



Wayne County, North Carolina Board of Commissioners

August 4, 2026
224 E. Walnut Street
Courthouse 4th Floor
Goldsboro, NC 27530

MINUTES

PLEASE SILENCE ALL CELLPHONES

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 8:03 A.M. with Chairman Joe C. Daughtery reviewing the agenda.

Finance Director Angie Boswell reviewed the budget amendments and answered questions from the Board.

Planning Director Berry Gray reviewed the Final Plat for Fynloch Chase Section 5, the Preliminary Plat for Brielle Highland Subdivision, and the Preliminary Plat for Rosedale Subdivision.

The Board discussed a berm and a turnaround for emergency vehicles. They agreed to remove the preliminary plat for Brielle Highland Subdivision for updates before approval.

County Attorney Andrew Neal reviewed the Sale of 609 Poplar Street as requested by the City of Goldsboro.

Assistant County Manager reviewed the updated Subsidized Child Care Assistance Program Policy, the updated DSS Energy Programs Outreach Plan, the Health Department Policies.

Members Present: Chairman Joe C. Daughtery, Vice-Chairman Chris Gurley, Barbara Aycock, Tim Harrell, Joe Democko, and Antonio Williams.

Members Absent: Bevan Foster.

9:00 A.M. CALL TO ORDER - Chairman Joe C. Daughtery

The Wayne County Board of Commissioners met on Tuesday, August 4, 2026, at 9:03 AM in the Commissioners Meeting Room in the Wayne County Courthouse Annex, Goldsboro, North Carolina, after due notice thereof had been given.

Members present: Chairman Joe C. Daughtery, Vice-Chairman Chris Gurley, Barbara Aycock, Tim Harrell, Joe Democko, Bevan Foster, and Antonio Williams.

Members absent: None.

INVOCATION - Commissioner Barbara Aycock

Commissioner Barbara Aycock gave the invocation.

PLEDGE OF ALLEGIANCE - Commissioner Bevan Foster

Commissioner Bevan Foster 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 July 21, 2026, Minutes.
Upon motion of Commissioner Barbara Aycock, the Board of Commissioners unanimously approved the July 21, 2026, Minutes.

DISCUSSION/ADJUSTMENT OF AGENDA

2. Motion to Approve the Adjusted August 4, 2026, Agenda.
County Manager Chip Crumpler made the following adjustment to the agenda:
 - Remove #9 under Consent Agenda.

Upon motion of Vice- Chairman Chris Gurley, the Board of Commissioners unanimously approved the Adjusted August 4, 2026, Agenda.

SPECIAL PRESENTATIONS

Time Limit of 6 to 10 Minutes

3. Presentation of a Distribution Check by ABC Board General Manager Darnay Barefoot.
ABC Board General Manager Darnay Barefoot discussed the new ABC Store in Rosewood, the referendum on the ballot in November, and presented the Board of Commissioners with a distribution check for \$103,500.
4. Motion to Approve the 2026 Goldsboro/Wayne Purple Heart Proclamation.
Commissioner Barbara Aycock read the 2026 Goldsboro/Wayne Purple Heart Proclamation.

Upon motion of Commissioner Barbara Aycock, the Board of Commissioners unanimously approved the 2026 Goldsboro/Wayne Purple Heart Proclamation, attached hereto as Attachment A.

APPOINTMENT COMMITTEE

Commissioner Joe Democko made a recommendation for LaVelle Payne to be reappointed to the Juvenile Crime Prevention Council to be approved at the August 18, 2026 meeting.

5. Motion to Reappoint Linda Harper and Frances Kasey to the Adult Home Care Community Advisory Committee.
Upon motion of Commissioner Joe Democko, the Board of Commissioners approved the reappointment of Linda Harper and Frances Kasey to the Adult Home Care Community Advisory Committee, with a vote of 6 to 1, with Commissioner Bevan Foster voting against.
6. Motion to Appoint Bethany Mohr to the Wayne County Tourism Development Authority.
Upon motion of Commissioner Joe Democko, the Board of Commissioners unanimously approved the appointment of Bethany Mohr to the Wayne County Tourism Development Authority.

CONSENT AGENDA

Upon motion of Vice-Chairman Chris Gurley, the Board of Commissioners approved the Consent Agenda, with a vote of 6 to 1, with Commissioner Foster voting against.

7. Budget Amendments
#31-Finance/#34-Finance/#38-Services on Aging/#44-Soil and Water/#46-Human Resources/#47-Finance/#48-Finance/#49-Finance/#36-Sheriff's Office
8. Motion to Approve the Final Plat for Fynloch Chase Section 5.
Attached hereto as Attachment B.
9. Motion to Approve the Preliminary Plat for Brielle Highland Subdivision.
10. Motion to Approve the Preliminary Plat for Rosedale Subdivision.
Attached hereto as Attachment C.
11. Motion to Approve the Sale of 609 Poplar Street as requested by the City of Goldsboro.
Attached hereto as Attachment D.
12. Motion to approve the updated Subsidized Child Care Assistance Program policy, as recommended by the Health and Human Services Advisory Committee.
Attached hereto as Attachment E.
13. Motion to approve the updated DSS Energy Programs Outreach Plan, as recommended by the Health and Human Services Advisory Committee.
Attached hereto as Attachment F.
14. Motion to Approve Updates to Several Health Department Policies.
Attached hereto as Attachment G.

NEW BUSINESS

15. Motion to Approve Resolution #2026-24: A Resolution by the County of Wayne to Direct the Expenditure of Opioid Settlement Funds and Amend the Settlement Project Ordinance.

Assistant County Manager Ginger Moore stated that the Opioid Working Group met to review the applications submitted for funding and explained the process. She stated that the group reviewed all applications and recommended funding two applicants: Wayne County Day Reporting and Hope Restorations.

Commissioner Williams asked if there were additional nonprofits that applied. Ms. Moore stated that Cry Freedom Missions and the Sheriff's Office applied.

Commissioner Bevan Foster stated that he requested information regarding the monies being spent from the opioid settlement and stated that the committee needed to look at Cry Freedom Missions' application again, suggesting that no one knows everything going on behind the scenes just from an application. He stated that he had done some research and was unsure how the money was being spent, as there was no data for it. He stated that the Wayne County Sheriff's Office was not awarded any money but thought they had done great things. He expressed his opinion on funding all the applicants, stating that not using the funds was a disservice to our citizens, and requested the information again to make a better decision.

Vice-Chairman Chris Gurley stated he was at the Opioid Working Group meeting and, in the committee's opinion, the application from Cry Freedom Missions didn't support opioid funding. Commissioner Bevan Foster stated that they asked for a peer support specialist, and it seemed very contradictory that PORT teams around the county had peer support specialists. Mr. Gurley said the committee was in agreement.

Commissioner Bevan Foster requested to hold off on the vote for this until he got the information he requested and asked if the working group interviewed any applicants. Assistant County Manager Ginger Moore stated that they did not.

County Attorney Andrew Neal discussed the application from the Sheriff's Department and said that the application was rejected because it was the same as last year and the Opioid Settlements and Technical Assistance Team denied funding in the previous year.

Chairman Joe C. Daughtery asked Ms. Moore to explain the process the committee uses to decide on funding. Ms. Moore stated that the Opioid Working Group consisted of 12 members, with half being non-enternal employees. The Committee includes three commissioners, two medical doctors, and the president of a large local nonprofit. She stated that applications are received, and the committee meets to review the applications at length and score them following a rubric to make a recommendation to the Board.

Commissioner Bevan Foster asked if the Committee interviewed applicants in previous years, and Ms. Moore stated that they did.

Upon motion of Vice-Chairman Chris Gurley, the Board of Commissioners approved, with a vote of 6 to 1, with Commissioner Foster voting against, Resolution #2026-24: A Resolution by the County of Wayne to Direct the

Expenditure of Opioid Settlement Funds and Amend the Settlement Project Ordinance, attached hereto as Attachment H.

PUBLIC COMMENTS

Each Speaker will have a time limit of four (4) minutes.

No one presented themselves for public comments.

COUNTY MANAGER'S REPORT

County Manager Chip Crumpler congratulated the graduates of the Wayne County Leadership Institute.

BOARD OF COMMISSIONERS COMMITTEE REPORTS

Commissioner Antonio Williams had no comment.

Commissioner Joe Democko had no comment.

Commissioner Barbara Aycock had no comment.

Commissioner Bevan Foster stated he took a mental health break from politics, discussed the ABC referendum and his disapproval.

Commissioner Tim Harrell had no comment.

Vice-Chairman Chris Gurley wished a young man in the burn center a speedy recovery.

Chairman Joe C. Daughtery discussed the five on five committee composed of the School Board Members and Commissioners and staff.

CLOSED SESSION

At 8:32 A.M., upon motion of Commissioner Barbara Aycock, the Board of Commissioners unanimously declared itself in closed session to discuss the acquisition of real property, to discuss matters relating to the location or expansion of industries within the county, and to consult with your attorney to retain attorney-client privilege.

At 9:00 A.M., upon motion of Commissioner Antonio Williams, the Board of Commissioners unanimously declared itself in regular session.

At 9:28 A.M., upon motion of Commissioner Tim Harrell, the Board of Commissioners unanimously declared itself in closed session to discuss the acquisition of real property, to discuss matters relating to the location or expansion of industries within the county, and to consult with your attorney to retain attorney-client privilege.

At 10:43 A.M., upon motion of Commissioner Tim Harrell, the Board of Commissioners unanimously declared itself in regular session.

Members Present: Chairman Joe C. Daughtery, Vice-Chairman Chris Gurley, Tim Harrell, Antonio Williams, Barbara Aycock, and Joe Democko.

Members Absent: Bevan Foster.

Other Members Present: County Manager Chip Crumpler, Assistant County Manager Ginger Moore, County Attorney Andrew Neal, Finance Director Angie Boswell, and Clerk to the Board Kayla Whitley.

ADJOURNMENT

At 10:45 AM, Chairman Joe C. Daughtery adjourned the meeting of the Wayne County Board of Commissioners.


Kayla Whitley, Clerk to the Board



GOLDSBORO/WAYNE PURPLE HEART PROCLAMATION

WHEREAS, the original Purple Heart, known as the Badge of Military Merit, is the oldest military decoration in the world in present use; and

WHEREAS, the Purple Heart was established by General George Washington on August 7, 1782 during the Revolutionary War, as the first award made available to the common soldier to recognize outstanding valor or merit; and

WHEREAS, following nearly 150 years of disuse, the Purple Heart was reestablished by the President of the United States on February 22, 1932; and

WHEREAS, the Purple Heart is awarded to military and civilian members of the U.S. Armed Forces who are wounded by an instrument of war in the hands of the enemy and posthumously to the next of kin in the name of those who were killed in action or die for wounds received in action; and

WHEREAS, the citizens of Goldsboro and Wayne County have great admiration and the utmost gratitude for all the men and women who have served their country in the armed forces; and

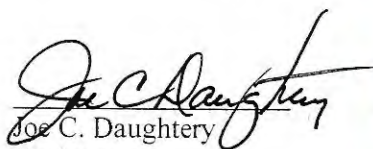
WHEREAS, veterans have paid the high price for freedom by leaving their families and communities and placing themselves in harm's way for the good of all; and

WHEREAS, many citizens of our city, county and state have earned the Purple Heart as a result of being wounded while engaged in combat with enemy forces construed as a singularly meritorious act of essential service.

