Division of Public Health
Agreement Addendum
FY 21-22

Brunswick County Health and Human Services	Epidemiology / Communicable Disease Branch
Local Health Department Legal Name	**DPH Section / Branch Name**
543 ELC Enhancing Detection Activities	Vanessa M. Greene 919-546-1658 vanessa.greene@dhhs.nc.gov
Activity Number and Description	**DPH Program Contact** (name, phone number, and email)
06/01/2021 – 05/31/2022	
Service Period	**DPH Program Signature** **Date** (only required for a negotiable agreement addendum)
07/01/2021 – 06/30/2022	
Payment Period	

☒ **Original Agreement Addendum**
☐ **Agreement Addendum Revision #** ___

I. Background:

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

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

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

II. Purpose:

This Activity provides complementary funding to the Local Health Department in order for it to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical

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

III. Scope of Work and Deliverables:

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

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

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

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

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

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

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

2. Strengthen Community Laboratory Testing

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

   1) Strengthen ability to quickly scale testing as necessary to ensure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner.

   2) Build local capacity for testing of SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.

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

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

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

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

c. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

1) Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders.

2) Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, type will be used to create data visualizations that will be shared with the public, state health department, and community partners.

3. Advance Electronic Data Exchange at Public Health Labs

a. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.

1) Enhance laboratory test ordering and reporting capability.

a) 100% of results must be reported with key demographic variables including age/gender/race via NCCOVID.

b) Report all testing to the state health department using NCCOVID.

4. Improve Surveillance and Reporting of Electronic Health Data

a. Use NCCOVID to ensure complete, up-to-date, automated reporting of morbidity and mortality to NC DPH of COVID-19 and other conditions of public health significance by:

1) Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals without severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.

2) Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zip code level to inform community mitigation strategies.

b. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to NC DPH via NCCOVID

1) At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SAR-CoV-2 including serology testing).

2) Assist NC DPH in the process of automating the receiving of electronic health record (EHR) data, including electronic case reporting (eCR) and fast healthcare interoperability resources (FHIR)-based eCR to generate initial case reports as specified by NC DPH for the reportable disease within 24 hours and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death.

3) Utilize eCR data to ensure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Coordinate and Engage with Partners

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

1) Acquire equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.

2) Support community partners to conduct appropriate specimen collection and/or testing within their jurisdictions.

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

1) Build infection prevention and control and healthcare outbreak response expertise in the LHD.

2) Partner with academic medical centers and schools of public health to develop regional centers for IPC consultation and support services.

IV. <u>Performance Measures/Reporting Requirements</u>:

1. Performance Measures

a. **Performance Measure # 1:** The LHD shall have a COVID-19 Testing Plan to ensure access to COVID-19 testing for all symptomatic persons and for those who have had close contact to a known or suspected case of COVID-19 as defined by the CDC, and for those who request or require testing.

b. **Performance Measure # 2:** Via the NCCOVID, the LHD shall report cases of COVID-19 including deaths within 30 days of receipt of the report to the state disease registrar.

c. **Performance Measure # 3**: Via the outbreak module within NCCOVID and the REDCap cluster/outbreak reporting tool, the LHD shall report COVID-19 activity (decline, no change, and increase) in high-risk healthcare facilities (e.g., nursing homes, dialysis centers, LTCFs) and congregate living settings (e.g., prisons, youth homes, shelters) within 2 days of receiving notification of an outbreak/cluster.

d. **Performance Measure #4**: Using the COVID-19 Community Team Outreach (CCTO) Tool software, the LHD shall report close contacts to COVID-19 for at least 50% of people infected with COVID-19.

e. **Performance Measure #5:** Using the COVID-19 Community Team Outreach (CCTO) Tool software, the LHD shall complete the Final Monitoring Outcome variable for 90% of contacts entered after 14 days.

2. Reporting Requirements

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which can be accessed at https://app.smartsheet.com/b/publish?EQBCT=2a6fdcc2c5da4b39834c3a154e4916cd.

a. The LHD shall complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard. The first financial report is to report for June 2021 and is due by July 22, 2021.

b. The LHD shall complete a **Program Report** each quarter via the Smartsheet dashboard. These quarterly program reports will report on the prior quarter, with the due dates posted on the Smartsheet dashboard. The first program report is to report for April – June 2021 and is due by July 22, 2021. The quarterly periods for these program reports are defined as:

- April – June 2021 *
- July – September 2021
- October – December 2021
- January – March 2022

**April and May 2021 data are from services provided under the Agreement Addendum for state fiscal year 2021.*

c. The LHD shall complete a **COVID-19 Response Plan** via the Smartsheet dashboard. This response plan is to provide information related to the LHD's broader goals and partnerships for COVID-19 preparedness and response. The Smartsheet dashboard will present a series of questions to be answered in a short-answer format, with topics including aspects of testing, contact tracing, vaccination, equity, and preparedness in general. Information about the LHD's COVID-19 Testing Plan will be another topic contained within the COVID-19 Response Plan, and completing the COVID-19 Response Plan will fulfill the requirement listed above in Performance Measure #1.

