applications for Wayne County Opioid Settlement Funds (Option A Strategies).

Staff Attorney Andrew Neal and Assistant County Manager Ginger Moore presented the RFA summary and answered questions from the board. County Attorney E. B. Borden Parker commended the NCACC for working diligently to keep the allocation responsibility with the counties and for requiring reports from recipients.

Upon motion of Commissioner Barbara Aycock, the Board of Commissioners unanimously approved the Request for Applications for Wayne County Opioid Settlement Funds (Option A Strategies), attached hereto as Attachment C.

CONSENT AGENDA

Upon motion of Commissioner Joe C. Daughtery, the Board of Commissioners unanimously approved the Consent Agenda, detailed below.

6. Budget Amendments

#340-Health Department/#343-Sheriff's Office/#354-Social Services/#346-Health Department/#347-Veterans/#348-Cooperative Extension/#349-Finance/#350-Finance/#351-Health Department/#355-Health Department/#356-Finance/#357-GWTA/#359-Health Department/#360-Health Department/#362-Sheriff's Office/#363-Health Department/#364-Sheriff's Office.

7. Late Present Use Value Application

8. Motion to approve the final upset bid for surplus property jointly owned by the City of Goldsboro and the County of Wayne located at 1105 & 1107 N. George Street, Goldsboro (PINs: 2690903868 & 2690903973).

Attached hereto as Attachment D.

9. Motion to Approve the Preliminary Plat for Hunters Trace Subdivision

Attached hereto as Attachment E.

10. Local Government Commission Response to the Auditor's Findings, Recommendations, and Fiscal Matters

Attached hereto as Attachment F.

11. Motion to approve the conveyance of 38.33 acres located at 404 Gateway Drive to Wayne County Development Alliance, Inc. (PIN: 3519915801).

Attached hereto as Attachment G.

NEW BUSINESS

12. Motion to Approve an Agreement between the County of Wayne, City of Goldsboro, and Friends of Seymour for a contract with Crossroads Strategies, contingent upon attorney approval, and appropriate budget amendment.

Upon motion of Commissioner Joe C. Daughtery, the Board of Commissioners approved, by a vote of five to one with Commissioner Bevan Foster voting against, an Agreement between the County of Wayne, City of Goldsboro, and Friends of Seymour, for a contract with Crossroads Strategies, contingent upon attorneys approval, and appropriate budget amendment, attached hereto as Attachment H.

PUBLIC COMMENTS

No one signed up for Public Comments.

COUNTY MANAGER'S REPORT

County Manager Chip Crumpler did not have a report.

BOARD OF COMMISSIONERS COMMITTEE REPORTS

Commissioner Joe C. Daughtery had no comments.

Vice-Chairman George Wayne Aycock, Jr., encouraged voters to participate in election day, and the upcoming Cures for Colors event.

Commissioner Barbara Aycock discussed the upcoming Mainstreet Conference, Change of Command for the 4th Fighter Wing Commander, the Cancer Gala at the Maxwell Center, and Agriculture Week.

Commissioner Freeman Hardison, Jr., encouraged residents to vote.

Commissioner Bevan Foster discussed March as Women in History Month.

Chairman Chris Gurley thanked Kevin Johnson for his service to Wayne County, thanked Colonel Teel for his service to Seymour Johnson Air Force Base, discussed the upcoming Special Olympics event, and made a statement regarding education starting at home with parents or guardians and the importance in their involvement in a child's education. He said throwing money at the problem is not the answer but working together, those involved can help find a solution.

CLOSED SESSION

At 8:18 a.m., upon motion of Commissioner Freeman Hardison, Jr., the Board of Commissioners unanimously declared itself in closed session to consult with attorneys employed or retained by the public body in order to preserve the attorney-client privilege between the attorneys and the public body, which privilege is hereby acknowledged.

At 8:58 a.m., upon motion of Commissioner Freeman Hardison, Jr., the Board of Commissioners unanimously declared itself in regular session.

ADJOURNMENT

At 10:12 AM, Chairman Chris Gurley adjourned the Meeting of the Wayne County Board of Commissioners.

Carol Bowden, Clerk to the Board

WAYNECOUNTY
NORTH CAROLINA

PLAN UPDATE

Plan Performance and 2024 – 2025 Renewal

Mark III Employee Benefits

March 5, 2024

Our North Carolina Clients

Mark III Employee Benefits

90+



170+ across the Southeast



Healthcare Consulting

Partners Include:

aetna™

AMWINS™

Anthem

BlueCross BlueShield of North Carolina

Cigna

EXPRESS SCRIPTS®

MEDCOST℠

NCLM NC LEAGUE OF MUNICIPALITIES

United Healthcare

Mark III Employee Benefits

IHA INTERGOVERNMENTAL HEALTHCARE ALLIANCE

Plan Summary

The Wayne County Medical Plan has had excellent performance over the past 5 years:

- ✓ Plan claims have declined -7% since 2019 – 2020.
- ✓ An amazing track record.
- ✓ Wellness innovations include impactable conditions such as unique Diabetes and Weight Management strategies
- ✓ Implemented IHA protections and cost reduction strategies
- ✓ The most stable Medical Plan budget in Plan History

2021 – 2022 Plan Experience

PPO

	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	Other Credits	Net Costs	County Budgeted
July-21	650	915	$575,558.36	$74,976.79	$650,535.15	$1,000.82	$72,520.50	$724,187.47	$0.00	$29,364.57	$0.00	$753,552.04	$633,282.00
August-21	643	900	$344,335.54	$115,650.16	$459,985.70	$715.37	$71,739.51	$537,765.81	$0.00	$6,437.92	$0.00	$544,203.73	$626,462.04
September-21	631	884	$724,974.63	$138,308.02	$863,282.65	$1,368.12	$70,400.67	$910,444.58	$156,669.08	$8,379.46	$0.00	$762,154.96	$614,770.68
October-21	627	877	$418,541.20	$134,034.54	$552,575.74	$881.30	$69,954.39	$624,289.73	$37,155.52	$8,713.86	$41,321.92	$554,526.15	$610,873.56
November-21	616	860	$513,539.99	$104,746.88	$618,286.87	$1,003.71	$68,727.12	$688,761.97	$92,352.99	$8,667.19	$0.00	$605,076.17	$600,156.48
December-21	620	864	$784,908.85	$144,562.20	$929,471.05	$1,499.15	$69,173.40	$1,003,448.91	$153,439.93	$4,884.60	$0.00	$854,893.58	$604,053.60
January-22	612	861	$502,301.53	$95,803.70	$598,105.23	$977.30	$68,280.84	$668,144.01	$181,295.35	$8,022.26	$0.00	$494,870.92	$596,259.36
February-22	603	846	$418,695.29	$123,949.35	$542,644.64	$899.91	$67,276.71	$615,106.07	$141,464.69	$4,927.91	$0.00	$478,569.29	$587,490.84
March-22	600	841	$269,645.08	$148,445.57	$418,090.65	$696.82	$66,942.00	$486,790.59	$103,279.75	$6,176.16	$0.00	$389,687.00	$584,568.00
April-22	595	829	$451,687.46	$130,970.40	$582,657.86	$979.26	$66,384.15	$650,756.79	$179,039.64	$11,552.41	$0.00	$483,269.56	$579,696.60
May-22	583	803	$349,702.21	$116,799.65	$466,501.86	$800.17	$65,045.31	$537,550.51	$106,709.43	$4,378.60	$0.00	$435,219.68	$568,005.24
June-22	579	796	$484,292.91	$185,255.96	$669,548.87	$1,156.39	$64,599.03	$735,805.86	$54,107.30	$4,467.84	$0.00	$686,166.40	$564,108.12
Total	7,359	10,276	$5,838,183.05	$1,513,503.22	$7,351,686.27	$999.01	$821,043.63	$8,183,052.30	$1,205,513.68	$105,972.78	$41,321.92	$7,042,189.48	$7,169,726.52

HSA

Date	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	HSA Per Sub	Net Costs	County Budgeted
July-21	144	192	$14,662.82	$17,329.54	$31,992.36	$222.17	$16,066.08	$57,058.44	$0.00	$0.00	$62.50	$56,995.94	$133,947.36
August-21	147	193	$37,535.28	$1,858.90	$39,394.18	$267.99	$16,400.79	$64,982.47	$0.00	$0.00	$62.50	$64,919.97	$136,737.93
September-21	142	186	$10,553.38	$8,618.37	$19,171.75	$135.01	$15,842.94	$43,889.69	$0.00	$0.00	$62.50	$43,827.19	$132,086.98
October-21	145	188	$20,743.70	$5,257.83	$26,001.53	$179.32	$16,177.65	$51,241.68	$0.00	$0.00	$62.50	$51,179.18	$134,877.55
November-21	149	195	$16,825.25	$5,354.77	$22,180.02	$148.86	$16,623.93	$48,116.45	$0.00	$0.00	$62.50	$48,053.95	$138,598.31
December-21	156	202	$53,322.87	$11,299.27	$64,622.14	$414.24	$17,404.92	$91,777.06	$0.00	$0.00	$62.50	$91,714.56	$145,109.64
January-22	160	207	$49,718.71	$15,867.28	$65,585.99	$409.91	$17,851.20	$93,437.19	$0.00	$0.00	$62.50	$93,374.69	$148,830.40
February-22	162	204	$28,906.31	$10,240.24	$39,146.55	$241.65	$18,074.34	$67,345.89	$0.00	$0.00	$62.50	$67,283.39	$150,690.78
March-22	166	212	$66,569.59	$52,478.45	$119,048.04	$717.16	$18,520.62	$147,943.66	$0.00	$0.00	$62.50	$147,881.16	$154,411.54
April-22	174	219	$60,579.03	$(3,526.87)	$57,052.16	$327.89	$19,413.18	$87,340.34	$0.00	$0.00	$62.50	$87,277.84	$161,853.06
May-22	169	214	$65,271.27	$30,003.66	$95,274.93	$563.76	$18,855.33	$124,692.76	$0.00	$0.00	$62.50	$124,630.26	$157,202.11
June-22	176	222	$55,825.05	$32,230.19	$88,055.24	$500.31	$19,636.32	$118,691.56	$0.00	$0.00	$62.50	$118,629.06	$163,713.44
	1,890	2,434	$480,513.26	$187,011.63	$667,524.89	$353.19	$210,867.30	$996,517.19	$0.00	$0.00		$995,767.19	$1,758,059.10

Combined

Date	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	Other Credits	Net Costs	County Budgeted
July-21	794	1,107	$590,221.18	$92,306.33	$682,527.51	$859.61	$88,586.58	$781,245.91	$0.00	$29,364.57	$0.00	$810,610.48	$767,229.36
August-21	790	1,093	$381,870.82	$117,509.06	$499,379.88	$632.13	$88,140.30	$602,748.28	$0.00	$6,437.92	$0.00	$609,186.20	$763,199.97
September-21	773	1,070	$735,528.01	$146,926.39	$882,454.40	$1,141.60	$86,243.61	$954,334.27	$156,669.08	$8,379.46	$0.00	$806,044.65	$746,857.66
October-21	772	1,065	$439,284.90	$139,292.37	$578,577.27	$749.45	$86,132.04	$675,531.41	$37,155.52	$8,713.86	$41,321.92	$605,767.83	$745,751.11
November-21	765	1,055	$530,365.24	$110,101.65	$640,466.89	$837.21	$85,351.05	$736,878.42	$92,352.99	$8,667.19	$0.00	$653,192.62	$738,754.79
December-21	776	1,066	$838,231.72	$155,861.47	$994,093.19	$1,281.05	$86,578.32	$1,095,225.97	$153,439.93	$4,884.60	$0.00	$946,670.64	$749,163.24
January-22	772	1,068	$552,020.24	$111,670.98	$663,691.22	$859.70	$86,132.04	$761,581.20	$181,295.35	$8,022.26	$0.00	$588,308.11	$745,089.76
February-22	765	1,050	$447,601.60	$134,189.59	$581,791.19	$760.51	$85,351.05	$682,451.96	$141,464.69	$4,927.91	$0.00	$545,915.18	$738,181.62
March-22	766	1,053	$336,214.67	$200,924.02	$537,138.69	$701.23	$85,462.62	$634,734.25	$103,279.75	$6,176.16	$0.00	$537,630.66	$738,979.54
April-22	769	1,048	$512,266.49	$127,443.53	$639,710.02	$831.87	$85,797.33	$738,097.13	$179,039.64	$11,552.41	$0.00	$570,609.90	$741,549.66
May-22	752	1,017	$414,973.48	$146,803.31	$561,776.79	$747.04	$83,900.64	$662,243.27	$106,709.43	$4,378.60	$0.00	$559,912.44	$725,207.35
June-22	755	1,018	$540,117.96	$217,486.15	$757,604.11	$1,003.45	$84,235.35	$854,497.42	$54,107.30	$4,467.84	$0.00	$804,857.96	$727,821.56
Total	9,249	12,710	$6,318,696.31	$1,700,514.85	$8,019,211.16	**$867.04**	$1,031,910.93	$9,179,569.49	$1,205,513.68	$105,972.78	$41,321.92	$8,038,706.67	$8,927,785.62
			Rx Cost/Sub	**$183.86**		**102.65%**			**124.13%**				**$889,078.95**

Intergovernmental Healthcare Alliance (IHA)

- ✓ Began in the Spring of 2022
- ✓ Mark III seeks opportunities to provide customers with best-in-class solutions, leverage, scale, and **National Account contract terms** through partners that can deliver:
  - ✓ Administration
  - ✓ Pharmacy Benefit Management Contract – Terms and pass-through that provide prospects and clients with the greatest financial and contract terms.
  - ✓ Stop Loss Contracts – Representing significant book of business leverage that reduces risk and improves economic opportunity.
  - ✓ Unique Cost Containment Strategies

Intergovernmental Healthcare Alliance (IHA)

IHA Participants

- ✓ City of Brevard
- ✓ City of Gastonia
- ✓ City of Hamlet
- ✓ City of Henderson
- ✓ City of Salisbury
- ✓ City of Sanford
- ✓ City of Washington
- ✓ Cleveland County
- ✓ Gaston County
- ✓ Granville County
- ✓ Halifax County
- ✓ Harnett County
- ✓ Henderson County
- ✓ Hertford County
- ✓ Jackson County
- ✓ Lee County
- ✓ Lumbee Tribe
- ✓ Pitt County
- ✓ Randolph County
- ✓ Robeson County
- ✓ Rowan County
- ✓ Scotland County
- ✓ Transylvania County
- ✓ Vaya Health
- ✓ **Wayne County**
- ✓ Wilkes County
- ✓ Western Piedmont COG

IHA is the largest collaboration in North Carolina – 15,393 Subscribers and 23,161 Members - IHA represents 20% of BCBSNC's Public Sector Book

The savings to these customers was $7,100,000

Intergovernmental Healthcare Alliance (IHA)

Incorporated the following policy provision to protect and reward performance at no additional cost to participants:

- ✓**No New Laser Contract**
- ✓Renewal Rate Cap Provision
- ✓**Custom Experience Refund Provision**
- ✓First Year Renewal
- ✓Mid-single digit overall increase for all participants

Intergovernmental Healthcare Alliance (IHA)

IHA Stop Loss Collaboration Results

- ✓ 2024 – 2025: Positive Year to Date Performance
  - Resulting in a net increase of low single digits, two years in a row.
- ✓ Expected pharmacy rebate improvement of +35% for 2024 – 2025.
- ✓ Reduction in administration fees, two years in a row.
- ✓ **Block protection for the members:**

Relationship	Enrollment Status	Leading ETG Description	Total Payments	Medical Payments	RX Payments	Primary Driver
SPS	**ACTIVE**	**Hemophilia**	**$1,224,638**	**$716**	**$1,223,922**	**Rx**
SUB	ACTIVE	Malignant neoplasm of genitourinary system, except	$367,998	$367,903	$96	IP
SUB	ACTIVE	Malignant neoplasm of large intestine	$203,320	$203,305	$15	OP

2022 – 2023 Plan Experience

PPO													
	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	Other Credits	Net Costs	County Budgeted
July-22	580	790	$267,007.06	$137,886.84	$404,893.90	$698.09	$102,213.40	$508,742.32	$0.00	$6,795.36	$0.00	$515,537.68	$565,082.40
August-22	577	786	$250,753.71	$145,301.06	$396,054.77	$686.40	$101,684.71	$479,815.48	$0.00	$6,334.64	$0.00	$486,150.12	$562,159.56
September-22	582	792	$312,467.56	$128,221.28	$440,688.84	$757.20	$102,565.86	$543,254.70	$0.00	$8,028.85	$0.00	$551,283.55	$567,030.96
October-22	585	792	$663,800.30	$111,717.50	$775,517.80	$1,325.67	$103,094.55	$880,258.91	$6,293.31	$9,634.76	$0.00	$883,600.36	$569,953.80
November-22	578	772	$453,127.47	$165,194.84	$618,322.31	$1,069.76	$101,860.94	$726,248.33	$36,634.35	$7,261.19	$47,930.08	$648,945.09	$563,133.84
December-22	580	776	$374,505.49	$127,950.51	$502,456.00	$866.30	$102,213.40	$604,669.40	$20,397.56	$4,700.15	$0.00	$588,971.99	$565,082.40
January-23	573	771	$374,373.07	$162,522.03	$536,895.10	$936.99	$100,979.79	$637,874.89	$78,863.27	$3,038.81	$0.00	$562,050.43	$558,262.44
February-23	572	772	$269,861.28	$161,387.84	$431,249.12	$753.93	$100,803.56	$532,052.68	$5,748.71	$6,097.72	$0.00	$532,401.69	$557,288.16
March-23	566	765	$287,618.87	$200,676.29	$488,295.16	$862.71	$99,746.18	$588,041.34	$502.24	$5,509.30	$97,860.50	$495,187.90	$551,442.48
April-23	564	766	$258,035.96	$182,605.20	$440,641.16	$781.28	$99,393.72	$540,034.88	$78,226.11	$1,748.74	$0.00	$463,557.51	$549,493.92
May-23	567	771	$290,491.03	$235,979.92	$526,470.95	$928.52	$99,922.41	$626,393.36	$33,400.70	$4,322.13	$0.00	$597,314.79	$552,416.76
June-23	568	774	$261,692.13	$190,297.33	$451,989.46	$795.76	$100,098.64	$552,088.10	$55,770.27	$5,387.48	$102,522.29	$399,183.02	$553,391.04
Total	6,892	9,327	$4,063,733.93	$1,949,740.64	$6,013,474.57	$872.53	$1,214,577.16	$7,219,474.39	$315,836.52	$68,859.13	$248,312.87	$6,724,184.13	$6,714,737.76

HSA													
Date	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	HSA Per Sub	Net Costs	County Budgeted
July-22	169	215	$22,765.95	$4,159.40	$26,925.35	$159.32	$29,782.87	$67,270.72	$0.00	$0.00	$62.50	$67,208.22	$157,202.11
August-22	169	217	$22,112.89	$19,287.87	$41,400.76	$244.97	$29,782.87	$81,746.13	$0.00	$0.00	$62.50	$81,683.63	$157,202.11
September-22	174	225	$67,554.30	$14,040.36	$81,594.66	$468.93	$30,664.02	$123,133.68	$0.00	$0.00	$62.50	$123,071.18	$161,853.06
October-22	173	226	$46,723.23	$21,395.49	$68,118.72	$393.75	$30,487.79	$109,419.01	$0.00	$0.00	$62.50	$109,356.51	$160,922.87
November-22	181	233	$20,022.96	$20,211.30	$40,234.26	$222.29	$31,897.63	$83,444.39	$0.00	$0.00	$62.50	$83,381.89	$168,364.39
December-22	186	237	$24,461.32	$23,834.02	$48,295.34	$259.65	$32,778.78	$92,699.12	$0.00	$0.00	$62.50	$92,636.62	$173,015.34
January-23	191	245	$60,800.39	$17,366.19	$78,166.58	$409.25	$33,659.93	$123,764.01	$0.00	$0.00	$62.50	$123,701.51	$177,666.29
February-23	196	251	$79,702.73	$37,088.03	$116,790.76	$595.87	$34,541.08	$163,581.84	$0.00	$0.00	$62.50	$163,519.34	$182,317.24
March-23	196	250	$38,656.61	$23,390.49	$62,047.10	$316.57	$34,541.08	$108,838.18	$0.00	$0.00	$62.50	$108,775.68	$182,317.24
April-23	204	257	$128,352.33	$25,273.82	$153,626.15	$753.07	$35,950.92	$202,327.07	$0.00	$0.00	$62.50	$202,264.57	$189,758.76
May-23	208	261	$79,054.71	$32,135.71	$111,190.42	$534.57	$36,655.84	$160,846.26	$0.00	$0.00	$62.50	$160,783.76	$193,479.52
June-23	210	263	$38,465.16	$52,351.57	$90,816.73	$432.46	$37,008.30	$140,950.03	$0.00	$0.00	$62.50	$140,887.53	$195,339.90
	2,257	2,880	$628,672.58	$290,534.25	$919,206.83	$407.27	$397,751.11	$1,458,020.44	$0.00	$0.00		$1,457,270.44	$2,099,438.83

Combined													
Date	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	Other Credits	Net Costs	County Budgeted
July-22	749	1,005	$289,773.01	$142,046.24	$431,819.25	$576.53	$131,996.27	$576,013.04	$0.00	$6,795.36	$0.00	$582,808.40	$722,284.51
August-22	746	1,003	$272,866.60	$164,588.93	$437,455.53	$586.40	$131,467.58	$561,561.61	$0.00	$6,334.64	$0.00	$567,896.25	$719,361.67
September-22	756	1,017	$380,021.86	$142,261.64	$522,283.50	$690.85	$133,229.88	$666,388.38	$0.00	$8,028.85	$0.00	$674,417.23	$728,884.02
October-22	758	1,018	$710,523.53	$133,112.99	$843,636.52	$1,112.98	$133,582.34	$989,677.92	$6,293.31	$9,634.76	$0.00	$993,019.37	$730,876.67
November-22	759	1,005	$473,150.43	$185,406.14	$658,556.57	$867.66	$133,758.57	$809,692.72	$36,634.35	$7,261.19	$47,930.08	$732,389.48	$731,498.23
December-22	766	1,013	$398,966.81	$151,784.53	$550,751.34	$719.00	$134,992.18	$697,368.52	$20,397.56	$4,700.15	$0.00	$681,671.11	$738,097.74
January-23	764	1,016	$435,173.46	$179,888.22	$615,061.68	$805.05	$134,639.72	$761,638.90	$78,863.27	$3,038.81	$0.00	$685,814.44	$735,928.73
February-23	768	1,023	$349,564.01	$198,475.87	$548,039.88	$713.59	$135,344.64	$695,634.52	$5,748.71	$6,097.72	$0.00	$695,983.53	$739,605.40
March-23	762	1,015	$326,275.48	$224,066.78	$550,342.26	$722.23	$134,287.26	$696,879.52	$502.24	$5,509.30	$97,860.50	$604,026.08	$733,759.72
April-23	768	1,023	$386,388.29	$207,879.02	$594,267.31	$773.79	$135,344.64	$742,361.95	$78,226.11	$1,748.74	$0.00	$665,884.58	$739,252.68
May-23	775	1,032	$369,545.74	$268,115.63	$637,661.37	$822.79	$136,578.25	$787,239.62	$33,400.70	$4,322.13	$0.00	$758,161.05	$745,896.28
June-23	778	1,037	$300,157.29	$242,648.90	$542,806.19	$697.69	$137,106.94	$693,038.13	$55,770.27	$5,387.48	$102,522.29	$540,133.05	$748,730.94
Total	9,149	12,207	$4,692,406.51	$2,240,274.89	$6,932,681.40	**$757.75**	$1,612,328.27	$8,677,494.83	$315,836.52	$68,859.13	$248,312.87	$8,182,204.57	$8,814,176.59
			Rx Cost/Sub	**$244.87**		**87.40%**			**26.51%**				**$631,972.02**

Stop Loss History

Stop-Loss History					
	Premium	Reimbursements	Loss Ratio	Rate	Change
2015 - 2016	$494,885.16	$936,257.32	**189.19%**	$50.82	100.00%
2016 - 2017	$461,478.60	$971,849.25	**210.59%**	$45.70	89.93%
2017 - 2018	$574,389.20	$353,463.29	**61.54%**	$54.85	**120.02%**
2018 - 2019	$670,128.48	$651,792.30	**97.26%**	$63.84	**116.39%**
2019 - 2020	$768,267.50	$816,604.65	**106.29%**	$76.54	**119.89%**
2020 - 2021	$845,085.85	$1,164,376.79	**137.78%**	$87.71	**114.59%**
2021 - 2022	$971,145.00	$1,205,513.68	**124.13%**	$105.00	**119.71%**
2022 - 2023	$1,191,474.27	$315,836.52	**26.51%**	$130.23	**124.03%**
2023 - 2024	$773,012.40	$63,368.83	**8.20%**	$140.65	**108.00%**
2024 - 2025				$151.20	**107.50%**
Total	$6,749,866.46	$6,479,062.63	**95.99%**		

- The Plan is self-funded.
- The County purchases stop loss insurance to protect against high claimants.
- The past two IHA renewals have been the best in the past 8 years.
- The prior 6 renewals average in the high teens.