NOW, THEREFORE BE IT RESOLVED that the Goldsboro City Council and Wayne County Board of Commissioners do hereby honor the service and sacrifice of our nation's men and women in uniform wounded or killed by the enemy while serving to protect the freedoms enjoyed by all Americans.

NOW, THEREFORE BE IT FURTHER PROCLAIMED that jointly, the Goldsboro City Council and the Wayne County Board of Commissioners commend the Board of Directors of the Goldsboro/Wayne Purple Heart Foundation for honoring Purple Heart recipients at its annual banquet on August 1, 2026, as a special tribute to those service members who have received the Purple Heart and the families of Purple Heart recipients who are deceased.

WITNESS OUR HAND and the Seals of the City of Goldsboro and the County of Wayne, Goldsboro, North Carolina, this, the 4th day of August, 2026.


Joe C. Daughtery

Chairman

Wayne Co. Board of Commissioners





Charles Gaylor, IV

Mayor

City of Goldsboro



MEMORANDUM

To: Wayne County Board of Commissioners

From: Berry Gray, Planning Director

Date: July 15, 2026

Re: Final Subdivision Plat Approval

Item: Fynloch Chase Section 5, Final
Owner/Developer: J&N Developers, LLC
Surveyor: Dan Butler
Nahunta Township, Governor Aycock Road (SR 1542)
Lots: 1

Discussion: Fynloch Chase Section 5 consists of one lot on 1.53 acres. This section was approved on the preliminary plat as two lots. The final plat for Fynloch Chase Section 2 showed this area as “future development”. The developer now wants to create one lot instead of two.

The subdivision is located on Governor Aycock Road, 6/10 of a mile east of US Hwy 117 N. The property is located within the RA 20 zoning area and the lot size is 1.53 acres. The lot will utilize public water and onsite septic. The property is shown within the Rural area on the Wayne County Growth Strategies Map. Improvements are complete and a NCDOT Built to Standards letter has been submitted to the County for Section 2. Until the streets are accepted onto the State’s secondary road system, the developer has signed a statement regarding the maintenance of the streets and right of ways.

The property is located within the following service areas:

Schools – C.B. Aycock HS, Norwayne Middle, Fremont Elementary
Water – Belfast Patetown Sanitary District
Fire – Pikeville-Pleasant Grove Department
EMS – Station 7
Transportation – RPO
Water Supply Watershed – No
Voluntary Agriculture District – Within ½ mile
Wetlands – Yes
Board of Commissioners District -- 1

Recommendation: The Wayne County Planning Board recommends approval of the final plat.

MEMORANDUM

To: Wayne County Board of Commissioners

From: Berry Gray, Planning Director

Date: July 15, 2026

Re: Subdivision Preliminary Plat Approval

Item: Rosedale

Owner/Developer: Goldsboro Milling Company Inc

Engineer: Jones Consulting Engineers

New Hope Township, Dollard Town Road (SR 1727)

Lots 69 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 Rosedale preliminary consists of 69 residential building lots. This subdivision will be built on 40 acres off Dollard Town Road, between Spring Forest and Deerwood Subdivisions. The access will be directly on Dollard Town Road but the subdivision will interconnect into Spring Forest and Deerwood Subdivisions. No flood hazard areas are present within the project area. The property is located within the Outer Horizontal overlay zoning district.

The average lot size is 21,908 sf or 0.5 acres. There are 4,420 linear feet (0.83 miles) of streets required to be installed per the NC Dept. Of Transportation subdivision street requirements. Building lots will utilize public water and onsite septic. The subdivision will meet the requirements for stormwater.

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

Urban Transition Areas include those parts of the planning area that are not currently urban in character but that, during the next two decades, are likely to reach a level of development requiring urban services. These areas may have some services already in place including, particularly, centralized water and sewer. Other services, including stormwater management, are likely to be in place here within twenty years. Urban Transition Areas should be a secondary area for planning, programming and providing public urban services. Those parts of the Urban Transition Area that have good soils and drainage, are not in the floodplain, have road capacity available, and have sewer service nearby should generally be developed at 3 or more units per acre. Land areas constrained by poor soils and/or lack of topography and resulting flooding problems should generally be developed at lower densities.

The property is located within the following service areas:

Schools – Spring Creek HS, Spring Creek Middle and Spring Creek Elementary

Water – East Wayne Sanitary District

Fire – Elroy Fire Department

EMS – Station 11

Transportation – MPO

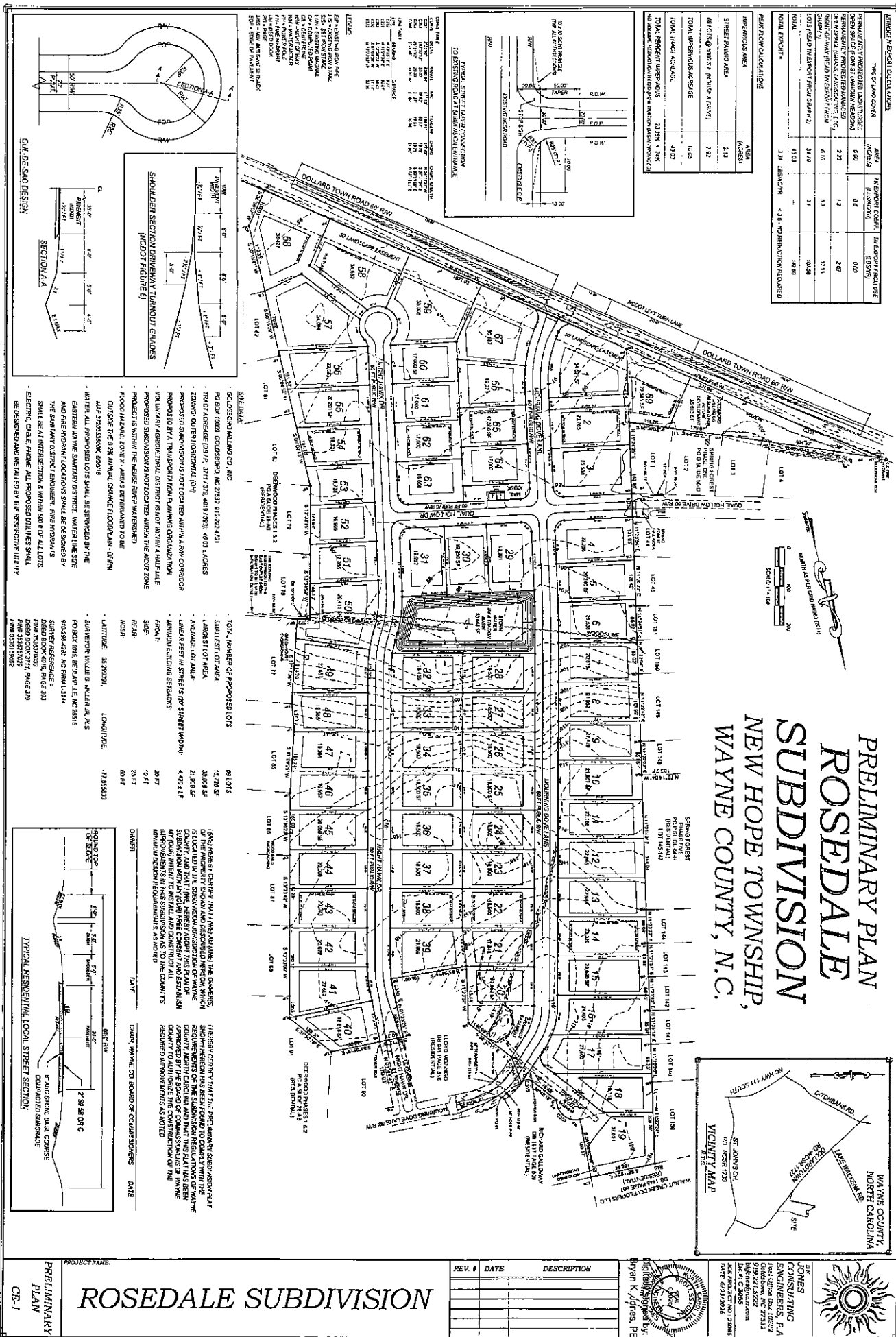
Water Supply Watershed – No

Voluntary Agriculture District – No

Wetlands – Yes, within drainage easement area

Board of Commissioners District – 6

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



RESOLUTION 2026-32

RESOLUTION AUTHORIZING UPSET BID PROCESS FOR 609 POPLAR ST TO GRASSHOPPER ACQUISITION AND DESIGN LLC

WHEREAS, the City of Goldsboro and County of Wayne jointly own certain real property 609 Poplar St (Pin #3509223255); and

WHEREAS, North Carolina General Statute § 160A-269 permits the city to sell real property by upset bid, after receipt of an offer for the property; and

WHEREAS, the City has received an offer to purchase the property described above, in the amount of \$2,800.00 (Two Thousand Eight Hundred and no/100) submitted by Grasshopper Acquisition and Design LLC; and

WHEREAS, Offeror has paid the required five percent (5%) deposit on his/her offer in the amount of \$140.00 (One Hundred and Forty Dollars no/100).

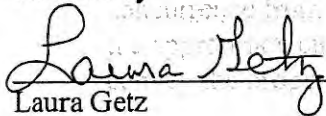
NOW, THEREFORE, BE IT RESOLVED by the Mayor and City Council of the City of Goldsboro, North Carolina, that:

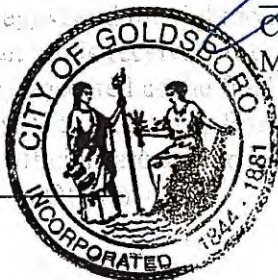
1. The City Council declares this property as surplus.
2. The City Council hereby accepts the initial offer of the offeror above.
3. The City Council further authorizes sale of the property described above through the upset bid procedure of North Carolina General Statute § 160A-269.
4. The Finance Director shall cause a notice of the proposed sale to be published in a newspaper of general circulation within its jurisdiction. The notice shall describe the property and the amount of the offer and shall state the terms under which the offer may be upset.
5. The Planning Department shall notify the adjoining property owners by U.S. mail that the property is being offered for sale under the upset bid procedure.
6. Persons wishing to upset the offer that has been received shall submit a sealed bid with their offer to the office of the Finance Director at 200 N. Center Street, Goldsboro, NC 27530 during normal business hours within 10 days after the notice of sale is published. At the conclusion of the 10-day period, the Finance Director or designee shall open the bids, if any, and the highest such 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.
7. Upset offer and deposit shall be delivered in a sealed envelope. The written offer proposal must include the name of the person or business making the offer, address of said property, and Wayne County parcel identification number. The offer shall be signed by the individual or person with signature authority if a business entity. The outside of the sealed envelope should have the address of the property, the words "Upset Bid" and include the address of the Property.
8. The City of Goldsboro reserves the right to reject any or all offers at any time.
9. If a qualifying higher bid is received, the Finance Director shall cause a new notice of upset bid to be published, and shall continue to do so until a 10-day period has passed without any qualifying upset bid having been received. At that time, the amount of the final high bid shall be reported to the City Council.

