

Division of Public Health

Agreement Addendum

FY 21-22

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Brunswick County Health and Human Services

Local Health Department Legal Name

716 CDC COVID-19 Vaccination Program

Activity Number and Description

06/01/2021 – 05/31/2022

Service Period

07/01/2021 – 06/30/2022

Payment Period

☒ **Original Agreement Addendum**

☐ **Agreement Addendum Revision #** _____

Women's and Children's Health Section /
Immunization Branch

DPH Section / Branch Name

Richard Carney, 919-707-5554

richard.carney@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

Date

(only required for a negotiable agreement addendum)

I. **Background:**

As part of the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260) and the American Rescue Plan Act of 2021 (P.L. 117-2), North Carolina received supplemental funding to assist the local health departments with coronavirus vaccine activities to support broad-based distribution, access, and vaccine coverage. Specifically, this supplement funding will be used to ensure greater equity and access to the COVID-19 vaccine by those disproportionately affected by COVID-19.

Local health departments are to focus on the work of removing barriers and expanding their COVID-19 vaccination programs. The maintenance of on-site, satellite, temporary or off-site COVID-19 vaccination clinics must adhere to cold-chain procedures in accordance with the vaccine manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. Priority must be given to activities focused on the hard-to-reach, high-risk, underserved populations and increasing vaccine confidence to increase community vaccine coverage. Vaccine hesitancy is a complex matter that involves various factors, such as confidence, complacency, and convenience.

II. **Purpose:**

The Local Health Department (LHD) is to continue activities that focus on removing the barriers to accessing vaccine, increasing vaccine confidence, coordinating COVID-19 vaccine services, and expanding its COVID-19 vaccination program, with an emphasis on reaching high-risk and underserved populations, including racial and ethnic minorities, and all others disproportionately affected by COVID-19.

Health Director Signature

(use blue ink)

Date

Local Health Department to complete:

(If follow-up information is needed by DPH)

LHD program contact name: _____

Phone number with area code: _____

Email address: _____

Signature on this page signifies you have read and accepted all pages of this document.

Revised July 2019

To reduce the spread of the SARS-CoV-2 virus and its variants, and bring an end to this pandemic, we need to vaccinate as many people as possible, as soon as possible. Planning and response require close collaboration among public and private sector partners, public health emergency response and emergency management, healthcare organizations, and healthcare industry groups within the community. A key component is community sustainability so that the LHD is prepared for a possible COVID-19 booster vaccination program and is prepared to implement influenza vaccination both seasonally and as part of pandemic preparedness.

III. **Scope of Work and Deliverables:**

The LHD shall:

1. Vaccinate eligible populations according to the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure designated staff are trained on:
 - a. COVID-19 vaccine management
 - b. storage and handling procedures
 - c. vaccine preparation
 - d. administration
 - e. proper procedures for facilitating vaccine transfers between providers, and
 - f. reporting requirements as required by NC DHHS/DPH and the CDC
3. Identify community vaccination providers (e.g., pharmacies, occupational health settings, doctors' offices) to combine efforts and implement strategies to vaccinate eligible populations with a focus on vaccine hesitant populations.
4. Conduct vaccination clinics that are open to the public. These clinics may be provisionally located at walk-through sites (churches, community centers, outdoor tents) or other settings such as mobile, curbside, or drive-through sites.
5. Ensure safe implementation of on-site, satellite, temporary, off-site, or other alternative vaccination clinics. Follow CDC guidance for planning vaccination clinics that includes clinical considerations such as social distancing, responding to medical emergencies, vaccine storage, handling, administration, and documentation (<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/>). Large-scale clinics, such as those held in arenas or stadiums require added logistical and technical considerations. Partners may need to be engaged to accomplish aspects of the local plan, such as National Guard, local law enforcement, local emergency management, local hospitals, and pharmacies.
6. Adjust clinic plans to accommodate a variety of scenarios due to vaccine hesitancy and no-show rates. Vaccine hesitancy includes many factors such as a lack of vaccine confidence, complacency about the virus, and the inconvenience of obtaining a vaccine. Focus activities to establish and build trust among hard-to-reach, high-risk, and underserved populations.
7. Educate the public and community at large on the benefits of receiving the COVID-19 vaccine and disseminate standardized information to the public and providers within the LHD's county or district. Foster trust in conversations with the public to address specific topics on vaccine hesitancy. Enhance existing community partnerships to assist in vaccination promotion. These partnerships may include a variety of community and faith-based organizations to reach hesitant at-risk populations, such as churches, barber shops, community health centers, refugee serving organizations, homeless shelters, jails/prisons, factories such as meat processing plants, other essential businesses, and migrant farms.