2023 – 2024 BCBSNC IHA Renewal

	BCBSNC - Renewal 100k/125% - 7/22 - 6/23 IHA	BCBSNC - Renewal 100k/125% - 7/23 - 6/24 IHA	
	Renewal - Revised	**Renewal - Revised**	Change
Medical Administration Fee	$46.00	**$42.00**	**91.30%**
Specific Stop-loss	$130.23	**$140.65**	**108.00%**
Aggregate Stop-loss - 125% - $1,000,000 ASL Limit	$0.00	$0.00	0.00%
Total Administration Fees (A)	$176.23	$182.65	**103.64%**
Laser	$500,000.00	$500,000.00	
	IHA Stop Loss No New Lasers 50% Rate Cap Experience Below 60% Target, client receives 100% of the dollars Claims above $400,000 excluded from calc	IHA Stop Loss No New Lasers 50% Rate Cap Experience Below 60% Target, client receives 100% of the dollars Claims above $400,000 excluded from calc	

2024 – 2025 BCBSNC IHA Renewal

	BCBSNC - Renewal 100k/125% - 7/23 - 6/24 IHA	**BCBSNC - Renewal 100k/125% - 7/24 - 6/25 IHA**	
	Renewal - Revised	**Renewal - Revised**	Change
Medical Administration Fee	$42.00	**$39.90**	**95.00%**
Specific Stop-loss	$140.65	**$151.20**	**107.50%**
Aggregate Stop-loss - 125% - $1,000,000 ASL Limit	$0.00	$0.00	0.00%
Total Administration Fees (A)	$182.65	$191.10	**104.63%**
Laser	$500,000.00	$500,000.00	
	IHA Stop Loss No New Lasers 50% Rate Cap Experience Below 60% Target, client receives 100% of the dollars Claims above $400,000 excluded from calc	IHA Stop Loss No New Lasers 50% Rate Cap Experience Below 60% Target, client receives 100% of the dollars Claims above $450,000 excluded from calc	

Intergovernmental Healthcare Alliance (IHA)

- ✓Positive Year to Date Performance
  - —**Anticipate returning $2.7m to participants**
  - —Resulting in a net increase of low single digits
- ✓Continued growth of program into 2023-2024 policy year
  - —Total stop loss premium of ~$25.5m
  - —Representing growth of ~18%
- ✓Expected pharmacy rebate improvement of ~35%
- ✓Reduction in administration fees of 8.7% or $4 PEPM

2022 – 2023 IHA Stoploss Settlement

Group Identifier	Group Name	Funding Type	Specific Stop Loss Level	Specific Stop Loss Paid Claims *	Specific Stop Loss CTD Settlement Period	Return Position	Return Position Settlement Month	Aggregate Settlement
Group #1		Guaranteed Cost	$45,000	$363,690	6/30/2023	$0	N/A	$ 70,985.00
Group #2		Self-Funded	$210,000	$303,777	6/30/2023	$91,518	Dec-23	$ -
Group #3		Guaranteed Cost	$75,000	$242,328	6/30/2023	$18,193	Dec-23	$ -
Group #4		Self-Funded	$100,000	$365,652	6/30/2023	$118,371	Dec-23	$ -
Group #5		Self-Funded	$200,000	$0	N/A	$165,866	Dec-23	$ -
Group #6		Guaranteed Cost	$75,000	$320,762	6/30/2023	$27,169	Dec-23	$ -
Group #7		Self-Funded	$200,000	$447,157	6/30/2023	$103,126	Dec-23	$ -
Group #8		Self-Funded	$80,000	$505,796	6/30/2023	$0	N/A	$ -
Group #9		Self-Funded	$125,000/$50,000 Agg	$275,000	6/30/2023	$183,644	Dec-23	$ -
Group #10		Self-Funded	$150,000	$215,957	7/31/2023	$0	N/A	$ -
Group #11		Self-Funded	$250,000	$317,421	9/30/2023	$490,991	Dec-23	$ -
Group #12		Self-Funded	$160,000	$224,425	6/30/2023	$176,037	Dec-23	$ -
Group #13		Self-Funded	$175,000	$600,800	6/30/2023	$0	N/A	$ -
Group #14		Self-Funded	$190,000	$572,091	6/30/2023	$106,718	Dec-23	$ -
Group #15		Guaranteed Cost	$75,000	$215,848	6/30/2023	$2,450	Dec-23	$ -
Group #16		Self-Funded	$240,000	$0	N/A	$415,706	Dec-23	$ -
Group #17		Self-Funded	$200,000	$265,679	7/31/2023	$476,027	Dec-23	$ -
Group #18		Self-Funded	$100,000/$150,000 Agg	$825,076	6/30/2023	$38,653	Dec-23	$ -
Group #19		Self-Funded	$85,000	$1,041,781	6/30/2023	$0	N/A	$ -
Group #20		Self-Funded	$125,000	$1,080,615	6/30/2023 9/30/2023	$0	N/A	$ -
Group #21	**IHA-Wayne County**	**Self-Funded**	**$125,000**	**$315,837**	**6/30/2023**	**$291,576**	**Dec-23**	$ -
Group #22		Self-Funded	$75,000	$899,778	6/30/2023	$0	N/A	$ -
			Total	**$9,399,468**		**$2,706,045**		

- The net fixed cost for Wayne County is negative with the distribution.

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2023 – 2024 Plan Experience

PPO

	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	Other Credits	Net Costs	County Budgeted
July-23	581	789	$332,411.57	$137,480.17	$469,891.74	$808.76	$106,119.65	$576,011.39	$0.00	$4,139.72	$0.00	$580,151.11	$566,056.68
August-23	580	785	$366,480.03	$176,544.01	$543,024.04	$936.25	$105,937.00	$648,961.04	$0.00	$3,670.11	$0.00	$652,631.15	$565,082.40
September-23	576	777	$282,807.14	$179,024.14	$461,831.28	$801.79	$105,206.40	$567,037.68	$0.00	$3,286.82	$130,967.78	$439,356.72	$561,185.28
October-23	572	773	$425,054.67	$138,255.95	$563,310.62	$984.81	$104,475.80	$667,786.42	$0.00	$5,127.46	$0.00	$672,913.88	$557,288.16
November-23	571	776	$244,654.87	$166,344.22	$410,999.09	$719.79	$104,293.15	$515,292.24	$47,957.72	$4,645.14	$84,372.43	$387,607.23	$556,313.88
December-23	574	781	$299,675.71	$225,399.38	$525,075.09	$914.76	$104,841.10	$629,916.19	$14,418.65	$1,522.77	$149,079.49	$467,940.82	$559,236.72
January-24	579	784	$457,520.06	$197,751.58	$655,271.64	$1,131.73	$105,754.35	$761,025.99	$992.46	-$291,043.18	$0.00	$468,990.35	$564,108.12
February-24													
March-24													
April-24													
May-24													
June-24													
Total	4,033	5,465	$2,408,604.05	$1,220,799.45	$3,629,403.50	$899.93	$736,627.45	$4,366,030.95	$63,368.83	-$268,651.16	$364,419.70	$3,669,591.26	$3,929,271.24

HSA

Date	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	HSA Per Sub	Net Costs	County Budgeted
July-23	200	257	$65,627.93	-$2,064.38	$63,563.55	$317.82	$36,530.00	$112,593.55	$0.00	$0.00	$62.50	$112,531.05	$186,038.00
August-23	200	260	$35,194.59	$28,157.27	$63,351.86	$316.76	$36,530.00	$112,381.86	$0.00	$0.00	$62.50	$112,319.36	$186,038.00
September-23	208	273	$33,294.20	$23,163.15	$56,457.35	$271.43	$37,991.20	$107,448.55	$0.00	$0.00	$62.50	$107,386.05	$193,479.52
October-23	211	274	$31,530.83	$17,529.02	$49,059.85	$232.51	$38,539.15	$100,786.50	$0.00	$0.00	$62.50	$100,724.00	$196,270.09
November-23	213	280	$88,575.18	$18,893.98	$107,469.16	$504.55	$38,904.45	$159,686.11	$0.00	$0.00	$62.50	$159,623.61	$198,130.47
December-23	214	280	$83,279.45	$29,290.16	$112,569.61	$526.03	$39,087.10	$165,031.71	$0.00	$0.00	$62.50	$164,969.21	$199,060.66
January-24	217	285	$76,528.32	$32,751.28	$109,279.60	$503.59	$39,635.05	$162,477.15	$0.00	$0.00	$62.50	$162,414.65	$201,851.23
February-24													
March-24													
April-24													
May-24													
June-24													
	1,463	1,909	$414,030.50	$147,720.48	$561,750.98	$383.97	$267,216.95	$920,405.43	$0.00	$0.00		$919,655.43	$1,360,867.97

Combined

Date	Subs	Members	Medical	Pharmacy	Combined Medical Claims	Claims Per Sub Per Month	Total Administration	Total Cost	Stop-loss Credits	Other Charges	Other Credits	Net Costs	County Budgeted
July-23	781	1,046	$398,039.50	$135,415.79	$533,455.29	$683.04	$142,649.65	$688,604.94	$0.00	$4,139.72	$0.00	$692,744.66	$752,094.68
August-23	780	1,045	$401,674.62	$204,701.28	$606,375.90	$777.41	$142,467.00	$761,342.90	$0.00	$3,670.11	$0.00	$765,013.01	$751,120.40
September-23	784	1,050	$316,101.34	$202,187.29	$518,288.63	$661.08	$143,197.60	$674,486.23	$0.00	$3,286.82	$130,967.78	$546,805.27	$754,664.80
October-23	783	1,047	$456,585.50	$155,784.97	$612,370.47	$782.08	$143,014.95	$768,572.92	$0.00	$5,127.46	$0.00	$773,700.38	$753,558.25
November-23	784	1,056	$333,230.05	$185,238.20	$518,468.25	$661.31	$143,197.60	$674,978.35	$47,957.72	$4,645.14	$84,372.43	$547,293.34	$754,444.35
December-23	788	1,061	$382,955.16	$254,689.54	$637,644.70	$809.19	$143,928.20	$794,947.90	$14,418.65	$1,522.77	$149,079.49	$632,972.53	$758,297.38
January-24	796	1,069	$534,048.38	$230,502.86	$764,551.24	$960.49	$145,389.40	$923,503.14	$992.46	($291,043.18)	$0.00	$631,467.50	$765,959.35
February-24													
March-24													
April-24													
May-24													
June-24													
Total	5,496	7,374	$2,822,634.55	$1,368,519.93	$4,191,154.48	**$762.58**	$1,003,844.40	$5,286,436.38	$63,368.83	-$268,651.16	$364,419.70	$4,589,996.69	$5,290,139.21
			Rx Cost/Sub	**$249.00**		**100.64%**			**8.20%**				**$700,142.52**
		262	Change	**107.05%**	**19.2**	**92.89%**							

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2024 – 2025 Renewal Calculation

	Total Number of Employees	Benefit Payments	Stop-Loss Credits	Net Claims
February-23	768	$548,039.88	$5,748.71	$542,291.17
March-23	762	$550,342.26	$502.24	$549,840.02
April-23	768	$594,267.31	$78,226.11	$516,041.20
May-23	775	$637,661.37	$33,400.70	$604,260.67
June-23	778	$542,806.19	$55,770.27	$487,035.92
July-23	781	$533,455.29	$0.00	$533,455.29
August-23	780	$606,375.90	$0.00	$606,375.90
September-23	784	$518,288.63	$0.00	$518,288.63
October-23	783	$612,370.47	$0.00	$612,370.47
November-23	784	$518,468.25	$47,957.72	$470,510.53
December-23	788	$637,644.70	$14,418.65	$623,226.05
January-24	796	$764,551.24	$992.46	$763,558.78
Total	**9,347**	**$7,064,271.49**	**$237,016.86**	**$6,827,254.63**

Standard Renewal Calculations - Self-funded 2024 - 2025	
Current Plan Designs	**Mature Annual**
4	$6,827,254.63
Standard Trend 8%	**$7,600,782.58**
Benefit Change	**$7,600,782.58**
Annual Employee Count	9,347
Fixed Cost	$1,787,146.40
PPACA - Fee for Comparative Effectiveness Research Agency	**$2,840.22**
HSAs - $750	**$150,000.00**
Waist/Weight Incentive - $250	**$97,250.00**
Diabetes Management	**$75,364.85**
Medical Weight Management	**$52,920.00**
Data Analytics	**$12,000.00**
NetResults	**$0.00**
Laser - $500,000 - Renal Failure - $300,000 Allocation	**$0.00**
Renewal Calculation	$9,778,304.05
County 2022 - 2023	$9,576,559.07
2023 - 2024 - Rate Action - Projection	**102.11%**
Dollars	**$201,744.98**

- Plan performance is excellent.
- A small funding increase of 3% by the County only is a prudent long-term strategy for a self-funded Plan.
- This will smooth out any unexpected claims fluctuations

Attachment A Page 17

Wellness

Health status is well documented as having a significant affect on claims.

Conditions such as:

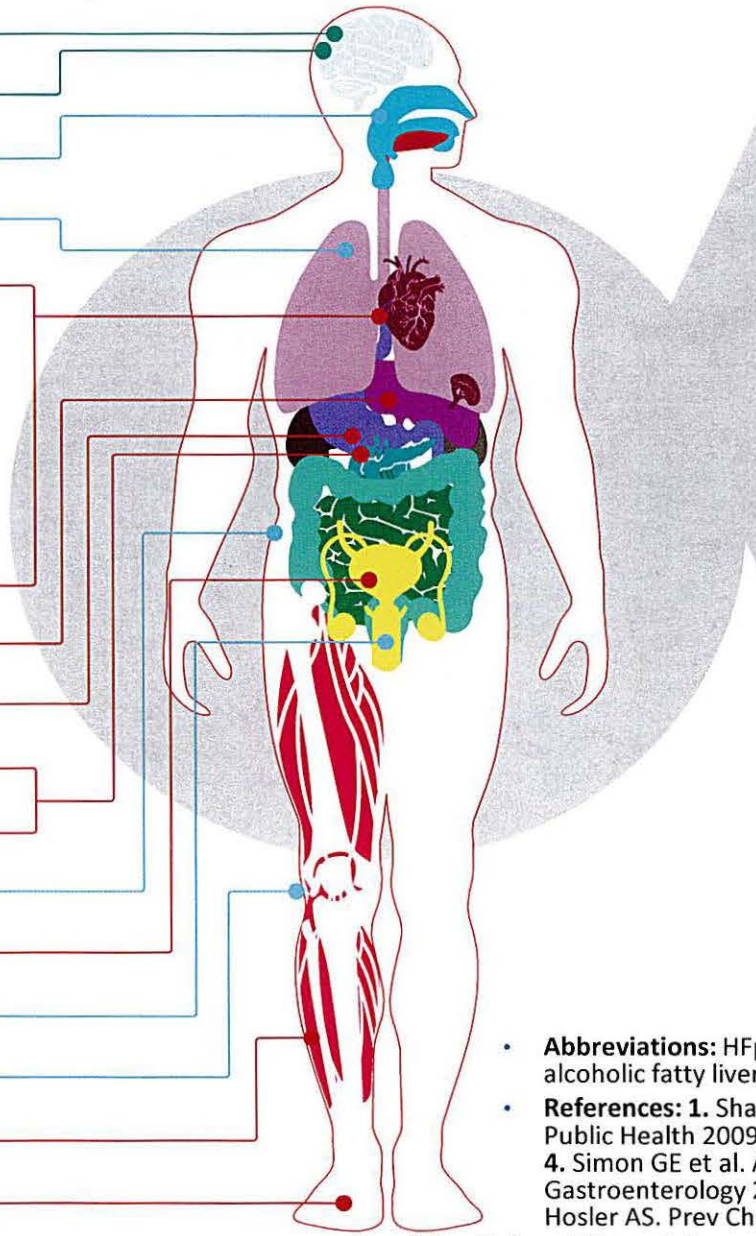
- ✓Diabetes
- ✓Obesity
- ✓High Blood Pressure
- ✓Cholesterol

Are significant and impactable claims drivers.

Mark III has been in the business of improving the lives of our customers for over 30 years, working to lead our customers and their employees to a better place.

Obesity is associated with multiple comorbidities[1-7]

- Depression
- Anxiety
- Sleep Apnea
- Asthma
- Cardiovascular diseases
  - Stroke
  - Dyslipidemia
  - Hypertension
  - Coronary artery disease
  - Pulmonary embolism
  - HFpEF
- Coronary heart failure
- NAFLD
- Gallstones
- **Type 2 diabetes**
- **Prediabetes**
- **Chronic back pain**
- Infertility
- Incontinence
- **Knee osteoarthritis**
- Thrombosis
- Gout



Cancers – including:

- breast
- colorectal
- endometrial
- esophageal
- kidney
- ovarian
- pancreatic
- prostate

Key:

- Mental
- Mechanical
- Metabolic

- **Abbreviations:** HFpEF, heart failure with preserved ejection fraction; NAFLD, non-alcoholic fatty liver disease.
- **References: 1.** Sharma and Padwal. Obes Rev 2010;11:808–9. **2.** Guh DP et al. BMC Public Health 2009;9:88. **3.** Luppino FS et al. Arch Gen Psychiatry 2010;67(3):220–9. **4.** Simon GE et al. Arch Gen Psychiatry 2006;63(7):824–30. **5.** Church et al. Gastroenterology 2006;130(7):2023–30. **6.** Li C et al. Prev Med 2010;51(1):18–23. **7.** Hosler AS. Prev Chronic Dis 2009;6(2):A48.

Confidential and Proprietary

Wellness - Diabetes - HealthMapRx™

Engagement includes:

- **Free diabetic medications and supplies for compliant patients.**
- Economic incentives for compliance. These incentives are in the form of a gift card.
- Optimization of drug therapy, including adherence
- Assessment and improvement of participant knowledge and self-care skills
- Addressing non-drug considerations such as nutrition, exercise, and life-style improvements
- Coordination and compliance with regular medical care
- Management of "care gaps" vs. evidence-based benchmarks
- Establish on ongoing revision of personal goals relevant to health risk priorities
- Motivation and support for achievement of goals
- Accountability for participants and mentors in adhering to program protocols and requirements
- Weight management and ongoing revision of nutrition goals

HMPR$_x$

Medical Weight Management Program Criteria

- BMI ≥40 – Grade 3 Overweight
- Members without a diagnosis of diabetes
- 18 years of age or older
- 12-month commitment
- If engaged, Wegovy (and other medications – not for diabetes) available as a tool for weight loss.
- Other incentives available

HMPR$_x$

Medical Weight Management Program Criteria

Pharmacist Care Manager Visits

- 4 visits/year
- Virtual/Telephonic communication between visits (weekly survey trigger for additional interventions)
- Depression Screening (baseline, 12-months)

Virtual Group Support Sessions

- Presented by Health Coach
- Focused Education Topics each session
- Monthly sessions:
  - Months 1-6
  - Month 8
  - Month 10

Weekly Survey Check-Ins

- Delivered via email or text
- Provides individualized support to participants
- Screens for behavioral health and weekly challenges

Digital Scale* Monitoring

- Weekly Weigh-ins
- Health Portal Monitoring
- App with Bluetooth Technology

*device is optional

Why Medical Weight Management Program?

8-Customer Biometric Avg. Results (n=4737)

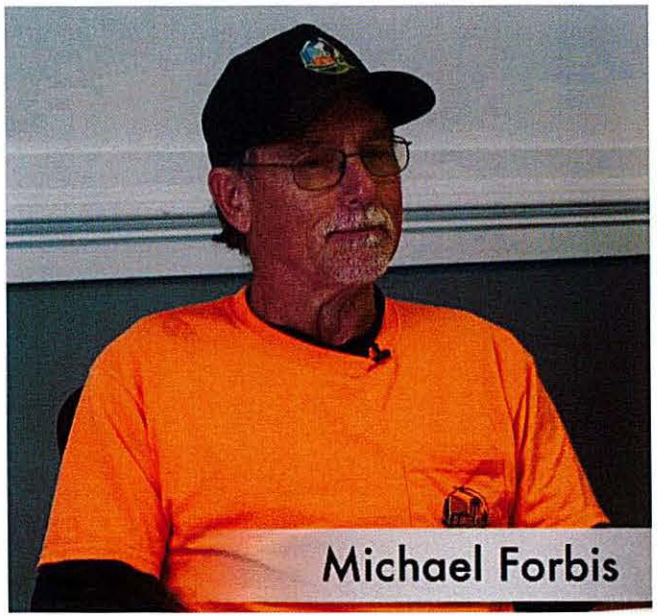
	BMI (≥40)	BMI	Weight	Waist	A1c
County: 5 City: 3	14.2%	45.6	290.1	48.0	6.1

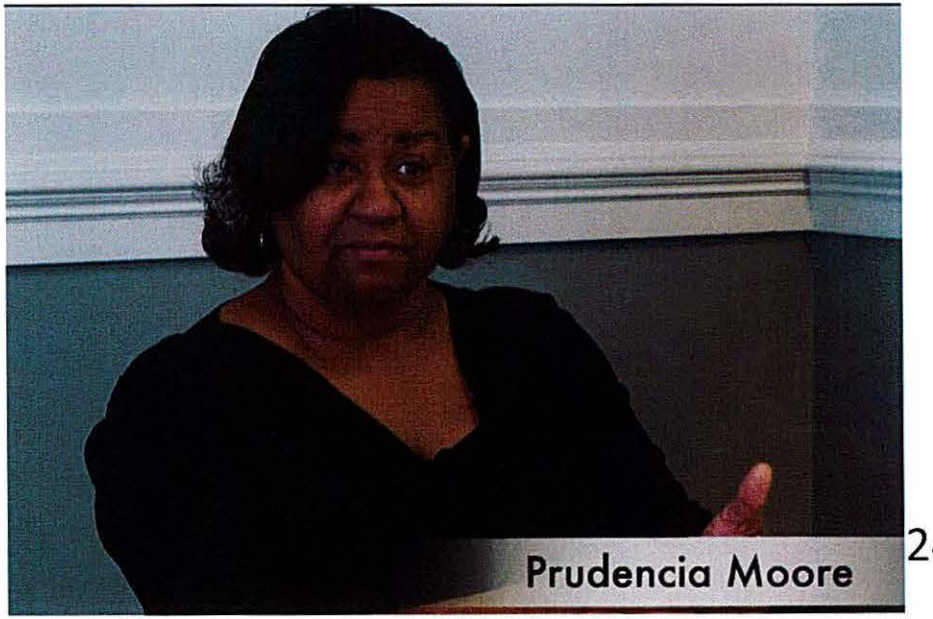
Wayne County – HealthMapRx™

Enrollment	2021	2022	2023	Eligibility
HealthMapRx Diabetes Parts.	50	57	59	42% (59/141)
New Participants	1	20	17	
Inactive Participants	6	13	15	

- The program continues to grow.

- Employee testimonials outlining life-changing impacts are impressive.





Attachment A Page 25

Wayne County – HealthMapRx™

		Sept 2022 - Oct 2023			
	Total	Medical	Rx	Total	High-Cost (>20k) Medical Claimants
HMPR$_x$ Avg	59	$6,689	$8,435	$15,124	5 (8%)
Non-HMPR$_x$ Avg	65	$10,891	$8,595	$19,487	12 (18%)
Differential				**$4,363**	
NC ESI Avg.				**$20,114**	

- The program participants outperform the non-participants.
- The financials are program validation.

