

**BRUNSWICK COUNTY BOARD OF COMMISSIONERS
REGULAR MEETING AGENDA**

**August 3, 2020
3:00 PM**

I. Call to Order

II. Invocation/Pledge of Allegiance

III. Adjustments/Approval of Agenda

IV. Public Comments

V. Approval of Consent Agenda

1. Administration - Coronavirus Relief Funds and Municipality Grant
Request that the Board of Commissioners approve the Round 2 of the allotted Coronavirus Relief Fund (CRF) and initiate a grant to provide COVID-19 assistance to the Municipalities per SL 2020-80.
2. Administration - Payment for Perpetual Property Easement
Request that the Board of Commissioners consider transferring funds from the general fund to the water utility enterprise fund to pay the water capital recovery and transmission fees of \$2,304.00 for a resident that granted a perpetual easement to the County for the placement of the wastewater system drain field for Waccamaw Park.
3. Administration - Surplus Property Offers for Upset Bid Process
Request that the Board of Commissioners accept, subject to the upset bid process, offers that have been submitted for surplus parcels that meet the value parameters previously established by the Board.
4. Board Appointment - Nursing Home & Adult Care Home Community Advisory Committee - At Large
Request that the Board of Commissioners reappoint Ms. Mary Dugan to the Nursing Home & Adult Care Home Community Advisory Committee for a 3-year term expiring August 5, 2023.
5. Board of Elections - 2020 CARES Act & 2020 HAVA Funds - Election Administration Preparedness for 2020 Federal Elections
Request Board of Commissioners accept 2020 CARES ACT Funds sub-grant award in the amount of \$140,594 and 2020 HAVA Funds sub-grant award on reimbursement basis of a minimum of \$10,000 and up to \$250,000 in support of the 2020 Federal Elections and to grant authority to County Manager and Director of Board of Elections Director to sign and acknowledge required grant documentation.
6. Clerk to the Board - Meeting Minutes
Request that the Board of Commissioners approve the draft minutes from the July 6, 2020 Regular Meeting.
7. County Attorney - Campbells Ridge Phase 2 Deed of Dedication
Request that the Board of Commissioners consider accepting the Deed of Dedication for water only infrastructure in Campbells Ridge, Phase 2.
8. County Attorney - Sunset Ridge, Phase 5, Section 3 Deed of Dedication
Request that the Board of Commissioners consider accepting the Deed of Dedication for water and sewer infrastructure in Sunset Ridge, Phase 5, Section 3.
9. County Attorney - The Retreat at Ocean Isle Beach, Sec 2, Phase 7 Deed of Dedication

Request that the Board of Commissioners consider accepting the Deed of Dedication for water and sewer infrastructure in The Retreat at Ocean Isle Beach, Section 2, Phase 7.

10. Finance - Fiscal Items

Request that the Board of Commissioners approve Budget Amendments, Capital Project Ordinances and Fiscal Items of a routine nature on the consent agenda.

-Shallotte Transmission Main Budget Amendment and CPO

Transfer from the reserve for Shallotte Transmission Main \$150,000 to the project 418288 for easements and appraisals.

- WIC Special Funding Opportunity Phase 2 (COVID-19)

Request that the Board of Commissioners approve the WIC Special Funding Opportunity, Phase 2 in the amount of \$19,073 and authorize staff to execute purchasing to complete grant requirements. The Nutrition Services Branch was recently offered the second of two time-limited funding opportunities for Special Projects this federal fiscal year (FFY), which ends September 30, 2020. This first opportunity was awarded in May to address barriers related to COVID-19 (staffing, equipment, etc.). The second phase is for outreach/programs, clinic enhancements and equipment purchase to enhance client services and will require more extensive planning and multiple bids (renovations, outreach strategies, etc. Phase 2 funding will be available from June 1 – September 30, 2020.

-WIC Client Services Additional State Funding Budget Amendment

Appropriate \$7,986 of additional state funding for increased client caseload.

-Ash Waccamaw Multiuse Building Budget Amendment and CPO

Transfer \$5,800 from county capital reserve to the Ash Waccamaw Multiuse Building for the necessary site geotechnical services.

11. Finance - Provisions of Executive Order 124, as modified by Executive Order 142

Request that the Board of Commissioners approve and receive information pertaining to the expiration of Executive Order 124/142 to provide relief to residential customers who incur a delinquency from March 31 through July 29, 2020.

12. Health and Human Services - Health - 2019 Community Health Assessment

Request that the Board of Commissioners review the 2019 Community Health Assessment.

13. Health and Human Services - Sheltering Agreement with Brunswick County Schools - FY 20-21

Request that the Board of Commissioners approve the sheltering agreement between Brunswick County and Brunswick County Schools (BCS).

14. Health and Human Services - Social Services - SpeakWrite, LLC Services Agreement

Request that the Board of Commissioners approve the services agreement with SpeakWrite, LLC to provide case transcription services to Brunswick County social workers.

15. Human Resources - Special Separation Allowance for Detention Officers Policy

Request that the Board of Commissioners adopt the Special Separation Allowance for Detention Officers Policy retro-active to July 1, 2020.

16. Operation Services - Emergency Watershed Protection Program (Stephanie Lewis)

Request that the Board of Commissioners approve the USDA NRCS grant and agreement and North Carolina Department of Agriculture and Consumer Services - Division of Soil and Water Conservation contract to address watershed impairments due to Hurricane Florence, authorize the County Manager to sign associated documents, and approve a resolution exempting engineering and design services for several projects included in the USDA NRCS Emergency Watershed Protection Services project.

17. Operation Services - Resolution Exempting Engineering and Design Services for Fuel Site Upgrades

Request that the Board of Commissioners approve a resolution exempting procurement of surveying, engineering and design services for upgrades to the Brunswick County Government Center Fuel Site and the Leland Fuel Site.

18. Tax Administration - Order of Collection

Request that the Brunswick County Board of Commissioners adopt and charge the Tax Collector and enter into the minutes an order to collect the taxes charged in the tax records and receipts.

19. Utilities - Water and Wastewater Treatment Chemicals (Donald Dixon, Deputy Director-Wastewater Operations)

Request that the Board of Commissioners approve responsive, responsible low bids for the FY 21 Water and Wastewater Treatment Chemicals and request to grant County Manager to execute contracts subject to terms and conditions as approved by County Attorney.

VI. Other Business/Informal Discussion

VII. Adjournment



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 1.

From:
Randell Woodruff

Administration - Coronavirus Relief Funds and Municipality Grant

Issue/Action Requested:

Request that the Board of Commissioners approve the Round 2 of the allotted Coronavirus Relief Fund (CRF) and initiate a grant to provide COVID-19 assistance to the Municipalities per SL 2020-80.

Background/Purpose of Request:

Brunswick County's Local Government Coronavirus Relief Fund ("CRF") allocation is \$5,345,571. Round 1 has been received in the amount of \$2,573,728 and Round 2 in the amount of \$2,771,843 will be distributed on a reimbursement basis. As mandated by NC Session Law 2020-80 (HB 1023) a minimum of \$1,336,393 (25%) must be distributed to the 19 municipalities within the county. Should a Municipality decide to decline the to receive any distribution of the federal CARES ACT (CRF) funding that was mandated by NC Session Law 2020-80 the funds will revert back to the county.

The county has met the expenditure requirement for reimbursement per the Guidance on Coronavirus Relief Funds stating: "that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency". Additionally, "the Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise."

For those municipalities declining their 25% of the CRF allocation, the county will fund an additional \$911,240 (Round 2) bringing the total grant funding of \$1,757,350 (32.9%) to provide COVID-19 assistance to Municipalities to be distributed on a per Capita basis when the county receives payment from the state. The initial CRF funds received (Round 1) have been disbursed to the municipalities in the amount of \$846,110. For those municipalities choosing to decline the county grant and would prefer to get the CARES Act Funding must submit a spending plan to the County no later than August 15, 2020 for approval and submitted to the State by September 1, 2020.

Fiscal Impact:

Budget Amendment Required, Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners approve the Round 2 of the allotted Coronavirus Relief Fund (CRF) and initiate a grant to provide COVID-19 assistance to the Municipalities per SL 2020-80.

ATTACHMENTS:

Description

- ▣ Local-Government-Coronavirus-Relief-Fund-County-Allocations-002.pdf
- ▣ 20200803 Budget Amendment Round 2 Coronavirus Relief GF.pdf
- ▣ 20200803 Budget Amendment Round 2 Coronavirus Relief.pdf
- ▣ Municipality COVID-19 Grant.pdf

Local Government Coronavirus Relief Fund County Allocations											Key: Round 1= SL2020-4 / Round 2=SL2020-80			
	Round 1 Allocation	Round 2 Allocation	Total Allocation	Municipal Distribution		Round 1 Allocation	Round 2 Allocation	Total Allocation	Municipal Distribution		Round 1 Allocation	Round 2 Allocation	Total Allocation	Municipal Distribution
Alamance	3,007,967	3,289,822	6,297,789	1,574,447	Franklin	1,383,798	1,352,443	2,736,241	684,060	Orange	2,665,753	2,881,614	5,547,368	1,386,842
Alexander	860,088.5	727,740	1,587,828	396,957	Gaston	3,903,161	4,357,647	8,260,807	2,065,202	Pamlico	457,056	246,986	704,042	176,016
Alleghany	431,202.6	216,146	647,349	161,837	Gates	438,118	224,395	662,512	165,628	Pasquotank	897,950	772,902	1,670,852	417,713
Anson	647,744.4	474,447	1,122,191	280,548	Graham	387,338	163,822	551,160	137,790	Pender	1,276,007	1,223,865	2,499,872	624,968
Ashe	692,601.7	527,954	1,220,556	305,139	Granville	1,233,427	1,173,075	2,406,502	601,625	Perquimans	469,047	261,289	730,337	182,584
Avery	535,658.2	340,745	876,403	219,101	Greene	592,800	408,906	1,001,706	250,426	Person	892,515	766,420	1,658,935	414,734
Beaufort	1,014,607.8	912,057	1,926,665	481,666	Guilford*	-	-	-	-	Pitt	3,190,732	3,507,831	6,698,563	1,674,641
Bertie	558,273.9	367,722	925,996	231,499	Halifax	1,063,679	970,591	2,034,271	508,568	Polk	587,186	402,210	989,397	247,349
Bladen	782,397.7	635,067	1,417,465	354,366	Harnett	2,462,374	2,639,015	5,101,389	1,275,347	Randolph	2,587,509	2,788,281	5,375,791	1,343,948
Brunswick	2,573,728.3	2,771,843	5,345,571	1,336,393	Haywood	1,263,918	1,209,445	2,473,363	618,341	Richmond	979,383	870,039	1,849,421	462,355
Buncombe	4,499,663.3	5,069,181	9,568,844	2,392,211	Henderson	2,160,413	2,278,823	4,439,236	1,109,809	Robeson	2,375,312	2,535,163	4,910,475	1,227,619
Burke	1,722,220.7	1,756,128	3,478,349	869,587	Hertford	635,233	459,522	1,094,755	273,689	Rockingham	1,730,763	1,766,317	3,497,080	874,270
Cabarrus	3,771,761.4	4,200,908	7,972,670	1,993,167	Hoke	1,148,675	1,071,979	2,220,654	555,163	Rowan	2,561,818	2,757,636	5,319,455	1,329,864
Caldwell	1,587,063.0	1,594,906	3,181,969	795,492	Hyde	330,327	95,817	426,144	106,536	Rutherford	1,340,584	1,300,895	2,641,479	660,370
Camden	426,809.7	210,906	637,716	159,429	Iredell	3,208,043	3,528,481	6,736,524	1,684,131	Sampson	1,283,670	1,233,006	2,516,676	629,169
Carteret	1,380,348.5	1,348,328	2,728,677	682,169	Jackson	964,886	852,746	1,817,632	454,408	Scotland	816,582	675,843	1,492,425	373,106
Caswell	617,774.5	438,697	1,056,472	264,118	Johnston	3,656,014	4,062,840	7,718,854	1,929,714	Stanly	1,271,874	1,218,935	2,490,810	622,702
Catawba	2,845,947.2	3,096,557	5,942,504	1,485,626	Jones	403,250	182,803	586,054	146,513	Stokes	991,781	884,828	1,876,608	469,152
Chatham	1,461,651.4	1,445,310	2,906,961	726,740	Lee	1,255,165	1,199,004	2,454,168	613,542	Surry	1,417,933	1,393,161	2,811,094	702,773
Cherokee	715,526.6	555,300	1,270,827	317,707	Lenoir	1,160,309	1,085,855	2,246,164	561,541	Swain	482,194	276,971	759,165	189,791
Chowan	476,857.2	270,605	747,462	186,866	Lincoln	1,651,054	1,671,238	3,322,292	830,573	Transylvania	809,455	667,342	1,476,797	369,199
Clay	432,732.1	217,971	650,703	162,676	Macon	833,421	695,930	1,529,352	382,338	Tyrrell	315,342	77,942	393,284	98,321
Cleveland	1,843,629.9	1,900,950	3,744,580	936,145	Madison	603,961	422,220	1,026,181	256,545	Union	4,152,585	4,655,171	8,807,755	2,201,939
Columbus	1,153,133.4	1,077,296	2,230,430	557,607	Martin	615,106	435,514	1,050,620	262,655	Vance	974,599	864,333	1,838,932	459,733
Craven	1,911,835.1	1,982,308	3,894,143	973,536	Mcdowell	994,465	888,030	1,882,495	470,624	Wake*	-	-	-	-
Cumberland	5,708,841.6	6,511,541	12,220,382	3,055,096	Mecklenburg*	-	-	-	-	Warren	571,030	382,938	953,968	238,492
Currituck	701,713.1	538,823	1,240,536	310,134	Mitchell	493,469	290,421	783,890	195,972	Washington	438,410	224,744	663,154	165,789
Dare	852,148.6	718,269	1,570,417	392,604	Montgomery	692,114	527,372	1,219,486	304,871	Watauga	1,164,018	1,090,280	2,254,298	563,575
Davidson	2,977,053.5	3,252,946	6,230,000	1,557,500	Moore	1,891,351	1,957,874	3,849,224	962,306	Wayne	2,253,382	2,389,720	4,643,102	1,160,775
Davie	947,118.5	831,553	1,778,671	444,668	Nash	1,784,259	1,830,131	3,614,390	903,597	Wilkes	1,363,086	1,327,736	2,690,822	672,706
Duplin	1,205,735.4	1,140,042	2,345,778	586,444	New Hanover	4,064,953	4,550,639	8,615,592	2,153,898	Wilson	1,580,929	1,587,589	3,168,519	792,130
Durham	5,480,715.3	6,239,422	11,720,137	2,930,034	Northampton	566,995	378,125	945,120	236,280	Yadkin	862,854	731,039	1,593,894	398,473
Edgecombe	1,087,466.3	998,966	2,086,432	521,608	Onslow	3,470,516	3,841,570	7,312,086	1,828,022	Yancey	543,989	350,682	894,671	223,668
Forsyth	6,470,065.2	7,419,561	13,889,626	3,472,407										

Request Info	
Type	Budget Amendment
Description	Round 2 Coronavirus Relief
Justification	Board Meeting 08/03/2020-Round 2 of the allotted Coronavirus Relief Fund (CRF) and initiate a grant to provide COVID-19 assistance to the Municipalities per SL 2020-80.
Originator	Tiffany Rogers

Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr	
100000	399100	General Revenues	Fund Balance Appropriated	911240	Increase	Credit	
109800	498013	Interfund Trans General Fund	Trans To Health	911240	Increase	Debit	

Total	
Grand Total:	1822480

Request Info	
Type	Budget Amendment
Description	Round 2 Coronavirus Relief
Justification	Board Meeting 08/03/2020-Round 2 of the allotted Coronavirus Relief Fund (CRF) and initiate a grant to provide COVID-19 assistance to the Municipalities per SL 2020-80.
Originator	Tiffany Rogers

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
139800	398110	Interfund Transfer Health	Trans Frm General Fund	911240	Increase	Credit
135156	465123	Community Health Promotion	COVID-19 Municipality Assist	911240	Increase	Debit

Total	
Grand Total:	1822480

County Grant - COVID-19 Assistance

	CRF Funds	County Grant @ 32.9%
Round 1:	\$ 2,573,728	\$ 846,110
Round 2:	2,771,843	911,240
Total CRF Funds	\$ 5,345,571	\$ 1,757,350

COVID-19 Municipality Grant

			Round 1 \$846,110	Round 2 \$911,240	Total \$1,757,350
Municipality	Population **	% Share of Distribution	Per Capita Share	Per Capita Share	Per Capita Share
BALD HEAD ISLAND	182	0.27105%	\$ 2,293	\$ 2,470	\$ 4,763
BELVILLE	2,274	3.38660%	28,654	30,860	59,514
BOILING SPRING LAKES	6,928	10.31766%	87,299	94,019	181,317
BOLIVIA	163	0.24275%	2,054	2,212	4,266
CALABASH	2,031	3.02471%	25,592	27,562	53,155
CAROLINA SHORES	3,826	5.69795%	48,211	51,922	100,133
CASWELL BEACH	462	0.68804%	5,822	6,270	12,091
HOLDEN BEACH	651	0.96951%	8,203	8,835	17,038
LELAND	20,297	30.22771%	255,760	275,447	531,207
NAVASSA	2,001	2.98003%	25,214	27,155	52,370
NORTHWEST	857	1.27630%	10,799	11,630	22,429
OAK ISLAND	7,836	11.66992%	98,740	106,341	205,081
OCEAN ISLE BEACH	661	0.98441%	8,329	8,970	17,299
ST JAMES	5,353	7.97206%	67,452	72,645	140,097
SANDY CREEK	304	0.45274%	3,831	4,126	7,956
SHALLOTTE	4,827	7.18871%	60,824	65,506	126,331
SOUTHPORT	3,515	5.23478%	44,292	47,701	91,993
SUNSET BEACH	4,323	6.43811%	54,474	58,667	113,140
VARNA MTOWN	656	0.97696%	8,266	8,902	17,169
TOTAL	67,147	100.00000%	\$ 846,110	\$ 911,240	\$ 1,757,350

**** Population = NCDOR current Sales Tax Distribution**



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 2.

From: Administration - Payment for Perpetual Property Easement
Steve Stone, Deputy County Manager

Issue/Action Requested:

Request that the Board of Commissioners consider transferring funds from the general fund to the water utility enterprise fund to pay the water capital recovery and transmission fees of \$2,304.00 for a resident that granted a perpetual easement to the County for the placement of the wastewater system drain field for Waccamaw Park.

Background/Purpose of Request:

In 2014 Mrs. Pat Purvis Brown granted the County a perpetual easement of a 1.1 acre plot on her property adjacent to Waccamaw Park to be used as the drain field for the park wastewater system. At that time the County agreed to waive the water tap fee at the time of connection. Mrs Brown now wishes to connect to the water system, and the capital recovery and transmission fees total \$2,304.00. (Unlike the tap fee, these fees cannot be waived by the utility fund because of system financing regulations.)

Fiscal Impact:

Reviewed By Director of Fiscal Operations

Funds available in non-departmental miscellaneous revenue to pay the \$2,304 to pay the capital recovery and transmission fees.

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners consider transferring funds from the general fund to the water utility enterprise fund to pay the water capital recovery and transmission fees of \$2,304.00 for a resident that granted a perpetual easement to the County for the placement of the wastewater system drain field for Waccamaw Park.



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 3.

From:
Steve Stone, Deputy County Manager

Administration - Surplus Property Offers for Upset Bid Process

Issue/Action Requested:

Request that the Board of Commissioners accept, subject to the upset bid process, offers that have been submitted for surplus parcels that meet the value parameters previously established by the Board.

Background/Purpose of Request:

Parcel	Location	Size	Tax Value	Acquired	Cost	Bid
230DE024	1829 Little Shallotte River Dr, SW	.24 acre	\$1,600.00	12-16-2019	\$559.85	\$ 800.00
172ED003	Duplin St, BSL	1.1 acre	\$4,500.00	7-1-2014	\$2,717.31	\$ 2,500.00
172EE00301	Sampson St, BSL	.37 acre	\$1,500.00	9-6-2005	\$1,024.50	\$ 800.00

Fiscal Impact:

Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

Advisory Board Recommendation:

Not Applicable

County Manager's Recommendation:

Recommend the Board of Commissioners accept, subject to the upset bid process, offers that have been submitted for surplus parcels that meet the value parameters previously established by the Board.

ATTACHMENTS:

Description

- ☐ Bid 230DE024
- ☐ Bid 172ED003
- ☐ Bid 172EE00301

From: [Surplus Land Bid](#)
To: [Steve Stone](#)
Subject: Surplus Land Bid: Parcel # 230DE024
Date: Friday, July 3, 2020 5:39:56 PM

CAUTION: This email originated from outside of Brunswick County Government. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Edwin Cortes
(843) 447-9700
cortesjredwin6@gmail.com
105 Clovis Cir, Myrtle Beach, South Carolina, 29579, United States
Parcel # 230DE024
Bid Amount: \$800
Optional Additional Comments:

Does this property have a separate lien on it? If it does, what kind?

From: [Surplus Land Bid](#)
To: [Steve Stone](#)
Subject: Surplus Land Bid: Parcel # 172ed003
Date: Thursday, July 2, 2020 8:54:32 PM

CAUTION: This email originated from outside of Brunswick County Government. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Michael westmorland
(910) 638-1887
chevyhighroller@gmail.com
949 seven lakes north, West end, Nc, 27376, United States
Parcel # 172ed003
Bid Amount: \$2500
Optional Additional Comments:

Thanks Steve

From: [Surplus Land Bid](#)
To: [Steve Stone](#)
Subject: Surplus Land Bid: Parcel # 172EE00301
Date: Thursday, July 23, 2020 7:33:09 AM

CAUTION: This email originated from outside of Brunswick County Government. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Michael
(910) 638-1887
chevyhighroller@gmail.com
949 seven lakes north, West end, Nc, 27376, United States
Parcel # 172EE00301
Bid Amount: \$800
Optional Additional Comments:

Thank you.



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:
Andrea White

Action Item # V. - 4.
Board Appointment - Nursing Home & Adult Care Home
Community Advisory Committee - At Large

Issue/Action Requested:
Request that the Board of Commissioners reappoint Ms. Mary Dugan to the Nursing Home & Adult Care Home Community Advisory Committee for a 3-year term expiring August 5, 2023.

Background/Purpose of Request:

Fiscal Impact:
Not Applicable

Approved By County Attorney:
Yes

County Manager's Recommendation:
Recommend that the Board of Commissioners reappoint Ms. Mary Dugan to the Nursing Home & Adult Care Home Community Advisory Committee for a 3-year term expiring August 5, 2023.

ATTACHMENTS:

Description

- Roster - Nursing Home & Adult Care Home Community Advisory Committee

Nursing Home & Adult Care Home Community

Name	District	Appointment Date	Term	Expiration Date	Serving Since
Holly Brenneman	1	3/19/2018	3	3/19/2021	2017
Carol Sutter	2	10/21/2019	3	10/7/2022	2012
Arlene Rushin	3	12/16/2019	3	1/1/2023	2003
John Walz	4	1/21/2020	3	2/1/2023	2013
VACANT	5	4/2/2019	3	4/16/2022	2018
Barbara Voorhees	at-large	3/18/2019	3	2/1/2022	2014
Sheila Umbricht	at-large	6/1/2020	3	6/30/2023	2013
VACANT	at-large	1/21/2020	3	2/18/2023	2019
Colleen Combs	at-large	1/21/2020	3	2/1/2023	2015
Mary DuGan (unexp)	at-large	8/5/2019	1	8/5/2020	2019

Mission

To monitor the Patient's Bill of Rights for residents in nursing homes in Brunswick County; to provide increased social interaction and opportunities for enrichment for these adults; to assist in preventing physical and psychological deterioration of these older adults by promoting independence; to evaluate the activities of the nursing homes so that they meet the needs of the older adults in Brunswick County; to promote community understanding of the aging process and of the needs, problems, strengths and resources of older persons; to report to the Brunswick Commissioners the status of the Committee.

Membership

All members serve 3-year terms after the initial 1-year term.

- ~ At least 7 members, appointed by the Board of Commissioners (1 from each district; all additional are at-large members)
- ~ Each member must be a resident of the county which the committee serves.



Brunswick County Board of Commissioners

ACTION AGENDA ITEM

August 3, 2020

Action Item # V. - 5.

From:

Sara Knotts

Board of Elections - 2020 CARES Act & 2020 HAVA Funds -
Election Administration Preparedness for 2020 Federal Elections

Issue/Action Requested:

Request Board of Commissioners accept 2020 CARES ACT Funds sub-grant award in the amount of \$140,594 and 2020 HAVA Funds sub-grant award on reimbursement basis of a minimum of \$10,000 and up to \$250,000 in support of the 2020 Federal Elections and to grant authority to County Manager and Director of Board of Elections Director to sign and acknowledge required grant documentation.

Background/Purpose of Request:

Federal 2020 CARES Act funding and Federal 2020 HAVA funding was allocated to Brunswick County by the North Carolina General Assembly in Session Law 2020-17, sections 11.1, 11.2 and 11.3.

CARES Act funds were made available to states to prevent, prepare for and respond to COVID for the 2020 election cycle. In June 2020, the North Carolina General Assembly passed, and the Governor signed into law, House Bill 1169, which appropriated required State matching funds of \$2,120,497. Each county board of elections will receive a portion of the State's CARES Act funding, which must be used in compliance with the requirements in S.L. 2020-17 and the federal 2020 CARES Act in connection with the November 3, 2020 General Election.

In December 2019, Congress passed, and the President signed into law, the Consolidated Appropriations Act of 2020. The Act includes \$425 million in new Help America Vote Act (HAVA) funds, made available to states to improve the administration of elections for Federal office, including to enhance technology and make election security improvements. North Carolina's share of the federal funds is \$11,677,441. In June 2020, the North Carolina General Assembly passed, and the Governor signed into law, House Bill 1169, which appropriated required State matching funds of \$2,335,488. Each county can receive reimbursements for eligible HAVA expenses, with a minimum reimbursement amount of \$10,000 per county. Counties can receive up to a maximum reimbursement of \$250,000, on a first-come, first-served basis until the total funds available are expended.

Fiscal Impact:

Budget Amendment Required, Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend Board of Commissioners accept 2020 CARES ACT Funds sub-grant award in the amount of \$140,594 and 2020 HAVA Funds sub-grant award on reimbursement basis of a minimum of \$10,000 and up to \$250,000 in support of the 2020 Federal Elections and to grant authority to County Manager and Director of Board of Elections Director to sign and acknowledge required grant documentation.

ATTACHMENTS:

Description

- ▣ 20200803 Attach County Award Letter 2020 - Federal Elections
- ▣ 20200803 2020 CARES Act Subgrant Notice - Brunswick
- ▣ 20200803 2020 HAVA Subgrantee Notice - Brunswick
- ▣ 20200803 CARES Act Funding Letter
- ▣ 20200803 Budget Amendment 2020 CARES Act and 2020 HAVA Federal Election Funds
- ▣ 20200803 Certification Lobbying Letter.pdf



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Mailing Address:
P.O. Box 27255,
Raleigh, NC 27611
(919) 814-0700 or
(866) 522-4723
Fax: (919) 715-0135

July 15, 2020

To: County Directors of Elections

**From: Karen Brinson Bell, Executive Director
Amy Strange, Chief Operating Officer**

**Re: 2020 Coronavirus Aid, Relief, and Economic Security ("CARES") Act Funds &
2020 Help America Vote Act (HAVA) Funds – Election Administration
Preparedness for 2020 Federal Elections**

This packet contains information on federal 2020 CARES Act funding and federal 2020 HAVA funding allocated to your county by the North Carolina General Assembly in Session Law 2020-17, sections 11.1, 11.2 and 11.3.

CARES Act Funds

In March 2020, Congress passed, and the President signed into law, the CARES Act to deliver an economic relief package to assist the country in coping with the public health and economic impacts of COVID-19. The CARES Act includes \$400 million in emergency funds made available to states to prevent, prepare for, and respond to the coronavirus for the 2020 federal election cycle. North Carolina's share of the federal funds is \$10,947,139. In June 2020, the North Carolina General Assembly passed, and the Governor signed into law, House Bill 1169, which appropriated required State matching funds of \$2,120,497. Each county board of elections will receive a portion of the State's CARES Act funding, which must be used in compliance with the requirements in S.L. 2020-17 and the federal 2020 CARES Act in connection with the November 3, 2020 General Election.

Each county has the option to either receive the county's CARES Act subgrant in an up-front, lump sum amount, or request that the State Board of Elections manage the county's CARES Act subgrant while following the county's spending directives. *A Grant Request Disbursal Package will be forthcoming to all counties by Friday, July 17, 2020.*

2020 HAVA Funds

In December 2019, Congress passed, and the President signed into law, the Consolidated Appropriations Act of 2020. The Act includes \$425 million in new Help America Vote Act (HAVA) funds, made available to states to improve the administration of elections for Federal office, including to enhance technology and make election security improvements. North Carolina's share of the federal funds is \$11,677,441. In June 2020, the North Carolina General Assembly passed, and the Governor signed into law, House Bill 1169, which appropriated required State matching funds of \$2,335,488. Each county can receive reimbursements for eligible HAVA expenses, with a minimum reimbursement amount of \$10,000 per county. Counties can receive up to a maximum reimbursement of \$250,000, on a first-come, first-served basis until the total funds available are expended.

NOTICE OF SUBGRANT -2020 CARES Act Funds

Subgrantee:	Brunswick County Board of Elections	
Subgrantee Address:	75 Stamp Act Drive NE, Bldg H Bolivia, NC 28422	
Agreement Number: 03-25-10	Budget Period: 7/1/2020 – 12/31/2020	
Funds Description		
This obligation of funds constitutes the Subgrantee’s share, as authorized under Session Law 2020-17, of \$10,947,139 of federal and \$2,120,497 of state matching funds awarded under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136 for the 2020-2021 fiscal year to prevent, prepare for, and respond to the coronavirus pandemic during the 2020 federal election cycle.		
Funding Information		
Description	Permissible Uses	Amount
Base Funding [S.L. 2020-17 Sec. 11.1(b)(1/2/3)]	Expenditures incurred to prevent, prepare for, and respond to the coronavirus pandemic during the 2020 federal election cycle, including but not limited to: --Providing for increased postage costs for mail-in absentee ballots sent out by the county board of elections. --Ensuring an adequate number of poll workers by (i) use of advertising or public awareness campaigns or (ii) offering incentive compensation and other pay increases. --Recruiting members and promoting the use of multi-partisan assistance teams.	\$20,000
Second Primary Funding [S.L. 2020-17 Sec. 11.1(b)(4)]	Expenditures incurred to prevent, prepare for, and respond to the coronavirus pandemic during the June 23 Second Primary election for federal office.	\$0
One-Stop Voting Funding [S.L. 2020-17 Sec. 11.1(b)(5)]	Early one-stop voting-related expenses that are specifically to prevent, prepare for and respond to the coronavirus pandemic.	\$64,601
Remaining Funding [S.L. 2020-17 Sec. 11.1(c)]	Expenditures incurred to prevent, prepare for, and respond to the coronavirus pandemic during the 2020 federal election cycle.	\$55,993
Total CARES Act Funding		\$140,594

Grant Administration
Grant Administration Award recipients and sub-recipients must adhere to all applicable federal requirements including Office of Management and Budget (OMB) guidance: Title 2 C.F.R. Subtitle A, Chapter II, Part 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. § 200).
Reporting Requirements
Counties receiving lump sum payments must send monthly reports accounting for the county's use of funds to the State Board of Elections by the following deadlines: <ul style="list-style-type: none">a. September 16, 2020b. October 16, 2020c. November 16, 2020d. December 16, 2020e. January 15, 2021f. February 16, 2021 No reports are due from counties whose funds are managed by the State Board of Elections.

NOTICE OF SUBGRANT -2020 HAVA Funds

Subgrantee:	<i>Brunswick County Board of Elections</i>
Subgrantee Address:	<i>75 Stamp Act Drive NE, Bldg H Bolivia, NC 28422</i>
Agreement Number: NC20101001-10	Budget Period: 7/1/2020 – 6/30/2021
Funds Description	
This obligation of funds constitutes the Subgrantee's share, as authorized under Session Law 2020-17, of \$11,677,441 of federal and \$2,335,488 of state matching funds awarded under Election Security Grants in the federal Consolidated Appropriations Act of 2020 to improve the administration of federal elections.	
Funding Information	
Description	Amount
Reimbursement Minimum [S.L. 2020-17 Sec. 11.2.(a)]	\$10,000.00
Reimbursement Maximum [S.L. 2020-17 Sec. 11.2.(a)]	\$250,000.00, depending on available funding
Permissible Uses	
<p>Reimbursement-eligible expenditures are those incurred to improve the administration of federal elections, as authorized under HAVA Title I, Section 101, including:</p> <ul style="list-style-type: none"> • Improving the administration of elections for Federal office, including to enhance election technology and make election security improvements • Educating voters concerning voting procedures, voting rights, and voting technology. • Training election officials, poll workers, and election volunteers. • Improving, acquiring, leasing, modifying, or replacing voting systems and technology and methods for casting and counting votes. • Improving the accessibility and quantity of polling places, including providing physical access for individuals with disabilities, providing non-visual access for individuals with visual impairments, and providing assistance to Native Americans, Alaska Native citizens, and to individuals with limited proficiency in the English language. • Establishing toll-free telephone hotlines that voters may use to report possible voting fraud and voting rights violations, to obtain general election information, and to access detailed automated information on their own voter registration status, specific polling place locations, and other relevant information. • Expenditures incurred to prevent, prepare for, and respond to the coronavirus pandemic during 2020 federal elections. 	
Grant Administration	
Grant Administration Award recipients and sub-recipients must adhere to all applicable federal requirements including Office of Management and Budget (OMB) guidance: Title 2 C.F.R. Subtitle A, Chapter II, Part 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. § 200).	

COUNTY OF BRUNSWICK

David R. Sandifer County Administration Building
30 Government Center Drive NE
Post Office Box 249
Bolivia, North Carolina 28422
Telephone (910) 253-2020

August 3, 2020

To: Karen Brinson Bell, Executive Director
State Board of Elections
CARESFunding@ncsbe.gov

Dear Director Bell:

Brunswick County received the Notice of Subgrant for the federal CARES Act funding, and requests that the grant funds be disbursed as follows (select one):

☐

The amount of the subgrant be issued directly to the county in a lump-sum payment, to be deposited into a separate, interest-bearing account.

☐

The amount of the subgrant be maintained on deposit with the State of North Carolina in a separate, interest bearing account.

Brunswick County acknowledges that it will adhere to all applicable federal requirements including Office of Management and Budget (OMB) guidance: Title 2 C.F.R. Subtitle A, Chapter II, Part 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. § 200).

Brunswick County further acknowledges that it will adhere to all federal spending requirements under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136 for the 2020-2021 fiscal year to prevent, prepare for, and respond to the coronavirus pandemic during the 2020 federal election cycle.

Brunswick County further acknowledges that it will adhere to all State spending requirements under the S.L. 2020-17, sections 11.1, 11.2 and 11.3.

Sara Knotts

Elections Director

Signature/Date

Brunswick County

County Name

Randell Woodruff

County Manager

Signature/Date



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Request Info	
Type	Budget Amendment
Description	2020 CARESACT and HAVA Funds
Justification	Board Meeting 08/03/2020 - Appropriate Federal Revenues of \$140,594 for 2020 CARES Act Funds and Federal Revenues of \$10,000 for 2020 HAVA Funds to support the Election Administration Preparedness for 2020 Federal Elections. Cares Act funds will be managed by State Board of Elections with a grant period of 7/1/2020 - 12/30/2020 and HAVA funds are on a reimbursement basis with minimum expense of \$10,000 and maximum expense of \$250,000 - grant period 7/1/2020-6/30/2021.
Originator	CHRISTINA KENNEDY

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
104170	331048	Board Of Elections	CARES Act	140594	Increase	Credit
104170	465510	Board Of Elections	Grant Subsidy-COVID-19	140594	Increase	Debit
104170	331000	Board Of Elections	Federal Revenues	10000	Increase	Credit
104170	465500	Board Of Elections	Grant Subsidy	10000	Increase	Debit

Total	
Grand Total:	301188

COUNTY OF BRUNSWICK

David R. Sandifer County Administration Building
30 Government Center Drive NE
Post Office Box 249
Bolivia, North Carolina 28422
Telephone (910) 253-2020

August 3, 2020

**To: US Election Assistance Commission via
State Board of Elections**

Standard Certifications

Certification Regarding Lobbying for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Certification Regarding Trafficking in Persons

The undersigned certifies to his or her understanding that this grant is subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) as follows:



www.brunswickcountync.gov

I. Provisions applicable to a recipient that is a private entity.

A. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not:

1. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
2. Procure a commercial sex act during the period of time that the award is in effect; or
3. Use forced labor in the performance of the award or subawards under the award.

B. We as the federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity

1. Violates a prohibition in paragraph A of this award term; or
2. Has an employee who violates a prohibition in paragraph A of this award term through conduct that is either:
 - a. Associated with performance under this award; or
 - b. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR Part 180, "OMB guidelines to Agencies on Government-wide Debarment and Suspension (Nonprocurement)".

II. Provisions applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is not a private entity—

A. Is determined to have violated an applicable prohibition of paragraph I.A of this award term; or

B. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph I.A of this award term through conduct that is —

1. Associated with performance under this award; or
2. Imputed to you using the standards and due process for imputing conduct of an individual to an organization that are provided in 2 CFR Part 180, "OMB 12 Guidelines to Agencies on Government-wide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR Part 2200.

III. Provisions applicable to any recipient.

A. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph I A of this award term.

B. Our right to terminate unilaterally that is described in paragraph (1) and (2) of this section:

1. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
2. Is in addition to all other remedies for noncompliance that are available to us under this award.

C. You must include the requirements of paragraph I A of this award term in any subaward you make to a private entity.

IV. Definitions. For purposes of this award term:

A. "Employee" means either:

1. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
2. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose service are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

B. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

C. "Private entity":

1. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR §175.25.
2. Includes:
 - a. A nonprofit organization, including any non-profit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR § 175.25(b).
 - b. A for-profit organization. d. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. § 7102

Sara Knotts

Elections Director

Signature/Date

Brunswick County

County Name

Randell Woodruff

County Manager

Signature/Date



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 6.

Clerk to the Board - Meeting Minutes

From:

Andrea White

Issue/Action Requested:

Request that the Board of Commissioners approve the draft minutes from the July 6, 2020 Regular Meeting.

Background/Purpose of Request:

Fiscal Impact:

Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend that the Board of Commissioners approve the draft minutes from the July 6, 2020 Regular Meeting.

ATTACHMENTS:

Description

- Draft Minutes - 2020-07-06 Regular Meeting

**BRUNSWICK COUNTY BOARD OF COMMISSIONERS
OFFICIAL MINUTES
REGULAR MEETING
JULY 6, 2020
3:00 P.M.**

The Brunswick County Board of Commissioners met in Regular Session on the above date at 3:00 p.m., Commissioners' Chambers, David R. Sandifer Administration Building, County Government Center, Bolivia, North Carolina.

PRESENT: Commissioner Frank Williams, Chairman
Commissioner Randy Thompson, Vice-Chairman
Commissioner J. Martin Cooke
Commissioner Pat Sykes
Commissioner Mike Forte

STAFF: Randell Woodruff, County Manager
Steve Stone, Deputy County Manager
Bob Shaver, County Attorney
Julie Miller, Finance Director
Andrea White, Clerk to the Board
Jared Galloway, Deputy Clerk to the Board
Meagan Kascak, Public Information Officer
Cpt. Lamar Siler, Sheriff's Office
Lt. Jeff Beck, Sheriff's Office

Board Action, containing all items in this set of minutes, is filed within the Clerk to the Board's office.

I. CALL TO ORDER

Chairman Williams called the meeting to order at 3:00 p.m.

II. INVOCATION/PLEDGE OF ALLEGIANCE

Commissioner Cooke gave the Invocation and led the Pledge of Allegiance.

III. ADJUSTMENTS/APPROVAL OF AGENDA

Chairman Williams asked if there were any adjustments to the agenda. No adjustments were requested.

Vice-Chairman Thompson moved to approve the agenda as presented. The motion was seconded by Commissioner Sykes and passed unanimously.

IV. PUBLIC COMMENTS

Chairman Williams briefly reviewed the Public Comments Policy and called those who had signed up to speak. The following individuals addressed the Board:

1. Bob Breen, resident of Carolina Shores, provided comments addressed to Mr. Carl Parker, President of the NAACP and expressed his support of Commissioner Forte.
2. Donna Ciliberto, President of the Ocean Ridge Master Association, requested assistance from the Board of Commissioners to resolve an incomplete Brunswick County required conveyance of an easement for access to a 29-acre tract to allow the property to be used for new amenities for the Ocean Ridge Community.
3. Donna Lowery, resident of Carolina Shores, spoke in support of Commissioner Forte.
4. Karen Richardson, resident of Bolivia, expressed her opposition to Commissioner Forte's Facebook post and recommended his resignation.
5. Steve Womble, resident of Southport, spoke in support of Commissioner Forte and his recent Facebook post, and in support of the Commissioners and the Sheriff.
6. Joe James, resident of Ocean Ridge, spoke in support of new amenities for the Ocean Ridge Community and requested the Board's assistance in resolving the property conveyance issue.

V. APPROVAL OF CONSENT AGENDA

Chairman Williams asked if there were changes to the Consent Agenda. No changes were requested.

Vice-Chairman Thompson moved to approve the Consent Agenda as presented. The motion was seconded by Commissioner Forte and passed unanimously.

The following items were approved:

1. **Administration - Brunswick County Schools Contracts with GeoSurfaces for Replacement Lights and FBI Construction for WBHS Fieldhouse**
Approved and authorized the Chairman to sign the GeoSurfaces Southeast, Inc. contracts for stadium athletic lighting replacement at South Brunswick High School (\$352,250) and West Brunswick High School (\$367,500) and FBI Construction for the West Brunswick High School Fieldhouse (\$3,092,400).
2. **Administration - Surplus Property Offers for Upset Bid Process**
Accepted, subject to the upset bid process, the following offers that were submitted for surplus parcels that met the value parameters previously established by the Board:

Parcel	Location	Size	Tax Value	Acquired	Cost	Bid
156KA005	Holiday Rd, BSL	.38 acre	\$2,500.00	6-27-2006	\$4,650.00	\$ 800.00
156KA006	Holiday Rd, BSL	.38 acre	\$2,500.00	6-27-2006	\$4,650.00	\$ 700.00
142HB00607	Beech Rd, BSL	.37 acre	\$4,400.00	10-11-1985	\$526.28	\$ 1,200.00
229MB020	1574 Hollywood ST, SW	.26 acre	\$18,000.00	2-6-2019	\$3,057.13	\$ 3,200.00

3. **Board Appointment - Town of Ocean Isle Beach Board of Adjustments ETA**
Approved the reappointment of Mrs. Carol Grantham and appointment of Mr. Danny Norwood as extraterritorial area (ETA) representatives to the Town of Ocean Isle Beach Board of Adjustments for a 3-year term as recommended by the Town.
4. **Board Appointment - Town of Ocean Isle Beach Planning Board ETA**

DRAFT

Approved the reappointment of Mr. Frank Williamson and Mr. Ernest Crews as extraterritorial area (ETA) representatives to the Town of Ocean Isle Beach Planning Board for a 3-year term as recommended by the Town.

5. **Clerk to the Board - Meeting Minutes**

Approved the draft minutes from the June 15, 2020 Regular meeting.

6. **County Attorney - Deed of Dedication for Paramounte at Avalon, Ph. 1, Lots 1-18, 58-62, and 100-103**

Accepted the Deed of Dedication for water and sewer infrastructure in Paramounte at Avalon, Phase 1, Lots 1-18, 58-62, and 100-103.

7. **County Attorney - Deed of Dedication for Paramounte at Avalon Ph 1, Lots 19-57 63-71 and Ph 2 lots 72-99**

Accepted the Deed of Dedication for water and sewer infrastructure for Paramounte at Avalon, Phase 1, Lots 19-57 and 63-71 and Phase 2, Lots 72-99.

8. **District Attorney - Communities in Schools Agreement**

Approved the annual Independent Contractor Agreement with Communities in Schools for Teen Court and other program services in the amount of \$35,000.

9. **Engineering - Boiling Spring Lakes Sewer Master Plan - WK Dickson Additional Services**

Approved additional engineering services with WK Dickson related to the City of Boiling Spring Lakes Sewer Master Plan in the amount of \$33,000.

10. **Finance - Fiscal Items**

Approved Budget Amendments, Capital Project Ordinances, and Fiscal Items of a routine nature on the consent agenda.

- **Sheriff's Office Donation Rollover Budget Amendment**

Appropriated \$66,000 of fund balance for rollover of donation made to Sheriff's Office designated for purchases of additional protective gear and supplies.

- **Airport Grant 36237.45.18.3 CARES**

Appropriated \$69,000 of grant funds from NCDOT for 36237.45.18.3 CARES grant for Cape Fear Regional Jetport.

- **FY21 JCPC Funding Budget Amendments**

Appropriated state revenues restricted of \$242,486 as awarded by the Juvenile Crime Prevention Council from the NC Department of Public Safety and approved at 5/4/2020 board meeting. The following has been awarded to the JCPC Programs: JCPC Administration \$7,500, Coastal ART \$44,990, Guiding Good Choices (GCC) & Systematic Training for Effective Parenting (STEP) \$47,289, Providence Home \$20,441, Teen Court \$59,141, Restitution \$63,125.

- **2016 Bond Referendum Phase 2 Budget Amendment and Capital Project Ordinance**

Appropriated Proceeds from GO Debt of \$41,795,000 and \$5,754,033 of bond premium and transferred the advanced funds to the 2016 Bond Referendum Phase 2 project.

- **Management Information Systems Rollover Budget Amendment**
Appropriated fund balance for rollover of \$49,437 for call center licenses and Sheriff B2B and connectors delayed by COVID-19, \$110,745 for replacement computers not purchased due to availability, \$5,745 training, \$92,000 for continuing animal services and park fiber projects, chamber project.
 - **Rollover Budget Amendment of Unexpended Capital Outlay for Sheltering Generators**
Appropriated fund balance for a rollover of \$52,600 to reimburse the schools for the mobile generator rentals at Cedar Grove and Town Creek Middle Schools shelters from July 2020 through October 2020.
11. **Governing Body - NACo Voting Delegate**
Designated Vice-Chairman Thompson as the voting delegate to represent Brunswick County at the 2020 Virtual NACo Annual Business Meeting on July 20, 2020, and designate Chairman Williams as the Alternate.
 12. **Governing Body - NCACC Voting Delegate**
Designated Vice-Chairman Thompson as the voting delegate to represent Brunswick County at the NCACC Annual Conference for both the General Business Session and the District Caucus.
 13. **Health and Human Services - Health Services - Carolina Healthcare Associates, Inc. Service Contract FY 20-21**
Approved the FY 20-21 contract between the County and Carolina Healthcare Associates, Inc.
 14. **Health and Human Services - Health Services - Contract for NC Alliance of Public Health Agencies FY 20-21**
Approved and executed the contract with the North Carolina Alliance of Public Health Agencies for fiscal year 2020-2021.
 15. **Health and Human Services - Health Services - New Hope Clinic Contract Renewal for FY 20-21**
Approved the FY 2020-2021 contract with New Hope Clinic for services up to \$75,000.
 16. **Health and Human Services - Health Services - Non-Emergency Medicaid Transportation Contracts for FY 20-21**
Approved the Non-Emergency Medicaid Transportation contracts with Brunswick Transit System, Med Trans, and Ivory's Transportation.
 17. **Health and Human Services - Health Services - Resolution Exempting Project from Mini-Brooks Act - Infectious Disease Rooms Area - Building A**
Approved a resolution exempting the infectious disease room design project from the Mini-Brooks Act.

**RESOLUTION EXEMPTING THE DESIGN OF INFECTIOUS DISEASE ROOMS AREA –
BUILDING A FROM G.S. 143-64.31**

WHEREAS, G.S. 143-64.31 requires the initial solicitation and evaluation of firms to perform architectural, engineering, surveying, construction management-at-risk services, and design-

build services (collectively “design services”) to be based on qualifications and without regard to fee; and

WHEREAS, the County entered into a Professional Services Agreement with Cheatham and Associates, P.A., on January 17, 2017, for various design services; and

WHEREAS, the County proposes to amend the agreement with Cheatham and Associates, P.A. to expand design services for work on a negative pressure / isolation room for the Brunswick County Health Department in Building A; and

WHEREAS, G.S. 143-64.32 authorizes units of local government to exempt contracts for design services from the qualifications-based selection requirements of G.S. 143-64.31 if the estimated fee is less than \$50,000; and

WHEREAS, the estimated fee for design services for the above-described project is less than \$50,000.

NOW, THEREFORE, IT IS HEREBY RESOLVED BY THE BRUNSWICK COUNTY BOARD OF COMMISSIONERS THAT:

Section 1. The above-described project is hereby made exempt from the provisions of G.S. 143-64.31.

Section 2. This resolution shall be effective upon adoption.

Adopted this the 6th day of July, 2020.

Frank L. Williams, Chairman
Brunswick County Board of Commissioners

Andrea White, NCCCC
Clerk to the Board

18. **Health and Human Services - Social Services - Annual Energy Outreach Plan**
Approved the Social Services Energy Outreach Plan for fiscal year 2020-2021.
19. **Health and Human Services - Social Services - Non-Profit Contracts FY 20-21**
Approved the renewal of contracts between Brunswick County and the non-profit agencies Hope Harbor Home, Inc., Brunswick Family Assistance, Coastal Horizons Center, Inc., Providence Home, and Brunswick Housing Opportunities.
20. **Health and Human Services - Social Services - Wortman Law Firm Contract FY 20-21**
Approved the FY 20-21 contract for Wortman Law Firm, PLLC.
21. **Sheriff's Office - Law Enforcement Interlocal Agreement - Town of Carolina Shores**
Approved an Interlocal Agreement between Brunswick County, the Brunswick County Sheriff, and the Town of Carolina Shores.
22. **Tax Administration - July 2020 Releases**
Approved the July 2020 releases.
23. **Human Resources - Policy Revision for Inclement Weather**
Adopted a revision to the County Personnel Policy #400 Section 25 Inclement Weather/Non-Emergency Closure and State of Emergency.

VI. PUBLIC HEARING

1. Public Hearing - Economic Development Incentive for Pacon Manufacturing Corporation

Request that the Board of Commissioners conduct a Public Hearing to receive public comments regarding a proposed economic development incentive for Pacon Manufacturing Corporation.

Chairman Williams invited Mr. Bill Early, Executive Director of Brunswick Business and Industry Development (BBID), to the podium.

Mr. Early provided background information on the project.

Chairman Williams opened the Public Hearing at 3:20 p.m. and invited to the podium anyone wishing to speak. No one wished to speak.

Chairman Williams closed the Public Hearing at 3:21 p.m.

VII. ADMINISTRATIVE REPORT

1. Brunswick Business & Industry Development - Pacon Manufacturing Performance Agreement, Rural Development Building Reuse Grant and Local Agreements (Bill Early, Executive Director)

Request that the Board of Commissioners approve the One NC Grant Performance Agreement, NC Department of Commerce Rural Development Building Reuse Grant Agreement, Local Incentive Agreement, Amended and Restated Rural Economic Development Loan Agreement, and budget amendment for local matching funds associated with Pacon Manufacturing Corporation.

Mr. Early explained that this project was announced approximately one year ago and the renovations to the building are now complete. Pacon has been in operation for approximately 60 days and currently have one production line in place with 40 individuals employed. The company has been in business for over 70 years and is relocating from New Jersey. Mr. Early provided information on the following four agreements presented for consideration and approval:

- One NC Grant – awarded by the NC Department of Commerce in the amount of \$300,000. The grant is performance based and can be drawn down in 25% increments once 25% of the employment requirement has been reached. The total requirement is 269 jobs over a 5-year period. The grant requires a \$300,000 match from Brunswick County.
- Rural Development Building Reuse Grant – awarded by the NC Department of Commerce in the amount of \$700,000. The grant is specifically designed to help cover up to 50% of the cost of the renovations and upfit to the building. The grant requires a 5% match from Brunswick County in the amount of \$35,000, however, that amount is included in the \$300,000 match for the One NC Grant.
- Legally Binding Commitment – between the building owner, Pacon Manufacturing, and Brunswick County. The building owner has no control over the creation of jobs, therefore, if jobs are not created as committed, Pacon will repay any grant funds.

- Local Incentive Agreement – between Brunswick County and Pacon in the amount of \$300,000 to provide the match for the One NC Grant and the building reuse. The funds will go towards the cost of upfitting the building and is tied to 238 full time jobs within two years.

Mr. Early clarified that an extension may be requested on the Building Reuse Grant if the required jobs are not met.

Commissioner Sykes moved to approve the agreements as presented. The motion was seconded by Vice-Chairman Thompson and passed unanimously.

2. **Emergency Services - Coastline Rescue Franchise Application**

Request that the Board of Commissioners consider the franchise application submitted by Coastline Rescue Squad.

Mr. Bryan Batton, Assistant County Attorney, explained that the required hearing for the Coastline Rescue Squad franchise application was held at the June 15, 2020 Regular meeting and the Board heard from both Coastline Rescue and Brunswick County EMS. Coastline proposed a smaller service area during the meeting. Following the hearing, the Board tabled the item until this meeting in order to consider the information prior to rendering a decision on the franchise.

Mr. Batton reminded the Board that the franchise ordinance requires the following three findings be made in order to grant a franchise application:

- (1) The public convenience and necessity warrants the cost of expanding the services already available to the proposed ambulance service;
- (2) Each such ambulance of the applicant, his required equipment and the premises designated in the application, have been certified by the county and state;
- (3) Certified ambulance attendants and emergency medical technicians are employed in such capacities as required by law.

Vice-Chairman Thompson provided the following information as a basis for his motion: Based on Coastline's inability to provide constant services to the county, the county cannot rely on their services to protect the health and lives of the citizens and residents and visitors. Brunswick County already provides a great Emergency Transport Service. Any emergency transport service provided by Coastline would be an unnecessary duplication of services and would result in an unnecessary provision of resources on those occasions that Coastline Rescue Squad did respond to a call.

Vice-Chairman Thompson moved to deny Coastline Rescue Squad's franchise application as the public confidence and the necessity does not warrant the cost and expansion of these services which is already available here in Brunswick County. The motion to deny the franchise application was seconded by Commissioner Cooke and passed unanimously.

VIII. BOARD APPOINTMENTS

1. Governing Body - Annual Board Appointments

DRAFT

Request that the Board of Commissioners approve the annual board appointments as presented.

Following a review of the list of appointees by the Board, Chairman Williams moved to approve the appointment of Mr. Lavar Marlow to the Juvenile Crime Prevention Council as presented. The motion was seconded by Commissioner Forte and passed unanimously.

The remaining vacancies will be considered at a later meeting.

Board	Title	First Name	Last Name	District	New Expiration Date	Term
SEAT DESIGNATED BY POSITION or AT LARGE						
Health & Human Services Advisory Board		VACANT		Optometrist	6/30/2023	3
UNDESIGNATED						
Home & Community Care Block Grant Committee		VACANT		N/A	6/30/2021	1
Juvenile Crime Prevention Council	Mr.	Lavar	Marlow	N/A	6/30/2022	2

At the request of the Board for information, Mr. David Stanley clarified that the Home & Community Care Block Grant Committee is associated with Brunswick Senior Resources, Inc. (BSRI).

Following the Board appointments, the Board commended Mr. Stanley for his leadership during the COVID-19 pandemic.

IX. OTHER BUSINESS/INFORMAL DISCUSSION

Chairman Williams asked for items of other business or informal discussion. No items were brought forth.

X. CLOSED SESSION

1. Closed Session

Request that the Board of Commissioners hold a Closed Session pursuant to G.S. 143-318.11(a)(1) and (3) to approve Closed Session minutes and to consult with its attorney.

Mr. Shaver stated the basis for entering Closed Session as noted on the agenda.

Commissioner Cooke moved to enter Closed Session at 3:41 p.m. The motion was seconded by Commissioner Sykes and approved unanimously.

Chairman Williams called the Regular Session to order at 4:49 p.m. and asked the County Attorney if there was anything to report.

Mr. Shaver stated that there was no action to report from Closed Session.

XI. ADJOURNMENT

DRAFT

Commissioner Cooke moved to adjourn the meeting at 4:49 p.m. The motion was seconded by Commissioner Sykes and passed unanimously.

Frank Williams, Chairman
Brunswick County Board of Commissioners

Attest:

Andrea White, NCCCC
Clerk to the Board



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 7.

From:

Bryan Batton

County Attorney - Campbells Ridge Phase 2 Deed of Dedication

Issue/Action Requested:

Request that the Board of Commissioners consider accepting the Deed of Dedication for water only infrastructure in Campbells Ridge, Phase 2.

Background/Purpose of Request:

Bill Clark Homes of Wilmington, LLC has submitted a Deed of Dedication for water only infrastructure in Campbells Ridge, Phase 2. The lines have been tested and approved and are ready to be incorporated into our utility system.

Fiscal Impact:

Reviewed By Director of Fiscal Operations
\$ 82,074.00 for water.

Approved By County Attorney:

Yes

County Attorney's Recommendation:

Accept the Deed of Dedication for water only infrastructure from Bill Clark Homes of Wilmington, LLC.

County Manager's Recommendation:

Recommend the Board accept the Deed of Dedication for water only infrastructure in Campbells Ridge, Phase 2.