8. Estimate the resources needed to support COVID-19 vaccine administration and outreach activities and hire or reassign staff additional personnel to support these functions.
9. Procure supplies for the vaccination clinics, as needed. Examples of supplies to obtain include those items necessary to protect both staff and patients from COVID-19, such as:
 - a. hand sanitizer with at least 60% alcohol for hand hygiene
 - b. clinic sanitizing wipes and cleaning tools to allow for frequent cleaning of the clinic area
 - c. mask/face coverings for patients who do not have a mask
 - d. signage, tape, ropes, and cones for clinic workflow to encourage physical distancing and efficient one-way flow through the vaccination process
 - e. thermometers for checking each patient's temperature before entering the clinic
10. Store vaccine in proper vaccine storage equipment (e.g., refrigerators, freezers, portable storage units), and use CDC-approved digital data loggers for temperature monitoring of vaccine storage and handling units used for COVID-19 vaccine.
11. Follow relevant CDC vaccine transport requirements to prepare COVID-19 vaccines for transport from the LHD to off-site clinics. COVID-19 vaccine products are temperature-sensitive and must be stored and handled correctly to ensure efficacy and maximize shelf life. Proper storage and handling practices are critical to minimize vaccine loss and limit the risk of administering COVID-19 vaccine with reduced effectiveness.
12. Follow CDC's and COVID-19 vaccine manufacturer's cold chain storage and handling requirements.
13. **Complete Attachments A and B with the signed Agreement Addendum:**
 - a. Attachment A
Budget Statement for the FY 2021-2022 Planned Use of Federal COVID-19 Vaccination Funds. It should list the expected expenses by category, including the dollar amount and a brief justification. This Budget Statement is not required if the LHD is not receiving funds under this Agreement Addendum.
 - b. Attachment B
Services Statement for the FY 2021-2022 Planned Use of Federal COVID-19 Vaccination Funds. It should:
 - 1) Explain, in detail, how this funding will be used to develop and implement local solutions to plan and implement on-site, satellite, temporary, or off-site vaccination COVID-19 vaccination clinics. If the LHD is not receiving funds under this Agreement Addendum, the LHD shall write "No funds received under this Agreement Addendum" for its response to Attachment B's item 1.
 - 2) Include information on how the LHD implements its COVID-19 immunization services within the community.
 - 3) State how the COVID-19 vaccination services are adapted both to include those populations at an increased risk of complications from COVID-19. Examples include:
 - a) Mobile vaccine clinics that travel to hard-to-reach communities and alternative locations to provide vaccines
 - b) Drive-through or curbside vaccination clinics
 - c) Pop-up clinics at various community settings, such as COVID-19 testing sites, school nutrition sites, construction sites, migrant farm worksites, processing plants, churches, parking lots

- d) Immunization clinics to reach jails, homeless shelters, or other community organizations.
- 4) Include a description of enhanced outreach activities for the hard-to-reach, high-risk, underserved populations, increasing vaccine confidence and how community partners are to be included in the outreach.

IV. **Performance Measures/Reporting Requirements:**

1. Report vaccine administration data on all vaccine recipients via the CVMS or other designated system as directed by the CDC COVID-19 Vaccination Program Agreement.
2. Track and report COVID-19 vaccine transfers and vaccine wastage/spoilage occurrences according to the NC DHHS/DPH guidelines.
3. Ensure designated staff receive training on COVID-19 vaccine administration, management, inventory, and reporting requirements as required by CDC and NC DHHS/DPH.
4. 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. Monthly Financial Reports are **not** required if the LHD is not receiving funds under this Agreement Addendum.
5. 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.*

V. **Performance Monitoring and Quality Assurance:**

1. The Immunization Branch will monitor this Activity through review of reports, vaccine immunization data, and reporting data in CVMS or other designated reporting mechanism. Technical consultation to support LHDs in meeting these objectives will be provided as needed.
2. The Immunization Branch will monitor the LHD via either an in-person visit or a virtual visit.
3. If a CAP is needed, the LHD program monitor shall make every effort to work with the LHD on strategies to resolve issues and follow corrective action plans. If the plans are not followed and the LHD remains out of compliance after intervention and resources from DPH, the Agreement Addendum may be terminated, or funding may be reduced.