Attachment A Page 26

Wayne County – HealthMapRx™

Clinical Goals	N=	2023	2022	2021	2020	2019	Industry (HEDIS)*	PPCN
Blood Pressure (<140/90)	59	**85%**	81%	86%	87%	**75%**	50.6%	**89%**
Cholesterol (LDL) (< 100)	57	**59%**	54%	64%	60%	**59%**		**71%**
Blood Glucose (A1C) (< 7%)	59	**64%**	64%	48%	56%	**44%**	34.9%	**59%**
Blood Glucose (A1C) (< 8%)	59	**82%**	84%	84%	76%	**69%**	49.9%	**80%**
Blood Glucose (A1C) (> 9%)	59	**10%**	10%	8%	9%	**16%**	42.5%	**9%**
Lipid Panel (past year)	57	91%	78%	92%	83%	91%		
A1C (past 6-months)	59	85%	88%	94%	79%	81%		
A1C (past year)	59	97%	96%	100%	100%	96%	89.4%	

- Clinical improvement since inception.

Wayne County – HealthMapRx™

Baseline A1C	Current A1C	Change
14.0	**6.0**	-8.0
13.9	**6.5**	-7.4
14.0	**8.0**	-6.0
12.0	**6.0**	-6.0
10.5	**6.3**	-4.2
10.6	**6.7**	-3.9
9.4	**7.2**	-2.2
8.6	**6.4**	-2.2
9.8	**8.1**	-1.7
6.5	**5.2**	-1.3
7.0	**5.8**	-1.2
13.0	**12.0**	-1.0
5.9	**4.9**	-1.0
7.0	**6.0**	-1.0
6.4	**5.5**	-0.9
8.3	**7.4**	-0.9
6.6	**5.8**	-0.8
6.7	**6.0**	-0.7
9.0	**8.4**	-0.6
6.1	**5.5**	-0.6
6.9	**6.4**	-0.5

- Clinical improvement since inception.

12/1 2022 – 11/30/23 – 2023 High Claimants

Relationship	Enrollment Status	Term Date	Leading ETG Description	Total Payments	Medical Payments	RX Payments
SUB	ACTIVE		Kidney stones	$172,782	$170,911	$1,871
SUB	ACTIVE		Joint degeneration, localized - shoulder	$113,188	$109,223	$3,966
SUB	TERMINATED	03/31/2023	Joint degeneration, localized - back	$94,315	$96,224	$-1,910
SUB	ACTIVE		Leukemia	$86,187	$1,158	$85,028
SUB	ACTIVE		Burns	$76,431	$69,819	$6,612
SUB	ACTIVE		Chronic renal failure	$60,095	$57,309	$2,786
SUB	ACTIVE		Ischemic heart disease	$53,249	$52,410	$839
SUB	ACTIVE		Psoriasis	$51,718	$637	$51,081
SUB	ACTIVE		Chronic sinusitis	$46,143	$39,343	$6,800
SUB	ACTIVE		Malignant neoplasm of breast	$41,694	$41,574	$120
SUB	ACTIVE		Cholelithiasis	$38,854	$34,147	$4,707
SPS	ACTIVE		Leukemia	$37,612	$8,665	$28,947
SUB	ACTIVE		Joint degeneration, localized - thigh, hip & pelvis	$36,844	$37,996	$-1,152
SUB	ACTIVE		Pregnancy, with delivery	$32,369	$32,284	$85
SUB	ACTIVE		Endometriosis	$31,100	$31,100	$0
SPS	TERMINATED	09/30/2023	Mood disorder, depressed	$30,454	$27,834	$2,620
SUB	ACTIVE		Adult rheumatoid arthritis	$30,208	$386	$29,822
SUB	ACTIVE		Ischemic heart disease	$27,110	$26,272	$838
SUB	ACTIVE		Pregnancy, with delivery	$25,479	$25,471	$8

- The absence of significant diabetes claims is impressive and a direct result of HMRx Diabetes.

Attachment A Page 28

Plan Summary

The Wayne County Medical Plan has had excellent performance over the past 5 years:

- ✓ The County has a long-term risk management strategy, addressing risk and population health.
- ✓ County has been on the leading edge of Medical Plan innovation, **deploying unique funding/risk strategies and population health management**.
- ✓ Population Health strategies that **change employees lives and have a history of positive cost impact are in place**.
- ✓ The County participates in the largest cost collaboration in the State, using National Account negotiation tools.

Mark III
Employee Benefits

WAYNECOUNTY
NORTH CAROLINA

Wayne County Citizens
Public Hearing Notice

The Wayne County Board of Commissioners will conduct a public hearing Tuesday, March 5, 2024 to consider proposed amendments to the Wayne County Zoning Ordinance and Solar Energy Facilities Ordinance. The hearing will be held at 9:30 am in the Wayne County Commissioners Meeting Room, Wayne County Courthouse Annex, 224 East Walnut Street, Goldsboro, NC. The item to be discussed:

A-23-02 – Amend Section 50.8 and 50.12 of the Wayne County Zoning Ordinance as well as the Solar Energy Facilities Ordinance as they relate to wind energy facilities and solar energy facilities.

The public is invited to attend and speak at this hearing and/or submit any comments. Written comments before the meeting may be submitted to the Wayne County Planning Department, PO Box 227, Goldsboro, NC 27533 or berry.gray@waynegov.com. A full copy of the amendment may be obtained from the Planning Department by calling 919-731-1650.

Carol Bowden
Clerk to the Board

MEMORANDUM

To: Wayne County Board of Commissioners

From: Berry Gray, Planning Director

Date: February 1, 2024

Re: Case A-23-02; Solar Energy Facilities Ordinance and Zoning Ordinance Amendments

Background: Planning staff is providing proposed ordinance amendments to the Solar Energy Facilities Ordinance. Additionally, an amendment to the Zoning Ordinance is proposed to remove wind energy facilities from the airport overlay districts.

The proposed amendments are consistent with the following Wayne County Comprehensive Plan policies:

Policy 2.11: Wayne County shall encourage a PUBLIC SERVICE AND REGULATORY ENVIRONMENT conducive to economic development, **provided that environmental quality, public health and safety considerations are not compromised**.

Policy 4.1: Wayne County should encourage developments that help build a distinct "TOWN AND COUNTRY" DEVELOPMENT PATTERN. The intent of this policy is to preserve open space and productive farmland, minimize the costs of extending infrastructure, avoid higher taxes, and minimize traffic congestion associated with a sprawling development pattern.

Policy 4.6: Whether located in an Urban or Rural area, new development should occur at DENSITIES APPROPRIATE FOR THE SITE. Density factors shall include whether the site is within an environmentally sensitive area, the type of sewage treatment available, the topography and drainage of the site, the capacity of transportation facilities serving the site, the proximity of the site to other existing services, and other relevant factors.

Policy 7.16: Developments in the unincorporated county shall be encouraged to employ less cleared area with open space surrounding as an environmentally sound, economically cost effective and visually attractive alternative to large lot sprawl (overall density to remain the same as conventional development).

Recommendation: Approval of the attached amendments. Staff ask that the Commissioners hold a public hearing to receive public input prior to adoption.

NC General Statutes require that the Board consider the following item in deciding on a text amendment:

1) Consistency with the Comprehensive Land Use Plan: Staff's opinion is that the amendment is consistent with Policies 2.11, 4.1, 4.6 and 7.16 listed above considering that the proposed amendment would preserve open natural areas and preserve the public health and safety including the potential impact to aviation due to the size of facilities.

ARTICLE VII. SOLAR ENERGY FACILITIES

Sec. 18-191. Title.

This article may be known and may be cited as "Ordinance Regulating the Operation and Maintenance of Solar Energy Facilities in Wayne County, NC."

(Ord. of 11-5-2014(1), § 1)

Sec. 18-192. Purposes and objectives.

The purposes and objectives for which this article is passed are as follows:

(1) To preserve the dignity and aesthetic quality of the environment in Wayne County.

(2) To preserve the physical integrity of land in close proximity to residential areas.

(3) To protect and enhance the economic viability and interests of the citizens and residents of Wayne County who have made substantial financial investments in homes, businesses, and industry in Wayne County.

(4) To facilitate the construction, installation, and operation of solar energy facilities (SEF) in the county in a manner that minimizes the adverse impacts to forestry, agricultural, commercial and residential lands. This article is not intended to abridge safety, health or environmental requirements contained in other applicable codes, standards, or ordinances. The provisions of this article shall not be deemed to nullify any provisions of local, state or federal law.

(5) To minimize impacts to Seymour Johnson Air Force Base and other airport operations including the reduction of bird and wildlife impacts to aircraft operations.

(6) To protect the health, safety and welfare of the general public.

(Ord. of 11-5-2014(1), § 2; Ord. of 1-19-2016(1), § 2)

Sec. 18-193. Definitions.

For the purpose of this article, certain terms and words are hereby defined; words used in the present tense shall include the future; words used in the singular number shall include the plural number; and the plural the singular; and the word "shall" is mandatory and not discretionary.

Abandonment means to give up, discontinue, withdraw from. Any solar energy facility that ceases to produce energy on a continuous basis for 12 months will be considered abandoned.

Building means any structure having a roof supported by columns or walls, and designated or intended for the shelter, support, enclosure or protection of persons, animals or chattels.

Decommissioning plan means a document that details the planned shut down or removal of a solar energy facility from operation or usage.

Fence means a continuous barrier extending from the surface of the ground to a uniform height of not less than six feet from the ground at any given point, constructed of dirt, wood, stone, steel, or other metal, or any substance of a similar nature and strength.

Gate means a door or other device attached to a fence which, when opened, provides a means of ingress and egress of persons and things for which it was intended, and which, when closed, forms a continuous barrier as a part of the fence to which it is attached.

Improved area means an area containing solar panels, electrical inverters, storage buildings and access roads.

Opaque fence means a continuous opaque, unperforated barrier extending from the surface of the ground to a uniform height of not less than six feet from the ground at any given point, constructed of dirt, wood, stone, steel, or other metal, or any substance of a similar nature and strength which will hide the solar energy facility.

Public road means any road or highway which is now or hereafter designated and maintained by the North Carolina Department of Transportation as part of the State Highway System, whether primary or secondary, hard-surfaced or other dependable roads which provide access to residential areas. Setbacks for improved areas shall be measured from the road right-of-way.

Residence means a building used as a dwelling for one or more families or persons.

Residential area means any area within one-quarter mile of a solar energy facility having ~~25~~ 20 or more ~~dwellings~~ lots within a recorded subdivision.

Solar energy facility [SEF] means an energy facility, an area of land, or a structural rooftop principally used to convert solar energy to electricity, which includes, but is not limited to, the use of one or more solar energy systems. This definition shall only include ~~those~~ stand-alone facilities that sell electricity to be used off site.

(Ord. of 11-5-2014(1), § 3; Ord. of 1-19-2016(1), § 3)

Sec. 18-194. Prohibitions.

It shall be unlawful after the effective date of this article for any person, firm, or corporation, or other legal entity to operate, maintain or establish in any unincorporated area of Wayne County a solar energy facility which the site plan has not been approved by the Wayne County Planning Board. Modifications to an existing solar energy facility that increases the area by more than 20 percent of the original footprint or changes the solar panel type shall be subject to this article.

(Ord. of 11-5-2014(1), § 4)

Sec. 18-195. Location.

(a) All solar energy facilities must comply with the requirements established in the Wayne County Zoning Ordinance.

(b) All solar energy facilities shall be considered a special use in all areas of the county covered by the Seymour Johnson AFB Airspace Control Surfaces as defined in the 2011 Air Installation Compatible Use Zone (AICUZ) report or subsequent AICUZ reports as well as within the airport overlay districts as depicted on the latest version of the Wayne County Zoning Map. Approval as a special use must be from the Wayne County Board of Adjustment.

(c) All improved areas, including disposal areas, shall be at least ~~60~~ 200 feet from a public road and 25 feet from a fence line. In the event that an opaque fence is installed and maintained, the setback may be reduced to ~~20~~ 100 feet.

(d) Improved areas shall be at least ~~100~~ 250 feet from any residence or church, measured from the principal building in a non-residential area. Improved areas shall be ~~50~~ 500 feet from a residence or church, measured from the property line in a residential area.

(e) All access roads and storage areas shall be established on a 30 feet minimum easement to a public right-of-way.

(f) All solar energy facilities located in a residential area shall have a minimum landscape buffer of ~~25~~ 50 feet. The buffer shall contain evergreen trees or bushes planted no more than eight feet apart and at least four feet tall at time of planting. The buffer shall obtain a height of ten feet within three growing seasons. The trees or bushes may be trimmed but no lower than a height of ten feet. A buffer area will not be required between a solar energy facility and an industrial or~~, agriculture~~, timber ~~or commercial~~ use. A planted buffer will not be required if an opaque and maintained fence is installed.

(g) Solar energy facilities shall not be located on land comprising of Class I, Class II, or Class III Soil Capability for row crop suitability as identified by the latest version of the US Department of Agriculture Soil Survey of Wayne County.

(h) Solar energy facilities shall only be located on land comprising of soil identified as severe for septic tank fields as identified by the latest version of the US Department of Agriculture Soil Survey of Wayne County.

.

(Ord. of 11-5-2014(1), § 5; Ord. of 1-19-2016(1), § 5)

Sec. 18-196. Security.

(a) Solar energy facilities shall be fenced completely as defined in section 18 ~~19~~-193 above. The perimeter fence shall be designed to restrict unauthorized access. If a wire fence is used, vegetation above must be planted along the sides and adjoining a public road.

(b) Each owner, operator or maintainer of a solar energy facility to which this article applies, and who chooses to use vegetation as defined in section 18-193 above with wire fence, shall utilize good husbandry techniques with respect to said vegetation, including but not limited to, proper pruning, proper fertilizer, and proper mulching, so that the vegetation will reach maturity as soon as practical and will have maximum density in foliage. Dead or diseased vegetation shall be removed and must be replanted at the next appropriate planting time. Plants or grasses not part of landscaping shall be maintained by the facility operator not to exceed 12 inches in height

(Ord. of 11-5-2014(1), § 6)

Sec. 18-197. Supplemental regulations.

(a) The manufacturers or installer's identification and appropriate warning sign shall be posted on or near the panels in a clearly visible manner.

(b) On site power lines between solar panels and inverters shall be placed underground.

(c) The design of solar energy facilities buffers shall use materials, colors, textures, screening and landscaping, that will blend the facility into the natural setting and existing environment and shall be adequately maintained.

(d) If the solar energy facility consists of batteries or storage of batteries, adequate design must be provided to ensure all manufacturer, local, state and federal requirements regulating outdoor battery storage have been

met. Battery storage areas or compartments must be designed so as not to allow fluid to leach into the ground in the event of battery leakage.

(e) The applicant must obtain from NC Department of Transportation a driveway permit.

(f) The design and construction of solar energy facilities shall not produce light emissions, either direct or indirect (reflective), that would interfere with pilot vision and/or traffic control operations as stated in section 3.2.2 of the 2011 AICUZ report or subsequent AICUZ reports.

(g) The design and construction of solar energy facilities shall not produce electrical emissions that would interfere with aircraft communications systems or navigation equipment as stated in section 3.2.2 of the 2011 AICUZ report or subsequent AICUZ reports.

(h) A copy of the application to the utility company that will be purchasing electricity from the proposed site shall be provided to the county.

(i) An affidavit or evidence of an agreement between the lot owner and the facility's owner or operator confirming the owner or operator has permission of the property owner to apply for the necessary permits for construction and operation of the solar energy facility.

(j) Any other relevant studies, reports, certificates and approval as may be reasonably required by Wayne County.

(k) A description of the proposed technology to include type of solar panel and system, fixed mounted verses solar tracking, number of panels, and angles of orientation.

(l) An information sign shall be posted and maintained at the entrance(s) which lists the name and phone number of the operator.

(m) The design and construction of the solar energy facility shall not produce bird and wildlife impacts that would interfere with aircraft operations.

(n) No solar panels shall be located within a regulated floodplain, floodway or 500 year flood zone based on the latest FEMA flood maps adopted by Wayne County.

(s) Soil evaluations must be provided by the applicant certifying that the soils are not suitable for septic or field crop production as required in Section 18-195(g) and (h).

(Ord. of 11-5-2014(1), § 7; Ord. of 1-19-2016(1), § 7)

Sec. 18-198. Site plan required.

(a) Owners or operators of solar energy facilities established after the effective date of the ordinance from which this article derives shall present three copies of a site plan which conform to the standards of this article to the county planning board. The site plan shall include setbacks, panel sizes, and location of property lines, buildings and road rights-of-way.

(b) The planning board shall review the site plan to insure conformity with the requirements of this article. No new solar energy facility shall be operated until the site plan has been approved by the county planning board; provided, however, that if the planning board has not taken action within ~~90~~ 180 days after the first planning board meeting after the submission of the site plan, said site plan will be deemed to be approved.

(c) ~~The planning board may grant a variance to these requirements based upon good cause shown. Applications for such variance shall be made to the county planning director.~~

(d) Prior to final inspection proof that a permit issued by the state in accordance with applicable provisions of the general statutes has been issued.

(e) Appeals of a planning board decision shall be to the county board of commissioners.

(f) After initial departmental review, 15 copies of the site plan in 18-inch by 24-inch format must be provided for the planning board meeting.

(Ord. of 11-5-2014(1), § 8; Ord. of 1-19-2016(1), § 8)

Sec. 18-199. Abandonment and decommissioning plan.

(a) *Abandonment.* A SEF that ceases to produce energy on a continuous basis for 12 months will be considered abandoned unless the current responsible party (or parties) with ownership interest in the SEF provides substantial evidence (updated every six months after 12 months of no energy production) to the planning director or his designee of the intent to maintain and reinstate the operation of that facility. It is the responsibility of the responsible party (or parties) to remove all equipment and facilities and restore the parcel to its condition prior to development of the SEF.

(1) Upon determination of abandonment, the zoning administrator shall notify the party (or parties) responsible they must remove the SEF and restore the site to its condition prior to development of the SEF within 360 days of notice by the planning director or his designee.

(2) If the responsible party (or parties) fails to comply, the planning director or his designee may remove the SEF, sell any removed materials, and initiate judicial proceedings or take any other steps legally authorized against the responsible parties to recover the costs required to remove the SEF and restore the site to a non-hazardous pre-development condition.

(b) *Decommissioning.*

(1) A decommissioning plan signed by the party responsible for decommissioning and the landowner (if different) addressing the following shall be submitted prior to the issuance of the development permit.

a. Defined conditions upon which decommissioning will be initiated (i.e. end of land lease, no power production for 12 months, abandonment etc.)

b. Removal of all non-utility owned equipment, conduit, structures, fencing, roads, solar panels and foundations.

c. Restoration of property to condition prior to development of the SEF.

d. The timeframe for completion of decommissioning activities.

e. Description of any agreement (e.g. lease) with landowner regarding decommissioning.

f. The party currently responsible for decommissioning.

~~g. Plans for updating this decommissioning plan.~~

h. Provide proof of bonding for the decommissioning.

(Ord. of 1-19-2016(1), § 9)

Sec. 18-200. Aviation notification.

(a) For consideration of potential impacts to Seymour Johnson AFB flying operations, notification of intent to construct an SEF shall be sent to the Seymour Johnson Base Commander or designated official 30 days before the regularly scheduled planning board meeting. Notification shall include location of SEF (i.e. map, coordinates, address, or parcel ID), technology (i.e. roof-mounted PV, ground-mounted fixed PV, tracked PV,

solar thermal, etc.), and the area of system (e.g. five acres). Proof of delivery of notification and date of delivery shall be submitted with permit application.

(b) For consideration of potential impacts to civilian flight paths for airport operations located within five nautical miles from an airport listed in the National Plan of Integrated Airport Systems, notification of intent to construct an SEF shall be sent to the airport manager or designated official and the Federal Aviation Administration's (FAA) Airport District Office (ADO) with oversight of North Carolina. Notification shall include location of SEF (i.e. map, coordinates, address, or parcel ID), technology (i.e. roof-mounted PV, ground-mounted fixed PV, tracked PV, solar thermal, etc.), and the area of system (e.g. five acres). Proof of delivery of notification and date of delivery shall be submitted with permit application. The airport must be given 30 days for review.

(c) For consideration of potential impacts to civilian flight paths for airport operations located within five nautical miles from an airport not listed in the National Plan of Integrated Airport Systems, except military airports, notification of intent to construct an SEF shall be sent to the airport manager or designated official. Notification shall include location of SEF (i.e. map, coordinates, address, or parcel ID), technology (i.e. roof-mounted PV, ground-mounted fixed PV, tracked PV, solar thermal, etc.), and the area of system (e.g. five acres). Proof of delivery of notification and date of delivery shall be submitted with permit application. The airport must be given 30 days for review.

(d) After receiving notification of intent to construct an SEF as described in subsections (b) and (c) of this section; if requested, the proponent of the SEF shall use the latest version of the Solar Glare Hazard Analysis Tool (SGHAT), per its user's manual to evaluate the solar glare aviation hazard, as indicated in subsections (d)(1) and (2) of this section. The full report for each flight path and observation point, as well as the contact information for the zoning administrator, shall be sent to the authority indicated below at least 30 days prior to site plan approval. Proof of delivery of notification and date of delivery shall be submitted with permit application.

(1) Airport operations at an airport in the National Plan of Integrated Airport Systems (NPIAS) within five nautical miles of the center of a proposed SEF: provide required SGHAT analysis information to the airport manager or designated official and the Federal Aviation Administration's (FAA) Airport District office (ADO) with oversight of North Carolina.

(2) Airport operations at airport not in the NPIAS, except military airports, as defined in subsection (c) of this section, within five nautical miles of the center of proposed SEF: provide required SGHAT analysis information to the management of the airport for non-military airports.

(e) Proposed SEFs within the Seymour Johnson AFB Airspace Control Surfaces Area as defined in the 2011 Air Installation Compatible Use Zones (AICUZ) or subsequent AICUZ reports will be evaluated for potential impacts to Seymour Johnson AFB flying operations as described below.

(1) After receiving notification of intent to construct as SEF as described in subsection (d) of this section (to include all SGHAT PV parameters), the Seymour Johnson Base Commander or designated official will notify the designated Wayne County official if the SGHAT needs to be utilized by the SEF proponent or not.

(2) If the SGHAT does not need to be utilized, the Seymour Johnson Base Commander or designated official will respond to the designated Wayne County official.

(3) If the SGHAT does need to be utilized, the SEF proponent shall contact the Seymour Johnson Base Commander or designated official to receive the military data needed for the SGHAT (e.g., locations, increments, and elevations of observation points, as well as air traffic control tower information). The SGHAT shall be used per its user manual and reports must be run over the entire calendar year (each time zone). Upon receiving the SGHAT reports, the Seymour Johnson Base Commander or designated official will respond to the designated Wayne County official.

(f) Any applicable SEF design changes (e.g. module tilt, module reflectivity, etc.) after initial submittal shall be rerun in the SGHAT tool and the new full report shall be sent without undue delay to the contact specified in subsections (d)(1), (2), and (e) above for accurate records of the as-built system.

(Ord. of 1-19-2016(1), § 10)

Sec. 18-201. Penalties for violation.

A violation of any provision of this article shall subject the violator to a civil penalty in the amount of $100.00 to be recovered by Wayne County. Each day such violation continues shall be considered a separate and distinct violation.

In addition to the above civil ~~fines~~ penalties, the county may obtain enforcement from a court of competent jurisdiction through equitable remedies such as, prohibitory injunctions, affirmative injunctions, mandamus, or an order of abatement as provided by North Carolina General Statute § 153A-123.

Nothing herein contained shall prevent Wayne County from taking such other lawful action as is necessary to prevent or remedy any violation.

(Ord. of 11-5-2014(1), § 9; Ord. of 1-19-2016(1), § 11; Ord. of 12-21-2021)

Sec. 18-202. Enforcement.

(a) The enforcement officer shall be the Wayne County Planning Director or designee. The enforcement officer shall review site plans submitted under section 18-197 and make appropriate recommendations to the planning board. The enforcement officer shall also visit the facilities ~~[regulated] by this article~~ at least once per year and if the facility does not conform to said article shall discuss with the owner and/or operator the steps needed to bring the facility into compliance. If these steps are not taken, the enforcement officer shall notify the owner in writing of the steps that must be taken to bring the facility into compliance. If the owner or operator still fails to bring the facility into compliance with this article, the enforcement officer may revoke the permit, after consultation with the county manager, and ~~shall~~ may institute the necessary steps to enforce this article in accordance with the provisions of subsection (b) of this section. The enforcement officer shall also assist owners or operators of any solar energy facility in making plans to comply with this article.