ATTACHMENTS:

Description

- ▣ Campbells Ridge, Phase 2 DOD

Prepared by: Stephen R. Outten, Esq.
Bailey & Busby, PLLC – Wilmington Office
7110 Wrightsville Ave., Suite A-1
Wilmington, NC 28403

DEED OF DEDICATION

STATE OF NORTH CAROLINA

COUNTY OF BRUNSWICK

THIS DEED OF DEDICATION, made and entered into this the 8th day of July, 2020, by and between BILL CLARK HOMES OF WILMINGTON, LLC, a North Carolina Limited Liability Company, with an office and place of business in New Hanover County, and whose address is 127 Racine Drive, Suite 201, Wilmington, North Carolina 28403, party of the first part, hereinafter referred to as “Developer”, and BRUNSWICK COUNTY, a governmental entity created and existing under the laws of the State of North Carolina, whose address is P.O. Box 249, Bolivia, NC 28422, party of the second part, hereinafter referred to as “Grantee”,

W I T N E S S E T H:

That whereas Developer is the owner and developer of a tract or parcel located in Brunswick County, North Carolina, known as Campbell’s Ridge, Phase 2 as described on a plat recorded in Map Cabinet 120 at pages 80, (hereinafter collectively “the Development”);

And whereas Developer has caused to be installed water distribution lines and/or sewer lines under and along the road rights-of-way hereinafter described and referenced;

And whereas Developer wishes to obtain water and/or sewer from Grantee for the property and to make water and sewer from Grantee's system available to individual owners.

And whereas Grantee has adopted through appropriate resolution stated policy regarding water distribution and sewer systems under the terms of which, among other things, in order to obtain water and sewer for said subdivision Developer must convey title to the water (and/or sewer) distribution system to Grantee through an instrument of dedication acceptable to Grantee;

NOW, THEREFORE, Developer, in consideration of Grantee accepting said water and sewer lines and making water and sewer available to said subdivision, has conveyed by these presents does hereby convey to Grantee, its lawful successors and assigns, the following described property:

ITEM ONE

All of the water distribution lines and sewer collection lines and equipment located under, along and within the property described as CAMPBELL'S RIDGE, PHASE 2, as the same appears on a plat thereof recorded in Map Cabinet 120 at page 80 of the Brunswick County Registry and as shown on the Exhibit Map prepared by Paramounte Engineering dated 4/21/20 attached hereto and marked "Exhibit A".

ITEM TWO

Non-exclusive easements over, along and upon the entire area of all streets, roads, parking areas and cul-de-sacs depicted on the plats and serving the areas referenced in Item One above, for purposes of entry into the Development for maintenance, repair and upkeep of the water distribution and sewer collection systems and for connecting the same to the Development lots developed or to be developed lying adjacent to said streets, roads, parking areas and cul-de-sacs. Reserving unto Developer, its successors and assigns, equal rights of easement and access over, in, along and upon said streets, roads, parking areas and cul-de-sacs for purposes of installing and maintaining such other utilities as may be required for the development of the Development, including but not limited to, electric, gas, telephone, cable, and sewer.

TO HAVE AND TO HOLD said water and sewer lines and equipment above described together with the privileges and appurtenances thereto belonging to Grantee forever, together with non-exclusive easements over along and upon the entire area of the streets and cul-de-sacs depicted on the maps and servicing the areas referenced above for purposes of entry into the subdivision for maintenance, repair and upkeep of the water (and/or sewer) distribution systems and for connecting the same to the individual lots developed or to be developed lying adjacent to said streets and cul-de-sacs reserving unto Developer, its successors and assigns, equal rights of

easement and easement over, in, along and upon said streets and cul-de-sacs for purposes of installing and maintaining such utilities as may be required for the development of said subdivision, including, but not limited to, electric, gas, telephone, cable and sewer.

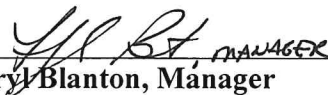
And Developer does hereby covenant that it is seized of said water and sewer lines and equipment described above in fee simple and has the right to convey the same in fee simple, that the same are free and clear of encumbrances, and that it will warrant and defend the title to the same against all persons whomsoever.

Developer warrants to Grantee that the system herein conveyed is of good quality and free from faults and defects, and conforms to as-built drawings. Developer warrants said system for a period of one (1) year from the date of recording this Deed of Dedication in the office of the Brunswick County Register of Deeds.

IN WITNESS WHEREOF, the Grantor has caused this instrument to be duly executed, the day and year first above written.

Bill Clark Homes of Wilmington, LLC

By:  (SEAL)
Edward H. Clark, Manager

By:  **MANAGER** (SEAL)
Cheryl Blanton, Manager

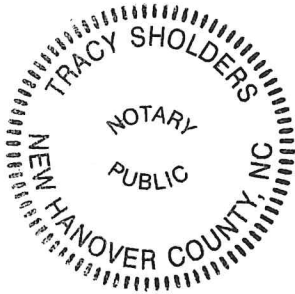
STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

I, Tracy Sholders, a Notary Public of **New Hanover County, North Carolina**, do hereby certify that **Edward H. Clark** and **Cheryl Blanton** personally appeared before me this day and acknowledged that they are managers of **Bill Clark Homes of Wilmington, LLC**, a North Carolina limited liability company, and being authorized to do so, as Managers of the limited liability company, executed the foregoing instrument on behalf of the limited liability company.

Witness my hand and official seal on this date shown.

Tracy Sholders Date: July 8, 2020
Notary Public

My Commission Expires: August 16, 2020



ACCEPTANCE OF DEED

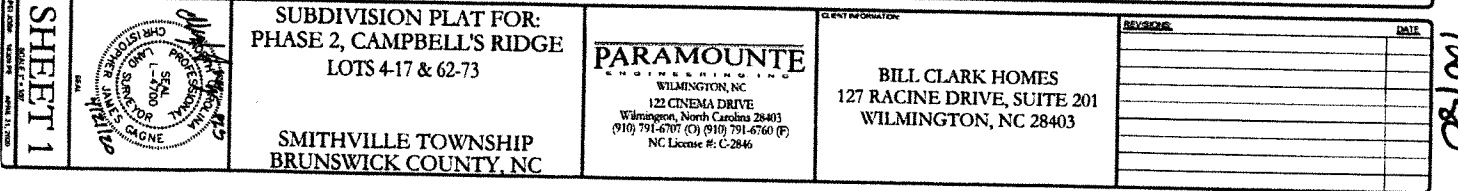
This Deed of Dedication and accompanying Affidavit for Bill Clark Homes of Wilmington, LLC was accepted by the Brunswick County Board of Commissioners on the _____ day of _____, 2020.

Brunswick County Board of Commissioners

Frank Williams, Chairman

Andrea White
Clerk to the Board

KH



08/02/

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF BRUNSWICK

BILL CLARK HOMES OF WILMINGTON, LLC, a North Carolina Limited Liability Company, with an office and place of business in New Hanover County, North Carolina, hereinafter referred to as Affiant, by and through its hereinafter named managers, being first duly sworn, hereby deposes and says under oath as follows:

1. That it is the owner of certain property located in Shallotte Township, Brunswick County, North Carolina, known as CAMPBELL'S RIDGE, PHASE 2, as more particularly described in Deed of Dedication in favor of Brunswick County of even date herewith.

2. That it has caused to be installed water distribution lines and sewer lines under and along the road right-of-ways property hereinafter described and referenced:


BEING all of CAMPBELL'S RIDGE, PHASE 2, as the same appears on a plat thereof recorded in Map Cabinet 120 at pages 80 of the Brunswick County Registry.

3. All the work which has been performed in the construction and installation of said water distribution lines and sewer lines described in paragraph 2, above, has been fully paid for and there are now no liens of any kind including any lien for labor or material against the subdivision property which would in any way jeopardize title of Affiant to the property in said subdivision nor are there any legal actions pending against Affiant or any contractor arising out of any work performed in said subdivision or the water lines and sewer lines installed therein which would in any way jeopardize title to the subdivision or the water distribution lines and sewer lines located therein.

This the 8th day of July, 2020.

Bill Clark Homes of Wilmington, LLC

By:  (SEAL)
Edward H. Clark, Manager

By:  (SEAL)
Cheryl Blanton, Manager

STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

I, Tracy Sholders, a Notary Public of New Hanover County, North Carolina, do hereby certify that Edward H. Clark and Cheryl Blanton personally appeared before me this day and acknowledged that they are managers of **Bill Clark Homes of Wilmington, LLC**, a North Carolina limited liability company, and being authorized to do so, as Managers of the limited liability company, executed the foregoing instrument on behalf of the limited liability company.

Witness my hand and official seal on this date shown.

 Date: July 8, 2020
Notary Public

My Commission Expires: August 16, 2020





Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:
Bryan Batton

Action Item # V. - 8.

County Attorney - Sunset Ridge, Phase 5, Section 3 Deed of Dedication

Issue/Action Requested:

Request that the Board of Commissioners consider accepting the Deed of Dedication for water and sewer infrastructure in Sunset Ridge, Phase 5, Section 3.

Background/Purpose of Request:

Bill Clark Homes of Wilmington, LLC has submitted a Deed of Dedication for water and sewer infrastructure in Sunset Ridge, Phase 5, Section 3. The lines have been tested and approved and are ready to be incorporated into our utility system.

Fiscal Impact:

Reviewed By Director of Fiscal Operations

\$ 18,861.00 for water

\$ 16,152.00 for sewer

Approved By County Attorney:

Yes

County Attorney's Recommendation:

Accept the Deed of Dedication for water and sewer infrastructure from Bill Clark Homes of Wilmington, LLC.

County Manager's Recommendation:

Recommend the Board accept the Deed of Dedication for water and sewer infrastructure in Sunset Ridge, Phase 5, Section 3.

ATTACHMENTS:

Description

- ▣ Sunset Ridge, Phase 5, Section 3 DOD

Prepared by: Stephen R. Outten, Esq.
Bailey & Busby, PLLC – Wilmington Office
7110 Wrightsville Ave., Suite A-1
Wilmington, NC 28403

DEED OF DEDICATION

STATE OF NORTH CAROLINA

COUNTY OF BRUNSWICK

THIS DEED OF DEDICATION, made and entered into this the 22nd day of July, 2020, by and between BILL CLARK HOMES OF WILMINGTON, LLC, a North Carolina Limited Liability Company, with an office and place of business in New Hanover County, and whose address is 127 Racine Drive, Suite 201, Wilmington, North Carolina 28403, party of the first part, hereinafter referred to as “Developer”, and BRUNSWICK COUNTY, a governmental entity created and existing under the laws of the State of North Carolina, whose address is P.O. Box 249, Bolivia, NC 28422, party of the second part, hereinafter referred to as “Grantee”,

W I T N E S S E T H:

That whereas Developer is the owner and developer of a tract or parcel located in Brunswick County, North Carolina, known as Sunset Ridge Subdivision, Phase 5, Section 3 as described on a plat recorded in Map Cabinet 122 at page 18, (hereinafter collectively “the Development”);

And whereas Developer has caused to be installed water distribution lines and/or sewer lines under and along the road rights-of-way hereinafter described and referenced;

And whereas Developer wishes to obtain water and/or sewer from Grantee for the property and to make water and sewer from Grantee's system available to individual owners.

And whereas Grantee has adopted through appropriate resolution stated policy regarding water distribution and sewer systems under the terms of which, among other things, in order to obtain water and sewer for said subdivision Developer must convey title to the water (and/or sewer) distribution system to Grantee through an instrument of dedication acceptable to Grantee;

NOW, THEREFORE, Developer, in consideration of Grantee accepting said water and sewer lines and making water and sewer available to said subdivision, has conveyed by these presents does hereby convey to Grantee, its lawful successors and assigns, the following described property:

ITEM ONE

All of the water distribution lines and sewer collection lines and equipment located under, along and within the property described as SUNSET RIDGE SUBDIVISION, PHASE 5, SECTION 3, as the same appears on a plat thereof recorded in Map Cabinet 122 at page 18 of the Brunswick County Registry and as shown on the Exhibit Map prepared by Atlantic Coast Survey dated 5/5/20 attached hereto and marked "Exhibit A".

ITEM TWO

Non-exclusive easements over, along and upon the entire area of all streets, roads, parking areas and cul-de-sacs depicted on the plats and serving the areas referenced in Item One above, for purposes of entry into the Development for maintenance, repair and upkeep of the water distribution and sewer collection systems and for connecting the same to the Development lots developed or to be developed lying adjacent to said streets, roads, parking areas and cul-de-sacs. Reserving unto Developer, its successors and assigns, equal rights of easement and access over, in, along and upon said streets, roads, parking areas and cul-de-sacs for purposes of installing and maintaining such other utilities as may be required for the development of the Development, including but not limited to, electric, gas, telephone, cable, and sewer.

TO HAVE AND TO HOLD said water and sewer lines and equipment above described together with the privileges and appurtenances thereto belonging to Grantee forever, together with non-exclusive easements over along and upon the entire area of the streets and cul-de-sacs depicted on the maps and servicing the areas referenced above for purposes of entry into the subdivision for maintenance, repair and upkeep of the water (and/or sewer) distribution systems and for connecting the same to the individual lots developed or to be developed lying adjacent to said streets and cul-de-sacs reserving unto Developer, its successors and assigns, equal rights of

easement and easement over, in, along and upon said streets and cul-de-sacs for purposes of installing and maintaining such utilities as may be required for the development of said subdivision, including, but not limited to, electric, gas, telephone, cable and sewer.

And Developer does hereby covenant that it is seized of said water and sewer lines and equipment described above in fee simple and has the right to convey the same in fee simple, that the same are free and clear of encumbrances, and that it will warrant and defend the title to the same against all persons whomsoever.

Developer warrants to Grantee that the system herein conveyed is of good quality and free from faults and defects, and conforms to as-built drawings. Developer warrants said system for a period of one (1) year from the date of recording this Deed of Dedication in the office of the Brunswick County Register of Deeds.

IN WITNESS WHEREOF, the Grantor has caused this instrument to be duly executed, the day and year first above written.

Bill Clark Homes of Wilmington, LLC

By:  (SEAL)
Edward H. Clark, Manager

By:  (SEAL)
Cheryl Blanton, Manager

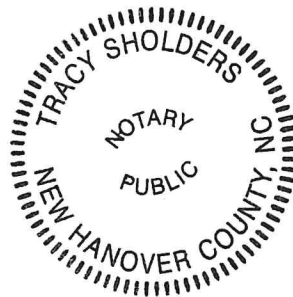
STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

I, Tracy Sholders, a Notary Public of New Hanover County, North Carolina, do hereby certify that Edward H. Clark and Cheryl Blanton personally appeared before me this day and acknowledged that they are managers of **Bill Clark Homes of Wilmington, LLC**, a North Carolina limited liability company, and being authorized to do so, as Managers of the limited liability company, executed the foregoing instrument on behalf of the limited liability company.

Witness my hand and official seal on this date shown.

Tracy Sholders Date: July 22, 2020
Notary Public

My Commission Expires: August 11, 2020



ACCEPTANCE OF DEED

This Deed of Dedication and accompanying Affidavit for Bill Clark Homes of Wilmington, LLC was accepted by the Brunswick County Board of Commissioners on the _____ day of _____, 2020.

Brunswick County Board of Commissioners

Frank Williams, Chairman

Andrea White
Clerk to the Board



STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF BRUNSWICK

BILL CLARK HOMES OF WILMINGTON, LLC, a North Carolina Limited Liability Company, with an office and place of business in New Hanover County, North Carolina, hereinafter referred to as Affiant, by and through its hereinafter named managers, being first duly sworn, hereby deposes and says under oath as follows:

1. That it is the owner of certain property located in Shallotte Township, Brunswick County, North Carolina, known as SUNSET RIDGE SUBDIVISION, PHASE 5, SECTION 3, as more particularly described in Deed of Dedication in favor of Brunswick County of even date herewith.

2. That it has caused to be installed water distribution lines and sewer lines under and along the road right-of-ways property hereinafter described and referenced:

BEING all of SUNSET RIDGE SUBDIVISION, PHASE 5, SECTION 3, as the same appears on a plat thereof recorded in Map Cabinet 122 at pages 18 of the Brunswick County Registry.

3. All the work which has been performed in the construction and installation of said water distribution lines and sewer lines described in paragraph 2, above, has been fully paid for and there are now no liens of any kind including any lien for labor or material against the subdivision property which would in any way jeopardize title of Affiant to the property in said subdivision nor are there any legal actions pending against Affiant or any contractor arising out of any work performed in said subdivision or the water lines and sewer lines installed therein which would in any way jeopardize title to the subdivision or the water distribution lines and sewer lines located therein.

This the 22nd day of July, 2020.

Bill Clark Homes of Wilmington, LLC

By:  (SEAL)
Edward H. Clark, Manager

By:  (SEAL)
Cheryl Blanton, Manager

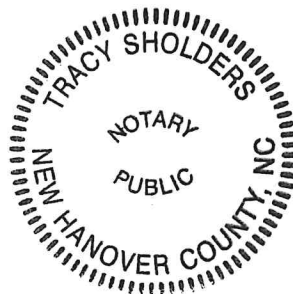
STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

I, Tracy Sholders, a Notary Public of **New Hanover County, North Carolina**, do hereby certify that **Edward H. Clark** and **Cheryl Blanton** personally appeared before me this day and acknowledged that they are managers of **Bill Clark Homes of Wilmington, LLC**, a North Carolina limited liability company, and being authorized to do so, as Managers of the limited liability company, executed the foregoing instrument on behalf of the limited liability company.

Witness my hand and official seal on this date shown.

 Date: July 28, 2020
Notary Public

My Commission Expires: August 16, 2020





Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:
Bryan Batton

Action Item # V. - 9.

County Attorney - The Retreat at Ocean Isle Beach, Sec 2, Phase 7 Deed of Dedication

Issue/Action Requested:

Request that the Board of Commissioners consider accepting the Deed of Dedication for water and sewer infrastructure in The Retreat at Ocean Isle Beach, Section 2, Phase 7.

Background/Purpose of Request:

Bill Clark Homes of Wilmington, LLC has submitted a Deed of Dedication for water and sewer infrastructure in The Retreat at Ocean Isle Beach, Section 2, Phase 7. The lines have been tested and approved and are ready to be incorporated into our utility system.

Fiscal Impact:

Reviewed By Director of Fiscal Operations

\$ 23,369.00 for water

\$ 13,513.00 for sewer

Approved By County Attorney:

Yes

County Attorney's Recommendation:

Accept the Deed of Dedication for water and sewer infrastructure from Bill Clark Homes of Wilmington, LLC.

County Manager's Recommendation:

Recommend the Board accept the Deed of Dedication for water and sewer infrastructure in The Retreat at Ocean Isle Beach, Section 2, Phase 7.

ATTACHMENTS:

Description

- The Retreat at Ocean Isle Beach, Section 2, Phase 7

Prepared by: Stephen R. Outten, Esq.
Bailey & Busby, PLLC – Wilmington Office
7110 Wrightsville Ave., Suite A-1
Wilmington, NC 28403

DEED OF DEDICATION

STATE OF NORTH CAROLINA

COUNTY OF BRUNSWICK

THIS DEED OF DEDICATION, made and entered into this the 21st day of July, 2020, by and between BILL CLARK HOMES OF WILMINGTON, LLC, a North Carolina Limited Liability Company, with an office and place of business in New Hanover County, and whose address is 127 Racine Drive, Suite 201, Wilmington, North Carolina 28403, party of the first part, hereinafter referred to as “Developer”, and BRUNSWICK COUNTY, a governmental entity created and existing under the laws of the State of North Carolina, whose address is P.O. Box 249, Bolivia, NC 28422, party of the second part, hereinafter referred to as “Grantee”,

W I T N E S S E T H:

That whereas Developer is the owner and developer of a tract or parcel located in Brunswick County, North Carolina, known as The Retreat at Ocean Isle Beach, Phase 7, Section 2 as described on a plat recorded in Map Cabinet 121 at pages 92-93, (hereinafter collectively “the Development”);

And whereas Developer has caused to be installed water distribution lines and/or sewer lines under and along the road rights-of-way hereinafter described and referenced;

And whereas Developer wishes to obtain water and/or sewer from Grantee for the property and to make water and sewer from Grantee's system available to individual owners.

And whereas Grantee has adopted through appropriate resolution stated policy regarding water distribution and sewer systems under the terms of which, among other things, in order to obtain water and sewer for said subdivision Developer must convey title to the water (and/or sewer) distribution system to Grantee through an instrument of dedication acceptable to Grantee;

NOW, THEREFORE, Developer, in consideration of Grantee accepting said water and sewer lines and making water and sewer available to said subdivision, has conveyed by these presents does hereby convey to Grantee, its lawful successors and assigns, the following described property:

ITEM ONE

All of the water distribution lines and sewer collection lines and equipment located under, along and within the property described as THE RETREAT AT OCEAN ISLE BEACH, PHASE 7, SECTION 2, as the same appears on a plat thereof recorded in Map Cabinet 121 at pages 92-93 of the Brunswick County Registry and as shown on the Exhibit Map prepared by Atlantic Coast Survey dated 6/23/20 attached hereto and marked "Exhibit A".

ITEM TWO

Non-exclusive easements over, along and upon the entire area of all streets, roads, parking areas and cul-de-sacs depicted on the plats and serving the areas referenced in Item One above, for purposes of entry into the Development for maintenance, repair and upkeep of the water distribution and sewer collection systems and for connecting the same to the Development lots developed or to be developed lying adjacent to said streets, roads, parking areas and cul-de-sacs. Reserving unto Developer, its successors and assigns, equal rights of easement and access over, in, along and upon said streets, roads, parking areas and cul-de-sacs for purposes of installing and maintaining such other utilities as may be required for the development of the Development, including but not limited to, electric, gas, telephone, cable, and sewer.

TO HAVE AND TO HOLD said water and sewer lines and equipment above described together with the privileges and appurtenances thereto belonging to Grantee forever, together with non-exclusive easements over along and upon the entire area of the streets and cul-de-sacs depicted on the maps and servicing the areas referenced above for purposes of entry into the subdivision for maintenance, repair and upkeep of the water (and/or sewer) distribution systems and for connecting the same to the individual lots developed or to be developed lying adjacent to said streets and cul-de-sacs reserving unto Developer, its successors and assigns, equal rights of

easement and easement over, in, along and upon said streets and cul-de-sacs for purposes of installing and maintaining such utilities as may be required for the development of said subdivision, including, but not limited to, electric, gas, telephone, cable and sewer.

And Developer does hereby covenant that it is seized of said water and sewer lines and equipment described above in fee simple and has the right to convey the same in fee simple, that the same are free and clear of encumbrances, and that it will warrant and defend the title to the same against all persons whomsoever.

Developer warrants to Grantee that the system herein conveyed is of good quality and free from faults and defects, and conforms to as-built drawings. Developer warrants said system for a period of one (1) year from the date of recording this Deed of Dedication in the office of the Brunswick County Register of Deeds.

IN WITNESS WHEREOF, the Grantor has caused this instrument to be duly executed, the day and year first above written.

Bill Clark Homes of Wilmington, LLC

By:  (SEAL)
Edward H. Clark, Manager

By:  (SEAL)
Cheryl Blanton, Manager

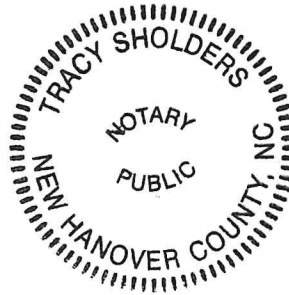
STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

I, Tracy Sholders, a Notary Public of New Hanover County, North Carolina, do hereby certify that Edward H. Clark and Cheryl Blanton personally appeared before me this day and acknowledged that they are managers of **Bill Clark Homes of Wilmington, LLC**, a North Carolina limited liability company, and being authorized to do so, as Managers of the limited liability company, executed the foregoing instrument on behalf of the limited liability company.

Witness my hand and official seal on this date shown.

Tracy Sholders Date: July 21, 2020
Notary Public

My Commission Expires: August 16, 2020



ACCEPTANCE OF DEED

This Deed of Dedication and accompanying Affidavit for Bill Clark Homes of Wilmington, LLC was accepted by the Brunswick County Board of Commissioners on the _____ day of _____, 2020.

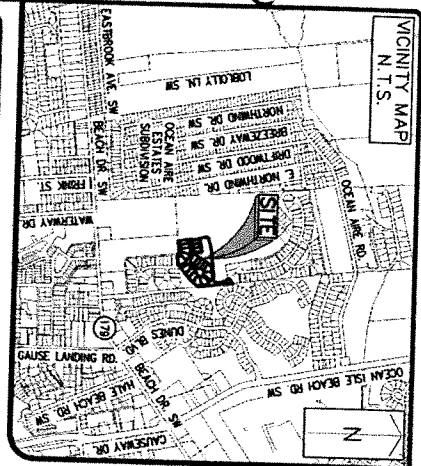
Brunswick County Board of Commissioners

Frank Williams, Chairman

Andrea White
Clerk to the Board

6/29/2020 LC

VICINITY MAP N.T.S.



THE UNDERSIGNED HEREBY ACKNOWLEDGE THAT THE LAND SHOWN ON THIS MAP IS WITHIN THE SUBDIVISION SCHEMATIC MAP OF OCEAN ISLE BEACH AND THAT THIS MAP IS A PART OF THE RECORDING OF THE SUBDIVISION SCHEMATIC MAP OF OCEAN ISLE BEACH.

Atlantic Coast Survey, PLLC
WILMINGTON, NC 28405
(910) 292-4889

BRUNSWICK COUNTY CERTIFICATE FOR INSTALLED IMPROVEMENTS

THE UNDERSIGNED HEREBY CERTIFIES THAT THE REQUIRED IMPROVEMENTS HAVE BEEN INSTALLED IN AN ACCEPTABLE MANNER AND IN ACCORDANCE WITH THE REQUIREMENTS OF THE BRUNSWICK COUNTY SATED EXISTING ORDINANCES.

Atlantic Coast Survey, PLLC
WILMINGTON, NC 28405
(910) 292-4889

DEPARTMENT OF TRANSPORTATION
BRUNSWICK COUNTY ENGINEERING DIVISION

Atlantic Coast Survey, PLLC
WILMINGTON, NC 28405
(910) 292-4889

GENERAL NOTES

1. THIS IS A MASTER SUBDIVISION MAP FOR OCEAN ISLE BEACH.
2. BASED ON RECORDS FOR THIS PLAT IS MAP 121-1-3816.
3. ALL DISTANCES ARE HORIZONTAL, EXCEPT WHERE SHOWN OTHERWISE.
4. UNITS ARE U.S. SURVEY FEET UNLESS OTHERWISE SHOWN.
5. AREA BY COORDINATE CALCULATION.
6. THIS SURVEY PERSONNEL AND PLAT PREPARED SUBJECT TO ANY FACTS AND EXISTING RECORDS.
7. TYPED NOTE: AS DETONATED BY OWNER, LOCATED IN FLOOD HAZARD ZONE "X" (FLOOD RISK 100% TO 1% ACF). EFFECTIVE DATE: 10/1/2010.
8. MAP & BEAD REFERENCES SHOWN FOR 100' ST. IS CORRELATION: 100' - 20'.
9. TOTAL PLATTED SITE AREA: 46,424.50 SQ. FT.

THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

WILSON, NC 27578 - PROFESSIONAL LAND SURVEYOR (1-3518)

6-23-20



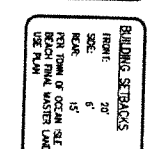
WILSON, NC 27578 - PROFESSIONAL LAND SURVEYOR (1-3518)



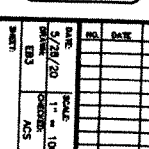
WILSON, NC 27578 - PROFESSIONAL LAND SURVEYOR (1-3518)



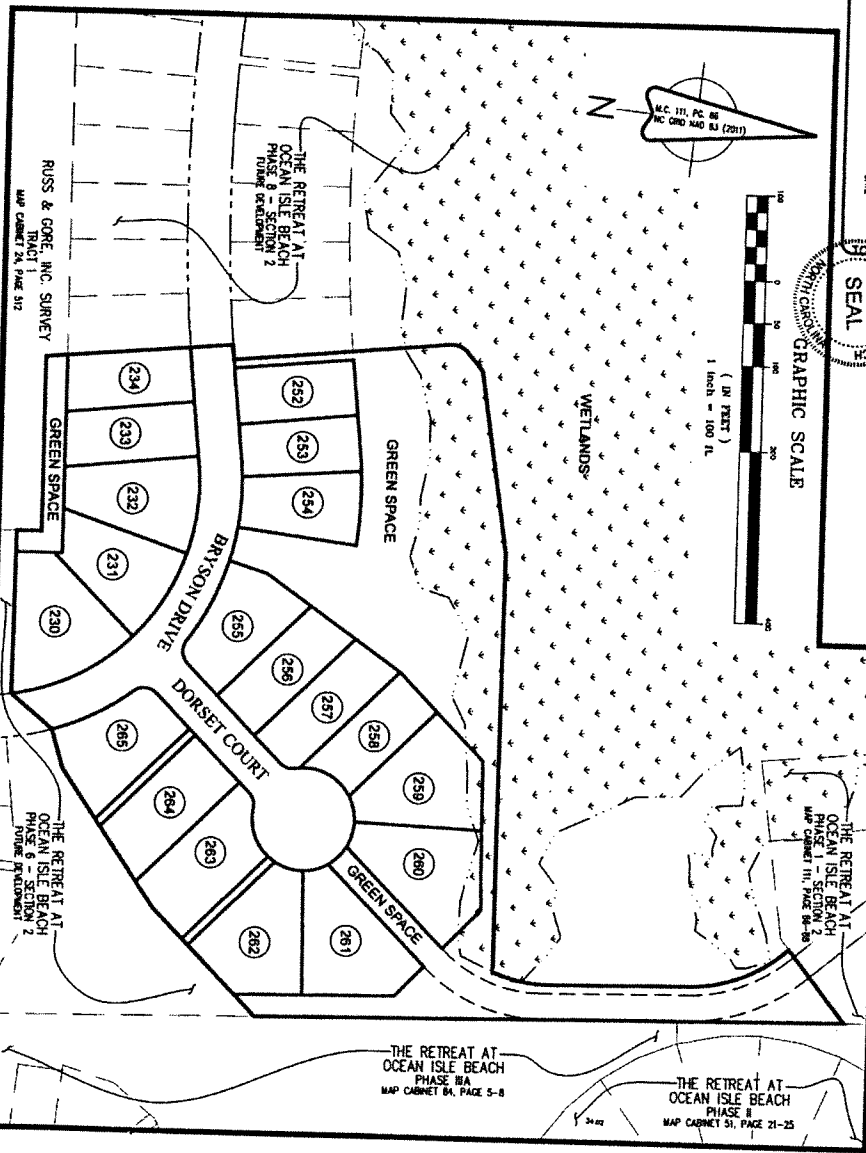
WILSON, NC 27578 - PROFESSIONAL LAND SURVEYOR (1-3518)



WILSON, NC 27578 - PROFESSIONAL LAND SURVEYOR (1-3518)



WILSON, NC 27578 - PROFESSIONAL LAND SURVEYOR (1-3518)



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Atlantic Coast Survey, PLLC
WILMINGTON, NC 28405
(910) 292-4889

THE RETREAT AT OCEAN ISLE BEACH
PHASE 7 - SECTION 2
LOTS 230-234 and 252-265

SHALLOTTE TOWNSHIP
BRUNSWICK COUNTY
NORTH CAROLINA

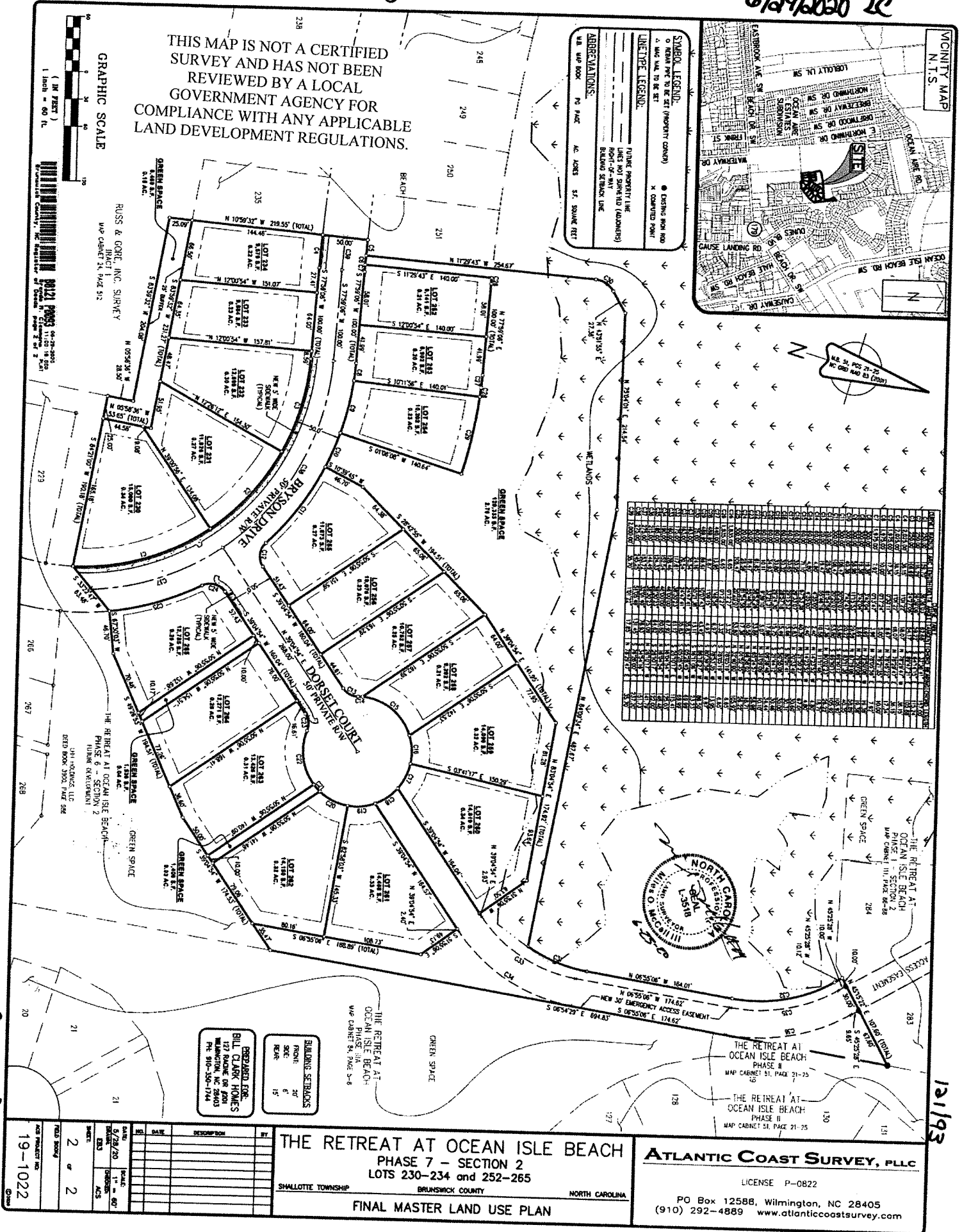
FINAL MASTER LAND USE PLAN

ATLANTIC COAST SURVEY, PLLC

LICENSE P-0822

PO Box 12588, Wilmington, NC 28405
(910) 292-4889 www.atlanticcoastsurvey.com

6/29/2020 LC



Page 2 of 2

12/1/93

THE RETREAT AT OCEAN ISLE BEACH
PHASE 7 - SECTION 2
LOTS 230-234 and 252-265
 SHALLOTTE TOWNSHIP BRUNSWICK COUNTY NORTH CAROLINA
FINAL MASTER LAND USE PLAN

ATLANTIC COAST SURVEY, PLLC
 LICENSE P-0822
 PO Box 12588, Wilmington, NC 28405
 (910) 292-4889 www.atlanticcoastsurvey.com

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF BRUNSWICK

BILL CLARK HOMES OF WILMINGTON, LLC, a North Carolina Limited Liability Company, with an office and place of business in New Hanover County, North Carolina, hereinafter referred to as Affiant, by and through its hereinafter named managers, being first duly sworn, hereby deposes and says under oath as follows:

1. That it is the owner of certain property located in Shallotte Township, Brunswick County, North Carolina, known as THE RETREAT AT OCEAN ISLE BEACH, PHASE 7, SECTION 2, as more particularly described in Deed of Dedication in favor of Brunswick County of even date herewith.

2. That it has caused to be installed water distribution lines and sewer lines under and along the road right-of-ways property hereinafter described and referenced:

BEING all of THE RETREAT AT OCEAN ISLE BEACH, PHASE 7, SECTION 2, as the same appears on a plat thereof recorded in Map Cabinet 121 at pages 92-93 of the Brunswick County Registry.

3. All the work which has been performed in the construction and installation of said water distribution lines and sewer lines described in paragraph 2, above, has been fully paid for and there are now no liens of any kind including any lien for labor or material against the subdivision property which would in any way jeopardize title of Affiant to the property in said subdivision nor are there any legal actions pending against Affiant or any contractor arising out of any work performed in said subdivision or the water lines and sewer lines installed therein which would in any way jeopardize title to the subdivision or the water distribution lines and sewer lines located therein.

This the 21st day of July, 2020.

Bill Clark Homes of Wilmington, LLC

By: [Signature] (SEAL)
Edward H. Clark, Manager

By: [Signature] (SEAL)
Cheryl Blanton, Manager

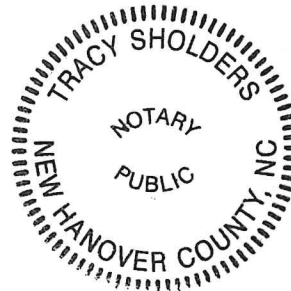
STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

I, Tracy Sholders, a Notary Public of New Hanover County, North Carolina, do hereby certify that Edward H. Clark and Cheryl Blanton personally appeared before me this day and acknowledged that they are managers of **Bill Clark Homes of Wilmington, LLC**, a North Carolina limited liability company, and being authorized to do so, as Managers of the limited liability company, executed the foregoing instrument on behalf of the limited liability company.

Witness my hand and official seal on this date shown.

Tracy Sholders Date: July 21, 2020
Notary Public

My Commission Expires: August 16, 2020





Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 10.
Finance - Fiscal Items

From:
Julie A. Miller

Issue/Action Requested:

Request that the Board of Commissioners approve Budget Amendments, Capital Project Ordinances and Fiscal Items of a routine nature on the consent agenda.

-Shallotte Transmission Main Budget Amendment and CPO

Transfer from the reserve for Shallotte Transmission Main \$150,000 to the project 418288 for easements and appraisals.

- WIC Special Funding Opportunity Phase 2 (COVID-19)

Request that the Board of Commissioners approve the WIC Special Funding Opportunity, Phase 2 in the amount of \$19,073 and authorize staff to execute purchasing to complete grant requirements. The Nutrition Services Branch was recently offered the second of two time-limited funding opportunities for Special Projects this federal fiscal year (FFY), which ends September 30, 2020. This first opportunity was awarded in May to address barriers related to COVID-19 (staffing, equipment, etc.). The second phase is for outreach/programs, clinic enhancements and equipment purchase to enhance client services and will require more extensive planning and multiple bids (renovations, outreach strategies, etc. Phase 2 funding will be available from June 1 – September 30, 2020.

-WIC Client Services Additional State Funding Budget Amendment

Appropriate \$7,986 of additional state funding for increased client caseload.

-Ash Waccamaw Multiuse Building Budget Amendment and CPO

Transfer \$5,800 from county capital reserve to the Ash Waccamaw Multiuse Building for the necessary site geotechnical services.

Background/Purpose of Request:

Fiscal Impact:

Budget Amendment Required, Capital Project/Grant Ordinance Required, Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners approve Budget Amendments, Capital Project Ordinances and Fiscal Items of a routine nature on the consent agenda.

ATTACHMENTS:

Description

- ▣ 20200803 Budget Amendment Shallotte Transmission Main
- ▣ 20200803 CPO Shallotte Transmission Main
- ▣ 20200803 Attach WIC Phase 1 & 2 Agreement
- ▣ 20200803 Attach Brunswick CountySpecial Funding Phase 2
- ▣ 20200803 Attach Brunswick County Application - Phase 2
- ▣ 20200803 Attach Grant Eval Appl WIC Phase 2 COVID
- ▣ 20200803 Budget Amendment WIC Special Funding Phase 2 COVID
- ▣ 20200803 Budget Amendment WIC Client Services Additional Funding
- ▣ 20200803 CPO Waccamaw Multiuse Building
- ▣ 20200803 Budget Amendment Ash Waccamaw Geotechnical

Request Info	
Type	Budget Amendment
Description	Shallotte Transmission Main
Justification	Board Meeting 08/03/2020-Transfer from the reserve for Shallotte Transmission Main \$150,000 to the project 418288 for easements and appraisals.
Originator	Tiffany Rogers

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
419800	398661	Interfund Trans Water Cap Rsv	Trans Frm Water Fund	-150000	Decrease	Debit
419800	464330	Interfund Trans Water Cap Rsv	Shallotte	-150000	Decrease	Credit
418288	398661	Shallotte Transmission Main	Trans Frm Water Fund	150000	Increase	Credit
418288	464001	Shallotte Transmission Main	Arch/Engnrg/Legal	150000	Increase	Debit

Total	
Grand Total:	0

**COUNTY OF BRUNSWICK, NORTH CAROLINA
CAPITAL PROJECT ORDINANCE**

**Shallotte Transmission Main
(418288)**

Be it ordained by the Board of County Commissioners of Brunswick County that pursuant to Section 13.2 of the General Statutes of North Carolina, the following ordinance is hereby adopted:

Section 1. The following amounts are hereby appropriated in the Brunswick County Water Capital Projects Fund:

Water Capital Projects Fund:

Revenues:

Transfer from Water Fund		<u>458,500</u>
Total Water Capital Project Revenues	\$	458,500

Expenditures:

Arch/Eng/Legal		<u>458,500</u>
Total Water Capital Project Expenditures	\$	458,500

Section 2. It is estimated that the following revenues will be available in the Brunswick County Water Fund:

Current Funds Appropriated	\$	458,500
----------------------------	----	---------

Section 3. The following amounts are hereby appropriated in the Brunswick County Water Fund:

Contribution to Capital Project Fund	\$	458,500
--------------------------------------	----	---------

Section 4. This Capital Project Ordinance shall be entered into the minutes of the August 03, 2020 meeting of the Brunswick County Board of Commissioners.

Division of Public Health

Agreement Addendum

FY 20-21

Page 1 of 2

Brunswick County Health and Human
Services
Local Health Department Legal Name

403 WIC
Activity Number and Description

06/01/2020 – 05/31/2021
Service Period

07/01/2020 – 06/30/2021
Payment Period

☐ **Original Agreement Addendum**
☒ **Agreement Addendum Revision # 1**

Women's and Children's Health Section /
Nutrition Services Branch
DPH Section / Branch Name

Lisa D. Dupree, (919) 707-5807
Lisa.Dupree@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

DPH Program Signature **Date**
(only required for a negotiable agreement addendum)

I. **Background:**
No change.

II. **Purpose:**
This Agreement Addendum Revision #1 awards special time-limited funds to the Local Health Department to acquire approved equipment or services as described in Section III below.

III. **Scope of Work and Deliverables:**
As of June 1, 2020, this Agreement Addendum Revision #1 adds Paragraph B.13 and B.14, as follows:

13. Deliverable #13 – Special Funding for Equipment or Approved Services for the Local Health Department's response to the COVID19 pandemic.

In order to further enhance its ability to continue with the objective of the Special Supplemental Nutrition Program for WIC, the Local Health Department shall use the funds provided under this Agreement Addendum Revision #1 to acquire equipment or services, as has been approved by the Nutrition Services Branch in April–May 2020. This will assist the Local Health Department respond to the increasing demand for services and the provision of remote services during the COVID-19 pandemic.

14. Deliverable #14 – Special Funding for Equipment or Approved Services

In order to further enhance its ability to continue with the objective of the Special Supplemental Nutrition Program for WIC, the Local Health Department shall use the funds provided under this Agreement Addendum Revision #1 to acquire equipment or services, as has been approved by

PC Hausler
Health Director Signature (use blue ink)

7/2/2020
Date

Local Health Department to complete:
(If follow-up information is needed by DPH)

LHD program contact name: Maureen Hubbard
Phone number with area code: 910-253-2278
Email address: maureen.hubbard@brunswickcountync.gov

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

Revised July 2018

the Nutrition Services Branch in June 2020. This will assist the Local Health Department in its efforts to provide supplemental nutritious foods, nutrition education, referrals to health care for low-income persons during critical period of growth and development, promote increased program participation, and encourage participant retention.

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

No change.

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

No change.

VI. **Funding Guidelines or Restrictions:**

As of June 1, 2020, this Agreement Addendum Revision #1 changes Paragraph 7, as follows:

7. Final expenditures for special funds must be entered into the Aid-to-Counties System no later than November 15, 2020. This funding is delineated by the code "GA" and shall be used for the purchase of approved special funding equipment and services during the period of June 1, 2020 through September 30, 2020.

DPH-Aid-To-Counties

For Fiscal Year: 20/21

Budgetary Estimate Number : 2

Activity 403	AA	13A2 5403 GA	13A2 5403 GB	13A2 5404 GA	13A2 5404 GB	13A2 5405 GA	13A2 5405 GB	13A2 5409 GA	13A2 5409 GB	Proposed Total	New Total
Service Period		06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31		
Payment Period		07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30		
01 Alamance	*	0	0	0	0	0	0	0	0	0	746,262
D1 Albemarle	* 3	38,260	0	0	0	0	0	0	0	38,260	775,018
02 Alexander	*	0	0	0	0	0	0	0	0	0	137,016
04 Anson	*	0	0	0	0	0	0	0	0	0	137,412
D2 Appalachian	* 2	550	0	0	0	0	0	0	0	550	302,896
07 Beaufort	* 2	11,295	0	0	0	0	0	0	0	11,295	268,101
09 Bladen	* 2	12,000	0	0	0	0	0	0	0	12,000	203,268
10 Brunswick	* 2	46,274	0	0	0	0	0	0	0	46,274	514,544
11 Buncombe		0	0	0	0	0	0	0	0	0	805,662
12 Burke	*	0	0	0	0	0	0	0	0	0	414,414
13 Cabarrus	* 2	36,291	0	0	0	0	0	0	0	36,291	655,437
14 Caldwell	* 2	1,440	0	0	0	0	0	0	0	1,440	360,018
16 Carteret	* 2	6,165	0	0	0	0	0	0	0	6,165	229,509
17 Caswell	*	0	0	0	0	0	0	0	0	0	98,406
18 Catawba	*	0	0	0	0	0	0	0	0	0	694,782
19 Chatham	*	0	0	0	0	0	0	0	0	0	0
20 Cherokee	*	0	0	0	0	0	0	0	0	0	128,106
22 Clay	* 2	2,956	0	0	0	0	0	0	0	2,956	50,872
23 Cleveland	*	0	0	0	0	0	0	0	0	0	533,016
24 Columbus	*	0	0	0	0	0	0	0	0	0	273,042
25 Craven	* 2	219	0	0	0	0	0	0	0	219	509,079
26 Cumberland	*	0	0	0	0	0	0	0	0	0	2,286,702
28 Dare	* 2	4,110	0	0	0	0	0	0	0	4,110	113,208
29 Davidson	* 2	11,954	0	0	0	0	0	0	0	11,954	620,210
30 Davie	*	0	0	0	0	0	0	0	0	0	146,520
31 Duplin	* 3	25,378	0	0	0	0	0	0	0	25,378	411,676
32 Durham	*	0	0	0	0	0	0	0	0	0	0
33 Edgecombe	* 2	0	0	0	0	0	0	0	0	0	317,196
D7 Foothills	* 2	3,697	0	0	0	0	0	0	0	3,697	560,077
34 Forsyth	* 2	36,225	0	0	0	0	0	0	0	36,225	1,590,723
35 Franklin	*	0	0	0	0	0	0	0	0	0	245,520
36 Gaston	*	0	0	0	0	0	0	0	0	0	794,772
38 Graham	*	0	0	0	0	0	0	0	0	0	61,380
D3 Gran-Vance	* 2	33,276	0	0	0	0	0	0	0	33,276	546,690
40 Greene	* 2	9,762	0	0	0	0	0	0	0	9,762	147,372
41 Guilford	* 2	14,452	0	0	0	0	0	0	0	14,452	2,416,786
42 Halifax	* 2	9,020	0	0	0	0	0	0	0	9,020	319,484
43 Harnett	* 2	4,613	0	0	0	0	0	0	0	4,613	552,083
44 Haywood	*	0	0	0	0	0	0	0	0	0	232,254
45 Henderson	* 2	6,040	0	0	0	0	0	0	0	6,040	348,778
46 Hertford	*	0	0	0	0	0	0	0	0	0	0
47 Hoke	*	0	0	0	0	0	0	0	0	0	338,382
48 Hyde	*	0	0	0	0	0	0	0	0	0	17,424
49 Iredell	*	0	0	0	0	0	0	0	0	0	613,998
50 Jackson	* 2	4,992	0	0	0	0	0	0	0	4,992	163,194
51 Johnston	* 2	32,594	0	0	0	0	0	0	0	32,594	759,452
52 Jones	* 2	2,607	0	0	0	0	0	0	0	2,607	43,395
53 Lee	* 2	4,830	0	0	0	0	0	0	0	4,830	334,104
54 Lenoir	* 2	14,180	0	0	0	0	0	0	0	14,180	398,498
55 Lincoln	* 2	6,457	0	0	0	0	0	0	0	6,457	314,743
56 Macon		0	0	0	0	0	0	0	0	0	187,506
57 Madison	* 2	3,327	0	0	0	0	0	0	0	3,327	74,013
D4 M-T-W	* 2	6,535	0	0	0	0	0	0	0	6,535	256,807
60 Mecklenburg	* 2	122,438	0	0	0	0	0	0	0	122,438	3,630,998
62 Montgomery	* 2	5,400	0	0	0	0	0	0	0	5,400	170,136
63 Moore	*	0	0	0	0	0	0	0	0	0	324,126
64 Nash	*	0	0	0	0	0	0	0	0	0	551,430

65 New Hanover	*	2	2,114	0	0	0	0	0	0	0	0	2,114	558,296
66 Northampton	*	2	7,147	0	0	0	0	0	0	0	0	7,147	98,821
67 Onslow	*		0	0	0	0	0	0	0	0	0	0	1,238,292
68 Orange	*		0	0	0	0	0	0	0	0	0	0	0
69 Pamlico	*		0	0	0	0	0	0	0	0	0	0	54,054
71 Pender	*	2	9,522	0	0	0	0	0	0	0	0	9,522	278,010
73 Person	*		3,360	0	0	0	0	0	0	0	0	3,360	190,272
74 Pitt	*		0	0	0	0	0	0	0	0	0	0	853,182
75 Polk	*		0	0	0	0	0	0	0	0	0	0	43,362
76 Randolph	*		0	0	0	0	0	0	0	0	0	0	606,276
77 Richmond	*	2	2,510	0	0	0	0	0	0	0	0	2,510	349,604
78 Robeson	*	2	14,049	0	0	0	0	0	0	0	0	14,049	728,037
79 Rockingham	*	2	3,408	0	0	0	0	0	0	0	0	3,408	417,822
80 Rowan	*		0	0	0	0	0	0	0	0	0	0	481,140
D5 R-P-M	*		0	0	0	0	0	0	0	0	0	0	0
82 Sampson	*	2	48,627	0	0	0	0	0	0	0	0	48,627	366,219
83 Scotland	*		0	0	0	0	0	0	0	0	0	0	286,902
84 Stanly	*	2	4,932	0	0	0	0	0	0	0	0	4,932	296,586
85 Stokes	*	2	2,077	0	0	0	0	0	0	0	0	2,077	154,339
86 Surry	*	2	4,017	0	0	0	0	0	0	0	0	4,017	321,015
87 Swain	*		0	0	0	0	0	0	0	0	0	0	59,796
D6 Toe River	*	2	2,094	0	0	0	0	0	0	0	0	2,094	234,546
88 Transylvania	*	2	2,900	0	0	0	0	0	0	0	0	2,900	109,424
90 Union	*	2	30,800	0	0	0	0	0	0	0	0	30,800	590,348
92 Wake	*	2	88,506	0	0	0	0	0	0	0	0	88,506	2,973,168
93 Warren	*	2	2,981	0	0	0	0	0	0	0	0	2,981	96,041
96 Wayne	*	2	15,969	0	0	0	0	0	0	0	0	15,969	794,901
97 Wilkes	*	2	5,843	0	0	0	0	0	0	0	0	5,843	319,673
98 Wilson	*	2	8,773	0	0	0	0	0	0	0	0	8,773	488,131
99 Yadkin	*		0	0	0	0	0	0	0	0	0	0	196,812
Totals			776,966	0	0	0	0	0	0	0	0	776,966	40,911,566

DocuSigned by: Sign and Date - DPH Program Administrator <i>Kim Lovenduski</i> 0E77B6ADDE334A7...	6/24/2020	DocuSigned by: Sign and Date - DPH Section Chief <i>Sarah Dozier</i> A7F9476447FD444...	6/24/2020
DocuSigned by: Sign and Date - DPH Contracts Office <i>Kimmy Stuart</i>	6/24/2020	DocuSigned by: Sign and Date - DPH Budget Officer <i>Pamela J Allen</i>	6/24/2020
		DocuSigned by: <i>Brenda Barnett</i> 1AE90C5862F2467...	6/24/2020

FY21 Activity: 403 WIC

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

CFDA #: 10.557 Federal awd date: 10/1/18 Is award R&D? no FAIN: 195NC705W1003 Total amount of fed awd: \$ Dollars only

CFDA Special Supplemental Nutrition Program for
name: Women, Infants and ChildrenFed award
project
description: Women, Infants & Children (2 Year)Fed awarding
agency: USDA, Food and Nutrition ServiceFederal award
indirect cost rate: n/a %

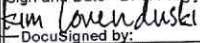

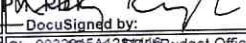
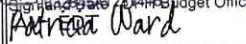
Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	=	\$746,262
Albemarle	130537822	38,260	\$775,018
Alexander	030495105	=	\$137,016
Anson	847163029	=	\$137,412
Appalachian	780131541	550	\$302,896
Beaufort	091567776	11,295	\$268,101
Bladen	084171628	12,000	\$203,268
Brunswick	091571349	46,274	\$514,544
Buncombe	879203560	=	\$805,662
Burke	883321205	=	\$414,414
Cabarrus	143408289	36,291	\$655,437
Caldwell	948113402	1,440	\$360,018
Carteret	058735804	6,165	\$229,509
Caswell	077846053	=	\$98,406
Catawba	083677138	=	\$694,782
Chatham	131356607	=	=
Cherokee	130705072	=	\$128,106
Clay	145058231	2,956	\$50,872
Cleveland	879924850		\$533,016
Columbus	040040016	=	\$273,042
Craven	091564294	219	\$509,079
Cumberland	123914376	=	\$2,286,702
Dare	082358631	\$4,110	\$113,208
Davidson	077839744	\$11,954	\$620,210
Davie	076526651	=	\$146,520
Duplin	095124798	25,378	\$411,676
Durham	088564075	=	=
Edgecombe	093125375	=	\$317,196
Foothills	782359004	3,697	\$560,077
Forsyth	105316439	36,225	\$1,590,723
Franklin	084168632	=	\$245,520
Gaston	071062186	=	\$794,772
Graham	020952383	=	\$61,380
Granville-Vance	063347626	33,276	\$546,690
Greene	091564591	9,762	\$147,372
Guilford	071563613	14,452	\$2,416,786
Halifax	014305957	9,020	\$319,484
Harnett	091565986	4,613	\$552,083
Haywood	070620232	=	\$232,254
Henderson	085021470	6,040	\$348,778
Hoke	091563643	=	\$338,382
Hyde	832526243		\$17,424
Iredell	074504507	=	\$613,998

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Jackson	019728518	4,992	\$163,194
Johnston	097599104	32,594	\$759,452
Jones	095116935	2,607	\$43,395
Lee	067439703	4,830	\$334,104
Lenoir	042789748	8,892	\$393,210
Lincoln	086869336	6,457	\$314,743
Macon	070626825	=	\$187,506
Madison	831052873	3,327	\$74,013
MTW	087204173	6,535	\$256,807
Mecklenburg	074498353	\$122,438	\$3,630,998
Montgomery	025384603	\$5,400	\$170,136
Moore	050988146	=	\$324,126
Nash	050425677	=	\$551,430
New Hanover	040029563	2,114	\$558,296
Northampton	097594477	7,147	\$98,821
Onslow	172663270	=	\$1,238,292
Orange	139209659	=	=
Pamlico	097600456	=	\$54,054
Pender	100955413	9,522	\$278,010
Person	091563718	3,360	\$190,272
Pitt	080889694	=	\$853,182
Polk	079067930	=	\$43,362
Randolph	027873132	=	\$606,276
Richmond	070621339	2,510	\$349,604
Robeson	082367871	14,049	\$728,037
Rockingham	077847143	3,408	\$417,822
Rowan	074494014	=	\$481,140
Sampson	825573975	48,627	\$366,219
Scotland	091564146	=	\$286,902
Stanly	131060829	4,932	\$296,586
Stokes	085442705	2,077	\$154,339
Surry	077821858	4,017	\$321,015
Swain	146437553	=	\$59,796
Toe River	113345201	2,094	\$234,546
Transylvania	030494215	\$2,900	\$109,424
Union	079051637	30,800	\$590,348
Wake	019625961	88,506	\$2,973,168
Warren	030239953	2,981	\$96,041
Wayne	040036170	15,969	\$794,901
Wilkes	067439950	5,843	\$319,673
Wilson	075585695	8,773	\$488,131
Yadkin	089910624		\$196,812