The LHD will be providing responses for a single COVID-19 Response Plan and this plan will meet the reporting requirements described under the FY22 Agreement Addenda for this Activity 543 and for Activity 716.

The COVID-19 Response Plan will receive DPH oversight from the DPH Branch staff members representing each relevant aspect. Any questions the LHD has should be directed to the DPH Division Director's Office at lhdhealthserviceta@dhhs.nc.gov.

DPH will add the **COVID-19 Response Plan questionnaire** to the Smartsheet dashboard by August 31, 2021. The LHD shall provide its responses no later than September 30, 2021.

V. Performance Monitoring and Quality Assurance:

1. The TATP Nurse Supervisor will review the Local Health Department's program performance through reporting done quarterly by the LHD and by a quarterly review of reports pulled from the NCCOVID, the REDCap cluster/outbreak reporting tool, and the CCTO tool.

2. If the assessment results in compliance concerns, the TATP Nurse Supervisor shall conduct conference calls with the Local Health Department to provide technical assistance in order to rectify the concerns.

VI. Funding Guidelines or Restrictions:

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

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

   b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is

needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

2. As the LHD is a subrecipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) the LHD agrees as applicable to the award, to:
   a. comply with existing and/or future directives and guidance from the HHS Secretary regarding control of the spread of COVID-19;
   b. in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and
   c. assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.
   d. consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the subrecipient is expected to provide to CDC, through DPH, copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

3. In addition to their local procurement rules/policies, the LHD shall comply with the following rules, applying the most restrictive standard where there is a difference between any of the standards:
   a. Federal Uniform Administrative Requirements for Procurement, 45 CFR Part 75 §75.327-335, https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#se45.1.75_1326
      1) Appendix II to Part 75—*Contract Provisions for Non-Federal Entity Contracts Under Federal Awards* may be found here for incorporation into procurement contracts: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#ap45.1.75_1521.ii

4. Unallowable costs:
   a. Research
   b. Clinical Care
   c. Publicity and propaganda (lobbying):
      1) Other than for normal and recognized executive-legislative relationships, no funds may be used for:
         a) publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
         b) the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
      2) See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:

https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

d. All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

FY22 Activity: 543 ELC Enhancing Detection Activities **Supplement 1**

Supplement reason: ☒ In AA+BE or AA+BE Rev –OR– ☐ –

CFDA #: 93.323	Fed awd date: 01/13/21	Is award R&D? no	FAIN: NU50CK000530	Total amount of fed awd: $ 603677156

CFDA name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Fed award project description:	CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)	
		Fed awarding agency:	DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a % %

Subrecipient	Subrecipient DUNS	Fed funds for This **Supplement**	Total of All Fed Funds for This **Activity**
Alamance	965194483	1,357,613	1,756,613
Albemarle	130537822	1,281,824	1,786,498
Alexander	030495105	286,878	286,878
Anson	847163029	50,795	50,795
Appalachian	780131541	483,440	483,440
Beaufort	091567776	365,644	398,146
Bladen	084171628	247,031	410,757
Brunswick	091571349	970,533	970,533
Buncombe	879203560	1,966,436	1,966,436
Burke	883321205	724,702	1,045,123
Cabarrus	143408289	1,733,591	1,915,425
Caldwell	948113402	658,171	755,843
Carteret	058735804	491,825	491,825
Caswell	077846053	120,691	120,691
Catawba	083677138	1,277,858	1,419,771
Chatham	131356607	596,437	960,379
Cherokee	130705072	138,644	138,644
Clay	145058231	89,950	139,796
Cleveland	879924850	784,466	802,255
Columbus	040040016	444,569	478,087
Craven	091564294	818,040	839,607
Cumberland	123914376	2,687,121	2,687,121
Dare	082358631	255,271	255,271
Davidson	077839744	1,342,395	1,348,293
Davie	076526651	329,021	329,021
Duplin	095124798	470,462	956,587
Durham	088564075	2,574,826	3,311,290
Edgecombe	093125375	412,244	477,896
Foothills	782359004	719,660	719,660
Forsyth	105316439	3,061,835	3,415,077
Franklin	084168632	558,113	689,974
Gaston	071062186	1,798,273	2,156,371
Graham	020952383	67,605	67,605
Granville-Vance	063347626	711,460	711,460
Greene	091564591	168,743	249,323
Guilford	071563613	4,302,274	4,791,273
Halifax	014305957	400,535	539,795
Harnett	091565986	1,089,044	1,359,907
Haywood	070620232	456,582	456,582
Henderson	085021470	921,195	921,195
Hoke	091563643	442,374	586,406
Hyde	832526243	16,867	82,799
Iredell	074504507	1,456,100	1,706,352