10. A qualifying higher bid is one that raises the existing offer by not less than ten percent (10%) of the first \$1,000.00 of that existing offer and five percent (5%) of the remainder of that existing offer.
11. A qualifying higher bid must also 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 city 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; provided that sufficient time has elapsed to allow for the payment draft, if by check, to clear the City's central depository and be credited to such, the return of the deposit will then be issued within 10 days of confirmation of clearing. The city will refund the deposit of the final high bidder at closing or apply to the sales price, as determined at the time of closing by the Finance Director.
12. Any Offeror's bid deposit shall be refunded if it is not the final high bidder; or if mutually agreeable terms cannot be settled upon if no upset bids are received, provided that sufficient time has elapsed to allow for the payment draft, if by check, to clear the City's central depository and be credited to such. Refund will be issued within 10 days of confirmation of clearing. Deposit may be made in cash, cashier's check, or certified check.
13. The terms of the final sale are:
 1. City Council must approve the final high offer before the sale is closed, which will be done within 30 days after the final upset bid period has passed.
 2. The Wayne County Board of Commissioners must approve the final sale by concurrence after final approval by City Council.
 3. Buyer must pay with cash, cashier's check or certified check at the time of closing.
 4. Buyer must pay closing costs.
14. The City reserves the right to withdraw the property from sale at any time before the final high bid is accepted and the right to reject at any time all bids.
15. If no qualifying upset bid is received after the initial public notice, the initial offer set forth above is hereby accepted as the final offer. City staff are authorized to seek concurrence from the Wayne County Board of Commissioners and upon such approval, the appropriate city officials are authorized to execute the instruments necessary to convey the property to Offeror.

This Resolution shall be in full force and effect from and after April 13, 2026.

Attested by:


Laura Getz
City Clerk




Charles Gaylor, IV
Mayor

200 North Center Street
Goldsboro, NC 27530
(919) 580-4362

To: Adjacent Property Owners

Date: April 17, 2026

Re: NOTICE OF PROPERTY SALE:

609 Poplar Street, Goldsboro NC 27530 (PIN: 3509223255)

This letter is to inform you of the proposed sale of the above property. The property is owned jointly by Wayne County and the City of Goldsboro and has been declared surplus property.

Under NCGS §160A-269, local governments may sell surplus property following a 10-day period in which any person may upset the current offer. This letter is being sent to all adjoining property owners so they may have a chance to submit a bid, if they so desire.

If you are interested in submitting a bid or have additional questions, please contact the Finance Office at 919-580-4362.



Cc: Catherine Gwynn, Finance Director

Item _____

CITY OF GOLDSBORO
AGENDA MEMORANDUM
APRIL 13, 2026 COUNCIL MEETING

SUBJECT:

Accept Initial Bid and Authorize Finance to Advertise for Upset Bids for 609 Poplar St to Grasshopper Acquisition and Design LLC

BACKGROUND:

Staff has received an offer to purchase city/county owned property. Council must either accept or reject the offer, and if accepted authorize advertisement for upset bids (G.S. 160A-266 and 160A-269).

DISCUSSION:

The following offer has been received for the sale of surplus real property under Negotiated offer, advertisement, and upset bid process (G.S. §160A-266(a) (3))

609 Poplar St

Offeror: Grasshopper Acquisition and Design LLC

Offer: \$2,800.00

Bid Deposit: \$140.00

The offer is at least 50% of the tax value of the property. The bid deposit of 5% has been received in the form of a business check. The Planning Department shall notify the adjoining property owners via mail that the property is available for sale via upset bid.

Parcel #: 51306

Pin #: 3509223255

Tax Value: \$5,600.00

Zoning: R-6

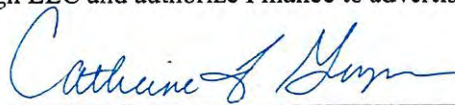
The offerer is current and active with the North Carolina Secretary of State.

Staff recommends the Council accept the offer in order to start the upset bid process.

RECOMMENDATION:

It is recommended that Council adopt the attached resolution accepting the initial offer on 609 Poplar Street from Grasshopper Acquisition and Design LLC and authorize Finance to advertise for upset bids.

Date: 4/2/2026



Catherine F. Gwynn, Finance Director

Date: _____

Matthew S. Livingston, City Manager

RESOLUTION NO. 2026- _____

RESOLUTION AUTHORIZING UPSET BID PROCESS

WHEREAS, the City of Goldsboro and County of Wayne jointly own certain real property 609 Poplar St (Pin #3509223255); and

WHEREAS, North Carolina General Statute § 160A-269 permits the city to sell real property by upset bid, after receipt of an offer for the property; and

WHEREAS, the City has received an offer to purchase the property described above, in the amount of \$2,800.00 (Two Thousand Eight Hundred and no/100) submitted by Grasshopper Acquisition and Design LLC; and

WHEREAS, Offeror has paid the required five percent (5%) deposit on his/her offer in the amount of \$140.00 (One Hundred and Forty Dollars no/100).

NOW THEREFORE BE IT RESOLVED, by the City Council of the City of Goldsboro, North Carolina, that:

- 1) The City Council declares this property as surplus.
- 1) The City Council hereby accepts the initial offer of the offeror above.
- 2) The City Council further authorizes sale of the property described above through the upset bid procedure of North Carolina General Statute § 160A-269.
- 3) The Finance Director shall cause a notice of the proposed sale to be published in a newspaper of general circulation within its jurisdiction. The notice shall describe the property and the amount of the offer and shall state the terms under which the offer may be upset.
- 4) The Planning Department shall notify the adjoining property owners by U.S. mail that the property is being offered for sale under the upset bid procedure.
- 5) Persons wishing to upset the offer that has been received shall submit a sealed bid with their offer to the office of the Finance Director at 200 N. Center Street, Goldsboro, NC 27530 during normal business hours within 10 days after the notice of sale is published. At the conclusion of the 10-day period, the Finance Director or designee shall open the bids, if any, and the highest such 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.
- 6) Upset offer and deposit shall be delivered in a sealed envelope. The written offer proposal must include the name of the person or business making the offer, address of said property, and Wayne County parcel identification number. The offer shall be signed by the individual or person with signature authority if a business entity. The outside of the sealed envelope should have the address of the property, the words "Upset Bid" and include the address of the Property.
- 7) The City of Goldsboro reserves the right to reject any or all offers at any time.
- 8) If a qualifying higher bid is received, the Finance Director shall cause a new notice of upset bid to be published, and shall continue to do so until a 10-day period has passed without any qualifying upset bid having been received. At that time, the amount of the final high bid shall be reported to the City Council.
- 9) A qualifying higher bid is one that raises the existing offer by not less than ten percent (10%) of the first \$1,000.00 of that existing offer and five percent (5%) of the remainder of that existing offer.
- 10) A qualifying higher bid must also 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 city 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; provided that sufficient time has elapsed to allow for the payment draft, if by check, to clear the City's central depository and be credited to such, the return of the deposit will then be issued within 10 days of confirmation of clearing. The city will refund the deposit of the final high bidder at closing or apply to the sales price, as determined at the time of closing by the Finance Director.

- 11) Any Offeror's bid deposit shall be refunded if it is not the final high bidder; or if mutually agreeable terms cannot be settled upon if no upset bids are received, provided that sufficient time has elapsed to allow for the payment draft, if by check, to clear the City's central depository and be credited to such. Refund will be issued within 10 days of confirmation of clearing.
- 12) The terms of the final sale are:
 - a) City Council must approve the final high offer before the sale is closed, which will be done within 30 days after the final upset bid period has passed.
 - b) The Wayne County Board of Commissioners must approve the final sale by concurrence after final approval by City Council.
 - c) Buyer must pay with cash, cashier's check or certified check at the time of closing.
 - d) Buyer must pay closing costs.
- 13) The City reserves the right to withdraw the property from sale at any time before the final high bid is accepted and the right to reject at any time all bids.
- 14) If no qualifying upset bid is received after the initial public notice, the initial offer set forth above is hereby accepted as the final offer. City staff are authorized to seek concurrence from the Wayne County Board of Commissioners and upon such approval, the appropriate city officials are authorized to execute the instruments necessary to convey the property to Offeror.

This resolution shall be in full force and effect from and after this 13th day of April, 2026.

Charles Gaylor, IV
Mayor

ATTEST:

Laura Getz
City Clerk



I, Grasshopper Acquisition and Design LLC would like to offer the

City of Goldsboro the sum of \$2800 for the

purchase of property at the following location:

Parcel: 3509223255

Street: 609 Poplar st

Signed: 

Adam Gonzalez-Kilgo on behalf of
Grasshopper Acquisition and
Design LLC

Date: 30 January 2026

Name Adam Gonzalez-Kilgo on behalf of Grasshopper
Acquisition and Design LLC

Address: P.O. Box 10272 Goldsboro NC 27530

Phone: 540-446-6783

Email: grasshopper_1022@hotmail.com

Amount of Bid Deposit: \$140

GRASSHOPPER ACQUISITION AND DESIGN LLC

246 KOERNER LN
ERWIN, NC 28339-8562

DATE 4 FEB 2026 90/7162

PAY TO THE
ORDER OF CITY OF GOLDSBORO

\$ 140.00

ONE HUNDRED AND FORTY

DOLLARS

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO BID FOR 601 POPLAR ST

ADAM GONZALEZ-KILGO ON
BEHALF OF GRASSHOPPER ACQUISITION
AND DESIGN LLC

MEMO

ERWIN, NC 28339-8562

CITY OF GOLDSBORO

\$ 140.00

ONE HUNDRED AND FORTY

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO BID FOR 601 POPLAR ST

ADAM GONZALEZ-KILGO ON
BEHALF OF GRASSHOPPER ACQUISITION
AND DESIGN LLC

MEMO

ERWIN, NC 28339-8562

WAYNE COUNTY										4/1/2026 2:36:10 PM																																								
WAYNE COUNTY & CITY OF GOLDSBORO 609 POPLAR ST 79266550										Return/Appeal Notes: Parcel: 3509223255 PLAT: /UNIQ ID 51306 ID NO: 12000018001004																																								
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Address Information