DPH-Aid-To-Counties For Fiscal Year: 20/21 Budgetary Estimate Number : 5

Activity 403	AA	13A2 5403 GA	13A2 5403 GB	13A2 5404 GA	13A2 5404 GB	13A2 5405 GA	13A2 5405 GB	13A2 5409 GA	13A2 5409 GB	Proposed Total	New Total
Service Period		06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31	06/01-09/30	10/01-05/31		
Payment Period		07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30	07/01-10/31	11/01-06/30		
01 Alamance		0	0	0	0	0	0	0	0	0	746,262
D1 Albemarle	* 1	10,856	0	0	0	0	0	0	0	10,856	785,874
02 Alexander		0	0	0	0	0	0	0	0	0	137,016
04 Anson		0	0	0	0	0	0	0	0	0	137,412
D2 Appalachian	* 1	11,364	0	0	0	0	0	0	0	11,364	314,260
07 Beaufort	* 1	15,188	0	0	0	0	0	0	0	15,188	283,289
09 Bladen		0	0	0	0	0	0	0	0	0	203,268
10 Brunswick	* 1	19,073	0	0	0	0	0	0	0	19,073	533,617
11 Buncombe	* 1	32,742	0	0	0	0	0	0	0	32,742	838,404
12 Burke	* 1	9,465	0	0	0	0	0	0	0	9,465	423,879
13 Cabarrus	* 1	1,976	0	0	0	0	0	0	0	1,976	657,413
14 Caldwell	* 1	17,358	0	0	0	0	0	0	0	17,358	377,376
16 Carteret	* 1	3,373	0	0	0	0	0	0	0	3,373	232,882
17 Caswell		0	0	0	0	0	0	0	0	0	98,406
18 Catawba		0	0	0	0	0	0	0	0	0	694,782
19 Chatham		0	0	0	0	0	0	0	0	0	0
20 Cherokee	* 1	54,940	0	0	0	0	0	0	0	54,940	183,046
22 Clay		0	0	0	0	0	0	0	0	0	50,872
23 Cleveland	* 1	29,079	0	0	0	0	0	0	0	29,079	562,095
24 Columbus	* 1	5,375	0	0	0	0	0	0	0	5,375	278,417
25 Craven		0	0	0	0	0	0	0	0	0	509,079
26 Cumberland		0	0	0	0	0	0	0	0	0	2,286,702
28 Dare	* 1	9,654	0	0	0	0	0	0	0	9,654	122,862
29 Davidson		0	0	0	0	0	0	0	0	0	620,210
30 Davie		0	0	0	0	0	0	0	0	0	146,520
31 Duplin	* 1	12,521	0	0	0	0	0	0	0	12,521	424,197
32 Durham		0	0	0	0	0	0	0	0	0	0
33 Edgecombe		0	0	0	0	0	0	0	0	0	317,196
D7 Foothills		0	0	0	0	0	0	0	0	0	560,077
34 Forsyth	* 1	9,561	0	0	0	0	0	0	0	9,561	1,600,284
35 Franklin	* 1	21,750	0	0	0	0	0	0	0	21,750	267,270
36 Gaston		0	0	0	0	0	0	0	0	0	794,772
38 Graham		0	0	0	0	0	0	0	0	0	61,380
D3 Gran-Vance	* 1	15,100	0	0	0	0	0	0	0	15,100	561,790
40 Greene	* 1	15,503	0	0	0	0	0	0	0	15,503	162,875
41 Guilford	* 1	49,043	0	0	0	0	0	0	0	49,043	2,465,829
42 Halifax	* 1	30,845	0	0	0	0	0	0	0	30,845	350,329
43 Harnett	* 1	5,589	0	0	0	0	0	0	0	5,589	557,672
44 Haywood		0	0	0	0	0	0	0	0	0	232,254
45 Henderson	* 1	26,946	0	0	0	0	0	0	0	26,946	375,724
46 Hertford		0	0	0	0	0	0	0	0	0	0
47 Hoke		0	0	0	0	0	0	0	0	0	338,382
48 Hyde	* 1	1,039	0	0	0	0	0	0	0	1,039	18,463
49 Iredell	* 1	1,846	0	0	0	0	0	0	0	1,846	615,844
50 Jackson	* 1	25,257	0	0	0	0	0	0	0	25,257	188,451
51 Johnston	* 1	25,910	0	0	0	0	0	0	0	25,910	785,362
52 Jones		0	0	0	0	0	0	0	0	0	43,395
53 Lee		0	0	0	0	0	0	0	0	0	334,104
54 Lenoir	* 1	14,012	0	0	0	0	0	0	0	14,012	412,510
55 Lincoln		0	0	0	0	0	0	0	0	0	314,743
56 Macon		0	0	0	0	0	0	0	0	0	187,506
57 Madison	* 1	8,031	0	0	0	0	0	0	0	8,031	82,044
D4 M-T-W	* 1	1,320	0	0	0	0	0	0	0	1,320	258,127
60 Mecklenburg	* 1	103,654	0	0	0	0	0	0	0	103,654	3,734,652
62 Montgomery	* 1	6,194	0	0	0	0	0	0	0	6,194	176,330
63 Moore		0	0	0	0	0	0	0	0	0	324,126
64 Nash	* 1	4,165	0	0	0	0	0	0	0	4,165	555,595
65 New Hanover		0	0	0	0	0	0	0	0	0	558,296

66 Northampton	* 1	3,602	0	0	0	0	0	0	0	0	0	3,602	102,423
67 Onslow		0	0	0	0	0	0	0	0	0	0	0	1,238,292
68 Orange		0	0	0	0	0	0	0	0	0	0	0	0
69 Pamlico		0	0	0	0	0	0	0	0	0	0	0	54,054
71 Pender		0	0	0	0	0	0	0	0	0	0	0	278,010
73 Person	* 1	2,498	0	0	0	0	0	0	0	0	0	2,498	192,770
74 Pitt	* 1	13,539	0	0	0	0	0	0	0	0	0	13,539	866,721
75 Polk		0	0	0	0	0	0	0	0	0	0	0	43,362
76 Randolph	* 1	24,079	0	0	0	0	0	0	0	0	0	24,079	630,355
77 Richmond	* 1	4,590	0	0	0	0	0	0	0	0	0	4,590	354,194
78 Robeson		0	0	0	0	0	0	0	0	0	0	0	728,037
79 Rockingham		0	0	0	0	0	0	0	0	0	0	0	417,822
80 Rowan	* 1	12,384	0	0	0	0	0	0	0	0	0	12,384	493,524
D5 R-P-M		0	0	0	0	0	0	0	0	0	0	0	0
82 Sampson	* 1	5,146	0	0	0	0	0	0	0	0	0	5,146	371,365
83 Scotland	* 1	13,018	0	0	0	0	0	0	0	0	0	13,018	299,920
84 Stanly	* 1	678	0	0	0	0	0	0	0	0	0	678	297,264
85 Stokes		0	0	0	0	0	0	0	0	0	0	0	154,339
86 Surry	* 1	14,937	0	0	0	0	0	0	0	0	0	14,937	335,952
87 Swain	* 1	8,286	0	0	0	0	0	0	0	0	0	8,286	68,082
D6 Toe River	* 1	1,744	0	0	0	0	0	0	0	0	0	1,744	236,290
88 Transylvania		0	0	0	0	0	0	0	0	0	0	0	109,424
90 Union	* 1	8,135	0	0	0	0	0	0	0	0	0	8,135	598,483
92 Wake		0	0	0	0	0	0	0	0	0	0	0	2,973,168
93 Warren	* 1	13,756	0	0	0	0	0	0	0	0	0	13,756	109,797
96 Wayne	* 1	6,812	0	0	0	0	0	0	0	0	0	6,812	801,713
97 Wilkes	* 1	7,038	0	0	0	0	0	0	0	0	0	7,038	326,711
98 Wilson	* 1	3,393	0	0	0	0	0	0	0	0	0	3,393	491,524
99 Yadkin		0	0	0	0	0	0	0	0	0	0	0	196,812
Totals		742,364	0	0	0	0	0	0	0	0	0	742,364	41,653,930

DocuSigned by: Sign and Date - DPH Program Administrator  DocuSigned by: Sign and Date - DPH Contracts Office 	6/28/2020 5:11 PM EDT	DocuSigned by: Sign and Date - DPH Section Chief  DocuSigned by: Sign and Date - DPH Budget Officer 	6/29/2020 9:15 AM EDT 6/29/2020 12:11 PM EDT
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Supplement reason: ☒ In AA+BE or AA+BE Rev -OR- ☐ -

CFDA #: 10.557 Federal awd date: 10/1/18 Is award R&D? no FAIN: 205NC705W1003 Total amount of fed awd: \$

CFDA Special Supplemental Nutrition Program for
name: Women, Infants and ChildrenFed award
project description: Women, Infants & Children (2 Year)

Fed awarding agency: USDA, Food and Nutrition Service

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	=	\$746,262
Albemarle	130537822	10,856	\$785,874
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Catawba	083677138	=	\$694,782
Chatham	131356607	=	=
Cherokee	130705072	54,940	\$183,046
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Cleveland	879924850	29,079	\$562,095
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Cumberland	123914376	=	\$2,286,702
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Duplin	095124798	12,521	\$424,197
Durham	088564075	=	=
Edgecombe	093125375	=	\$317,196
Foothills	782359004	=	\$560,077
Forsyth	105316439	9,561	\$1,600,284
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Granville-Vance	063347626	15,100	\$561,790
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Lenoir	042789748	14,012	\$412,510
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MTW	087204173	1,320	\$258,127
Mecklenburg	074498353	103,654	\$3,734,652
Montgomery	025384603	6,194	\$176,330
Moore	050988146	=	\$324,126
Nash	050425677	4,165	\$555,595
New Hanover	040029563		\$558,296
Northampton	097594477	3,602	\$102,423
Onslow	172663270	=	\$1,238,292
Orange	139209659	=	=
Pamlico	097600456	=	\$54,054
Pender	100955413	=	\$278,010
Person	091563718	2,498	\$192,770
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Stanly	131060829	678	\$297,264
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Surry	077821858	14,937	\$335,952
Swain	146437553	8,286	\$68,082
Toe River	113345201	1,744	\$236,290
Transylvania	030494215	=	\$109,424
Union	079051637	8,135	\$598,483
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Wayne	040036170	6,812	\$801,713
Wilkes	067439950	7,038	\$326,711
Wilson	075585695	3,393	\$491,524
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Brunswick County Health Services

25 Courthouse Drive N.E. Post Office Box 9
Bolivia, North Carolina 28422-0009
910-253-2250 1-888-428-4429



David M. Stanley III, MPH
Executive Director Health and Human Services

T. Cris Harrelson, MPA, REHS
Health Services Director

North Carolina WIC Program Special Funding Opportunity Guidance – Phase 2 SFY2020-2021

June 4, 2020

The Brunswick County WIC Program is requesting \$19,073.10 in special grant funding to be used before September 30th, 2020 to support outreach/program promotion, clinic enhancements and equipment purchases to enhance client services.

The funding will allow the Brunswick County WIC Program to purchase program promotion materials to support WIC outreach in the community. The funding requested for clinic enhancements will be used to purchase items for all three WIC sites throughout the county. The requests includes funding to update the Bolivia waiting room to make the setting more appealing to WIC participants, replacing outdated/damaged desks and chairs, update the Bolivia Breastfeeding Room and purchase cabinets at the WIC satellite sites to make the setting more appealing to participants by providing storage for items out of the sight of WIC participants. Also, the funding requests includes purchasing items for breastfeeding promotion and support and the registration fee for breastfeeding training.

The WIC Program has experienced in increase in caseload demand. Unofficial caseload numbers include March 2388 participants, April 2561 participants and May 2568 participants (which is 103% of the funded caseload). The Brunswick County WIC Program continues to see an increase in referrals since the beginning of April 2020. The funding requested in the Special Funding Opportunity will provide the Brunswick County WIC Program with the ability to increase the services provided to the families served in the community.

Sincerely,

Maureen Hubbard, MPH
Brunswick County WIC Director

PROJECT NARRATIVE - Phase 2 WIC Special Funding Initiative

Clinic Enhancements-Lobby and Office Space

Project Narrative/Statement of Need:

The Brunswick County WIC Program requests funding to purchase bulletin boards, desks, office equipment and new lobby chairs for the Bolivia WIC clinic area. The need for these items is to update clinic spaces at all three WIC sites in Brunswick County to make more appealing to WIC clients.

Action Plan (How will you achieve this):

The clinic enhancements office items will be used to improve the WIC experience for participants, update clinic space to make more appealing to WIC participants and provide WIC staff with office items to increase efficiency and comfort while serving WIC families.

Expected Outcomes (Qualitative and/or Quantitative):

The expected outcome is to improve the overall WIC experience for the participants and retain current participants by updating old and/or broken office items.

Outreach/Program Promotion Category

Project Narrative/Statement of Need:

The Brunswick County WIC program requests funding to purchase outreach/promotion supplies to use during community events when providing WIC outreach. Currently, the program does not have the items requested.

Action Plan (How will you achieve this):

The items requested will allow the Brunswick County WIC program to be recognizable at community events.

Expected Outcomes (Qualitative and/or Quantitative):

The WIC staff expects to have positive feedback from WIC participants and hopes to recruit new participants.

Clinic Enhancements-Breastfeeding Room

Project Narrative/Statement of Need:

The Brunswick County WIC Program's Bolivia clinic has a breastfeeding room that needs to be updated to better support breastfeeding mothers. We are requesting a lamp with the capability to plug in a breast pump and to charge a cellphone. We are requesting to purchase a recliner to increase comfort for the breastfeeding mother. The chair can be easily wiped down after use.

Action Plan (How will you achieve this):

The Bolivia clinic has a designated breastfeeding room. The items requested for purchase will enhance the space to better accommodate breastfeeding mothers.

Expected Outcomes (Qualitative and/or Quantitative):

The WIC program expects to see positive outcomes for breastfeeding mothers by providing them with a comfortable space to breastfeed.

Equipment Category-Masimo Pronto

Project Narrative/Statement of Need:

The Brunswick County WIC Program has three clinic sites that are opened at least four days per week. The program currently has access to one Masimo Pronto machine. Two additional Masimo Pronto machines will allow each clinic site to have the flexibility for use with clients.

Action Plan (How will you achieve this):

The Masimo Pronto will provide flexibility in the WIC clinic to increase efficiency to better serve WIC families. Nutritionists and other WIC staff will be able to use this machine to obtain Hgb levels without requiring all families to go to the WIC lab for bloodwork. The WIC program will continue to follow all recommendations for machine use and understands we will continue to provide finger sticks to those clients unable to use the machine.

Expected Outcomes (Qualitative and/or Quantitative):

The WIC program expects to decrease wait time for bloodwork for WIC participants. Also, it is expected to increase quality of services by offering clients another option for bloodwork.

Other Category-Breastfeeding

Project Narrative/Statement of Need:

The Brunswick County WIC Program has three clinic sites that are opened at least four days per week. Currently, the program has limited breastfeeding education models on hand. The breastfeeding baby and breast models will provide WIC staff with education tools to use to increase breastfeeding support and education for our WIC families. The request for funding for the registration fee for the NC Lactation Educator Training Program is to cover the cost of a nutritionist to attend the training in the Fall. The Brunswick County WIC Program has no nutritionist on staff that has attended the training.

Action Plan (How will you achieve this):

Nutritionists will use the breastfeeding models to increase breastfeeding education and support among WIC participants. A WIC Nutritionist will attend the NC Lactation Educator Training Program in the fall.

Expected Outcomes (Qualitative and/or Quantitative):

The WIC program expects to see positive outcomes for assisting and supporting breastfeeding women in our program. We expect to have an increase in breastfeeding duration rates by using the breastfeeding models and by having staff attend the training.



BRUNSWICK COUNTY

Grant Application Evaluation Form

Lead Department: Health Services (WIC)		Date: 6/10/2020	
Department Head: Cris Harrelson		Department Contact for Grant: Maureen Hubbard	
Co-Applicants / Other Participating Departments/Agencies/Community Organizations: N/A			
Grant Title: WIC Special Funding Initiative, Phase 2			
Funding Organization: North Carolina WIC Program			
Grant Period/Term: 6/1/2020 - 9/30/2020	Grant Amount: \$ 19,073.10	<input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Recurring Grant Multi-Year Grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Matching Funds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Amount: \$	<input type="checkbox"/> In Kind _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Other _____	
Describe how match will be met. Outreach/program promotion, clinic enhancements and equipment purchases to enhance client services.			
Are matching funds in the current budget or does the match require additional funding? Please explain. <input type="checkbox"/> Available <input type="checkbox"/> Additional Needed <input checked="" type="checkbox"/> N/A- No matching funds required/requested			
Briefly describe the purpose of the grant.			
Program Duplication / Cost Recovery			
Will this project in any way duplicate or compete with another service or program provided by Brunswick County, another local agency or community organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Possibly	
Will this grant provide support for a mandated service?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can we capitalize on this funding to meet current and/or future equipment or facility needs?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Will this grant result in supplanting? <i>Supplanting occurs when a state, local, or Tribal Government reduces state, local, or tribal funds for an activity specifically because federal funds are available (or expected to be available) to fund that same activity.</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Additional Grant Considerations	
Can the scope of work be completed within grant time frame allotted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Can the requirements of this grant be met with current staffing levels?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Will new positions be requested (or expiring grant funded positions extended)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, how many new positions will be funded by the grant?	N/A new positions
How many existing positions will be funded by the grant?	N/A existing positions
Will the grant create a program or require any County commitment for funding after grant funding ends?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the grant contain subcontracts/sub awards or contractual services? If Yes, please explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Description of items or services to be purchased with funds: Please see attached, supporting documents. There are a lot of items being purchased to support this grant.	
Will any items purchased with grant funds revert back to the granting agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain
Is funding received in advance or on a reimbursement basis?	<input type="checkbox"/> In Advance <input checked="" type="checkbox"/> Reimbursement

I have read, and am familiar with Brunswick County's Grant Policy. I acknowledge that as the Department Head, I am agreeing to be responsible for the administration of this grant and will ensure all requirements are fully met in a timely manner.

Troy Cris Harrelson Digitally signed by Troy Cris Harrelson
Date: 2020.06.10 08:44:40 -04'00'

Department Head Signature

Julie A. Miller Digitally signed by Julie A. Miller
DN: cn=Julie A. Miller, o=Brunswick County, ou=Finance,
email=julie.miller@brunswickcountync.gov, c=US
Date: 2020.06.10 10:38:42 -04'00'

Director of Fiscal Operations

County Manager

6/10/2020

Date

6/10/2020

Date

6/10/2020

Date

<input checked="" type="checkbox"/> Approved by County Manager
<input type="checkbox"/> Requires BOCC (Agenda Item Needed)

Request Info	
Type	Budget Amendment
Description	WIC Spec Funding Phase2 COVID
Justification	Board Meeting 08/03/2020 - Appropriate Federal Revenues Restricted in the amount of \$19,073 for the WIC Special Funding - Phase 2 to support outreach/programs, clinic enhancements and equipment purchase to enhance client services. Phase 2 funding will be available from June 1 – September 30, 2020.
Originator	CHRISTINA KENNEDY

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
135169	331000	WIC-Client Services	Federal Revenues	19073	Increase	Credit
135169	465510	WIC-Client Services	Grant Subsidy-COVID-19	19073	Increase	Debit

Total	
Grand Total:	38146

Request Info	
Type	Budget Amendment
Description	WIC Client Services Additional Funds
Justification	Board Meeting 08/03/2020-Appropriate \$7,986 of additional state funding for increased client caseload.
Originator	Tiffany Rogers

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
135169	332000	WIC-Client Services	State Revenues - Restricted	7986	Increase	Credit
135169	426000	WIC-Client Services	Supplies and Materials	3500	Increase	Debit
135169	426100	WIC-Client Services	Equipment Less Than \$500	750	Increase	Debit
135169	439900	WIC-Client Services	Contract Services	3736	Increase	Debit

Total	
Grand Total:	15972

**COUNTY OF BRUNSWICK, NORTH CAROLINA
CAPITAL PROJECT ORDINANCE
Waccamaw Multiuse Building
(438209)**

Be it ordained by the Board of County Commissioners of Brunswick County that pursuant to Section 13.2 of the General Statutes of North Carolina, the following ordinance is hereby adopted:

Section 1. The following amounts are hereby appropriated in the Brunswick County Capital Projects Fund:

County Capital Projects Fund:

Revenues:

Transfer from General Fund		<u>316,800</u>
Total County Capital Project Revenues	\$	316,800

Expenditures:

Arch/Eng/Legal		316,800
Construction		<u>0</u>
Total County Capital Project Expenditures	\$	316,800

Section 2. It is estimated that the following revenues will be available in the Brunswick County General Fund:

Current Funds Appropriated	\$	316,800
----------------------------	----	---------

Section 3. The following amounts are hereby appropriated in the Brunswick County General Fund:

Contribution to Capital Project Fund	\$	316,800
--------------------------------------	----	---------

Section 4. This Capital Project Ordinance shall be entered into the minutes of the August 3, 2020 meeting of the Brunswick County Board of Commissioners.

Request Info	
Type	Budget Amendment
Description	Ash Waccamaw Geotechnical
Justification	Board Meeting 08/03/2020-Transfer \$5,800 from county capital reserve to the Ash Waccamaw Multiuse Building for the necessary site geotechnical services.
Originator	Tiffany Rogers

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
439801	398110	Interfund Trans Co Cap Reserve	Trans Frm General Fund	-5800	Decrease	Debit
439801	464299	Interfund Trans Co Cap Reserve	Undesignated Funds	-5800	Decrease	Credit
438209	398110	Waccamaw Multiuse Building	Trans Frm General Fund	5800	Increase	Credit
438209	464001	Waccamaw Multiuse Building	Arch/Engnrg/Legal	5800	Increase	Debit

Total	
Grand Total:	0



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:
Julie Miller

Action Item # V. - 11.

Finance - Provisions of Executive Order 124, as modified by Executive Order 142

Issue/Action Requested:

Request that the Board of Commissioners approve and receive information pertaining to the expiration of Executive Order 124/142 to provide relief to residential customers who incur a delinquency from March 31 through July 29, 2020.

Background/Purpose of Request:

On March 31, 2020, Governor Cooper issued Executive Order 124 that prohibited local government utilities from disconnecting water and wastewater service to residential customers for at least 60 days, prohibited local government utilities from imposing certain fees and charges, mandates payment plan parameters, and imposed a new reporting requirement. May 30, 2020 Executive Order 142 amended Executive 124 to extend its effective period by 60 days through July 29, 2020.

To date the county has complied with Executive Order 124/142. To meet the provisions of EO 124/142, the county is offering payment plans for accounts that are past due as of July 29, 2020 during the month of August 2020 and will resume disconnects for non-payment beginning September 2020. The county customarily does not provide payment plans for past due accounts except for extreme circumstances such as a high bill due to a leak and for the period beginning after July 29, 2020 the county will follow the policy and procedures that were in place prior to Executive Order 124/142.

Fiscal Impact:

Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners approve and receive information pertaining to the expiration of Executive Order 124/142 to provide relief to residential customers who incur a delinquency from March 31 through July 29, 2020.



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:

David Stanley

Action Item # V. - 12.

Health and Human Services - Health - 2019 Community Health Assessment

Issue/Action Requested:

Request that the Board of Commissioners review the 2019 Community Health Assessment.

Background/Purpose of Request:

As one of the essential services provided by all local health departments, Brunswick County Health Services conducts a Community Health Assessment every 4 years to identify assets and needs affecting the health of Brunswick County citizens and develop action plans to address the priority health items. Brunswick County Health Services is required by the Local Health Department Accreditation Board (Benchmark 38, Activity 38.2) to present the Community Health Assessment report to the Board of Health.

Staff recommends the Commissioners receive and review the 2019 Community Health Assessment.

Fiscal Impact:

Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Advisory Board Recommendation:

The 2019 Community Health Assessment was presented to the Health and Human Services Advisory Board on June 22, 2020.

County Manager's Recommendation:

Recommend the Board of Commissioners review the 2019 Community Health Assessment.

ATTACHMENTS:

Description

- 2019 Community Health Assessment

Brunswick County

Community Health Assessment



2019

Brunswick County Health Services

THIS REPORT IS AVAILABLE ON THE BRUNSWICK COUNTY HEALTH SERVICES WEBSITE AT:
www.brunswickcountync.gov/health

Contact Brunswick County Health Department at 910-253-2250
for any questions or comments about the Community Health Assessment.



Brunswick County Health Services

25 Courthouse Drive N.E.; Post Office Box 9
Bolivia, North Carolina 28422-0009
910-253-2250 1-888-428-4429



*David M. Stanley III, Executive Director
Health and Human Services Agency*

*Cris Harrelson, Director
Department of Health Services*

Dear Brunswick County Residents,

On behalf of Brunswick County Health Services, I am pleased to present you with the 2019 Community Health Assessment.

The contents of this assessment help us to gain a deeper understanding of residents' opinions and feelings about health, illness, and services. It also provides us with key insights on important issues such as health risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health, and essential services. Over the next four years, we will use this information to develop strategies to address these issues.

Thank you to Brunswick County Health Services staff, the University of North Carolina at Wilmington Center for Healthy Communities, Steering Committee members, and community partners who contributed to the process and development of this report. I would also like to express my gratitude to Brunswick County residents for providing your opinions. We greatly appreciate your time and value your input.

I look forward to our continued mission of promoting access to affordable care, treatment, and community resources to improve the well-being of all residents.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cris Harrelson".

Cris Harrelson, Director
Brunswick County Health Services

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ACKNOWLEDGMENTS

Community Health Assessment Team

- Cris Harrelson, Health Director, Brunswick County Health Services
- Allison Campbell, Health Educator, Brunswick County Health Services
- Leah Mayo, Center for Healthy Communities, UNC Wilmington, College of Health and Human Services
- Rebekah Edwards, Center for Healthy Communities, UNC Wilmington, College of Health & Human Services

Steering Committee

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Cris Harrelson
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Jeremy Seamon
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Leah Mayo
Lindsay Maher
Lois Smith

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Yvonne Hatcher

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Brunswick County Social Services and Housing
Brunswick County Health Services
Brunswick County Schools
CommWell Health
Coastal Horizons
Novant Health Medical Group
Center for Healthy Communities
Brunswick Wellness Coalition
Brunswick Community College
– Academic & Student Affairs
Novant Health Brunswick Medical Center
Center for Healthy Communities
New Hope Clinic
Brunswick Family Assistance
Brunswick County Parks & Rec
Brunswick Transit System, Inc.

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EXECUTIVE SUMMARY

The Community Health Assessment

The Community Health Assessment is conducted to examine the health and quality of life of Brunswick County citizens. The process includes gathering information from community residents (primary data), and comparing this data to available health statistics (secondary data) to identify the most pressing concerns. The information gathered is used by county leadership and stakeholders to strategically plan the best use of resources to address top community concerns, while tracking progress to reach the overall goal of improving health and quality of life in Brunswick County.

Community Health Assessment Vision

A healthy Brunswick County promotes access to affordable care, treatment, and community resources to improve the well-being of all residents.



The Assessment Process

Every four years, Brunswick County Health Services collaborates with community stakeholders and a multidisciplinary community health assessment (CHA) Steering Committee to lead the assessment process. The process includes collecting and analyzing primary (survey and focus groups) and secondary (health statistics) data and collectively setting priorities for the improvement of health and quality of life for residents. The results of the CHA are subsequently used to create a plan of action (community health improvement plan) in order to effect measurable change over the next four years.

Brunswick County Health Services, in consultation with the Center for Healthy Communities at the University of North Carolina Wilmington's College of Health and Human Services, collaborated with Community Health Assessment Steering Committee members and other community partners to complete the eight steps of the community health assessment process outlined by the North Carolina Division of Public Health.

The community participated in the CHA process through input on the community health opinion survey (CHOS) and in focus groups. The 55-question CHOS was administered to randomly selected households through in-person door-to-door visits and through direct mailings.

A total of 183 surveys were completed. Following the CHOS, nine focus groups were conducted across the county with populations underrepresented in completion of the CHOS. The CHOS and focus group data were compared with publicly available health statistics data in order to allow the Steering Committee to complete the priority setting aspect of the health assessment process.

Comparisons and Targets

Comparisons are used to depict how health, demographic, and socioeconomic statistics at the state and national level compare to the statistics of Brunswick County. Comparisons are also made between Brunswick County and two selected peer counties: New Hanover and Carteret. These peer counties were selected due to proximity, demographics and geography. Ultimately, these comparisons show how healthy the county is compared to similar counties in terms of demographic determinants of health, and how healthy the county is compared to the rest of the state.

To align the counties priorities with the state's priorities, when applicable, the data points are compared to Healthy North Carolina 2030 targets.

Priorities

After conducting analyses of all primary and secondary data, with concurrent comparison to Healthy North Carolina 2030 indicators, the nine categories emerged as potential priority areas. These categories were presented to the Steering Committee members for deliberation in a two-step process (face-to-face meeting and electronically). Following presentation and discussion of the nine potential priority areas, participants were asked to vote (in-person or electronically) for up to three areas for the county to focus on over the next four years. Priority issues were selected based on the following criteria:

- **Magnitude:** "How many persons does the problem affect, either actually or potentially?"
- **Seriousness:** "What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?"
- **Feasibility of successful intervention:** "Is the problem amenable to interventions (i.e., is the intervention feasible scientifically as well as acceptable to the community?). What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?"

The Brunswick County Health Services leadership team further reviewed the selected issues, voting results and input, considering the same three criteria to finalize the priority areas. The final priority areas to be used in the planning and creation of the community health improvement plan (CHIP) are:

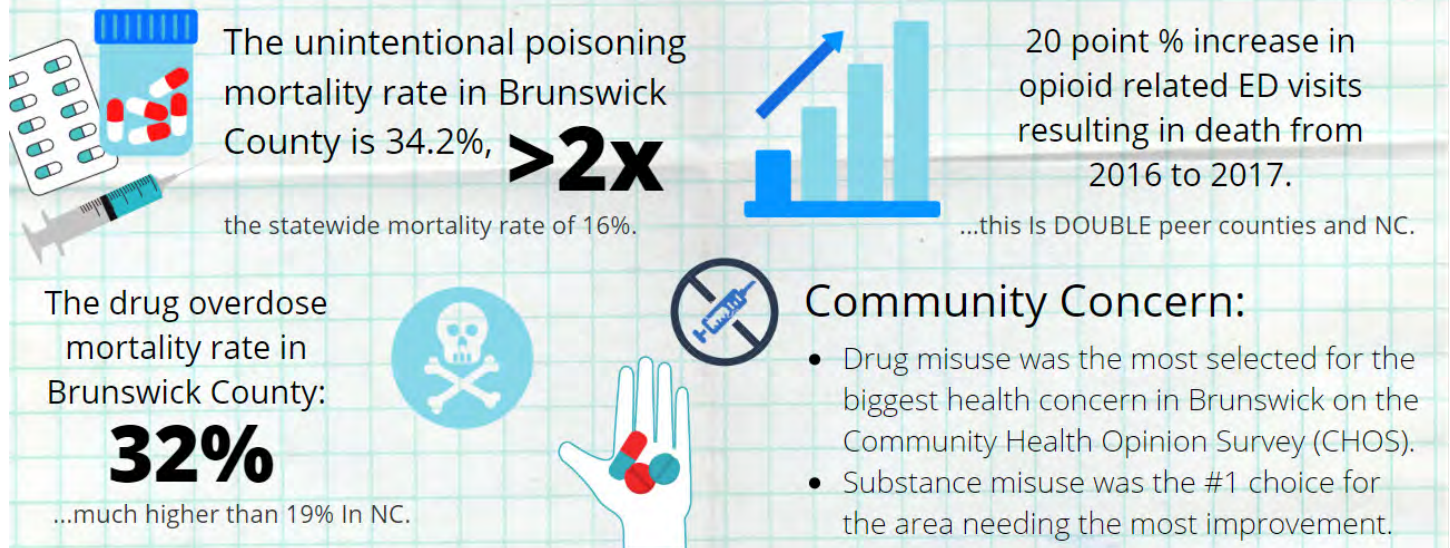
Substance Misuse, Access to Health Care, and Chronic Conditions with an overarching theme and focus on the **Aging Population**.

The next steps for Brunswick County Health Services include sharing the CHA results broadly with community members, stakeholders, Steering Committee members and other partners in service of developing a community health improvement plan for each priority area. Brunswick County Health Services will lead the effort in developing the plans, ensuring measurable objectives are developed, evidence-based practices are identified, and an actionable plan is in place for the next four years.



Substance Misuse

Prevention, early intervention, support and treatment for substance use disorders

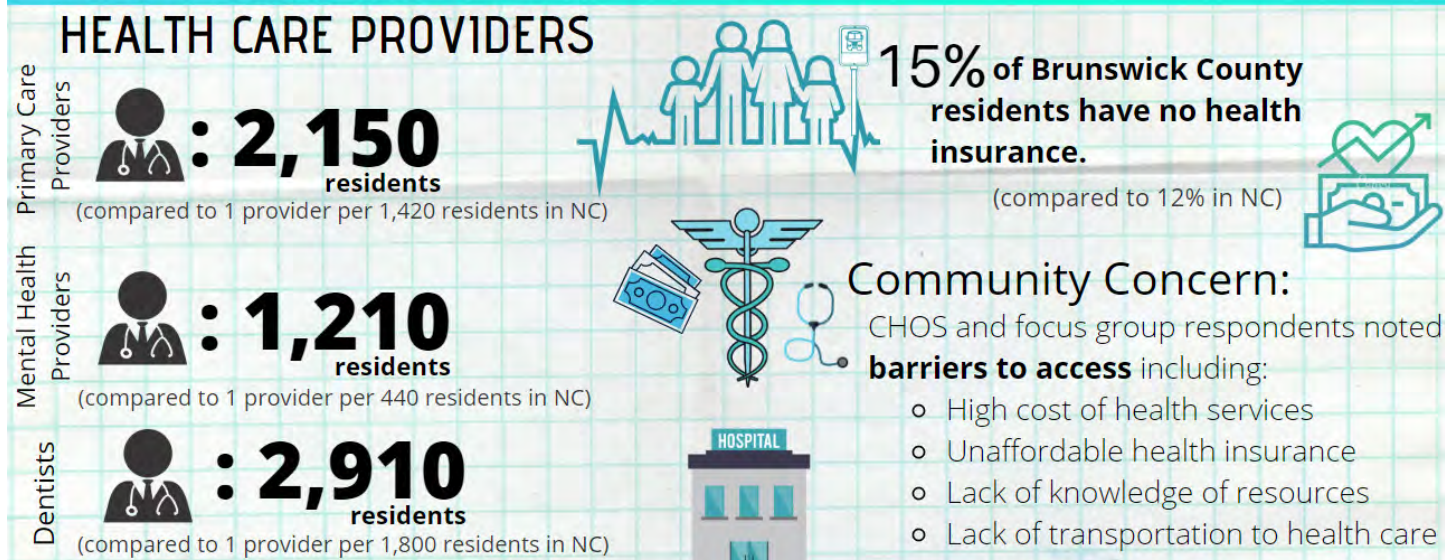


Sources: N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Unintentional Poisoning Mortality Rates; Centers for Disease Control and Prevention (CDC). Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. MMWR Morb Mortal Wkly Rep. 2016; 64(50):1378-82.; NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, N.C. DETECT Emergency Department (ED) Data, All Opioid Poisoning ED Visits by County, 2008-2018; Brunswick County Community Health Opinion Survey, 2019

Note: While substance misuse is considered one of the county's top concerns, the most recent preliminary data shows a downward trend in opioid overdose deaths and ED visits. This data is available on the NC Opioid Action Plan Data Dashboard. The thirteen data metrics displayed on the dashboard are used to track and monitor state and county-level progress made on the opioid epidemic. Progress made in Brunswick County is attributed to programs and initiatives implemented in recent years. More information about these initiatives is available in Chapter 3 under substance misuse.

Access to Health Care

Basic, affordable health care for all residents



Source: County Health Rankings and Roadmaps, 2019; Brunswick County Community Health Opinion Survey, 2019; Brunswick County CHA Focus Groups, 2019

Note: Primary care provider data does not include physicians living on the edge of counties or who practice in multiple locations. This measure does not include nurse practitioners, physician assistants or other practitioners available for primary care services. Mental health provider data come from the National Provider Identification data file. Small providers who do not transmit electronic records may not have an identification number and are not included in this measure. Some providers may also be registered with an address in one county, while practicing in another county. More information on primary care and mental health providers is available in Chapter 3 under access to care.

Chronic Conditions

Prevention, treatment, and management of chronic diseases

7 of the top 10 causes of death are chronic diseases*

ALL CANCERS: 161.4
HEART DISEASE: 161.4
 UNINTENDED INJURIES: 49.2
LUNG DISEASE: 45.8
STROKE: 40.4
ALZHEIMER'S DISEASE: 24.8
DIABETES MELLITUS: 27.7
 MOTOR VEHICLE INJURIES: 18.0
KIDNEY DISEASE: 12.9
 PNEUMONIA & INFLUENZA: 11.7

*rates defined as # of deaths per 100,000 population.

Disparity in diabetes mortality rates among male (24.8) and females (12.6) & among White (17.1) and African American (25.1).

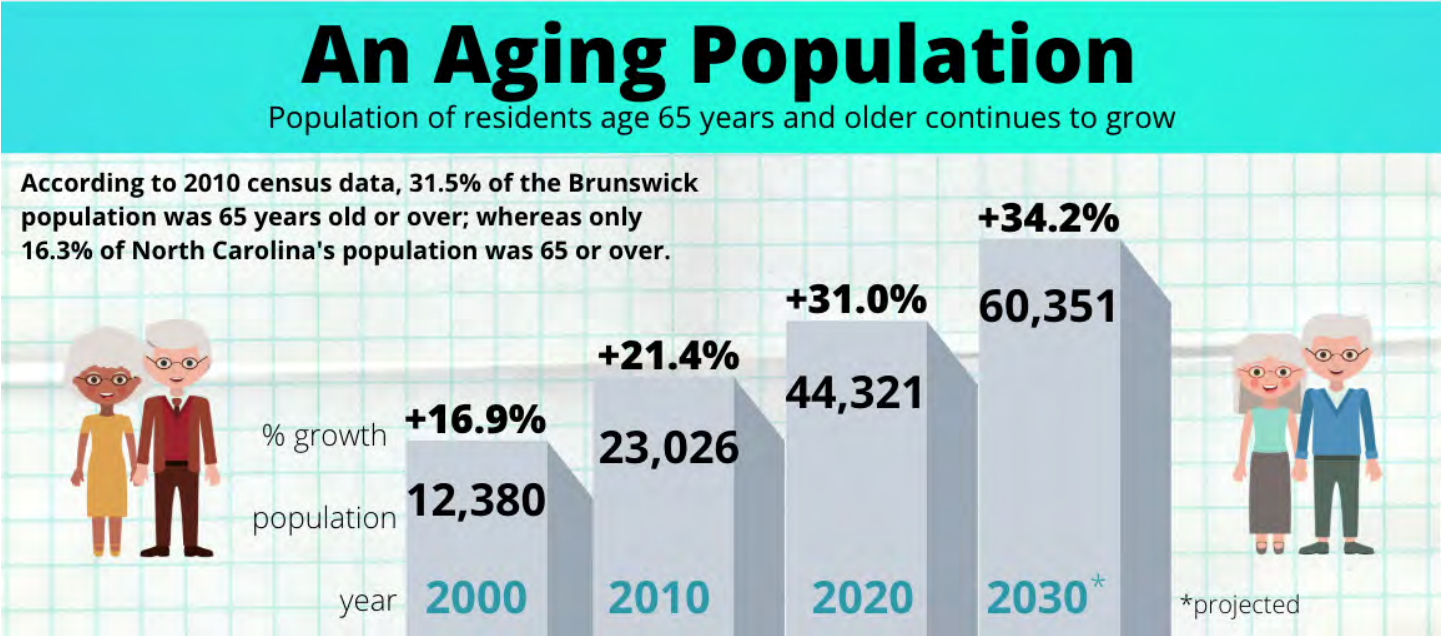
The adult obesity rate has remained at 29% since 2015.

Community Concern:

- CHOS respondents selected the most needed health screenings in Brunswick:
 - 50.72% selected diabetes
 - 50.7% selected cancer
 - 46.4% selected blood pressure

Sources: N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.; N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; Brunswick County Community Health Opinion Survey, 2019

In addition to the top three priority areas for improvement, Brunswick County Health Services will maintain an overall focus on addressing the needs of the aging population across Brunswick County.



Sources: Log Into North Carolina (LINC) Database, Total Population; U.S. Census Bureau, American FactFinder, Table DP-1; NC Office of State Budget and Management, County/State Population Projections - Age, Race, and Sex Projections

CHAPTER ONE: INTRODUCTION AND OVERVIEW

Process Summary

Assessment is one of the three core functions of public health. The community health assessment (CHA) provides a process and platform for local public health leadership and partnering agencies to assess the state of the county's health, track progress over time, learn from the community to understand perceived needs, and be strategic in identifying priorities and actions for the future.

The North Carolina Local Health Department Accreditation (NCLHDA) process and the national Public Health Accreditation Board process include the CHA as a required component for health departments to receive accreditation. In 2006, the North Carolina General Assembly mandated all health departments to be accredited through the NCLHDA. Because of this mandate, all North Carolina local health departments are required to participate in the CHA process at least every four years.

To support the CHA process, the North Carolina Department of Health and Human Services outlines eight standard phases:

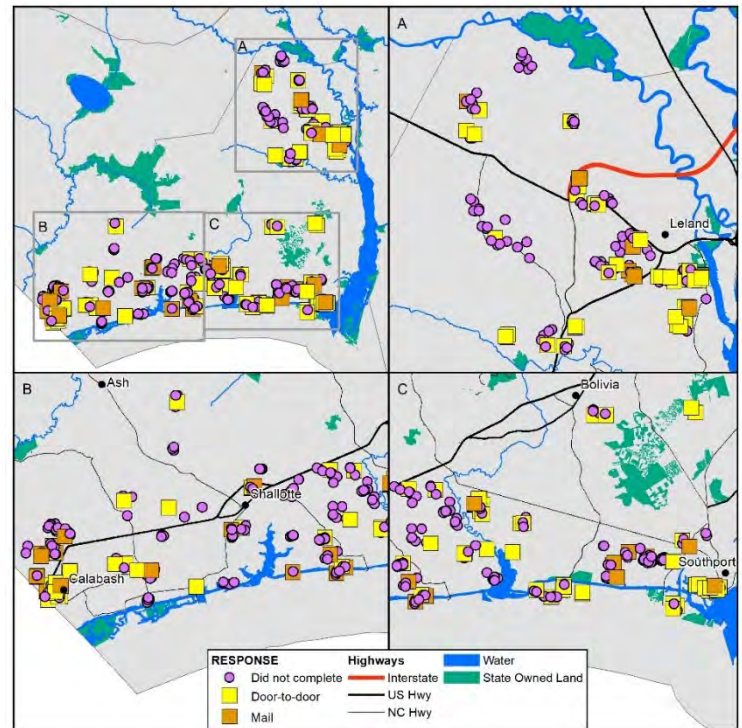


Community Engagement

The CHA used a two-prong approach to engage the community throughout the health assessment process. Almost 180 randomly selected residents took part in the Community Health Opinion Survey (CHOS) between April 2019 and June 2019 via in-person or mailed CHOS. After identifying population gaps in CHOS respondents, nine focus groups were conducted across the county between September 2019–October 2019.

Community partners, including other local governmental agencies, the local community college, county-wide non-profits, faith-based institutions, and safety-net clinics played an integral role in hosting and recruiting focus groups participants; reaching a total of 72 residents. The final CHA document will be readily available to community members and organizations through the health department and partnering agency websites.

CHOS Sample & Response Map



Collaboration

Brunswick County Health Services partnered with the Center for Healthy Communities housed within the University of North Carolina Wilmington's College of Health and Human Services to collaboratively work through the first six phases of the CHA process. The membership of the CHA Steering Committee included 17 representatives from county-government, transportation, non-profit organizations, higher education, and healthcare. Between November 2018 – December 2019, Steering Committee members met to provide input on the CHA process, residents' concerns, and potential resources to address those concerns. The variety of experience and community-based knowledge on the Steering Committee provided immense value and subject-matter expertise to the process.

Data Collection and Sources

During phases two and three of the CHA process, primary and secondary data was collected to understand the health status, perceptions, and needs of the community. Primary data is information directly collected from community residents, to ensure residents' opinions and concerns about their and the community's health are captured. Secondary data is data collected by an outside source, such as the North Carolina State Center for Health Statistics, Centers for Disease Control and Prevention, and the United State Census Bureau.

Brunswick County, in partnership with UNC Wilmington faculty, staff, and students administered the 55-question community health opinion survey (CHOS) to randomly selected households via in-person door-to-door visits over a series of days, and through direct mailings, from April to June 2019; 183 surveys were completed.

The households were randomly selected using a two-stage cluster sample stratifying by U.S. Census

income data. Households were visited at least two times before Wsurveys were mailed. CHOS were only mailed to households that were confirmed by volunteers to be a home (and not a business, abandoned home, or seasonal rental property) and the resident did not previously decline to participate in the CHOS. Of the 183 surveys completed, 140 were completed via door-to-door interviews and 43 were completed via survey (utilizing the pre-paid envelope for return). The 55-question CHOS covered the following topics: community/individual improvement areas; access to care/resources; personal health; emergency preparedness; mental health/social isolation; social determinants of health; and demographics. The table below compares the demographic data of survey participants to Brunswick County U.S. Census data.

Demographics: Survey Participants vs. U.S. Census

		Sample Percent	Brunswick County ^{1,2,3}
Gender (n=178)¹			
	Female	58.4%	52.2%
Age (n=135)²			
	Median Age	56.5	51.9
Race (n=178)²			
	White or Caucasian	86.5%	86.3%
	Black or African American	8.4%	10.3%
	American Indian or Alaska Native	1.1%	0.8%
	Asian Indian	0.0%	n/a
	Other Asian (including Japanese, Chinese, Korean, Vietnamese, and Filipino/a)	1.1%	0.8%
	Other Pacific Island (including Native Hawaiian, Samoan, Guamanian/Chamorro)	0.0%	0.1%
	Hispanic, Latino, or Spanish Origin	1.7%	4.9%
	Other race not listed (please specify)	1.1%	n/a
Education (n=179)³			
	Less than 9th grade	0.0%	3.4%
	9-12, no diploma	5.0%	7.5%
	High School graduate (or GED/equivalent)	20.1%	27.4%
	Associate's Degree or Vocational Training or Certificate	12.8%	10.2%
	Some college (no degree)	18.4%	23.6%
	Bachelor's Degree	19.6%	18.1%
	Graduate or professional degree	23.5%	9.9%
	Other (please specify)	0.6%	
Income (n=152)²			
	Less than \$10,000	3.9%	7.2%
	\$10,000-\$14,999	2.6%	4.9%
	\$15,000-\$24,999	9.2%	10.4%
	\$25,000-\$34,999	5.9%	11.0%
	\$35,000-\$49,999	12.5%	15.3%
	\$50,000-\$74,999	26.3%	19.7%
	\$75,000-\$99,999	18.4%	12.4%
	\$100,000 or more	21.1%	19.10%

Sources: 1. U.S. Census Bureau Population Estimates Program, 2018 ; 2. U.S. Census Bureau, American Community Survey 2013-2017 (5-Year Estimates); 3. U.S. Census Bureau, American Community Survey 2013-2017 (25 years and older, 5-Year Estimates)

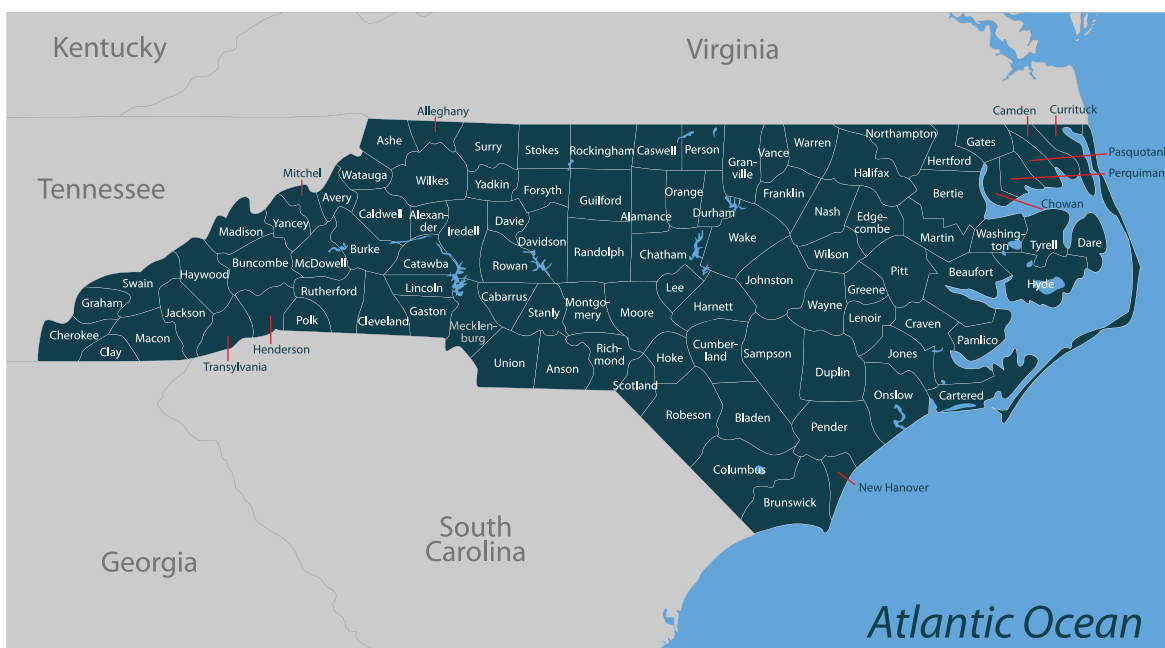
Following the CHOS, nine focus groups were conducted with populations underrepresented in the original data collection process. Table below lists the focus group locations along with the organization or entity that served as ‘host’ to the group. The goal of the focus groups was to gain a deeper understanding of residents’ concerns as it related to health, well-being, and quality of life, as well as to explore identified solutions to potentially address those concerns. A total of 72 residents participated in the nine focus groups. Focus groups were facilitated by trained UNCW and Brunswick County staff, recorded, transcribed, and analyzed to identify common themes.

Focus Group Locations

Location	Town
Brunswick Community College	Supply N.C.
Brunswick County Cooperative Extension	Bolivia, N.C.
Cedar Grove Improvement Association	Supply N.C.
Johnson Chapel AME Zion Church	Leland, N.C.
New Hope Clinic	Southport, N.C.
St. Brendan’s Catholic Church	Shalotte, N.C.
St. John’s Missionary Baptist Church	Bolivia, N.C.
Woodard Adult Day Care	Shalotte, N.C.

Comparisons

Brunswick County primary and secondary data are compared to North Carolina state-level data and data from two peer counties: New Hanover County and Carteret County. These peer counties were chosen by the health department for their proximity (New Hanover) and other similarities to the county; such as population characteristics, geography (coastal communities), and demographics. To align the county’s priorities with the state’s priorities, when applicable, the data points are compared to newly released Healthy North Carolina 2030 targets.



CHAPTER TWO: DEMOGRAPHICS

Brunswick County is located in the southeastern part of North Carolina and is bounded by the Atlantic Ocean, Cape Fear River, State of South Carolina, and the counties of Columbus, New Hanover, and Pender. The temperate climate and 45 miles of beautiful, south-facing beaches have opened the county up to tremendous population growth. Brunswick County currently ranks first in percent growth among counties in North Carolina, and 4th in the nation among counties with populations of 20,000 or more from 2010-2018. The 1050 square miles is divided into 19 municipalities, and numerous unincorporated communities, more than any other county in the state.

History

On March 9, 1764, the Governor of North Carolina signed the legislative act which created Brunswick County out of New Hanover and Bladen Counties. It was named after the Town of Brunswick, which was named in honor of King George I, who was the Duke of Brunswick and Lunenburg. The County Seat was first located at Brunswick Town, a town founded by Maurice Moore, son of Governor James Moore, located on the west bank of the Cape Fear River. In 1779, the County Seat was moved to Lockwood Folly and in 1808, the County Seat was moved to Smithville, known today as Southport, where it would remain for 167 years. On July 19, 1975, a referendum passed moving the County Seat from Southport to its present location just below the Town of Bolivia. Source: <https://www.brunswickcountync.gov/info/about-brunswick-county/history/>

The county is divided into 19 municipalities: Bald Head Island, Belville, Boiling Spring Lakes, Bolivia, Calabash, Carolina Shores, Caswell Beach, Holden Beach, Leland, Navassa, Northwest, Oak Island, Ocean Isle Beach, Sandy Creek, Shallotte, Southport, St. James, Sunset Beach, and Varnamtown. There are many unincorporated communities in Brunswick County, including Ash, Bell Swamp, Bonaparte Landing, Boone's Neck, Brunswick Station, Camp Branch, Cedar Grove, Cedar Hill, Civietown, Piney Grove, Supply, Sunset Harbor, Winnabow, among others.

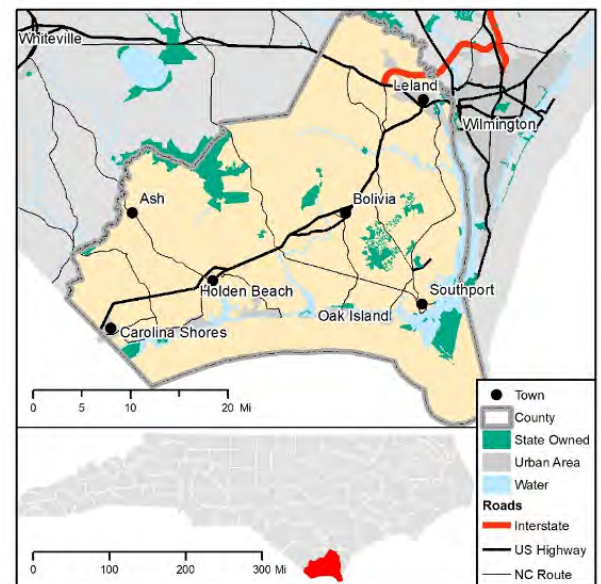
Geography

Brunswick County is bordered by the Atlantic Ocean, Cape Fear River, State of South Carolina, and the counties of Columbus, New Hanover, and Pender. According to the U.S. Census Bureau, the county has a total area of 1,050 square miles and ranks 6th in the state by total land area. Of that figure, 847 square miles are land and 203 square miles, or 19%, are water. Brunswick County enjoys a mild and marine-influenced climate. During the summer, sea breeze-induced clouds normally develop in the late morning hours and move inland. Thunderstorms and other rain events are common, with an average of nine storms per year that have damaging winds and/or dropping hail. The primary weather hazard for the Cape Fear Region is hurricanes which have associated impacts of wind, storm surge, and flooding.

Economy

Domestic tourism in Brunswick County generated an economic impact of \$ 599,110,000 in 2018. This was an increase of 6.5% from 2017 and an increase of 51.5% from 2000. Tourism revenue for the county also increased by \$355,600,000 from 2000 to 2018. The six beach communities including

Brunswick County, North Carolina



Bald Head Island, Caswell Beach, Holden Beach, Oak Island, Ocean Isle Beach, and Sunset Beach attract a significant number of visitors each year. Other tourist destinations include historic Southport, Old Brunswick Town, Bald Head Lighthouse, Oak Island Lighthouse, Ingram Planetarium, Museum of Coastal Carolina, Silver Coast Winery, Fort Caswell, Calabash seafood, and various parks/preserves. Additionally, there are approximately 30 golf courses scattered throughout the area. More than 5,930 jobs in Brunswick County were directly attributable to the travel and tourism industry. Travel generated \$120,330,000 in payroll in 2018.

2018 Top 25 Employers in Brunswick County

Rank	Company Name	Industry	Employment Range
1	Brunswick County Board of Education	Education & Health Services	1000+
2	County of Brunswick	Public Administration	1000+
3	Progress Energy Service Co	Trade, Transportation, & Utilities	500-999
4	Wal-Mart Associates Inc.	Trade, Transportation, & Utilities	500-999
5	Brunswick Novant Medical Ctr.	Education & Health Services	500-999
6	Food Lion	Trade, Transportation, & Utilities	500-999
7	Brunswick Community College	Education & Health Services	250-499
8	Liberty Healthcare Group LLC	Education & Health Services	250-499
9	Lowes Foods LLC	Trade, Transportation, & Utilities	250-499
10	Lowes Home Centers Inc	Trade, Transportation, & Utilities	250-499

Source: NC Commerce, 25 Largest Employers by County: 2018 Largest Employers

Demographics

The average age of Brunswick County residents is generally higher than the state averages: 31.5% are age 65 and older, nearly twice the state-wide average of 16.3%. It is estimated that 3.9% of residents are under age 5 and 15.3% are under 18. Females make up 52.2% of the total population. (Source: U.S. Census Bureau, Population Estimates, July 1, 2019)

General Demographic Characteristics, 2018.