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. The LHD must submit its planned expenditures by completing the Attachment A, Budget Statement, which is to include the dollar amount and a budget justification statement for each budget category. This Budget Statement is **not** required if the LHD is not receiving funds under this Agreement Addendum.

Attachment A**Budget Statement — FY 2021-2022 Planned Use of Federal COVID-19 Vaccination Funds**

Provide this Budget Statement to assist with preparing anticipated expenditures for reporting that follow federal grants policies and CDC award requirements based on allowable expenditures. Return this completed Attachment A with the signed Agreement Addendum. This Budget Statement is **not** required if the LHD is not receiving funds under this Agreement Addendum.

Instructions: Include list of expected expenses related to enhance COVID-19 vaccination coverage activities, including the dollar amount and a brief justification.

Object Class Category / Expenses Funding Codes COVID-19 Vaccination Program: 1331-629B-4Q	Amount	Budget Item Justification Statement
Personnel (Salary / Wages)		
Fringe		
Travel		
Equipment		
Supplies		
Other / Miscellaneous		

Attachment B

Services Statement — FY 2021-2022 Planned Use of Federal COVID-19 Vaccination Funds

Provide this Services Statement to assist with preparing anticipated expenditures for reporting that follow federal grants policies and CDC award requirements based on allowable expenditures. Return this completed Attachment B with the signed Agreement Addendum. Use additional pages as needed.

1. Explain, in detail, how this funding will be used to develop and implement local solutions to plan and implement on-site, satellite, temporary, or off-site vaccination COVID-19 vaccination clinics.
2. Include information on how the LHD implements its COVID-19 immunization services within the community.
3. State how the COVID-19 vaccination services are adapted both to include those populations at an increased risk of complications from COVID-19. Examples include:
 - a. Mobile vaccine clinics that travel to hard-to-reach communities and alternative locations to provide vaccines.
 - b. Drive-through or curbside vaccination clinics
 - c. Pop-up clinics at various community settings, such as COVID-19 testing sites, school nutrition sites, construction sites, migrant farm worksites, processing plants, churches, parking lots
 - d. Immunization clinics to reach jails, homeless shelters, or other community organizations.
4. Include a description of enhanced outreach activities for the hard-to-reach, high-risk, underserved populations, increasing vaccine confidence and how community partners are to be included in the outreach.

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

CFDA #: 93.268 Fed awd date: 1/15/21 Is award R&D? no FAIN: NH23IP922624 Total amount of fed awd: \$ 94768784

CFDA name: 93.268 Immunization Cooperative Agreements

Fed award project description: CDC-RFA-IP19-1901 Immunization and Vaccines for Children Grant Amendment Supplement Action:

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	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	0	0	Jackson	019728518	143537	143537
Albemarle	130537822	679040	754040	Johnston	097599104	226867	226867
Alexander	030495105	166	166	Jones	095116935	61133	61133
Anson	847163029	107201	107201	Lee	067439703	156124	156124
Appalachian	780131541	133019	133019	Lenoir	042789748	213215	213215
Beaufort	091567776	135648	135648	Lincoln	086869336	143184	143184
Bladen	084171628	138853	138853	Macon	070626825	154089	154089
Brunswick	091571349	167874	167874	Madison	831052873	88587	88587
Buncombe	879203560	590477	665477	MTW	087204173	73866	73866
Burke	883321205	170237	170237	Mecklenburg	074498353	2237476	2237476
Cabarrus	143408289	488994	488994	Montgomery	025384603	99095	99095
Caldwell	948113402	231599	231599	Moore	050988146	83270	83270
Carteret	058735804	109386	109386	Nash	050425677	261075	261075
Caswell	077846053	69041	69041	New Hanover	040029563	0	0
Catawba	083677138	111988	186988	Northampton	097594477	29644	29644
Chatham	131356607	74628	74628	Onslow	172663270	482308	482308
Cherokee	130705072	19900	19900	Orange	139209659	0	0
Clay	145058231	60363	60363	Pamlico	097600456	42292	42292
Cleveland	879924850	82905	82905	Pender	100955413	0	0
Columbus	040040016	138952	138952	Person	091563718	0	0
Craven	091564294	64257	64257	Pitt	080889694	240254	240254
Cumberland	123914376	0	75000	Polk	079067930	15160	15160
Dare	082358631	0	0	Randolph	027873132	14013	14013
Davidson	077839744	467436	467436	Richmond	070621339	165757	165757
Davie	076526651	70794	70794	Robeson	082367871	0	0
Duplin	095124798	72574	72574	Rockingham	077847143	518	518
Durham	088564075	733355	808355	Rowan	074494014	427187	427187
Edgecombe	093125375	0	0	Sampson	825573975	103169	103169
Foothills	782359004	121950	121950	Scotland	091564146	101708	101708
Forsyth	105316439	1017889	1092889	Stanly	131060829	0	0
Franklin	084168632	14069	14069	Stokes	085442705	143558	143558
Gaston	071062186	508854	508854	Surry	077821858	420	420
Graham	020952383	1170	1170	Swain	146437553	106378	106378
Granville-Vance	063347626	340819	415819	Toe River	113345201	340316	340316
Greene	091564591	100910	100910	Transylvania	030494215	91325	91325
Guilford	071563613	814665	814665	Union	079051637	392234	392234
Halifax	014305957	0	0	Wake	019625961	209385	284385
Harnett	091565986	259538	259538	Warren	030239953	0	0
Haywood	070620232	56807	56807	Wayne	040036170	98158	98158
Henderson	085021470	122061	197061	Wilkes	067439950	225222	225222
Hoke	091563643	88124	88124	Wilson	075585695	91640	91640
Hyde	832526243	83094	83094	Yadkin	089910624	165493	165493
Iredell	074504507	452200	452200				