PIN: 3509223255

609 POPLAR ST
GOLDSBORO NC 27530

Get directions Zoom to

Parcels: 3509223255 WAYNE COUNTY &

PIN# 3509223255

OWNER: WAYNE COUNTY &

OWNER ADDRESS: PO BOX 227

CITY: GOLDSBORO STATE: NC ZIP: 27533-0227

LAND VALUE: \$5,600.00

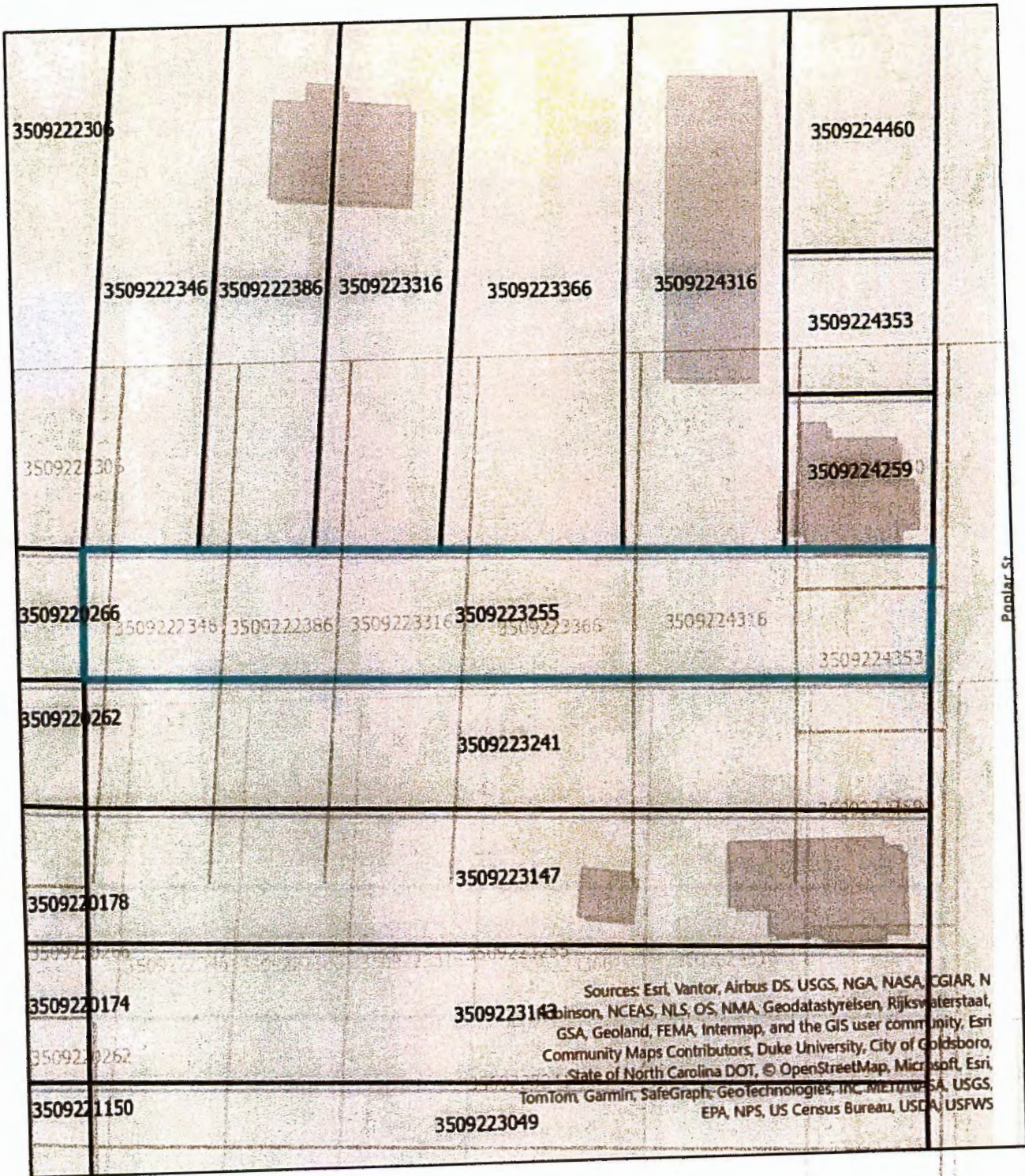
BUILDING VALUE: \$0.00

TOTAL VALUE: \$5,600.00

GOOGLE STREET VIEW: [Click Here](#)

BING STREET VIEW: [Click Here](#)

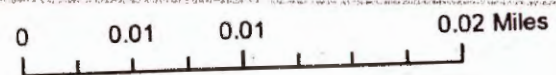
TAX OFFICE: [Click Here](#)



Sources: Esri, Vantor, Airbus DS, USGS, NGA, NASA, CGIAR, N
3509223143 Robinson, NCEAS, NLS, OS, NMA, Geodatastyreisen, Rijkswaterstaat,
GSA, Geoland, FEMA, Intermap, and the GIS user community, Esri
Community Maps Contributors, Duke University, City of Goldsboro,
State of North Carolina DOT, © OpenStreetMap, Microsoft, Esri,
TomTom, Garmin, SafeGraph, GeoTechnologies, Inc., METI, NASA, USGS,
EPA, NPS, US Census Bureau, USDA, USFWS

Legend

 Property Lines



SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM

Wayne COUNTY LOCAL POLICY

Wayne County will prioritize the placement of children in care when there are insufficient funds, insufficient child care providers, or insufficient staff.

I. Priority Populations Served

Wayne County will prioritize services to the following populations in the **order** below when there are insufficient funds, staff or child care spaces:

1. Special Needs
2. Families experiencing homelessness or those who are in a temporary living situation
3. Child Protective Services (CPS)
4. Foster Care/DSS Placement
5. Child Welfare Services (CWS)
6. Work First Participants with MRA-B
7. Teen Parents
8. Children with Developmental Needs
9. Siblings (including newborns)
10. Employment
11. Education or Skills Training
12. _____
13. _____
14. _____
15. _____

II. How Families Will be Pulled from the Waiting List

When funding, staff or child care spaces become available, Wayne County plans to serve families using the following option or options (such as but not limited to chronologically, using the priority order above or another method):

Families in priority groups 1-2 will be served using the county's 4% set aside. Families in priority groups 3-9 will be served without being placed on a waiting list. Priority groups 10-11 will be removed from the waiting list in the order they were placed, after all families in priority groups 3-9 have been contacted. If both the 4% set aside funds are exhausted and the county faces a significant funding shortage in its regular subsidy allocation, a separate waiting list will be maintained for these families. These families will be served on a first-come, first-served basis, as funding becomes available.

NOTE: If the county chooses to serve children using the priority list, the Department of Social Services (DSS)/Local Purchasing Agency (LPA) must also have a plan to serve non-prioritized families.

SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM

III. Vulnerable Populations Set-Aside (*select one of the options below*)

☒ Wayne County will set aside the required 4% set-aside funds to serve families with children identified as a vulnerable population, which includes children with special needs and families experiencing homelessness. Wayne County will not add to the required set-aside amount.

OR

☐ _____ County will set-aside more than the required 4% amount and will set aside _____ % for vulnerable populations (*Please indicate total including the 4%. For example, if your county will set aside and additional 2%, you will enter 6%.*)

If the set-aside amount is depleted, vulnerable populations already receiving services will continue to be served with the regular subsidy allocation. Wayne County will continue to prioritize new children who apply and are in one of these vulnerable populations in the order that Wayne County chooses, as long as the regular subsidy allocation is not at risk of being overspent. If necessary, children in one of these vulnerable populations will be placed on the waiting list and served as soon as vulnerable populations funds are available or according to the local prioritization with regular subsidy funds.

IV. Reducing Services

If child care cases are in jeopardy of termination due to potential lack of funding,
Wayne County will contact DCDEE for further guidance.

This policy is passed and adopted by the governing board (Social Services Board or County Official) Wayne County, State of North Carolina, this _____ day of _____ (month) of (year) 20____.

Kimberly McGuire

DSS Director (Printed Name)



DSS Director (Signature)

7/27/20
Date

Joe C. Daughtery

Governing Board Chair (Printed Name)



Governing Board Chair (Signature)

8/4/20
Date

Wayne County Department of Social Services/Human Services

ENERGY PROGRAMS OUTREACH PLAN

The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded block grant program that is comprised of three different programs - Crisis Intervention Program (CIP), Low Income Energy Assistance Program (LIEAP) and Weatherization. There are also non-Federal Crisis Intervention Programs - Energy Neighbor, Share the Warmth, Wake Electric Round Up, and Helping Each Member Cope.

To maximize the success of this program, outreach to county residents through key community partner stakeholders, each county department of social services is required to develop and implement an Energy Program Outreach Plan (EPOP). This plan is a framework to assure that eligible households are made aware of the assistance available through these programs.

The county director and/or his/her designee is required to develop the EPOP, which addresses outreach and application activities related to the Energy Programs. The Outreach Plan is due to the North Carolina Department of Health and Human Services (NCDHHS) annually.

Each county must form an outreach planning committee that creates the opportunity for county-level collaboration to discuss and plan how to effectively reach county residents to inform them of the services provided by the energy programs. The committee should meet at least twice yearly; September for outreach planning related to LIEAP and April to review the outcomes related to LIEAP and to plan for outreach activities for summer weather.

Energy Assistance Outreach Plan

Answer all questions below. Address CIP, non-Federal CIP, and LIEAP where appropriate:

COMMITTEE MEMBERSHIP

The Director of Social Services should engage a number of various community partners such as Vendors, Housing Authority, Public Libraries, Public School System/Local Colleges/Head Start, Legal Services, Meals on Wheels, Media, Public Health/Health Centers, Churches, Food Banks, Councils on Aging/Senior Centers, Community based Indian organizations, Volunteer Programs, Vocational Rehabilitation Offices, and Transportation, services, etc.

- 1. Provide a list of committee members and their agencies.
 - 1. Goldsboro Housing Authority: Jessica Goldman
 - 2. Salvation Army: Hazel Ellis or Shanika Howard
 - 3. UNC Wayne Health: Crystal Lemmon
 - 4. Wayne Action Group for Economic Solvency (WAGES): Doctor Karmashia McDuffie
 - 5. Town of Pikeville: Monique Lewis
 - 6. Town of Fremont: Joyce Artis
 - 7. TRI County: Steve Mason
 - 8. Wayne Uplift Resource Association, INC: Bernadette Marrow
 - 9. House of Fordham: Wynette Worthy
 - 10. Wayne County Health Department: Brenna Wolf
 - 11. Peggy Seegars Senior Center: Holly Jones

2. Provide potential meeting dates, times, locations, as well as agenda topics.

Meetings are tentatively scheduled for November 18, 2026 and March 3, 2027 at 10 am. The meetings will be held virtually. Agenda topics will include specific Energy programs, outreach efforts, availability of funds, and progress.

Define how DSS/DHS will work with the committee as well as any other agencies to collaborate regarding the Energy Program and how outreach will be provided to the citizens in your area.

DSS will communicate via virtual meetings, email and/or conference call to provide updates. DSS will provide brochures and informational flyer's as well as submit posts on the county's website and other available social media platforms.

1. What is the process for referring customers? What marketing tools or items will be used (please provide a copy of your previous marketing materials & how you plan to enhance those in the future)?

Brochures, flyer's and all available informational documents will be provided to outreach members to share with visitors within their organizations. Interagency employees will complete referrals for potentially eligible households. The agency will also utilize all available social media platforms and press releases.

2. What strategy does the county have, to continue collaborative efforts with community partners to complete outreach activities to target potential eligible households including individuals and families?

Meetings, conference calls and/or email will be used to keep the outreach members and community partners abreast of current information and changes. The county's website will also be updated as changes occur.

3. What additional activities will be conducted to target households with members with children under 5, age 60 and over and disabled?

Adult and Children Services social workers will assess households for potential assistance when conducting home visits. Program information will be provided to WIC, WAGES, and local home health agencies to distribute to staff who frequent the homes of this population.

Media involvement is vital to the success of outreach activities. How will your county utilize media such as newspapers, social media, radio and television stations to publicize the Energy Programs?

Press releases will be issued. Announcements will be made on the local radio, television stations and newspapers, in addition to all available social media platforms to include Facebook and Twitter.

1. Provide a list of media outlets that will be used as well as timeframes in which they will be contacted (provide examples of how the county can enhance these efforts):

Wayne County website, Goldsboro News Argus, Mt Olive Tribune, Goldsboro Daily News, WFCMC 730 AM, Channel 56 local/21 Cable, Wayne County website, Facebook and Twitter. We will begin posting announcements November 2026-March 2027.

ORGANIZATIONAL STRUCTURE:

Counties are required to provide application processes for CIP, non-Federal CIP programs, and/or LIEAP. This information must be reported to the NCDHHS annually.

1. Provide hours of operation, location and whether the programs are in house or contracted out. If your agency contracts out to other agencies attach the contract(s).
Hours of operation are Monday-Friday, 8 am-5 pm at the Department of Health & Human Services in Wayne County located at 1560 Clingman St., Goldsboro, NC. The programs are administered in house.

BEST PRACTICES:

Best practices are a method or technique that has been generally accepted as superior to any alternatives because it produces results. Best practices are essential to the program.