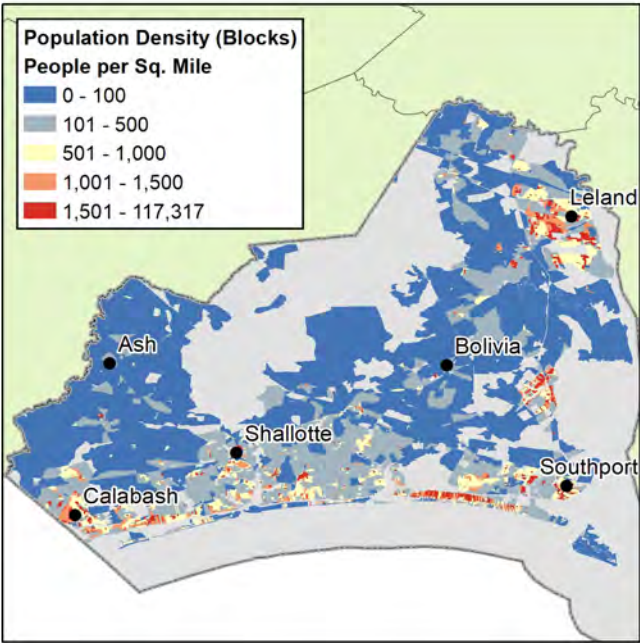
Location	2018 Total Population Estimate	Number Males	Population Males (%)	Median Age Males	Number Females	Population Females (%)	Media Age Females	Overall Median Age
Brunswick County	136,744	65,301	47.8	50.3	71,443	52.2	53.1	51.9
Carteret County	69,524	34,054	48.98	47.3	35,470	51.02	50.8	49.1
New Hanover County	232,274	110,744	47.68	38.0	121,530	52.32	40.5	38.7
State of N.C.	10,270,800	5,050,861	49.18	37.4	5,332,759	51.92	40.4	38.9

Source: U.S. Census Bureau, Population Estimates: 2018 Annual Estimates of the Resident Population

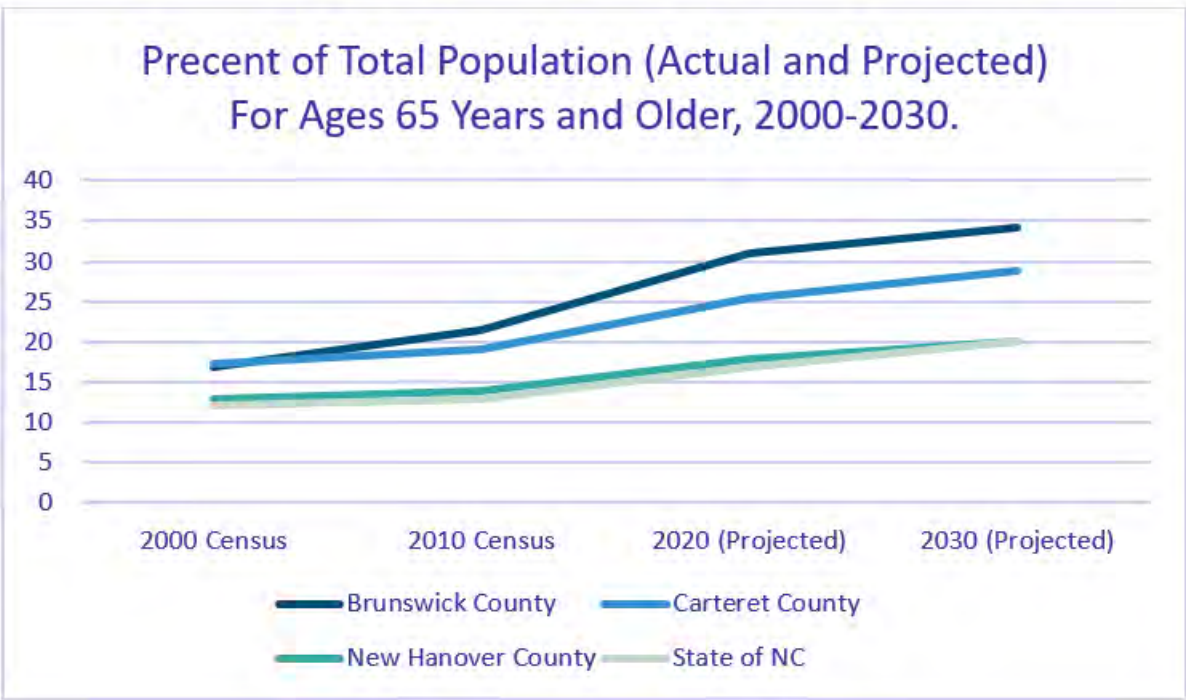
Growth and Density

According to the estimated 2018 U.S. Census, Brunswick County has a population of 136,744 reflecting a 27.3% increase since 2010 and a 15.6% increase during the four years between 2014 and 2018. In the summer months, the population increases by approximately 50% with tourists and seasonal residents.

The N.C. Office of Budget and Management projects growth in Brunswick County will continue to increase steadily, surpassing 176,000 residents in 10 years and 200,000 residents in 20 years. Part of the growth in the county is due to the increase in the aging population (65+). The table below displayed the estimated trends in population growth of this population.



Trends in Population Over 64



Source: Log Into North Carolina (LINC) Database, Total Population.

Diversity

According to the estimated 2018 U.S. Census, 82.1% of Brunswick County residents are White. An estimated 10% of the county is Black or African American, 4.8% is Hispanic or Latino, and 1.6% identifies as two or more races. As of June 30, 2019, the Brunswick County Veteran population is 13,836 (Brunswick County Veterans Service Office).

Population Distribution by Race

Location	Total	White		Black or African American		American Indian and Alaskan Native		Asian, Native Hawaiian and Other Pacific Islander		Two or More Races		Hispanic or Latino of Any Race	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	136,744	112,265	82.1	13,699	10.0	866	0.5	1,083	0.6	2,167	1.6	6,664	4.8
Carteret County	69,524	60,138	86.5	3,817	5.5	312	0.5	959	1.4	1,333	1.9	2,965	4.2
New Hanover County	232,274	179,674	77.3	30,748	13.2	883	0.4	3,608	1.6	4,337	1.9	13,024	5.6
State of N.C.	10,383,620	6,525,505	62.8	2,219,512	21.4	116,180	1.1	324,518	3.1	200,556	1.9	997,349	9.6

Source: U.S. Census Bureau, Population Estimates: 2018 Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin

Disability

Seventeen percent of Brunswick County residents live with a disability, including difficulty with at least one of the following areas: hearing, vision, cognitive, ambulatory, self-care, or independent living. Among the population ages 65 to 74 years old and 75 years and over, 21.2% and 49.0% are estimated to live with a disability, respectively.

(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates).

Other Vulnerable Populations

Brunswick County's aging population (65+) is considered vulnerable in terms of potential increased risk for adverse health conditions and ability to react to a public health emergency or natural disaster. In addition to age, other characteristics that put certain groups at higher risk include English language proficiency, socioeconomic status and disability. The following table includes populations who may be more vulnerable in the county.

Age	Total Population
<5 years old	4.4%
<18 years old	16.8%
>60 years old	37.8%
>65 years old	28.1%
Other Characteristics	% of Total Population
Uninsured (<65 years old)	13.5%
Living in Poverty	14.1%
Disabled (all ages)	17.2%
Speak a language other than English	5.2%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates; US Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2017

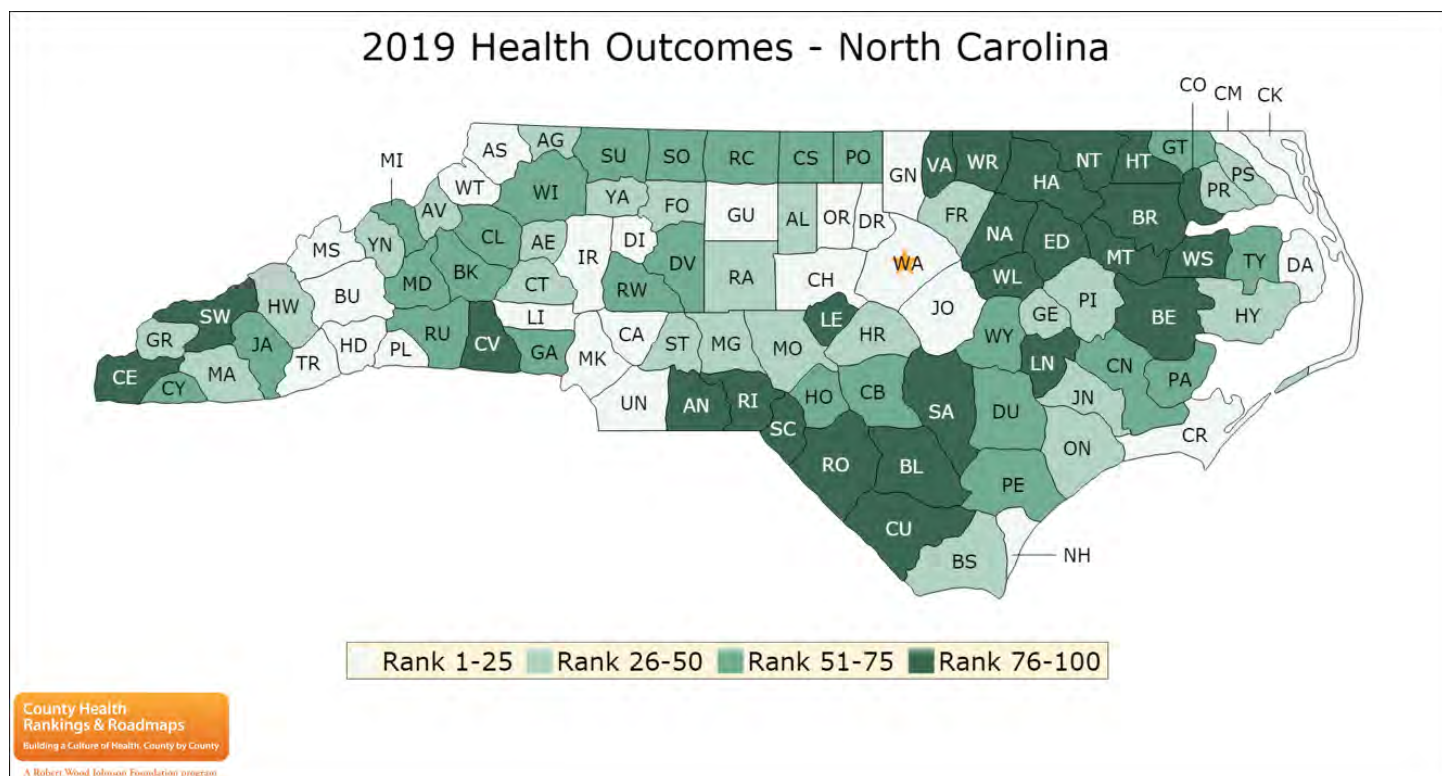
CHAPTER THREE: CHA FINDINGS AND PRIORITIES

Overview

The Brunswick County 2020 Community Health Assessment process included analyzing various publicly available statistics from local, state, and national sources, along with the data gathered from community input via the community health opinion survey and focus groups. Input from local community and neighborhood groups on access to health care, social determinants of health and other health conditions is intended to enhance the quality of data collected from existing databases. During the careful analysis of data, strengths and weaknesses emerged in the health of Brunswick County. The weaknesses revealed gaps and disparities in health outcomes when compared to state health data and Brunswick's two peer counties of Carteret and New Hanover. A set of criteria was determined to guide the prioritization process. A set of criteria was determined to guide the prioritization process, including magnitude of the problem, seriousness of the problem, and feasibility of successful intervention. Additionally, selection considered the ability to measure impact, importance to community members, and trending health concerns in the community.

County Health Rankings

The County Health Rankings and Roadmap program is an annual ranking process developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. This program measures health of counties nationwide and ranks them within their states. Out of 100 counties (with one being the best), Brunswick County ranked 34 for Health Outcomes and ranked 25 for Health Factors in 2019. Since 2018, Health Outcomes improved by six ranks and Health Factors improved by three ranks.



2019 County Health Rankings

	North Carolina	Brunswick	Carteret	New Hanover
HEALTH OUTCOMES		34	20	19
Length of Life		50	40	24
Premature death	7,600	8,800	8,200	7,500
Quality of Life		27	9	17
Poor or fair health	18%	16%	14%	15%
Poor physical health days	3.6	3.8	3.5	3.7
Poor mental health days	3.9	3.9	3.9	4.0
Low birthweight	9%	9%	7%	8%
HEALTH FACTORS		25	21	13
Health Behaviors		10	23	20
Adult smoking	18%	15%	18%	18%
Adult obesity	30%	29%	28%	24%
Food environment index	6.6	7.8	7.8	7.2
Physical inactivity	23%	22%	24%	19%
Access to exercise opportunities	73%	76%	91%	87%
Excessive drinking	17%	15%	18%	19%
Alcohol-impaired driving deaths	30%	35%	29%	32%
Sexually transmitted infections	577.6	283.5	281.7	531.0
Teen births	27	31	22	16
Clinical Care		27	21	6
Uninsured	12%	15%	12%	11%
Primary care physicians	1,420:1	2,150:1	1,300:1	1,100:1
Dentists	1,800:1	2,910:1	1,350:1	1,310:1
Mental health providers	440:1	1,210:1	680:1	260:1
Preventable hospital stays	4,702	4,083	3,957	4,469
Mammography screening	45%	55%	47%	50%
Flu vaccinations	50%	55%	46%	55%
Social & Economic Factors		58	25	28
High school graduation	86%	84%	85%	86%
Some college	67%	62%	70%	75%
Unemployment	4.6%	5.7%	4.5%	4.2%
Children in poverty	21%	22%	21%	21%
Income inequality	4.8	4.3	4.5	5.2
Children in single-parent households	35%	37%	33%	38%
Social associations	11.5	8.9	14.5	10.1
Violent crime	351	141		447
Injury deaths	71	83	88	73
Physical Environment		17	35	44
Air pollution - particulate matter	9.8	9.3	8.7	8.4
Severe housing problems	16%	16%	16%	20%
Driving alone to work	81%	79%	80%	80%
Long commute - driving alone	32%	31%	30%	18%

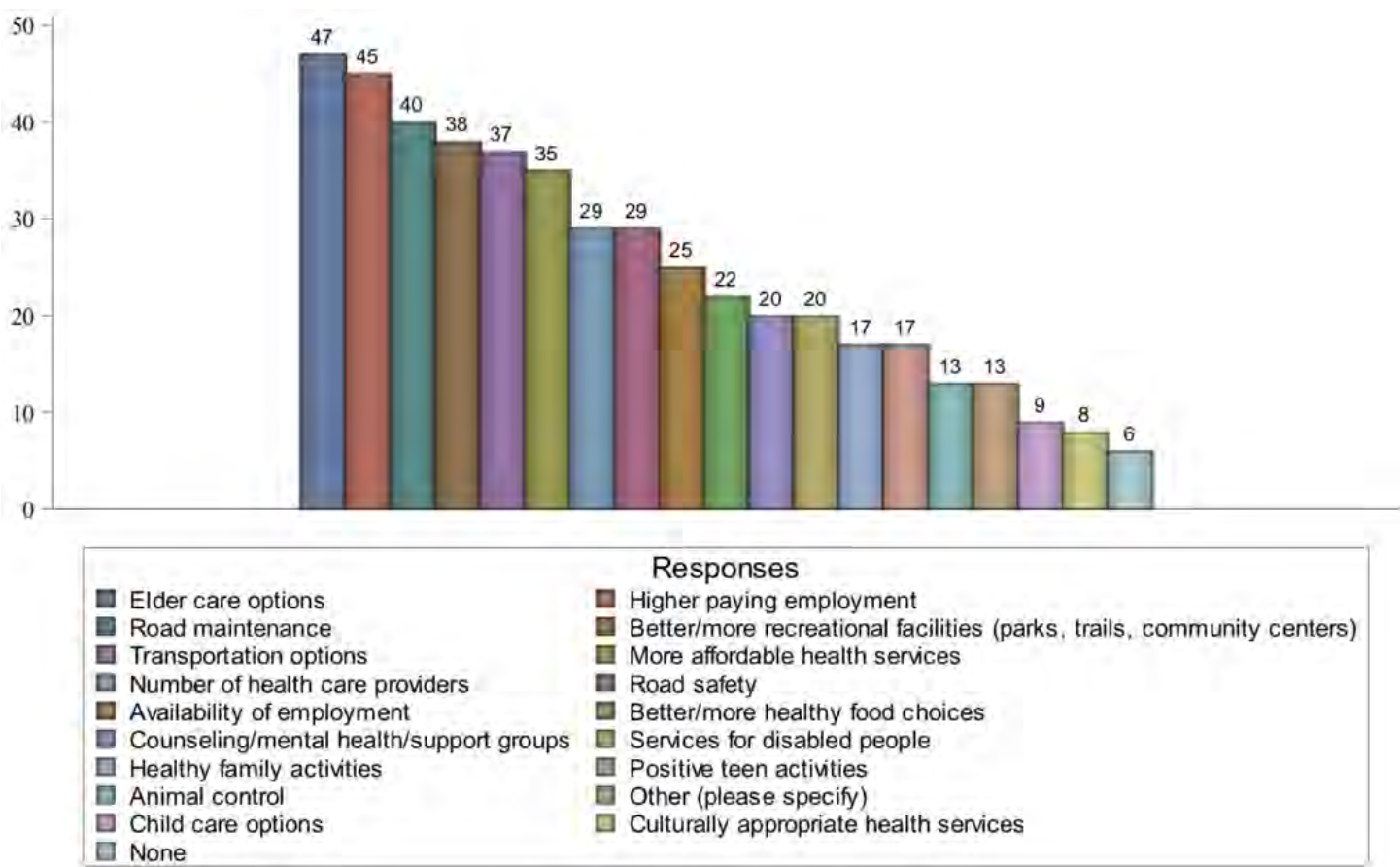
Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2019.

Community Concerns

The community health opinion survey (CHOS) asked a random selection of Brunswick County residents about their perceptions of the community. This section highlights critical survey questions including respondents’ opinions on primary areas for improvement; issues impacting quality of life; and most pressing health concerns. The responses from the CHOS are situated throughout the report per topic area. See the appendix for complete CHOS questions and survey responses.

Brunswick County residents were asked to select the top three areas in need of the most improvement in their neighborhood or community. Survey respondents’ three greatest concerns were elder care options (26%), higher paying employment (25%), and road maintenance (22%). Following the top three concerns were better/more recreational facilities (21%), and better/more transportation options (21%). Because respondents were able to choose up to three concerns, the percentages add up to more than 100%. The frequency and response percentages per biggest health concerns are in the figure and table below.

Areas Needing Improvement in Neighborhoods or Communities (n=470)



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Areas Needing Improvement in Neighborhoods or Communities –Top Responses

In your opinion, which three areas need the most improvement in your neighborhood or community? (select top three)

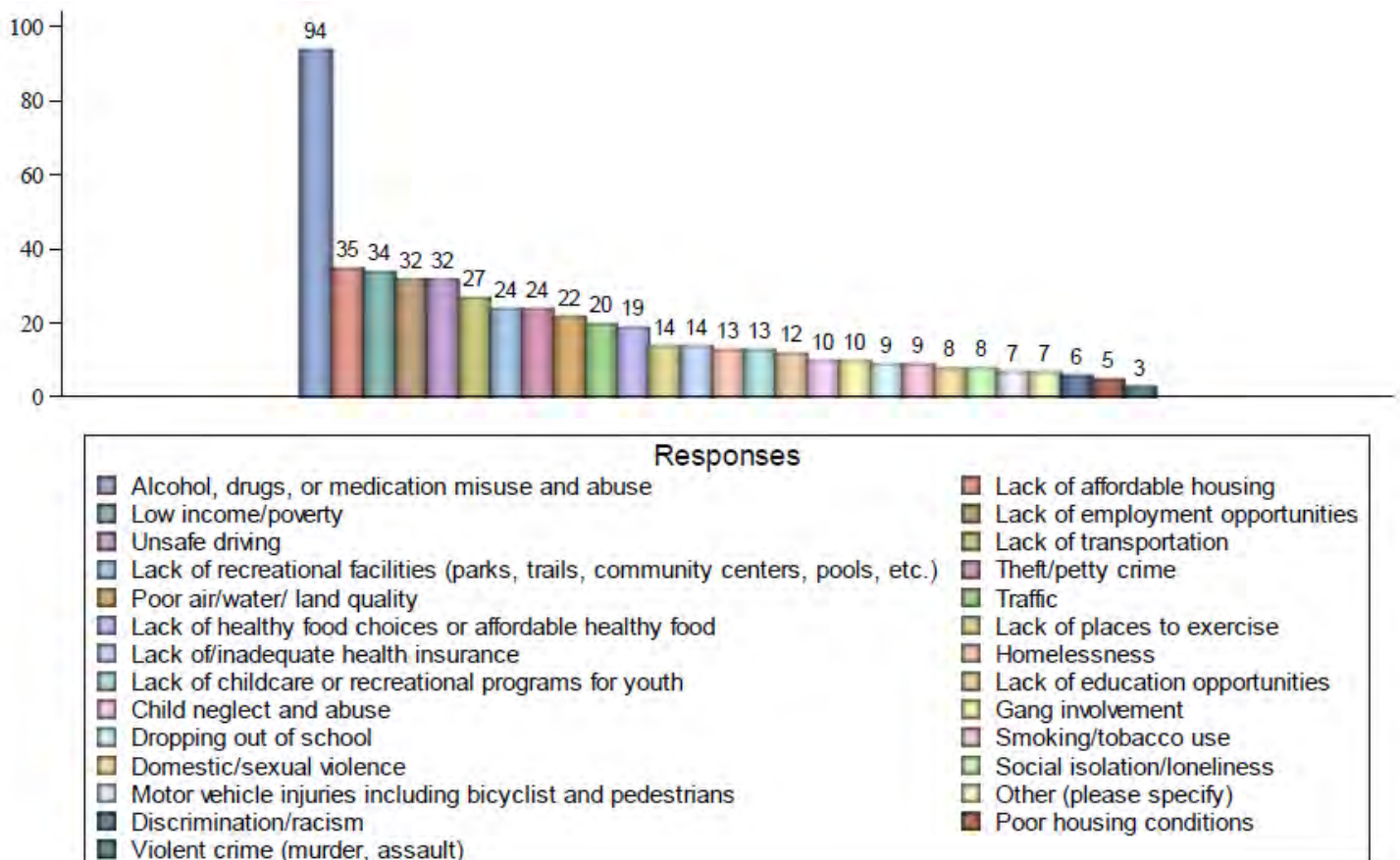
Given Answers	Count	% respondents (n=178)
Elder care options	47	26%
Higher paying employment	45	25%
Road maintenance	40	22%
Better/more recreational facilities (parks, trails, community centers)	38	21%
Transportation options	37	21%
More affordable health services	35	20%
Number of health care providers	29	16%
Road safety	29	16%
Availability of employment	25	14%
Better/more healthy food choices	22	12%

Source: Brunswick CHOS, 2019

Survey respondents were asked what they consider to be the top three issues most negatively impacting quality of life in the county. The top three area indicated by respondents were substance misuse (54%), lack of affordable housing (20%), and low income/poverty (20%).

Following those indicators were other non-medical drivers of health, such as lack of employment opportunities. Because respondents were able to choose up to three issues, the percentages add up to more than 100%. The frequency and response percentages per issue are in the figure and table below.

Issues Most Negatively Affecting Quality of Life (n=511)



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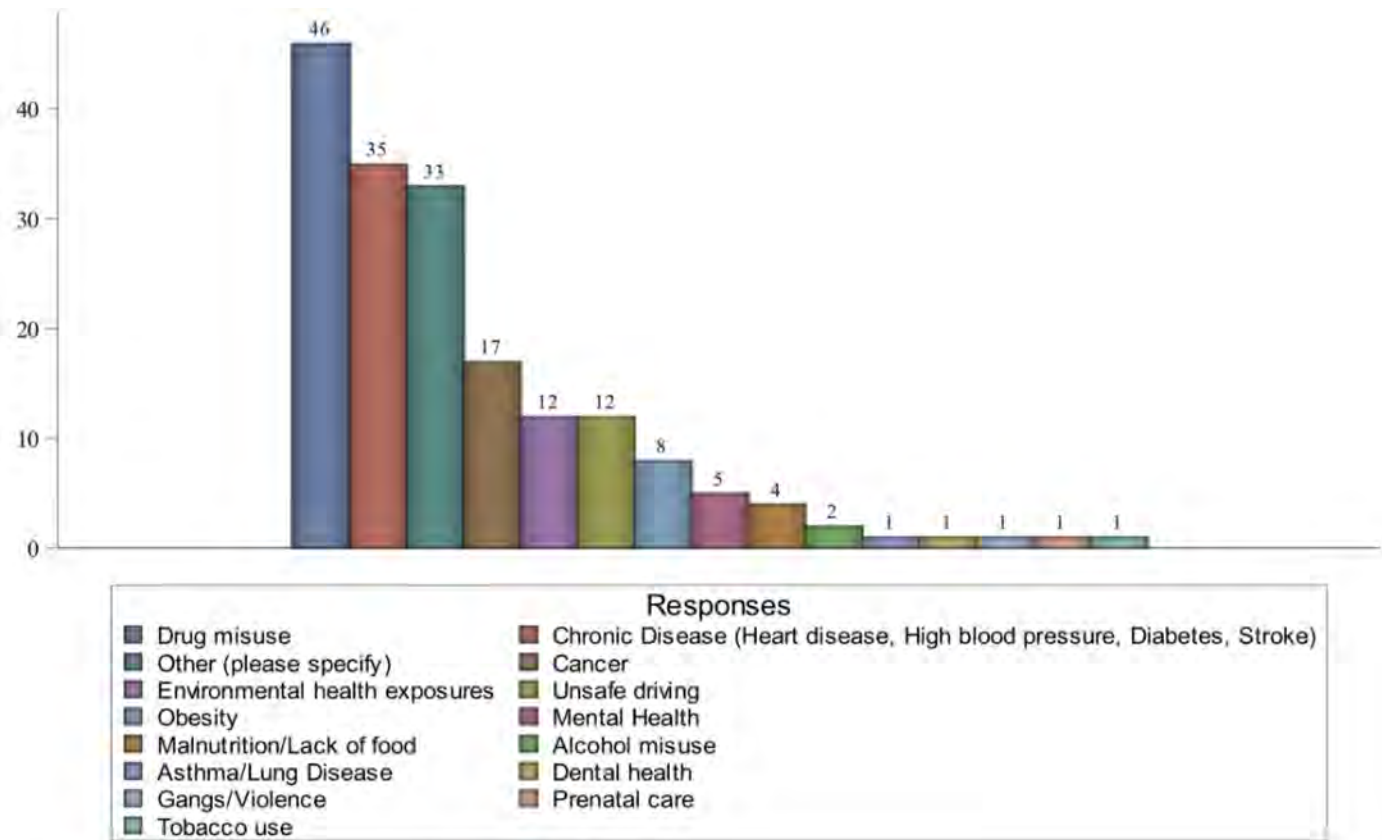
Issues Most Negatively Affecting Quality of Life – Top Responses

In your opinion, which three issues most negatively affect the quality of life in Brunswick County?
(select top three)

Given Answers	Count	% respondents (n=174)
Alcohol, drugs, or medication misuse and abuse	94	54%
Lack of affordable housing	35	20%
Low income/poverty	34	20%
Lack of employment opportunities	32	18%
Unsafe driving	32	18%
Lack of transportation	27	16%
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	24	14%
Theft/petty crime	24	14%
Poor air/water/ land quality	22	13%
Traffic	20	11%
Lack of healthy food choices or affordable healthy food	19	11%

Survey respondents were also asked what they consider the primary, most pressing health concern in Brunswick County. The most selected response was drug misuse, with 25.7% selections. Respondents were directed to select only one response; the answer choice of “Other” was the second highest response, in which residents wrote in several concerns. The frequency and response percentages per biggest health concerns are in the figure and table below.

Biggest Health Concern in Your Community (n=179)



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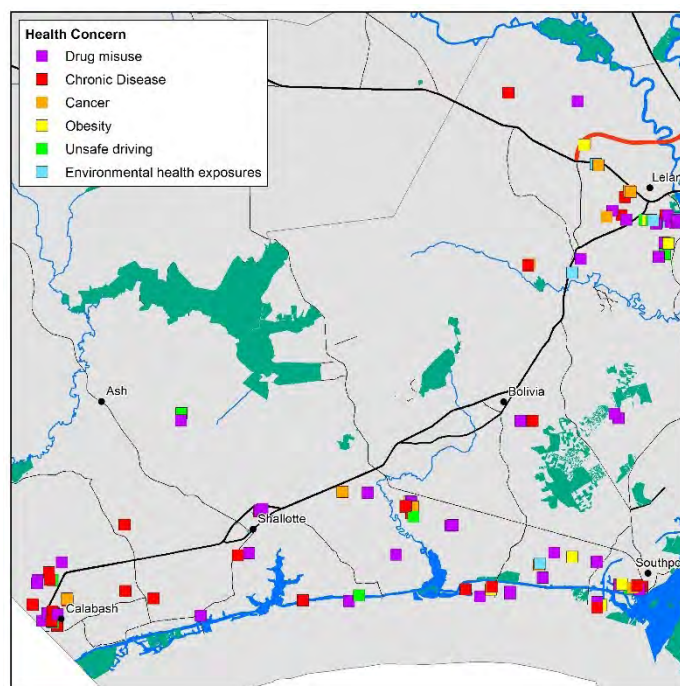
Biggest Health Concern in Your Community

In your opinion, what is the biggest health concern in your community? (select only one)

Given Answers	Count	% respondents (n=179)
Drug misuse	46	25.7%
Chronic Disease (Heart disease, High blood pressure, Diabetes, Stroke)	35	19.6%
Cancer	17	9.5%
Environmental health exposures	12	6.7%
Unsafe driving	12	6.7%
Obesity	8	4.5%
Mental Health	5	2.8%
Malnutrition/Lack of food	4	2.2%
Alcohol misuse	2	1.1%
Asthma/Lung Disease	1	0.6%
Dental health	1	0.6%
Gangs/Violence	1	0.6%
Prenatal care	1	0.6%
Tobacco use	1	0.6%
Other (please specify)	33	18.4%

Source: Brunswick CHOS, 2019

Top 6 Health Concerns per Respondent Location



Overall Health

Healthy N.C. (HNC) 2030 has shifted focus from specific clinical and individual health topics to the overall drivers of health outcomes, including social and economic factors, physical environment, health behaviors, and clinical care. While HNC 2020 had 40 indicators, HNC 2030 reduced the total number of health indicators to 21 in order to focus attention on a narrower set of priorities. There are two HNC 2030 objectives tied to the overall health of a community; life expectancy and infant mortality.

Healthy North Carolina 2030 Goal: Increase life expectancy (years)

Brunswick County: 78.6

N.C. total: 78.1 (2016-18)

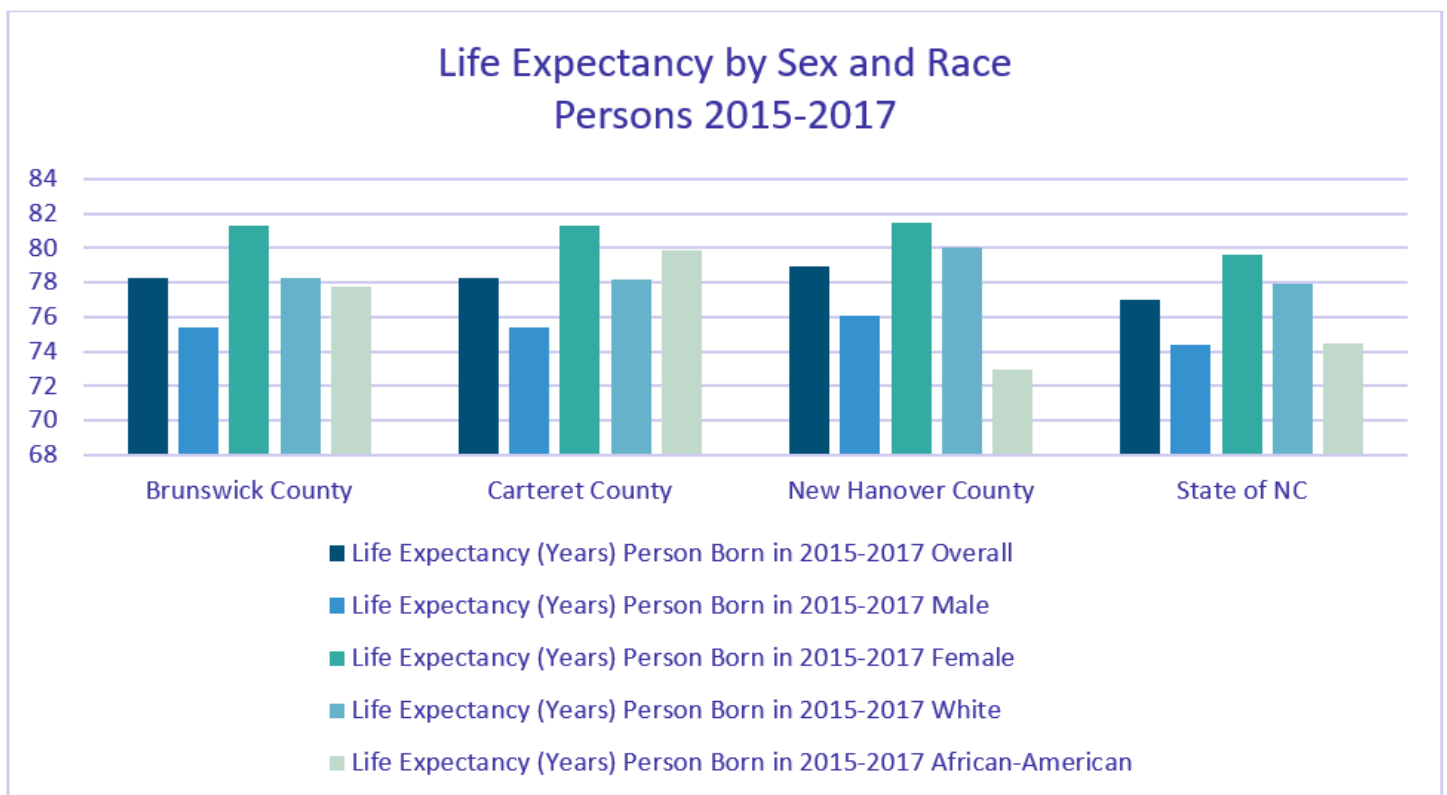
Target: 82.0



Life expectancy is a proxy measure of the overall health of a population. Disparities in life expectancy between populations point to areas where issues of health equity must be addressed.

Although overall life expectancy in Brunswick County is slightly higher than the state average, and similar to peer counties, there are still improvements to be made to reach the HNC 2030 goal of a life expectancy of 82 years. Disparities within the county and across peer counties also exist. Males have a much lower life expectancy in Brunswick compared to females, living on average approximately five years less.

The figure below shows disparities in life expectancy between male and female as well as White and African-American persons.



Source: N.C. State Center for Health Statistics, County-level Data, Life Expectancies Reports.

Healthy North Carolina 2030 Goal:
Decrease infant mortality (per 1,000 births)
 Brunswick County: 11.1 (2018)
 N.C. total: 6.8 (2018)
Target: 6



Infant mortality is a common indicator for overall community health, as the health of infants born in a community reflects the health of the next generation.

Among the peer counties, Brunswick County is doing about the same. The “Maternal and Child Health” section further elaborates on this indicator, including 5-year aggregated data. Infant mortality is defined as death of a liveborn under one year of age. Due to the small number of events (fewer than 10 occurrences) the county-level data should be interpreted with caution.

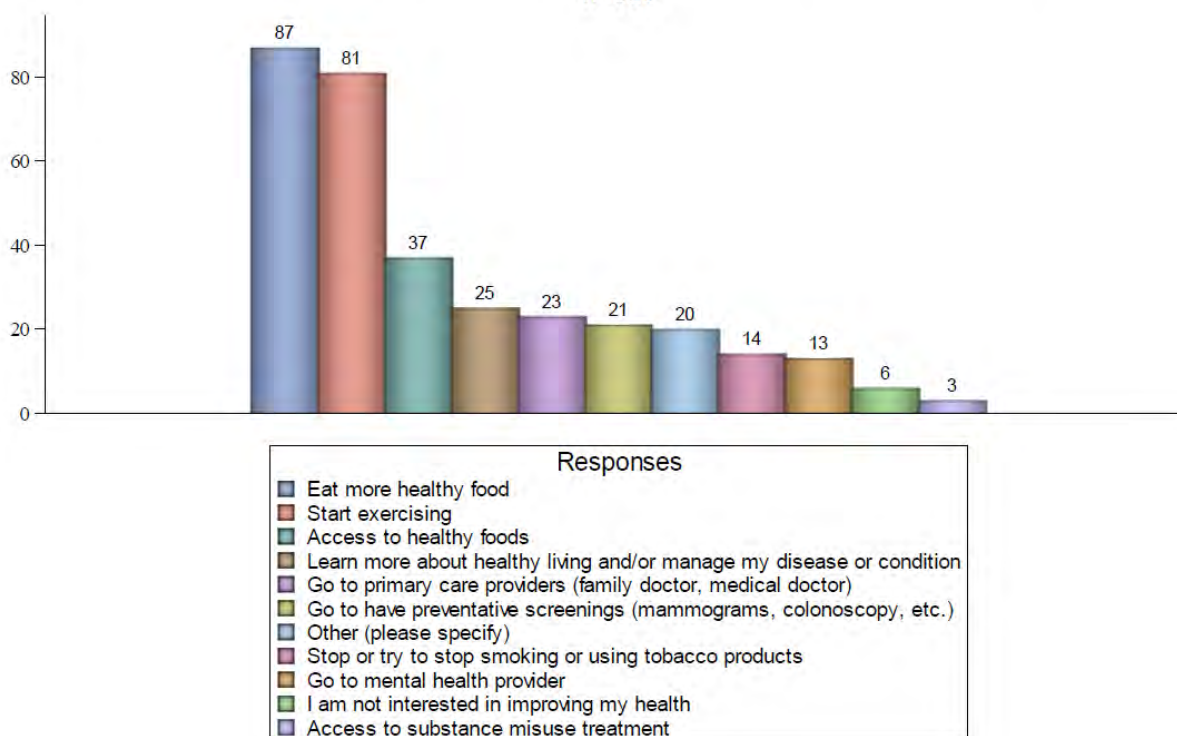
Eating Healthy and Physical Activity

Promoting a high-level quality of life is valued by Brunswick County Health Services. To understand the current state of residents, survey respondents were asked to rank their overall health, and how they would like to improve their health. Majority of respondents rated their health as good (35.7%) or very good (35.2%).

Brunswick County survey respondents were asked what areas needed improvement in their communities, with 28.5% of focus group and 21% of CHOS respondents selecting better/more recreational facilities such as parks, trails, community centers. CHOS respondents were also asked how they would improve their health if they could, to which 54% of respondents said eating healthy food and 50% said by exercising. Furthermore, annual trends in Brunswick adult obesity prevalence have showed little to no change since 2015, with an estimated 29% of adults in Brunswick County classified as ‘obese’.

Personal Health Improvements

If you would like to improve your health, what would you do? (select all that apply)
 n=330



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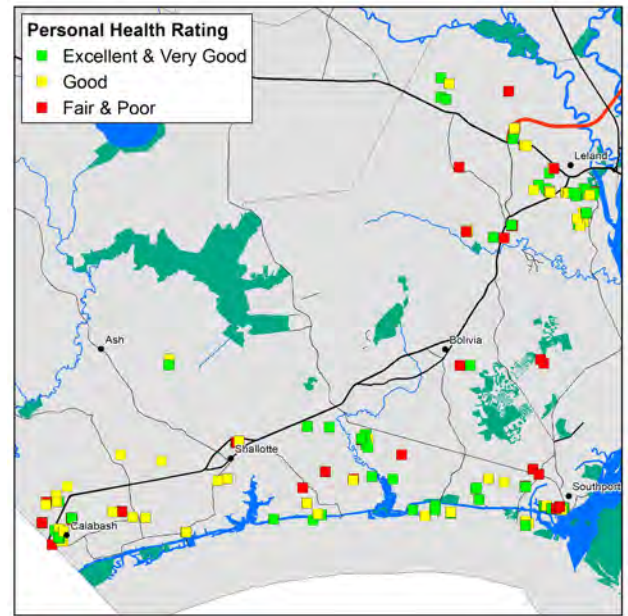
Personal Health Rating

How would you rate your health?

Given Answers	Count	% respondents (n=182)
Excellent	14	7.7%
Very good	64	35.2%
Good	65	35.7%
Fair	30	16.5%
Poor	9	4.9%

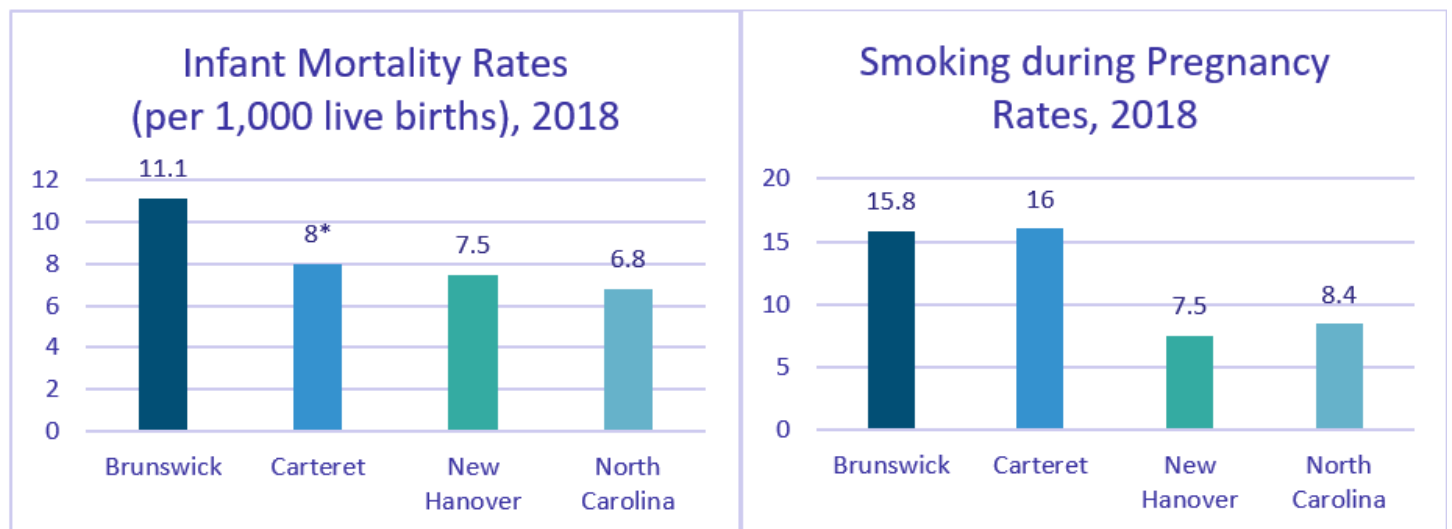
Source: Brunswick CHOS, 2019

Personal Health Rating per Respondent Location



Maternal and Child Health

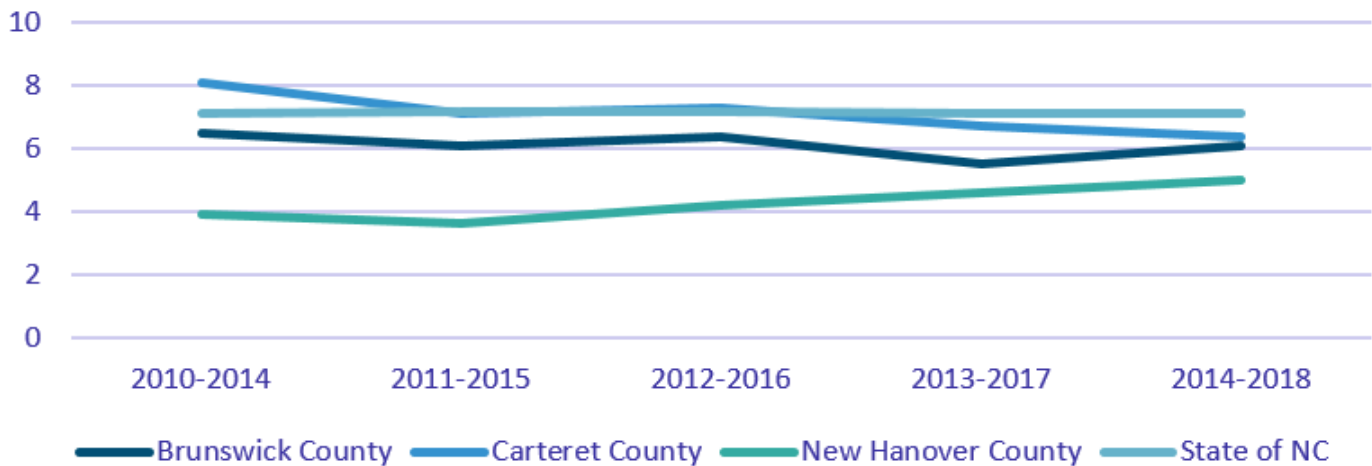
Infant mortality is often considered an indicator of overall community health because many of the factors that may influence rates of infant mortality reflect the health equity of a community. These factors include maternal age, prenatal care, smoking during pregnancy, and other social and economic factors of the child's family. In 2018, Brunswick County's infant mortality rate was almost twice the rate of North Carolina with 11 infant deaths among the 987 live births. However, the trends for the five-year aggregated infant mortality rates shows the rates have stayed relatively stable over time. Moreover, the percentage of women in Brunswick County who smoked during pregnancy is significantly higher than the state's at 15.8% in 2018. This data is displayed in the figures below.



Source: N.C. State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book), 2020

*Note: Rate based on small numbers (fewer than 10) are statistically unstable and should be interpreted with caution.

Five-Year Aggregate Rate (per 1,000 births) of Infant Deaths

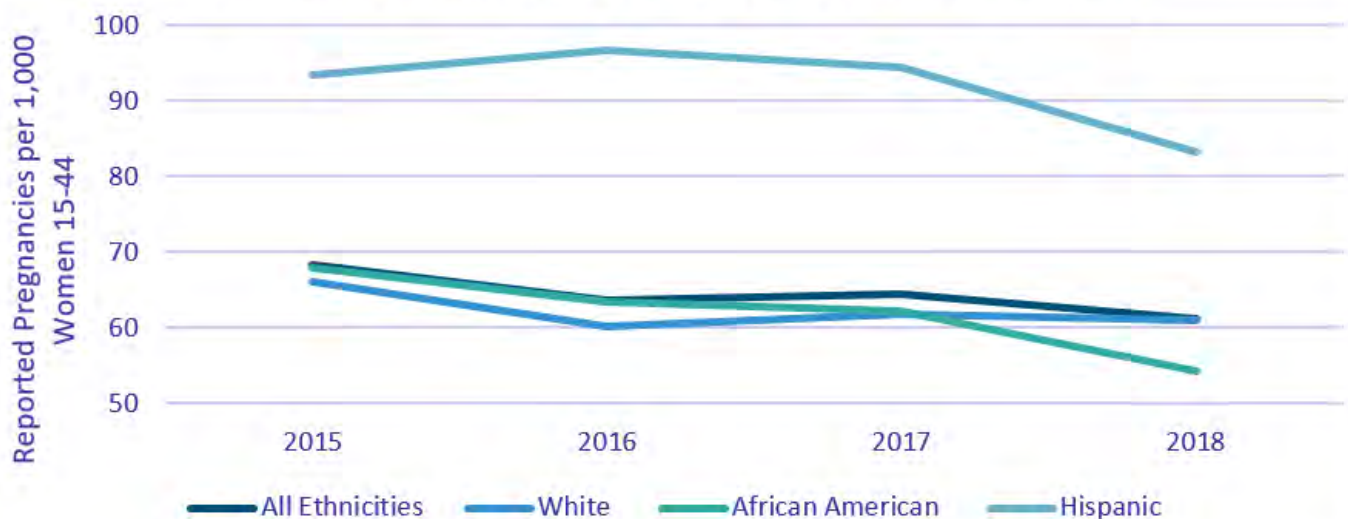


Source: N.C. State Center for Health Statistics, County Health Data Books, 2014-2018.

Pregnancies and Births

According to the State Center for Health Statistics, there were 987 live births in 2018 to Brunswick County residents, with the overall pregnancy rate of 61.3 per 1,000 women. Pregnancy rates have remained stable in Brunswick and across the state, though the pregnancy rate for Hispanic women is considerably higher than for other ethnicities. The graph below shows the pregnancy rate trend in Brunswick County overall, as well as the trends by race and ethnicity. Equity, accessible, and culturally appropriate access to pre-natal care is vital for the health of the mothers and babies.

Brunswick County Pregnancy Rate by Race/Ethnicity



Source: N.C. Center for Health Statistics, County-level Data, Vital Statistics: Reported Pregnancies

Teen Birth Rate

Healthy North Carolina 2030 Goal:
Decrease teen birth rate (per 1,000 births)

Brunswick County: 29.1

N.C. total: 18.7

Target: 10.0

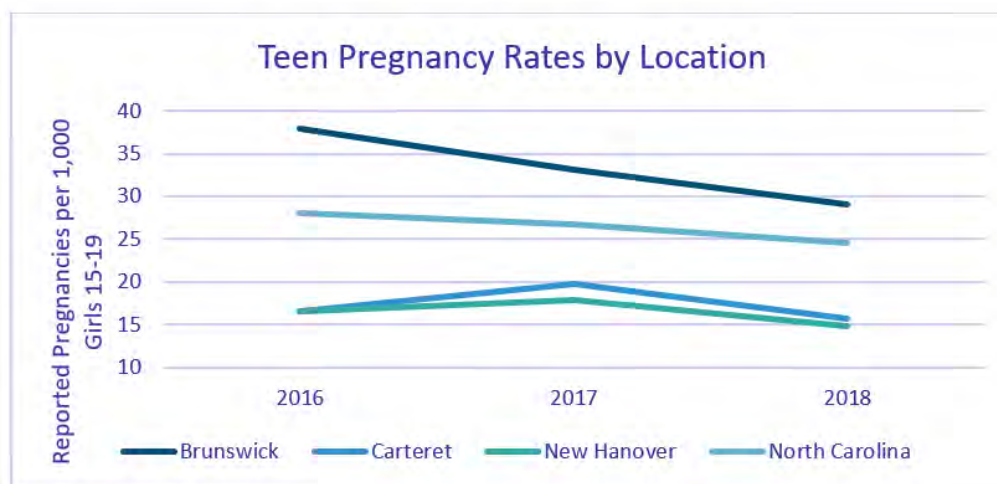


Despite the recent downward trend in teen birth rates in Brunswick County, the rate remains much greater than state and peer counties at 29.1%. However, this rate is lower than majority of North Carolina counties. The table below compares the southeastern region. In 2018, 80 of the 987 births were born to between ages 15 – 19 years old.

The graph below displays the teen pregnancy rate trend in Brunswick County compared to peer counties and the state.

2018 NC Resident Pregnancy Rates: Females Ages 15-19

County	Rate
Bladen	42.1
Brunswick	29.1
Columbus	37.3
Duplin	45.3
New Hanover	14.8
Onslow	50.8
Pender	21.2
Robeson	44.0
Sampson	45.7
North Carolina	18.7




Source: NC Center for Health Statistics, County-level Data, Vital Statistics: Reported Pregnancies

Maternal and Child Health Risk Factors

Factors associated with greater teen pregnancies and other maternal risk factors include family income level, race/ethnicity, living arrangements, and geography. Brunswick County has a significantly higher percentage of children living in households that are considered poor or low-income and food insecure when compared to the state and peer counties. Nutrition is vital to human growth and development, and poor or low-income homes may struggle to maintain adequate nutrition. Additional risk factors for children include reports of child abuse and neglect, which have been steadily increasing in Brunswick County. The following figures show these child risk factors.

Children living in poor or low-income homes, 2016.

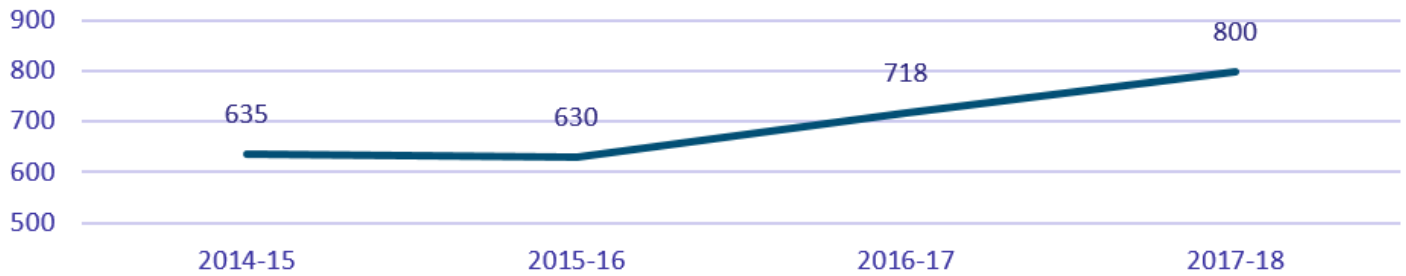
	Brunswick	55.4%
	Carteret	41.7%
	New Hanover	42.5%
	North Carolina	48.2%

Children in households that are food insecure, 2015.

	Brunswick	25.6%
	Carteret	24.9%
	New Hanover	22.1%
	North Carolina	22.6%

Source: County Health Rankings and Roadmaps, 2019

Findings of Child Abuse and Neglect in Brunswick County, 2014-2018.



Source: Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect



20.1 per 1,000

Number of Children Aged 0 – 3 Who Are Victims of Maltreatment per 1,000 Children Aged 0 – 3 in North Carolina, 2017

14.5 per 1,000

Number of Children Aged 4 – 5 Who Are Victims of Maltreatment per 1,000 Children Aged 4 – 5 in North Carolina, 2017

13.4 per 1,000

Number of Children Aged 6 – 8 Who Are Victims of Maltreatment per 1,000 Children Aged 6 – 8 in North Carolina, 2017

73.9 per 1,000

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 in North Carolina, 2017



28.4 per 1,000

Number of Children Aged 0 – 3 Who Are Victims of Maltreatment per 1,000 Children Aged 0 – 3 in Brunswick County, 2017

18.2 per 1,000

Number of Children Aged 4 – 5 Who Are Victims of Maltreatment per 1,000 Children Aged 4 – 5 in Brunswick County, 2017

14.6 per 1,000

Number of Children Aged 6 – 8 Who Are Victims of Maltreatment per 1,000 Children Aged 6 – 8 in Brunswick County, 2017

68.6 per 1,000

Rates of Emergency Department Visits for Injuries per 1,000 Children Aged 0 – 8 in Brunswick County, 2017

Source: N.C. Early Childhood Action Plan: Brunswick County Data Report

Access to Health Care

Access to comprehensive, quality health care is critical to reducing or preventing disease, disability, and premature death. The lack of access to health care for the poor, uninsured, and under-insured is acutely felt in Brunswick County. The CHOS asked Brunswick residents what challenges they face with access to health care, to which 23% responded “waiting too long to get an appointment,” 22% responded “lack of insurance,” and 17% responded “unable to pay.” The high uninsured rate in Brunswick creates a significant barrier to health care access. Also, because employer sponsored insurance is the most common form of coverage, unemployment could mean a rise in the uninsured population. The figure below compares uninsured and unemployment rates among Brunswick County, Carteret, New Hanover, and North Carolina.

Uninsured Rates	Brunswick County	Carteret County	New Hanover County	North Carolina
2019	15%	12%	11%	12%
Unemployment Rates (per 100 workers)	Brunswick County	Carteret County	New Hanover County	North Carolina
2018	5.2%	4.3%	3.7%	3.9%
2017	5.6%	4.4%	4.1%	4.5%

Source: County Health Rankings and Roadmaps, 2019. N.C. Dept of Commerce, Labor & Economic Analysis Division.

Beyond the financial strain, unemployment is correlated to adverse health outcomes related to stress. In Brunswick County, uninsured rates are highest among those working in construction, retail, and food service. These fields rarely offer health insurance as a benefit. In Brunswick, 37.6% of residents worked in these industries in 2018. As of 2019 in Brunswick County, 13,022 residents had no health coverage.

Healthy North Carolina 2030 Goal: Decrease uninsured rates

Brunswick County: 15%

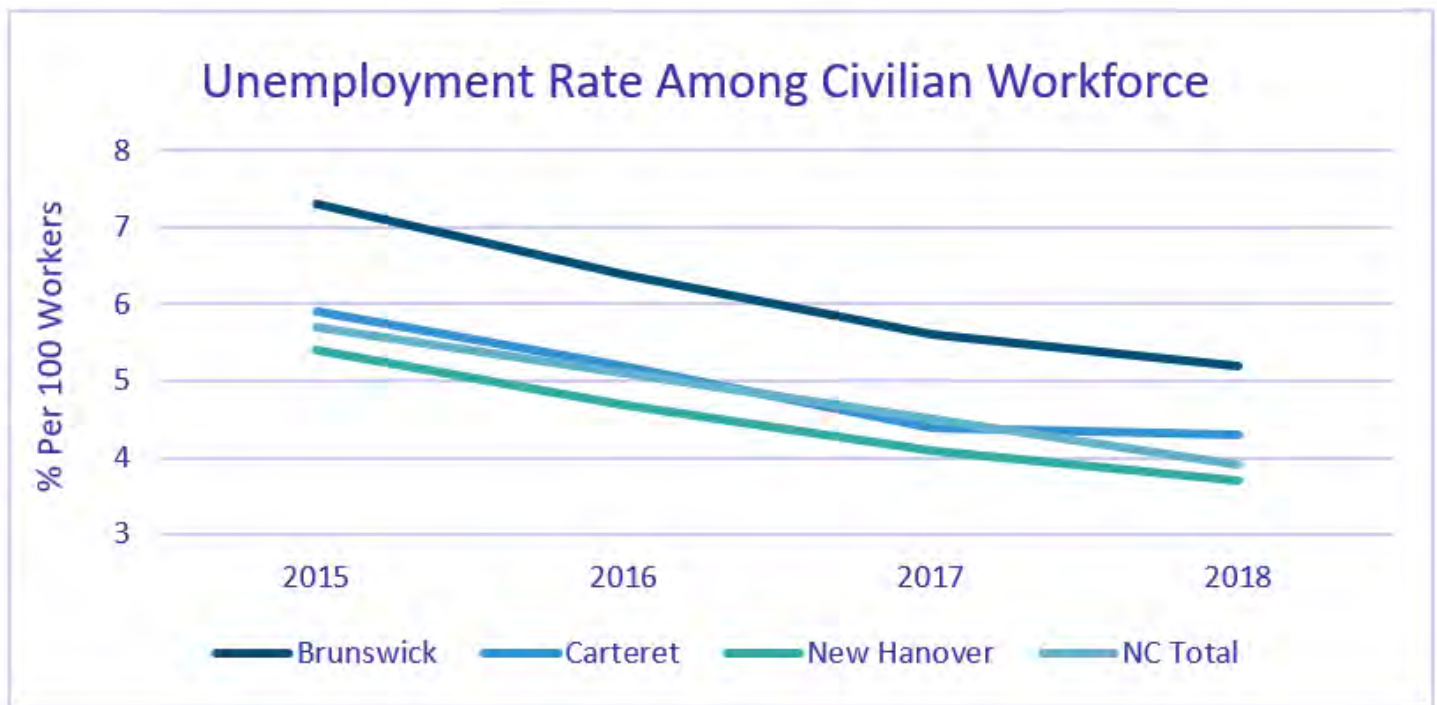
N.C. total: 13%

Target: 8%



HNC 2030 identifies uninsured and unemployment rates as health indicators. The target goal is 8% for uninsured rates and to reduce the unemployment disparity ratio between white and other populations to 1.7 or lower.