(b) This article may be enforced by an appropriate equitable remedy issuing from a court of competent jurisdiction. It may be enforced by injunction and order of abatement. The county may apply for a mandatory or prohibitory injunction and order of abatement commanding the violator to correct any unlawful condition upon or cease the unlawful use of property. The county may request an order of abatement as part of a judgment in the cause any may request the court to close, demolish or remove buildings or other structures or take any other action that is necessary to bring the solar energy facility into compliance with this article.

(c) This article may be enforced by any one or more of the remedies authorized herein.

(Ord. of 11-5-2014(1), § 10; Ord. of 1-19-2016(1), § 12)

Editor's note(s)—An ordinance adopted Jan. 19, 2016(1), § 12, renumbered former § 18-200 as § 18-202.

50.8 Airport Height Overlay.[1]

The purpose of the overlay designation is to promote the safe conduct of aircraft in the vicinity of an airport, to prevent creation of conditions hazardous to aircraft operation, to prevent loss of life and property, and to encourage development which is compatible with airport use characteristics.

50.8.5 Permitted Uses.

Notwithstanding any other provisions of this Ordinance, no use may be established within the regulated area so as to interfere with navigation, radio communication, or otherwise create a hazard to aircraft operations.

50.8.6 Special Uses Allowed.

None.

50.8.6a Prohibited Uses.

Wind Energy Facilities

50.8.7 Regulated Area.

The area included in the Airport Height Overlay shall be shown on the Wayne County Zoning Map.

50.8.8 Maximum Height Limits.

Except as otherwise provided, no structure shall be constructed or maintained so as to exceed identified maximum imaginary surface heights less ten feet. The imaginary surfaces shall be computed using information from Federal Aviation Regulations, Part 77, "Objects Affecting Navigable Airspace," promulgated by the Federal Aviation Administration and Department of Defense Uniform Facility Criteria 3-260-01 "Airfield and Heliport Planning and Design."

50.8.5[50.8.9] Sub-Areas.

The Airport Height Overlay shall be divided into the following sub-areas. The sub-areas shall be designated on the Wayne County Zoning Map.

(1) Primary Surface (PS). This surface defines the limits of the obstruction clearance requirements in the immediate vicinity of the land area. The primary surface comprises runways, runway shoulders, and lateral safety zones. The length of the primary surface is the same as the runway length for the appropriate airport. The width of the primary surface is 2,000 feet or 1,000 feet on each side of the runway centerline.

(2) Clear Zone (CZ). This surface defines the limits of the obstruction clearance requirements in the vicinity contiguous to the end of the primary surface. The length and width of the Clear Zone are 3,000 feet by 3,000 feet.

(3) Approach Area (AA). This surface is symmetrical about the runway centerline extended, begins as an inclined plane (glide angle) 200 beyond each end of the primary surface at the centerline elevation of the runway end, and extends for 50,000 feet. The slope of the approach -departure clearance surface is 50 horizontally outward for each one foot vertically upward along runway centerline extended (glide angle) until it reaches an elevation of 500 feet from the start of the glide angle. The width of this surface at 200 feet beyond the

end of the runway is 2,000 feet; it flares uniformly, and the width at 50,000 feet is 16,000 feet.

(4) Transitional Area (TA). Slopes 7 feet horizontally outward for each one foot vertically upward beginning at the sides of and at the same elevation as the primary surface and the approach surface, and extending to a height of 150 feet above the airport elevation. In addition to the foregoing, there are established height limits sloping 7 feet horizontally outward for each foot vertically upward beginning at the sides of and the same elevation as the approach surface, and extending to where they intersect the conical surface. Where the approach area projects beyond the conical area there are established height limits sloping 7 feet horizontally outward for each foot vertically upward beginning at the sides of the same elevation as the approach surface, and extending a horizontal distance of 5,000 feet measured at 90 degree angles to the extended runway centerline.

(5) Inner Horizontal Area (IH). The horizontal area is established by swinging arcs of 10,000 feet radii from the center of each end of the primary surface of each runway and connecting the adjacent arcs by drawing lines tangent to those arcs. The horizontal area does not include the approach and transitional areas. The height shall be 150 feet above the primary surface of the adjoining runway.

(6) Conical Area (CA). Slopes twenty feet horizontally outward for each one foot vertically upward beginning at the periphery of the Inner Horizontal area.

(7) Outer Horizontal Area (OH). This surface is a plane located 500 feet above the established airfield elevation. It extends for a distance of 30,000 feet from the outer periphery of the conical surface for Seymour Johnson AFB. It also extends to a line 50.000 feet from the north end of the Goldsboro Wayne Airport. Said line shall be 16,000 feet in length centered on the centerline of the runway extended.

50.12 Airport Overlay District[2]

50.12.1 Purpose.

The purpose of the Wayne County Airport Overlay District is to provide for compatible land development in areas subject to frequent aircraft flyover and/or aircraft noise. The district is designed to mitigate the effects of aircraft flights that could increase risks to public health, safety, and quality of life.

50.12.2. Establishment.

The Wayne County Airport Overlay District, known heretofore as the "Airport District," is hereby established as a district that overlaps and overlays existing zoning districts. The district is further divided into seven sub-districts corresponding to the 65 dnl, 70 dnl, 75 dnl, 80 dnl noise contours APZ I, and APZ II plus the area within one half mile of the 65 dnl contour. The Airport District shall apply in those areas designated on the Official Zoning Map of Wayne County.

The provisions of the Airport Overlay District shall not be subject to waivers or variances by the Wayne County Planning Board or the Wayne County Board of Adjustment.

50.12.3. Applicability.

Nothing herein shall require any change in any lawfully constructed building, structure or use in existence at the time of adoption or amendment of this ordinance for its current lawful use.

The provisions of this section shall apply to any application for a building permit, certificate of occupancy, zoning change, special use permits, development permits, vested rights certificates, preliminary and final subdivision/site plan approvals and mobile home parks plan approvals sought after the effective date of this ordinance.

None of the provisions of the Airport Overlay District shall be construed to prohibit the continuance, expansion or reestablishment under current law of any existing use. The noise level reduction design standards apply only to new structures and/or new uses of land and not to structure additions.

Mobile homes moved on to existing mobile home spaces are exempt from the requirements of the Airport Overlay District.

50.12.4 Permitted Uses.

The Airport District is placed on top of several general use districts, which contain a list of permitted uses. Uses permitted whether by right or as a special use shall be permitted in the Airport District according to the standards and restrictions indicated in the following table. The numbers following the word "Yes" in the table below indicates the required level of noise reduction in decibels from outside to inside the structure. The Standard Land Use Coding Manual (SLUCM), U.S. Department of Transportation, was used in grouping various land uses. For additional information on permitted uses refer to Guidelines for Considering Noise in Land Use Planning and Control published in June 1980 by the Federal Interagency Committee on Urban Noise. Noise level reduction must be incorporated into the design and construction of portions of buildings where the public is received, office areas, noise sensitive areas, or where the normal noise level is low. Maximum population density requirements as described in section 50.12.12 apply to the following uses.

50.12.4a Prohibited Uses

Wind Energy Facilities

REQUEST FOR APPLICATIONS

WAYNECOUNTY
NORTH CAROLINA

Opioid Settlement

Option A Strategy Proposal

Issued: April 1, 2024

Prebid Meeting: April 17, 2024

Questions Due: April 22, 2024 by 5:00 pm

Sealed Proposals Due: May 10, 2024 by 12:00 noon

Issued by:

WAYNE COUNTY FINANCE
Mandy Trujillo, Procurement Specialist
224-226 E Walnut St • Goldsboro, NC 27530
Phone – 919.705.1714
Email –amanda.trujillo@waynegov.com

REQUEST FOR APPLICATIONS (RFA)

2024 County of Wayne High Impact Opioid Abatement Strategies

RFA: Opioid Settlement

Date of Issue: April 1, 2024

Prebid Meeting date:	April 17, 2024 at 2:00 PM
Questions due date:	April 22, 2024 at 5:00 PM
Proposal due date:	May 10, 2024 at 5:00 PM

READ, REVIEW AND COMPLY: It shall be the applicant's responsibility to read this entire document, review all enclosures and attachments, and any addenda thereto, and comply with all requirements specified herein. Proposals shall be submitted in accordance with the terms and conditions of this RFA and any addenda issued hereto.

Direct all inquiries concerning this RFA to:
Mandy Trujillo, Procurement Specialist
Email: amanda.trujillo@waynegov.com | Phone: 919-705-1714

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SECTION 1: BACKGROUND & STRATEGY INFORMATION

1.1. Background and Purpose

In July 2021, NC Attorney General Josh Stein announced a historic national settlement agreements with companies engaged in the manufacturing, distribution, and dispensing of opioids. These agreements will bring much needed resources to communities impacted by the opioid overdose epidemic. The allocation, use, and reporting of funds stemming from these national settlement agreements and bankruptcy resolutions ("Opioid Settlement Funds") are governed by the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation ("NC MOA") and the Supplemental Agreement for Additional Funds from Additional Settlements of Opioid Litigation ("SAAF").

The NC MOA directs how opioid settlement funds are distributed and used in our state. To maximize funds flowing to NC communities, the MOA allocates 15 percent of settlement funds to the State and sends the remaining 85 percent to NC's 100 counties and 17 municipalities.

The overdose death rate in Wayne County was 19.5 out of 100,000 people in 2022. This represents 24 people in Wayne County who died from overdose in that year.[1] For every death, there are more non-fatal overdoses. While we are not able to capture all opioid overdoses, emergency department visits for overdoses are one way to measure the number of overdoses happening. The overdose emergency department visit rate in Wayne County was 142.0 out of 100,000 people in 2022. This represents 175 emergency department visits by Wayne County residents for overdose in that year.[2]

The purpose of this RFA is to fund eligible organizations to implement evidence-based, high-impact strategies to address the opioid overdose epidemic in Wayne County, North Carolina. In addition, this RFA builds capacity and local infrastructure to respond to the overdose crisis in Wayne County, North Carolina. The goals of the RFA are to :

1. Enhance community efforts to develop and/or expand evidence-based programs and resources to address opioid use disorder.
2. Build capacity and infrastructure to measure the impact of programs and prevent fatal and non-fatal overdoses in Wayne County.
3. Reduce overdose deaths and emergency department visits in Wayne County.
4. Strengthen community partnerships to improve access to care related to opioid use disorder.

Wayne County is set to receive $11,257,526.67 in installments over an 18-year period. The Wayne County Board of Commissioners created the Wayne County Opioid Working Group to develop a plan for use of Wayne County's Opioid Settlement Funds. The working group consisted of local stakeholders and County staff with extensive experience handling the opioid epidemic. The working group recommended Option A strategies with four focus areas. **The top five focus areas are Recovery Support Services, Early Intervention, Addiction Treatment for Incarcerated Persons, Reentry Programs, and Criminal Justice Diversion Programs.**

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[1] https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard
[2] Ibid.

1.2. Strategy Information

In 2024, the Wayne County Commissioners approved the utilization settlement funds for projects that align with the Option A Strategies listed below. Applicants must select from this list of strategies for their proposed project.

1. **Recovery Support Services** – Build or expand evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

   The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

   a. Hire recovery coaches, peer support specialists, outreach workers, care coordinators, health educators, and/or social workers to provide support to people in recovery.
   b. Provide training to staff to strengthen skills and expand harm reduction and recovery support services (e.g., motivational interviewing, wellness recovery action planning, naloxone training, successful engagement documentation, certification programs for peer support specialists).
   c. Utilize recovery capital assessment tools (for example, the *Multidimensional Inventory of Recovery Capital*) to assist participants in identifying assets to build on and measure growth.
      i. What recovery capital does the individual have at initial engagement? What goals does the individual have for themselves to expand their recovery capital?
      ii. How will you use tools to evaluate growth over time?
   d. Develop recovery support groups for people with opioid use disorder and loved ones directly impacted (e.g., Moderation-based support groups like Harm Reduction Works; Narcotics Anonymous, Parents of Addicted Loved Ones, Medication Assisted Recovery Anonymous).
   e. Develop processes and infrastructure to provide additional referral services, such as connections to communicable disease treatment providers, MAT providers, housing, transportation, employment, wound care, food, legal services, recovery, and related care services. Utilize *NCCARE360* to connect individuals to support resources and allow for a feedback loop on the outcome of that connection.

2. **Early Intervention** – Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

a. Implement use of evidence-based screening tools for youth to identify risk of developing opioid use disorder and link those youth at risk to appropriate services (e.g., Screening to Brief Intervention; Brief Screener for Alcohol, Tobacco, and other Drugs; Alcohol Screening and Brief Intervention for Youth).
    i. Develop protocol for linking youth to appropriate MH/OUD services as needed
    ii. Connect youth to peer support groups that strengthen recovery
    iii. Connect families to support groups to enable strong support of their children who may be struggling
b. Provide training for parents, caregivers, school staff, peers, human service professionals, etc. in early identification of opioid use disorder and mental health disorders (e.g., Youth Mental Health First Aid).
c. Provide evidence-based programs that strengthen families and communities to enhance support of youth (e.g., Strengthening Families).
d. Engage in trauma-informed trainings and improve programs focused on youth and adolescents to be more trauma-informed

3. **Addiction Treatment for Incarcerated Persons** - Support evidence-based addiction treatment, including Medications for Opioid Use Disorder (MOUD) with at least one FDA-approved opioid agonist to persons who are incarcerated in jail or prison.

Applicants are recommended to demonstrate prior experience working with the justice-involved population or partner with an organization with experience working with justice-involved people. **A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for this strategy.**

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

a. Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.
b. Develop and implement a program for take-home naloxone distribution for people upon release.
c. Develop and implement a comprehensive medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) program in the jail/detention center setting.

4. **Reentry Programs** – Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or

supports they need upon release from jail or prison, or that provide any of these services or supports.

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

a. Provide culturally competent, person-centered services capable of addressing the complex needs of people returning to their communities after incarceration in institutional prisons or detention centers.
b. Develop a relationship with the Department of Public Safety and local detention center to coordinate warm handoffs of care from incarceration to services in the community.
c. Hire a community health worker, linkage-to-care navigator, clinical social worker, and/or forensic peer support specialist to assist legal system involved individuals to create comprehensive reentry plans and provide ongoing support.
    i. Assist individuals with securing identification, connect to social and health services (housing, transportation, employment), navigate the court system, and related supports that reduce the likelihood of a drug overdose.
d. Provide training and skills that build opportunities for people who were recently incarcerated, focusing on topics such as resume writing, practicing interview skills, or how to address incarceration during the interview process.
e. Support people who were recently incarcerated to pursue education and job opportunities. Some examples of this include providing case management support, helping place job seekers with apprenticeship and internship opportunities, and hosting education and employment fairs for people with a history of incarceration. Consider opportunities for peer-based mentoring and case management.
f. Establish reentry programs to link or refer people to care services once released from incarceration and provide care service referrals, focusing on individuals with opioid use disorder.
g. Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.
h. Develop a program for take-home naloxone distribution for people upon release.

5. **Criminal Justice Diversion Programs** – Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports. **A letter of commitment from the partnering Sheriff's Office and court system is required for this strategy.**

The following list represents the type of eligible activities that could be included in your application; related activities consistent with the NC MOA may also be proposed in your application:

a. Secure agreements with local district attorney and law enforcement agencies to support pre-arrest diversion program.
b. Develop eligibility criteria, policies, and procedures to divert individuals from the justice system to needed support services.
c. Hire clinical social workers, forensic peer support specialists, and/or peer support specialists to facilitate the referral and screening processes and provide the necessary support to enrolled individuals.
d. Provide training to law enforcement to support individuals that may need services (e.g., crisis intervention team, recovery language, trauma-informed responses).

e. Educate incarcerated people and their loved ones on harm reduction strategies before release, including but not limited to training on overdose prevention planning and on overdose recognition and response with naloxone.
f. Develop and implement a program for take-home naloxone distribution for people upon release.
g. Develop and implement a comprehensive medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) program in the jail/detention center setting.

1.3. Additional Resources

The following resources may also be helpful as you plan your project and develop your application:

- **CORE-NC: Community Opioid Resources Engine for North Carolina:** https://ncopioidsettlement.org
- **North Carolina Memorandum of Agreement Resource Center:** https://www.morepowerfulnc.org/opioid-settlements/nc-memorandum-of-agreement (please take a close look at the 'Full Text of the NC MOA', 'FAQ about the NC MOA', and 'FAQ about Option A Strategies in the MOA')
- North Carolina Opioid and Substance Use Action Plan Dashboard: https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

SECTION 2: RFA & PROGRAM REQUIREMENTS

2.1. Eligibility

Proposals will be accepted from nonprofit organizations, governmental agencies, hospital systems, and private behavioral health and mental health providers (including providers of Office-Based Opioid Treatment and Opioid Treatment Providers), Federal Qualified Health Centers, colleges and universities, and K-12 schools, and other community-based organizations that are licensed to conduct business in North Carolina. Proof of nonprofit status is required for entities applying as a non-profit. Applicants must clearly demonstrate experience working with individuals with opioid use disorder and a commitment to evidence-based strategies addressing opioid use disorder.

Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take total responsibility of the fiscal and grant-related requirements.

2.2. RFA Terms and Conditions

1. **RFA Review and Compliance**
   It shall be the applicant's responsibility to read the instructions, the Wayne County's terms and conditions, all relevant exhibits and attachments, and any other components made a part of this RFA, and comply with all requirements and specifications herein. Applicants also are responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this RFA.

   Awarded organizations must comply with all provisions of the funding North Carolina MOA, including financial and impact reporting, and expenditure tracking and monitoring include costs incurred no earlier than the beginning of the contract period.

2. **Award or Rejection**
   All qualified applications will be evaluated and awards made to the agency/ies or organization(s) whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The Wayne County Board of Commissioners reserves the unqualified right to reject any or all offers if determined to be in the local government's best interest.

3. **Cost of Application Preparation**
   Any costs incurred by an organization in preparing or submitting an application is the agency's or organization's sole responsibility. Wayne County will not reimburse any agency or organization for any pre-award costs incurred.

4. **Prohibited Communication**
   Each vendor submitting a proposal, including its representatives, subcontractors, and suppliers, is prohibited from having any communication with any employees or members of the Pender County Board of Commissioners regarding this RFP except those employees designated in this RFP. A vendor not in compliance with this provision may be disqualified from the contract award.

5. **Confidential Information**

   This proposal must not contain information marked as "confidential" or as a "trade secret" or in any other manner as to indicate that it is information protected by the Trade Secrets Protection Act as set out in Article 24 of Chapter 66 of the N.C. General Statutes. Any proposal marked with information that is "confidential" or as a "trade secret" shall not be considered.

6. **Non-Collusion**

   By executing and submitting their proposal, the Applicant certifies that this application is made without reference to any other application and without any agreement, understanding, collusion or combination with any other person in reference to such proposal.

7. **Oral Explanations**

   Wayne County will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

8. **Reference to Other Data**

   Only information that is received in response to this RFA will be evaluated; information previously submitted will not be reviewed.

9. **Questions**

   Questions, or issues regarding any term, condition, or other component within this RFA, those must be submitted as questions in accordance with the instructions in Section 3: Application and Selection Processes of this RFA. Vendor's proposal shall constitute a firm offer.

10. **Exceptions**

    If a vendor desires modification of the terms and conditions of this solicitation, it is urged and cautioned to inquire during the question period, in accordance with the instructions in this RFA, about whether specific language proposed as a modification is acceptable to or will be considered by the County. It is the County's sole discretion to accept or reject requested modifications and/or exceptions as an Addendum to this RFA package.

    All applications are subject to the terms and conditions of this RFA, including all Addenda. All submitted applications will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations will specifically agree to the conditions set forth in the Performance Agreement (contract).

11. **Right to Submitted Material**

    All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. **Competitive Offer**
    Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. **Subcontracting**
    Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime subrecipient is also required for each proposed secondary subcontractor. Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List.

14. **Proprietary Information**
    Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section. An applicant may not mark the entire application as "CONFIDENTIAL."

15. **Minority Participation**
    Pursuant to N.C.G.S. 143-48, 143-128.4 and Executive Order #13, Wayne County invites and encourages participation in this Request for Applications by businesses owned by minorities, women, disabled, disabled business enterprises, and non-profit work centers for the blind and severely disabled. Additional information may be found at http://www.doa.nc.gov/hub.

16. **Registration with Secretary of State**
    Private non-profit applicants must be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

17. **Contract**
    The County will issue a contract to the successful recipient(s) of the Opioid Settlement funding for specific services to be provided. Expenditures cannot begin until the County's receipt of a completely signed contract.

18. **Assurances**
    The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

19. **Additional Legal Provisions**
    Additional legal provisions are listed in Section 4.1. Additional Legal Provisions. These provisions all apply to this RFA.

2.3. Scope of Services

2.3.1. Eligible Option A Strategies

In alignment with guidelines set by the NC MOA, Wayne County will consider funding qualified organizations to implement the following Option A strategies:

1. Recovery support services
2. Early intervention
3. Addiction treatment for incarcerated persons
4. Reentry programs
5. Criminal justice diversion programs

Descriptions and non-exhaustive examples of allowable activities for each strategy option are detailed in Section 1.2: Strategy Information.

Applicants may apply to support more than one evidence-based strategy. A separate proposal application is required for each Option A strategy. Multiple proposal applications from a single applicant do not have to be connected to the same project or strategy. Each application will be reviewed independently.

Applicants may propose one or a combination of eligible activities or programs within a single strategy. Selecting more than one activity does not increase the likelihood that the application will score higher than those who select only one. **Proposals should be focused, realistic, well-planned, detailed, and include planning for sustainability beyond the project period.**

2.3.2. Programmatic Requirements

Funded projects must:

1. Meet a public purpose and fall within Wayne County authority to fund per NC General Statutes, to be affirmed and reviewed by the Wayne County legal department prior to execution of a contract or funding agreement;
2. Identify and directly address a need related to reducing opioid overdoses and related deaths through treatment, recovery, harm reduction, and other life-saving programs;
3. Directly address health inequities, social drivers/determinants of health, and support equitable outcomes for the most impacted populations:
    a. "**Health inequities** are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies."[3]
    b. **Social drivers/determinants of health** are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Example domains include economic stability, education access and quality, health care access and quality, neighborhood and built environments, and social and community contexts;[4]

[3] https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes
[4] https://health.gov/healthypeople/priority-areas/social-determinants-health

4. Clearly describe specific plans to incorporate equity throughout the program, such as defining a role and fair compensation strategy for people with lived experience for each selected strategy;
5. Provide a plan to incorporate feedback from program participants to inform program delivery of the selected activity;
6. Utilize evidence-based practices;
7. Make best use of County resources;
8. Serve the residents of Wayne County;
9. Participate in all coordinated meetings with other funded agencies.

2.4. Monitoring and Reporting Requirements

2.4.1. Audit Requirements

Funds received through the National Opioid Settlements are not considered to be either federal or state financial assistance. However, as noted in the NC MOA, these funds are subject to G.S. Chapter 159, Article 3, the Local Government Budget and Fiscal Control Act (LGBFCA) and are subject to the audit requirements found in G.S. 159-34. Expenditures incurred are also subject to State Single Audit requirements. In accordance with the MOA, for expenditures for which no compliance audit is required under the Federal Single Audit Act of 1984, a compliance audit shall be required under a compliance supplement approved by the coordination group.

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status. It is the responsibility of each applicant agency to determine and comply with all audit requirements.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal passthrough grant funds directly from a state agency to file annual reports on how those grant funds were used. There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000
Level 3: $500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the program budget. Audit expenses should be prorated based on the ratio of the opioid abatement grant to the total revenues received by the entity.

All grantees must maintain, for a period of at least five years, records of opioid abatement fund expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a consistent manner.

2.4.2. Performance Reporting

Wayne County is responsible to the State of North Carolina for reporting and audit requirements for all use of Opioid Settlement grant funds which it has received. To ensure that the County has all supporting documentation for eligible disbursements, supporting documentation must be submitted with any request to

the County of Opioid Settlement grant funds. Subrecipients must submit actual invoices to the County to receive reimbursement. For salary reimbursement, payroll records must be provided in support of the time charged to the proposed program.