1. If your county has gone above and beyond what is listed on this form please provide this information below:

It is our plan to set up outpost stations within the community in an effort to reach all potentially eligible households.

2. Any additional comments or activities for CIP, non-Federal CIP, and/or LIEAP:

CONTACT INFORMATION:

Your contact information is essential to the success of the Energy Programs. Please complete the following information.

Name: Dreanna Mines

Address: 1560 Clingman St, Goldsboro, NC 27530

Telephone: 919-731-1549

Email: Dreanna.Mines@waynegov.com

DSS-8119ia (06/19)
Economic and Family Services

Please indicate which program:

☒ LIEAP

☒ CIP

Name: Nina Williams

Address: 1560 Clingman St, Goldsboro, NC 27530

Telephone: 919-731-1097

Email: Nina.Williams@waynegov.com

Please indicate which program:

☒ LIEAP

☒ CIP

This plan must be approved by the local Board of Social Services/Human Services Board or local agency governing body prior to submission. Refer to the latest Dear County Director Letter for instructions on how to submit this document to the North Carolina State office.



Board of Social Services/Human Services or governing body Signature

8/4/20

Date

Director Signature

Date

POLICY MANUAL I	Prepared by: Samantha Otellio	Manual Section: Environmental Health
Category: 1,	Date Revised: February 2026	Subject: Tattoo Permit and Issuance
Other:	Date No Revisions: November 2024	Workplace
Date Initiated: 04/19	Approved by: Health Director	Page 1 of 2 Pages

C:\USERS\CASEY.ROBERTS\DESKTOP\PP&P\NEED TO BE SIGNED BY COMMISSIONER\REQUIREMENTS FOR APPLYING FOR A TATTOO PERMIT AND PERMIT ISSUANCE 2026.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

Requirements For Applying For A Tattoo Permit and Permit Issuance

Policy

This policy addresses how to apply for a tattoo permit through the Wayne County Health Department Environmental Health Office. The following application requirements and requirements for permit issuance are detailed in rule .3202 (a)-(h) of the North Carolina Laws and Rules governing tattooing 15A NCAC 18A .3200. Local permit fees and valid timeframes in the applicant process will be underlined.

Procedure

An application must be submitted 30 days prior to the anticipated date of commencing operation or annual renewal date with permit fees paid.

- 1) Artists may apply for a new permit or renewal of an annual permit valid for one year for \$280.
- 2) Artists may apply for a temporary permit valid for 1-14 consecutive days for \$250.
 - a. A temporary permit may be issued for visiting artists, conventions, instructional classes, or any event the authorized Environmental Health Specialist (EHS) deems to be temporary.
- 3) There is no fee for review of a proposed tattoo establishment or parlor as a valid tattoo permit is issued for each artist at a specific location.
 - a. New tattoo businesses may require approval from municipal or county planning development/zoning. Plans may be required by municipal or county inspections department if structural, electrical, or plumbing changes are made to proposed establishment.
- 4) Apprentices cannot tattoo under another artist's permit. They must obtain a permit to begin tattooing.

An artist shall submit an application with the following information for a tattoo permit:

- 1) Name of tattoo artist;
- 2) Mailing address of tattoo artist;
- 3) Name of tattoo establishment;
 - a. Tattoo establishment must meet rules .3203-.3205 and .3207 set forth by Rules governing tattooing 15A NCAC 18A .3200
- 4) Street address of tattoo establishment
- 5) Anticipated date of commencing operation; and
- 6) Signature of tattoo artist

Upon receiving the application, the assigned EHS will contact the artist to schedule the inspection for permit issuance. Rules governing tattooing 15A NCAC 18A .3200 require tattoo artists, permanent makeup artist, and microbladers to meet certain minimum sanitation standards. Each artist must demonstrate comprehensive knowledge of proper aseptic techniques and

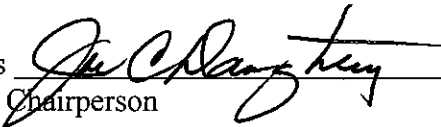
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CAUSERS\CASEY.ROBERTS\DESKTOP\PP&P\NEED TO BE SIGNED BY COMMISSIONER\REQUIREMENTS FOR APPLYING FOR A TATTOO PERMIT AND PERMIT ISSUANCE 2026.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

bloodborne precaution practices for permit issuance. All items on the inspection sheet must be in compliance for permit issuance.

General Statue 130A-283 (b) states no person shall engage in tattooing without first obtaining a tattooing permit from the Department. Licensed physicians, as well as physician assistants and nurse practitioners working under the supervision of a licensed physician, who perform tattooing within the normal course of their professional practice are exempt from the requirements of this Part.

Approved by Board of Commissioners  Date 8/4/26
Chairperson

Approved by Environmental Health Director _____ Date _____
Kevin Whitley

Approved by Health Director _____ Date _____
Suzanne LeDoyen

DISTRIBUTION:
All WCHD Staff

POLICY MANUAL IV	Prepared by: Kevin Whitley	Manual Section: Env. Health
Category: 1, 2	Date Revised: February 2024	Subject: Application for Tattooing Permit
Other:	Date No Revisions: February 2026	Inspection
Date Initiated: 8/2001	Approved by: Health Director	Page 1 of 2 pages

C:\USERS\CASEY.ROBERTS\DESKTOP\PP&P\NEED TO BE SIGNED BY COMMISSIONER\APPLICATION FOR TATTOOING PERMIT 2026.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

APPLICATION FOR TATTOOING PERMIT

____ Annual Permit – Valid One Year

____ Temporary Permit – Valid 1-14 Days*

1) Date of Application: _____

2) Tattoo Artist Information:

Name: First _____ Last _____ MI _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

3) Tattoo Establishment Information:

Name of Establishment: _____

Street Address: _____

Business Hours: _____

Number of Tattoo Artists in Establishment: _____

4) Anticipated Date to Begin Tattooing: _____

5) Tattoo Artist Signature: _____

INSTRUCTIONS

Purpose: To allow tattoo artists to apply for tattooing permits as required in General Statute 130A283 and 15A NCAC 18A .3202. A separate application must be completed for each permit.

Preparation: Each tattoo artist must complete and sign a separate application for each location where he or she will engage in tattooing within the state of N.C. The completed application must include the full name, mailing address and signature of the tattoo artist, the name and street address of the tattoo establishment and the anticipated date of commencing operation.

Submission: The completed application must be submitted to the local Health Department in the

Attachment C Page 4

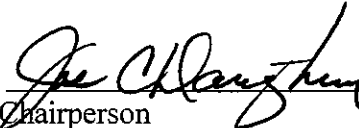
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CAUSERS\CASEY.ROBERTS\DESKTOP\P&P\NEED TO BE SIGNED BY COMMISSIONER\APPLICATION FOR TATTOOING PERMIT 2026.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

county where the tattoo establishment is located at least 30 days before commencement of operation. The local Health Department may require payment of fees or additional information upon submission of the application.

Disposition: This form may be destroyed in accordance with Standard 8.B.6., of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Approved by Board of Commissioners  Date 8/4/26
Chairperson

Approved by Environmental _____ Date _____
Health Director Kevin Whitley

Approved by Health Director _____ Date _____
Suzanne LeDoyen, BS

DISTRIBUTION:
All WCHD Staff

POLICY MANUAL V	Prepared by: Board of Commissioners	Manual Section: Comm. Disease
Category: 1, 2	Date Revised: July 2026	Subject: Animal Bite
Other:	Date No Revisions: January 2022	Immunization Fund
Date Initiated: 11/20/96	Approved by: Board of Commissioners	Page 1 of 5 pages

\\HEALTHDATA01\SHARED\S\POLICIES\POL&PROC\WORKING DOCUMENTS\CD\ANIMAL BITE IMMUNIZATION FUND.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

ANIMAL BITE IMMUNIZATION FUND

PROCEDURE

Occasionally, citizens are bitten by animals and the physician prescribes an immunization series costing several thousand dollars to protect the victim from rabies. The series is to be initiated as soon as possible following the exposure. However, if the bite is from a domestic dog, cat or ferret, the biting animal can be confined and monitored pursuant to the Health Director's authority for a period in accordance with best practice guidelines set forth by G.S.130A-198 and the National Association of Public Health Veterinarian's Compendium of Animal Rabies Prevention and Control. Adequate observation and compliance may prevent the need for Post Exposure Prophylaxis (PEP).

When the victim is indigent, the issue of payment becomes a barrier to immunization. The Health Department wishes to be in a position to solve the problem based on Board policy:

1. Pursue Medicaid funding when it can be accomplished within eight days of the bite.
2. Pursue health department payment when the indigent is not Medicaid eligible and the family is at or below the federal poverty level. The current Federal Poverty Level can be found at www.census.gov/hhes/www/poverty.html.
3. Pursue health insurance funding by prior written agreement with the policy holder. Policy holder is responsible for all expense not paid by insurance company.
4. Any family who is above 300% of poverty, or does not have Medicaid, is responsible for the full cost of vaccine.
5. Vaccine availability: The Department [NC DHHS] will release the biologicals (RIG and Rabies Vaccine) upon a request by a local health department, physician, hospital, or pharmacist. While it is usually shipped via courier or United Parcel Service, there are times in which the biologicals are picked-up. If that is the case, the proper ordering agency has the option of having the State Laboratory of Public Health send them a bill or having a check left at SLPH at the time of pick-up which is at the discretion of the orderer. D.E.H.N.R. policy on "Sale of Rabies Treatments" attached 4-10-97.
6. In accordance with 10A NCAC 42A.0106, rabies vaccine may be provided without charge for an individual who meets ALL of the following criteria (see Attachment A):
 - (1) the individual's family income is at or below the federal poverty level in effect on July 1 of each fiscal year as determined by the local health department;
 - (2) the individual meets the residency and other requirements set forth in 10A NCAC 45A.0200, except that the individual shall not be eligible for Medicaid or health insurance reimbursement for rabies post-exposure treatment as determined by the local health department; and
 - (3) the treatment is recommended by a physician licensed to practice medicine.
All rabies immunization must be administered by a physician because vaccine reaction is

POLICY MANUAL V	Prepared by: Board of Commissioners	Manual Section: Comm. Disease
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\\HEALTHDATA\01\SHARED\POLICIES\POL&PROC\WORKING DOCUMENTS\CD\ANIMAL BITE IMMUNIZATION FUND.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

a risk and may not be administered at the Health Department by a nurse. Physicians generally turn to the Health Department to purchase the vaccine.

SALE OF RABIES TREATMENTS

POLICY

The State Laboratory of Public Health and the Communicable Disease Branch in the N. C. Department of Health and Human Services have developed written policy guidelines governing the sale of rabies treatment products. They are as follows:

- 1) Anyone wishing information about rabies or a risk assessment about rabies exposure may contact the Communicable Disease Branch. The branch shall give advice about the need for treatment, but the final decision regarding treatment shall remain with the attending physician and the person bitten or his/her parent or guardian.
- 2) Anyone wishing to order rabies vaccine (RabAvert) or rabies immune globulin (HRIG) should contact distributors for rabies vaccine (see the CDC rabies website for latest information: <http://www.cdc.gov/rabies/news/RabVaxupdate.html>).