The figure below compares unemployment rates in Brunswick, peer counties and statewide. Although, unemployment rates are trending downward (positively), the percentage unemployed per 100 workers is still higher than the state and peer counties.



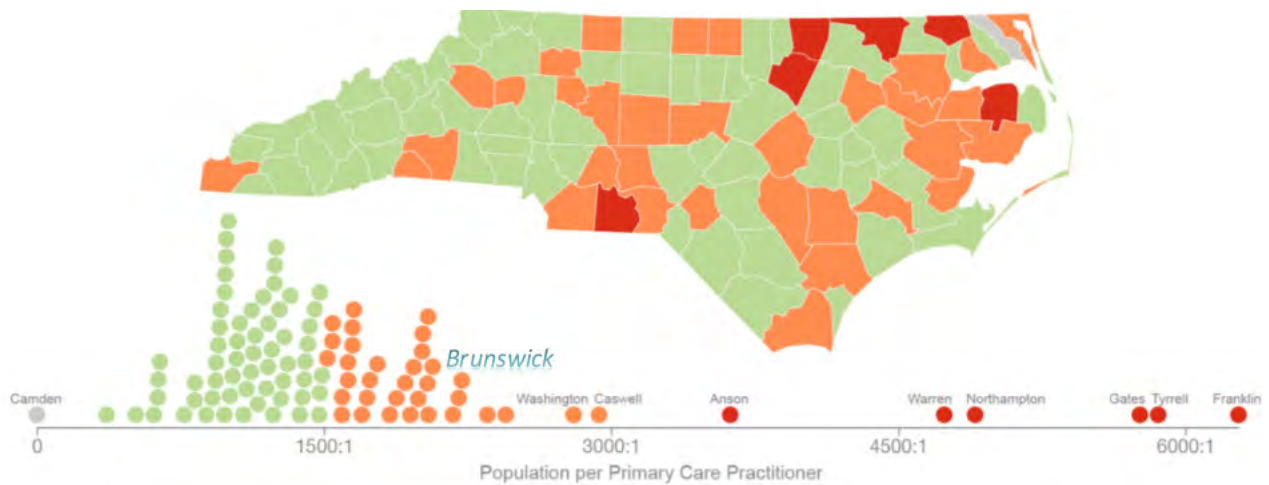
Source: North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD).
Local Area Unemployment Statistics (LAUS) - Unemployment Rate (%)

Although barriers to access health care are greater among the uninsured, insurance alone may not translate into access to care. Even among those insured in Brunswick County, substantial barriers to accessing services inhibit healthcare utilization. Several of these barriers are social determinants of health or non-medical drivers of health. Focus group participants reported these barriers such as lack of finances for healthcare, absence or unaffordable insurance, and lack of transportation to get to appointments.

Primary Care Providers

CHOS respondents were asked which areas need most improvement in their neighborhood, to which 20% selected "more affordable health services" and 16% selected "number of healthcare providers." Brunswick County continues to be designated as a medically underserved area, with only one primary care provider (PCP) per 2,150 residents. In comparison, the NC county average is one PCP per 1,420 residents. Primary care provider data does not include physicians living on the edge of counties or who practice in multiple locations. Many Brunswick County residents may seek care in surrounding counties, which is not represented by this measure. The figure below represents the statewide ratio of population per primary care providers.

Population per Primary Care Provider in North Carolina, 2019



Source: NC Health Professions Data System, Program on Health Workforce Research and Policy, UNC Chapel Hill.

Healthy North Carolina 2030 Goal: Increase the primary care workforce

Brunswick County: 1:2,150
N.C. total: 1:1,500 (62 counties)
Target: 1:1,500 (100 counties or 25%)



The target ratio for Healthy N.C. 2030 is a statewide average, for all 100 counties, to reach one PCP per 1,500 residents OR decrease the ratio by 25%.

Access to primary care is associated with fewer health care disparities and improved health outcomes. When CHOS respondents were

asked what they would do if they wanted to improve their health, 14% selected “go to primary care providers” and 13% selected “get preventative screenings.” Yet shortages of health care professionals may impede residents’ ability to get the care they need.

Mental Health Services

Mental health was identified as the number one most needed health screening in the Brunswick CHOS, selected by 56.6% of respondents. According to the 2019 County Health Rankings, Brunswick County faces a shortage of behavioral health providers, with only one provider per 1,210 residents. By way of comparison, Carteret has a ratio of one provider per 680 residents, New Hanover has one provider per 260 residents, and the N.C. county average is one provider per 440 residents. Mental health provider data come from the National Provider Identification data file. Small providers who do not transmit electronic records may not have an identification number and are not included in this measure. Some providers may also be registered with an address in one county, while

Healthy North Carolina 2030 Goal: Reduce suicide rate (per 100,000 people)

Brunswick County: 13.4
N.C. total: 13.8
Target: 11.1



practicing in another county. Like the primary care provider measure, this number does not represent Brunswick County residents who seek mental health care in surrounding counties.

practicing in another county. Like the primary care provider measure, this number does not represent Brunswick County residents who seek mental health care in surrounding counties.

Healthy N.C. 2030 has identified suicide rate as an indicator of mental health outcomes. The HNC 2030 goal is to reduce suicide rates to 11.1 (per 100,000 population) by improving access and treatment for mental health needs.

Although Brunswick County has slightly lower suicide rates than North Carolina overall, suicide is the third leading cause of death for ages 20-39 in Brunswick County as well as the State of North Carolina.

Health Department Services

The Brunswick County Health Services offers a variety of health services and programs for children and adults, including many services with income-based sliding scale fees for the uninsured (cash, checks, and most major health insurance plans are also accepted). They also provide health education and community outreach services.

Health Department Clinical Services, Fiscal Years 2016-19

Clinical Program	7/1/15-6/30/16	7/1/16-6/30-17	7/1/17-6/30/18	7/1/18-6/30/19
Breast and Cervical Cancer Control Program (BCCCP)				
Patients	275	252	236	186
Communicable Disease Control (Epidemiology)				
Patients	2	2	8	5
Visits	2	2	8	5
Family Planning				
Patients	937	946	939	867
Visits	1879	1834	1849	1747
Immunizations (all immunizations given in clinic and community outreach programs)				
Patients	5654	5210	5194	5312
Visits	6428	5843	5776	5857
School Immunizations	1097	1455	1697	1634
Flu Shots	4000	4074	4081	4569
Shingles	60	55	55	117
Total Given	6481	6187	6638	6700
Maternity Health				
Patients	238	260	341	364
Visits	1526	1430	1604	1861
Pediatric (Child Health)				
Patients	780	796	737	744
Visits	2088	2452	2134	2028
STD				
Patients	604	598	684	664
Visits	782	787	930	893
Tuberculosis (TB)				
Patients	57	58	50	57
Visits	206	235	106	232

Source: Brunswick County Health Department, 2019

Health Department Care Coordination for Children (CC4C), January 2015 – September 2018

6-Month Period Ending	# of Medicaid Children Age 0<5	# of Medicaid Children Age 0<5 Contacted by CC4C CM	% of Medicaid Children Age 0<5 Contacted by CC4C CM
Apr-Sept 2018	3,514	312	8.9%
Jan-Mar 2018	3,448	275	8.0%
Jul-Dec 2017	3,514	477	13.6%
Jan-Jun 2017	3,475	397	11.4%
Jul-Dec 2016	3,348	268	8.0%
Jan-Jun 2016	3,459	239	6.9%
Jul-Dec 2015	3,559	195	5.5%
Jan-Jun 2015	3,534	239	6.8%

Source: Brunswick County Health Department, 2019

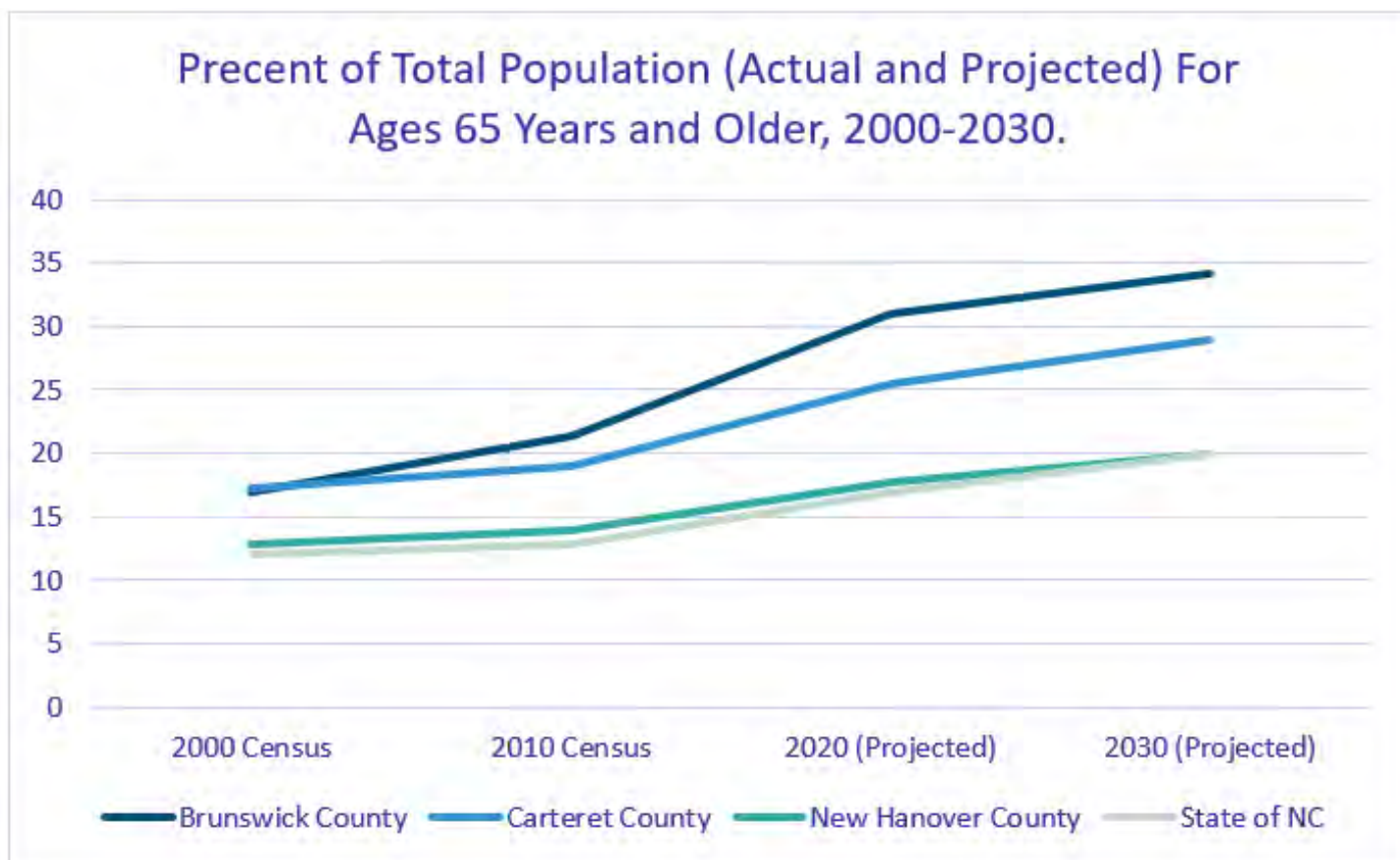
Health Department Laboratory Procedures, January 2017 – June 2019

Laboratory Procedures	January 1, 2017 - June 30, 2017	July 1, 2017 - June 30, 2018 (Excludes Sept. 2017)	July 1, 2018 - June 30, 2019
In-house Procedures	6,561	11,143	11,083
Outside Procedures	3,182	5,512	5,817

Source: Brunswick County Health Department, 2019

Aging Population

With an aging population statewide and Brunswick's appeal as a retirement destination, the population over the age of 65 is expected to grow steadily in the coming years. According to census data, the population of Brunswick residents age 65+ is projected to be 34.2% of the population by 2030 compared to 16.9% in 2000.



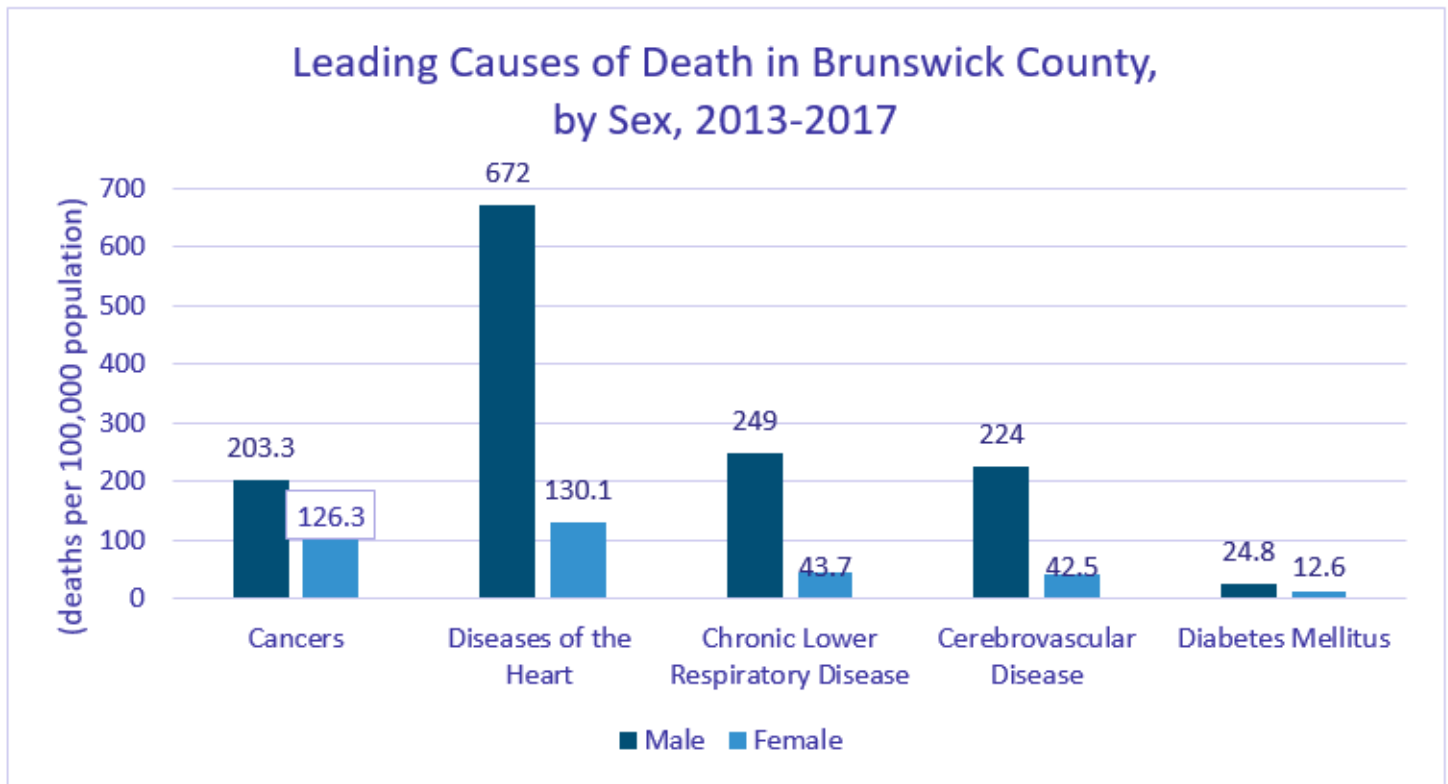
Source: Log Into North Carolina (LINC) Database, Total Population.

Data also shows that 24% of emergency department visits in Brunswick County (Doshier) were individuals ages 65-84 years old. In both the Brunswick CHOS and focus groups, participants voiced concerns regarding elderly populations not receiving enough health care. When asked which areas need the most improvement in their community, 26% of respondents selected "elder care options." Across all CHOS respondents, 78% reported "Medicare or Medicare Supplement Plan" as their personal or primary household health insurance coverage.

The CHOS also noted community concerns about mental health screenings for seniors, with 36% of respondents selecting "Cognitive disorders (Dementia and Alzheimer's)" as the most needed health screening in the community. As of 2018, Alzheimer's disease was the sixth leading cause of death in Brunswick County. Disparities in Alzheimer's mortality exist in racial/ethnic groups, with the five-year rate of white, non-Hispanic at 23.0, and African American, non-Hispanic at 37.7.

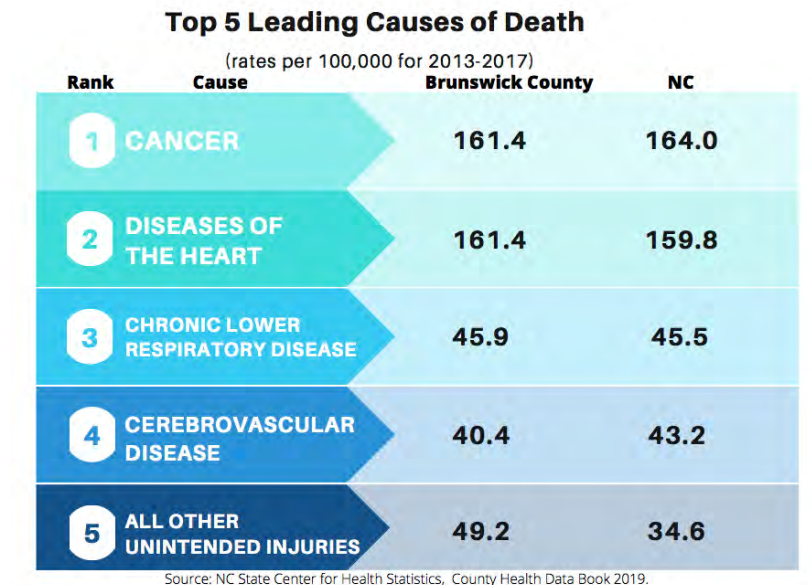
Chronic Conditions

Results of the community health opinion survey showed that 19.6% of Brunswick residents considered chronic disease to be the biggest health concern in their community. When participants of focus groups were asked the same question, chronic disease was also the most selected response. In Brunswick County, disparities exist between male and females for chronic disease death rates, with males averaging higher rates in most categories. The figure below represents this gender disparity.



Source: N.C. State Center for Health Statistics, County Health Data Book (2019), Mortality.

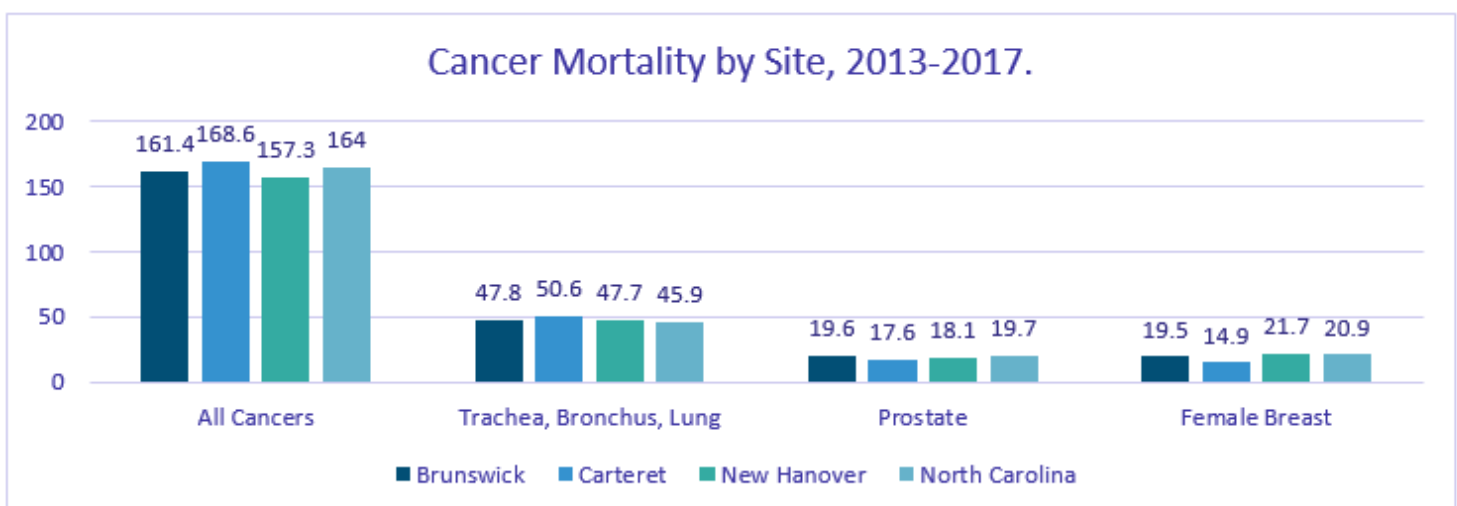
According to the N.C. State Center for Health Statistics, the top ten leading causes of death in Brunswick County (in order) for 2019 are the following: Cancer, Diseases of the heart, Chronic lower respiratory disease, Cerebrovascular disease, All other unintended injuries, Alzheimer's disease, Diabetes mellitus, Nephritis, nephrotic syndrome and nephrosis, Pneumonia and influenza, and Unintentional motor vehicle injuries.



As seen in the figure above, Brunswick County has higher rates of heart disease, chronic lower respiratory disease, and all other unintended injuries when compared to statewide rates. When compared to peer counties, Brunswick had higher death rates for heart disease, chronic lower respiratory disease, and all other unintended injuries.

Cancer

Cancer is the leading cause of death in North Carolina and in Brunswick, Carteret, and New Hanover Counties. Trachea, bronchus, and lung cancers are the most common sites for fatal cases of cancer in Brunswick County, followed by prostate and female breast cancer. Brunswick County CHOS and focus group participants noted cancers as one of the biggest health concerns in the community as well as one of the most needed health screenings.



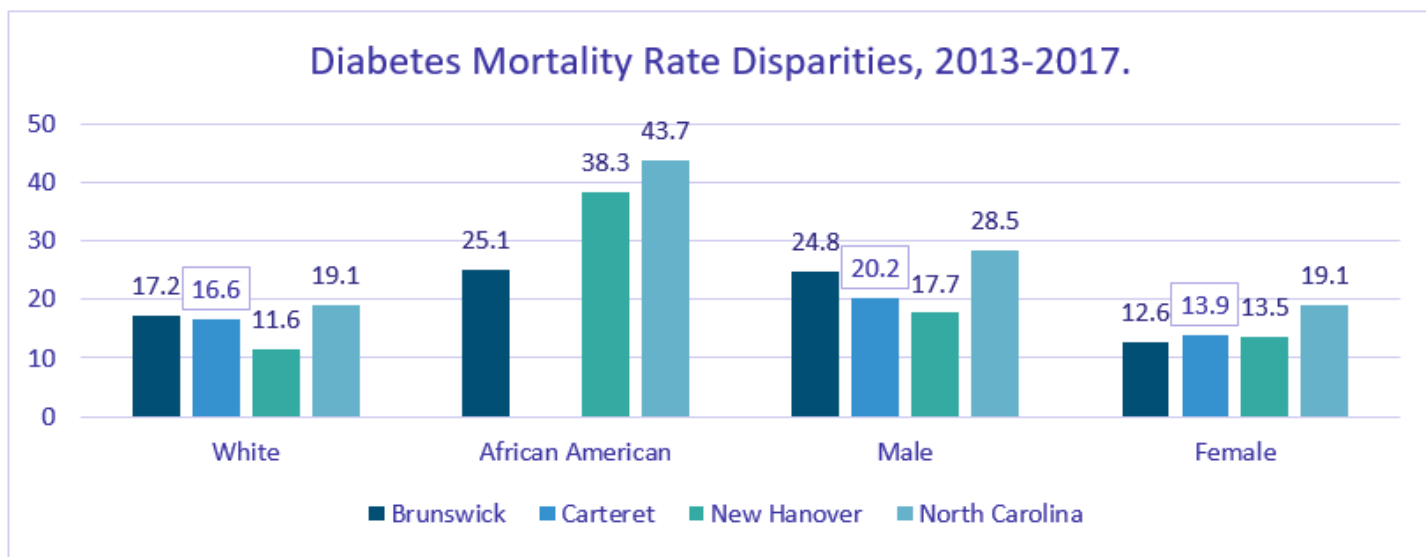
Source: N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Diseases of the Heart

Heart disease is the second leading cause of death in North Carolina and across all three counties. Research indicates that blood pressure readings have a strong association with heart disease, and 46.4% of CHOS respondents selected blood pressure as one of the most needed screenings in the community.

Diabetes

Diabetes mellitus is the seventh leading cause of death in Brunswick County. The diagnosed diabetes prevalence in Brunswick has been trending upwards since 2014, from 11.4 to 12.8 in 2016. Disparities in diabetes mortality also exist among race and gender in Brunswick, as shown in the figure below.

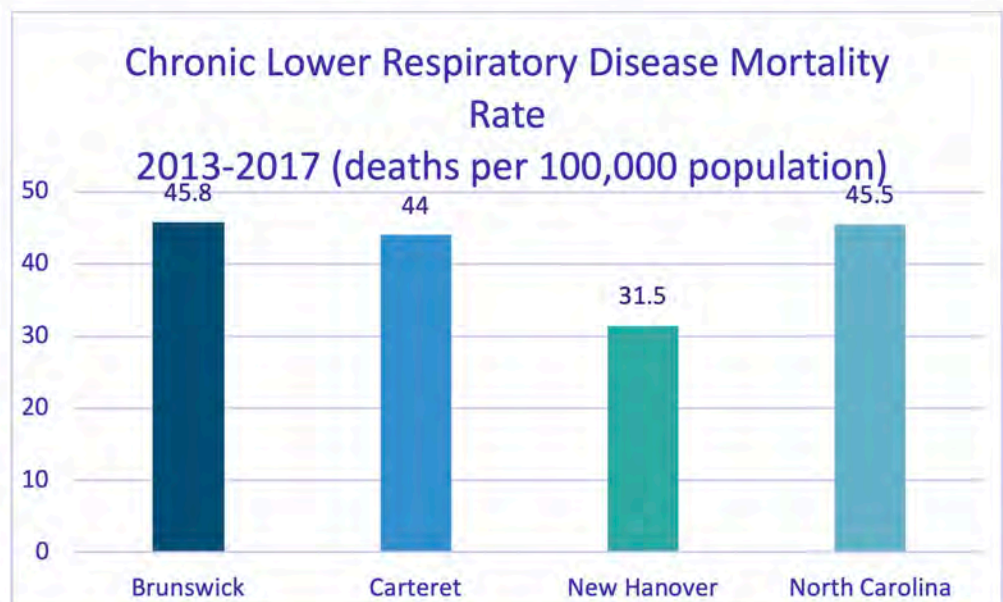


Source: N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Note: Data unavailable for African American mortality rates in Carteret.

Tobacco Use

Chronic lower respiratory disease refers to a group of conditions affecting the lungs, caused by long-term exposure to cigarette smoke. Chronic lower respiratory disease mortality in Brunswick County is 45.7 per 100,000, which is similar to the statewide rate of 45.5, but higher than New Hanover County rate of 31.5.



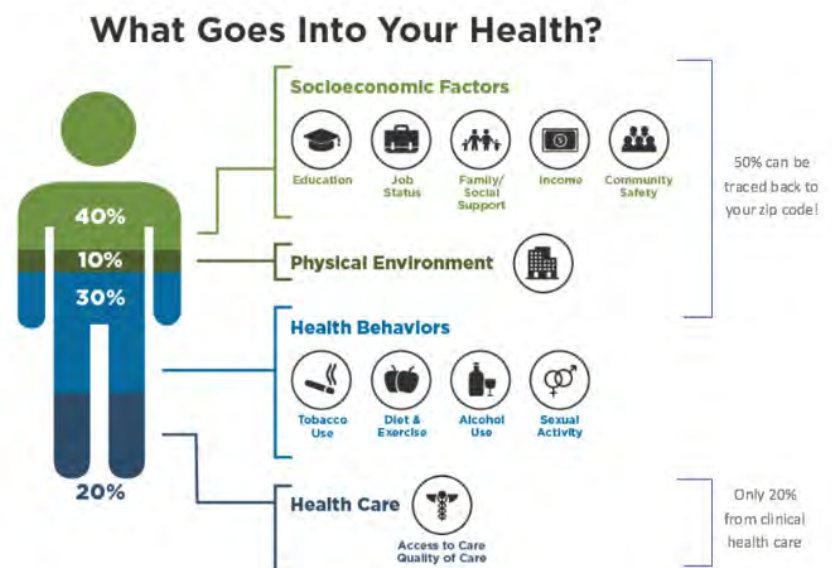
Source: N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Vaping

The NC Department of Health and Human Services has been investigating cases of severe lung injury associated with e-cigarette use or vaping since mid-July 2019. Among the North Carolina cases interviewed: 80% vaped THC, 75% vaped flavors, 70% vaped nicotine, 50% vaped THC and nicotine, and 30% vaped CBD. Chemicals in e-cigarettes can damage lung tissue, provoking inflammation. That damage can reduce the ability of the lungs to keep out germs and harmful substances. While county level data is not yet available, most cases statewide are being reported in younger adults and teenagers. According to the Centers for Disease Controls and Prevention (CDC), e-cigarettes are the most commonly used tobacco products among U.S. middle and high school students. Vaping devices contain high amounts of nicotine and other chemicals that can significantly harm adolescent brain development. The CDC also advises that tobacco use in any form, including e-cigarettes, is unsafe for youth.

Social Determinants of Health

Social determinants of health are the social and economic conditions that influence the health status of individuals and populations. These include factors like physical environment, socioeconomic status, education, employment, and access to care. Social determinants have a far greater effect on health than the effect of behavioral factors like smoking, diet, physical activity, and alcohol consumption. The relative contribution of various determinants of health are shown in this figure.

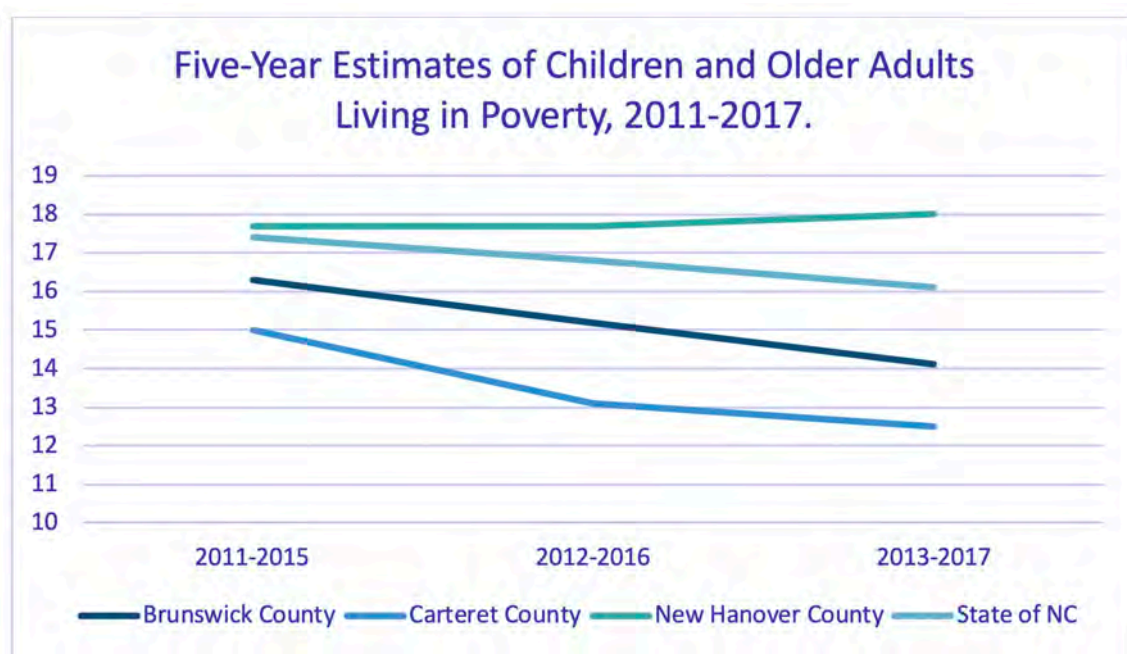


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems, 2014.

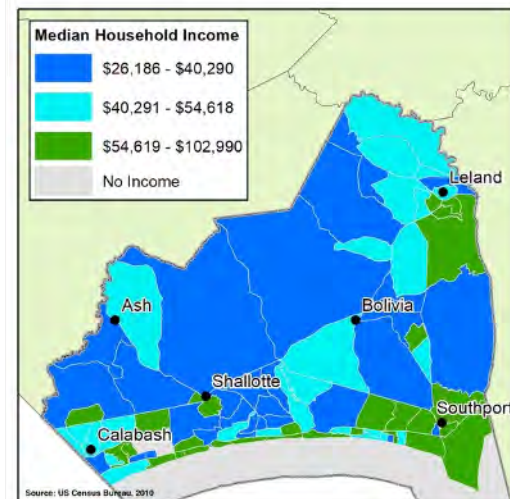
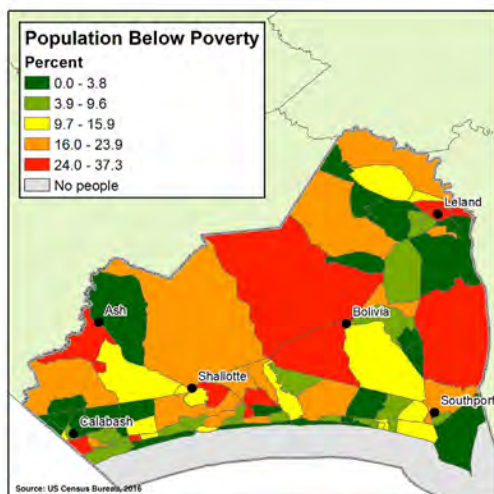
While clinical health care is necessary, social and economic factors can create barriers to access care. The previous section highlights the impact employment and transportation may have on access. These social and economic determinants drive health outcomes from birth to death, with people who face greater social and economic challenges also suffering higher rates of morbidity and mortality. The six social and economic health indicators identified by HNC 2030 are: individuals below 200% federal poverty level (FPL), unemployment rate, short-term suspension rate, incarceration rate, adverse childhood experiences, and third grade reading proficiency. This section will highlight some of these non-medical drivers of health, while others are highlighted throughout the report.

Poverty

Although Brunswick County has seen a decline in unemployment and the percent of the population living in poverty, there are still geographic disparities. Wealth concentrated in the coastal and northern parts of the county is contributing to this disparity.



Source: US Census Bureau, American Community Survey 5-Year Estimates, Table DP03: Selected Economic Characteristics



Physical Environment

The places we live, learn, work, and play make up our physical environment. The many components of a physical environment can strongly influence a person's health. Healthy N.C. 2030 health indicators for physical environment include access to exercise opportunities, access to healthy foods, and prevalence of housing quality problems. Although not part of HNC 2030, another factor of the physical environment is transportation.

Housing Quality

Housing quality is an important determinant of overall health and well-being. Severe housing problems can include high housing costs, overcrowding, or a lack of kitchen or plumbing facilities. Data from 2017 shows that 47.5% of renter-occupied housing units in Brunswick spent over 35% of their household income on rent, while 27.7% of owner-occupied units spent over 35% of their income. These statistics are both over 7% higher than those statewide. Additionally, 37.3% of housing units were estimated vacant in Brunswick County as of 2017, another potential area for concern. Survey and focus group respondents both noted a lack of affordable housing as a top factor negatively affecting the quality of life in Brunswick County.

Healthy North Carolina 2030 Goal: Improve housing quality

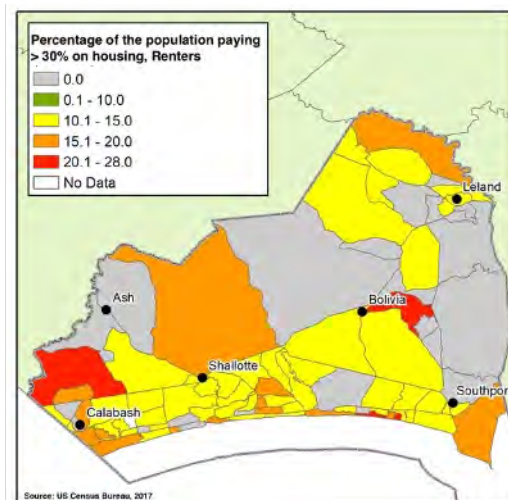
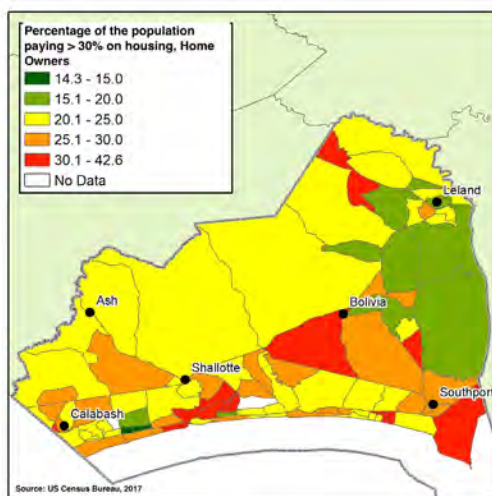
Brunswick County: 16.0%

N.C. total: 16.1%

Target: 14.0%



The Healthy N.C. 2030 goal is to improve housing quality, with a target of 14.0% of the population experiencing severe housing problems.



Access to Exercise Opportunities

Regular physical activity fosters growth and development, improves brain health, and reduces the risk of many chronic diseases. Access to exercise opportunities data measures the percentage of individuals who live within a half mile of a park or three miles of a recreational facility for rural areas (urban area is one-mile radius). This measure does not include all exercise opportunities within a community. Sidewalks and shopping centers, which may serve as locations for running or walking; HOA amenities in neighborhoods; and school gyms, are not measured in this data.

Based on the data available, Brunswick County is slightly ahead of the state average for access to exercise opportunities, but has a lower percentage compared to Carteret at 91%, New Hanover at 87% and the Healthy N.C. 2030 goal of 93%.

**Healthy North Carolina 2030 Goal:
Increase access to exercise opportunities**

Brunswick County: 76%

N.C. total: 73%

Target: 92%



The Healthy N.C. 2030 goal is to increase access to exercise opportunities to 92% of the population having access to exercise opportunities, such as parks or recreational facilities.

In recent years, Brunswick County has made significant investments in senior centers and parks. Project costs and locations are displayed in the chart. The improvements made to park facilities, and the expansion of senior center locations have increased residents' access to exercise classes and recreational activities.

Project	Year Construction Contract Approved	Project Cost
Brunswick Waterway Park Improvements	In progress	4,029,208
Waccamaw Multiuse Building	Under Design	3,800,000
OIB Park Improvements	FY 18	5,850,000
Smithville Park Improvements	FY 17	6,189,666
Calabash Senior Center	FY 17	2,368,757
Supply Senior Center	FY 17	952,683
Leland Senior Center	FY 16	2,839,996
Waccamaw Park Improvement	FY 15	3,700,150
Town Creek Park Improvement	FY 14	5,194,682
Shallotte Senior Center	FY 12	800,000
Southport Senior Center	FY09	2,589,281
Ocean Isle Beach Park	FY09	3,145,750
Cedar Grove Park	FY08	5,779,761
	Total	47,239,934

Source: Brunswick County Finance

Access to Healthy Foods

A nutritious diet is an essential building block of mental and physical health. Unfortunately, affordable and nutritious food is not easily accessible in some communities. Limited access to healthy foods has been linked to negative health outcomes including obesity, diabetes, and heart disease. Data from 2018 shows that 14% of Brunswick County residents are food insecure and 6% have limited access to healthy foods. Food insecurity is considered the disruption of nutritious food consumption due to lack of money and other resources, where limited access to healthy foods refers to people who do not live in close proximity to a grocery store.

"Whether it's access to healthcare, access to recreation, access to healthy food, a lot of it is geared toward whether you have a car. And then it's geared toward whether you've got gas money to put gas in the car..."

Focus Group Participant

Healthy North Carolina 2030 Goal: Increase access to healthy foods

Brunswick County: 6%

N.C. total: 7%

Target: 5%



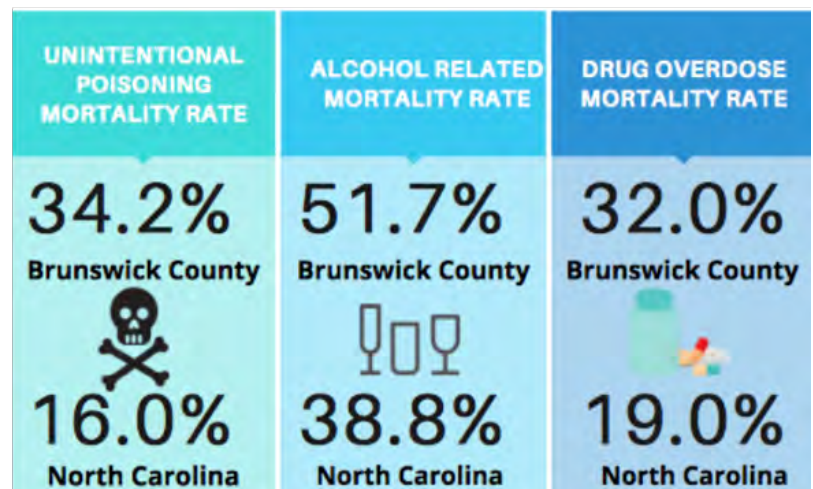
The Healthy N.C. 2030 goal is to increase access to healthy foods, with a target of 5% of the population having limited access to healthy foods.

Transportation

As highlighted in the access to health care section, transportation is a barrier to access to available resources in the community. Although, there is a 17-fleet public transit system in the county, it has some limitations, such as reservations required, an hour appointment could involve a day long trip, and limited hours of operation. The large geography of the county may also cause a financial strain on those with access to a car. Furthermore, driving distance may be limit a resident's ability to access a primary care provider or specialist.

Substance Misuse

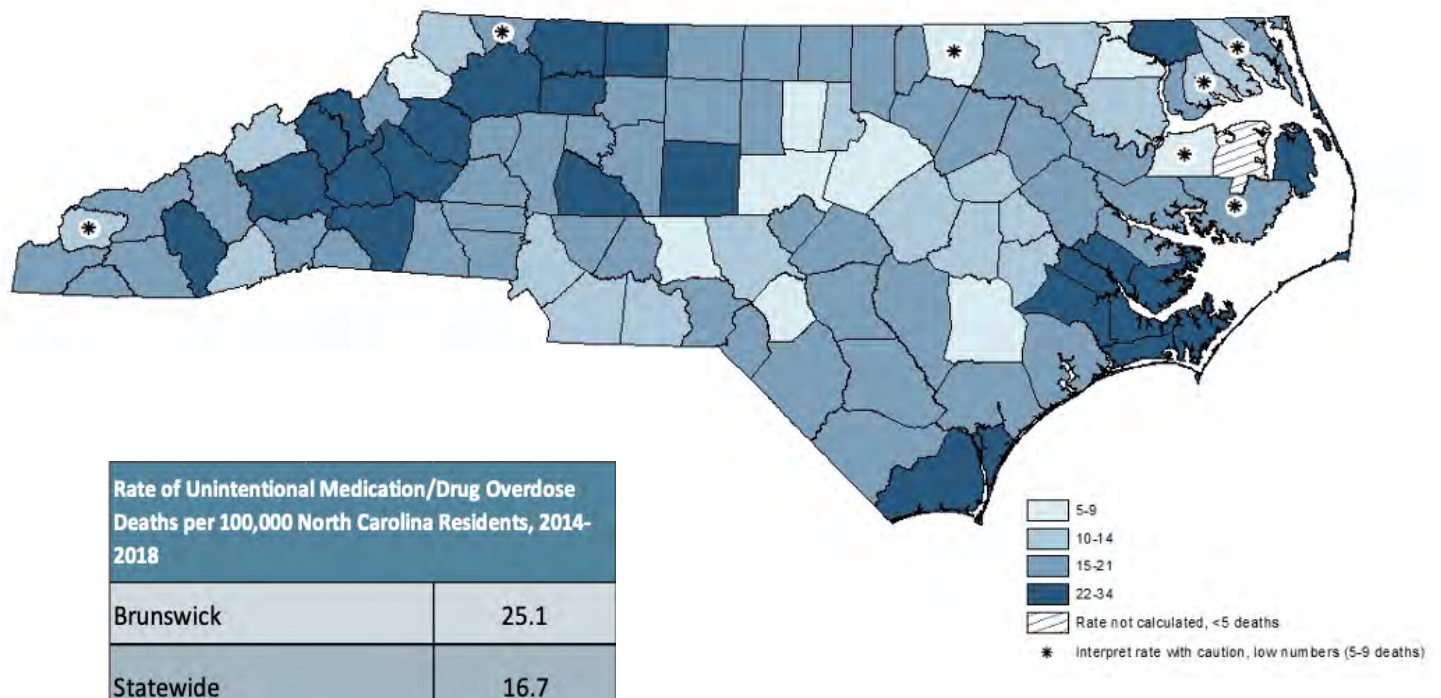
Substance use and abuse are major contributors to death and disability in Brunswick County and North Carolina as a whole. Substance abuse involves the misuse of alcohol, legal, and illegal drugs. People who suffer from abuse or dependence are at risk for injuries and disability, co-morbid health conditions and premature death. Substance abuse has adverse consequences for families, communities and society. This figure shows the drug overdose mortality rates, unintentional poisoning mortality rates, and alcohol related mortality rates in Brunswick County compared to NC totals.



Source: N.C. State Center for Health Statistics, Vital Statistics, 2018.

The Centers for Disease Control and Prevention defines a poison as “any substance that is harmful to your body when ingested, inhaled, injected, or absorbed through the skin.” An unintentional poisoning is a poisoning in which the individual exposed to the substance is not attempting to cause harm to himself/herself or others. This includes unintentional overdoses of prescription or recreational drugs. Other potential poisons include exhaust fumes and gases, pesticides, acids, organic solvents, and petroleum products. Brunswick County’s rate of unintentional medication and drug overdose deaths was 25.1 per 100,000 people (2014-2018) compared to the statewide rate of 16.7 per 100,000. The map below shades NC counties based on their respective unintentional medication/drug overdose death rate.

Rate of Unintentional Medication & Drug Overdose Mortality (per 100,000 NC Residents) 2014-2018.



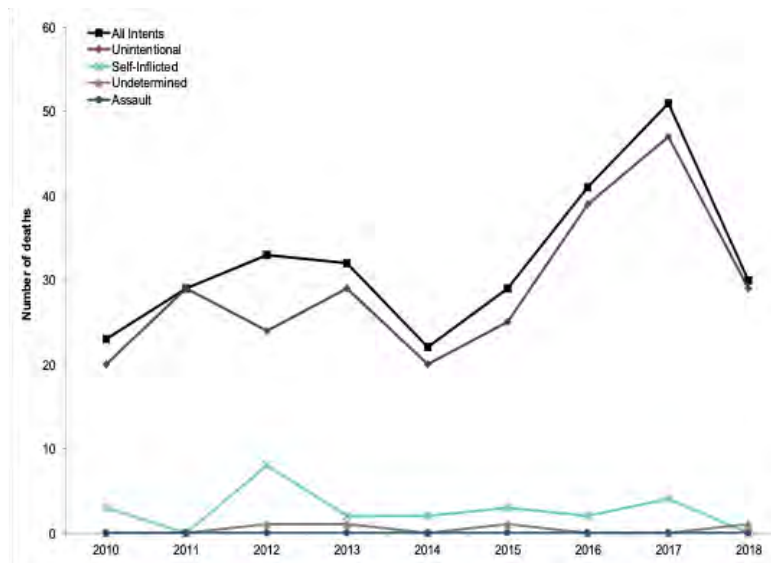
Source: Deaths-N.C.. State Center for Health Statistics, Vital Statistics; Population-NCHS

Opioid Use

The rate of unintentional opioid-specific overdose deaths in Brunswick is 22.2 per 100,000 residents, considerably higher than the statewide rate of 13.6 per 100,000. The rate of outpatient opioid pills dispensed per resident in Brunswick County in 2018 was 56.4, compared to 43.7 statewide. Data also shows a 20-point percentage increase, from 2016 to 2017, in opioid poisoning emergency department visits resulting in deaths. While substance misuse is considered one of the county’s top concerns, the most recent preliminary data shows a downward trend in opioid overdose deaths and ED visits. This data is available on the N.C. Opioid Action Plan Data Dashboard. The thirteen data metrics available on the dashboard are used to track and monitor state and county-level progress made on the opioid epidemic.

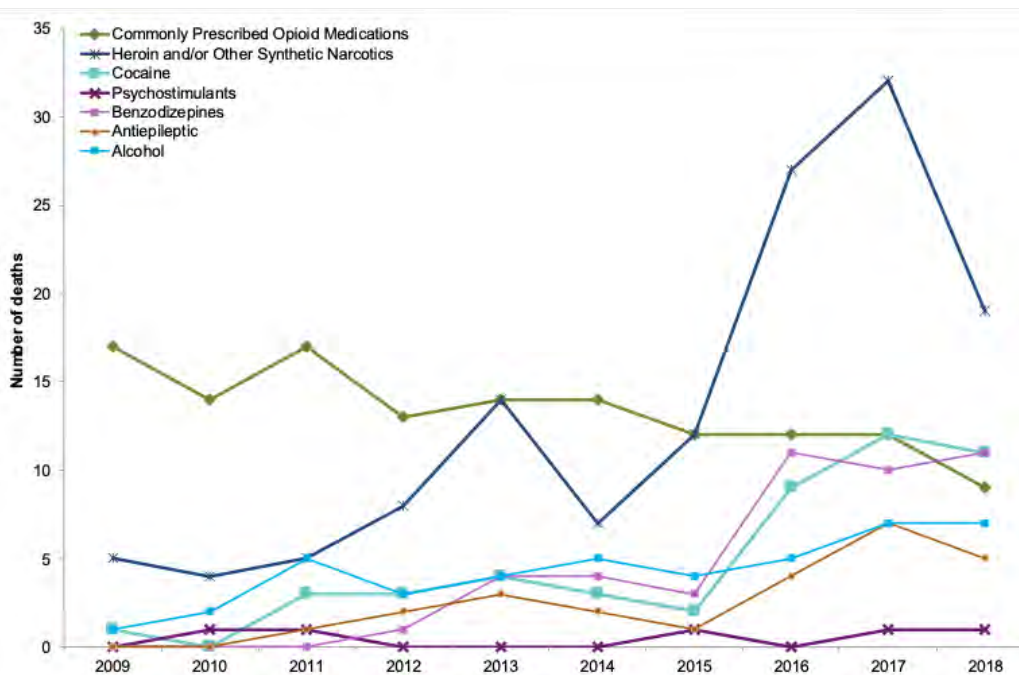
The following graphs show that there has been a decrease in the number of medication and drug overdose deaths in Brunswick County in recent years. It is also evident in the second graph that synthetics other than opioids are contributing to unintentional overdose deaths.

Brunswick County Medication & Drug Overdose Deaths by Intent



Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics
Analysis by Injury Epidemiology and Surveillance Unit

Substances* Contributing to Unintentional Overdose Deaths, Brunswick County



*These counts are not mutually exclusive. If the death involved multiple substances it can be counted on multiple lines.

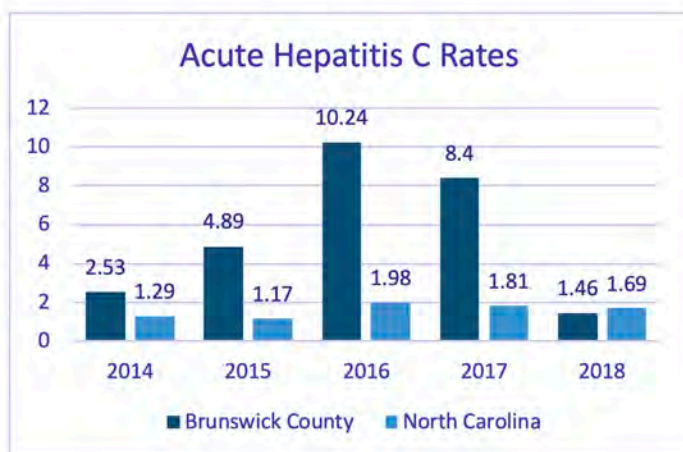
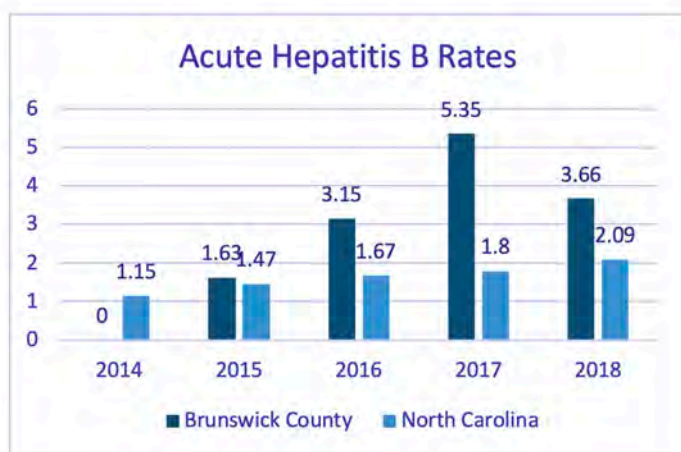
Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths,
Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type
(Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, and Alcohol).
Analysis by Injury Epidemiology and Surveillance Unit

Hepatitis

According to the N.C. Department of Health and Human Services (NCDHHS) Communicable Disease Branch, injecting drug use (IDU) has been a growing risk factor for newly acquired (acute) hepatitis infections. Acute hepatitis B infections do not always cause symptoms. Most children under the age of 5 and newly infected adults with weakened immune systems generally don't have symptoms. Therefore, infections are often overlooked or missed all together.

Incidence of acute hepatitis C was almost five times higher in Brunswick County than the rest of the state in 2016 but has since dropped below state average. Hepatitis C is often undiagnosed and under reported. Only approximately 20-30% of those newly infected with Hepatitis C experience symptoms. Usually symptoms are mild and unlikely to prompt a visit to a health care professional for testing. Of every 100 people infected with HCV, approximately 75-85 will develop chronic infection, and 10-20 will develop cirrhosis over a period of 20-30 years.

In July 2016, the NCDHHS Communicable Disease Branch selected Brunswick County and other Region 8 counties to start hepatitis C testing at the N.C. State Lab. Free testing is available for baby boomers born between 1945-1965, individuals using injection drugs or having a history of injection drug use or are HIV infected. Free or low-cost treatment is available at two locations in Brunswick County for those with positive test results.



Source: NCD3: North Carolina Disease Data Dashboard. All rates shown are per 100,000 population

Substance Misuse Initiatives

Progress made in Brunswick County is attributed to programs and initiatives implemented in recent years; such as, Brunswick County Sheriff's Office Anchor Initiative, Brunswick County Treatment Court, and the Brunswick County Substance Use and Addiction Commission. Through the Anchor Initiative, individuals with addictions can contact the Sheriff's Office through self-referral, social referral or officer interaction. Individuals are put in immediate contact with an Anchor coordinator, who respond and complete an assessment. The Initiative strives to keep costs for these individuals as low as possible, paying for the transportation, Detox, and initial entrance fees to treatment providers.

Brunswick County Treatment Court is a holistic approach for offenders who seek to end the cycle of addiction and manage mental illness. The Court adheres to the core principals of the National Association of Drug Treatment Court Professionals and collaborates regularly with a substance abuse and mental health specialist. In October 2018, the Brunswick County Board of Commissioners established the Brunswick County Substance Use and Addiction Commission to address the crisis of substance addiction and advocate to improve treatment options for individuals with substance use disorder.