For each period that the program is funded, required quarterly performance status reports will be due by the 30th day following the end of a calendar quarter. Reports must contain information to describe progress, update program objectives on intended and actual impacts, and provide other performance data. For example, deadlines for subcontracts in 2025 may be:

Reporting Period	Report Due Date
January 1, 2025 through March 31, 2025	April 30, 2025
April 1, 2025 through June 30, 2025	July 31, 2025
July 1, 2025 through September 30, 2025	October 31, 2025
October 1, 2025 through December 31, 2025	January 31, 2026

Reporting forms will be provided to successful applicants. Suggested measures can be found here in the NC Opioid Settlement Measures Models document. These measures models were designed to help local governments and their subrecipients report on process, quality, and outcome measures associated with the planning and implementation of opioid abatement strategies. They served as the foundation for developing the Impact Report Measures Workbook, which local governments use to capture strategy-specific data for Annual Impact Report. Each measures model reflects the underlying logic of one of the 12 high-impact opioid abatement strategies listed in Exhibit A of the NC MOA. Each model lists the strategy name and has columns for activities, process measures, quality measures, outcome measures, indicators, and a results statement. Each model also contains a list of assumptions related to the various components of the model.

2.5. Budget Requirements

Applicants must submit a budget with a line-item projection for each full year of funding and a narrative justification. The budget and narrative must adhere to the following terms.

2.5.1. Payment of Settlement Funds

Funds will be distributed to contracted agencies on the basis of reimbursement of actual expenses. Forms will be provided to successful applicants detailing reimbursement processes. The County, in its sole discretion, may award successful applicants advance/startup funds. These requests will only be granted when extenuating circumstances exist.

2.5.2. Allowable Costs

1. Salaries, stipends, and other wages for program staff and other supporting positions, such as peers, outreach workers, linkage-to-care navigators, case managers, administrators, contractors, and volunteers.
2. Costs associated with program implementation, linkage to care, and participant engagement, such as offering phone cards, cell phones, application fees, and related expenses.
3. Renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage reimbursement.

4. Transportation-related needs through items such as bus vouchers, rideshare services, cab gift cards, gas cards, or other partnerships to support linkages to care.
5. Housing-related needs, such as short-term move-in deposit, rental, hotel stays, or utility assistance for those who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
6. Program care supplies, such as alcohol swabs, gauze, band aids, hygiene products, bags, and food. Other forms of drug checking supplies or tools for the purpose of harm reduction and overdose prevention, are allowed.
7. Essential trainings and conferences related to implementing your program, including necessary travel reimbursement (e.g., mileage, lodging, and meals). Copies of training and conference agendas should be attached to invoices/receipts. Actual documented costs will be reported for reimbursement. Agencies are advised to visit the IRS website to confirm the annual mileage reimbursement rates: https://www.irs.gov/tax-professionals/standard-mileage-rates.
8. Subcontracts, developing memoranda of understanding (MOUs), and/or utilizing another form of demonstrated commitment with partners integral to program implementation.

2.5.3. Funding Restrictions

1. Indirect costs or "overhead" are NOT allowed under the NC MOA. The MOA provides that all opioid settlement funds received by local governments must be spent on opioid remediation strategies listed in Exhibit A or Exhibit B – or on reasonable audit costs incurred by local governments in connection with opioid settlement funds. [MOA §§ B.5, E.1, E.5, F.3 and Exhibit E]
2. No more than 25% of total grant award for the budget period may be used for administrative costs.
3. Only U.S. Food and Drug Administration (FDA) approved medications may be purchased with settlement funds.
4. Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of opioid use disorder (e.g., methadone, buprenorphine products).

2.5.4. Unallowable Costs

1. Purchasing vehicles or paying down existing mortgages and/or other loans.
2. Capital expenses, such as vehicles, new construction, or renovation of facilities.
3. Any type of research.
4. Lobbying activities (i.e., publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
5. Reimbursement of any pre-award costs.

SECTION 3: APPLICATION & SELECTION PROCESSES

3.1. Application Process & Submission Instructions

3.1.1. Timeline

April 1, 2024	Application Period Opens, Q&A period begins
April 17, 2024	Bidder's Prebid Meeting at 2:00 PM
April 22, 2024	End of Q&A period. All questions due in writing to Mandy Trujillo at amanda.trujillo@waynegov.com by 5:00 PM
April 26, 2024	Answers to Questions released as an addendum to the RFA
May 10, 2024	Applications due to Mandy Trujillo by 5:00 PM (mail or in person submission)
June 4, 2024	Recommendations Presented to Board of County Commissioners
No later than June 14, 2024	Successful applicants will be notified
July 15, 2024	Deadline for Completing Performance Contract
August 1, 2024	Proposed Contract begins

** Dates subject to change based on actual approval date of the Board of Commissioners.

3.1.2. Bidders' Prebid Meeting

All prospective applicants are **strongly encouraged** to attend an informational Prebid Conference on April 17, 2024 at 2:00 PM in the Wayne County Board of Commissioners Meeting. The meeting room is located on the 4th floor of the Wayne County Courthouse at 224 E. Walnut Street, Goldsboro, NC 27530. Attendance is not mandatory in order to submit an application.

3.1.3. Q&A Period

Written questions concerning the specifications in this RFA will be received until April 22, 2024 at 5:00 PM by **Mandy Trujillo** at **amanda.trujillo@waynegov.com** . As an Addendum to this RFA, a summary of all questions and answers from the Q&A Period and the Bidders' Conference will be posted online at waynegov.com by April 26, 2024.

3.1.4. Submission instructions

1. **Application Deadline**
   Applicants shall submit their application to Mandy Trujillo via mail or in person by 5:00 PM on May 10, 2024.
2. **Application Submission**
   Separate applications are required for each different strategy proposal submitted by a single applicant organization. The original application must contain all requested information with signature completed by the agency's authorized representative. If you submit more than one application, reviewers should be able to distinguish between the files you submit based on the strategy number in the naming conventions.

3.2. Application Instructions

3.2.1. Format

1. **Form of Application**
   Each proposal **must** be submitted on the application form provided by Wayne County, which will be incorporated into a successful agency's Performance Agreement (contract). Additional pages can be inserted if necessary for the narrative sections. Use appropriate headings for each section.

3.2.2. Application Content

The following sections should be submitted as **one file**. The **Proposal Summary, Project Narrative,** and **Certifications** should be completed in the application form provided by Wayne County. Additional required documentation should be incorporated into the application.

1. **Proposal Summary (0 points)** – Required, not scored,
   Provide a brief (no more than 250 words) overview of the planned project. Summary must include a purpose statement describing how your application will address the needs of people who use drugs in the community with particular considerations for historically marginalized populations. **Applications without a proposal summary will be deducted 2 points**. The Proposal Summary does **not** count toward the page limit for the Project Narrative.

2. **Project Narrative** – Required, scored out of 100 points total
   Be as **specific as possible** in the project narrative section. This will be the basis for evaluating applications and monitoring the selected organization's performance.

   A. **Assessment of Community Need** (16 total points) –
      - List the geographic area to be served by the proposed project and the overdose burden in that area according to DHHS poisoning data (https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm).
      - Provide any pertinent and/or necessary information as it relates to the need for this work in your community. Identify any gaps in services you intend to address by identifying and/or defining current programs/providers.
      - Describe the needs of the priority population that this proposal will serve and how those needs were determined (e.g., focus groups, survey, patient engagement).

NOTE: Provide citations/reference sources for any included community demographic or health status data. Current and relevant data is available at:

- https://ncopioidsettlement.org/data-dashboards
- https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard
- https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm
- https://www.waynegov.com/241/Health-Department
- https://nc211.org/data/

- https://medicaid.ncdhhs.gov/reports/dashboards#annual

B. Project Description and Program Sustainability (28 points) –

- ☐ Clearly identify which implementation strategy from the NC MOA's Option A list of eligible strategies are included in the proposal, including the number (e.g., "Strategy 2: Evidence-Based Addiction Treatment"). **Only one eligible strategy may be selected for each proposal.**
- ☐ Describe the proposed project in detail, including:
  - Project activities and the evidence-base about their effectiveness for the priority population;
  - Plans to incorporate feedback from program participants to inform delivery of the selected activity or activities;
  - How the project will address identified community needs and/or service gaps;
  - The project's expected impact on preventing opioid overdose, increasing access and linkages to care for the most marginalized and underserved populations; and,
  - How the project will build local infrastructure to respond to the opioid overdose crisis.
- ☐ Explain how you will engage or have already engaged the priority population in developing this proposed project.
- ☐ Detail how this project will advance your organization's goals.
- ☐ Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, enrolling participants, etc.) including who is responsible for associated activities.
- ☐ Explain how the project will increase the capacity of your organization or your community over time to address opioid use disorder. **Note that applications must describe how they will plan for enhancements, improvements, or increases achieved during the project year to be sustained past the funding secured during the project period.**
- ☐ Describe obstacles that may affect your organization's ability to sustain this program after the project cycle and potential solutions to identified challenges.
- ☐ Detail any other funding sources that will be used towards this project.

C. Equity Impact (8 points) –

- ☐ Describe how the proposed project addresses health inequities and/or social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.
- ☐ Describe how the proposed project reaches, benefits, and equitably engages historically marginalized populations and addresses the needs of the uninsured and underinsured.

D. Organizational Readiness (20 total points) –

- ☐ Describe the capacity of the fiscal agent/organization that will take total responsibility for the fiscal, reporting, and grant-related compliance requirements to manage grants and comply with financial and monitoring requirements.
- ☐ If applicable, identify any proposed subcontractors and their role on the proposed project. If the specific subcontractor is not yet identified, describe how the subcontractor will be selected.

- □ Provide specific examples of the organization's or partnership/collaboration of multiple organizations' capacity to deliver information in a culturally humble, sensitive, and appropriate manner. The applicant must demonstrate an understanding of issues specifically affecting people who use drugs (PWUD) and/or other intersecting historically marginalized populations. A successful applicant will have staff and/or volunteers with diverse backgrounds who are sensitive to drug user health issues.
    - If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.
- □ Describe your organization's or partnership/collaboration of multiple organizations' history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities and how your organization will be delivering program activities in a culturally appropriate manner.
    - If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.
- □ If applicable, highlight if your organization or partnership/collaboration of multiple organizations and/or any proposed subcontractors serve the following prioritized groups:
    - Those experiencing homelessness and housing instability,
    - Black, Indigenous, and People of Color (BIPOC),
    - Federal or NC recognized tribal communities, and/or
    - Those transitioning from correctional settings to the community.

E. Evidence of Collaborations/Partnerships (16 points) –

- □ Describe how you will collaborate on this project or initiative with other relevant organizations in your community and how this project will improve collaboration between local stakeholders and/or engage new ones.
- □ Describe how you will verify that projects or services are not being duplicated in the community and with the population served.

F. Performance Measures and Program Evaluation (12 points) –

- □ Detail how you will evaluate your project.
- □ Describe how you will engage the priority population in the design and implementation of the evaluation of this project.
- □ Recipients providing direct services will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of medications for opioid use disorder received. Explain how you will capture this data. (See https://nctopps.ncdmh.net/dev/gettingstartedwithnctopps.asp for a suggested tool.)
- □ Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project. You may wish to include metrics in a table format. Consult suggested metrics provided below:

3. Letters of Commitment and Letters of Support (0 points) – Required, not scored

Letters of commitment must be included from any agency or community organization integral to the success of proposed activities. Additional letters of support that are relevant and descriptive will

strengthen applications. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment/support to demonstrate evidence of collaboration. The partnership highlighted in the letter of commitment/support should also be reflected in the application narrative. Letters of commitment/support will not be scored, but they will be considered in connection to the scored Evidence of Collaborations/Partnerships section of the Project Narrative.

Letters must be included with each application as an appendix and will not count toward the narrative page limit. Do not have letters sent separately to Wayne County. Letters sent separately from applications will not be read by reviewers.

4. **Latest audited financial statement** – Required, not scored
   Latest audited financial statement, including Management Letter. If unable to provide, please attach a written explanation.

5. **Documentation of Tax Identification Number** – Required, not scored
   All applicants are required to include Tax Identification (TIN) documentation. Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.) If, during the project period, the recipient agency has any changes to its 501(c)(3) status, it must notify Wayne County immediately.

6. **For non-profit agencies only** – All required, not scored
   - **A.** IRS Determination Letter: provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address. This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number (TIN).
   - **B.** Verification of 501(c)(3) Status Form: If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.
   - **C.** Copy of Form 990 Federal Tax return filed for latest fiscal year.
   - **D.** Agency organizational chart.
   - **E.** Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
   - **F.** A completed and signed statement which includes a copy of the Agency's adopted Code of Ethics.
   - **G.** A copy of the Agency's Articles of Incorporation and Bylaws (if applicable).

7. **Certifications and required forms** – Required, not scored
   See the Application Form provided by Wayne County for all required forms and signatures. Please note that some forms require signatures from Board Chairs/Elected Officials, and two require notarization.

8. **Budget and budget narrative –** Required, not scored
   Use the Budget Worksheet to document your anticipated program budget, including line-item calculations and a budget narrative. The budget and budget narrative must comply with the budget requirements listed in Section 2.5. Budget Requirements. The budget will not be scored, but if it is

incomplete or does not appropriately support the proposed project, **up to 5 points will be deducted from the total score**.

3.3. Application Checklist

The following checklist is for your reference only as you prepare your application.

☐ **One file** that includes **all** the following components:

- ☐ Filled application, including agency information, Proposal Summary, and Project Narrative
- ☐ Letters of Commitment and/or letters of Support
- ☐ Latest audited financial statement, if applicable, with Management Letter
- ☐ Documentation of Tax Identification Number
- ☐ **For non-profit agencies only:**
  - IRS Determination Letter
  - Copy of Form 990 Federal Tax return filed for latest fiscal year
  - Agency organizational chart
  - Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations
  - A completed and signed statement which includes a copy of the Agency's adopted Code of Ethics
  - A copy of the Agency's Articles of Incorporation and Bylaws (if applicable)
- ☐ A. Signed Application Certification (included in Application Form)
- ☐ B. Signed Verification of 501(c)(3) Status Form (included in Application Form)
- ☐ C. Signed Certification of No Overdue Tax Debts (**requires notarization**) (included in Application Form)
- ☐ D. Signed Code of Conduct Policy (included in Application Form)
- ☐ E. Signed Conflict of Interest Policy (included in Application Form)
- ☐ F. Signed e-Verify form (**requires notarization**) (included in Application Form)
- ☐ G. Individuals Authorized to Submit Forms (included in Application Form)
- ☐ H. Business Association Addendum (included in Application Form)

☐ **One Excel file** that contains completed budget worksheet with narrative justification

3.4. Application Evaluation Process and Criteria

3.4.1. Application Evaluation Process

1. Initial screening for eligibility and completeness

Wayne County staff will screen all applications to ensure they are complete (i.e., they include all the required information and documentation), that they are eligible, and that they have complied with basic RFA requirements such as selecting only one eligible Option A strategy per application. Incomplete and/or ineligible applications will not be reviewed further.

2. Reviewer scoring

The Wayne County Opioid Working Group will score each application using the scoring criteria in Section 3.3.2. All reviewers will be asked if they have conflicts of interest with any applicants; reviewers will not be assigned to review an application for which they have a conflict of interest.

3. Request for additional information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

4. Recommendations to County Commissioners

Based on applications' average scores after reviewer revisions and government staff exclusion or adjustment, if applicable, the Opioid Working Group will make a recommendation to County Commissioners about which applications should be funded. Funding, if awarded, will be awarded to the highest scoring applications. Wayne County reserves the right to not fund any applications.

3.4.2. Application Scoring Criteria

Applications will be scored based on the responses to the application content areas in the chart below. Each content area shall be scored on a scale of 1-4 based on the scale below:

1.	**POOR**	Applicant only marginally addressed the application area
2.	**AVERAGE**	Applicant adequately addressed the application area
3.	**GOOD**	Applicant did a thorough job of addressing the application area
4.	**EXCELLENT**	Applicant provided a superior response to the application area

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. The following represents the evaluation criteria and relative importance of each criterion (criteria weight):

Evaluation Criteria	Score Distribution	Weight
1. Proposal Summary: deduct 2 points if missing	0 pts.	--
2. Assessment of Need a. Clear and appropriate geographic area to be served b. Clear statement of needs and gaps in services c. Thorough description of priority populations that is well supported by evidence	0 pts. if missing. Otherwise, 4-16 pts.	4
3. Project Description and Sustainability a. Exactly one of the eligible Option A strategies is selected and proposed project clearly supports the identified strategy b. Well-planned project that is likely to lead to the intended opioid-related impacts, based on the evidence base about strategy and/or activity effectiveness for the prioritized population c. Clear and appropriate plans to incorporate feedback from program participants to inform program delivery d. Intended impacts of project will likely meet community needs/service gaps e. Applicant has engaged or will engage the priority population meaningfully in developing the proposed project f. Proposed project fits applicant's organizational goals well g. Project timelines are achievable and adequate to make intended impacts h. Clear and appropriate plans for project sustainability	0 pts. if missing. Otherwise, 7-28 pts.	7
4. Equity Impact a. Project is likely to improve health inequities and/or social determinants of health b. Project is likely to reach, benefit, and equitably engage historically marginalized populations and uninsured and underinsured people	0 pts. if missing. Otherwise, 2-8 pts.	2
5. Organizational Readiness a. Applicant demonstrates the skills and capacity needed to manage the funding award and meet reporting and compliance requirements. b. Subcontractors are clearly identified, if applicable, and will enhance the success of the project c. Applicant (team) has demonstrated the capacity to conduct culturally humble, sensitive, and appropriate work d. Applicant (team)has demonstrated clear understanding of issues that affect people who use drugs e. Applicant (team) has demonstrated experience and/or clear and adequate plans for promoting the health and dignity of people and communities impacted by drug use f. Applicant (team) has demonstrated experience serving those experiencing homelessness and housing instability; Black, Indigenous, and People of Color; federal or NC recognized tribal communities, and/or those transitioning from correctional settings to the community	0 pts. if missing. Otherwise, 5-20 pts.	5
6. Evidence of Collaborations/Partnerships, Letters of Commitment/Support a. Clear plan to collaborate with other relevant community organizations that is likely to improve collaboration between local stakeholders	0 pts. if missing. Otherwise,	4

b. Clear plan to verify that projects or services are not being duplicated in the community and with the population served c. Letters of commitment/support are present from all key project partners and match partners' proposed roles in the project	4-16 pts.	
7. Performance Measures and Program Evaluation a. Specific, achievable plans for program evaluation that will yield meaningful assessment of project's success b. Clear and appropriate plans to engage priority population in evaluation design and implementation c. Clear and appropriate plans to capture client data (if applicable) and proposed metrics, and to monitor project progress on a regular basis	0 pts. if missing. Otherwise, 3-12 pts.	3
8. Project Budget: If budget is incomplete and/or does not appropriately support the proposed project, **deduct up to 5 points**	0 pts.	--
Total	**0-100 points**	

WAYNECOUNTY
NORTH CAROLINA

Wayne County
HIGH IMPACT OPIOID ABATEMENT STRATEGIES

Funding Proposal Application Form

Applicant Agency: General Information			
Legal Name	Click or tap here to enter text.		
Address	Click or tap here to enter text.		
Type of Agency (check one)	☐ Government/ Public Authority	☐ Non-Profit	☐ For-Profit Business
Telephone	Click or tap here to enter text.		
Website	Click or tap here to enter text.		
Primary Contact Full Name	Click or tap here to enter text.		
Title	Click or tap here to enter text.		
Email	Click or tap here to enter text.		
Telephone	Click or tap here to enter text.		
Name of Project	Click or tap here to enter text.		
Total Application Funding Requested	$ Click or tap here to enter text.		
Funding Period Requested (MM/DD/YYYY)	Start Date	Click or tap here to enter text.	End Date	Click or tap here to enter text.
Selected NC MOA Option A Strategy (Number and Name)	Click or tap here to enter text.		
Agency Mission and Vision Statements	Click or tap here to enter text.		

As a **separate Excel file,** submit a completed **Budget Worksheet**.

1. Proposal Summary *(required but not scored)*

Provide a brief overview of the planned project. Summary must include a purpose statement describing how your application will address the needs of people who use drugs in the community with particular considerations for historically marginalized populations.

Click or tap here to enter text.

2. Project Narrative

A. Assessment of Community Need (16 points)

- *List the geographic area to be served by the proposed project and the overdose burden in that area*
- *Provide any pertinent and/or necessary information as it relates to the need for this work in your community. Identify any gaps in services you intend to address by identifying and/or defining current programs/providers.*
- *Describe the needs of the priority population that this proposal will serve and how those needs were determined (e.g., focus groups, survey, patient engagement).*

NOTE: Provide citations/reference sources for any included community demographic or health status data. Current and relevant data is available at:
https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard
https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm
https://nc211.org/data/
https://medicaid.ncdhhs.gov/reports/dashboards#annual

Click or tap here to enter text.

B. Project Description and Program Sustainability *(28 points)*

- *Clearly identify which implementation strategy from the NC MOA's Option A list of eligible strategies are included in the proposal, including the number (e.g., "Strategy 2: Evidence-Based Addiction Treatment").* ***Only one eligible strategy may be selected for each proposal.***
- *Describe the proposed project in detail including its expected impact on preventing opioid overdose, increasing access and linkages to care for the most marginalized and underserved populations, and building local infrastructure to respond to the opioid overdose crisis.*
- *Explain how you will engage or have already engaged the priority population in developing this proposed project.*
- *Detail how this project will advance your organization's goals.*
- *Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or subcontractors, purchasing supplies, establishing policies and protocols, enrolling participants, etc.) including who is responsible for associated activities.*
- *Explain how the project will increase the capacity of your organization or your community over time to address opioid use disorder.* ***Note that applications must describe how they will plan for enhancements, improvements, or increases achieved during the project year to be sustained past the funding secured during the project period.***
- *Describe obstacles that may affect your organization's ability to sustain this program after the project cycle and potential solutions to identified challenges.*
- *Detail any other funding sources that will be used towards this project.*

Click or tap here to enter text.

C. Equity Impact (8 points)

- *Describe how the proposed project addresses health inequities and reaches historically marginalized populations. Additionally, describe how the proposed project addresses the needs of the uninsured and underinsured. Finally, describe how the proposed project will address social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.*

Click or tap here to enter text.

D. **Organizational Readiness** (20 points)
   - *Describe the capacity of the fiscal agent/organization that will take total responsibility for the fiscal, reporting, and grant-related compliance requirements to manage grants and comply with financial and monitoring requirements.*
   - *If applicable, identify any proposed subcontractors and their role on the proposed project. If the specific subcontractor is not yet identified, describe how the subcontractor will be selected.*
   - *Provide specific examples of the organization's or partnership/collaboration of multiple organizations' capacity to deliver information in a culturally humble, sensitive, and appropriate manner. The applicant must demonstrate an understanding of issues specifically affecting people who use drugs (PWUD) and/or other intersecting historically marginalized populations. A successful applicant will have staff and/or volunteers with diverse backgrounds who are sensitive to drug user health issues.*
     - *If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.*
   - *Describe your organization's or partnership/collaboration of multiple organizations' history promoting the health and dignity of individuals and communities impacted by drug use or your plans to incorporate this mission into your core activities and how your organization will be delivering program activities in a culturally appropriate manner.*
     - *If applicable, provide specific examples of how any identified subcontractors demonstrate these capacities.*
   - *If applicable, highlight if your organization or partnership/collaboration of multiple organizations and/or any proposed subcontractors serve the following prioritized groups:*
     - *Those experiencing homelessness and housing instability,*
     - *Black, Indigenous, and People of Color (BIPOC),*
     - *Federal or NC recognized tribal communities, and/or*
     - *Those transitioning from correctional settings to the community.*

Click or tap here to enter text.

E. **Evidence of Collaborations/Partnerships** (16 points)
   - *Describe how you will collaborate on this project or initiative with other relevant organizations in your community and how this project will improve collaboration between local stakeholders and/or engage new ones.*
   - *Describe how you will verify that projects or services are not being duplicated in the community and with the population served.*

Click or tap here to enter text.

F. Performance Measures and Program Evaluation *(12 points)*

- *Detail how you will evaluate your project.*
- *Describe how you will engage the priority population in the design and implementation of the evaluation of this project.*
- *Recipients providing direct services will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of medications for opioid use disorder received. Explain how you will capture this data. (See https://nctopps.ncdmh.net/dev/gettingstartedwithnctopps.asp for a suggested tool.)*
- *Explain how you will monitor the project and capture metrics for each of the supported strategies included in your project. You may wish to include metrics in a table format.*

Click or tap here to enter text.

After the Certifications section below, include the following required documents. If an item is not applicable to your organization, please indicate this by an "N/A" and explain why it is not applicable.