Subrecipient	Subrecipient DUNS	Fed funds for This **Supplement**	Total of All Fed Funds for This **Activity**
Jackson	019728518	335,455	335,455
Johnston	097599104	1,417,775	1,417,775
Jones	095116935	59,045	126,347
Lee	067439703	494,794	597,753
Lenoir	042789748	423,366	648,946
Lincoln	086869336	689,671	869,762
Macon	070626825	287,190	369,894
Madison	831052873	174,238	262,752
MTW	087204173	783,987	783,987
Mecklenburg	074498353	95,227	95,227
Montgomery	025384603	8,892,940	10,669,002
Moore	050988146	217,631	246,460
Nash	050425677	755,241	1,044,948
New Hanover	040029563	1,871,707	1,871,707
Northampton	097594477	156,041	202,530
Onslow	172663270	1,393,996	1,393,996
Orange	139209659	808,124	808,124
Pamlico	097600456	38,796	105,233
Pender	100955413	491,003	491,003
Person	091563718	236,242	236,242
Pitt	080889694	1,447,579	1,762,971
Polk	079067930	165,980	212,518
Randolph	027873132	1,150,642	1,429,534
Richmond	070621339	359,039	445,281
Robeson	082367871	1,046,187	1,131,923
Rockingham	077847143	728,907	769,225
Rowan	074494014	1,137,995	1,529,284
Sampson	825573975	508,825	724,312
Scotland	091564146	278,901	377,248
Stanly	131060829	502,538	502,538
Stokes	085442705	365,142	374,699
Surry	077821858	572,953	572,953
Swain	146437553	80,113	80,113
Toe River	113345201	279,534	279,534
Transylvania	030494215	275,393	391,967
Union	079051637	1,921,052	2,252,702
Wake	019625961	83,851	83,851
Warren	030239953	122,047	122,047
Wayne	040036170	986,167	1,076,950
Wilkes	067439950	547,918	655,796
Wilson	075585695	655,152	655,152
Yadkin	089910624	301,678	475,725

FY22 Activity: 543 ELC Enhancing Detection Activities **Supplement 2**

Supplement reason: ☒ In AA+BE or AA+BE Rev –OR– ☐ –

CFDA #: 93.323	Fed awd date: 05/19/20	Is award R&D? no	FAIN: NU50CK000530	Total amount of fed awd: $ 188951581

CFDA name:	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Fed award project description:	CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) – Enhancing Detection	
		Fed awarding agency:	DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a % %

Subrecipient	Subrecipient DUNS	Fed funds for This **Supplement**	Total of All Fed Funds for This **Activity**
Alamance	965194483	399,000	1,756,613
Albemarle	130537822	504,674	1,786,498
Alexander	030495105	0	286,878
Anson	847163029	0	50,795
Appalachian	780131541	0	483,440
Beaufort	091567776	32,502	398,146
Bladen	084171628	163,726	410,757
Brunswick	091571349	0	970,533
Buncombe	879203560	0	1,966,436
Burke	883321205	320,421	1,045,123
Cabarrus	143408289	181,834	1,915,425
Caldwell	948113402	97,672	755,843
Carteret	058735804	0	491,825
Caswell	077846053	0	120,691
Catawba	083677138	141,913	1,419,771
Chatham	131356607	363,942	960,379
Cherokee	130705072	0	138,644
Clay	145058231	49,846	139,796
Cleveland	879924850	17,789	802,255
Columbus	040040016	33,518	478,087
Craven	091564294	21,567	839,607
Cumberland	123914376	0	2,687,121
Dare	082358631	0	255,271
Davidson	077839744	5,898	1,348,293
Davie	076526651	0	329,021
Duplin	095124798	486,125	956,587
Durham	088564075	736,464	3,311,290
Edgecombe	093125375	65,652	477,896
Foothills	782359004	0	719,660
Forsyth	105316439	353,242	3,415,077
Franklin	084168632	131,861	689,974
Gaston	071062186	358,098	2,156,371
Graham	020952383	0	67,605
Granville-Vance	063347626	0	711,460
Greene	091564591	80,580	249,323
Guilford	071563613	488,999	4,791,273
Halifax	014305957	139,260	539,795
Harnett	091565986	270,863	1,359,907
Haywood	070620232	0	456,582
Henderson	085021470	0	921,195
Hoke	091563643	144,032	586,406
Hyde	832526243	65,932	82,799
Iredell	074504507	250,252	1,706,352