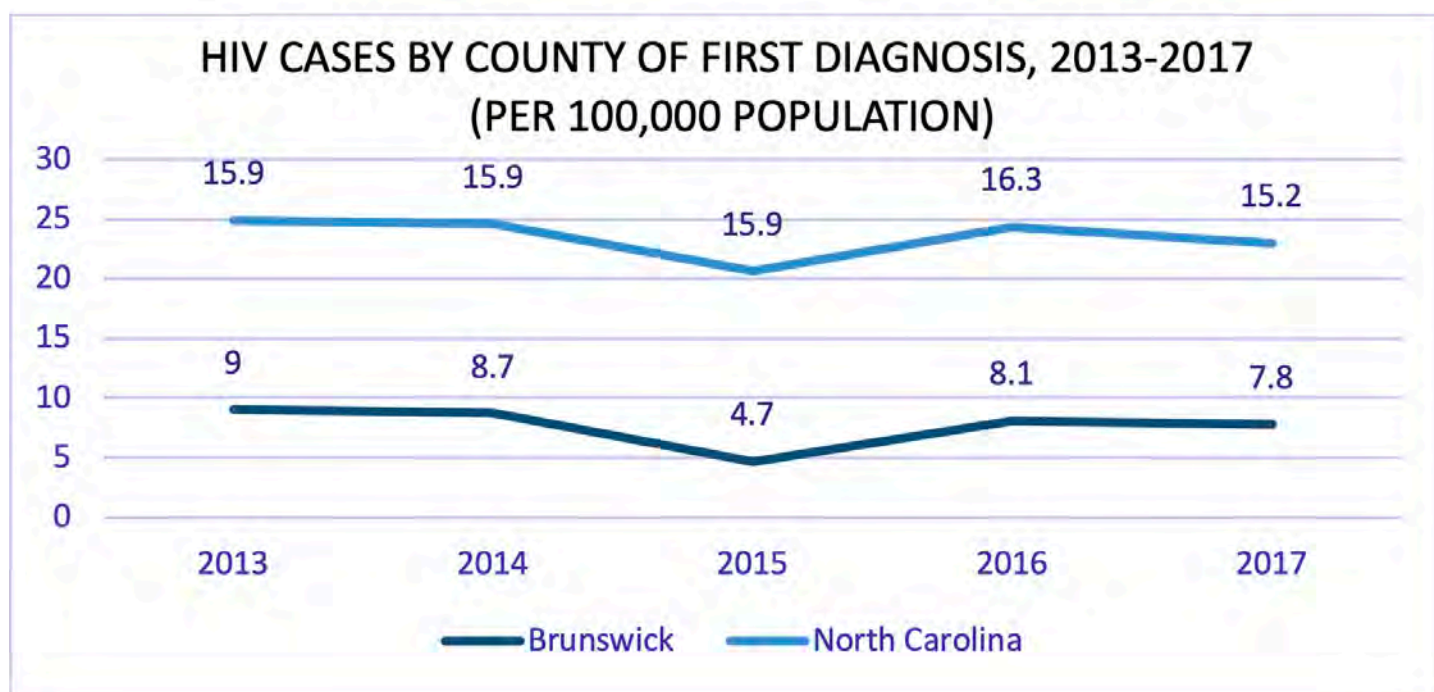
Brunswick County Health Services (BCHS) partners with the Brunswick County Sheriff's Office to encourage residents to protect their families by using the secure collection drop boxes located at several Sheriff's Office and police department locations.

Free medication disposal pouches are also available at BCHS. Pouches can be used to dispose of pills, liquids, and patches. Once adsorbed by the carbon inside the bag, the drugs are ineffective for abuse and safe for disposal in landfills. BCHS distributes medication lock boxes to families with children under age 18 living in their household and promotes the “Lock Your Meds” campaign by providing educational pamphlets to parents about reducing the risk of accidental medication overdose in children.

Brunswick County law enforcement and EMS carry Naloxone, which is the reversal agent for heroin and other opioid overdoses. Coastal Horizons distributes Naloxone kits to Brunswick County clients, as well as friends and families of individuals who may be at risk of an overdose.

HIV and AIDS

The human immunodeficiency virus (HIV) causes HIV infection and over time, acquired immunodeficiency syndrome (AIDS). HIV is transmitted from one person to another through blood, semen, vaginal secretions, and breast milk. HIV rates in Brunswick County have remained relatively constant and below the North Carolina rate. The figure below compares Brunswick and NC rates. Brunswick County should continue to monitor HIV cases, as intravenous drug use increases risk of contracting HIV.



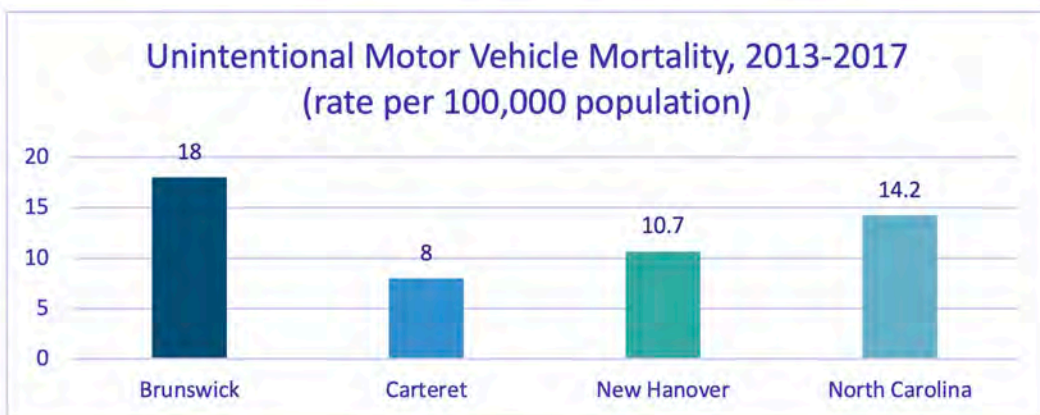
Source: NC Division of Public Health, Epidemiology Section, and Communicable Disease Branch: 2017 NC Annual Report

Road Maintenance (Unsafe Driving)

Road maintenance was the 3rd most selected response when participants were asked to select the top three needed community or neighborhood improvements (22%). Focus group participants were also vocal about the need for better roadways.

Motor Vehicle Mortality

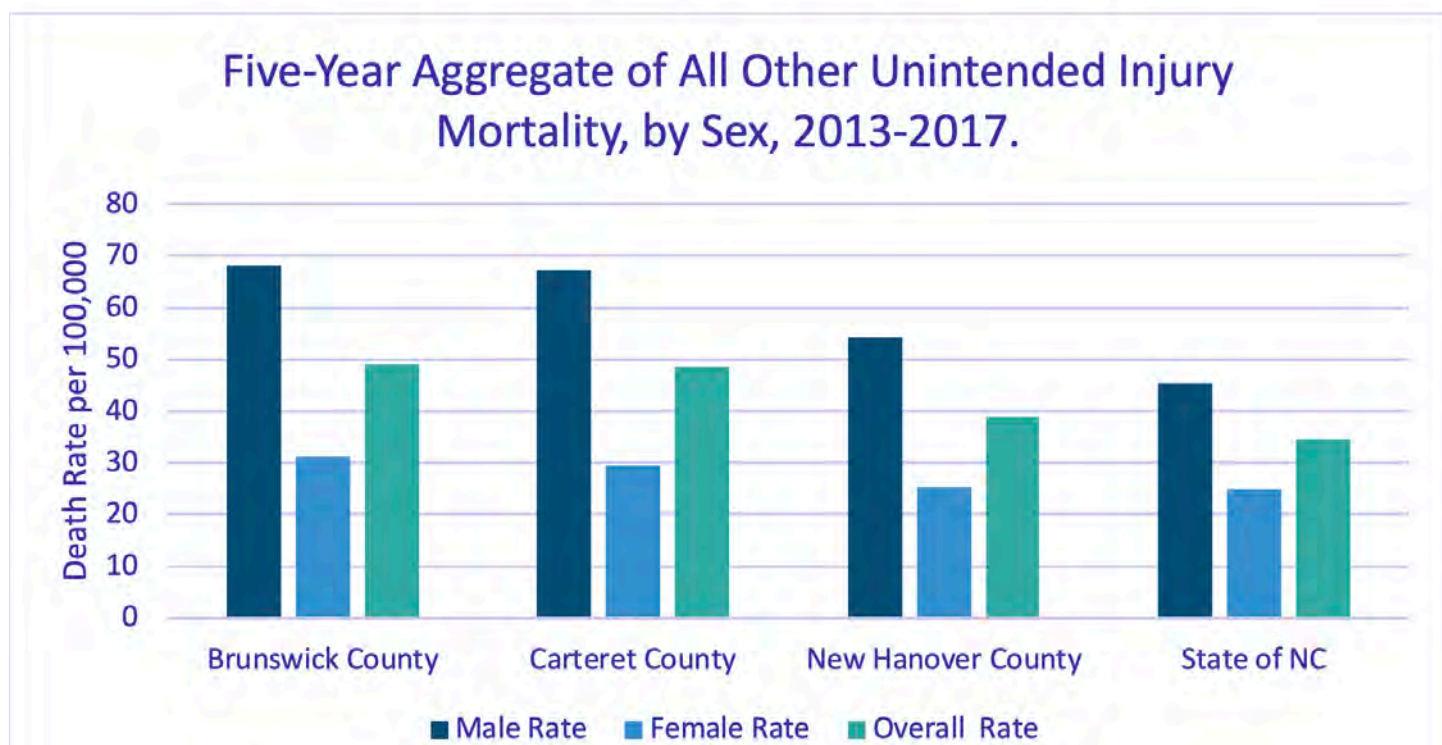
The figure to the right shows the unintentional motor vehicle mortality in Brunswick County compared to peer counties and statewide. The rate in Brunswick County is almost double compared to peer counties and higher than the state rate.



Source: N.C. State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

All Other Unintended Injury Mortality

Unintended injury is the fifth leading cause of death in Brunswick County, including death from falls, fires, drowning, and aspirations. The mortality rates for unintended injuries in Brunswick is 49.2 deaths per 100,000 population, much higher than North Carolina's rate of 34.6 deaths per 100,000 population. Across Brunswick, Carteret, and New Hanover counties there is a disparity of mortality between males and females. In Brunswick County, male mortality rate is 68 per 100,000 compared to 31.2 per 100,000 for females. The figure below compares this data between counties and North Carolina.



Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Environmental Health Indicators

Water Quality

In recent years, Brunswick County was the focus of media attention after an independent report claimed that the county has the highest levels of per- and polyfluoroalkyl substances (PFAS) in its drinking water. This news concerned all residents, regardless of whether they lived in the region when GenX (a PFAS compound) was discovered in the Cape Fear River in 2017, or if they recently moved to the area. It was particularly upsetting to county families who want to ensure their children are protected.

Every weekly test sample taken at the Northwest Water Treatment Plant since June 2017 has fallen below the EPA and the NC Department of Health and Human Services' (NCDHHS) established health advisories. If either level is exceeded, residents, the municipalities, the school district, and the news media would be notified immediately. Each test result and information are published online for transparency at brunswickcountync.gov/genx.

In January 2020, an organization called Environmental Working Group (EWG) released a study that tested the water quality at 44 sites in 31 states across the country. Among the 44 sites tested, Brunswick County had the highest level of PFAS contamination in its tap water at 185.9 ppt, exceeding the Environmental Protection Agency (EPA) health advisory level of 70 ppt for PFOA and PFOS in drinking water. The Brunswick County sample was taken from Belville Elementary School by the group Clean Cape Fear and analyzed by an accredited laboratory. The figure below shows the 10 sites with the highest PFAS levels.

Source: PFAS Contamination of Drinking Water Far More Prevalent Than Previously Reported, Environmental Working Group, <https://www.ewg.org/research/national-pfas-testing/>

EWG TESTS FOUND TOXIC PFAS CHEMICALS IN TAP WATER IN 31 STATES AND D.C.

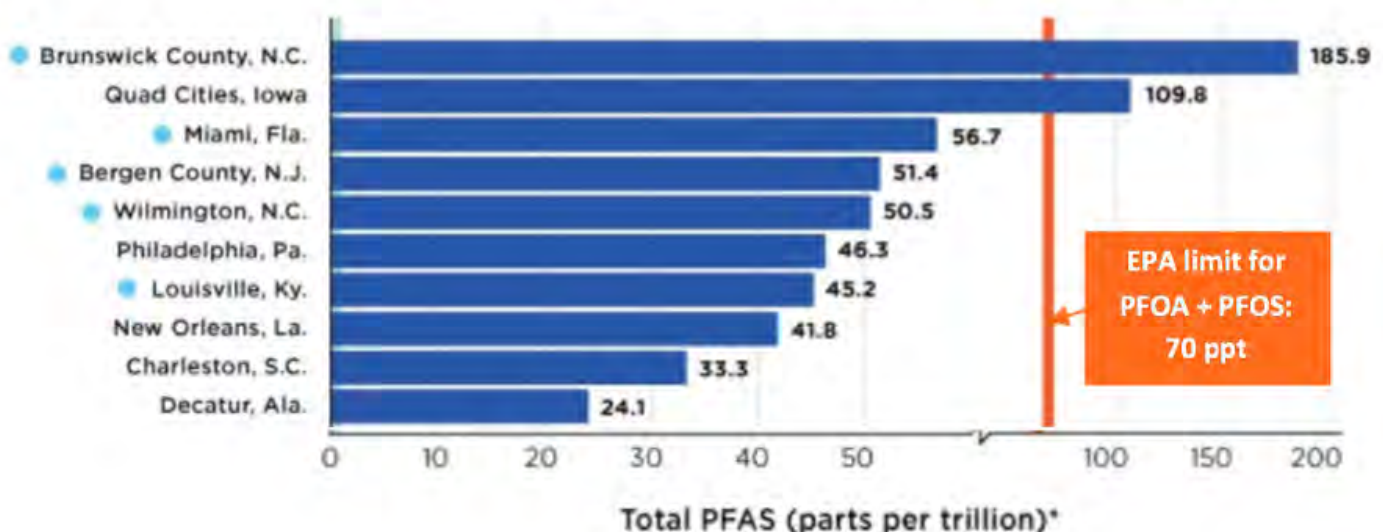


Image Source: PFAS Contamination Of Drinking Water Far More Prevalent Than Previously Reported, Environmental Working Group, Jan 22 2020, <https://www.ewg.org/research/national-pfas-testing/>

PFAS previously reported by Environmental Protection Agency or State * Sum of detections of 30 types of PFAS.

These health advisory levels only apply to a few regulated PFAS compounds. There is limited research and scientific data on most known PFAS contaminants—which number in the thousands—and thorough health studies require time to ensure accurate results. That's why Brunswick County made a proactive decision in 2018 to install a low-pressure reverse osmosis system at the Northwest Water

Treatment Plant to protect the water and remain below any health advisory levels that are likely to be established in the future.

Low-pressure reverse osmosis is considered the best way to remove contaminants from water. Brunswick County's Board of Commissioners have already committed \$137 million to install the new treatment system and upgrade the plant's capacity to support the county's growth. The project has received a National Pollutant Discharge Elimination System permit from the NC Department of Environmental Quality (DEQ). The county will receive bids from contractors on March 5, 2020 and the Board is expected to issue the bids in April and a notice to construct in May. The new system is estimated to go online 30 to 36 months after construction starts, depending on which bid alternate the commissioners select.

The presence of these contaminants in the Cape Fear River continues to raise questions, but many of the potential answers rely on the expertise, research, and authority of federal and state agencies like the EPA, NCDHHS, and DEQ. These agencies often have more access to certain financial and informational resources that local governments and public utilities typically do not. Below are some additional websites to learn more about PFAS and who to contact for toxicology or epidemiology questions.

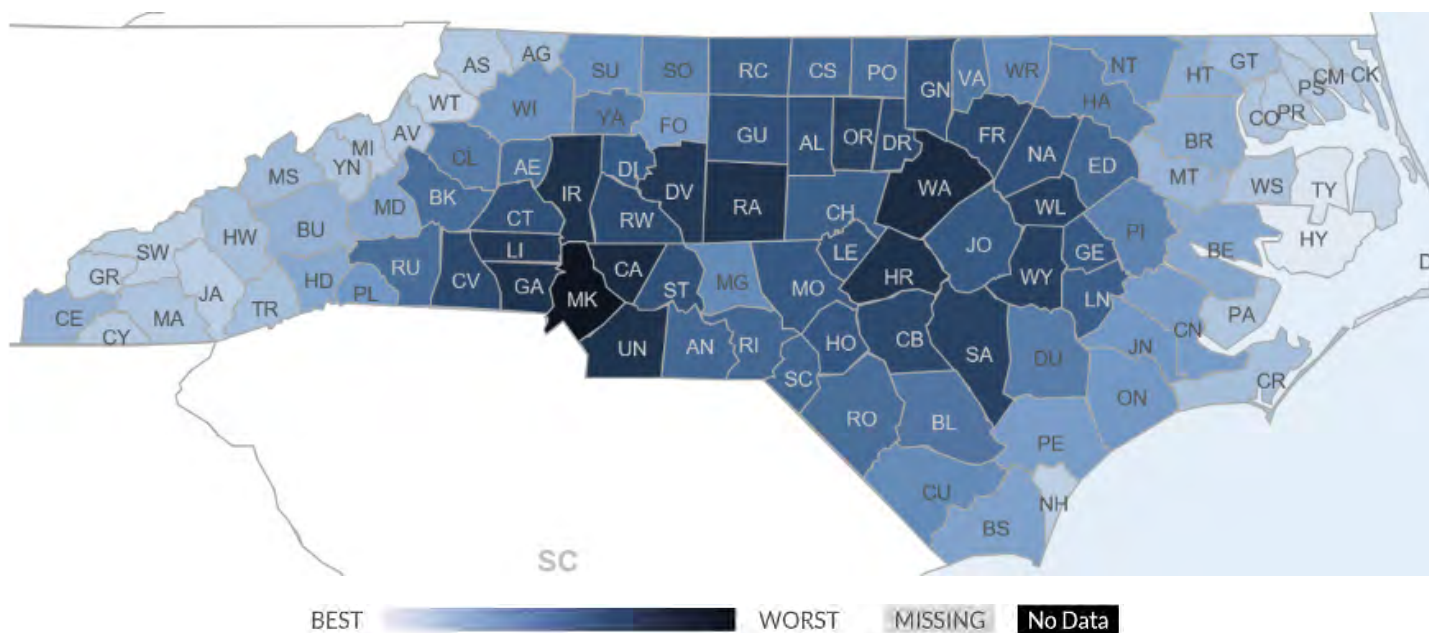
- https://epi.dph.ncdhhs.gov/oea/a_z/pfas.html
- <https://deq.nc.gov/news/key-issues/genx-investigation/health-related-resources-about-genx-pfoa-and-pfas>
- <https://ncpfastnetwork.com>
- <https://www.awwa.org/Resources-Tools/Resource-Topics/PFAS>

Brunswick County residents had voiced concerns about water quality well before the release of this study. During CHA focus groups, the most common responses regarding environmental issues were concerns about water quality. In fact, eight out of the nine focus groups commented on water quality.

Air Quality

Air Pollution measures the particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM_{2.5}). These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. High levels of fine particulate matter can negatively impact health. Long-term exposure can lead to decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. It also increases premature death risk among people age 65 and older, even when exposure is at levels below the National Ambient Air Quality Standards. Brunswick County's average measure is 9.3, which is slightly lower than the state average of 9.8. Peer counties Carteret and New Hanover are lower than Brunswick County and the state at 8.7 and 8.4.

Average daily density of fine particulate matter in micrograms per cubic meter (PM_{2.5})



Source: 2019 County Health Rankings

CHAPTER FOUR: COMMUNITY PRIORITIES

Overview

Upon completion of data collection and analysis, the Community Health Assessment Steering Committee (Steering Committee) engaged in a prioritization process to identify the top priority areas. Common themes were identified from both the primary and secondary data, including comparison to North Carolina, peer counties, and Healthy North Carolina 2030 indicators.

The Steering Committee initially identified nine salient topics based on need, resource availability, and target populations. The areas identified were:

- Aging
- Access to Health Care
- Environmental Health
- Road Maintenance (unsafe driving)
- Substance Misuse
- Chronic Conditions
- Social Determinants of Health
- Infant & Maternal Health
- Healthy Eating & Physical Activity

Through discussions based on the CHA data, the following decisions were made before prioritization. Substance misuse initiatives will target identified at-risk populations¹ with a focus on treatment and recovery. Access to health care includes uninsured, access to primary care physicians, access to mental health services, and transportation. These inclusions target the underserved populations. The common chronic conditions considered were cancer, diseases of the heart (including blood pressure), and diabetes. Chronic conditions initiatives will target vulnerable populations¹ focusing on prevention and management. Additionally, the focus for the social determinants of health are housing, food insecurity, and interpersonal violence.

Prioritization

After finalizing nine areas of potential focus, the Steering Committee anonymously voted for their top three health concerns. Using guidance from the NC Division of Public Health's Community Health Assessment Guidebook, committee members were asked to take into account the following criteria when selecting their top three areas of concern:

- **Magnitude:** "How many persons does the problem affect, either actually or potentially?"
- **Seriousness:** "What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?"
- **Feasibility of successful intervention:** "Is the problem amenable to interventions (i.e., is the intervention feasible scientifically as well as acceptable to the community?). What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?"

¹North Carolina Local Health Department Accreditation HDSAI Interpretation Document: Underserved populations relate to those who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy or understanding on how to access services; At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from either engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition or having an indicator or precursor (high blood pressure) that could lead to a specified health condition; A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors and age groups.

The Community Health Assessment Team reviewed the votes and proposed to the Steering Committee three priority areas, with an underlying theme of targeting the aging population. Keeping the underlying theme of aging, the final priority areas selected are: Substance Misuse, Access to Health Care, and Chronic Conditions.

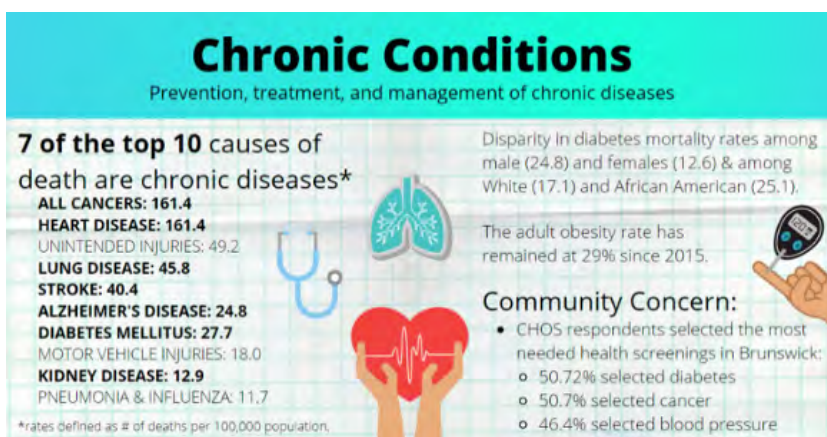
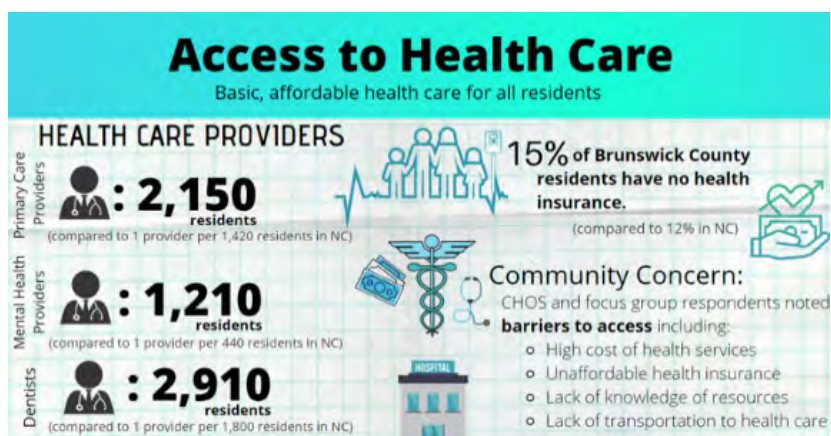
2019 – 2023 Brunswick County Community Priorities

Substance Misuse

Access to Health Care

Chronic Conditions

Aging Population



Next Steps

Brunswick County Health Services will post the Community Health Assessment report to their website and encourage other stakeholders, including Steering Committee members to do the same. The CHA findings will be shared with key stakeholders and community members, including presentations to Brunswick County Board of Health members and other groups, upon request. Over the next several months, the health department will collaborate with the Steering Committee and other stakeholders to develop the community health improvement plan. This plan will include evidence-based strategies/interventions to address the priority areas, with measurable objectives related to each. In addition to a focus on the aging population, strategies and interventions will target other populations who are considered at-risk, underserved², or vulnerable² for the identified priority areas. In the years before the next CHA cycle, the health department will track progress to include in their annual State of the County's Health (SOTCH) report. In addition to progress made towards the priority areas, the report will feature other new initiatives and identifying any emerging issues impacting the county's health, wellbeing, and quality of life.

²North Carolina Local Health Department Accreditation HDSA Interpretation Document: Underserved populations relate to those who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy or understanding on how to access services; At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from either engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition or having an indicator or precursor (high blood pressure) that could lead to a specified health condition; A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors and age groups.

CHAPTER FIVE: PRIORITY AREA RESOURCES

The community health assessment process was instrumental in helping to gain a deeper understanding of residents' opinions and feelings about health, illness, services, and strategies to address these concerns.

Programs and services available that help provide access to affordable care, treatment, and community resources to improve the well-being of all residents. The information below is intended to be a starting place for anyone seeking assistance for the priority areas identified in the CHA.

- **Brunswick County Resource Assistance Quick Guide:** https://www.brunswickcountync.gov/wp-content/uploads/2020/01/Community-Resource-Quick-Guide_2020.pdf
- **Brunswick County Treatment Resource Guide:** <https://www.brunswickcountync.gov/wp-content/uploads/2020/02/Updated-Opioid-Resource-Guide.pdf>

Substance Misuse

Substance Misuse Resources	RHA 24/7/365 Mobile Crisis Line	1-884-709-4097
	Integrated Family Services: Crisis Chat Line	1-866-437-1821
	Trillium's Access to Care Line	1-877-685-2415
	Alcohol Drug Council of NC: Information & Referrals	1-800-688-4232
	Access Point Kiosk: Brunswick County Social Services	(910) 253-2077
	Substance Abuse & Mental Health Services Administration (SAMHSA): National Helpline	1-800-662-HELP (4357)
Local Syringe Exchange Programs	Coastal Horizons- Shallotte	120 Coastal Horizons Drive Shallotte, N.C. 28470 (910) 216-6080 ext.132
	N.C. Harm Reduction Coalition	2154 Wrightsville Ave. Wilmington, N.C. 28403 (910) 821-3461
	Brunswick County Sheriff's Office – Main Office	70 Stamp Act Dr. Bolivia, N.C. 28422 M–F: 8:30 a.m. – 5:00 p.m.
Safe Medication Disposal Locations	Brunswick County Sheriff's Office – South Substation	10176 Beach Dr. Calabash, N.C. 28467 M–F: 8:30 a.m. – 5:00 p.m.
	Boiling Spring Lakes Police Department	9 E Boiling Spring Rd. Boiling Spring Lakes, N.C. 28461 M–F: 8:00 a.m. – 4:30 p.m.
	Leland Police Department	102 Town Hall Dr. Leland, NC 28451 M–F: 8:00 a.m. – 5:00 p.m.

Chronic Conditions

Physical Activity/ Chronic Condition Resources	Brunswick County Parks and Recreation	bcparks.recdesk.com
	MyPlate	choosemyplate.gov
	Brunswick Wellness Coalition	brunswickwellness.org
	The North Carolina Breast and Cervical Cancer Control Program	bcccp.ncdhhs.gov
	American Cancer Society	cancer.org/
	New Hanover Regional Medical Center Zimmer Cancer Center	www.nhrmc.org/locations/nhrmc-zimmer-cancer-center
	American Diabetes Association	www.diabetes.org
	American Association of People with Disabilities	www.aapd.com

Access to Healthcare

Select Medical Providers	Novant Health Brunswick Medical Center	(910) 721-1000 www.novanthealth.org/brunswick-medical-center
	Dosher Memorial Hospital	(910) 457-3800 www.dosher.org
	Brunswick County Health Services	(910) 253-2250 www.brunswickcountync.gov/health
	CommWell Health	1-877-935-5255 www.commwellhealth.org
	New Hope Clinic	(910) 845-5333 newhopeclinicfree.org
	Goshen Medical Center, Inc.	(910) 457-0070 www.goshenmedical.org
Select Dental Providers	CommWell Health	(910) 579-9600 www.commwellhealth.org
	New Hope Clinic	(910) 845-5333 newhopeclinicfree.org
	ECU School of Dental Medicine	(910) 253-9000 www.ecu.edu/cs-dhs/dental/pc-brunswickcounty.cfm






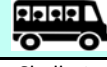
Aging Population



Senior Resources	Brunswick Senior Resources, Inc.	bsrinc.org (910) 754-2300
	American Seniors Association	americanseniors.org
	AARP	www.aarp.org
	National Council on Aging	www.ncoa.org


Appendix 1: Additional Resources


Resource Assistance Quick Guide





County Government Gobierno del Condado	
Brunswick County Government	Bolivia; 1-800-442-7033
Veterans Veteranos	
Brunswick County Veterans Service	Bolivia; 910-253-2233
Housing/Shelter Vivienda/Refugio	
Brunswick Housing Opportunities	Bolivia; 910-253-0699
Habitat for Humanity	Southport; 910-454-0007
Brunswick County Public Housing Agency	Bolivia; 910-253-2222
Brunswick County Homeless Coalition	Ocean Isle Beach; 1-888-519-5362
Hope Harbor Home, Inc.	Bolivia; 910-754-5826
Rent/Utilities Alquiler/Utilidades	
Brunswick County Social Services: Special Assistance	Bolivia; 910-667-8504
Low Income Home Energy Assistance Program (LIHEAP)	Bolivia; 910-253-2122
Clothing/Goods Ropa/Mercancia	
Hope Chest Thrift Store	Holden Beach; 910-842-6950 Oak Island; 910-278-7781 Leland; 910-371-0058
Habitat for Humanity ReStore	Wilmington; 910-762-4793 Southport; 910-457-1772 Leland; 910-338-3648
Transportation Transporte	
Brunswick Transit System	Shallotte; 910-253-7800


Helpful Links Enlaces Útiles	
Our Community Link	www.OurCommunityLink.com
NC 2-1-1	www.nc211.org
Brunswick County Government	www.brunswickcountync.gov
United Way: Cape Fear Region	www.uwcfa.org
Food/Food Pantries Alimentos/Despensas de Comida	
Wings Ministry, Inc.	Shallotte; 910-512-7643
Brunswick County Health Services: Women, Infants, and Children (WIC)	Bolivia; 910-253-2288 Leland; 910-253-2877 Shallotte; 910-253-2878
Food & Nutrition Assistance (Food Stamps)	Bolivia; 910-253-2077
Brunswick Family Assistance Center	Shallotte; 910-754-4766
Brunswick Islands Baptist Church	Supply; 910-842-8969
Camp United Methodist Church	Shallotte; 910-754-4840
Ocean View United Methodist Church	Oak Island; 910-278-5973
Seaside United Methodist Church	Sunset Beach; 910-579-5753
Salvation & Deliverance Church	Leland; 910-655-9600
Shoreline Baptist Church	Southport; 910-457-1909
St. Brendan's Catholic Church	Shallotte; 910-754-8544
Towncreek Vision	Leland; 910-253-7775
Brunswick Baptist Association	Bolivia; 910-754-7979


Senior Center/Meals Centro de Mayores/Alimentos	
Brunswick Senior Resources, Inc. 910-754-2300	Brunswick Center-Leland Brunswick Center-Shallotte Brunswick Center-Southport Brunswick Center-Supply Oak Island Senior Site Town Creek Senior Site Calabash Senior Site Boiling Spring Lakes Senior Site Ash Senior Site


<u>Medical Care/Clinical Care</u> <u>Cuidado Médico/Cuidado Clínico</u>	
Novant Health Brunswick Medical Center	Bolivia; 910-721-1000
Dosher Memorial Hospital	Southport; 910-457-3800
Brunswick County Health Services	Bolivia; 910-253-2250
CommWell Health of Supply	Supply; 1-877-935-5255
New Hope Clinic	Boiling Spring Lakes; 910-845-5333
Goshen Medical Center, Inc.	Southport; 910-457-0070


<u>Dental Care</u> <u>Cuidado Dental</u>	
CommWell Health	Ocean Isle Beach; 910-579-9600
New Hope Clinic	Boiling Spring Lakes; 910-845-5333
ECU School of Dental Medicine	Bolivia; 910-253-9000


<u>Mental Health/Substance Abuse</u> <u>Salud Mental/Abuso de Sustancias</u>	
Coastal Horizons Center, Inc.	Shallotte; 910-754-4515
Coastal Southeastern United Care	Bolivia; 910-253-5801 Shallotte; 910-755-5222
Trillium: 24-Hour Access to Care Line	1-877-685-2415
Access Point Kiosk: Brunswick County Social Services	Bolivia; 910-253-2077
Novant Psychiatric	Shallotte; 910-721-4200


<u>Support Groups</u> <u>Grupos de Apoyo</u>	
Alcoholics Anonymous	24 Hour Hotline; 910-794-1840 www.wilmingtonnaa.us
Brunswick Family Assistance Agency	Shallotte; 910-754-4766 Leland; 910-408-1700
Hope Harbor Home, Inc.	Supply; 910-754-5726
Narcotics Anonymous	dev.coastalcarolinaarea.org

<u>Home Health</u> <u>Salud en el Hogar</u>	
Brunswick Senior Resources, Inc.	Call for locations; 910-754-2300
Assisted Care Home Health, Inc.	Leland; 910-332-2341
Coastal Companion Care	Southport; 910-457-5300
Liberty Home Health	Supply; 910-754-8133

<u>Medication Drop Boxes</u> <u>Cajas de Depositar Medicamentos</u>	
Brunswick County Sheriff's Office- Main	Bolivia; 910-253-2777
Brunswick County Sheriff's Office- South Substation	Calabash; 910-579-7030
Boiling Spring Lakes Police Department	Boiling Spring Lakes; 910-845-2247
Leland Police Department	Leland; 910-371-1100
Ocean Isle Beach Police Department	Ocean Isle Beach; 910-579-4221
Shallotte Police Department	Shallotte; 910-754-6008
Sunset Beach Police Department	Sunset Beach; 910-579-2151

<u>Employment Opportunities</u> <u>Oportunidades de Empleo</u>	
Brunswick County Career Center	Shallotte; 910-754-6120
Brunswick County Social Services	Bolivia; 910-253-2077

<u>Education/Training</u> <u>Educación/Formación</u>	
Brunswick County Public Schools	Bolivia; 910-253-2900
Brunswick Community College	Bolivia; 910-755-7300
Community in Schools of Brunswick County, Inc.	Southport; 910-351-8007
Brunswick County Literacy Council	Supply; 910-754-7323

<u>Childcare</u> <u>Guardería</u>	
Brunswick County Social Services	Bolivia; 910-253-2077
Brunswick County Partnership for Children, Smart Start	Shallotte; 910-754-3166

Created June 2018
Updated January 2020
Brunswick County Health Services

Brunswick County Opioid Treatment

South Brunswick Counseling Southport 804 N. Howe Street, Southport NC 28461 (910)-454-4040 Tues 8:30am- 4pm Self-Pay Male/ Female MAT	Brunswick Cardiology 20 Medical Campus DR NW, Suite 203, Supply, NC 28462 (910)- 755-7192 M-Th 8:30am- 5pm & F 8:30- 2pm Self- Pay only Male/ Female MAT	CapeSide - Supply 12 Medical Center Drive Supply NC 28462 (910)-791-6767 M-F 8am- 5pm Self-Pay, Medicare, most insurances, no Blue Value Male/ Female MAT	Coastal Horizons Center 120 Coastal Horizons Dr, Shallotte, NC 28470 (910)-754-4515 M-F 8am - 5pm Medicaid, Medicare, private insurance, self-pay. Sliding fee scale based in income and availability of funds Male/ Female MAT
Coastal Southeastern United Care- Bolivia 10 Referendum Dr. Suite F-115, Bolivia, NC 28422 (910)-253-5801 M-F 8am -5pm /12-1 closed for lunch Self-pay Male/ Female Transportation only for ACT team MAT	Shallotte Treatment Associates 4437 Main St, Shallotte, NC 28459 (910) 754-4449 Mon- Wed 5am-12pm Thurs 5am -10am Fri 5am-12pm Sat 5am -8am Self-Pay Male/ Female Methadone	South Brunswick Counseling Shallotte 5258 S .Main Street #22 Shallotte, NC 28470 (910)-754-5887 Wed 8:30am -4pm Self-Pay Male/ Female MAT	

Additional Resources

RHA 24/7/365 Mobile Crisis Line	1-884-709-4097
Integrated Family Services: Crisis Chat Line	1-866-437-1821
Trillium's Access to Care Line	1-877-685-2415
Alcohol Drug Council of NC: Information & Referral's	1-800-688-4232
Access Point Kiosk: Brunswick County Social Services	1-910-253-2077
Substance Abuse & Mental Health Services Administration (SAMHSA): National Helpline	1-800-662-HELP (4357)

Local Syringe Exchange Programs

Coastal Horizons- Shallotte	120 Coastal Horizons Drive Shallotte, NC 28470	(910)216-6080 ext.132
NC Harm Reduction Coalition	2154 Wrightsville Ave. Wilmington, NC 28403	(910)-821-3461

Safe Medication Disposal Locations

Brunswick County Sheriff's Office – Main Office	70 Stamp Act Dr. Bolivia, NC 28422	Monday – Friday: 8:30am – 5:00pm
Brunswick County Sheriff's Office – South Substation	10176 Beach Dr. Calabash, NC 28467	Monday – Friday: 8:30am – 5:00pm
Boiling Spring Lakes Police Department	9 E Boiling Spring Rd. Boiling Spring Lakes, NC 28461	Monday– Friday: 8:00am – 4:30pm
Leland Police Department	102 Town Hall Dr. Leland, NC 28451	Monday – Friday: 8:00am – 5:00pm
Ocean Isle Beach Police Department	2 W Third St. Ocean Isle Beach, NC 28469	Monday – Friday: 8:00am – 5:00pm
Shallotte Police Department	114 Cheers St. Shallotte, NC 28470	Monday – Friday: 8:00am – 5:00pm
Sunset Beach Police Department	700 Sunset Blvd N Sunset Beach, NC 28468	Monday – Friday: 8:30am – 5:00pm

Detoxification Facilities

The Harbor 2023 S 17th St, Wilmington, NC 28401910-632-2191 Up to a week Medicaid, Medicare, Self Pay, most private insurances Male/Female https://rhahealthservices.org/substance-abuse-opioid-treatment/detox-centers/	The Neil Dobbins Center 356 Biltmore Ave. Suite 150 Asheville, NC 28801 (828)-253-6306 Medicaid, state funds may be available, self-pay (sliding scale) Male/Female https://rhahealthservices.org/substance-abuse-opioid-treatment/detox-centers/	Caldwell C3 2415 Morganton Blvd. SW Lenoir, NC 28645 828-394-5563 Medicaid, state funds may be available, self-pay (sliding scale) Male/Female https://rhahealthservices.org/caldwell-c3/
Tanglewood Arbor 207 West 29th Street , NC 28358 910-618-5606 Medicaid, state funds Male/Female https://detoxrehab.org/center/tanglewood-arbor/	Crisis Recovery Center- Monroe 1408 East Franklin Street Monroe, NC 28112 (704)-635-2080 Medicaid, Medicare, no insurance, private insurance https://www.daymarkrecovery.org/locations/fb-c-union	Wilmington Treatment Center- Outpatient 1524 Harbour Dr, Wilmington, NC 28403 (910) 338-2417 M-F 9am-6pm Medicare, private insurance, self-pay Male/Female https://www.wilmingtontreatment.com/programs/detox/
Coastal Horizons Center- Wilmington 615 Shipyard Blvd., Wilmington NC, 28412 (910)-343-0145 M-F 8am- 4pm Medicaid, Medicare, private insurance & self-pay. May have funding for uninsured. Sliding scale based on income Male/ Female		

Recovery Centers Outside of North Carolina

Faith Home 144 Faith Home Road Greenwood, South Carolina 29649 (864)-223-0694 8 weeks Free Male/Female Contact for transportation information https://faithhomegwd.net/	Operations 6:12 P.O. Box 763 Sugarcreek, OH 44681 (330)-600-0072 5 months Free Male/Female https://www.operation612.com/
Grace Home Women's Facility 501 Ltd Rd. Vance, SC 29163 (803)-854-9809 10 weeks \$300 Female https://www.hebroncolony.org/index.html	Any Length Recovery 4742 Broad St, Sumter, SC 29154 (803) -494-5180 Male/Female http://anylength.org/

North Carolina Recovery Centers

Southeastern Carolina Crossroads 1086 Susie Sand Hill Rd, Elizabethtown, NC 28337 (910)- 549-8487 60 days \$500 Male Call for transportation information https://secarolinacrossroads.com/	Saving Sons 703 Bryce St, Whiteville, NC 28472 (910)- 770-2221 4 months \$300 Male Call for transportation information https://savingsonsinc.org/	Solus Christus P.O. Box 416 East Bend, NC 27018 (336)-813-3007 \$50/Week Female http://soluschristusinc.org/
Bethel Colony 1675 Bethel Colony Rd., Lenoir, NC 28645 (828)-754-3781 65 days \$250 Male/ Female http://bethelcolony.org/	Hebron Colony 356 Old Turnpike Road, Boone, NC 28607 (828)- 963-4842 10 weeks \$300 Male https://www.hebroncolony.org/index.html	Rebound 907 W. 1st Street Charlotte, NC 28202 (704)- 333-4673 ext. 501 120 days Free Male https://charlotterescuemission.org/recovery-programs/rebound/
Dove's Nest for Women & Children 2855 West Blvd. Charlotte, NC 28208 (704)- 333-4673 120 days Free Female https://charlotterescuemission.org/recovery-programs/doves-nest/	Alpha & Omega 135 Firehouse Rd, Chiquapin, NC 28521 (252)- 568-3400 8 weeks \$500 Male http://www.alphaomegahome.com/	The Bridge to Recovery 2111 Stafford St, Monroe, NC 28110 (704)-909-8025 28 days \$2,500 Male/Female https://www.thebridgetorecovery.org/
Albemarle Teen Challenge 104 West Main Street Elizabeth City, NC 27909 (252)- 338-8263 12-15 months Free Female https://albemarleteenchallenge.weebly.com	Cape Fear Teen Challenge 1456 Lula Long Road Elizabethtown, NC 28337 (910)-876-8011 12-15 months Free Female https://www.capefearteenchallenge.com/	FIRST at Blue Ridge 32 Knox Rd, Ridgecrest, NC 28770 (828)-669-0011 12 months Free Male/Female https://firstinc.org/long-term-program

Brunswick County Recovery Centers

Beach House Recovery Center

5801 Washington Rd SW | Shallotte, NC 28470
(910) 443-1284
4/8 weeks
Self-Pay
Male
Call for transportation information
<https://beachhouserecovery.net>

Brunswick Christian Recovery Center

1994 Ash Little River Rd NW, Ash, NC 28420
(910) 287-4357
4 months
Free
Male
Call for transportation information
<https://bcrcrecovery.org>

New Hanover County Recovery Centers

Wilmington Treatment Centers

2520 Troy Dr, Wilmington, NC 28401
(910)- 793-5662
28 Days
Insurance
Male/ Female
<https://www.wilmingtontreatment.com/>

Kelly House- PORT Health

2206A Wrightsville Avenue, Wilmington, NC 28403
(910)-251-8944
Medicaid, private insurances, self-pay & funding for uninsured may be available
Female (Can be pregnant)
<https://www.porthealth.org/treatment/adult-services/alcohol-substance-usetreatment/kelly-house-program>

New Hanover County Opioid Treatment Cont.

RHA- Wilmington 2023- 1A 17th S. Street Wilmington, NC 28401 (910)-632-2191 M-F 9am -5pm Medicaid, Medicare, private insurance, self-pay Male/Female MAT, Detox	Trinity Wellness-Wilmington 1907 S. 17th Street Suite 1 Wilmington NC 28401 (910)-343-8424 M-Th 8am-5pm BlueCross BlueShield/ Self-Pay only Male/Female MAT	Wilmington Psych 3973-B Market Street Building D, Wilmington NC 28403 (910)-793-0699 M-F 8:30am- 5pm Self-pay Male/ Female MAT	Wilmington Treatment Center- Outpatient 1524 Harbour Dr, Wilmington, NC 28403 (910) 338-2417 M-F 9am-6pm Medicare, private insurance, self-pay Male/Female Detox, MAT, & Rehab
The Tides 2029 S. 17th St, Wilmington, NC 28401 (910) 372-4020 M-F 9am-5pm No charge for transportation and housing, pregnancy Medicaid Female MAT, Prenatal and Postpartum Care Can provide transportation			

New Hanover County Opioid Treatment

A Helping Hand of Wilmington 5013 Wrightsville Ave, Wilmington, NC 28403 (910)-796-6868 M, W, & F 9am- 12pm/ M, W,&F 6pm-9pm Self-Pay, Medicaid, Blue Cross Blue Shield, Student Blue, MedCost, & state funding for uninsured Male/ Female MAT	Addiction Medicine & Pain Management 1201 Medical Center Dr. Wilmington, NC 28401 (910)-254-1414 M 9am-4pm Tues 9am -12pm Wed 9am-4pm Thrs 12pm-5pm Self-Pay, Medicare Male/ Female MAT	Anjan Medical, Coastal MDs 1444 South 17th St, Wilmington NC, 28401 (910)-793-4311 M-Th 8:30am- 3:30pm Self-Pay, Medicaid, Medicare, and most other insurances Male/ Female MAT	Ave Maria Family Practice 1230 Medical Center Dr, Wilmington NC, 28401 (910)-799-5452 M-F 8:30 am- 4:15pm Self-Pay accepts most insurances but not Tricare Male/ Female MAT
CapeSide 311 Judges Rd Suite 4E. Wilmington, NC 28405 (910)-791-6767 M-F 8am- 5pm Self-Pay, Medicare, most insurances, no blue value Male/ Female MAT	Carolina Beach Counseling 1328 N Lake Park Blvd #109 Carolina Beach, NC 28428 (910)-458-4544 M-F 9am - 6pm Self-pay (fee reduction based off income), some insurances Male/ Female MAT	Coastal Horizons Center- Wilmington 615 Shipyard Blvd., Wilmington NC, 28412 (910)-343-0145 M-F 8am- 4pm Medicaid, Medicare, private insurance & self-pay. May have funding for uninsured. Sliding scale based on income Male/ Female MAT/ Methadone	Haven Ministries 20 S. Front Street Wilmington NC, 28401 (910)-399-3927 M-Th 9am-11pm Medicaid, Medicare, private insurance & self-pay. Male/ Female MAT
Jacksonville Treatment Center 806 Bell Fork Road, Jacksonville, NC 28540 910-347-2205 M-F 5:30am- 12pm Sat & Sun 6:30am-9:00 am Medicaid & Self pay Male/ Female MAT/ Methadone	LifeLine Treatment Center 5710 Oleander Dr. #100, Wilmington, NC 28403 910-239-0377 M-F 9am -5pm Most insurances, & self-pay Male/Female MAT	New Season Metro Treatment Center- New Hanover 1161 Castle Hayne Blvd. Bldg. C, Wilmington, NC 28401 (910)-251-6644 M-F 5am- 1:30pm Sat-Sun 6am-9am Medicaid, Self-pay, private insurance Male/ Female MAT/ Methadone	PORT Health- Wilmington 2206 Wrightsville Ave., Wilmington, NC 28403 (910)-763-6499 M-F 8am- 5pm Medicaid, private insurances, self-pay & funding for uninsured may be available Male/Female MAT

Appendix 2: Focus Group Report

2019 Brunswick County Community Health Assessment Focus Group Report

Between August 2019 and October 2019, a collection of nine (9) focus group totaling seventy-two (72) participants intended to elicit responses from diverse members of various communities in Brunswick County regarding their perspectives, opinions, and requests about and for assorted indicators of community health.

Focus Group Descriptive	
Participants	<ul style="list-style-type: none">• <i>Some relations were discussed; mild familiarity</i>
Number of Participants	<ul style="list-style-type: none">• <i>Total: 72*</i>• <i>Small groups of 6 – 12</i>• <i>9 focus groups total</i> <p><i>*69 participants completed the focus group survey, including demographic information</i></p>
Recruitment	<ul style="list-style-type: none">• <i>Community partners and Steering Committee members identified local organizations who could help recruitment people to attend a focus group.</i>• <i>In addition to focus group host sites, key stakeholders who assisted in identifying focus group locations and participants, include Brunswick Housing Opportunities, Inc. and CommWell Health.</i>
Questions	<ul style="list-style-type: none">• <i>A core set of open-ended questions was provided for each focus group, with elaborative clarification or follow-up provided when needed. The same questions were repeated at each session.</i>• <i>Participants were requested to complete an anonymous focus group survey, featuring a few questions from the community health opinion survey, and demographic information.</i>

Participant responses were recorded and transcribed (with permission). The constructed transcripts were then analyzed for commonalities and themes apparent throughout the interview process.

All participants were residents of Brunswick County and represented a variety of ages, racial and ethnic affiliations, socioeconomic statuses, and sex/gender identities. All self-reported responses to a pre-interview survey provided demographic information of the participants. Detailed demographic information is as follows:

- *Age of participants range from 24-29 to 80-84 (specific age was not identified)*
- *55% of respondents identified as Black or African American; 29% as White or Caucasian, 13% as Hispanic, Latino, or Spanish Origin, and 1% as American Indian or Alaskan Native. One respondent did not identify.*
- *Educational attainment:*
 - *Less than 9th grade – 4% of respondents*
 - *9-12 grad, no diploma – 10%*
 - *High School graduate (or GED/equivalent) – 21%*
 - *Some college (no degree) – 13%*
 - *Associates degree or Vocational training/certificate – 24%*
 - *Bachelor's degree – 12%*
 - *Graduate or Professional degree – 12%*
 - *Other – 3%*

- *Annual household income of participants ranges from less than \$10,000 to above \$100,000 and employment statuses varied between “disabled”, “retired”, “self-employed”, “unemployed – homemaker/caregiver”, “employed part-time”, and “employed full-time”. Student status was also recorded.*

Tables below provide an overview of common responses elicited during the focus group sessions, by question and by focus group. Those in bold are commonalities repeated across most or all sessions conducted.

Core Questions:

1. What do you think is best about living in this community?	
Brunswick Community College (BCC)	Close knit, small community; beach access; opportunity for growth; local traditions.
New Hope Clinic	Community and friendship; assistance in times of need; the New Hope Clinic; safety; law enforcement enacts community policing strategies
Co-op Extension Kitchen	Beaches; culture and diversity; friendly people; sense of community; natural resources
Woodard Adult Daycare	Friendly people ; community
St. Brendan’s Church (Hispanic population)	Large Hispanic community; familiar
St. John Missionary Baptist Church	<i>No response/not asked</i>
Johnson Chapel – Group A	Safety; appeal of “country living”; quiet; activities available; easy access to beaches
Johnson Chapel – Group B	Quiet ; friendly and community oriented
Cedar Grove Improvement Association	Quiet; good place to raise children; great for retirement; close knit; community feel; family oriented

- *“Really, we're idyllic. We are. I mean we are an idyllic neighborhood here. We have plenty of trees.”*
- *“It's been over 20 years for me, so when I first came in, I loved the openness and since then, we've had growth and all, but I still like the community that we're in. It's family-like, it's still friendly.”*

2. What do people in this community do to stay healthy?	
Brunswick Community College (BCC)	Walking (on the beach or with pets); community gyms
New Hope Clinic	Walking; “Walk with a Doc”
Co-op Extension Kitchen	Walking; gardening; dancercise; taking care of grandchildren
Woodard Adult Daycare	The “Life Changing Program” (a program intended to encourage healthy activities and behaviors)
St. Brendan’s Church (Hispanic population)	Sports
St. John Missionary Baptist Church	Outside sports; walking; dieting
Johnson Chapel – Group A	Walking; diet
Johnson Chapel – Group B	Walking (with pets); public or private gyms; golfing
Cedar Grove Improvement Association	Walking (at the park); children’s activities, including dance; yoga and Pilates; faith-based organizations’ wellness ministry

- *“I think too, we have become much more conscious of the things that affect African Americans. So, we've become much more conscious of diabetes. Now, instead of people saying, ‘You have diabetes’, people try to*

figure out, 'How do I prevent it? How do I stay away from type 2? What can I do? What is my A1C?' 10 years ago, nobody even knew what a A1C was. Now everybody's asking, 'What's your A1C'? So, it's been about education, and that's come about by nonprofits like Piney Grove, our health coordinators like this one that's from my church."

3. In your opinion, what are the serious health related problems in your community?	
Brunswick Community College (BCC)	Diabetes ; eating habits; lack of education/knowledge to be diagnosed with health problems; hypertension (high blood pressure)
New Hope Clinic	Mental health ; drug addiction; dental issues; diabetes; heart issues; hypertension
Co-op Extension Kitchen	GenX; mental health; drug abuse; obesity; alcoholism
Woodard Adult Daycare	Diabetes; hypertension; obesity; cancer; tobacco use; mental health
St. Brendan's Church (Hispanic population)	Dental issues; diabetes
St. John Missionary Baptist Church	Diabetes; hypertension; high cholesterol; mental health; opioid abuse; lack of access to healthy foods
Johnson Chapel – Group A	Mental health; cancer; Gen X; diabetes; dementia and Alzheimer's; hypertension
Johnson Chapel – Group B	Cancer ; diabetes; hypertension
Cedar Grove Improvement Association	Cancer; diabetes; water contamination; chemical contamination of food; lack of access to healthcare; sleep apnea

- *"Even with commercial insurance like you and I have. I mean, your deductibles and then your copays. I mean, he had an MRI and it was \$5,000 just the other week."*

4. What keeps people in your community from staying healthy? What barriers exist to being healthy?	
Brunswick Community College (BCC)	Lack of access to public parks; lack of education regarding exercise; too much access to fried and unhealthy foods/lack of access to healthy foods; personal finances/expense/poverty/little assistance; stress
New Hope Clinic	Lack of transportation; lack of resources ; frustrations with the health system (lack of finances for medical procedures, complexity of referrals, too many 'hoops' to jump through)
Co-op Extension Kitchen	Exercise programs are centered around retirees; transportation issues/isolation; diet; financial issues ; cell phones encourage lethargy
Woodard Adult Daycare	Financial issues (limited resources require individuals to prioritize their children's needs above their own, medical or otherwise); transportation issues (gyms are too far away; public transportation is problematic); lack of recreational facilities; shortage of fresh produce in nearby grocery stores
St. Brendan's Church (Hispanic population)	Work; lack of free time; lack of access to outdoor recreation, such as biking or running paths
St. John Missionary Baptist Church	Jobs and long hours; lack of community gathering space; poor eating habits

4. What keeps people in your community from staying healthy? What barriers exist to being healthy?	
Johnson Chapel – Group A	Lack of education and preventative care; financial expense; lack of transportation; nonexistence of nature trails for walking or biking; absence of community resource center
Johnson Chapel – Group B	Lethargy; diet; fear of drinking the water
Cedar Grove Improvement Association	Absence or unaffordability of health insurance; lack of preventative screenings; lack of transportation

- *“So, whether it's access to health, access to healthcare, access to recreation, access to healthy food, a lot of it is geared toward whether you have a car. And then it's geared toward whether you've got the gas money to put the gas in the car. And how many trips are you gone make to Shallotte before you be like, "No, I can't do that no more.”*
- *“It's a life change, actually. When you want to go and be healthy. It's not just the eating, but it's the overall wellness of your entire body. It's a life change.”*

5. What could be done to solve these problems?	
Brunswick Community College (BCC)	Education ; financial assistance (tuition and childcare)
New Hope Clinic	More clinics; expand New Hope Clinic; referrals to community resources; develop a resource line to call
Co-op Extension Kitchen	Education; drug abuse rehabilitation; counseling; eradication of stigma with rehabilitation; public transportation (or a mass transit system); youth and family programs; need for personalized care
Woodard Adult Daycare	County or state-wide funding; government representation of impoverished individuals
St. Brendan's Church (Hispanic population)	Create access to a public recreational facility or gym with childcare
St. John Missionary Baptist Church	Additional transportation services; lack of knowledge regarding transportation services; lack of health insurance coverage; a community center to do health related activities, such as group exercise
Johnson Chapel – Group A	Creation of a public walking and nature trails; provide preventative screenings; formation of clinics for low income or elderly individuals, potentially even mobile; increase access to health foods, such as through a farmers market; activities for children
Johnson Chapel – Group B	Companies that are responsible for polluting the water sources need to be held accountable
Cedar Grove Improvement Association	Government assistance; transportation; a need for increased communication of the population (cell phones for those who can't afford them); mobile clinics

- *“It's always an excuse for anything that you want to talk about. And then I kind of deal with the government in New Hanover some, and they have an African commission and I'm not aware of those things in Brunswick County, although I think it should be here in Brunswick County. And so, it's like we are kind of excluded from a lot of different conversations that are going on, and I guess we're just not sitting at the table when the right times are. We're just not there to voice. And then does that mean that they hear us just because... When we do voice, do they even hear what we're saying as community leaders and people in*

the community that want to live in a better place? Because people will say, "Well, you can move anywhere with your engineering degree." Yeah, but I don't want to move anywhere. I want to live in my county. I should have the right to live in my county. There should be job opportunity for me to live in my county. I shouldn't have to move away to make an honest and decent living."