3. **Letters of Commitment and/or Support**
4. **Latest Audited Financial Statements**, including Management letter (Attach letter of explanation if unable to provide)
5. **Documentation of Tax Identification Number** (can be IRS Determination Letter for non-profit agencies)
6. **For non-profit agencies only**:
   - **A.** IRS Determination Letter: provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address. This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number (TIN).
   - **B.** Verification of 501(c)(3) Status Form: If applicable, an Authorized Representative must annually submit verification that the organization remains a qualified 501(c)(3) tax-exempt organization.
   - **C.** Copy of Form 990 Federal Tax return filed for latest fiscal year.
   - **D.** Agency organizational chart.
   - **E.** Current Board of Directors Roster with names, addresses, office terms (with dates), and professional and/or community affiliations.
   - **F.** A completed and signed statement which includes a copy of the Agency's adopted Code of Ethics.
   - **G.** A copy of the Agency's Articles of Incorporation and Bylaws (if applicable).

7. **Certifications and Required Forms**

A. Application Certification

I have reviewed this application for accuracy.

I understand that Opioid Abatement funds are intended to address specific remediation activities as identified under the NC Memorandum of Agreement (MOA) for the Opioid Settlement Funds.

I understand that these opioid settlement funds are subject to State laws and regulations, and I have read the MOA and agree to the requirements.

I certify that the requested funds will be used in compliance with these requirements and with all requirements outlined in the Wayne County High Impact Opioid Abatement Strategies RFA.

I agree to submit invoices and other relevant documentation to the County to pay or be reimbursed, as well as quarterly status reports.

I understand that Wayne County requires audited financial statements for each year that opioid settlement funding is provided to my organization, and that the County may monitor the program during the award period.

Agency Authorized Official (print name)	Click or tap here to enter text.
Signature	
Title	Click or tap here to enter text.
Date	Click or tap here to enter text.

Board Chair/Elected Official (print name)	Click or tap here to enter text.
Signature	
Title	Click or tap here to enter text.
Date	Click or tap here to enter text.

* Indicate if you are the Board President or Chairperson

B. Non-profit agencies only: Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____ ("Organization"), and by that authority duly
(Legal Name of Organization)

given and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

_____
(Signature)

* Indicate if you are the Board President or Chairperson

C. Certification of No Overdue Tax Debts

Date of Certification MM/DD/YYYY

Certification:

We certify that [ORGANIZATION NAME] does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.
Sworn Statement:

[Name of Board Chair] and [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

_____
Board Chair Signature

_____
[TITLE OF SECOND AUTHORIZING OFFICIAL]

Sworn to and subscribed before me on the day of the date of said certification.

_____ My Commission Expires: _____
(Notary Signature and Seal)

[1] G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

D. Code of Conduct Policy

Each recipient of award shall maintain a written Code of Standards of Conduct which shall govern the performance of its officers, employees or agents in contracting with and/or expending Older Americans Act funds and State appropriations.

The recipient Agency's officers, employees or agents shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors. To the extent permissible under state or local laws, rules or regulations, such standards shall provide for appropriate penalties, sanctions, or other disciplinary actions to be applied for violations of such standards either by the officers, employees or agents of the recipient Agency or by contractors or their agents.

Awards will be made only to responsible Agency(ies) possessing the ability to perform successfully under the terms and conditions of a proposed procurement. Consideration will be given to such matters as Agency's integrity, compliance with public policy, record of past performance, and financial and technical resources.

I have read and fully understand the context of the information above.

_____	_____	_____
Authorized Official Signature	Title	Date

* Indicate if you are the Board President or Chairperson

E. Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

a. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

b. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

c. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

    1. The Board member or other governing person, officer, employee, or agent;
    2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
    3. An organization in which any of the above is an officer, director, or employee;
    4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

d. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

e. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, they shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

I have read and fully understand the context of the information above.

_____	_____	_____
Authorized Official Signature	Title	Date

* Indicate if you are the Board President or Chairperson

F. Appendix E: E-Verify

STATE OF NORTH CAROLINA AFFIDAVIT
COUNTY OF WAYNE

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (the entity contracting with Wayne County hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).

2. Employer understands that Employers Must Use E-Verify. Each employer, if employing 25 or more employees in this State, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (Mark Yes or No)
   a. YES ☐ or b. NO ☐

4. Employer's subcontractors comply with E-Verify, and Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer during the term of its contract with Wayne County.

This _____day of _____, 20____.

Signature of Affiant _____

Print or Type Name _____

NORTH CAROLINA NOTARY ACKNOWLEDGEMENT
THE STATE OF NORTH CAROLINA, COUNTY OF _____

Signed and sworn to (or affirmed) before me, this ____ day of _____, 20__.

My Commission Expires: _____

Notary Public, _____

Notary Public Signature: _____
[Official Seal]

* Indicate if you are the Board President or Chairperson

G. Authorization for Individuals to Sign Contracts and Submit Reporting

[Letter from Board President/Chairperson identifying individuals as authorized to sign contracts, expenditure reports, and performance reports]

I, _____, Board President/Chairperson

of _____ [Agency/Organization's legal name] hereby identify the following individual(s) who is (are) authorized to sign and/or submit documentation for the organization named above:

Contracts:

	Printed Name:	Title:	Email address:
1.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Expenditure Reports:

	Printed Name:	Title:	Email address:
1.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

* Indicate if you are the Board President or Chairperson

Performance Reports:

	Printed Name:	Title:	Email address:
1.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Board President or Chair printed name

* Title

Signature

Date

* Indicate if you are the Board President or Chairperson

H. Business Associate Addendum

THIS ADDENDUM is made this ____ day of Click or tap here to enter text., 20Click or tap here to enter text. to a contractual arrangement between the parties ("Agreement").

WHEREAS Wayne County is itself a Covered Entity, as that term is defined in HIPAA and will be referred to as "Covered Entity"; and

WHEREAS, Click or tap here to enter text. is, or may be, a Business Associate of Covered Entity and will be referred to as "Business Associate"; and

WHEREAS, Business Associate performs certain services on behalf of or for Covered Entity that require the exchange of information about patients that is protected by the Health Insurance Portability and Accountability Act of 1996, as amended, and the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164 (collectively "HIPAA").

NOW, THEREFORE, the parties to the Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the Agreement into compliance with HIPAA.

I. DEFINITIONS

Except as otherwise defined herein, terms used in this Addendum shall have the same meaning as the terms are defined in HIPAA.

II. OBLIGATIONS OF BUSINESS ASSOCIATE

To comply with the Privacy, Security, and Breach Notification obligations imposed by HIPAA, Business Associate agrees to:

A. Privacy and Security Obligations:
   1. Not use nor disclose information other than as permitted or required by the Agreement, this Addendum or as required by law.
   2. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the Agreement and this Addendum.
   3. Comply with Subpart C of 45 CFR Part 164 with respect to electronic PHI (protected health information) to prevent use or disclosure of PHI other than as provided for by the Agreement.
   4. Report to Covered Entity any use or disclosure of the information not provided for by the Agreement of which Business Associate becomes aware, including breaches of Unsecured PHI as required by 45 CFR 164.410.
   5. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents or subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree, in writing, to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.
   6. Make available PHI in a designated set record set to Covered Entity upon request within three (3) working days as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524. If Business Associate receives a request for access directly from the individual, then

Business Associate will forward the individual's request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.

7. If Business Associate receives a request pursuant to 45 CFR 164.526 to make any amendment(s) to PHI in a designated record set directly from the individual, then Business Associate will forward the individual's request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
8. Maintain and make available upon request within three (3) working days the information required to provide an accounting of disclosures to Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528. If Business Associate receives a request to provide an accounting of disclosures directly from the individual, then Business Associate will forward the individual's request to Covered Entity within three (3) working days to be fulfilled by Covered Entity.
9. Make its internal practices, books, and records relating to the use of PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary of DHHS and Covered Entity for purposes of determining compliance with HIPAA.
10. To the extent practicable, mitigate any harmful effects that are known to Business Associate of a use or disclosure of PHI or a breach of Unsecured PHI in violation of this Addendum.
11. Use and disclose an individual's PHI only if such use or disclosure is in compliance with the applicable requirements of 45 CFR 164.504(e) and the terms of this Addendum.
12. Refrain from exchanging any PHI with any entity of which Business Associate knows of a pattern of activity or practice that constitutes a breach as defined by North Carolina State Law, HIPAA, or this Addendum.
13. To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).

B. Breach Notification:

In the event that Business Associate discovers any use or disclosure of PHI not provided for by the Agreement, including breaches of Unsecured PHI as required at 45 CFR 164.410, and any security incident of which it becomes aware, Business Associate agrees to take the following measures within three (3) working days after Business Associate first becomes aware of the incident:

1. To notify Covered Entity of any incident involving the acquisition, access, use or disclosure of Unsecured PHI in a manner not permitted under 45 CFR Part E. Such notice by Business Associate shall be provided without unreasonable delay, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. For purposes of clarity for this provision, Business Associate must notify Covered Entity of any such incident within the above timeframe even if Business Associate has not conclusively determined within that time that the incident constitutes a breach as defined by HIPAA. For purposes of this Addendum, Business Associate is deemed to have become aware of the breach as of the first day on which such breach is known or reasonably should have been known to such entity or associate of Business Associate, including any person, other than the individual committing the breach, that is an employee, officer or other agent of Business Associate or an associate of Business Associate.

2. To include in the above-described notification the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of a breach.
3. To provide a draft letter to Covered Entity to utilize to notify the individuals that their Unsecured PHI has been, or is reasonably believed to have been, the subject of a breach. The draft letter must include, to the extent possible:
   a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
   b. A description of the types of Unsecured PHI that were involved in the breach (such as full name, Social Security Number, date of birth, home address, account number, disability code, or other types of information that were involved);
   c. Any steps the individuals should take to protect themselves from potential harm resulting from the breach:
   d. A brief description of what Covered Entity and Business Associate are doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and
   e. Contact information for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an email address, web site, or postal address.

III. TERMINATION

A. This Addendum will terminate automatically, without further action by either party, upon termination of the Agreement to which it is attached.
B. Covered Entity may terminate this Addendum if Covered Entity determines that Business Associate has violated a material term of the Agreement or this Addendum.
C. Upon Covered Entity's gaining knowledge of a breach, as defined by North Carolina State Law or HIPAA, by Business Associate or any of its agents or subcontractors, of the Agreement or this Addendum, Covered Entity shall either:
   1. Provide an opportunity for Business Associate to cure the breach or end the violation, and if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, terminate this Addendum and the attached Agreement; or
   2. Immediately terminate this Addendum and the attached Agreement if either has been breached by a Business Associate, and a cure is not possible.
D. In situations where it is not practicable to terminate this Agreement, Covered Entity shall report Business Associate's breach as defined by North Carolina State Law or HIPAA to the Secretary of DHHS, and continue under the existing arrangement with Business Associate until a reasonable alternative becomes available, or until directed by the Secretary of DHHS to terminate the Agreement.
E. At termination of the attached Agreement and this Addendum, or upon request of Covered Entity, whichever occurs first, Business Associate shall:
   1. If feasible, return or destroy all PHI that Business Associate still maintains in any form, received from Covered Entity or created, maintained or received by Business Associate on behalf of Covered Entity. Business Associate shall only destroy PHI with the written approval of Covered Entity. After return or destruction, Business Associate shall retain no copies of such information.
   2. If return or destruction is not feasible, Business Associate will provide Covered Entity with documentation explaining the reason it is not feasible. If the PHI is not returned or destroyed, Business Associate will extend the protection of this Addendum to the

information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible.

F. The obligations of Business Associate under this Addendum shall survive the expiration, termination or cancellation of the attached Agreement and this Addendum, and shall continue to bind Business Associate, its agents, employees, contractors, successors and assigns, as set forth herein.

G. Business Associate shall indemnify Covered Entity for costs associated with any incident involving the acquisition, access, use or disclosure of Unsecured PHI by Business Associate, any agent or subcontractor, in a manner not permitted under 45 CFR Subpart E.

IV. MISCELLANEOUS

A. All PHI that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording and electronic display by Covered Entity or its operating units to Business Associate, or is created or received by Business Associate on Covered Entity's behalf, shall be subject to this Addendum.

B. In the event of an inconsistency between the provisions of this Addendum and the mandatory provisions of HIPAA, as amended, HIPAA shall control. Where provisions of this Addendum are not included as mandated provisions in HIPAA, but are nonetheless permitted by HIPAA, the provisions of this Addendum shall control.

C. Except as expressly stated herein or in HIPAA, the parties to this Addendum do not intend to create any rights in any third parties.

D. This Addendum may be amended or modified only in writing signed by the parties. No party may assign it rights or obligations under this Addendum without the prior written consent of the other party. None of the provisions of this Addendum are intended to create, nor will they be deemed to create, any relationship between the parties other than that of independent parties, contracting with each other solely for the purpose of effecting the provisions of this Addendum and any other agreements between the parties concerning their business relationship.

E. This Addendum will be governed by the laws of the State of North Carolina, venue Wayne County.

F. No change, waiver, or discharge of any liability or obligation hereunder on any one or more occasion shall be deemed a waiver of performance of any continuing obligation, or prohibit enforcement of any obligation, on any other occasion.

G. In the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of PHI that are more restrictive than the provisions of this Addendum, the provisions of the more restrictive documentation will control.

H. In the event that any provision of this Addendum is held by a court of competent jurisdiction to be invalid or unenforceable, the remaining provisions of this Addendum shall remain in full force and effect.

I. Headings in this Addendum are for convenience of reference only and shall not define or limit any of the terms or provisions hereof.

J. A reference in this Addendum to a section in HIPAA means the section as in effect or as amended.

K. Any ambiguity in this Addendum shall be interpreted to permit compliance with HIPAA.

L. Business Associate will not use an agent or subcontractor without written agreement by Covered Entity.

IN WITNESS WHEREOF, the parties have hereunto executed this Business Associate Addendum on the day and year first written above.

Wayne County

By:_____
Chip Crumpler, Wayne County Manager

ATTESTED: _____

BUSINESS ASSOCIATE

By:_____

Title:_____

ATTESTED: _____

* Indicate if you are the Board President or Chairperson

Subrecipient Agreement for the Implementation of Opioid Abatement Strategies

between
County of Wayne
and
[NAME OF SUBRECIPIENT ORGANIZATION]

This Subrecipient Agreement for Spending Opioid Settlement Funds (hereinafter referred to as "Agreement") is made and entered into this [DATE] day of [MONTH], [YEAR] by and between, the County of Wayne, a body politic and corporate organized under the laws of the State of North Carolina (hereinafter referred to as the "County") and [NAME OF SUBRECIPIENT ORGANIZATION] (hereinafter referred to as the "Subrecipient"), collectively referred to as the "Parties."

ARTICLE 1: OVERVIEW

1.1 Administrators. All contact, notices, and inquiries concerning this Agreement shall be directed to the County and Subrecipient Agreement Administrators as listed below. Any changes in contact information or administrator shall be provided to the respective Parties by written notice in a timely manner.

County of Wayne	**[SUBRECIPIENT]**
Ginger Moore	Point of contact
Assistant County Manager; Health and Human Services Director	Title
PO Box 227	Address line 1
Goldsboro, NC 27533	Address line 2
(919) 731-1435	Phone number
ginger.moore@waynegov.com	Email address

1.2 Purpose. The purpose of this Agreement is to fund the provision of [identified strategy] opioid remediation activities chosen by the County as described in Exhibit A of the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation (hereinafter referred to as the "NC MOA"), to alleviate the impacts of Opioid Use Disorder (hereinafter referred to as "OUD"). The Subrecipient shall utilize the funds awarded by this Agreement only for opioid remediation activities.

1.3 Services Provided. The Subrecipient shall provide services as described in the Subrecipient's Approved Application for Funding (**Appendix A**).

1.4 Originating Source of Funding. Funds allocated to the Subrecipient originate from the National Opioid Settlements allocated to North Carolina counties and municipalities.

ARTICLE 2: AWARD AND PAYMENTS

2.1 Award Term. This Agreement becomes effective on this [DATE] day of [MONTH], [YEAR] and shall terminate after a period of [NUMBER OF MONTHS/YEARS], no later than [DATE] day of [MONTH], [YEAR].

2.2 Award Amount. The maximum award amount shall be no more than $[TOTAL AWARD AMOUNT], distributed over a period of [NUMBER OF YEARS] years. The Subrecipient shall receive up to $[ANNUAL AWARD AMOUNT] per program year.

2.3 Payments. Payments to the Subrecipient will be provided as reimbursement for actual expenses incurred under the Approved Application for Funding (**Appendix A**). The Subrecipient shall provide the County with an invoice, to be paid by the County within thirty (30) days from the later of the date of the invoice or financial report.

2.4 Unallowable Costs. The Subrecipient shall spend funds awarded under this Agreement in a manner consistent with the NC MOA, and only for the purposes of opioid remediation activities. Funds may only be used to support the strategies outlined in the Subrecipient's Approved Application for Funding (Attachment A). Funds **may not** be used for any of the following purposes:

- Purchasing vehicles or paying down existing mortgages and/or other loans.
- Capital expenses, such as vehicles, new construction, or renovation of facilities.
- Any type of research.
- Lobbying activities (i.e., publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
- Reimbursement of any pre-award costs.

2.5 Additional Restrictions. The following additional restrictions apply to services provided by the Subrecipient with funds awarded under this Agreement:

- Indirect costs or "overhead" are NOT allowed under the NC MOA. The MOA provides that all opioid settlement funds received by local governments must be spent on opioid remediation strategies listed in Exhibit A – or on reasonable audit costs incurred by local governments in connection with opioid settlement funds. [MOA §§ B.5, E.1, E.5, F.3 and Exhibit E]
- No more than 50% of total grant award for the budget period may be used for administrative costs.
- Only U.S. Food and Drug Administration (FDA) approved medications may be purchased with settlement funds.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of opioid use disorder (e.g., methadone, buprenorphine products).

ARTICLE 3: SUBRECIPIENT'S ROLE

3.1 Compliance with the NC Memorandum of Agreement. The Subrecipient agrees to ensure all activities paid for under this Agreement are in alignment with the NC MOA. The Subrecipient shall consult with the County if there are any questions or concerns regarding their ability to do so in carrying out the terms of this Agreement.

3.2 Assignment. This Agreement or any interest herein shall not be assigned or transferred by the Subrecipient, with the exception of any Subcontracts and Subcontractors previously identified and approved under the detailed Scope of Work (**Appendix A**). The Subrecipient shall not make any additional

assignments or transfers of any work to be performed pursuant to this Agreement without the written prior approval of the County. All Subcontracts shall be subject to all cost, reporting, and programmatic restrictions and requirements of this Agreement. Subrecipient is responsible for monitoring Subcontractors' compliance with restrictions and requirements of this Agreement.

3.3 Cooperation with Audits. The Subrecipient will produce all required documentation and provide the County with access to persons and records related to the award outlined in this Agreement and shall comply with all provisions as detailed in **ARTICLE 5: AUDITS.**

3.4 Reporting Requirements. The Subrecipient shall comply with all reporting requirements as detailed in **ARTICLE 6: REPORTING.**

3.5 Records Retention. The Subrecipient must maintain, for a period of at least five years, records of Opioid Settlement Fund expenditures and documents underlying those expenditures, so that it can be verified that funds are being or have been utilized in a manner consistent with the National Settlement Agreement, any Bankruptcy Resolutions, and the NC MOA.

ARTICLE 4: COUNTY'S ROLE

4.1 Monitoring. The County shall have the authority to conduct monitoring to ensure that the Subrecipient has adequate capacity for administration of the named Agreement, and these provisions; and to verify that the Subrecipient has in place effective internal controls to accomplish the purpose of this Agreement.

4.2 Onsite Visits. In addition, the County reserves the right to request and conduct an onsite visit as part of its monitoring plan. The County, or an authorized representative, has the right at all reasonable times to make site visits and the Subrecipient shall provide all reasonable facilities and assistance for the safety and convenience of such representatives in the performance of their duties. All site visits and evaluations shall be performed in such a manner as will not unduly interfere with or delay the work of the named subaward.

4.3 Technical Assistance and Administrative Support. The County will provide the Subrecipient with technical assistance and administrative support as needed to fulfill the purpose of this Agreement, including, but not limited to, consultation on NC MOA compliance, training, expertise, connecting the Subrecipient to necessary resources, addressing challenges in service delivery, and assistance in reporting.

ARTICLE 5: AUDITS

5.1 County Audits Under Local Government Budget and Fiscal Control Act. The County, and thus the Subrecipient, is subject to financial audit by an independent certified public accountant in a manner no less than what is required under G.S. 159-34.

5.2 Audits Under Other Acts and Requirements. The County, and thus the Subrecipient, is subject to the requirements of the Local Government Budget and Fiscal Control Act, Chapter 159 of the North Carolina General Statutes; Local Government Commission rules; the Federal Single Audit Act of 1984 (as if the Opioid Settlement Funds were federal funds); the State Single Audit Implementation Act; Generally Accepted Government Auditing Standards; and all other applicable laws, rules, and accounting standards.

ARTICLE 6: REPORTING

6.1 General Reporting Requirements. The Subrecipient acknowledges that unless specified otherwise in the named Agreement, the County maintains a standard quarterly reporting schedule for all Agreements throughout the project period and may at its discretion require other programmatic reports from the Subrecipient. The final programmatic report under the named Agreement must be provided to the County no later than thirty (30) days after the expiration of the Agreement term.

Report	Deadline
[INSERT REPORT NAME, E.G., "First quarterly report"]	[INSERT DUE DATE]
[INSERT REPORT NAME, E.G., "Second quarterly report"]	[INSERT DUE DATE]
[INSERT REPORT NAME, E.G., "Third quarterly report"]	[INSERT DUE DATE]
[INSERT REPORT NAME]	[INSERT DUE DATE]
[INSERT REPORT NAME]	[INSERT DUE DATE]
Final programmatic report	[INSERT DUE DATE]

6.2 Financial Reporting. The Subrecipient shall maintain adequate records that clearly support the charges and expenditures incurred under the named Agreement. Supporting documentation should be provided with financial reports including payroll records for salary reimbursement, receipts for meals and lodging for travel expenses, and copies of training/conference agendas. If requested by the County, the Subrecipient may be required to send additional documentation to support expenditures identified on any submitted Financial Report. The Subrecipient shall submit scheduled Financial Reports as specified within the above section of this Agreement, **6.1 General Reporting Requirements**.

6.3 Impact Reporting. The Subrecipient shall provide the following information in their quarterly reports:

1. Dates of quarter covered by this report.
2. Name, title, and organization of person completing this report.
3. Name of funded strategy in Exhibit A to the MOA.
4. Brief progress report describing the funded strategy and progress made during the quarter. Recommended length: approximately one page (250 words).
5. Brief success story from a person who has benefitted from the strategy (de-identified unless the person has agreed in writing to be identified). Recommended length: approximately one page (250 words).
6. One or more process measures, addressing the question, "**How much did you do**?" Examples: number of persons enrolled, treated, or served; number of participants trained; units of naloxone or number of syringes distributed.
7. One or more quality measures, addressing the question, "**How well did you do it**?" Examples: percentage of clients referred to care or engaged in care; percentage of staff with certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.
8. One or more outcome measures, addressing the question, "**Is anyone better off?**" Examples: number or percentage of clients with stable housing or employment; self-reported measures of client recovery capital, such as overall well-being, healthy relationships, or ability to manage

affairs; number or percentage of formerly incarcerated clients receiving community services or supports within X days of leaving jail or prison.

9. In connection with items 6, 7, and 8 above, demographic information on the participation or performance of people of color and other historically marginalized groups.

6.4 Compliance and Noncompliance. The Subrecipient shall comply with all of its reporting obligations under this Agreement and in alignment with the NC MOA. If the Subrecipient fails to comply with its reporting obligations, Su shall be given an opportunity to remedy this failure within a reasonable time. If the Subrecipient does not engage in a good faith effort to comply with its reporting obligations under this Agreement and in alignment with the NC MOA, or that fails to remedy reporting issues within a reasonable time, may be subject to action for breach of contract. Notwithstanding anything to the contrary herein, if the Subrecipient is in substantial compliance with the reporting obligations in this Agreement and the NC MOA, the Subrecipient shall not be considered in breach of this MOA or in breach of contract.

ARTICLE 7. CORRECTIVE ACTIONS

7.1 Remediation/Corrective Actions. The County reserves the right to request specific remediation to correct substandard performance revealed during monitoring. Corrective action(s) by the Subrecipient must be accomplished within a reasonable period of time after being notified by the County. Failure to complete the corrective action may result in any of the corrective actions listed in this Article.