To order RabAvert for either pre/post-exposure prophylaxis, customers may contact:

Amerisource Bergen Corporation – Please contact your local distribution center

ASD Healthcare – 800-746-6273

BDI Pharma – 800-948-9834

Besse Medical - 800-543-2111

Cardinal - 800-964-5227

FFF Enterprises - 800-843-7477

General Injectables & Vaccines, Inc. (GIV) - 800-521-7468

Henry Schein, Inc - 800-772-4346

Insource, Inc - 800-366-3829

McKesson Medical-Surgical - 1-800-950-9229

Novartis Vaccines - 800-244-7668

- 3) If rabies vaccine is not available from the above sources, or the patient qualifies for vaccine under the indigent program detailed in 10A NCAC 42A.0106, rabies vaccine and/or immune globulin from the SLPH shall be released to a licensed physician or his medical personnel, a local health department, pharmacy, or a patient with a physician's prescription. Payment is expected upon receipt.

As an alternative, a health care provider may request rabies vaccine from any of a number corporate or non-profit assistance programs (see list under #2).

- 4) The person requesting the rabies vaccine and/or immune globulin shall be responsible for

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Category: 1, 2	Date Revised: July 2026	Subject: Animal Bite
Other:	Date No Revisions: January 2022	Immunization Fund
Date Initiated: 11/20/96	Approved by: Board of Commissioners	Page 3 of 5 pages

\\HEALTHDATA\01\SHARED\POLICIES\POL&PROC\WORKING DOCUMENTS\CD\ANIMAL BITE IMMUNIZATION FUND.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

receipt and payment. This may involve Saturday delivery at the office or home of the ordering physician, hospital or other place deemed appropriate by the Department. Rabies vaccine and/or immune globulin cannot be returned for exchange, credit or reimbursement. Failure to pay shall result in the case being sent to the Office of the Attorney General for action.

- 5) Rabies vaccine and/or immune globulin shall be sent to a hospital when ordered by the pharmacy of the hospital and upon the receipt of a purchase order number from the hospital. A physician may order vaccine and request that delivery be made at a hospital upon agreement with the hospital pharmacy.
- 6) Rabies vaccine and/or immune globulin will not be sent COD. Instead, such vaccine/globulin shall be billed to the physician or local health department requesting the vaccine; they shall be responsible for payment.
- 7) The mode of delivery shall be as follows:

Hospital & Local Health Department - United Parcel Service or other approved carrier. There will be an additional charge for overnight or Saturday delivery. Purchase order number must be given prior to shipment.

Physician - United Parcel Service or other approved carrier. There will be an additional charge for overnight or Saturday delivery.
- 8) This policy will be distributed to Wayne Memorial Hospital Infection Control Nurse. The infection control nurse will share the policy with emergency room physicians and staff physicians.

Questions regarding the need for post-exposure treatment should be directed to:

Dr. Carl Williams or Dr. Erica Beal
Public Health Veterinarian
(919) 546-1657 (work) (919)-546-1660

Questions concerning this policy may be directed to:

Scott Stone, PhD
State Laboratory of Public Health
(919) 733-7834

Suzanne LeDoyen
Health Director, WCHD
(919) 705-1934

POLICY MANUAL V	Prepared by: Board of Commissioners	Manual Section: Comm. Disease
Category: 1, 2	Date Revised: July 2026	Subject: Animal Bite
Other:	Date No Revisions: January 2022	Immunization Fund
Date Initiated: 11/20/96	Approved by: Board of Commissioners	Page 4 of 5 pages

\\HEALTHDATA01\SHARED\POLICIES\POL&PROC\WORKING DOCUMENTS\CD\ANIMAL BITE IMMUNIZATION FUND.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

ATTACHMENT A

Request for Free State-Supplied Rabies Vaccine

CONDITIONS

In accordance with 10A NCAC 42A .0106 Fees, rabies vaccine may be provided without charge for an individual who meets ALL of the following criteria:

- 1) The individual's family income is at or below the federal poverty level in effect on July 1 of each fiscal year as determined by the local health department;
- 2) The individual meets the residency and other requirements set forth in 10A NCAC 45A .0201, except that the individual shall not be eligible for Medicaid or health insurance reimbursement for rabies post-exposure treatment as determined by the local health department; and
- 3) The treatment is recommended by a physician licensed to practice medicine.

AFFIDAVIT

On behalf of _____ (patient name), who meets **ALL OF THE ABOVE CRITERIA**, I am requesting post-exposure prophylaxis rabies vaccine to be provided without charge.

Dates(s) of Treatment _____

County of Residence _____

Health Director or Attending Physician _____

NOTARY PUBLIC CERTIFICATION: State of _____ County of _____

I, as a Notary Public of the said State and County, do hereby certify that _____

_____ personally appeared before me and executed the foregoing instrument.

Witness my hand and seal this _____ day of _____ month, 201_____

Signature of Notary _____

My commission expires _____

Please complete and send the
original copy
along with the invoice to:
State Laboratory of Public Health
NC Department of Health and

POLICY MANUAL V	Prepared by: Board of Commissioners	Manual Section: Comm. Disease
Category: 1, 2	Date Revised: July 2026	Subject: Animal Bite
Other:	Date No Revisions: January 2022	Immunization Fund
Date Initiated: 11/20/96	Approved by: Board of Commissioners	Page 5 of 5 pages

\\HEALTHDATA\01\SHARED\POLICIES\POL&PROC\WORKING DOCUMENTS\CD\ANIMAL BITE IMMUNIZATION FUND.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

Approved by Board of Commissioners


Chairperson

Date 8/4/26

Approved by Health Director

Date

Suzanne LeDoyen

DISTRIBUTION:

All WCHD Staff

Chanda Newsome (Infection Control Nurse @ Wayne Memorial Hospital)

chanda.newsome@waynehealth.org

POLICY MANUAL I	Prepared by: Diane Graham	Manual Section: Administration
Category:	Date Revised: October 2024	Subject: Clinic Administration
Other:	Date No Revisions: June 2026	Fees
Date Initiated: 2/95	Approved by: Board of County Commissioners	Page 1 of 3 pages

CAUSERS\CASEY.ROBERTS\DESKTOP\PP&P\NEED TO BE SIGNED BY COMMISSIONER\CLINIC ADMIN FEES.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

CLINIC ADMINISTRATION FEES

The Division of Clinic Support Services staff is authorized to make administrative charges for production expense of the following documents:

CHARGE

- Photocopy of patient medical record to another medical provider..... No Charge (N/C)
- Photocopy of patient medical records to non-medical agencies..... \$0.75 per page for the first twenty-five (25) pages, \$0.50 per page for pages 26 through 100, \$0.25 per page for each page in excess of 100 pages. A minimum fee of up to \$10.00 inclusive of copying costs will be charged. (See Attachment A G.S. 90-411)
- Photocopy of patient medical record to patient.....N/C for initial copy \$0.75 per page for additional copies as stated above.
- Preparing and processing any of the following forms: \$15.00 each.
 - Leave of Absence Form
 - Disability Verification/Authorization
 - Certification of Health Care Provider (FMLA)
 - Pregnancy Work Authorization
- Immunization Record.....N/C

POLICY MANUAL I	Prepared by: Diane Graham	Manual Section: Administration
Category:	Date Revised: October 2024	Subject: Clinic Administration
Other:	Date No Revisions: June 2026	Fees
Date Initiated: 2/95	Approved by: Board of County Commissioners	Page 2 of 3 pages

C:\USERS\CASEY.ROBERTS\DESKTOP\F&P\NEED TO BE SIGNED BY COMMISSIONER\CLINIC ADMIN FEES.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

ATTACHMENT A

§ 90-411. Record Copy Fee

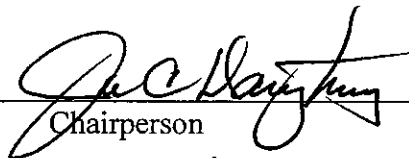
A health care provider may charge a reasonable fee to cover the costs incurred in searching, handling, copying, and mailing medical records to the patient or the patient's designated representative. The maximum fee for each request shall be seventy-five cents (75¢) per page for the first 25 pages, fifty cents (50¢) per page for pages 26-100, and twenty-five cents (25¢) for each page in excess of 100 pages, provided that the health care provider may impose a minimum fee of up to ten dollars (\$10.00), inclusive of copying costs. If requested by the patient or the patient's designated representative, nothing herein shall limit a reasonable professional fee charge by a physician for the review and preparation of a narrative summary of the patient's medical record. Charges for medical records and reports related to claims under Article 1 of Chapter 97 of the General Statutes shall be governed by the fees established by the North Carolina Industrial Commission pursuant to G.S. 97-26.1. This section shall not apply to Department of Health and Human Services Disability Determination Services requests for copies of medical records made on behalf of an applicant for Social Security or Supplemental Security Income disability. (1993, c. 529, s. 4.3; 1993 (Reg. Sess., 1994), c. 679, s. 5.5; 1995 (Reg. Sess., 1996), c. 742, s. 36; 1997-443, ss. 11.3, 11A.118(b); 2019-191, s. 42.)

POLICY MANUAL I	Prepared by: Diane Graham	Manual Section: Administration
Category:	Date Revised: October 2024	Subject: Clinic Administration
Other:	Date No Revisions: June 2026	Fees
Date Initiated: 2/95	Approved by: Board of County Commissioners	Page 3 of 3 pages

CAUSERS\CASEY.ROBERTS\DESKTOP\PP&P\NEED TO BE SIGNED BY COMMISSIONER\CLINIC ADMIN FEES.DOC

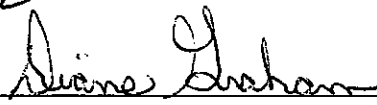
CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

Approved and Adopted by the
Board of County Commissioners


Chairperson

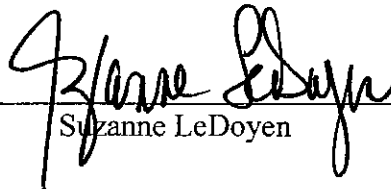
Date 8/4/26

Approved by Business Officer


Diane Graham

Date July 20, 2026

Approved by Health Director


Suzanne LeDoyen

Date July 20, 2026

DISTRIBUTION:

All WCHD Staff

POLICY MANUAL I	Prepared by: Business Officer	Manual Section: Advisory Board
Category: 1	Date Revised: June 2026	Subject: Liability Insurance
Other:	Date No Revisions: August 2023	
Date Initiated: 1993	Approved by: Board of Commissioners	Page 1 of 2 pages

CAUSERS\CASEY.ROBERTS\DESKTOP\FINISHED POLICIES\LIABILITY INSURANCE - JUNE 2026 UPDATED.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

LIABILITY INSURANCE

POLICY

Liability insurance is placed to protect Wayne County Health and Human Services (WCHHS) and its employees for the fiscal year 2026-2027 coverage period. This insurance consists of:

1. Travelers Insurance will be the general liability insurance carrier for Wayne County. Insurance provides coverage for all employees-for automobile liability and other third-party property damage, bodily injury, and personal injury claims when they are County employees operating a County-owned vehicle within the scope of their employment. The policy carries combined liability insurance of \$7,000,000 each occurrence limit. The County's general main liability insurance program has no deductible with exception of the law enforcement liability and the public officials' liability coverages each which have a deductible of \$25,000. Cyber liability will have a \$15,000 deductible and employment practices liability a \$10,000 deductible.
2. Professional medical liability coverage is purchased through Worksite Resources, LLC (Coverys Specialty Insurance Company) under a program arranged for the North Carolina Association of Public Health Directors. This coverage includes liability resulting from adverse administrative policies and decisions affecting medical services in addition to practitioners providing medical care. The policy covers all medical staff, administrative staff and WCHHS Advisory Board members for liability related to medical care and decision making. The primary layer provides limits of \$1,000,000 per claim, \$3,000,000 aggregate per Entity with a \$20,000,000 primary aggregate for all program participants in any one policy year. The excess layer provides limits of \$10,000,000 per claim and a \$10,000,000 shared aggregate.
3. Liability coverage provided to Environmental Health Specialist is through the State Torts Claims Act. The State Attorney Generals office will decide if the case qualifies for coverage on a case by case basis.
4. Employees driving personal cars while on County business are required to carry automobile liability insurance with limits of at least \$100,000 per person/\$300,000 per accident for bodily injury, and \$100,000 per accident for property damage or a combined single limit of not less than \$250,000. Under no circumstances shall health department employees transport patients in their personal cars.