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?	
Brunswick Community College (BCC)	Educational programs (medical); mental health services and facilities ; youth programs; affordable housing
New Hope Clinic	Expand New Hope Clinic; mental health services and facilities; senior care
Co-op Extension Kitchen	Create walking trails or nature walks; family and life skills education; community engagement and social programs (such as "Adopt a Grandparent")
Woodard Adult Daycare	Adult daycare; affordable childcare services
St. Brendan's Church (Hispanic population)	Provide assistance for medical care for needy families
St. John Missionary Baptist Church	Leverage it to increase it; small business expansion; community services, such as a laundry mat or copying business; create a public transportation company; create a youth corps
Johnson Chapel – Group A	Creation of a farmers market; increase resources for mental health; healthcare prescription coverage; create programs for individuals that do not qualify for governmental assistance and the working class; formation of a youth center
Johnson Chapel – Group B	Provide filters for residents' houses; improve health care centers (make them more accessible and spread out); affordable childcare; construct new elder care facilities and pay the care providers well
Cedar Grove Improvement Association	Diabetes education; exercise classes; public park access with a walking trail; dentistry for children; transportation

- *"The problems in this community are generational. It would take 10 to 20 years to correct some of it. A five-year plan won't do it. If you're not willing to sit down and look long term, and actually talk about what you could do for the next 10 to 15 years, and actually infuse that into what the county's going to do, whether it be their land use plan, whether it be their health plan. If you're not willing to do that, then you condemn us to the situation we're already in."*

Additional Questions:

7. What is the major environmental issue in this county?	
Brunswick Community College (BCC)	Water/water quality (Gen X)
New Hope Clinic	Water/water quality
Co-op Extension Kitchen	Water/water quality
Woodard Adult Daycare	Water/water quality; well water quality and access
St. Brendan's Church (Hispanic population)	<i>No response</i>
St. John Missionary Baptist Church	Landfills; chemicals in fertilizer; water/water quality (Gen X); lack of recycling
Johnson Chapel – Group A	Water/Gen X; fracking; sediments and iron in available water supply

7. What is the major environmental issue in this county?	
Johnson Chapel – Group B	Water; overdevelopment; crime rate increase
Cedar Grove Improvement Association	Water/water quality; water drainage

8. Is there any group not receiving enough health care? If so, what group?	
Brunswick Community College (BCC)	People in poverty/low income residents; younger people (below age 35); elderly individuals
New Hope Clinic	<i>No response/not asked</i>
Co-op Extension Kitchen	<i>No response/not asked</i>
Woodard Adult Daycare	People in poverty/low income residents; elderly individuals
St. Brendan’s Church (Hispanic population)	Undocumented immigrants; people in poverty/low income residents
St. John Missionary Baptist Church	Initial response is “all of us”; further discussion lead to children and elderly populations
Johnson Chapel – Group A	<i>No response/not asked</i>
Johnson Chapel – Group B	Seniors/elderly individuals; people in poverty/low income residents
Cedar Grove Improvement Association	n/a

9. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?	
Brunswick Community College (BCC)	Lack of financial assistance programs (i.e. for those who are employed/in educational programs, but aren’t considered impoverish by standards used); lack of health insurance
New Hope Clinic	One respondent expressed frustration with DSS providers when they were unable to receive assistance; Another discussed an acquaintance going undiagnosed for cancer due to physician neglect; lack of services from the health department due to restrictive criteria; lack of mental health services through publicly funded sources
Co-op Extension Kitchen	Respondents discussed the stigma of prior drug abuse leading to lack of medical care by providers; one respondent expressed an inability of a family member to be placed in an assisted living facility when needed due to lack of health insurance
Woodard Adult Daycare	Many respondents spoke of specific interactions with institutions such as DSS (the department of social services as well as issues with acquiring clean, drinkable water; transportation services act as a barrier as the public system is not adequate; emergency medical services do not provide care unless law enforcement provides a ‘clear’ on the home
St. Brendan’s Church (Hispanic population)	A group member recalled a lack of fast medical care for a parent who was experiencing a medical emergency; another agreed and experienced a similar situation with a child

9. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?	
St. John Missionary Baptist Church	<i>No response/not asked</i>
Johnson Chapel – Group A	Financial restrictions decrease ability to see physicians and receive prescriptions
Johnson Chapel – Group B	A participant recollected an associate was in a healthcare facility and was not given medication for pain reduction due to a disability and resorted to calling law enforcement; another's spouse in the care of a 'nursing home' and felt the need to stay overnight consistently as they did not receive overnight care; respondents also spoke of lack of access to affordable health insurance (also of the difficulties if one has a preexisting condition)
Cedar Grove Improvement Association	A common theme is a discussion is a lack of health insurance to which a respondent discussed losing a family member due to a disorder that required a referral that they weren't able to receive

- *"When you see that there's investment back into our community. Because really, we're supporting Wilmington, and we're supporting Bolivia. Because that's where we have to go for healthcare, anything."*

10. Describe collaborative efforts in the community. How can we improve our level of collaboration?	
Brunswick Community College (BCC)	<ul style="list-style-type: none"> ▪ <i>Anchor Initiative with the Sheriff's department</i> ▪ <i>Increased outreach; increased efforts of mental health and substance abuse outreach</i>
New Hope Clinic	<i>No response/not asked</i>
Co-op Extension Kitchen	<i>No response/not asked</i>
Woodard Adult Daycare	<ul style="list-style-type: none"> ▪ <i>Mt. Zion Baptist Church/The Help You Club</i> ▪ <i>Collaborations are needed to assist parents maintaining relationships with their children (financial assistance to allow parents to retain rights of their children)</i>
St. Brendan's Church (Hispanic population)	<ul style="list-style-type: none"> ▪ <i>Creation of a free clinic (as a method of improving collaborative efforts)</i>
St. John Missionary Baptist Church	<i>No response/not asked</i>
Johnson Chapel – Group A	<ul style="list-style-type: none"> ▪ <i>Partnership with Saint Matthews and other churches; Saint James church pre-diabetes classes and dietary education; youth activities with faith-based organizations</i>
Johnson Chapel – Group B	<ul style="list-style-type: none"> ▪ <i>Johnson Chapel's social outreach program</i>
Cedar Grove Improvement Association	<ul style="list-style-type: none"> ▪ <i>Respondents aren't aware of any, but express that this is an unfortunate realization</i> ▪ <i>To improve, participants encourage education and the community "needs to take responsibility."</i>

11. What are the strengths related to health in your community?	
Brunswick Community College (BCC)	Easy access to physicians and contraceptives; retirement opportunities and activities for those in

11. What are the strengths related to health in your community?	
	retirement; small community allows for more opportunities to check on each other
New Hope Clinic	"Walk with a Doc"
Co-op Extension Kitchen	<i>No response/not asked</i>
Woodard Adult Daycare	Discussing it together; WIC
St. Brendan's Church (Hispanic population)	<i>No response/not asked</i>
St. John Missionary Baptist Church	A community garden
Johnson Chapel – Group A	Activities for children
Johnson Chapel – Group B	Access to healthcare providers
Cedar Grove Improvement Association	Longevity

12. Is there anything else you would like us to know?	
Brunswick Community College (BCC)	Outreach and education are needed; distribution of resources (promotion of websites and accessible information regarding available resources)
New Hope Clinic	Cost of living is increasing; wages are not livable
Co-op Extension Kitchen	Brunswick County is losing its middle class; affordable housing is needed
Woodard Adult Daycare	Universal health care is needed; daycare is a necessity for residents, both for children and adults; a plea to take care of our seniors and our youth; a plea to create more affordable housing
St. Brendan's Church (Hispanic population)	<i>No response/not asked</i>
St. John Missionary Baptist Church	Respondents questioned what this data collection will be utilized for
Johnson Chapel – Group A	When people and organizations are willing to open the doors, something can and should be done; enhance visibility
Johnson Chapel – Group B	Participants discuss the need for public transportation and better roads
Cedar Grove Improvement Association	Need for financial assistance to see a healthcare provider

- *"Well, I think there's a definite, a huge sense of hopelessness in your people today. I think they just feel like there's no way that I can do it like my Mom did or my Dad did because the opportunity is not there. You get a degree; four-year degree and you still have to go back to school for another four years to get a Masters to be able to make an income that's enough to live off of."*
- *"So when I tell you that education, whether you're educated about diabetes, whether you're educated about that you need to drink more water, whether you're educated about blood pressure, or you're educated about the health issues, all of that affects how well you live your life. And health is not only about whether I got diabetes or not, it's how well am I living my life. And so that's what I hope that this health assessment looks at, is the wellbeing."*

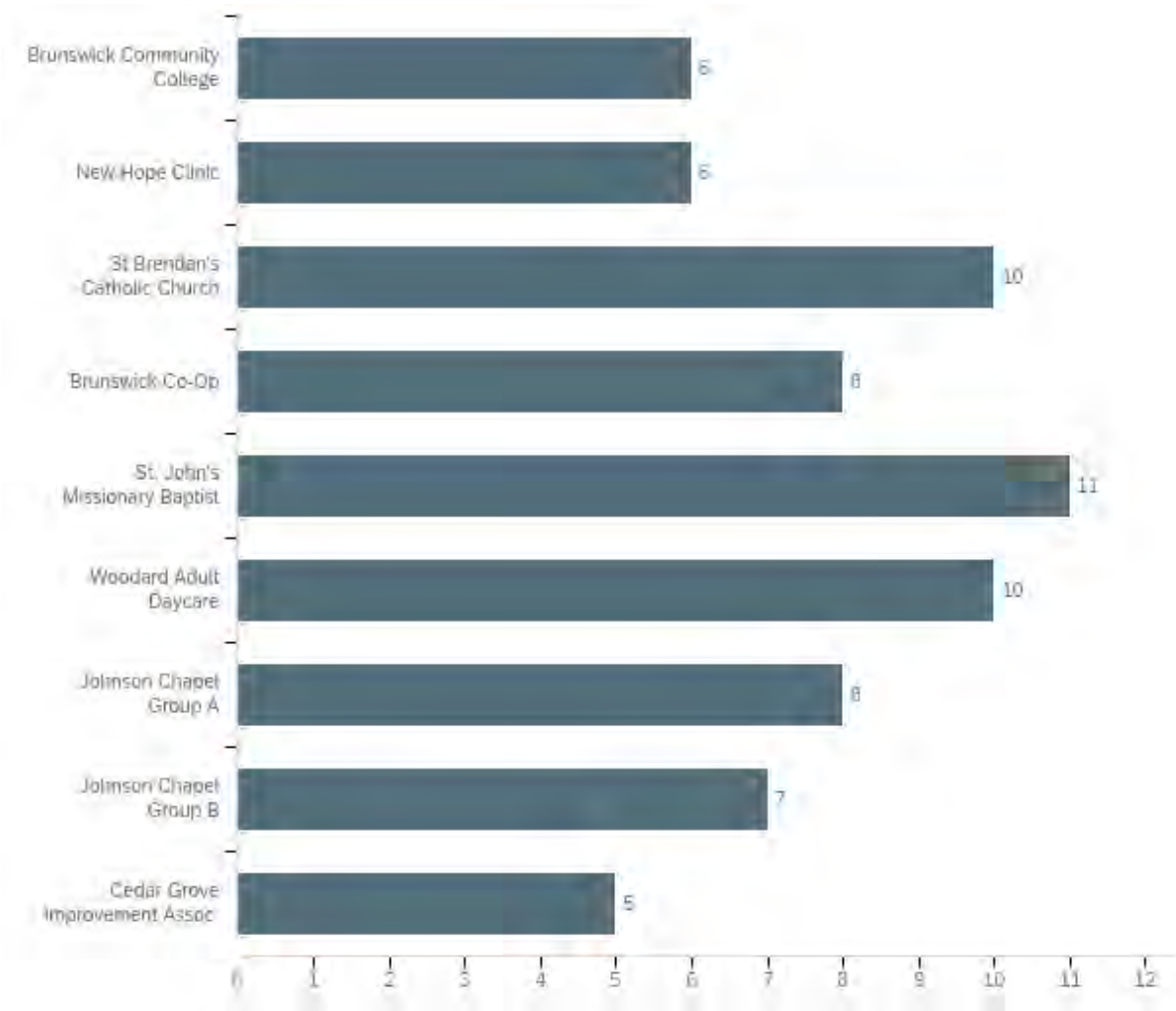
Focus Group Question	Most Common Responses
1. What do you think is best about living in this community?	<ul style="list-style-type: none"> • <i>Community feel</i> • <i>Friendly</i>

Focus Group Question	Most Common Responses
	<ul style="list-style-type: none"> ▪ <i>Quiet</i> ▪ <i>Access to beaches</i>
2. What do people in this community do to stay healthy?	<ul style="list-style-type: none"> ▪ <i>Walking (with pets)</i>
3. In your opinion, what are the serious health related problems in your community?	<ul style="list-style-type: none"> ▪ <i>Diabetes</i> ▪ <i>Mental health</i> ▪ <i>Hypertension</i> ▪ <i>Cancer</i>
4. What keeps people in your community from staying healthy? What barriers exist to being healthy?	<ul style="list-style-type: none"> ▪ <i>Lack of transportation</i> ▪ <i>Absence of financial resources</i> ▪ <i>Deficiency in health and preventative education</i>
5. What could be done to solve these problems?	<ul style="list-style-type: none"> ▪ <i>Education</i> ▪ <i>Public transportation</i> ▪ <i>Creation of public parks</i> ▪ <i>Formation of community clinics</i>
6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?	<ul style="list-style-type: none"> ▪ <i>Education</i> ▪ <i>Mental health facilities</i> ▪ <i>Creation of community resource centers</i>
7. What is the major environmental issue in this county?	<ul style="list-style-type: none"> ▪ <i>Water/water quality</i> ▪ <i>Gen X</i>
8. Is there any group not receiving enough health care? If so, what group?	<ul style="list-style-type: none"> ▪ <i>Low income residents</i> ▪ <i>Elderly populations</i>
9. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?	<ul style="list-style-type: none"> ▪ <i>Participants who shared experiences mainly concentrated on expense and lack of medical insurance as the largest barrier to receiving services</i>
10. Describe collaborative efforts in the community. How can we improve our level of collaboration?	<ul style="list-style-type: none"> ▪ <i>As many collaborative efforts were discussed, most participants mentioned needing additional ones to sustain the community</i>
11. What are the strengths related to health in your community?	<ul style="list-style-type: none"> ▪ <i>Accessibility to physicians</i>
12. Is there anything else you would like us to know?	<ul style="list-style-type: none"> ▪ <i>Responses varied, however some commonality existed discussing cost of living expenses and health related care is needed</i>

Focus groups participants were asked to complete an anonymous survey including demographics and select 2019 Brunswick County community health opinion survey questions. Continue to next page to see results.

Brunswick CHA - Focus Group Survey

Focus Group Location



In your opinion, what is the biggest health issue of concern in your community? (select only one)

Answer	%	Count
Other (please specify)	22.54%	16
Chronic Disease (Heart disease, High blood pressure, Diabetes, Stroke)	16.90%	12
Cancer	14.08%	10
Obesity	9.86%	7
Dental health	7.04%	5
Drug misuse	7.04%	5
Mental Health	5.63%	4
Alcohol misuse	5.63%	4
Environmental health exposures	4.23%	3
Asthma/Lung Disease	2.82%	2
Child abuse	2.82%	2
Unsafe driving	1.41%	1
Malnutrition/Lack of food	0.00%	0
Domestic/Sexual violence	0.00%	0
Gangs/Violence	0.00%	0
Prenatal care	0.00%	0
Teen Pregnancy	0.00%	0
Tobacco use	0.00%	0
Elder abuse	0.00%	0
Total	100%	71

Other (please specify) - Text

alcohol misuse, cancer, chronic disease, dental health, mental health, teen pregnancy, tobacco use, unsafe driving

asthma, cancer, chronic disease, dental health, malnutrition/lack of food, obesity, unsafe driving

asthma, cancer, chronic disease, dental health, malnutrition/lack of food, obesity, unsafe driving

alcohol, cancer

mental health and water

health insurance

alcohol misuse, gangs/violence, unsafe driving

chronic disease, drug misuse, mental health

alcohol misuse, dental health, domestic/sexual violence, mental health

dental health, tobacco use

cancer, chronic disease

chronic disease, obesity, teen pregnancy,

chronic disease, mental health

dental health, elder abuse

chronic disease and drug misuse

alcohol misuse, asthma/lung disease/cancer, chronic disease, dental health, domestic/sexual health, drug misuse, elder abuse, environmental health exposures, malnutrition, mental health, obesity, prenatal care, teen pregnancy, tobacco use

In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)

Answer	%	Count
Higher paying employment	42.86%	30
More affordable health services	31.43%	22

In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)		
Answer	%	Count
Counseling/mental health/support groups	30.00%	21
Better/more recreational facilities (parks, trails, community centers)	28.57%	20
Positive teen activities	24.29%	17
Elder care options	22.86%	16
Availability of employment	22.86%	16
Transportation options	20.00%	14
Better/more healthy food choices	20.00%	14
Healthy family activities	17.14%	12
Services for disabled people	15.71%	11
Child care options	12.86%	9
Road maintenance	11.43%	8
Number of health care providers	8.57%	6
Road safety	7.14%	5
Other (please specify)	4.29%	3
Culturally appropriate health services	2.86%	2
Animal control	2.86%	2
None	0.00%	0
Total	100%	70
Other (please specify) - Text		
Financial Help		
Financial Help		
Parks and Recreation or joined to Oak Islands		

In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)		
Answer	%	Count
Alcohol, drugs, or medication misuse and abuse	50.00%	35
Lack of affordable housing	44.29%	31
Lack of/inadequate health insurance	31.43%	22
Discrimination/racism	21.43%	15
Low income/poverty	20.00%	14
Lack of employment opportunities	18.57%	13
Lack of healthy food choices or affordable healthy food	17.14%	12
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	17.14%	12
Lack of childcare or recreational programs for youth	12.86%	9
Poor air/water/ land quality	11.43%	8
Lack of education opportunities	10.00%	7
Poor housing conditions	10.00%	7
Lack of transportation	8.57%	6
Unsafe driving	8.57%	6
Lack of places to exercise	7.14%	5
Theft/petty crime	7.14%	5

In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)		
Answer	%	Count
Domestic/sexual violence	5.71%	4
Dropping out of school	5.71%	4
Gang involvement	5.71%	4
Homelessness	5.71%	4
Motor vehicle injuries including bicyclist and pedestrians	4.29%	3
Smoking/tobacco use	4.29%	3
Traffic	4.29%	3
Child neglect and abuse	2.86%	2
Social isolation/loneliness	2.86%	2
Other (please specify)	2.86%	2
Violent crime (murder, assault)	1.43%	1
Total	100%	70
Other (please specify) - Text		
drainage		
Driving Hazard at the intersection of old ocean hwy and randolphille rd.		

What are the top five most needed health screenings or education/information services in your community? (select your top five)		
Answer	%	Count
Mental health (including depression/anxiety)	56.52%	39
Diabetes	50.72%	35
Cancer	50.72%	35
Blood pressure	46.38%	32
Addiction/Recovery	42.03%	29
Cholesterol	30.43%	21
Nutrition/Healthy eating	24.64%	17
Dental screenings	23.19%	16
Physical activity	23.19%	16
Cognitive disorders (Dementia and Alzheimer's)	21.74%	15
Substance misuse	20.29%	14
Learning Disabilities screenings	15.94%	11
Vision screenings	14.49%	10
Emergency Preparedness	13.04%	9
HIV/Sexually transmitted diseases	10.14%	7
Stroke	8.70%	6
Pregnancy prevention	8.70%	6
Reading understating/English language skill level	8.70%	6
Safe driving	8.70%	6
Vaccinations/Immunizations	7.25%	5
Child growth and development screenings	5.80%	4
Eating disorders	5.80%	4
Child car seats	2.90%	2

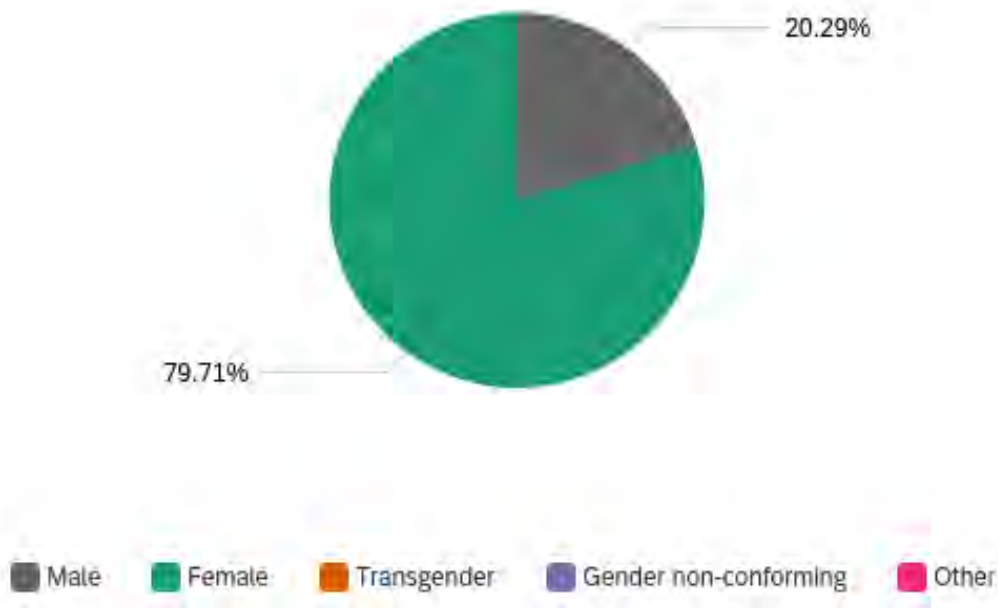
What are the top five most needed health screenings or education/information services in your community? (select your top five)

Answer	%	Count
Other (please specify)	2.90%	2
Seatbelts	1.45%	1
Disease outbreaks	1.45%	1
Unknown/Unsure	0.00%	0
Total	100%	69
Other (please specify) - Text		
Health		
Parenting and Family Education		

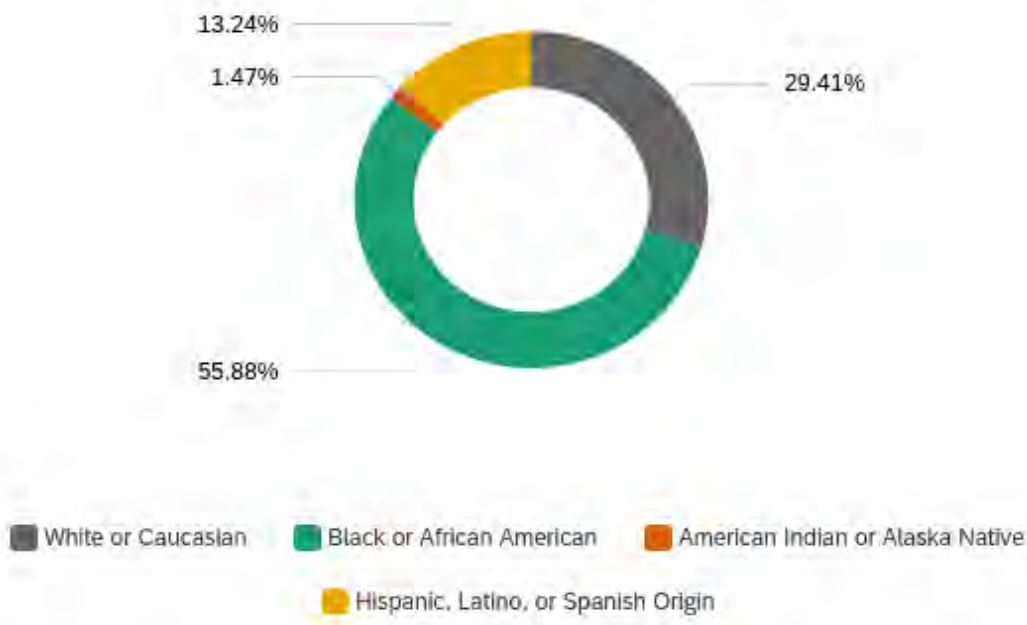
What community do you live in? (select only one)



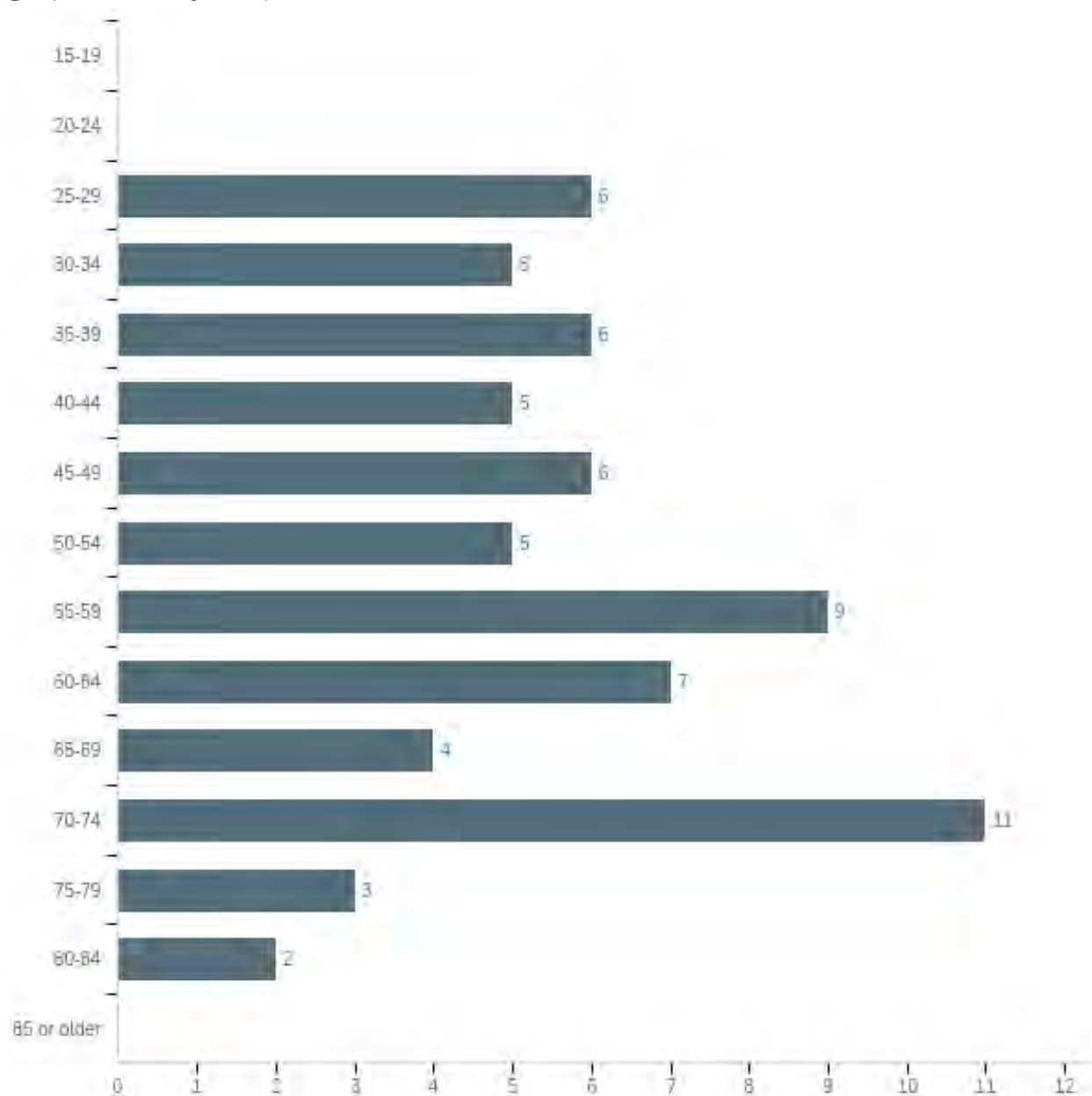
Gender (select only one)



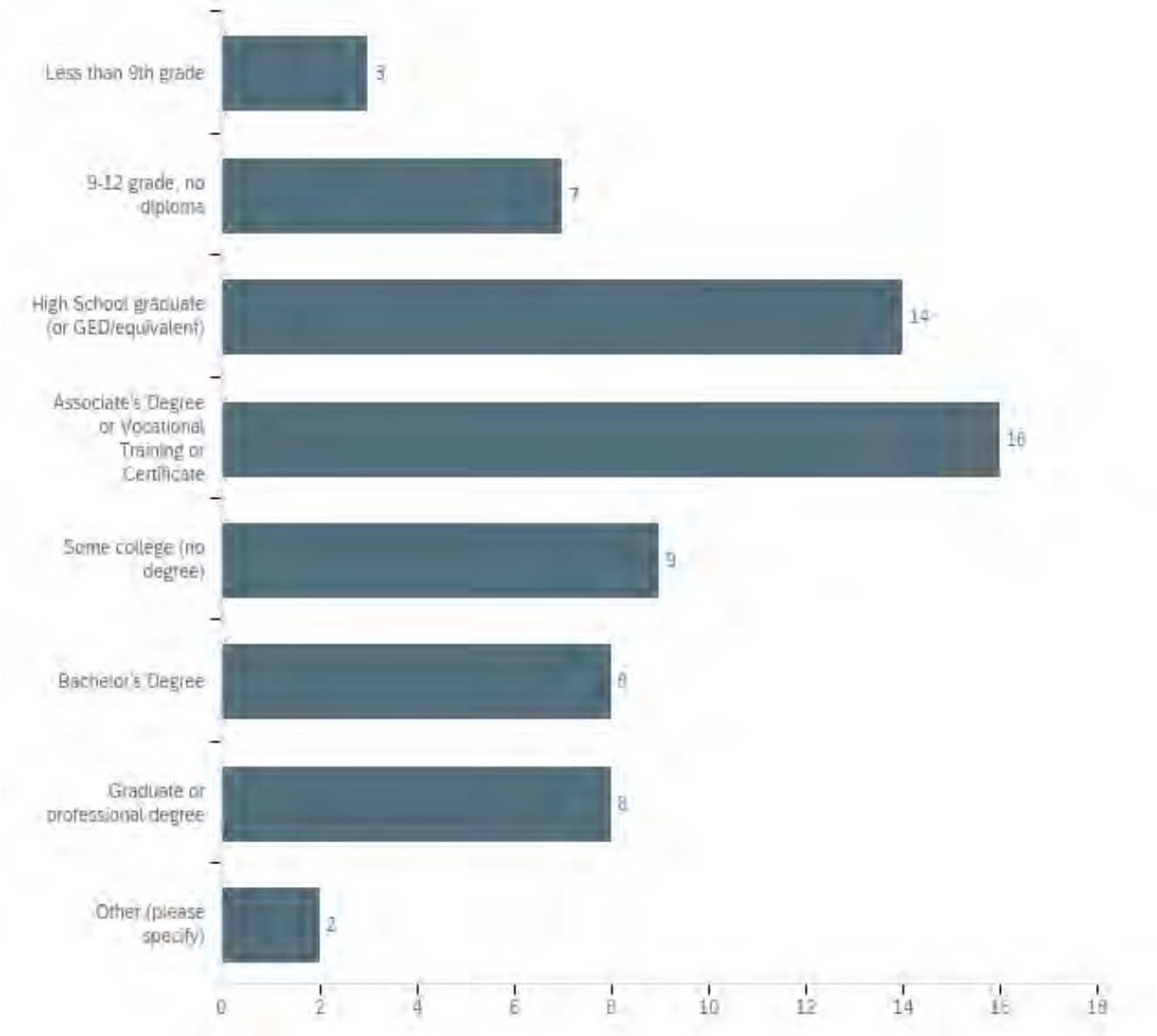
Race (select only one)



Age (select only one)



What is the highest grade or year of school you completed? (select only one)



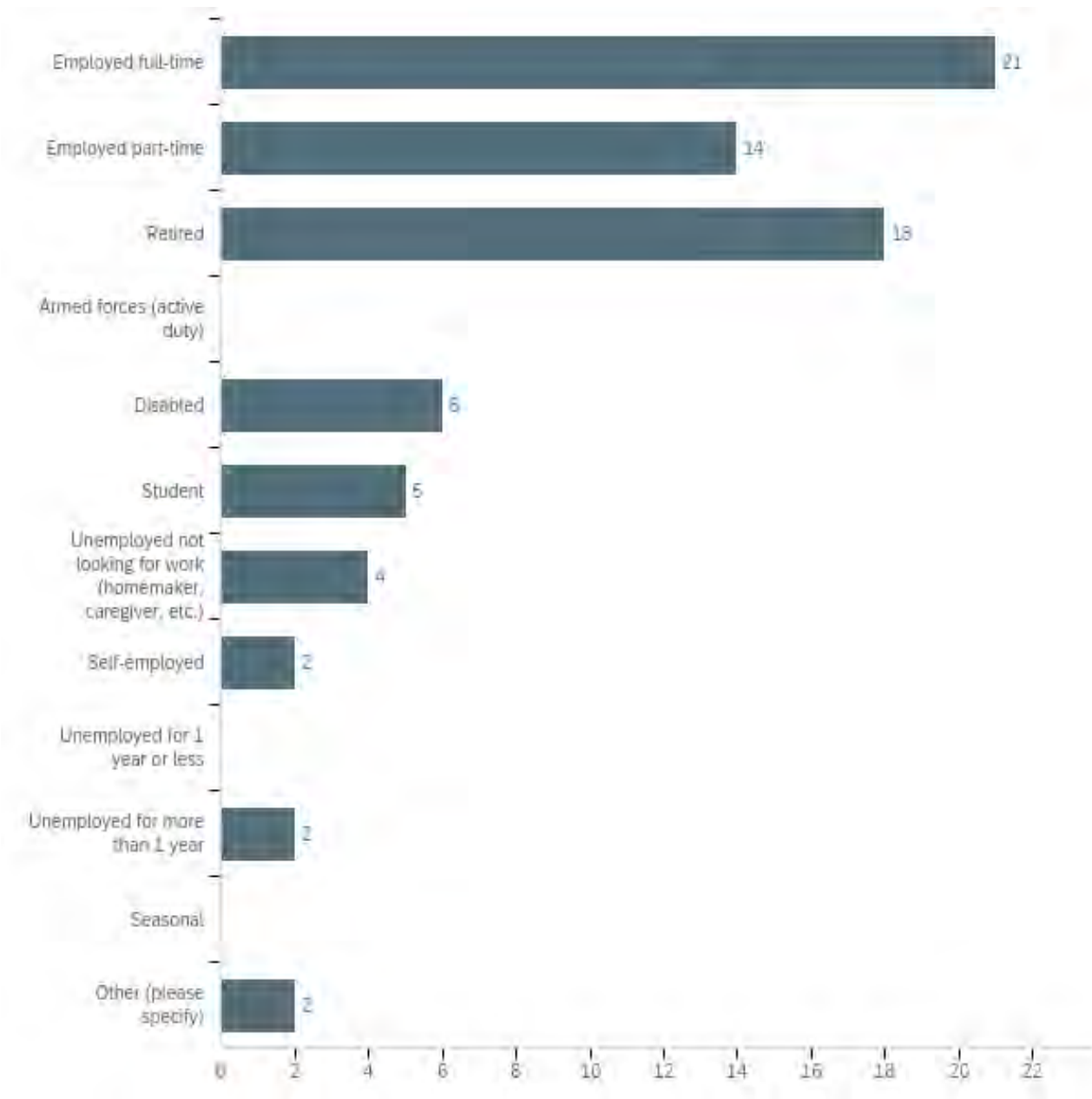
Other (please specify)

Other (please specify) - Text

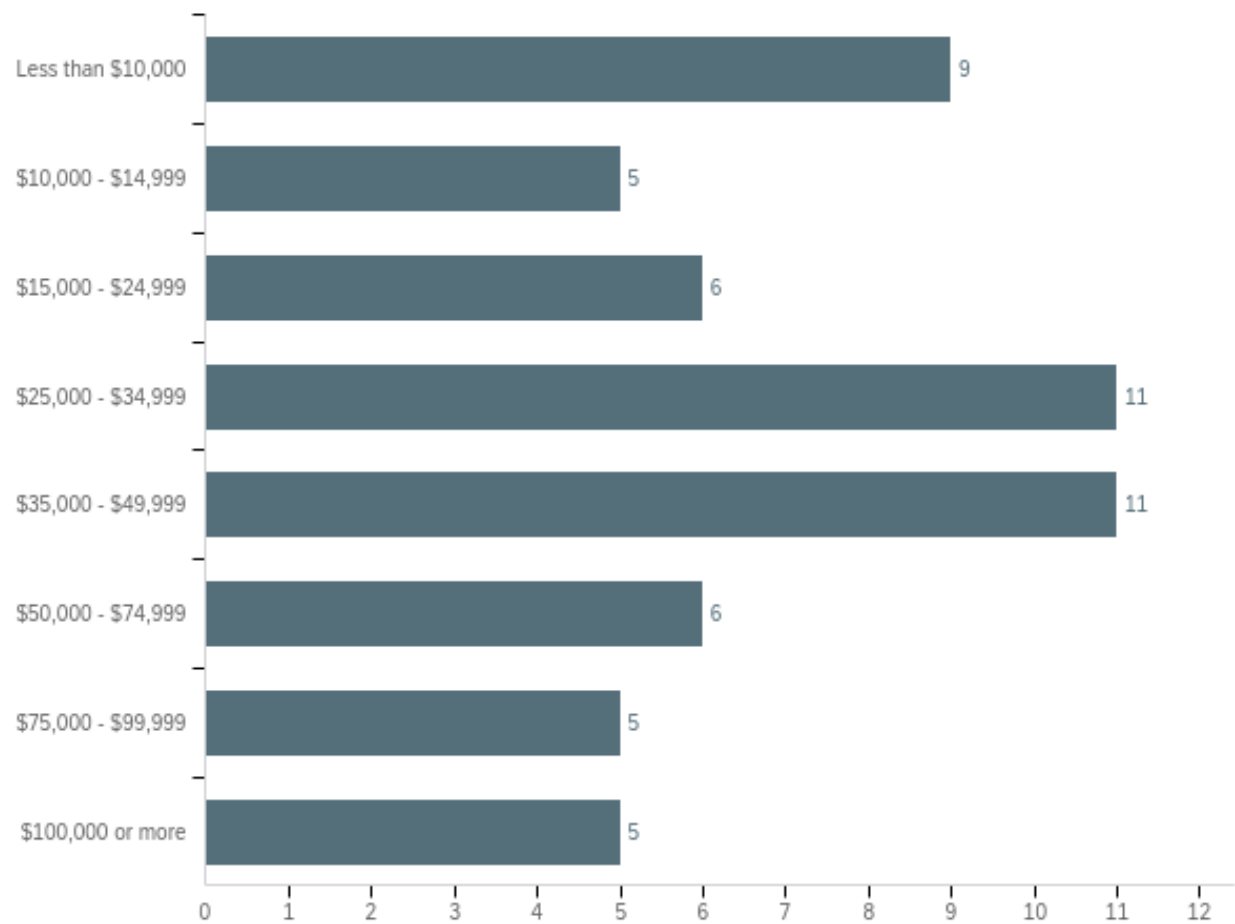
certified coding specialist & bachelor's degree

no response

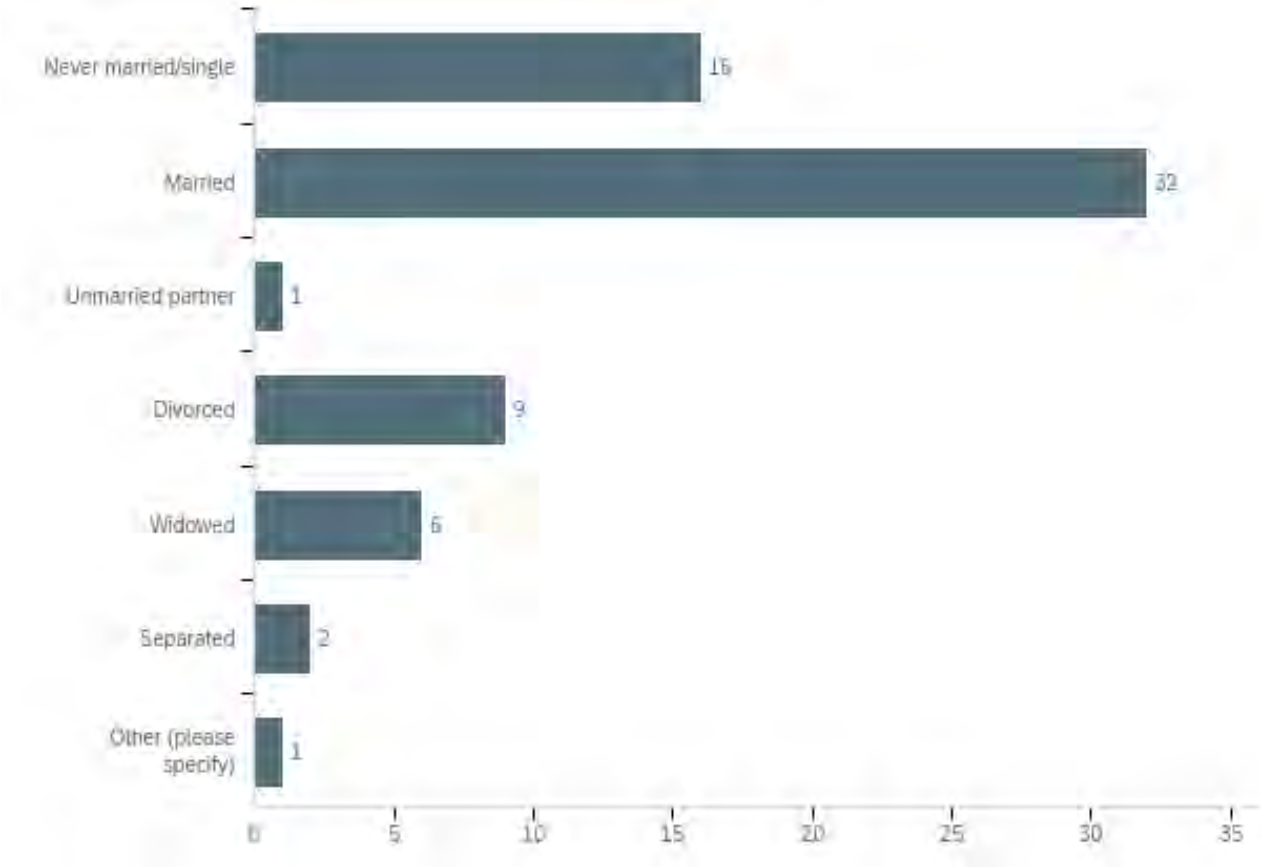
Employment status (select all that apply)



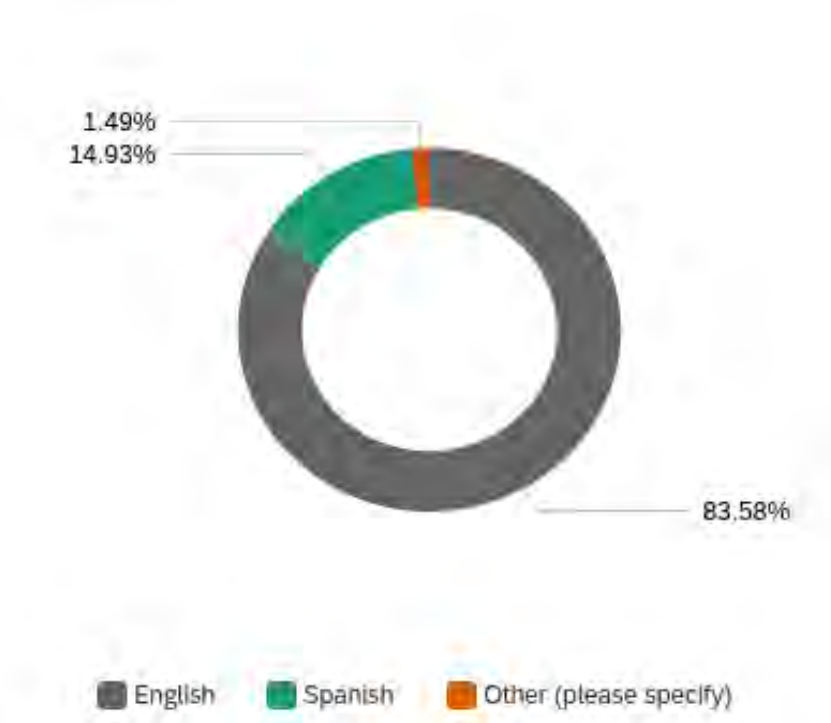
What was your total household income last year before taxes? (select only one)



What is your marital status? (select only one)



What is the primary language spoken in the home? (select only one)



Appendix 3: Survey Results

Brunswick CHA Tables 2019

1. In your opinion, what is the biggest health concern in your community? (select only one)												
	All Surveys n=179		In Person n=136		By Mail n=43		Income Group 1 n=38		Income Group 2 n=73		Income Group 3 n=68	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Drug misuse	46	25.7%	33	24.3%	13	30.2%	8	21.1%	13	17.8%	25	36.8%
Chronic Disease (Heart disease, High blood pressure, Diabetes, Stroke)	35	19.6%	24	17.6%	11	25.6%	10	26.3%	19	26.0%	6	8.8%
Cancer	17	9.5%	14	10.3%	3	7.0%	3	7.9%	9	12.3%	5	7.4%
Environmental health exposures	12	6.7%	10	7.4%	2	4.7%	0	0.0%	4	5.5%	8	11.8%
Unsafe driving	12	6.7%	8	5.9%	4	9.3%	1	2.6%	6	8.2%	5	7.4%
Obesity	8	4.5%	5	3.7%	3	7.0%	1	2.6%	2	2.7%	5	7.4%
Mental Health	5	2.8%	5	3.7%	0	0.0%	0	0.0%	2	2.7%	3	4.4%
Malnutrition/Lack of food	4	2.2%	4	2.9%	0	0.0%	2	5.3%	0	0.0%	2	2.9%
Alcohol misuse	2	1.1%	1	0.7%	1	2.3%	2	5.3%	0	0.0%	0	0.0%
Asthma/Lung Disease	1	0.6%	1	0.7%	0	0.0%	1	2.6%	0	0.0%	0	0.0%
Dental health	1	0.6%	1	0.7%	0	0.0%	1	2.6%	0	0.0%	0	0.0%
Gangs/Violence	1	0.6%	1	0.7%	0	0.0%	1	2.6%	0	0.0%	0	0.0%
Prenatal care	1	0.6%	1	0.7%	0	0.0%	0	0.0%	1	1.4%	0	0.0%
Tobacco use	1	0.6%	1	0.7%	0	0.0%	0	0.0%	1	1.4%	0	0.0%
Other (please specify)	33	18.4%	27	19.9%	6	14.0%	8	21.1%	16	21.9%	9	13.2%

- For select only one questions, n values represent the number of people in each subset who answered the given Question
- For selection more than one questions, n values represent the total number of responses in each subset (not individual people)
- % is based on the overall n value unless otherwise stated
- For Other(please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

1. In your opinion, what is the biggest health concern in your community? (select only one)												
	All Surveys n=33		In Person n=27		By Mail n=6		Income Group 1 n=8		Income Group 2 n=16		Income Group 3 n=9	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Selected more than one option	17	51.5%	13	48.1%	4	66.7%	4	50.0%	9	56.3%	4	44.4%
Unsure	6	18.2%	5	18.5%	1	16.7%	0	0.0%	4	25.0%	2	22.2%
None	2	6.1%	2	7.4%	0	0.0%	1	12.5%	1	6.3%	0	0.0%
Aging Population	1	3.0%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	1	11.1%
Smoke	1	3.0%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	1	11.1%
Water – iron and rust in the water	1	3.0%	1	3.7%	0	0.0%	1	12.5%	0	0.0%	0	0.0%
adult seniors living alone	1	3.0%	1	3.7%	0	0.0%	0	0.0%	1	6.3%	0	0.0%
lack of affordable healthcare	1	3.0%	1	3.7%	0	0.0%	1	12.5%	0	0.0%	0	0.0%
public waste/genx	1	3.0%	1	3.7%	0	0.0%	1	12.5%	0	0.0%	0	0.0%
transportation for seniors to access care in NC & SC	1	3.0%	1	3.7%	0	0.0%	0	0.0%	1	6.3%	0	0.0%
vehicle break ins	1	3.0%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	1	11.1%

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- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

2. In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)												
	All Surveys n=470		In Person n=348		By Mail n=122		Income Group 1 n=101		Income Group 2 n=184		Income Group 3 n=185	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Elder care options	47	10.0%	27	7.8%	20	16.4%	7	6.9%	24	13.0%	16	8.6%
Higher paying employment	45	9.6%	35	10.1%	10	8.2%	10	9.9%	18	9.8%	17	9.2%
Road maintenance	40	8.5%	31	8.9%	9	7.4%	7	6.9%	15	8.2%	18	9.7%
Better/more recreational facilities (parks, trails, community centers)	38	8.1%	31	8.9%	7	5.7%	10	9.9%	10	5.4%	18	9.7%
Transportation options	37	7.9%	27	7.8%	10	8.2%	9	8.9%	12	6.5%	16	8.6%
More affordable health services	35	7.4%	23	6.6%	12	9.8%	5	5.0%	16	8.7%	14	7.6%
Number of health care providers	29	6.2%	18	5.2%	11	9.0%	4	4.0%	17	9.2%	8	4.3%
Road safety	29	6.2%	25	7.2%	4	3.3%	6	5.9%	8	4.3%	15	8.1%
Availability of employment	25	5.3%	19	5.5%	6	4.9%	10	9.9%	7	3.8%	8	4.3%
Better/more healthy food choices	22	4.7%	17	4.9%	5	4.1%	4	4.0%	9	4.9%	9	4.9%
Counseling/mental health/support groups	20	4.3%	17	4.9%	3	2.5%	7	6.9%	7	3.8%	6	3.2%
Services for disabled people	20	4.3%	14	4.0%	6	4.9%	4	4.0%	10	5.4%	6	3.2%
Healthy family activities	17	3.6%	11	3.2%	6	4.9%	2	2.0%	6	3.3%	9	4.9%
Positive teen activities	17	3.6%	14	4.0%	3	2.5%	4	4.0%	4	2.2%	9	4.9%
Animal control	13	2.8%	10	2.9%	3	2.5%	4	4.0%	6	3.3%	3	1.6%
Child care options	9	1.9%	7	2.0%	2	1.6%	1	1.0%	3	1.6%	5	2.7%
Culturally appropriate health services	8	1.7%	4	1.1%	4	3.3%	1	1.0%	4	2.2%	3	1.6%

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- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

2. In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)												
	All Surveys n=470		In Person n=348		By Mail n=122		Income Group 1 n=101		Income Group 2 n=184		Income Group 3 n=185	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None	6	1.3%	6	1.7%	0	0.0%	2	2.0%	3	1.6%	1	0.5%
Other (please specify)	13	2.8%	12	3.4%	1	0.8%	4	4.0%	5	2.7%	4	2.2%

- For select only one questions, n values represent the number of people in each subset who answered the given Question
- For selection more than one questions, n values represent the total number of responses in each subset (not individual people)
- % is based on the overall n value unless otherwise stated
- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

2. In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)												
	All Surveys n=14		In Person n=12		By Mail n=2		Income Group 1 n=4		Income Group 2 n=5		Income Group 3 n=5	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Affordable housing	2	14.3%	2	16.7%	0	0.0%	1	25.0%	0	0.0%	1	20.0%
BetteR ACCESS TO FOOD STAMPS,	1	7.1%	1	8.3%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
DOES NOT TRUST THE DOCTORS OFFICE People take care of themselves	1	7.1%	1	8.3%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
I think that it would be beneficial to have more sidewalks all through shallotte. Not just main street	1	7.1%	0	0.0%	1	50.0%	1	25.0%	0	0.0%	0	0.0%
Mental health	1	7.1%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	20.0%
Very satisfied with neighborhood services	1	7.1%	1	8.3%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
Zoning env health, crime loitering	1	7.1%	1	8.3%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
activities	1	7.1%	1	8.3%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
coyotes	1	7.1%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	20.0%
protection of wildlife and their habitat	1	7.1%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	20.0%
providers accepting new medicare patients	1	7.1%	1	8.3%	0	0.0%	1	25.0%	0	0.0%	0	0.0%

- For select only one questions, n values represent the number of people in each subset who answered the given Question
- For selection more than one questions, n values represent the total number of responses in each subset (not individual people)
- % is based on the overall n value unless otherwise stated
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- n values for In Peron + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

2. In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)												
	All Surveys n=14		In Person n=12		By Mail n=2		Income Group 1 n=4		Income Group 2 n=5		Income Group 3 n=5	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
safer zoning & permitting so an asphalt plant isn't in a neighborhood	1	7.1%	1	8.3%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
shoulder of roads to ditch maintenance - people cannot walk or ride bikes due to this problem - especially highway 211 & Long Beach Rd.	1	7.1%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	20.0%

- For select only one questions, n values represent the number of people in each subset who answered the given Question
- For selection more than one questions, n values represent the total number of responses in each subset (not individual people)
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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

*2. In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)			
Given Answers	Count	% (n=470)	% respondents *(n=178)
Elder care options	47	10.00%	26%
Higher paying employment	45	9.60%	25%
Road maintenance	40	8.50%	22%
Better/more recreational facilities (parks, trails, community centers)	38	8.10%	21%
Transportation options	37	7.90%	21%
More affordable health services	35	7.40%	20%
Number of health care providers	29	6.20%	16%
Road safety	29	6.20%	16%
Availability of employment	25	5.30%	14%
Better/more healthy food choices	22	4.70%	12%
Counseling/mental health/support groups	20	4.30%	11%
Services for disabled people	20	4.30%	11%
Healthy family activities	17	3.60%	10%
Positive teen activities	17	3.60%	10%
Animal control	13	2.80%	7%
Child care options	9	1.90%	5%
Culturally appropriate health services	8	1.70%	4%
None	6	1.30%	3%
Other (please specify)	13	2.80%	7%
*% respondents refer to the total percentage of people (n=178) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=470).			

Brunswick CHA Tables 2019

3. In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)												
	All Surveys n=511		In Person n=387		By Mail n=124		Income Group 1 n=102		Income Group 2 n=209		Income Group 3 n=200	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Alcohol, drugs, or medication misuse and abuse	94	18.4%	69	17.8%	25	20.2%	26	25.5%	36	17.2%	32	16.0%
Lack of affordable housing	35	6.8%	28	7.2%	7	5.6%	7	6.9%	11	5.3%	17	8.5%
Low income/poverty	34	6.7%	20	5.2%	14	11.3%	6	5.9%	15	7.2%	13	6.5%
Lack of employment opportunities	32	6.3%	25	6.5%	7	5.6%	10	9.8%	11	5.3%	11	5.5%
Unsafe driving	32	6.3%	29	7.5%	3	2.4%	3	2.9%	18	8.6%	11	5.5%
Lack of transportation	27	5.3%	23	5.9%	4	3.2%	2	2.0%	15	7.2%	10	5.0%
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	24	4.7%	19	4.9%	5	4.0%	5	4.9%	12	5.7%	7	3.5%
Theft/petty crime	24	4.7%	18	4.7%	6	4.8%	5	4.9%	12	5.7%	7	3.5%
Poor air/water/ land quality	22	4.3%	14	3.6%	8	6.5%	2	2.0%	9	4.3%	11	5.5%
Traffic	20	3.9%	14	3.6%	6	4.8%	2	2.0%	7	3.3%	11	5.5%
Lack of healthy food choices or affordable healthy food	19	3.7%	15	3.9%	4	3.2%	4	3.9%	5	2.4%	10	5.0%
Lack of places to exercise	14	2.7%	8	2.1%	6	4.8%	2	2.0%	5	2.4%	7	3.5%
Lack of/inadequate health insurance	14	2.7%	11	2.8%	3	2.4%	5	4.9%	5	2.4%	4	2.0%
Homelessness	13	2.5%	9	2.3%	4	3.2%	3	2.9%	5	2.4%	5	2.5%

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Brunswick CHA Tables 2019

3. In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)												
	All Surveys n=511		In Person n=387		By Mail n=124		Income Group 1 n=102		Income Group 2 n=209		Income Group 3 n=200	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Lack of childcare or recreational programs for youth	13	2.5%	12	3.1%	1	0.8%	3	2.9%	4	1.9%	6	3.0%
Lack of education opportunities	12	2.3%	10	2.6%	2	1.6%	2	2.0%	5	2.4%	5	2.5%
Child neglect and abuse	10	2.0%	7	1.8%	3	2.4%	3	2.9%	4	1.9%	3	1.5%
Gang involvement	10	2.0%	10	2.6%	0	0.0%	2	2.0%	4	1.9%	4	2.0%
Dropping out of school	9	1.8%	7	1.8%	2	1.6%	1	1.0%	5	2.4%	3	1.5%
Smoking/tobacco use	9	1.8%	5	1.3%	4	3.2%	1	1.0%	3	1.4%	5	2.5%
Domestic/sexual violence	8	1.6%	6	1.6%	2	1.6%	3	2.9%	3	1.4%	2	1.0%
Social isolation/loneliness	8	1.6%	7	1.8%	1	0.8%	0	0.0%	6	2.9%	2	1.0%
Motor vehicle injuries including bicyclist and pedestrians	7	1.4%	7	1.8%	0	0.0%	0	0.0%	3	1.4%	4	2.0%
Discrimination/racism	6	1.2%	4	1.0%	2	1.6%	1	1.0%	2	1.0%	3	1.5%
Poor housing conditions	5	1.0%	3	0.8%	2	1.6%	2	2.0%	1	0.5%	2	1.0%
Violent crime (murder, assault)	3	0.6%	2	0.5%	1	0.8%	1	1.0%	1	0.5%	1	0.5%
Other (please specify)	7	1.4%	5	1.3%	2	1.6%	1	1.0%	2	1.0%	4	2.0%

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Brunswick CHA Tables 2019

3. In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)												
	All Surveys n=8		In Person n=6		By Mail n=2		Income Group 1 n=1		Income Group 2 n=3		Income Group 3 n=4	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Lack of adequate paying jobs	1	12.5%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	25.0%
Lack of opportunity for young adults	1	12.5%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	25.0%
No Gyms, no pools, no walking trails, Constant smoke, lack of good doctors close by, lack of experienced doctors, long wait list for appointments!	1	12.5%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	25.0%
Over population	1	12.5%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	25.0%
She belle	1	12.5%	1	16.7%	0	0.0%	1	100%	0	0.0%	0	0.0%
single story homes	1	12.5%	0	0.0%	1	50.0%	0	0.0%	1	33.3%	0	0.0%
vehicles with loud mufflers	1	12.5%	1	16.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%
water quality	1	12.5%	1	16.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

3. In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)			
Given Answers	Count	%	% respondents (n=174)
Alcohol, drugs, or medication misuse and abuse	94	18.40%	54%
Lack of affordable housing	35	6.80%	20%
Low income/poverty	34	6.70%	20%
Lack of employment opportunities	32	6.30%	18%
Unsafe driving	32	6.30%	18%
Lack of transportation	27	5.30%	16%
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	24	4.70%	14%
Theft/petty crime	24	4.70%	14%
Poor air/water/ land quality	22	4.30%	13%
Traffic	20	3.90%	11%
Lack of healthy food choices or affordable healthy food	19	3.70%	11%
Lack of places to exercise	14	2.70%	8%
Lack of/inadequate health insurance	14	2.70%	8%
Homelessness	13	2.50%	7%
Lack of childcare or recreational programs for youth	13	2.50%	7%
Lack of education opportunities	12	2.30%	7%
Child neglect and abuse	10	2.00%	6%
Gang involvement	10	2.00%	6%
Dropping out of school	9	1.80%	5%
Smoking/tobacco use	9	1.80%	5%
Domestic/sexual violence	8	1.60%	5%
Social isolation/loneliness	8	1.60%	5%
Motor vehicle injuries including bicyclist and pedestrians	7	1.40%	4%
Discrimination/racism	6	1.20%	3%
Poor housing conditions	5	1.00%	3%
Violent crime (murder, assault)	3	0.60%	2%
Other (please specify)	7	1.40%	4%
*% respondents refer to the total percentage of people (n=174) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=511).			