7.2 Withholding Payments. The County reserves the right to withhold cash payment for any of the following:

- Subrecipient's failure to make satisfactory progress towards the goals and objectives set forth the named Agreement;
- Subrecipient's default of or otherwise inability to adhere to the conditions or provisions of the named Agreement; or
- Subrecipient's inability to submit reliable, accurate, and timely reports or other deliverables as described in the named Agreement.

7.3 Termination and Suspension. The County may terminate or suspend in whole or in part, the named Agreement by written notice to the Subrecipient upon a finding that the Subrecipient has failed to comply with the material provisions of the named Agreement and the County Standard Grant Provisions.

7.4 Notification: In the event of termination and/or suspension of the named Agreement, the Subrecipient will be notified in writing by the County at least fifteen (15) days prior to the effective termination or suspension date. Upon notification, Subrecipient shall take immediate action to minimize all expenditures against the named Agreement.

In the event of termination for non-compliance with the terms of the named Agreement, the Subrecipient may be subject to other legal or administrative remedies, as appropriate.

7.5 Funding: The Subrecipient may not expense any charges against the named Agreement after the effective date of termination. In the event of termination, the Subrecipient shall submit a final accounting and return to the County all unspent funds provided under the named Agreement no later than thirty (30) days after termination.

7.6 Withdrawal. In the event of withdrawal from or termination of the named Agreement by the Subrecipient, Subrecipient shall refund all amounts that have been disbursed for purposes which are not in accordance with the terms of the named Agreement.

7.7 Suspension. In the event of suspension, the Subrecipient will return on demand to the County any unspent cash balance. Subrecipient is required to submit a Financial Report as of the date of suspension. Subrecipient is required to refund all amounts that have been disbursed for purposes that are not in accordance with the terms of the Agreement.

7.8 Unallowable Costs. No costs incurred during a suspension period or after the effective date of a termination will be allowable, except those costs which, in the opinion of the County, the Subrecipient could not reasonably avoid or eliminate, or which were otherwise authorized by the suspension or termination notice provided such costs would otherwise be allowable under the named Agreement and applicable Uniform Guidance cost principles.

ARTICLE 8. PUBLICATIONS

8.1 Publications. Any publications produced with funds from this Agreement shall include the following language: "This project is funded, in whole or in part, by the National Opioid Settlements allocated to Wayne County, North Carolina for the purpose of abating and alleviating the harmful impacts of misconduct committed by certain entities that engage or have engaged in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic."

ARTICLE 9. MISCELLANEOUS PROVISIONS

9.1 E-verification. Subrecipient and any of its subcontractors must comply with the requirements of the North Carolina General Statutes, if applicable, which requires certain employers to verify the work authorization of each newly hired employee through the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies.

9.2 Iran Divestment Act Certification. Subrecipient hereby certifies that Subrecipient, and all subcontractors, are not on the Final Iran Divestment List ("List") created by the North Carolina State Treasurer pursuant to NCGS 147, Article 6E. Contractor shall not utilize any subcontractor that is identified on the List.

9.3 Indemnification. Subrecipient shall indemnify and hold harmless the County, its officers, agents, employees and assigns from and against all claims, losses, costs, damages, expenses, attorneys' fees and liability that any of them may sustain (a) arising out of Subrecipient's failure to comply with any applicable law, ordinance, or regulation or (b) arising directly or indirectly out of Subrecipient's performance or lack of performance of their terms and conditions of the Agreement.

9.4 Nondiscrimination. Subrecipient shall not discriminate against or deny the Agreement's benefits to any person on the basis of: race; religion; creed; color; sex; gender identity and expression; medical conditions related to pregnancy, childbirth, or breastfeeding; sexual orientation; marital status; age; national origin; ancestry; genetic information; disability; veteran status; or any class protected by local state or federal law.

9.5 Gratuities to Wayne County. The right of Subrecipient to proceed may be terminated by written notice if County determines that Subrecipient, its agent or another representative offered or gave a gratuity to an official or employee of Wayne County in violation of the policies of Wayne County.

9.6 Dispute Resolution and Contract Situs. This Agreement shall be governed and will be construed in accordance with the laws of the State of North Carolina. Each party agrees that exclusive venue for all actions, relating in any manner to this Agreement will be in the General Court of Justice in Wayne County, North Carolina.

IN WITNESS WHEREOF, the parties have hereunto executed this Subaward Agreement on the day and year first written above.

COUNTY

BY: _____

NAME: _____

TITLE: _____

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

BY: _____

Finance Director

SUBRECIPIENT

BY: _____

NAME: _____

TITLE: _____

Appendix A: Subrecipient's Approved Application OR Detailed Scope of Work

[Include a copy of your subrecipient's approved application for funding, including any edits made post-award OR a detailed scope of work, here]

Appendix B: Subrecipient's Approved Detailed Budget

[Include a copy of your subrecipient's approved budget, including any edits made post-award, here]

WAYNE COUNTY REQUEST OPIOID RFA SUMMARY

Approved Strategies (Option A)

- Recovery Support Services
- Early Intervention
- Addiction Treatment for Incarcerated Person
- Reentry Programs
- Criminal Justice Diversion Programs

Wayne County Settlement Allocation

- Settlement Funds received to date: $1,991,578.85 (approximately $500,000 more anticipated by the end of FY 23-24)
- Upcoming 5 years of Funding (subject to change based on future settlements)
    - FY 24-25: $814,149
    - FY 25-26: $906,344
    - FY 26-27: $710,774
    - FY 27-28: $710,367
    - FY 28-29: $756,635

Proposed RFA Timeline

- April 1, 2024: Application Period Opens, Q&A period begins
- April 17, 2024: Bidder's Prebid Meeting at 2:00 PM
- April 22, 2024: End of Q&A period.
- April 26, 2024: Answers to Questions released as an addendum to the RFA
- May 10, 2024: Applications due
- June 4, 2024: Award Recommendations Presented to Board of County Commissioners
- No later than June 14, 2024: Successful applicants notified
- July 15, 2024: Deadline for Completing Performance Contract
- August 1, 2024: Contract start date

Other RFA Details

- Reimbursement grant process (Manager may authorize advance grant in special circumstances)
- RFA does not contain any limits on award amounts or number of years covered by grant

PUBLIC NOTICE
SALE OF COUNTY PROPERTY

An offer of $10,000.00 has been submitted for the purchase of certain properties owned by the County of Wayne and City of Goldsboro located 1105 and 1107 N. George Street, Goldsboro, NC 27530 more particularly described as follows:

1105 N. George Street, Goldsboro (PIN: 2690903868)
ADJOINING the lands of W.H. Smith, et al, and lying on the west side of the road leading from Goldsboro to Hooks Bridge, on the extension of George Street of the City of Goldsboro, and beginning at W.H. Smith's southeast corner on the Western side of said extension of George Street 128 feet southwardly from the southern side of Fussell Street, and runs thence southwardly with said extension of George Street 64 feet to the corner of Ashley Warrick, thence westwardly with Warrick's line 200 feet, thence northwardly 64 feet to W.H. Smith's line, thence eastwardly with said Smith's line 200 feet to the beginning.

1107 N. George Street, Goldsboro (PIN: 2690903973)
BEGINNING at a stake in the Western edge of George Street at the North eastern corner of the property of Estelle Ward Hardy and runs thence with the Northern line of the Hardy property in a Westerly-direction 200 feet to a stake; thence Northwardly parallel with George Street 48 feet to a stake; thence Eastwardly parallel with the first line 200 feet to the Western edge of N. George Street; thence Southwardly with the Western edge of N. George Street 48 feet to the beginning.

Persons wishing to upset the offer that has been received shall submit a sealed bid with their offer and the required deposit to the office of the Wayne County Manager, 224 E. Walnut Street, Goldsboro, NC 27530 by 5:00 P.M. on February 13, 2024. At that time the Clerk to the Board shall open the bids, if any, and the highest qualifying bid will become the new offer. If there is more than one bid in the highest amount, the first such bid received will become the new offer.

A qualifying higher bid is one that raises the existing offer at least 10% of the first $1,000 and 5% of the remainder. A qualifying bid must raise the existing offer to an amount not less than $10,550.00.

A qualifying higher bid must be accompanied by a deposit in the amount of five percent (5%) of the bid; the deposit may be made in cash, cashier's check, or certified check. The County will return the deposit on any bid not accepted and will return the deposit on an offer subject to upset if a qualifying higher bid is received. If no other bids are made the original offer to purchase will be accepted.

Further information may be obtained at the Wayne County Manager's Office, 224 E. Walnut Street, Goldsboro, NC 27530 or by telephone at (919) 705-1971 during normal business hours.

Andrew J. Neal
Wayne County Staff Attorney
PO Box 227
Goldsboro, NC 27533
(919) 705-1971
Run date: February 3, 2024

'AYNE COUNTY & CITY OF GOLDSBORO
107 N GEORGE ST
9266358

Return/Appeal Notes: **Parcel: 2690903973**
PLAT: / UNIQ ID 48997
ID NO: 12000076002033

COUNTYWIDE ADVALOREM TAX (100), CITY - GOLDSBORO (100) CARD NO. 1 of 1

eval Year: 2019 Tax Year: 2023 N GEORGE ST 1.0000 LT SRC=

ppraised by 60 on 01801 CENTRAL BUSINESS DISTRICT TW-12 CI-01 FR-00 EX-2 AT- LAST ACTION 20210106

CONSTRUCTION DETAIL

OTAL POINT VALUE	
UILDING ADJUSTMENTS	
OTAL ADJUSTMENT	
ACTOR	
OTAL QUALITY INDEX	

MARKET VALUE

USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB
01	00						

DEPRECIATION

% GOOD

TYPE: SINGLE FAMILY RESIDENTIAL

STYLE:

CORRELATION OF VALUE

CREDENCE TO

DEPR. BUILDING VALUE - CARD	0
DEPR. OB/XF VALUE - CARD	0
MARKET LAND VALUE - CARD	3,020
TOTAL MARKET VALUE - CARD	3,020
TOTAL APPRAISED VALUE - CARD	3,020
TOTAL APPRAISED VALUE - PARCEL	3,020
TOTAL PRESENT USE VALUE - PARCEL	0
TOTAL VALUE DEFERRED - PARCEL	0
TOTAL TAXABLE VALUE - PARCEL $	3,020

PRIOR

BUILDING VALUE	0
OBXF VALUE	0
LAND VALUE	3,020
PRESENT USE VALUE	0
DEFERRED VALUE	0
TOTAL VALUE	3,020

PERMIT

CODE	DATE	NOTE	NUMBER	AMOUNT

ROUT: WTRSHD:.

SALES DATA

OFF. RECORD BOOK	PAGE	DATE MO	YR	DEED TYPE	Q/U	V/I	INDICATE SALES PRICE
03578	0269	12	2020	WD	C	V	0
01404	0283	12	1993	WD	U	I	0
01298	0647	10	1988	WD	U	I	1000
00877	0189	1	1975	WD	U	I	0

HEATED AREA

NOTES

P11-16 DEMO FOR 2017

SUBAREA TYPE	GS AREA	%	RPL CS
REPLACE			
UBAREA OTALS			

CODE	QUALITY	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	SIZE FACT	AYB	EYB	ANN DEP RATE	OVR	% COND	OB/XF DEPR. VALUE
TOTAL OB/XF VALUE																0

UILDING DIMENSIONS

AND INFORMATION

IGHEST ND BEST SE	USE CODE	LOCAL ZONING	FRON TAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES RF AC LC TO OT	ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	OVERRIDE VALUE	LAND NOTES
100	0100	R-6	48	180	1.0500	2	1.0000			60.00	48.000	FF	1.050	63.00	3024		
OTAL MARKET LAND DATA																3,020	
OTAL PRESENT USE DATA																	

/AYNE COUNTY & CITY OF GOLDSBORO
105 N GEORGE ST
9268958

Return/Appeal Notes: **Parcel: 2690903868**
PLAT: / UNIQ ID 48996
ID NO: 12000076002034

COUNTYWIDE ADVALOREM TAX (100), CITY - GOLDSBORO (100) CARD NO. 1 of 1

eval Year: 2019 Tax Year: 2023 N GEORGE ST 1488-639 1.0000 LT SRC=

ppraised by on 01801 CENTRAL BUSINESS DISTRICT TW-12 CI-01 FR-00 EX-2 AT- LAST ACTION 20170729

CONSTRUCTION DETAIL	MARKET VALUE								DEPRECIATION	CORRELATION OF VALUE	
OTAL POINT VALUE											
UILDING ADJUSTMENTS	USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB		CREDENCE TO	
OTAL ADJUSTMENT	01	00							% GOOD	**DEPR. BUILDING VALUE - CARD**	0
ACTOR										**DEPR. OB/XF VALUE - CARD**	0
OTAL QUALITY INDEX										**MARKET LAND VALUE - CARD**	3,020
	TYPE: SINGLE FAMILY RESIDENTIAL									**TOTAL MARKET VALUE - CARD**	3,020
	STYLE:									**TOTAL APPRAISED VALUE - CARD**	3,020
										TOTAL APPRAISED VALUE - PARCEL	3,020
										TOTAL PRESENT USE VALUE - PARCEL	0
										TOTAL VALUE DEFERRED - PARCEL	0
										TOTAL TAXABLE VALUE - PARCEL $	3,020
										PRIOR	
										BUILDING VALUE	0
										OBXF VALUE	0
										LAND VALUE	3,020
										PRESENT USE VALUE	0
										DEFERRED VALUE	0
										TOTAL VALUE	3,020

PERMIT

CODE	DATE	NOTE	NUMBER	AMOUNT

ROUT: WTRSHD:

SALES DATA

OFF. RECORD BOOK	PAGE	DATE MO	YR	DEED TYPE	Q/U	V/I	INDICATE SALES PRICE
02725	0083	8	2009	WD	U	I	0
01968	0742	8	2002	WD	U	I	15000
01269	0328	7	1990	WD	U	I	0
01189	0561	2	1988	WD	U	I	4500
01146	0677	11	1986		U	I	0

HEATED AREA

NOTES

P4-13 DEMO FOR 2014

SUBAREA TYPE	GS AREA	%	RPL CS	CODE	QUALITY	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	SIZE FACT	AYB	EYB	ANN DEP RATE	OVR	% COND	OB/XF DEPR. VALUE
				TOTAL OB/XF VALUE																0
IREPLACE																				
UBAREA OTALS																				

UILDING DIMENSIONS

AND INFORMATION

IGHEST ND BEST SE	USE CODE	LOCAL ZONING	FRON TAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES RF AC LC TO OT	ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	OVERRIDE VALUE	LAND NOTES
100	0100	R-6	48	180	1.0500	2	1.0000			60.00	48.000	FF	1.050	63.00	3024	0	
OTAL MARKET LAND DATA																3,020	
OTAL PRESENT USE DATA																	


309
305
303
1203
1204
1201
1202
1200
312
310
308
306
1111
1110
1109
1107
1105
1106
1104
1103
305
1102
1101
1100
Fussell St
Fussell St
N George St
N George St
Pearson St
Pearson St
210 C
210 B
210 A
1
2
3
4
5
6
7
8
11
Attachment D Page 4

MEMORANDUM

To: Wayne County Board of Commissioners

From: Berry Gray, Planning Director

Date: February 21, 2024

Re: Subdivision Preliminary Plat Approval

Item: Hunters Trace, Preliminary
Owner/Developer: Triangle Land Partners
Engineer/Surveyor: Stocks Engineering/Alsey Gilbert, PLS
Great Swamp Township, Hooks Road (SR 1353)
Lots 1-77 (77 lots)

Discussion: Sec 70-74 of the Wayne County Subdivision Ordinance requires that for every major subdivision within its territorial jurisdiction which does not qualify for the abbreviated minor subdivision procedure, the developer shall submit a preliminary plat which shall be reviewed and approved by the Board of Commissioners before any construction or installation of improvements may begin.

The Hunters Trace preliminary consists of 77 residential building lots. Hunters Trace will be built on 79.05 acres on Hooks Road, at its intersection with Herman Hooks Road. There are mapped flood zones at the back of the tract, but they will not be incorporated into the buildable part of the lots. The property is not located within a zoning area.

The average lot size is 29,846 sf or 0.69 acres. There are 3,770 linear feet (0.7 miles) of street required to be installed per the NC Dept. Of Transportation subdivision street requirements. Building lots will utilize public water and onsite sewer. The subdivision must meet the requirements for stormwater.

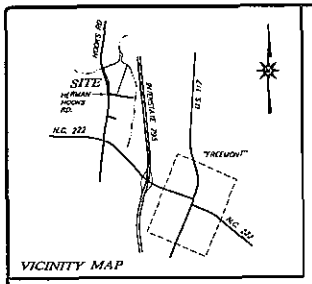
The property is shown within the Rural area in the Wayne County Comprehensive Land Use Plan.

Rural Areas provide for agriculture, forestry, and other allied activities traditionally found in a rural setting. Very low intensity residential development with on-site waste disposal (i.e. septic systems) may be appropriate in Rural Areas where site conditions are good. Premature conversion of Rural Areas to urban level development and the resulting loss of valuable farmland and open space is to be discouraged. Generally, public funds should not be used for planning, programming or installing urban services in these areas that would promote more intensive development. While development densities as high as 2 units per acre may be permitted in these areas, much lower densities and larger lots are preferred.

The property is located within the following service areas:

Schools – Charles B Aycock HS, Norwayne Middle, Fremont Elem
Water – Northwestern Wayne Sanitary District
Fire – Fremont Fire Department
EMS – Station 7
Transportation – RPO
Water Supply Watershed – No
Voluntary Agriculture District – Yes, within ½ mile
Wetlands – Yes
Board of Commissioners District – 1

Recommendation: The Wayne County Planning Board recommends that the preliminary be approved.



VICINITY MAP

PAVED STREET SECTION
NOT TO SCALE

(1) Type of Land Cover	(2) Site Area (Acres)	(3) TN Export Coeff. (lbs/ac/yr)	(4) TN Export by Land Use (lbs/yr)	(5) TN Export From Site (lbs/ac/yr)
Permanently preserved undisturbed open space (forest, unmown meadow)	21.03	0.6	12.618	
Permanently preserved managed open space (lawns, landscaping, etc.)	0	1.2	0	
Right-of-Way (exist TN Export from Graph 1)	0.29	0.6	24.72	
Lots (exist TN Export from graph 2)	53.70	2.85	150.32	
Total	79.05		187.76	2.69

SITE INFORMATION

SITE ADDRESS: HOOKS ROAD, WAYNE COUNTY, N.C.
TRACT ACREAGE: 79.05 Ac.

NUMBER OF LOTS: 77
LINEAR FOOTAGE OF STREETS: 3,770
AREA OF PROPOSED STREET R/W: 6.29 Ac.
DISTURBED AREA: 42.50 Ac.
ZONE: AR
TAX ID #: 2696-84-4401
TOWNSHIP: GREAT SWAMP

MINIMUM BUILDING SETBACKS:
FRONT: 30'
SIDE: 10'
REAR: 25'
SIDE STREET: 25'

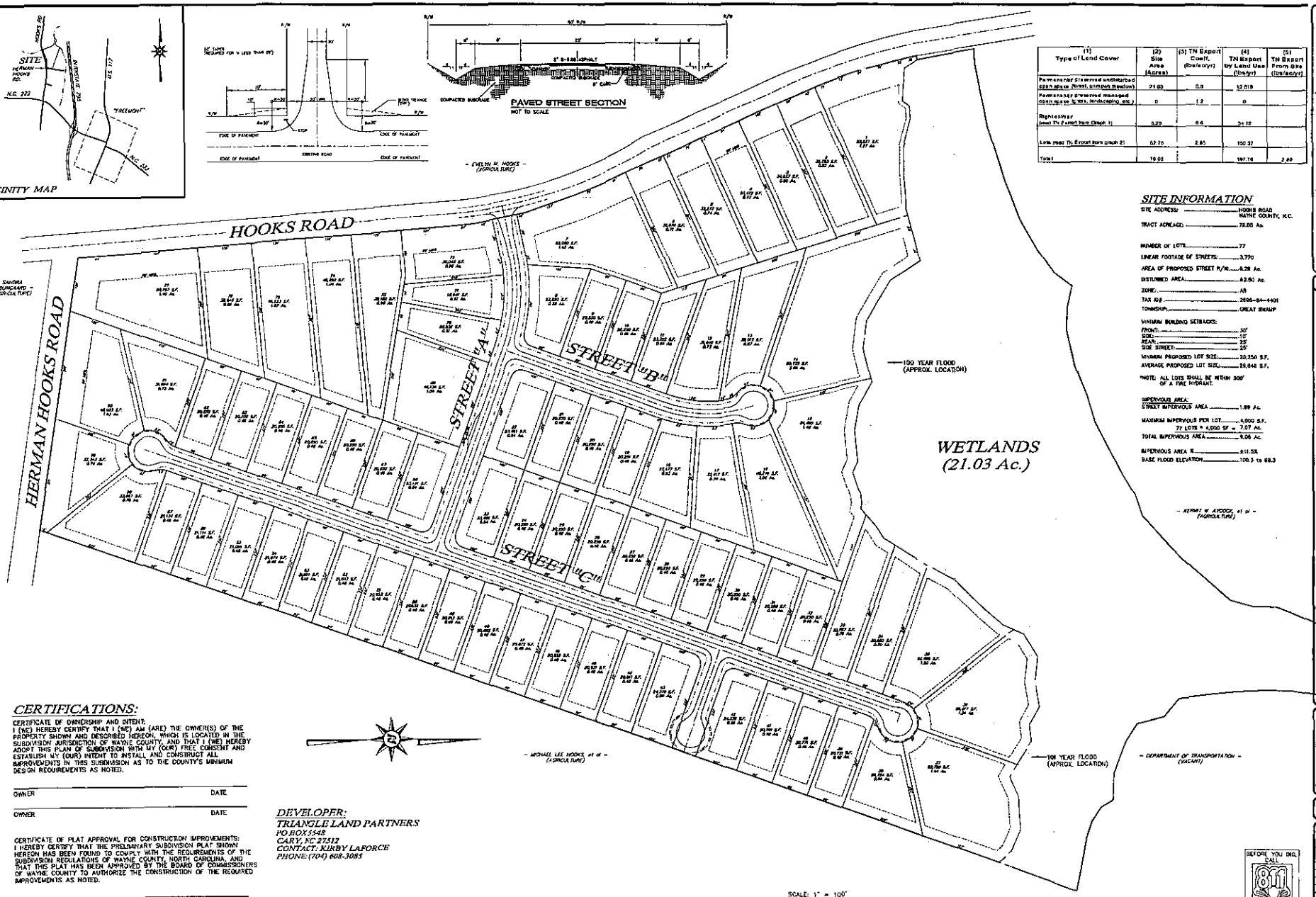
MINIMUM PROPOSED LOT SIZE: 20,250 S.F.
AVERAGE PROPOSED LOT SIZE: 28,648 S.F.

NOTE: ALL LOTS SHALL BE WITHIN 500' OF A FIRE HYDRANT.

IMPERVIOUS AREA:
STREET IMPERVIOUS AREA: 1.89 Ac.

MAXIMUM IMPERVIOUS PER LOT: 4,000 S.F.
77 LOTS * 4,000 SF = 7.07 Ac.
TOTAL IMPERVIOUS AREA: 8.96 Ac.

IMPERVIOUS AREA %: 11.5%
BASE FLOOD ELEVATION: 100.3 to 99.3



CERTIFICATIONS:

CERTIFICATE OF OWNERSHIP AND INTENT:
I (WE) HEREBY CERTIFY THAT I (WE) AM (ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF WAYNE COUNTY, AND THAT I (WE) HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OUR) FREE CONSENT AND ESTABLISH MY (OUR) INTENT TO INSTALL AND CONSTRUCT ALL IMPROVEMENTS IN THIS SUBDIVISION AS TO THE COUNTY'S MINIMUM DESIGN REQUIREMENTS AS NOTED.

OWNER _____ DATE _____

OWNER _____ DATE _____

CERTIFICATE OF PLAT APPROVAL FOR CONSTRUCTION IMPROVEMENTS:
I HEREBY CERTIFY THAT THE PRELIMINARY SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE REQUIREMENTS OF THE SUBDIVISION REGULATIONS OF WAYNE COUNTY, NORTH CAROLINA, AND THAT THIS PLAT HAS BEEN APPROVED BY THE BOARD OF COMMISSIONERS OF WAYNE COUNTY TO AUTHORIZE THE CONSTRUCTION OF THE REQUIRED IMPROVEMENTS AS NOTED.