DPH-Aid-To-Counties

For Fiscal Year: 21/22

Budgetary Estimate Number : 1

Activity 716	AA	1331 6220 P7	1331 6220 P7	1331 629B 4Q	1331 639B P7	Proposed Total	New Total
Service Period		06/01-05/31	06/01-05/31	06/01-05/31	06/01-05/31		
Payment Period		07/01-06/30	07/01-06/30	07/01-06/30	07/01-06/30		
01 Alamance	* 1	0	0	0	0	0	0
D1 Albemarle	* 2	0	0	0	679,040	679,040	754,040
02 Alexander	* 1	0	0	0	166	166	166
04 Anson	* 1	0	0	0	107,201	107,201	107,201
D2 Appalachian	* 1	0	0	0	133,019	133,019	133,019
07 Beaufort	* 1	0	0	2,050	133,598	135,648	135,648
09 Bladen	* 1	0	0	10,666	128,187	138,853	138,853
10 Brunswick	* 1	0	0	0	167,874	167,874	167,874
11 Buncombe	* 2	0	0	0	590,477	590,477	665,477
12 Burke	* 1	0	0	0	170,237	170,237	170,237
13 Cabarrus	* 1	0	0	3,861	485,133	488,994	488,994
14 Caldwell	* 1	0	0	0	231,599	231,599	231,599
16 Carteret	* 1	0	0	0	109,386	109,386	109,386
17 Caswell	* 1	0	0	0	69,041	69,041	69,041
18 Catawba	* 2	0	0	0	111,988	111,988	186,988
19 Chatham	* 1	0	0	9,383	65,245	74,628	74,628
20 Cherokee	* 1	0	0	0	19,900	19,900	19,900
22 Clay	* 1	0	0	0	60,363	60,363	60,363
23 Cleveland	* 1	0	0	0	82,905	82,905	82,905
24 Columbus	* 1	0	0	0	138,952	138,952	138,952
25 Craven	* 1	0	0	0	64,257	64,257	64,257
26 Cumberland	* 2	0	0	0	0	0	75,000
28 Dare	* 1	0	0	0	0	0	0
29 Davidson	* 1	0	0	37,214	430,222	467,436	467,436
30 Davie	* 1	0	0	0	70,794	70,794	70,794
31 Duplin	* 1	0	0	0	72,574	72,574	72,574
32 Durham	* 2	0	0	0	733,355	733,355	808,355
33 Edgecombe	* 1	0	0	0	0	0	0
D7 Foothills	* 1	0	0	0	121,950	121,950	121,950
34 Forsyth	* 2	0	0	116,687	901,202	1,017,889	1,092,889
35 Franklin	* 1	0	0	0	14,069	14,069	14,069
36 Gaston	* 1	0	0	0	508,854	508,854	508,854
38 Graham	* 1	0	0	0	1,170	1,170	1,170
D3 Gran-Vance	* 2	0	0	0	340,819	340,819	415,819
40 Greene	* 1	0	0	10,007	90,903	100,910	100,910
41 Guilford	* 1	0	0	0	814,665	814,665	814,665
42 Halifax	* 1	0	0	0	0	0	0
43 Harnett	* 1	0	0	0	259,538	259,538	259,538
44 Haywood	* 1	0	0	0	56,807	56,807	56,807
45 Henderson	* 2	0	0	0	122,061	122,061	197,061
46 Hertford	* 1	0	0	0	0	0	0
47 Hoke	* 1	0	0	0	88,124	88,124	88,124
48 Hyde	* 1	0	0	21,336	61,758	83,094	83,094
49 Iredell	* 1	0	0	0	452,200	452,200	452,200