All full time medical, nursing, administration and dental staff employed in the WCHHS public health clinic operations are provided with medical liability insurance. The insurance is purchased by the County. Depending upon employee or contract status, certain employees may be insured by individual policies (if purchased by the practitioner) or group coverage. The Health Director, in negotiation with individual practitioners, will determine whether the coverage is to be by individual policy or by group policy. Usually, regular employees are added to the Worksite Resources/Coverys Specialty Insurance policy and contract workers are required to furnish their own insurance. Volunteer workers are covered under the Worksite Resources policy.

POLICY MANUAL I	Prepared by: Business Officer	Manual Section: Advisory Board
Category: 1	Date Revised: June 2026	Subject: Liability Insurance
Other:	Date No Revisions: August 2023	
Date Initiated: 1993	Approved by: Board of Commissioners	Page 2 of 2 pages

CAUSERS\CASEY.ROBERTS\DESKTOP\FINISHED POLICIES\LIABILITY INSURANCE - JUNE 2026 UPDATED.DOC

CATEGORY: POLICY 1, PROCEDURE 2, PROTOCOL 3, STANDING ORDER 4, OTHER ... DEFINE

Medical, nursing staff and dental staff, for these purposes, include a medical director, medical consultants, physicians, physician's assistants, nurse practitioners, public health nurses, laboratory staff, licensed practical nurses, dentists, dental assistants, dental hygienists, nurse aides, community health aides, nutritionists, registered dietitians and clinic support administrative staff.

Approved by Board of Commissioners


Chairperson

Date 8/4/26

Approved by Health Director

Suzanne LeDoyen

Date

DISTRIBUTION:

All WCHHS Staff

Memorandum

To: Wayne County Board of Commissioners
CC: Chip Crumpler, County Manager
From: Ginger Moore, Assistant County Manager
Date: 8/4/2026

The Opioid Working Group met on July 2, 2026, to review applications submitted for Opioid Settlement funding. The group reviewed and discussed the applications and made the following recommendations:

- Day Reporting Center: \$246,000 divided over a three-year period
- Hope Restorations: \$96,886 for one year

NORTH CAROLINA

WAYNE COUNTY

**RESOLUTION #2026- 24 : A RESOLUTION BY THE COUNTY OF WAYNE
TO DIRECT THE EXPENDITURE OF OPIOID SETTLEMENT FUNDS**

WHEREAS Wayne County has joined national settlement agreements with companies engaged in the manufacturing, distribution, and dispensing of opioids, including settlements with drug distributors Cardinal, McKesson, and AmerisourceBergen; drug makers Johnson & Johnson and its subsidiary Janssen Pharmaceuticals, and Purdue Pharma, Mallinckrodt, Insys, Allergan, Endo, and Teva; and pharmacies CVS, Rite Aid, Walgreens, and Walmart;

WHEREAS 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 (“MOA”) and the Supplemental Agreement for Additional Funds from Additional Settlements of Opioid Litigation (“SAAF”);

WHEREAS Wayne County has received Opioid Settlement Funds pursuant to these national settlement agreements and deposited the Opioid Settlement Funds in a separate special revenue fund as required by section D of the MOA;

WHEREAS section E.6 of the MOA states that, before spending opioid settlement funds, the local government’s governing body must adopt a separate resolution that:

- (i) indicates that it is an authorization for expenditure of opioid settlement funds; and,
- (ii) states the specific strategy or strategies the county or municipality intends to fund pursuant to Option A or Option B, using the item letter and/or number in Exhibit A or Exhibit B to identify each funded strategy; and,
- (iii) states the amount dedicated to each strategy for a specific period of time.

NOW, THEREFORE BE IT RESOLVED, in alignment with the NC MOA and SAAF, Wayne County authorizes the expenditure of opioid settlement funds as follows:

- 1. First strategy authorized
 - a. Name of strategy: Recovery Support Services
 - b. Strategy is included in Exhibit A.
 - c. Item letter and/or number in Exhibit A or Exhibit B to the MOA: Number 3 (Exhibit A)
 - d. Amount authorized for this strategy: \$96,886
 - e. Period of time during which expenditure may take place:
Start date: August 15, 2026, through End date: July 31, 2027
 - f. Description of the program, project, or activity: Increase access to evidence-based recovery support, care coordination, and service navigation for individuals with opioid use disorder by strengthening connections to treatment,

harm reduction, housing, healthcare, and employment resources, and will include a dedicated Case Coordinator.

g. Provider: Hope Restorations, Inc.

2. Second strategy authorized

a. Name of strategy: Recovery Support Services

b. Strategy is included in Exhibit A.

c. Item letter and/or number in Exhibit A or Exhibit B to the MOA: Number 3 (Exhibit A)

d. Amount authorized for this strategy: \$246,000 over a three-year period

e. Period of time during which expenditure may take place:

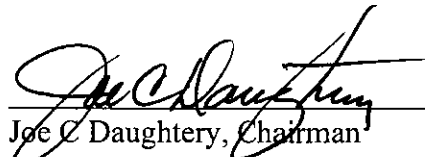
Start date August 15, 2026, through End date July 31, 2028

f. Description of the program, project, or activity: To provide treatment and housing services while adding peer support to improve long-term recovery outcomes for individuals leaving incarceration who cannot access services because of funding limitations.

g. Provider: Day Reporting Center

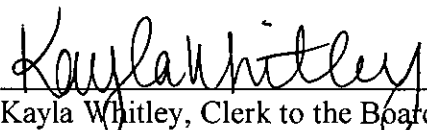
The total dollar amount of Opioid Settlement Funds appropriated across the above-named and authorized strategies is \$342,886.

Adopted this the 4th day of August, 2026.



Joe C. Daughtery, Chairman
Wayne County Board of Commissioners

ATTEST:



Kayla Whitley, Clerk to the Board

Settlement Project Ordinance for the Wayne County Opioid Settlement Funds

BE IT ORDAINED by the County Commissioners of Wayne County, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following settlement project ordinance is hereby adopted:

Section 1: This ordinance is to establish a budget for programs and projects funded by the county's opioid settlement funds. According to a Memorandum of Agreement (NC MOA) executed by the county and State of North Carolina, the opioid settlement funds are legally restricted to certain purposes:

Option A: A county may fund one or more strategies from a shorter list of high-impact strategies to address the epidemic; or

Option B: If the county first undertakes a collaborative strategic planning process it may choose a strategy from the shorter list of Option A strategies or a longer list of strategies included in the national settlements.

Section 2: Pursuant to the NC MOA, the County Commissioners have adopted an Authorizing Resolution that identifies the strategies that the county intends to undertake. The appropriations below are consistent with the programs and projects identified in that Authorizing Resolution.

Section 3: The following amounts are appropriated for each program and/or project and are authorized for expenditure:

Internal Project Code	Project Description	Appropriation of Opioid Settlement Funds	Appropriation of Other County Revenues
OPIOID -4-Day - Recovery - 2025	Temporary supportive housing 07/16/2024 Board Approved	150,000.00	
OPIOID -4-Day - Recovery - 2026	Temp supportive housing & wrap 07/15/2025 Board Approved	150,000.00	
OPIOID - ATS - Treatment - 2025	Evidence Based Addiction Trtmt 07/16/2024 Board Approved	50,000.00	

OPIOID - ATS - Treatment - 2026	Evidence Based Addiction Treat 07/15/2025 Board Approved	75,000.00	
OPIOID - CALM - Recovery - 2025	CALM-Recovery 07/16/2024 Board Approved	50,000.00	
OPIOID - CALM - Recovery - 2026	Recovery Support 07/15/2025 Board Approved	243,000.00	
OPIOID - Cry - Recovery - 2026	Reduction Strategies-Naloxone 07/15/2025 Board Approved	10,000.00	
OPIOID - DRC - Recovery - 2025	Pretrial release supervision 07/16/2024 Board Approved	150,000.00	
OPIOID - ECC - Strategy - 2025	Eastern Carolina Council 06/04/2024 Board Approved	11,000.00	
OPIOID - Health - Recovery - 2025	Reduction strategies 11/19/2024 Board Approved	50,000.00	
OPIOID - Health - Recovery - 2026	Recovery Support 07/15/2025 Board Approved	450,000.00	
OPIOID - Hope - Recovery - 2025	Peer support specialist 07/16/2024 Board Approved	97,988.00	
OPIOID - Hope - Recovery - 2026	Recovery Support 07/15/2025 Board Approved	440,496.00	

OPIOID - Hope Rest - Reentry - 2025	Transition housing, programs 07/16/2024 Board Approved	111,600.00	
OPIOID - Hope Rest - Reentry - 2026	Reentry Programs 07/15/2025 Board Approved	318,000.00	
OPIOID - IMS - Treatment - 2025	Medication Assisted Treatment 06/04/2024 Board Approved	160,617.60	
OPIOID - IMS - Treatment - 2026	MAT Healthcare Provider 07/15/2025 Board Approved	183,040.00	
OPIOID - Sheriff - Medication- 2025	Substance Abuse Meds 06/04/2024 Board Approved	45,000.00	
OPIOID - Sheriff - Treatment - 2025	WCDCSMP 07/16/2024 Board Approved	525,000.00	
OPIOID - WCC - Reentry - 2025	Training & Classes 07/16/2024 Board Approved	180,000.00	
OPIOID - WCPS - Interventi- 2025	Early Identification & Interv 07/16/2024 Board Approved	410,500.00	
OPIOID - WCPS - Interventi- 2026	Early Identification/Intervent 07/15/2025 Board Approved	485,139.00	
OPIOID	Early Intervention 06/04/2024 Board Approved	15,000.00	
OPIOID - Judicial - Recovery - 2026	Recovery Support 12/16/2025 Board Approved	200,000.00	

OPIOID- EMS- PostOsd- 2026	Post-Overdose Response Team 04/21/2026 Board Approved	1,152,847.70	
OPIOID-IMS- TREATMENT- 2027	Medication Assisted Treatment 06/02/2026 Board Approved	161,000.00	
OPIOID-DRC- RECOVERY- 2027	Pretrial release supervision 08/04/2026 Board Approved	\$246,000.00	
OPIOID- Hope Rest- Reentry - 2027	Recovery Support Services 08/04/2026 Board Approved	\$96,886.00	
	TOTAL	\$6,218,114.30	

Section 4: The following revenues are anticipated to be available to complete the program(s) and/or project(s):

Opioid Settlement Funds: \$6,218,114.30
List other revenue sources here by
Major source, if applicable: \$0
Total: \$6,218,114.30

Section 5: The Finance Officer is hereby directed to maintain sufficient specific detailed accounting and other compliance records to satisfy the requirements of the NC MOA and state law.

Section 6: The Finance Officer is hereby directed to report the financial status of the program(s) and/or project(s) to the governing board on a quarterly basis.