CHAIRMAN, WAYNE COUNTY BOARD OF COMMISSIONERS DATE

DEVELOPER:
TRIANGLE LAND PARTNERS
PO BOX 5548
CARY, NC 27512
CONTACT: KIRBY LAFORCE
PHONE: (704) 608-3085

SCALE: 1" = 100'
0 100 200 250 300

BEFORE YOU DIG, CALL 811 NORTH CAROLINA ONE CALL CENTER www.nocc.org

"You make known to me the path of life; in your presence there is fullness of joy; at your right hand are pleasures forevermore. Psalm 16:11"

STOCKS ENGINEERING
801 EAST WASHINGTON STREET
SUITE 1
SMITHFIELD, NC 27577
www.STOCKSENGINEERING.com

BLN-C-1674

HUNTERS TRACE SUBDIVISION
WAYNE COUNTY, NORTH CAROLINA

NORTH CAROLINA PROFESSIONAL SEAL 19843 ENGINEER J. MICHAEL STOCKS
3/1/2024

PRELIMINARY PLAT

REVISIONS
2/7/24 Planning Comments

FILE NO: 2024-006
HORZ. SCALE: 1"=100'
VERT. SCALE: NONE

CE-01

WAYNE COUNTY
FINANCE

WAYNECOUNTY
NORTH CAROLINA
Phone: (919) 731-1417
Fax (919) 731-1388

Memorandum

To: Wayne County Board of Commissioners

CC: Chip Crumpler, County Manager

From: Angie Boswell, Finance Director

Date: February 14, 2024

Re: Response to the Independent Auditor's Findings, Recommendations, and Fiscal Matters

---

Effective November 1, 2020, 20 NCAC 20 03 .0508 requires a governing body to develop a "Response to the Auditor's Findings, Recommendations, and Fiscal Matters" signed by a majority of the members of the governing body and submitted to the Local Government Commission (LGC) within 60 days of the auditor's presentation. This response must address both audit findings and financial performance indicators of concern.

During the audit presentation for the year ended June 30, 2023, the county's auditors identified one such item that requires a written response to the LGC. Based upon the date of the audit presentation, this response is due to the LGC by March 16, 2024. Attached is a staff-recommended response to this item prepared according to guidance from the LGC's website.

If you have any questions, please do not hesitate to contact me. Thank you!

WAYNE COUNTY
BOARD OF COMMISSIONERS

WAYNECOUNTY
NORTH CAROLINA
Ph: (919) 731-1435
Fax: (919) 731-1446

February 14, 2024

NC Department of State Treasurer
State and Local Government
Finance Division
Kendra Boyle, CPA
Director, Fiscal Management Section
3200 Atlantic Avenue
Raleigh, NC 27604

Dear Ms. Boyle,

This letter serves as the County of Wayne's Response to the Auditor's Findings, Recommendations, and Fiscal Matters as required by 20 NCAC 20 03.0508. Specifically, this response is for the County Wayne's Annual Comprehensive Financial Report for the year ended June 30, 2023. This response has been approved by a majority of the Board of Commissioners as indicated by their signatures. For additional follow-up questions, please contact Angie Boswell, Finance Director at 919-731-1423 or angie.boswell@waynegov.com.

Response #1: Sewer Fund: Operating Net Income (Loss):

- To decrease the amount of operating loss excluding depreciation plus debt service principal to a positive value in the Sewer Fund, the unit is considering a priority needs list to identify deficiencies within our system and address inflows and outflows concerns (I&I). The unit is also working with the NC Department of Environmental Quality's Viable Utility Reserve staff to help assess the county and its municipalities options to improve its sewer operations and determine what future actions should be taken.
- Additionally, the debt service in the Sewer Fund is not meant to be supported by the Sewer's fees or operations. The unit has communicated this information with the LGC in its response to the June 30, 2019 unit letter dated January 17, 2020. That letter has been attached here for your convenience.
- Lastly, the NC Division of Water Infrastructure funded a regionalization study which was recently completed. The study will be presented to the County and surrounding municipalities in March. The County anticipates that its system and all the municipal systems in the County will be consolidated into a County wide sewer authority.

Chairman, Chris Gurley

~~Vice-Chairman George W. Aycock~~
County Manager, Chip Crumpler

Commissioner Barbara Aycock

Commissioner Bevan Foster

Commissioner Antonio Williams

Commissioner Joe Daughtery

Commissioner Freeman Hardison

~~County Manager, Chip Crumpler~~
Vice-chairman George W. Aycock

Finance Director, Angie Boswell

WAYNE COUNTY
BOARD OF COMMISSIONERS

WAYNECOUNTY
NORTH CAROLINA
Phone: (919) 731-1435
Fax (919) 731-1446

January 17, 2020

Ms. McCullen
State & Local Government Finance Division &
The Local Government Commission
Fiscal Management Section
3200 Atlantic Avenue
Raleigh, NC 27604

Dear Ms. McCullen:

We are responding to your letter, dated January 7, 2020, regardingIssue #1 of our audited financial statements for the fiscal year ended June 30, 2019. The concern indicates that the County's current rate structure and cash collection procedures may be inadequate to pay required debt service in the Sewer Fund.

The debt service that exists in the Sewer Fund is not meant to be supported by the Sewer's fees or operations. The debt that was incurred in this fund was to provide needed sewer infrastructure for Grantham Elementary and Grantham Middle Schools. The LGC approved the debt for the relatively new Grantham Middle School. Subsequently, the LGC approved the debt for the sewer line construction. Grantham Elementary is an older school that was previously running sewer on a failing septic system. When the Board of Commissioners agreed to the construction of a new school, Grantham Middle, there was no sewer infrastructure in place to support the additional facility. To address that issue and the failing septic system of the elementary school, the County agreed to finance additional force main lines, about 9 miles of lines, that would connect the two schools to the County's Landfill and Genoa Sewer Plant. As part of this project, the County also updated the pumps and equipment at the Landfill which connected to the Genoa Sewer Plant.

Because this project was to the benefit of two schools, the Commissioners agreed to fund the debt service through the County's General Fund revenues and not by passing this debt service payment on to its customers. The project was originally determined to be a School Project by the Board of Commissioners and Board of Education, and it was presented as such to the LGC. However, it was later decided that because it would be a permanent part of the Sewer System, it would need to be accounted for in the Sewer System Proprietary Fund. The debt service payments will be annually funded through transfers from the General Fund until the debt is satisfied.

WAYNE COUNTY
BOARD OF COMMISSIONERS

WAYNECOUNTY
NORTH CAROLINA
Phone: (919) 731-1435
Fax (919) 731-1446

Should you have any additional questions regarding the project or related debt service, please contact our Finance Director, Allison Speight, at 919-731-1437 or Allison.speight@waynegov.com.

Sincerely,

Chairman E. Ray Mayo

Vice-Chairman Joe Daughtery

Commissioner George Wayne Aycock II.

Commissioner John M. Bell

Commissioner Edward E. Cromartie

Commissioner A. Joe Gurley, III

Commissioner William H. Pate

Prepared By: Andrew J. Neal, Wayne County Staff Attorney, PO Box 227, Goldsboro, NC 27533
The attorney preparing this instrument has made no title examination of this property and expresses no opinion as to title unless contained in a separate written certificate.

NORTH CAROLINA

PARCEL ID: 3519915801

WAYNE COUNTY

THIS SPECIAL WARRANTY DEED, made and entered into this 5th day of March, 2024, by and between the COUNTY OF WAYNE, a body politic and corporate organized under the laws of the State of North Carolina, having a mailing address of P.O. Box 227, Goldsboro, NC, 27533 hereinafter referred to as "Grantor"; and WAYNE COUNTY DEVELOPMENT ALLIANCE, INC., a North Carolina non-profit corporation, with a mailing address of PO Box 10397, Goldsboro, NC 27532, hereinafter referred to as "Grantee."

WITNESSETH:

That said Grantor, for and in consideration of the sum of Ten Dollars and other valuable consideration to them paid by the Grantee, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents does grant, bargain, sell and convey unto the Grantee and Grantee's successors and assigns all right, title, claim and interest of the said Grantor in and to a certain tract or parcel of land lying and being in New Hope Township, Wayne County, North Carolina, and more particularly described as follows:

See attached Exhibit A.

Which is also a portion of the property described in a map in Plat Cabinet O, Slide 52F.

Said property was previously conveyed to the Grantor by deed recorded in Book 3874, Page 532 of the Wayne County Registry.

The above described property is subject to restrictions, easements and rights of way of record, if any.

The property described IS NOT the primary residence of the Grantor.

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges thereunto belonging to the said Grantee, its successors and assigns free and discharged from all right, title claim or interest of the said Grantor or anyone claiming by, through or under it.

And the Grantor covenants with the Grantee, that Grantor has done nothing to impair such title as grantor received, and Grantor will warrant and defend the title against the lawful claims of all persons claiming by, under or through Grantor.

The plural number as used herein shall equally include the singular. The masculine or feminine gender as used herein shall equally include the neuter.

IN TESTIMONY WHEREOF, said Grantor has hereunto set its hand and seal the day and year first above written.

COUNTY OF WAYNE

BY: _____ (SEAL)
Chris Gurley, Chairman
Wayne County Board of Commissioners

ATTEST:

_____
Carol Bowden
Clerk to the Board of Commissioners

NORTH CAROLINA
COUNTY OF WAYNE

I, Kayla Whitley, Notary Public of Wayne County, do hereby certify that Carol Bowden personally appeared before me this day and acknowledged that she is Clerk to the Board of the Commissioners of the COUNTY OF WAYNE, a body politic and corporate, and that by authority duly given and as the act of the County of Wayne, the foregoing instrument was signed in its name by its Chairman, Chris Gurley, sealed with its seal and attested by herself as its Clerk.

Witness my hand and official seal, this the 5th day of March, 2024.

_____
NOTARY PUBLIC

My commission expires: March 24, 2024

Exhibit A

BEGINNING at an iron stake on the Southern right of way of N.C. Secondary Road No. 1711 (Oak Forest Road), said beginning point being located S. 24° 01' 37" W. 466.63 feet from a City of Goldsboro Control Monument C.C.M. #12 having N.C. Grad Coordinates: N = 592,588.453; E = 2,319,609.012 "NAD 83"; and said beginning point having N.C. Grid Coordinates: N = 592,141.683; E = 2,319,474.328 "NAD 83", and said beginning point being the most Northeastern corner of the property of Mills Goldsboro Properties, LLC as shown by deed recorded in Deed Book 2914, Page 130 in the Wayne County Registry; thence from the beginning, with the Southern right of way of N.C. Secondary Road No. 1711 (Oak Forest Road), and with the Southern right of way of Gateway Drive, along a curve to the right having an arc distance of 878.23 feet, a radius of 909.93 feet (a chord) S. 81° 48' 59" E. 844.54 feet to a concrete monument; thence with the right of way of Gateway Drive, S. 54° 10' 100" E. 884.60 feet to a mark in a catch basin grate; thence with the right of way of Gateway Drive, S. 54° 07' 42" E. 233.83 feet to an iron stake; thence continuing and with the right of way of Gateway Drive, S. 54° 07' 42" E. 69.87 feet to an iron stake on the right of way of Gateway Drive, the most Northeastern corner of the property of AAR Manufacturing, Inc. as shown by deed recorded in Deed Book 2414, Page 447 in the Wayne County Registry; thence leaving the right of way of Gateway Drive, with the line of the property of AAR Manufacturing, Inc., S. 35° 49' 54" W. 567.86 feet to an iron rod; thence with the line of the property of AAR Manufacturing, Inc., along a curve to the right having an arc distance of 372.23 feet, a radius of 1,500 feet (a chord), S. 42° 56' 27" W. 371.28 feet to an iron rod, the most Northwestern corner of the property of AAR Manufacturing, Inc.; thence with the line of the property of AAR Manufacturing, Inc., S. 25° 26' 46" E. 671.06 feet to a point in the center of a ditch, the most Southwestern corner of the property of AAR Manufacturing, Inc.; thence leaving the ditch, N. 46° 40' 21" W. 11.56 feet to an iron stake; thence continuing and with the line of the property of Harry & Mollie, LLC, N. 46° 40' 21" W. 1,180.25 feet to an iron stake in the center of a ditch, the most Southern corner of the property of Harry & Mollie, LLC as shown by deed recorded in Deed Book 2811, Page 413 (Tract 2) in the Wayne County Registry; thence leaving the ditch, and with the line of the property of Harry & Mollie, LLC, N. 25° 25' 19" W. 227.30 feet to an iron stake; thence continuing and with the line of the property of Harry & Mollie, LLC, N. 25° 25' 19" W. 562.67 feet to an iron stake, the most Southeastern corner of the property of Mills Goldsboro Properties, LLC as shown by deed recorded in Deed Book 2914, Page 130 in the Wayne County Registry; thence continuing and with the line of the property of Mills Goldsboro Properties, LLC N. 25° 25' 19" W. 229.56 feet to an iron stake; thence continuing N. 25° 25' 19" W. 264.97 feet to an iron stake; thence continuing and with the line of the property of Mills Goldsboro Properties, LLC, N. 25° 25' 19" W. 195.18 feet to an iron stake on the Southern right of way of N.C. Secondary Road No. 1711 (Oak Forest Road), the most Northeastern corner of the property of Mills Goldsboro Properties, LLC as shown by deed recorded in Deed Book 2914, Page 130 in the Wayne County Registry, the point of beginning containing 38.333 Acres more or less.

CRS
CROSSROADS
STRATEGIES

February 25, 2024

Henry Smith, Esq.
Friends of Seymour Johnson
c/o Warren, Kerr, Walston, Taylor & Smith, LLC
117 Ormond Avenue
Goldsboro, NC 27533

Dear Henry:

This Consulting Agreement (the "Agreement") is entered as of March 1, 2024, between Crossroads Strategies, LLC (hereinafter "Consultant" or "CRS"), and Seymour Support Council, Inc., d/b/a/ Friends of Seymour Johnson, the City of Goldsboro, and the County of Wayne (hereinafter "Client") and relates to certain consulting services to be rendered by Consultant to Client with respect to the services below:

Description of Services

Consultant will advise Client on legislative issues impacting the entity, work with appropriate congressional committees, leadership, and individual members to facilitate Client's agenda. Consultant will also work with agencies within the Administration on behalf of Client.

Terms of the Agreement

The term of this Agreement shall commence on March 1, 2024, and remain in effect through June 30, 2024. In consideration of these services, Client will pay Consultant a project fee of $60,000.00 which shall be billed by the Consultant in two equal parts of $30,000.00 each to the City of Goldsboro and the County of Wayne. Client will reimburse Consultant for all reasonable expenses associated with the above services, the expenditure of which shall be pre-approved and will be billed monthly as needed.

Contact and Communication

Henry Smith and Ken Gerrard, representing Friends of Seymour, will be the primary points of contact for the Client. A regular bi-weekly call will be scheduled that includes the Consultant

and representatives of each client entity including the primary points of contact and representatives of the City of Goldsboro and the County of Wayne.

This agreement may be terminated by either party with 30 days written notice.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date first written above.

CROSSROADS STRATEGIES, LLC

By: _____

Name: Mathew Lapinski
Title: CEO

Date: _____

FRIENDS OF SEYMOUR JOHNSON AFB

By: _____

Name: Henry Smith, Esq.
Title:

Date: _____

County of Wayne

By: _____

Name: Chris Gurley
Title: Chairman

Date: 3-5-24

Attested by:

Carol Bowden, Clerk to the
Board of Commissioners

City of Goldsboro

By: _____

Name: Charles Gaylor, IV
Title: Mayor

Date: _____

Attested by:

_____

Laura Getz, City Clerk

Journal Proof Report

Journal Number: 657 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104150-518000	Social Security-FICA			$3.80	
BUA	1104150-512100	Salaries and Wages				$3.80
			Journal 2024/8/657	Total	$3.80	$3.80

Journal Proof Report

Journal Number: 656 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104910-518210	401K Retirement Contribution			$282.67	
BUA	1104910-512100	Salaries and Wages				$282.67
			Journal 2024/8/656	Total	$282.67	$282.67

Journal Proof Report

Journal Number: 655 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104170-518000	Social Security-FICA			$131.19	
BUA	1104110-518000	Social Security-FICA			$23.05	
BUA	1104170-512100	Salaries and Wages				$154.24
			Journal 2024/8/655	Total	$154.24	$154.24

Journal Proof Report

Journal Number: 654 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104260-512100	Salaries and Wages			$219.07	
BUA	1104260-512100	Salaries and Wages				$219.07
			Journal 2024/8/654	Total	$219.07	$219.07

Journal Proof Report

Journal Number: 653 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104250-518000	Social Security-FICA			$222.22	
BUA	1104250-518100	Social Security-Medicare			$48.67	
BUA	1104250-512100	Salaries and Wages				$270.89
			Journal 2024/8/653	Total	$270.89	$270.89

Journal Proof Report

Journal Number: 652 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1106110-512700	Longevity Pay			$3.66	
BUA	1106110-512100	Salaries and Wages				$3.66
			Journal 2024/8/652	Total	$3.66	$3.66

Journal Proof Report

Journal Number: 651 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1165600-518300	Hospitalization Contribution			$128.32	
BUA	1165600-512600	Part Time or Extra Help				$128.32
			Journal 2024/8/651	Total	$128.32	$128.32

Journal Proof Report

Journal Number: 650 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315153-522000	Food & Provisions			$500.00	
BUA	1315153-523900	Other Medical Supplies			$230.00	
BUA	1315153-525100	Vehicle Supplies-Fuel/Diesel			$100.00	
BUA	1315153-526000	Office Supplies			$520.00	
BUA	1315153-526100	Office Supplies-NonCaptl FF&E				$510.07
BUA	1315153-526200	Non-Capital Computer Equipment				$1078.00
BUA	1315153-531100	Travel-Meals & Lodging			$1000.00	
BUA	1315153-532110	Telephone-IT			$89.41	
BUA	1315153-532900	Other Communications				$1461.99
BUA	1315153-534100	Printing			$500.00	
BUA	1315153-537000	Advertising				$790.00
BUA	1315153-549750	Incentive Payments			$900.65	
			Journal 2024/8/650	Total	$3840.06	$3840.06

Journal Proof Report

Journal Number: 649 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104120-539600	Imaging & Shredding				$1500.00
BUA	1104120-539500	Training			$1500.00	
			Journal 2024/8/649	Total	$1500.00	$1500.00

Journal Proof Report

Journal Number: 648 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104380-521100	Janitorial Supplies			$3500.00	
BUA	1104380-521200	Uniforms				$3500.00
			Journal 2024/8/648	Total	$3500.00	$3500.00

Journal Proof Report

Journal Number: 647 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	6324530-535100	Repairs & Maint-Buildings				$4000.00
BUA	6324530-539700	Credit Card Fees			$4000.00	
			Journal 2024/8/647	Total	$4000.00	$4000.00

Journal Proof Report

Journal Number: 646 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315161-529100	Data Processing Supplies				$150.00
BUA	1315161-532500	Postage			$650.00	
BUA	1315161-535200	Repairs & Maint-Equipment				$500.00
			Journal 2024/8/646	Total	$650.00	$650.00

Journal Proof Report

Journal Number: 645 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104210-519000	Professional Services				$750.00
BUA	1104210-537000	Advertising			$750.00	
			Journal 2024/8/645	Total	$750.00	$750.00

Journal Proof Report

Journal Number: 644 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104311-526100	Office Supplies-NonCaptl FF&E			$3000.00	
BUA	1104311-521200	Uniforms				$1500.00
BUA	1104311-523100	Program Supplies				$1500.00
			Journal 2024/8/644	Total	$3000.00	$3000.00

Journal Proof Report

Journal Number: 643 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104141-519000	Professional Services	GIS Training			$2000.00
BUA	1104141-539500	Training	GIS Training		$2000.00	
			Journal 2024/8/643	Total	$2000.00	$2000.00

Journal Proof Report

Journal Number: 872 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104260-524000	Construction & Repair Supplies				$1500.00
BUA	1104260-535300	Repairs & Maint-Vehicles			$1500.00	
			Journal 2024/8/872	Total	$1500.00	$1500.00

Journal Proof Report

Journal Number: 892 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315180-525100	Vehicle Supplies-Fuel/Diesel			$3500.00	
BUA	1315180-531100	Travel-Meals & Lodging				$600.00
BUA	1315180-535200	Repairs & Maint-Equipment				$1900.00
BUA	1315180-539500	Training				$1000.00
			Journal 2024/8/892	Total	$3500.00	$3500.00

Journal Proof Report

Journal Number: 874 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	6287140-519500	Prof Services-Lab Services				$500.00
BUA	6287140-533400	Water			$500.00	
			Journal 2024/8/874	Total	$500.00	$500.00

Journal Proof Report

Journal Number: 875 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104310-535300	Repairs & Maint-Vehicles			$4500.00	
BUA	1104310-525100	Vehicle Supplies-Fuel/Diesel				$4500.00
			Journal 2024/8/875	Total	$4500.00	$4500.00

Journal Proof Report

Journal Number: 876 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104318-531100	Travel-Meals & Lodging			$1500.00	
BUA	1104318-521200	Uniforms				$750.00
BUA	1104318-526100	Office Supplies-NonCaptl FF&E				$750.00
			Journal 2024/8/876	Total	$1500.00	$1500.00

Journal Proof Report

Journal Number: 878 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104310-513500	Sheriff Supplmntl Pension			$1370.25	
BUA	1104310-519200	Professional Services-Legal				$1370.25
			Journal 2024/8/878	Total	$1370.25	$1370.25

Journal Proof Report

Journal Number: 32 Year: 2024 Period: 9 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104130-539500	Training				$3500.00
BUA	1104131-539500	Training			$3500.00	
			Journal 2024/9/32	Total	$3500.00	$3500.00

Journal Proof Report

Journal Number: 879 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315110-525100	Vehicle Supplies-Fuel/Diesel			$3500.00	
BUA	1315180-531100	Travel-Meals & Lodging				$600.00
BUA	1315180-535200	Repairs & Maint-Equipment				$1900.00
BUA	1315180-539500	Training				$1000.00
			Journal 2024/8/879	Total	$3500.00	$3500.00

Journal Proof Report

Journal Number: 880 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315112-512100	Salaries and Wages			$1380.00	
BUA	1315112-518000	Social Security-FICA			$120.00	
BUA	1315112-518100	Social Security-Medicare			$75.00	
BUA	1315112-518200	Retirement Contribution			$150.00	
BUA	1315112-518210	401K Retirement Contribution			$75.00	
BUA	1315112-518300	Hospitalization Contribution			$200.00	
BUA	1315112-526200	Non-Capital Computer Equipment				$1400.00
BUA	1315112-529100	Data Processing Supplies				$1000.00
BUA	1315112-532900	Other Communications				$600.00
BUA	1315112-534100	Printing			$1000.00	
BUA	1315112-537000	Advertising				$1000.00
BUA	1315112-549750	Incentive Payments			$1000.00	
			Journal 2024/8/880	Total	$4000.00	$4000.00

Journal Proof Report

Journal Number: 64 Year: 2024 Period: 9 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1175809-512600	Part Time or Extra Help			$4480.38	
BUA	1175809-518000	Social Security-FICA			$277.78	
BUA	1175809-518100	Social Security-Medicare			$64.97	
BUA	1175809-518600	Workers Compensation			$116.00	
BUA	1175805-526100	Office Supplies-NonCaptl FF&E				$4939.13
			Journal 2024/9/64	Total	$4939.13	$4939.13

Journal Proof Report

Journal Number: 900 Year: 2024 Period: 8 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104120-531100	Travel-Meals & Lodging			$2000.00	
BUA	1104120-526100	Office Supplies-NonCaptl FF&E				$2000.00
			Journal 2024/8/900	Total	$2000.00	$2000.00

Journal Proof Report

Journal Number: 67 Year: 2024 Period: 9 Description: Reference 1: Reference 2: Reference 3:

Source	Account Formatted Project String	Account Description	Line Description	OB	Debit	Credit
BUA	2505912-558000	Capital Out-Bldg Struct & Impr				$2263850.00
BUA	2505912-558000 E-C240122 -WCPS -ARCENG -	Capital Out-Bldg Struct & Impr			$2263850.00	
			Journal 2024/9/67	Total	$2263850.00	$2263850.00