Subrecipient	Subrecipient DUNS	Fed funds for This **Supplement**	Total of All Fed Funds for This **Activity**
Jackson	019728518	0	335,455
Johnston	097599104	0	1,417,775
Jones	095116935	67,302	126,347
Lee	067439703	102,959	597,753
Lenoir	042789748	225,580	648,946
Lincoln	086869336	180,091	869,762
Macon	070626825	82,704	369,894
Madison	831052873	88,514	262,752
MTW	087204173	0	783,987
Mecklenburg	074498353	0	95,227
Montgomery	025384603	1,776,062	10,669,002
Moore	050988146	28,829	246,460
Nash	050425677	289,707	1,044,948
New Hanover	040029563	0	1,871,707
Northampton	097594477	46,489	202,530
Onslow	172663270	0	1,393,996
Orange	139209659	0	808,124
Pamlico	097600456	66,437	105,233
Pender	100955413	0	491,003
Person	091563718	0	236,242
Pitt	080889694	315,392	1,762,971
Polk	079067930	46,538	212,518
Randolph	027873132	278,892	1,429,534
Richmond	070621339	86,242	445,281
Robeson	082367871	85,736	1,131,923
Rockingham	077847143	40,318	769,225
Rowan	074494014	391,289	1,529,284
Sampson	825573975	215,487	724,312
Scotland	091564146	98,347	377,248
Stanly	131060829	0	502,538
Stokes	085442705	9,557	374,699
Surry	077821858	0	572,953
Swain	146437553	0	80,113
Toe River	113345201	0	279,534
Transylvania	030494215	116,574	391,967
Union	079051637	331,650	2,252,702
Wake	019625961	0	83,851
Warren	030239953	0	122,047
Wayne	040036170	90,783	1,076,950
Wilkes	067439950	107,878	655,796
Wilson	075585695	0	655,152
Yadkin	089910624	174,047	475,725

DPH-Aid-To-Counties For Fiscal Year: 21/22 Budgetary Estimate Number : 1 (BE-0 was voided)

Activity 543 Service Period Payment Period		AA	1173 883A P5 06/01-05/31 07/01-06/30	1175 878A HH 06/01-05/31 07/01-06/30	Proposed Total	New Total
01 Alamance	*	0	1,357,613	399,000	1,756,613	1,756,613
D1 Albemarle	*	0	1,281,824	504,674	1,786,498	1,786,498
02 Alexander	*	0	286,878	0	286,878	286,878
04 Anson	*	0	50,795	0	50,795	50,795
D2 Appalachian	*	0	483,440	0	483,440	483,440
07 Beaufort	*	0	365,644	32,502	398,146	398,146
09 Bladen	*	0	247,031	163,726	410,757	410,757
10 Brunswick	*	0	970,533	0	970,533	970,533
11 Buncombe	*	0	1,966,436	0	1,966,436	1,966,436
12 Burke	*	0	724,702	320,421	1,045,123	1,045,123
13 Cabarrus	*	0	1,733,591	181,834	1,915,425	1,915,425
14 Caldwell	*	0	658,171	97,672	755,843	755,843
16 Carteret	*	0	491,825	0	491,825	491,825
17 Caswell	*	0	120,691	0	120,691	120,691
18 Catawba	*	0	1,277,858	141,913	1,419,771	1,419,771
19 Chatham	*	0	596,437	363,942	960,379	960,379
20 Cherokee	*	0	138,644	0	138,644	138,644
22 Clay	*	0	89,950	49,846	139,796	139,796
23 Cleveland	*	0	784,466	17,789	802,255	802,255
24 Columbus	*	0	444,569	33,518	478,087	478,087
25 Craven	*	0	818,040	21,567	839,607	839,607
26 Cumberland	*	0	2,687,121	0	2,687,121	2,687,121
28 Dare	*	0	255,271	0	255,271	255,271
29 Davidson	*	0	1,342,395	5,898	1,348,293	1,348,293
30 Davie	*	0	329,021	0	329,021	329,021
31 Duplin	*	0	470,462	486,125	956,587	956,587
32 Durham	*	0	2,574,826	736,464	3,311,290	3,311,290
33 Edgecombe	*	0	412,244	65,652	477,896	477,896
D7 Foothills	*	0	719,660	0	719,660	719,660
34 Forsyth	*	0	3,061,835	353,242	3,415,077	3,415,077
35 Franklin	*	0	558,113	131,861	689,974	689,974
36 Gaston	*	0	1,798,273	358,098	2,156,371	2,156,371
38 Graham	*	0	67,605	0	67,605	67,605
D3 Gran-Vance	*	0	711,460	0	711,460	711,460
40 Greene	*	0	168,743	80,580	249,323	249,323
41 Guilford	*	0	4,302,274	488,999	4,791,273	4,791,273
42 Halifax	*	0	400,535	139,260	539,795	539,795
43 Harnett	*	0	1,089,044	270,863	1,359,907	1,359,907
44 Haywood	*	0	456,582	0	456,582	456,582
45 Henderson	*	0	921,195	0	921,195	921,195
46 Hertford			0	0	0	0
47 Hoke	*	0	442,374	144,032	586,406	586,406
48 Hyde	*	0	16,867	65,932	82,799	82,799
49 Iredell	*	0	1,456,100	250,252	1,706,352	1,706,352
50 Jackson	*	0	335,455	0	335,455	335,455