50 Jackson	*	1	0	0	0	143,537	143,537	143,537
51 Johnston	*	1	0	0	0	226,867	226,867	226,867
52 Jones	*	1	0	0	0	61,133	61,133	61,133
53 Lee	*	1	0	0	0	156,124	156,124	156,124
54 Lenoir	*	1	0	0	34,608	178,607	213,215	213,215
55 Lincoln	*	1	0	0	0	143,184	143,184	143,184
56 Macon	*	1	0	0	22,429	131,660	154,089	154,089
57 Madison	*	1	0	0	0	88,587	88,587	88,587
D4 M-T-W	*	1	0	0	2,193	71,673	73,866	73,866
60 Mecklenburg	*	1	0	0	0	2,237,476	2,237,476	2,237,476
62 Montgomery	*	1	0	0	7,097	91,998 (PN) 99,095	99,095	99,095
63 Moore	*	1	0	0	0	83,270	83,270	83,270
64 Nash	*	1	0	0	0	261,075	261,075	261,075
65 New Hanover	*	1	0	0	0	0	0	0
66 Northampton	*	1	0	0	0	29,644	29,644	29,644
67 Onslow	*	1	0	0	0	482,308	482,308	482,308
68 Orange	*	1	0	0	0	0	0	0
69 Pamlico	*	1	0	0	0	42,292	42,292	42,292
71 Pender	*	1	0	0	0	0	0	0
73 Person	*	1	0	0	0	0	0	0
74 Pitt	*	1	0	0	0	240,254	240,254	240,254
75 Polk	*	1	0	0	0	15,160	15,160	15,160
76 Randolph	*	1	0	0	0	14,013	14,013	14,013
77 Richmond	*	1	0	0	13,518	152,239	165,757	165,757
78 Robeson	*	1	0	0	0	0	0	0
79 Rockingham	*	1	0	0	0	518	518	518
80 Rowan	*	1	0	0	56,434	370,753	427,187	427,187
D5 R-P-M	*	1	0	0	0	0	0	0
82 Sampson	*	1	0	0	0	103,169	103,169	103,169
83 Scotland	*	1	0	0	0	101,708	101,708	101,708
84 Stanly	*	1	0	0	0	0	0	0
85 Stokes	*	1	0	0	0	143,558	143,558	143,558
86 Surry	*	1	0	0	0	420	420	420
87 Swain	*	1	0	0	23,711	82,667	106,378	106,378
D6 Toe River	*	1	0	0	73,293	267,023	340,316	340,316
88 Transylvania	*	1	0	0	0	91,325	91,325	91,325
90 Union	*	1	0	0	0	392,234	392,234	392,234
92 Wake	*	2	0	0	0	209,385	209,385	284,385
93 Warren	*	1	0	0	0	0	0	0
96 Wayne	*	1	0	0	0	98,158	98,158	98,158
97 Wilkes	*	1	0	0	17,080	208,142	225,222	225,222
98 Wilson	*	1	0	0	0	91,640	91,640	91,640
99 Yadkin	*	1	0	0	29,313	20,312 (PN) 136,180 (PN) 20,312 (PN) 20,312	20,312 (PN) 20,312	20,312
Totals			0	0	490,879	15,701,424	16,192,303	16,867,303

91,998 99,095 (PN)

7/16/2021

165,493 (PN) 7/16/202

Sign and Date - DPH Program Administrator

Gary Walker

Sign and Date - DPH Section Chief

Sarah B Dozier

Sign and Date - DPH Contracts Office

Gregorio Stuart 7/8/2021

Sign and Date - DPH Budget Officer

Patricia 7/16/2021