Section 7: Copies of this settlement project ordinance shall be furnished to the Budget Officer, the Finance Officer and to the Clerk to County Board.

BY: _____

Board of Commissioners Chair

BY: _____

Finance Director

Journal Proof Report



Journal Number: 8 Year: 2027 Period: 2 Description: Sheriff Reference 1: 60 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$666404.52
BUA	1104310-554000	Capital Outlay-Vehicles			\$666404.52	
BUA	4908100-598000	Transfers to Other Funds			\$666404.52	
BUA	1100000-398400	Transfers from Other Funds-CPF				\$666404.52
Journal 2027/2/8				Total	\$1332809.04	\$1332809.04

Journal Proof Report



Journal Number: 9 Year: 2027 Period: 2 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104311-526200	Non-Capital Computer Equipment			\$2118.79	
BUA	1104311-526100	Office Supplies-NonCaptl FF&E				\$2118.79
Journal 2027/2/9				Total	\$2118.79	\$2118.79

Journal Proof Report



Journal Number: 11 Year: 2027 Period: 2 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
	Formatted Project String					
BUA	1106110-562000	Grant Expenditures			\$140000.00	
	E-X2703 -State -Recurring -Lib Mat					
BUA	1106110-562000	Grant Expenditures			\$54360.00	
	E-X2703 -State -Recurring -NonCapFF&E					
BUA	1106110-562000	Grant Expenditures				\$140000.00
	E-X2601 -State -Recurring -Lib Mat					
BUA	1106110-562000	Grant Expenditures				\$54360.00
	E-X2601 -State -Recurring -NonCapFF&E					
Journal 2027/2/11				Total	\$194360.00	\$194360.00

Journal Proof Report



Journal Number: 12 Year: 2027 Period: 2

Description: Facilities

Reference 1: 53 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$19500.00
BUA	1104260-551000	Capital Outlay-Equipment			\$19500.00	
BUA	4908100-598000	Transfers to Other Funds			\$19500.00	
BUA	1100000-398400	Transfers from Other Funds-CPF				\$19500.00
			Journal 2027/2/12	Total	\$39000.00	\$39000.00

Journal Proof Report



Journal Number: 13 Year: 2027 Period: 2 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104130-575100	Service Charges				\$4500.00
BUA	1104130-535200	Repairs & Maint-Equipment			\$4500.00	
			Journal 2027/2/13	Total	\$4500.00	\$4500.00

Journal Proof Report



Journal Number: 14 Year: 2027 Period: 2 Description: Detention Reference 1: 58 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$79586.65
BUA	1104311-554000-SCAAP	Capital Outlay-Vehicles			\$79586.65	
BUA	4908100-598000	Transfers to Other Funds			\$79586.65	
BUA	1100000-398400	Transfers from Other Funds-CPF				\$79586.65
Journal 2027/2/14				Total	\$159173.30	\$159173.30

Journal Proof Report



Journal Number: 15 Year: 2027 Period: 2 Description: Sheriff Reference 1: 59 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$247157.50
BUA	1104310-551000	Capital Outlay-Equipment			\$247157.50	
BUA	4908100-598000	Transfers to Other Funds			\$247157.50	
BUA	1100000-398400	Transfers from Other Funds-CPF				\$247157.50
			Journal 2027/2/15	Total	\$494315.00	\$494315.00

Journal Proof Report



Journal Number: 17 Year: 2027 Period: 2 Description: Sheriff Reference 1: 55 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
	Formatted Project String					
BUA	1104310-562000	Grant Expenditures			\$319547.00	
	E-X2704 -Federal -GHSP -					
BUA	1104310-335000	Grant Revenues				\$271615.00
	F-X2704 -Federal -GHSP -					
BUA	1100000-399100	Fund Balance Appropriated				\$47932.00
Journal 2027/2/17				Total	\$319547.00	\$319547.00

Journal Proof Report



Journal Number: 10 Year: 2027 Period: 2 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104210-552000	Capital Outlay-Computers				\$27537.30
BUA	1104210-526200	Non-Capital Computer Equipment			\$27537.30	
			Journal 2027/2/10	Total	\$27537.30	\$27537.30

Journal Proof Report



Journal Number: 611 Year: 2027 Period: 1 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104960-562000-StRAP	Grant Expenditures			\$40173.82	
BUA	1104960-562000	Grant Expenditures				\$40173.82
Journal 2027/1/611				Total	\$40173.82	\$40173.82

Journal Proof Report



Journal Number: 1429 Year: 2026 Period: 12 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104150-539100	Filing Fees			\$160.00	
BUA	1104150-539120	Attorney Fees				\$160.00
Journal 2026/12/1429				Total	\$160.00	\$160.00

Journal Proof Report



Journal Number: 612 Year: 2027 Period: 1

Description:

Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315110-526200	Non-Capital Computer Equipment			\$36074.50	
BUA	1315180-526200	Non-Capital Computer Equipment			\$3279.50	
BUA	1315110-532110	Telephone-IT				\$60730.74
BUA	1315117-532110	Telephone-IT				\$879.86
BUA	1315124-532110	Telephone-IT				\$1127.67
BUA	1315153-532110	Telephone-IT				\$3076.01
BUA	1315160-532110	Telephone-IT				\$2416.87
BUA	1315161-532110	Telephone-IT				\$3735.16
BUA	1315162-532110	Telephone-IT				\$2636.58
BUA	1315163-532110	Telephone-IT				\$18162.13
BUA	1315164-532110	Telephone-IT				\$14149.06
BUA	1315167-532110	Telephone-IT				\$11864.63
BUA	1315167-532110	Telephone-IT				\$878.86
BUA	1315180-532110	Telephone-IT				\$9651.24
BUA	1315191-532110	Telephone-IT				\$2197.15
BUA	1315192-532110	Telephone-IT				\$4672.21
BUA	1315193-532110	Telephone-IT				\$3324.82
BUA	1315110-535200	Repairs & Maint-Equipment			\$24656.24	
BUA	1315117-535200	Repairs & Maint-Equipment			\$879.86	
BUA	1315124-535200	Repairs & Maint-Equipment			\$1127.67	
BUA	1315153-535200	Repairs & Maint-Equipment			\$3076.01	
BUA	1315160-535200	Repairs & Maint-Equipment			\$2416.87	
BUA	1315161-535200	Repairs & Maint-Equipment			\$3735.16	
BUA	1315162-535200	Repairs & Maint-Equipment			\$2636.58	

Journal Proof Report



Journal Number: 612 Year: 2027 Period: 1

Description:

Reference 1: Reference 2: Reference 3:

BUA	1315163-535200	Repairs & Maint-Equipment	\$18162.13	
BUA	1315164-535200	Repairs & Maint-Equipment	\$14149.06	
BUA	1315167-535200	Repairs & Maint-Equipment	\$11864.63	
BUA	1315167-535200	Repairs & Maint-Equipment	\$878.86	
BUA	1315180-535200	Repairs & Maint-Equipment	\$6371.74	
BUA	1315191-535200	Repairs & Maint-Equipment	\$2197.15	
BUA	1315192-535200	Repairs & Maint-Equipment	\$4672.21	
BUA	1315193-535200	Repairs & Maint-Equipment	\$3324.82	
			Journal 2027/1/612	Total
				\$139502.99
				\$139502.99

Journal Proof Report



Journal Number: 613 Year: 2027 Period: 1 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	8844200-519000	Professional Services				\$650.00
BUA	8844200-512200	Overtime			\$520.00	
BUA	8844200-518000	Social Security-FICA			\$32.00	
BUA	8844200-518100	Social Security-Medicare			\$10.00	
BUA	8844200-518200	Retirement Contribution			\$77.00	
BUA	8844200-518210	401K Retirement Contribution			\$11.00	
Journal 2027/1/613				Total	\$650.00	\$650.00

Journal Proof Report



Journal Number: 615 Year: 2027 Period: 1

Description: Facilities

Reference 1: 42

Reference 2:

Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$39650.00
BUA	1104260-535100	Repairs & Maint-Buildings				\$980.00
BUA	1104260-559100	Capital Outlay-Road & Pavement			\$40630.00	
BUA	4908100-598000	Transfers to Other Funds			\$39650.00	
BUA	1104260-398400	Transfers from Other Funds-CPF				\$39650.00
Journal 2027/1/615				Total	\$80280.00	\$80280.00

Journal Proof Report



Journal Number: 616 Year: 2027 Period: 1 Description: Facilities Reference 1: 43 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$112017.48
BUA	1104260-551000	Capital Outlay-Equipment			\$112017.48	
BUA	4908100-598000	Transfers to Other Funds			\$112017.48	
BUA	1104260-398400	Transfers from Other Funds-CPF				\$112017.48
Journal 2027/1/616				Total	\$224034.96	\$224034.96

Journal Proof Report



Journal Number: 617 Year: 2027 Period: 1

Description: Facilities

Reference 1: 39

Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$12666.00
BUA	1104260-535100	Repairs & Maint-Buildings				\$584.00
BUA	1104260-551000	Capital Outlay-Equipment			\$13250.00	
BUA	4908100-598000	Transfers to Other Funds			\$12666.00	
BUA	1104260-398400	Transfers from Other Funds-CPF				\$12666.00
Journal 2027/1/617				Total	\$25916.00	\$25916.00

Journal Proof Report



Journal Number: 618 Year: 2027 Period: 1

Description: EMS

Reference 1: 33 Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	4908100-599110	Contingency-Capital Outlay				\$4085.59
BUA	1104370-526100	Office Supplies-NonCaptl FF&E			\$4085.59	
BUA	4908100-598000	Transfers to Other Funds			\$4085.59	
BUA	1100000-398400	Transfers from Other Funds-CPF				\$4085.59
			Journal 2027/1/618	Total	\$8171.18	\$8171.18

Journal Proof Report



Journal Number: 122 Year: 2027 Period: 2

Description:

Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1315153-523100	Program Supplies			\$800.00	
BUA	1315153-549750	Incentive Payments				\$800.00
Journal 2027/2/122				Total	\$800.00	\$800.00

Journal Proof Report



Journal Number: 123 Year: 2027 Period: 2

Description: Finance

Reference 1: 66

Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
Formatted Project String						
BUA	2554328-569910	OPIOID Programs			\$246000.00	
	E-OPIOID -DRC -Recovery -2027					
BUA	2554328-569910	OPIOID Programs			\$96886.00	
	E-OPIOID -Hope Rest -Recovery -2027					
BUA	2554328-383950	Settlement Proceeds				\$342886.00
Journal 2027/2/123				Total	\$342886.00	\$342886.00

Journal Proof Report



Journal Number: 124 Year: 2027 Period: 2

Description: Finance

Reference 1: 52

Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104260-562000	Grant Expenditures			\$211768.38	
BUA	1100000-399100	Fund Balance Appropriated				\$211768.38
Journal 2027/2/124				Total	\$211768.38	\$211768.38

Journal Proof Report



Journal Number: 413 Year: 2027 Period: 2 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	8844200-519000	Professional Services				\$1000.00
BUA	8844200-549100	Dues & Subscriptions			\$1000.00	
Journal 2027/2/413				Total	\$1000.00	\$1000.00

Journal Proof Report



Journal Number: 414 Year: 2027 Period: 2 Description: Reference 1: Reference 2: Reference 3:

Source	Account	Account Description	Line Description	OB	Debit	Credit
BUA	1104370-519300	Professional Services-Medical			\$1280.00	
BUA	1104370-521200	Uniforms				\$1280.00
Journal 2027/2/414				Total	\$1280.00	\$1280.00