51 Johnston	*	0	1,417,775	0	1,417,775	1,417,775
52 Jones	*	0	59,045	67,302	126,347	126,347
53 Lee	*	0	494,794	102,959	597,753	597,753
54 Lenoir	*	0	423,366	225,580	648,946	648,946
55 Lincoln	*	0	689,671	180,091	869,762	869,762
56 Macon	*	0	287,190	82,704	369,894	369,894
57 Madison	*	0	174,238	88,514	262,752	262,752
D4 M-T-W	*	0	783,987	0	783,987	783,987
60 Mecklenburg	*	0	95,227	0	95,227	95,227
62 Montgomery	*	0	8,892,940	1,776,062	10,669,002	10,669,002
63 Moore	*	0	217,631	28,829	246,460	246,460
64 Nash	*	0	755,241	289,707	1,044,948	1,044,948
65 New Hanover	*	0	1,871,707	0	1,871,707	1,871,707
66 Northampton	*	0	156,041	46,489	202,530	202,530
67 Onslow	*	0	1,393,996	0	1,393,996	1,393,996
68 Orange	*	0	808,124	0	808,124	808,124
69 Pamlico	*	0	38,796	66,437	105,233	105,233
71 Pender	*	0	491,003	0	491,003	491,003
73 Person	*	0	236,242	0	236,242	236,242
74 Pitt	*	0	1,447,579	315,392	1,762,971	1,762,971
75 Polk	*	0	165,980	46,538	212,518	212,518
76 Randolph	*	0	1,150,642	278,892	1,429,534	1,429,534
77 Richmond	*	0	359,039	86,242	445,281	445,281
78 Robeson	*	0	1,046,187	85,736	1,131,923	1,131,923
79 Rockingham	*	0	728,907	40,318	769,225	769,225
80 Rowan	*	0	1,137,995	391,289	1,529,284	1,529,284
D5 R-P-M			0	0	0	0
82 Sampson	*	0	508,825	215,487	724,312	724,312
83 Scotland	*	0	278,901	98,347	377,248	377,248
84 Stanly	*	0	502,538	0	502,538	502,538
85 Stokes	*	0	365,142	9,557	374,699	374,699
86 Surry	*	0	572,953	0	572,953	572,953
87 Swain	*	0	80,113	0	80,113	80,113
D6 Toe River	*	0	279,534	0	279,534	279,534
88 Transylvania	*	0	275,393	116,574	391,967	391,967
90 Union	*	0	1,921,052	331,650	2,252,702	2,252,702
92 Wake	*	0	83,851	0	83,851	83,851
93 Warren	*	0	122,047	0	122,047	122,047
96 Wayne	*	0	986,167	90,783	1,076,950	1,076,950
97 Wilkes	*	0	547,918	107,878	655,796	655,796
98 Wilson	*	0	655,152	0	655,152	655,152
99 Yadkin	*	0	301,678	174,047	475,725	475,725
Totals			72,271,200	11,249,066	83,520,266	83,520,266

Sign and Date - DPH Program Administrator	Sign and Date - DPH Section Chief
6-24-21	06.24.21
Sign and Date - DPH Contracts Office	**Sign and Date - DPH Budget Officer**
Gremeko Stuart 6/24/2021	6/25/2021

06/24/2021