Brunswick CHA Tables 2019

4. What are the top five most needed health screenings or education/information services in your community? (select your top five)												
	All Surveys n=765		In Person n=572		By Mail n=193		Income Group 1 n=156		Income Group 2 n=301		Income Group 3 n=308	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Mental health (including depression/anxiety)	73	9.5%	51	8.9%	22	11.4%	14	9.0%	33	11.0%	26	8.4%
Addiction/Recovery	72	9.4%	53	9.3%	19	9.8%	14	9.0%	29	9.6%	29	9.4%
Cognitive disorders (Dementia and Alzheimer's)	63	8.2%	43	7.5%	20	10.4%	15	9.6%	24	8.0%	24	7.8%
Cancer	58	7.6%	41	7.2%	17	8.8%	11	7.1%	24	8.0%	23	7.5%
Substance misuse	52	6.8%	38	6.6%	14	7.3%	12	7.7%	16	5.3%	24	7.8%
Blood pressure	39	5.1%	27	4.7%	12	6.2%	8	5.1%	10	3.3%	21	6.8%
Diabetes	39	5.1%	30	5.2%	9	4.7%	10	6.4%	16	5.3%	13	4.2%
Physical activity	37	4.8%	27	4.7%	10	5.2%	8	5.1%	10	3.3%	19	6.2%
Nutrition/Healthy eating	35	4.6%	26	4.5%	9	4.7%	4	2.6%	14	4.7%	17	5.5%
Safe driving	34	4.4%	26	4.5%	8	4.1%	5	3.2%	17	5.6%	12	3.9%
Emergency Preparedness	31	4.1%	27	4.7%	4	2.1%	6	3.8%	12	4.0%	13	4.2%
Dental screenings	29	3.8%	22	3.8%	7	3.6%	7	4.5%	10	3.3%	12	3.9%
Reading understating/English language skill level	28	3.7%	22	3.8%	6	3.1%	3	1.9%	10	3.3%	15	4.9%
Child growth and development screenings	24	3.1%	20	3.5%	4	2.1%	5	3.2%	11	3.7%	8	2.6%
Vaccinations/Immunizations	24	3.1%	20	3.5%	4	2.1%	7	4.5%	11	3.7%	6	1.9%
Cholesterol	20	2.6%	12	2.1%	8	4.1%	3	1.9%	8	2.7%	9	2.9%
Vision screenings	16	2.1%	11	1.9%	5	2.6%	2	1.3%	9	3.0%	5	1.6%

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Brunswick CHA Tables 2019

4. What are the top five most needed health screenings or education/information services in your community? (select your top five)												
	All Surveys n=765		In Person n=572		By Mail n=193		Income Group 1 n=156		Income Group 2 n=301		Income Group 3 n=308	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Stroke	15	2.0%	12	2.1%	3	1.6%	3	1.9%	7	2.3%	5	1.6%
Learning Disabilities screenings	14	1.8%	13	2.3%	1	0.5%	6	3.8%	5	1.7%	3	1.0%
HIV/Sexually transmitted diseases	12	1.6%	10	1.7%	2	1.0%	5	3.2%	4	1.3%	3	1.0%
Unknown/Unsure	11	1.4%	10	1.7%	1	0.5%	1	0.6%	6	2.0%	4	1.3%
Pregnancy prevention	9	1.2%	6	1.0%	3	1.6%	0	0.0%	4	1.3%	5	1.6%
Child car seats	7	0.9%	6	1.0%	1	0.5%	2	1.3%	2	0.7%	3	1.0%
Disease outbreaks	6	0.8%	5	0.9%	1	0.5%	1	0.6%	2	0.7%	3	1.0%
Eating disorders	6	0.8%	5	0.9%	1	0.5%	2	1.3%	2	0.7%	2	0.6%
Seatbelts	4	0.5%	3	0.5%	1	0.5%	0	0.0%	3	1.0%	1	0.3%
Other (please specify)	7	0.9%	6	1.0%	1	0.5%	2	1.3%	2	0.7%	3	1.0%

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Brunswick CHA Tables 2019

4. What are the top five most needed health screenings or education/information services in your community? (select your top five)												
	All Surveys n=7		In Person n=6		By Mail n=1		Income Group 1 n=2		Income Group 2 n=2		Income Group 3 n=3	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Acute illness/cold	1	14.3%	1	16.7%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Env hlth	1	14.3%	1	16.7%	0	0.0%	0	0.0%	1	50.0%	0	0.0%
In her opinion the doctors here are only after a profit not concerned for patients	1	14.3%	1	16.7%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
No problems	1	14.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	33.3%
Outreach programs for youth	1	14.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	33.3%
poor road system - emergency response is slower than it should be because of it	1	14.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	33.3%
unsure	1	14.3%	0	0.0%	1	100%	0	0.0%	1	50.0%	0	0.0%

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Brunswick CHA Tables 2019

4. What are the top five most needed health screenings or education/information services in your community? (select your top five)			
Given Answers	Count	% (n=765)	% respondents (n=177)
Mental health (including depression/anxiety)	73	9.50%	41%
Addiction/Recovery	72	9.40%	41%
Cognitive disorders (Dementia and Alzheimer's)	63	8.20%	36%
Cancer	58	7.60%	33%
Substance misuse	52	6.80%	29%
Blood pressure	39	5.10%	22%
Diabetes	39	5.10%	22%
Physical activity	37	4.80%	21%
Nutrition/Healthy eating	35	4.60%	20%
Safe driving	34	4.40%	19%
Emergency Preparedness	31	4.10%	18%
Dental screenings	29	3.80%	16%
Reading understating/English language skill level	28	3.70%	16%
Child growth and development screenings	24	3.10%	14%
Vaccinations/Immunizations	24	3.10%	14%
Cholesterol	20	2.60%	11%
Vision screenings	16	2.10%	9%
Stroke	15	2.00%	8%
Learning Disabilities screenings	14	1.80%	8%
HIV/Sexually transmitted diseases	12	1.60%	7%
Unknown/Unsure	11	1.40%	6%
Pregnancy prevention	9	1.20%	5%
Child car seats	7	0.90%	4%
Disease outbreaks	6	0.80%	3%
Eating disorders	6	0.80%	3%
Seatbelts	4	0.50%	2%
Other (please specify)	7	0.90%	4%
80% respondents refer to the total percentage of people (n=177) who selected this as one of their choices. The "0%" is based on based on the total number of responses (n=177).			

Brunswick CHA Tables 2019

5. Our community is a safe place to be physically active. How strongly do you agree or disagree with this statement?												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=35		Income Group 2 n=73		Income Group 3 n=70	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Agree	108	60.7%	79	57.7%	29	70.7%	22	62.9%	43	58.9%	43	61.4%
Strongly agree	49	27.5%	43	31.4%	6	14.6%	8	22.9%	22	30.1%	19	27.1%
Disagree	13	7.3%	8	5.8%	5	12.2%	2	5.7%	7	9.6%	4	5.7%
Strongly disagree	4	2.2%	3	2.2%	1	2.4%	2	5.7%	0	0.0%	2	2.9%
Unknown/Unsure	4	2.2%	4	2.9%	0	0.0%	1	2.9%	1	1.4%	2	2.9%

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Brunswick CHA Tables 2019

6. Where do you and your family get the most of your health information? (select all that apply)												
	All Surveys n=366		In Person n=271		By Mail n=95		Income Group 1 n=83		Income Group 2 n=141		Income Group 3 n=142	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Doctor/Health professional	149	40.7%	111	41.0%	38	40.0%	28	33.7%	65	46.1%	56	39.4%
Internet	85	23.2%	63	23.2%	22	23.2%	21	25.3%	33	23.4%	31	21.8%
Friends or family	32	8.7%	25	9.2%	7	7.4%	6	7.2%	9	6.4%	17	12.0%
Television	29	7.9%	21	7.7%	8	8.4%	10	12.0%	10	7.1%	9	6.3%
Newspaper/Magazine	27	7.4%	14	5.2%	13	13.7%	7	8.4%	10	7.1%	10	7.0%
Social Media	15	4.1%	11	4.1%	4	4.2%	3	3.6%	4	2.8%	8	5.6%
Health department	9	2.5%	9	3.3%	0	0.0%	3	3.6%	2	1.4%	4	2.8%
Hospital newsletter	7	1.9%	5	1.8%	2	2.1%	2	2.4%	3	2.1%	2	1.4%
Radio	7	1.9%	6	2.2%	1	1.1%	3	3.6%	2	1.4%	2	1.4%
Library	1	0.3%	1	0.4%	0	0.0%	0	0.0%	1	0.7%	0	0.0%
Other (please specify)	5	1.4%	5	1.8%	0	0.0%	0	0.0%	2	1.4%	3	2.1%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

6. Where do you and your family get the most of your health information? (select all that apply)												
	All Surveys n=5		In Person n=5		By Mail n=0		Income Group 1 n=0		Income Group 2 n=2		Income Group 3 n=3	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
wife (nurse)	2	40.0%	2	40.0%	0	.	0	.	1	50.0%	1	33.3%
VA	1	20.0%	1	20.0%	0	.	0	.	1	50.0%	0	0.0%
common sense	1	20.0%	1	20.0%	0	.	0	.	0	0.0%	1	33.3%
work place	1	20.0%	1	20.0%	0	.	0	.	0	0.0%	1	33.3%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

6. Where do you and your family get the most of your health information? (select all that apply)			
Given Answers	Count	% (n=366)	% respondents (n=179)
Doctor/Health professional	149	40.70%	83%
Internet	85	23.20%	47%
Friends or family	32	8.70%	18%
Television	29	7.90%	16%
Newspaper/Magazine	27	7.40%	15%
Social Media	15	4.10%	8%
Health department	9	2.50%	5%
Hospital newsletter	7	1.90%	4%
Radio	7	1.90%	4%
Library	1	0.30%	1%
Other (please specify)	5	1.40%	3%
*% respondents refer to the total percentage of people (n=179) who selected this as one of their choices. The "% respondents" is based on based on the total number of responses (n=366).			

Brunswick CHA Tables 2019

7. Which of these problems prevented you and/or your household from getting necessary health care? (select all that apply)												
	All Surveys n=282		In Person n=201		By Mail n=81		Income Group 1 n=60		Income Group 2 n=113		Income Group 3 n=109	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None/No challenges	66	23.4%	50	24.9%	16	19.8%	13	21.7%	28	24.8%	25	22.9%
Waiting too long to get an appointment	40	14.2%	29	14.4%	11	13.6%	5	8.3%	19	16.8%	16	14.7%
Lack of insurance	39	13.8%	31	15.4%	8	9.9%	12	20.0%	12	10.6%	15	13.8%
Unable to pay	30	10.6%	22	10.9%	8	9.9%	7	11.7%	13	11.5%	10	9.2%
Need appointment hours outside of 8:00am -5:00pm	25	8.9%	16	8.0%	9	11.1%	6	10.0%	7	6.2%	12	11.0%
Waiting too long at providers office	19	6.7%	9	4.5%	10	12.3%	3	5.0%	10	8.8%	6	5.5%
Transportation	10	3.5%	6	3.0%	4	4.9%	4	6.7%	1	0.9%	5	4.6%
Lack of trust and communication with provider	9	3.2%	5	2.5%	4	4.9%	1	1.7%	5	4.4%	3	2.8%
Lack of knowledge/understanding of the need	7	2.5%	5	2.5%	2	2.5%	2	3.3%	2	1.8%	3	2.8%
Not ready to face the health problem	6	2.1%	5	2.5%	1	1.2%	0	0.0%	3	2.7%	3	2.8%
Lack of childcare	5	1.8%	4	2.0%	1	1.2%	2	3.3%	1	0.9%	2	1.8%
Unknown/Unsure	5	1.8%	3	1.5%	2	2.5%	1	1.7%	1	0.9%	3	2.8%
Lack of elder/disability care	4	1.4%	2	1.0%	2	2.5%	0	0.0%	3	2.7%	1	0.9%
Culture/Health beliefs	3	1.1%	2	1.0%	1	1.2%	0	0.0%	2	1.8%	1	0.9%
Lack of LGBTQ+ focused care	2	0.7%	2	1.0%	0	0.0%	1	1.7%	1	0.9%	0	0.0%
Other (please specify)	12	4.3%	10	5.0%	2	2.5%	3	5.0%	5	4.4%	4	3.7%

Brunswick CHA Tables 2019

7. Which of these problems prevented you and/or your household from getting necessary health care? (select all that apply)												
	All Surveys n=12		In Person n=10		By Mail n=2		Income Group 1 n=3		Income Group 2 n=5		Income Group 3 n=4	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Cost	1	8.3%	1	10.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%
Federal Government	1	8.3%	1	10.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
Have not prevented from getting help	1	8.3%	1	10.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%
Healthcare cost	1	8.3%	1	10.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
More doctors that accept medicare	1	8.3%	1	10.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%
No Issues	1	8.3%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	25.0%
Too many referrals	1	8.3%	1	10.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
cost of health insurance	1	8.3%	1	10.0%	0	0.0%	0	0.0%	0	0.0%	1	25.0%
lac of insurance -dental help	1	8.3%	0	0.0%	1	50.0%	1	33.3%	0	0.0%	0	0.0%
lack of specialist in area	1	8.3%	1	10.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
qualified doctors	1	8.3%	1	10.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
time - work out of town	1	8.3%	1	10.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%

Brunswick CHA Tables 2019

7. Which of these problems prevented you and/or your household from getting necessary health care? (select all that apply)			
Given Answers	Count	% (n=282)	% respondents (n=176)
None/No challenges	66	23.40%	38%
Waiting too long to get an appointment	40	14.20%	23%
Lack of insurance	39	13.80%	22%
Unable to pay	30	10.60%	17%
Need appointment hours outside of 8:00am -5:00pm	25	8.90%	14%
Waiting too long at providers office	19	6.70%	11%
Transportation	10	3.50%	6%
Lack of trust and communication with provider	9	3.20%	5%
Lack of knowledge/understanding of the need	7	2.50%	4%
Not ready to face the health problem	6	2.10%	3%
Lack of childcare	5	1.80%	3%
Unknown/Unsure	5	1.80%	3%
Lack of elder/disability care	4	1.40%	2%
Culture/Health beliefs	3	1.10%	2%
Lack of LGBTQ+ focused care	2	0.70%	1%
Other (please specify)	12	4.30%	7%
*% respondents refer to the total percentage of people (n=176) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=282).			

Brunswick CHA Tables 2019

8. As it relates to health insurance and health care coverage, which of the following applies to you and/or your household? (select all that apply)												
	All Surveys n=263		In Person n=204		By Mail n=59		Income Group 1 n=54		Income Group 2 n=106		Income Group 3 n=103	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Medicare or Medicare Supplement Plan	105	39.9%	78	38.2%	27	45.8%	20	37.0%	48	45.3%	37	35.9%
Private health insurance plan, provided by employer or workplace	82	31.2%	64	31.4%	18	30.5%	17	31.5%	34	32.1%	31	30.1%
Other private health insurance plan purchased directly from an insurance company or the Health Exchange	24	9.1%	21	10.3%	3	5.1%	4	7.4%	11	10.4%	9	8.7%
Medicaid	15	5.7%	13	6.4%	2	3.4%	5	9.3%	5	4.7%	5	4.9%
Tricare, CHAMPUS	14	5.3%	11	5.4%	3	5.1%	1	1.9%	3	2.8%	10	9.7%
I do not have health insurance or coverage	11	4.2%	8	3.9%	3	5.1%	4	7.4%	2	1.9%	5	4.9%
Other members of my household do not have insurance	7	2.7%	4	2.0%	3	5.1%	3	5.6%	1	0.9%	3	2.9%
Other (please specify)	5	1.9%	5	2.5%	0	0.0%	0	0.0%	2	1.9%	3	2.9%

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- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

8. As it relates to health insurance and health care coverage, which of the following applies to you and/or your household? (select all that apply)												
	All Surveys n=5		In Person n=5		By Mail n=0		Income Group 1 n=0		Income Group 2 n=2		Income Group 3 n=3	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Veterans Benefits	4	80.0%	4	80.0%	0		0		2	100%	2	66.7%
Don't know	1	20.0%	1	20.0%	0		0		0	0.0%	1	33.3%

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Brunswick CHA Tables 2019

8. As it relates to health insurance and health care coverage, which of the following applies to you and/or your household? (select all that apply)			
Given Answers	Count	% (n=263)	% respondents (n=135)
Medicare or Medicare Supplement Plan	105	39.90%	78%
Private health insurance plan, provided by employer or workplace	82	31.20%	61%
Other private health insurance plan purchased directly from an insurance company or the Health Exchange	24	9.10%	18%
Medicaid	15	5.70%	11%
Tricare, CHAMPUS	14	5.30%	10%
I do not have health insurance or coverage	11	4.20%	8%
Other members of my household do not have insurance	7	2.70%	5%
Other (please specify)	5	1.90%	4%
*% respondents refer to the total percentage of people (n=135) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=263).			

Brunswick CHA Tables 2019

9. Was there any time in the past 12 months that your child/children did not have health insurance or health coverage?												
	All Surveys n=180		In Person n=138		By Mail n=42		Income Group 1 n=37		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	89	49.4%	76	55.1%	13	31.0%	21	56.8%	34	47.2%	34	47.9%
I do not have child/children	80	44.4%	51	37.0%	29	69.0%	10	27.0%	36	50.0%	34	47.9%
Yes	11	6.1%	11	8.0%	0	0.0%	6	16.2%	2	2.8%	3	4.2%

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Brunswick CHA Tables 2019

10. In the past 12 months, what challenges have you or a family member(s) faced getting a prescription filled? (select all that apply)												
	All Surveys n=214		In Person n=164		By Mail n=50		Income Group 1 n=42		Income Group 2 n=89		Income Group 3 n=83	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
I/We didn't have challenges getting a prescription filled	118	55.1%	91	55.5%	27	54.0%	25	59.5%	47	52.8%	46	55.4%
Too costly	32	15.0%	22	13.4%	10	20.0%	3	7.1%	19	21.3%	10	12.0%
Insurance didn't cover	30	14.0%	23	14.0%	7	14.0%	8	19.0%	12	13.5%	10	12.0%
Lack of insurance	9	4.2%	8	4.9%	1	2.0%	1	2.4%	4	4.5%	4	4.8%
Pharmacy hours	5	2.3%	3	1.8%	2	4.0%	1	2.4%	1	1.1%	3	3.6%
Other (please specify)	20	9.3%	17	10.4%	3	6.0%	4	9.5%	6	6.7%	10	12.0%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

10. In the past 12 months, what challenges have you or a family member(s) faced getting a prescription filled? (select all that apply)												
	All Surveys n=20		In Person n=17		By Mail n=3		Income Group 1 n=4		Income Group 2 n=6		Income Group 3 n=10	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None	6	30.0%	5	29.4%	1	33.3%	0	0.0%	2	33.3%	4	40.0%
Can't get prescriptions due to new law limiting # within 6 months	1	5.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	1	10.0%
Cough medicine too high	1	5.0%	1	5.9%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
Getting appointment to have prescriptions refilled	1	5.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	1	10.0%
Lack of being able to get a shingles shot	1	5.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	1	10.0%
Medicare not approving medication & wait times	1	5.0%	1	5.9%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
Only 1 pharmacy in area does compounding	1	5.0%	1	5.9%	0	0.0%	0	0.0%	1	16.7%	0	0.0%
VA Physician did not sign off on script	1	5.0%	1	5.9%	0	0.0%	0	0.0%	1	16.7%	0	0.0%
delay of hours to get pain meds	1	5.0%	0	0.0%	1	33.3%	1	25.0%	0	0.0%	0	0.0%
finding a physician	1	5.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	1	10.0%
hit the doughnut hole	1	5.0%	1	5.9%	0	0.0%	0	0.0%	1	16.7%	0	0.0%
lapse of insurance	1	5.0%	1	5.9%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
pharmacy not able to fill script	1	5.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	1	10.0%
providers overcharging	1	5.0%	1	5.9%	0	0.0%	0	0.0%	1	16.7%	0	0.0%
waiting at Dr. office for refills	1	5.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	1	10.0%

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Brunswick CHA Tables 2019

10. In the past 12 months, what challenges have you or a family member(s) faced getting a prescription filled? (select all that apply)			
Given Answers	Count	% (n=214)	% respondents (n=179)
I/We didn't have challenges getting a prescription filled	118	55.10%	66%
Too costly	32	15.00%	18%
Insurance didn't cover	30	14.00%	17%
Lack of insurance	9	4.20%	5%
Pharmacy hours	5	2.30%	3%
Other (please specify)	20	9.30%	11%
^{89%} respondents refer to the total percentage of people (n=176) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=214).			

Brunswick CHA Tables 2019

11. In the past 12 months, what challenges have you or a family member(s) faced taking a prescription you had filled? (select all that apply)												
	All Surveys n=164		In Person n=120		By Mail n=44		Income Group 1 n=29		Income Group 2 n=68		Income Group 3 n=67	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Fear of side effects	24	14.6%	17	14.2%	7	15.9%	4	13.8%	11	16.2%	9	13.4%
I/We didn't have any prescriptions filled	14	8.5%	12	10.0%	2	4.5%	1	3.4%	7	10.3%	6	9.0%
I/We already take too many medications	10	6.1%	5	4.2%	5	11.4%	1	3.4%	7	10.3%	2	3.0%
Allergic to medication	9	5.5%	5	4.2%	4	9.1%	1	3.4%	3	4.4%	5	7.5%
Worried I will become dependent on the medication	8	4.9%	6	5.0%	2	4.5%	3	10.3%	3	4.4%	2	3.0%
Didn't see a reason to take medication (lack of symptoms)	5	3.0%	3	2.5%	2	4.5%	2	6.9%	2	2.9%	1	1.5%
Don't trust provider	3	1.8%	2	1.7%	1	2.3%	1	3.4%	0	0.0%	2	3.0%
Personal reasons for not taking the medication	2	1.2%	1	0.8%	1	2.3%	0	0.0%	2	2.9%	0	0.0%
Other (please specify)	89	54.3%	69	57.5%	20	45.5%	16	55.2%	33	48.5%	40	59.7%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

11. In the past 12 months, what challenges have you or a family member(s) faced taking a prescription you had filled? (select all that apply)												
	All Surveys n=88		In Person n=68		By Mail n=20		Income Group 1 n=15		Income Group 2 n=33		Income Group 3 n=40	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None	78	88.6%	60	88.2%	18	90.0%	14	93.3%	27	81.8%	37	92.5%
DNA N/A	1	1.1%	1	1.5%	0	0.0%	0	0.0%	1	3.0%	0	0.0%
Doctor and pharmacy conflict	1	1.1%	1	1.5%	0	0.0%	0	0.0%	1	3.0%	0	0.0%
Forgetful	1	1.1%	1	1.5%	0	0.0%	0	0.0%	1	3.0%	0	0.0%
Forgot to take at correct time of day	1	1.1%	1	1.5%	0	0.0%	0	0.0%	1	3.0%	0	0.0%
I have taken my prescriptions	1	1.1%	0	0.0%	1	5.0%	1	6.7%	0	0.0%	0	0.0%
Interactions with other prescription drugs	1	1.1%	1	1.5%	0	0.0%	0	0.0%	0	0.0%	1	2.5%
cost	1	1.1%	0	0.0%	1	5.0%	0	0.0%	1	3.0%	0	0.0%
had to drop several medications that were too expensive	1	1.1%	1	1.5%	0	0.0%	0	0.0%	0	0.0%	1	2.5%
television has me petrified	1	1.1%	1	1.5%	0	0.0%	0	0.0%	1	3.0%	0	0.0%
used as directed no problems	1	1.1%	1	1.5%	0	0.0%	0	0.0%	0	0.0%	1	2.5%

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- % is based on the overall n value unless otherwise stated
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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

11. In the past 12 months, what challenges have you or a family member(s) faced taking a prescription you had filled? (select all that apply)			
Given Answers	Count	% (n=164)	% respondents (n=145)
Fear of side effects	24	14.60%	17%
I/We didn't have any prescriptions filled	14	8.50%	10%
I/We already take too many medications	10	6.10%	7%
Allergic to medication	9	5.50%	6%
Worried I will become dependent on the medication	8	4.90%	6%
Didn't see a reason to take medication (lack of symptoms)	5	3.00%	3%
Don't trust provider	3	1.80%	2%
Personal reasons for not taking the medication	2	1.20%	1%
Other (please specify)	89	54.30%	61%
*% respondents refer to the total percentage of people (n=145) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=164).			

Brunswick CHA Tables 2019

12. What type of transportation do you most often rely on? (select only one)												
	All Surveys n=181		In Person n=139		By Mail n=42		Income Group 1 n=37		Income Group 2 n=74		Income Group 3 n=70	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Personal/family vehicle	166	91.7%	125	89.9%	41	97.6%	33	89.2%	68	91.9%	65	92.9%
Vehicle of family member/friend	7	3.9%	7	5.0%	0	0.0%	1	2.7%	5	6.8%	1	1.4%
Public transportation (Brunswick Transit System)	3	1.7%	2	1.4%	1	2.4%	3	8.1%	0	0.0%	0	0.0%
Other (please specify)	5	2.8%	5	3.6%	0	0.0%	0	0.0%	1	1.4%	4	5.7%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

12. What type of transportation do you most often rely on? (select only one)												
	All Surveys n=5		In Person n=5		By Mail n=0		Income Group 1 n=0		Income Group 2 n=1		Income Group 3 n=4	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Bicycle	1	20.0%	1	20.0%	0	.	0	.	0	0.0%	1	25.0%
Company car	1	20.0%	1	20.0%	0	.	0	.	0	0.0%	1	25.0%
We should have more access to public transportation	1	20.0%	1	20.0%	0	.	0	.	0	0.0%	1	25.0%
personal & vehicle of family and friend	1	20.0%	1	20.0%	0	.	0	.	1	100%	0	0.0%
personal and public transportation	1	20.0%	1	20.0%	0	.	0	.	0	0.0%	1	25.0%

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Brunswick CHA Tables 2019

13. How would you rate your health?												
	All Surveys n=182		In Person n=140		By Mail n=42		Income Group 1 n=38		Income Group 2 n=73		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Good	65	35.7%	48	34.3%	17	40.5%	11	28.9%	24	32.9%	30	42.3%
Very good	64	35.2%	51	36.4%	13	31.0%	11	28.9%	22	30.1%	31	43.7%
Fair	30	16.5%	24	17.1%	6	14.3%	11	28.9%	10	13.7%	9	12.7%
Excellent	14	7.7%	10	7.1%	4	9.5%	3	7.9%	10	13.7%	1	1.4%
Poor	9	4.9%	7	5.0%	2	4.8%	2	5.3%	7	9.6%	0	0.0%

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Brunswick CHA Tables 2019

14. If you would like to improve you health, what would you do? (select all that apply)												
	All Surveys n=330		In Person n=251		By Mail n=79		Income Group 1 n=72		Income Group 2 n=122		Income Group 3 n=136	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Eat more healthy food	87	26.4%	67	26.7%	20	25.3%	15	20.8%	36	29.5%	36	26.5%
Start exercising	81	24.5%	63	25.1%	18	22.8%	16	22.2%	34	27.9%	31	22.8%
Access to healthy foods	37	11.2%	27	10.8%	10	12.7%	12	16.7%	11	9.0%	14	10.3%
Learn more about healthy living and/or manage my disease or condition	25	7.6%	17	6.8%	8	10.1%	6	8.3%	8	6.6%	11	8.1%
Go to primary care providers (family doctor, medical doctor)	23	7.0%	16	6.4%	7	8.9%	4	5.6%	10	8.2%	9	6.6%
Go to have preventative screenings (mammograms, colonoscopy, etc.)	21	6.4%	17	6.8%	4	5.1%	2	2.8%	6	4.9%	13	9.6%
Stop or try to stop smoking or using tobacco products	14	4.2%	12	4.8%	2	2.5%	5	6.9%	3	2.5%	6	4.4%
Go to mental health provider	13	3.9%	10	4.0%	3	3.8%	6	8.3%	2	1.6%	5	3.7%
I am not interested in improving my health	6	1.8%	5	2.0%	1	1.3%	1	1.4%	2	1.6%	3	2.2%
Access to substance misuse treatment	3	0.9%	1	0.4%	2	2.5%	2	2.8%	1	0.8%	0	0.0%
Other (please specify)	20	6.1%	16	6.4%	4	5.1%	3	4.2%	9	7.4%	8	5.9%

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Brunswick CHA Tables 2019

14. If you would like to improve you health, what would you do? (select all that apply)												
	All Surveys n=20		In Person n=16		By Mail n=4		Income Group 1 n=3		Income Group 2 n=9		Income Group 3 n=8	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Exercise more	6	30.0%	5	31.3%	1	25.0%	1	33.3%	3	33.3%	2	25.0%
Already exercise, tries to do everything to stay active	1	5.0%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	1	12.5%
Clean up our water and air	1	5.0%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	1	12.5%
Cut out sugar	1	5.0%	1	6.3%	0	0.0%	0	0.0%	1	11.1%	0	0.0%
Find better doctors, I do all above already without help from MDs	1	5.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	1	12.5%
I am working daily to improve myself	1	5.0%	1	6.3%	0	0.0%	0	0.0%	1	11.1%	0	0.0%
I do all these healthy things.	1	5.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	1	12.5%
None	1	5.0%	1	6.3%	0	0.0%	1	33.3%	0	0.0%	0	0.0%
ParticipTe in group exercise or sports for adults	1	5.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	1	12.5%
Trying to doctor's orders	1	5.0%	1	6.3%	0	0.0%	0	0.0%	1	11.1%	0	0.0%
hip replacement	1	5.0%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	1	12.5%
lose 20lbs	1	5.0%	1	6.3%	0	0.0%	0	0.0%	1	11.1%	0	0.0%
qualified doctors	1	5.0%	1	6.3%	0	0.0%	0	0.0%	1	11.1%	0	0.0%
stay active/rest	1	5.0%	1	6.3%	0	0.0%	1	33.3%	0	0.0%	0	0.0%
weight control	1	5.0%	1	6.3%	0	0.0%	0	0.0%	1	11.1%	0	0.0%

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Brunswick CHA Tables 2019

14. If you would like to improve your health, what would you do? (select all that apply)			
Given Answers	Count	% (n=330)	% respondents (n=162)
Eat more healthy food	87	26.40%	54%
Start exercising	81	24.50%	50%
Access to healthy foods	37	11.20%	23%
Learn more about healthy living and/or manage my disease or condition	25	7.60%	15%
Go to primary care providers (family doctor, medical doctor)	23	7.00%	14%
Go to have preventative screenings (mammograms, colonoscopy, etc.)	21	6.40%	13%
Stop or try to stop smoking or using tobacco products	14	4.20%	9%
Go to mental health provider	13	3.90%	8%
I am not interested in improving my health	6	1.80%	4%
Access to substance misuse treatment	3	0.90%	2%
Other (please specify)	20	6.10%	12%
*% respondents refer to the total percentage of people (n=162) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=330).			

Brunswick CHA Tables 2019

15. How confident are you that you can manage most of your current health problems?												
	All Surveys n=182		In Person n=140		By Mail n=42		Income Group 1 n=38		Income Group 2 n=73		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Very confident	101	55.5%	78	55.7%	23	54.8%	19	50.0%	40	54.8%	42	59.2%
Somewhat confident	71	39.0%	54	38.6%	17	40.5%	17	44.7%	26	35.6%	28	39.4%
Not very confident	6	3.3%	5	3.6%	1	2.4%	0	0.0%	5	6.8%	1	1.4%
I do not have any health problems	4	2.2%	3	2.1%	1	2.4%	2	5.3%	2	2.7%	0	0.0%

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Brunswick CHA Tables 2019

16. Where do you go most often when you are physically sick? (select only one)												
	All Surveys n=180		In Person n=138		By Mail n=42		Income Group 1 n=37		Income Group 2 n=73		Income Group 3 n=70	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Doctor's Office	139	77.2%	104	75.4%	35	83.3%	30	81.1%	56	76.7%	53	75.7%
Urgent Care	24	13.3%	19	13.8%	5	11.9%	2	5.4%	8	11.0%	14	20.0%
I don't seek care when I am sick	4	2.2%	4	2.9%	0	0.0%	1	2.7%	2	2.7%	1	1.4%
Emergency Room	2	1.1%	1	0.7%	1	2.4%	1	2.7%	1	1.4%	0	0.0%
Community Health Center/Free Clinic	1	0.6%	1	0.7%	0	0.0%	1	2.7%	0	0.0%	0	0.0%
Health Department	1	0.6%	1	0.7%	0	0.0%	1	2.7%	0	0.0%	0	0.0%
VA Clinic	1	0.6%	1	0.7%	0	0.0%	0	0.0%	1	1.4%	0	0.0%
Other (please specify)	8	4.4%	7	5.1%	1	2.4%	1	2.7%	5	6.8%	2	2.9%

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Brunswick CHA Tables 2019

16. Where do you go most often when you are physically sick? (select only one)												
	All Surveys n=8		In Person n=7		By Mail n=1		Income Group 1 n=1		Income Group 2 n=5		Income Group 3 n=2	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Doctor's Office & Urgent Care	2	25.0%	1	14.3%	1	100%	0	0.0%	2	40.0%	0	0.0%
Doctors Office & Emergency Room	2	25.0%	2	28.6%	0	0.0%	0	0.0%	2	40.0%	0	0.0%
Emergency room & urgent care	1	12.5%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
New Hanover Regional Medical Center Clinic	1	12.5%	1	14.3%	0	0.0%	0	0.0%	1	20.0%	0	0.0%
Va as well as primary	1	12.5%	1	14.3%	0	0.0%	1	100%	0	0.0%	0	0.0%
doctor/urgent care/CVS minute clinic	1	12.5%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	1	50.0%

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Brunswick CHA Tables 2019

17. When seeking care, what hospital do you visit first? (select only one)												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=37		Income Group 2 n=71		Income Group 3 n=70	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
New Hanover Regional Medical Center	64	36.0%	52	38.0%	12	29.3%	9	24.3%	18	25.4%	37	52.9%
Novant Health Brunswick Medical Center	47	26.4%	36	26.3%	11	26.8%	10	27.0%	22	31.0%	15	21.4%
Dosher Memorial Hospital	28	15.7%	22	16.1%	6	14.6%	14	37.8%	4	5.6%	10	14.3%
McLeod Sea Coast Hpstial	14	7.9%	11	8.0%	3	7.3%	2	5.4%	12	16.9%	0	0.0%
Grand Strand Medical Center	12	6.7%	7	5.1%	5	12.2%	1	2.7%	10	14.1%	1	1.4%
Other (please specify)	13	7.3%	9	6.6%	4	9.8%	1	2.7%	5	7.0%	7	10.0%

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Brunswick CHA Tables 2019

17. When seeking care, what hospital do you visit first? (select only one)												
	All Surveys n=12		In Person n=8		By Mail n=4		Income Group 1 n=0		Income Group 2 n=5		Income Group 3 n=7	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None	3	25.0%	2	25.0%	1	25.0%	0	.	0	0.0%	3	42.9%
Depends what the situation is	2	16.7%	2	25.0%	0	0.0%	0	.	0	0.0%	2	28.6%
Cape Fear Memorial Hospital	1	8.3%	1	12.5%	0	0.0%	0	.	1	20.0%	0	0.0%
Columbus Regional	1	8.3%	0	0.0%	1	25.0%	0	.	1	20.0%	0	0.0%
Dosher & McLeod	1	8.3%	0	0.0%	1	25.0%	0	.	1	20.0%	0	0.0%
Haven't gone	1	8.3%	1	12.5%	0	0.0%	0	.	1	20.0%	0	0.0%
It would depend. For specialist care Duke	1	8.3%	0	0.0%	1	25.0%	0	.	0	0.0%	1	14.3%
have not sought hospital care	1	8.3%	1	12.5%	0	0.0%	0	.	1	20.0%	0	0.0%
if it is an emergency - Dosher Hospital	1	8.3%	1	12.5%	0	0.0%	0	.	0	0.0%	1	14.3%

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Brunswick CHA Tables 2019

18. In the past 12 months, have you gone to the emergency room with a non-emergency?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=37		Income Group 2 n=72		Income Group 3 n=70	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	165	92.2%	125	90.6%	40	97.6%	34	91.9%	66	91.7%	65	92.9%
Yes	14	7.8%	13	9.4%	1	2.4%	3	8.1%	6	8.3%	5	7.1%

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Brunswick CHA Tables 2019

19. Where do you go when you need dental care? (select all that apply)												
	All Surveys n=184		In Person n=141		By Mail n=43		Income Group 1 n=40		Income Group 2 n=72		Income Group 3 n=72	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Private Dentist's Office	148	80.4%	113	80.1%	35	81.4%	27	67.5%	58	80.6%	63	87.5%
I don't seek dental care	19	10.3%	14	9.9%	5	11.6%	5	12.5%	8	11.1%	6	8.3%
ECU Dental Clinic	6	3.3%	5	3.5%	1	2.3%	4	10.0%	2	2.8%	0	0.0%
Community Health Center/Free Clinic	1	0.5%	1	0.7%	0	0.0%	1	2.5%	0	0.0%	0	0.0%
Mobile Dental Clinic	1	0.5%	1	0.7%	0	0.0%	1	2.5%	0	0.0%	0	0.0%
Other (please specify)	9	4.9%	7	5.0%	2	4.7%	2	5.0%	4	5.6%	3	4.2%

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Brunswick CHA Tables 2019

19. Where do you go when you need dental care? (select all that apply)												
	All Surveys n=9		In Person n=7		By Mail n=2		Income Group 1 n=2		Income Group 2 n=4		Income Group 3 n=3	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
DR. THOMAS YUPON ST.	1	11.1%	1	14.3%	0	0.0%	0	0.0%	1	25.0%	0	0.0%
Little River	1	11.1%	1	14.3%	0	0.0%	0	0.0%	1	25.0%	0	0.0%
Still searching for a holistic dentist	1	11.1%	1	14.3%	0	0.0%	0	0.0%	1	25.0%	0	0.0%
Va family is private office	1	11.1%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%
Wilmington	1	11.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
can't afford	1	11.1%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%
new to area. don't have dentist yet	1	11.1%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%
no insurance	1	11.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%
other has dental insurance cannot afford	1	11.1%	1	14.3%	0	0.0%	0	0.0%	1	25.0%	0	0.0%

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Brunswick CHA Tables 2019

19. Where do you go when you need dental care? (select all that apply)			
Given Answers	Count	% (n=184)	% respondents (n=178)
Private Dentist's Office	148	80.40%	83%
I don't seek dental care	19	10.30%	11%
ECU Dental Clinic	6	3.30%	3%
Community Health Center/Free Clinic	1	0.50%	1%
Mobile Dental Clinic	1	0.50%	1%
Other (please specify)	9	4.90%	5%
*% respondents refer to the total percentage of people (n=178) who selected this as one of their choices. The "%%" is based on based on the total number of responses (n=184).			

Brunswick CHA Tables 2019

20. During the past 12 months, have you had a seasonal flu vaccine? (select only one)												
	All Surveys n=180		In Person n=139		By Mail n=41		Income Group 1 n=37		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Yes, flu shot	121	67.2%	85	61.2%	36	87.8%	25	67.6%	46	63.9%	50	70.4%
No	58	32.2%	53	38.1%	5	12.2%	12	32.4%	26	36.1%	20	28.2%
Don't know/not sure	1	0.6%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	1.4%

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Brunswick CHA Tables 2019

21. Do you currently use traditional tobacco products such as cigarettes, cigars, chewing tobacco, etc.?												
	All Surveys n=180		In Person n=139		By Mail n=41		Income Group 1 n=37		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	155	86.1%	116	83.5%	39	95.1%	32	86.5%	66	91.7%	57	80.3%
Yes	25	13.9%	23	16.5%	2	4.9%	5	13.5%	6	8.3%	14	19.7%

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Brunswick CHA Tables 2019

22. Do you currently use emerging smokeless tobacco products such as e-cigarettes, vape pens, or juuls?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	172	96.1%	132	95.7%	40	97.6%	33	91.7%	70	97.2%	69	97.2%
Yes	7	3.9%	6	4.3%	1	2.4%	3	8.3%	2	2.8%	2	2.8%

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Brunswick CHA Tables 2019

23. Where do you go to exercise or engage in physical activity? (select all that apply)												
	All Surveys n=329		In Person n=259		By Mail n=70		Income Group 1 n=49		Income Group 2 n=132		Income Group 3 n=148	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Home	69	21.0%	57	22.0%	12	17.1%	15	30.6%	30	22.7%	24	16.2%
Neighborhood	63	19.1%	49	18.9%	14	20.0%	11	22.4%	27	20.5%	25	16.9%
Private gym/Pool	49	14.9%	37	14.3%	12	17.1%	3	6.1%	19	14.4%	27	18.2%
Beach	38	11.6%	32	12.4%	6	8.6%	4	8.2%	16	12.1%	18	12.2%
Public recreation center, parks, or trails	28	8.5%	25	9.7%	3	4.3%	1	2.0%	12	9.1%	15	10.1%
I don't exercise	18	5.5%	14	5.4%	4	5.7%	5	10.2%	4	3.0%	9	6.1%
Work	14	4.3%	12	4.6%	2	2.9%	0	0.0%	5	3.8%	9	6.1%
Community/College gym	13	4.0%	9	3.5%	4	5.7%	3	6.1%	4	3.0%	6	4.1%
Senior Center	10	3.0%	5	1.9%	5	7.1%	0	0.0%	5	3.8%	5	3.4%
Malls	5	1.5%	4	1.5%	1	1.4%	1	2.0%	3	2.3%	1	0.7%
Don't know/Not sure	2	0.6%	2	0.8%	0	0.0%	1	2.0%	0	0.0%	1	0.7%
Faith community	1	0.3%	0	0.0%	1	1.4%	0	0.0%	0	0.0%	1	0.7%
K-12 school setting	1	0.3%	1	0.4%	0	0.0%	1	2.0%	0	0.0%	0	0.0%
Other (please specify)	18	5.5%	12	4.6%	6	8.6%	4	8.2%	7	5.3%	7	4.7%

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Brunswick CHA Tables 2019

23. Where do you go to exercise or engage in physical activity? (select all that apply)												
	All Surveys n=18		In Person n=12		By Mail n=6		Income Group 1 n=4		Income Group 2 n=7		Income Group 3 n=7	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Golf course	3	16.7%	0	0.0%	3	50.0%	0	0.0%	2	28.6%	1	14.3%
Bike	1	5.6%	1	8.3%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
Community Owner's Center	1	5.6%	0	0.0%	1	16.7%	0	0.0%	1	14.3%	0	0.0%
Field exercise	1	5.6%	1	8.3%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
Fishing	1	5.6%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
Medical Rehab	1	5.6%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
My yard	1	5.6%	1	8.3%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
Not a specific place	1	5.6%	1	8.3%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
Outdoors	1	5.6%	1	8.3%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
Signed up at senior center but no call back	1	5.6%	1	8.3%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
UNCW rec	1	5.6%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	1	14.3%
Walmart	1	5.6%	1	8.3%	0	0.0%	1	25.0%	0	0.0%	0	0.0%
community pool	1	5.6%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
fitness center	1	5.6%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
water sports	1	5.6%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	1	14.3%
yoga studio	1	5.6%	1	8.3%	0	0.0%	1	25.0%	0	0.0%	0	0.0%

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Brunswick CHA Tables 2019

23. Where do you go to exercise or engage in physical activity? (select all that apply)			
Given Answers	Count	% (n=329)	% respondents (n=174)
Home	69	21.00%	40%
Neighborhood	63	19.10%	36%
Private gym/Pool	49	14.90%	28%
Beach	38	11.60%	22%
Public recreation center, parks, or trails	28	8.50%	16%
I don't exercise	18	5.50%	10%
Work	14	4.30%	8%
Community/College gym	13	4.00%	7%
Senior Center	10	3.00%	6%
Malls	5	1.50%	3%
Don't know/Not sure	2	0.60%	1%
Faith community	1	0.30%	1%
K-12 school setting	1	0.30%	1%
Other (please specify)	18	5.50%	10%
⁸⁹ % respondents refer to the total percentage of people (n=174) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=329).			

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Brunswick CHA Tables 2019

24. What makes eating healthy meals difficult for you or members of your household? (select all that apply)												
	All Surveys n=221		In Person n=171		By Mail n=50		Income Group 1 n=47		Income Group 2 n=84		Income Group 3 n=90	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
I/We do not have difficulty eating healthy meals	79	35.7%	60	35.1%	19	38.0%	16	34.0%	33	39.3%	30	33.3%
Healthy foods cost too much	41	18.6%	34	19.9%	7	14.0%	11	23.4%	14	16.7%	16	17.8%
It is hard to find healthy food options when going out to eat	23	10.4%	16	9.4%	7	14.0%	4	8.5%	9	10.7%	10	11.1%
It takes too much time to prepare healthy foods	21	9.5%	17	9.9%	4	8.0%	3	6.4%	8	9.5%	10	11.1%
I/We do not know how to prepare food in a healthy way	9	4.1%	6	3.5%	3	6.0%	4	8.5%	1	1.2%	4	4.4%
Healthy food does not taste good	8	3.6%	6	3.5%	2	4.0%	1	2.1%	6	7.1%	1	1.1%
I/We have dental problems that make eating/chewing food difficult	5	2.3%	4	2.3%	1	2.0%	3	6.4%	1	1.2%	1	1.1%
Nobody else in my family/household would not eat healthy foods	5	2.3%	2	1.2%	3	6.0%	1	2.1%	3	3.6%	1	1.1%
It takes too much time to shop for healthy foods	4	1.8%	4	2.3%	0	0.0%	1	2.1%	1	1.2%	2	2.2%
There are no options to buy healthy foods near my/our home	3	1.4%	2	1.2%	1	2.0%	0	0.0%	0	0.0%	3	3.3%
I/We do not have the kitchen appliances to store/cook food, or utensils to prepare food	1	0.5%	1	0.6%	0	0.0%	1	2.1%	0	0.0%	0	0.0%
Other (please specify)	22	10.0%	19	11.1%	3	6.0%	2	4.3%	8	9.5%	12	13.3%

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Brunswick CHA Tables 2019

24. What makes eating healthy meals difficult for you or members of your household? (select all that apply)												
	All Surveys n=21		In Person n=18		By Mail n=3		Income Group 1 n=1		Income Group 2 n=8		Income Group 3 n=12	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None of the above	11	52.4%	9	50.0%	2	66.7%	1	100%	4	50.0%	6	50.0%
I like junk food	1	4.8%	1	5.6%	0	0.0%	0	0.0%	0	0.0%	1	8.3%
I try to stay informed and eat healthy	1	4.8%	1	5.6%	0	0.0%	0	0.0%	1	12.5%	0	0.0%
No appetite	1	4.8%	1	5.6%	0	0.0%	0	0.0%	0	0.0%	1	8.3%
Takes too much time	1	4.8%	1	5.6%	0	0.0%	0	0.0%	0	0.0%	1	8.3%
enjoy comfort food	1	4.8%	1	5.6%	0	0.0%	0	0.0%	0	0.0%	1	8.3%
lack of appetite	1	4.8%	1	5.6%	0	0.0%	0	0.0%	1	12.5%	0	0.0%
motivation	1	4.8%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	1	8.3%
my choice	1	4.8%	1	5.6%	0	0.0%	0	0.0%	1	12.5%	0	0.0%
need more places to buy organic and natural food	1	4.8%	1	5.6%	0	0.0%	0	0.0%	1	12.5%	0	0.0%
work	1	4.8%	1	5.6%	0	0.0%	0	0.0%	0	0.0%	1	8.3%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

24. What makes eating healthy meals difficult for you or members of your household? (select all that apply)			
Given Answers	Count	% (n=221)	% respondents (n=172)
I/We do not have difficulty eating healthy meals	79	35.70%	46%
Healthy foods cost too much	41	18.60%	24%
It is hard to find healthy food options when going out to eat	23	10.40%	13%
It takes too much time to prepare healthy foods	21	9.50%	12%
I/We do not know how to prepare food in a healthy way	9	4.10%	5%
Healthy food does not taste good	8	3.60%	5%
I/We have dental problems that make eating/chewing food difficult	5	2.30%	3%
Nobody else in my family/household would not eat healthy foods	5	2.30%	3%
It takes too much time to shop for healthy foods	4	1.80%	2%
There are no options to buy healthy foods near my/our home	3	1.40%	2%
I/We do not have the kitchen appliances to store/cook food, or utensils to prepare food	1	0.50%	1%
Other (please specify)	22	10.00%	13%
*% respondents refer to the total percentage of people (n=172) who selected this as one of their choices. The "% respondents" is based on based on the total number of responses (n=221).			

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Brunswick CHA Tables 2019

25. How many children under the age of 18 live in your home at least half of the year? (circle only one)												
	All Surveys n=176		In Person n=135		By Mail n=41		Income Group 1 n=36		Income Group 2 n=70		Income Group 3 n=70	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
0	148	84.1%	113	83.7%	35	85.4%	29	80.6%	63	90.0%	56	80.0%
1	13	7.4%	10	7.4%	3	7.3%	2	5.6%	4	5.7%	7	10.0%
2	8	4.5%	6	4.4%	2	4.9%	2	5.6%	3	4.3%	3	4.3%
3	6	3.4%	5	3.7%	1	2.4%	3	8.3%	0	0.0%	3	4.3%
4	1	0.6%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	1.4%

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Brunswick CHA Tables 2019

26. For the child/children aged 12 and under in your household, what type of childcare are you using? (select all that apply)												
	All Surveys n=143		In Person n=110		By Mail n=33		Income Group 1 n=27		Income Group 2 n=56		Income Group 3 n=60	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Does not apply, I don't have a child/children aged 12 and under	115	80.4%	86	78.2%	29	87.9%	19	70.4%	52	92.9%	44	73.3%
I don't use childcare	14	9.8%	12	10.9%	2	6.1%	5	18.5%	2	3.6%	7	11.7%
Private, licensed childcare center/family childcare home	6	4.2%	4	3.6%	2	6.1%	0	0.0%	1	1.8%	5	8.3%
Cared for by family members or friends	3	2.1%	3	2.7%	0	0.0%	0	0.0%	1	1.8%	2	3.3%
Licensed faith-based program	1	0.7%	1	0.9%	0	0.0%	1	3.7%	0	0.0%	0	0.0%
Other (please specify)	4	2.8%	4	3.6%	0	0.0%	2	7.4%	0	0.0%	2	3.3%

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Brunswick CHA Tables 2019

26. For the child/children aged 12 and under in your household, what type of childcare are you using? (select all that apply)												
	All Surveys n=3		In Person n=3		By Mail n=0		Income Group 1 n=1		Income Group 2 n=0		Income Group 3 n=2	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
N/A	2	66.7%	2	66.7%	0	.	1	100%	0	.	1	50.0%
me	1	33.3%	1	33.3%	0	.	0	0.0%	0	.	1	50.0%

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Brunswick CHA Tables 2019

27. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (select all that apply)												
	All Surveys n=667		In Person n=506		By Mail n=161		Income Group 1 n=124		Income Group 2 n=263		Income Group 3 n=280	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Television	104	15.6%	74	14.6%	30	18.6%	18	14.5%	46	17.5%	40	14.3%
Internet	78	11.7%	61	12.1%	17	10.6%	14	11.3%	30	11.4%	34	12.1%
Neighbors/Friends/Family/Word of mouth	74	11.1%	55	10.9%	19	11.8%	15	12.1%	25	9.5%	34	12.1%
Text (emergency alert)	74	11.1%	53	10.5%	21	13.0%	11	8.9%	31	11.8%	32	11.4%
Telephone/Smartphone	63	9.4%	48	9.5%	15	9.3%	16	12.9%	24	9.1%	23	8.2%
Radio	52	7.8%	38	7.5%	14	8.7%	12	9.7%	20	7.6%	20	7.1%
Code Red (Pre-registered emergency alert notifications through my County Emergency Management)	51	7.6%	37	7.3%	14	8.7%	7	5.6%	22	8.4%	22	7.9%
Social Media	51	7.6%	42	8.3%	9	5.6%	13	10.5%	15	5.7%	23	8.2%
911	40	6.0%	35	6.9%	5	3.1%	7	5.6%	14	5.3%	19	6.8%
Town/Community webpage	27	4.0%	20	4.0%	7	4.3%	2	1.6%	12	4.6%	13	4.6%
Brunswick County webpage	26	3.9%	25	4.9%	1	0.6%	5	4.0%	12	4.6%	9	3.2%
Print media/Newspaper	20	3.0%	13	2.6%	7	4.3%	4	3.2%	7	2.7%	9	3.2%
211	1	0.1%	0	0.0%	1	0.6%	0	0.0%	1	0.4%	0	0.0%
Brunswick County Special Needs Registry	1	0.1%	1	0.2%	0	0.0%	0	0.0%	1	0.4%	0	0.0%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

27. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (select all that apply)												
	All Surveys n=667		In Person n=506		By Mail n=161		Income Group 1 n=124		Income Group 2 n=263		Income Group 3 n=280	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Don't know/Not sure	1	0.1%	0	0.0%	1	0.6%	0	0.0%	1	0.4%	0	0.0%
Other (please specify)	4	0.6%	4	0.8%	0	0.0%	0	0.0%	2	0.8%	2	0.7%

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- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

27. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (select all that apply)												
	All Surveys n=4		In Person n=4		By Mail n=0		Income Group 1 n=0		Income Group 2 n=2		Income Group 3 n=2	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Elder House New Hanover County	1	25.0%	1	25.0%	0		0		1	50.0%	0	0.0%
Highway patrol transportation TMS	1	25.0%	1	25.0%	0		0		0	0.0%	1	50.0%
Landline phone	1	25.0%	1	25.0%	0		0		1	50.0%	0	0.0%
alert system	1	25.0%	1	25.0%	0		0		0	0.0%	1	50.0%

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Brunswick CHA Tables 2019

27.What would be your main way of getting information from authorities in a large-scale disaster or emergency? (select all that apply)			
Given Answers	Count	% (n=667)	% respondents (n=178)
Television	104	15.60%	58%
Internet	78	11.70%	44%
Neighbors/Friends/Family/Word of mouth	74	11.10%	42%
Text (emergency alert)	74	11.10%	42%
Telephone/Smartphone	63	9.40%	35%
Radio	52	7.80%	29%
Code Red (Pre-registered emergency alert notifications through my County Emergency Management)	51	7.60%	29%
Social Media	51	7.60%	29%
911	40	6.00%	22%
Town/Community webpage	27	4.00%	15%
Brunswick County webpage	26	3.90%	15%
Print media/Newspaper	20	3.00%	11%
211	1	0.10%	1%
Brunswick County Special Needs Registry	1	0.10%	1%
Don't know/Not sure	1	0.10%	1%
Other (please specify)	4	0.60%	2%
*% respondents refer to the total percentage of people (n=178) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=667).			

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Brunswick CHA Tables 2019

28. What would be the top three reasons you might not evacuate if asked to do so? (select your top three)												
	All Surveys n=342		In Person n=252		By Mail n=90		Income Group 1 n=63		Income Group 2 n=138		Income Group 3 n=141	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Not applicable, I would evacuate	68	19.9%	54	21.4%	14	15.6%	12	19.0%	27	19.6%	29	20.6%
Concern about not being able to get back	67	19.6%	49	19.4%	18	20.0%	11	17.5%	29	21.0%	27	19.1%
Concern about leaving property behind	46	13.5%	31	12.3%	15	16.7%	7	11.1%	16	11.6%	23	16.3%
Concern about leaving pets	40	11.7%	30	11.9%	10	11.1%	8	12.7%	20	14.5%	12	8.5%
Concern about traffic jams and inability to get out	30	8.8%	20	7.9%	10	11.1%	5	7.9%	15	10.9%	10	7.1%
I have prepared my home for emergencies and feel it would remain the safest place to be	29	8.5%	22	8.7%	7	7.8%	5	7.9%	14	10.1%	10	7.1%
Concern about family safety	15	4.4%	14	5.6%	1	1.1%	2	3.2%	4	2.9%	9	6.4%
Money/Financial concerns	15	4.4%	10	4.0%	5	5.6%	5	7.9%	3	2.2%	7	5.0%
No place to go	10	2.9%	6	2.4%	4	4.4%	2	3.2%	1	0.7%	7	5.0%
Health problems of self or those of a household member would make evacuating too difficult or impossible without assistance	9	2.6%	7	2.8%	2	2.2%	2	3.2%	3	2.2%	4	2.8%
Don't know/Unsure	4	1.2%	4	1.6%	0	0.0%	0	0.0%	1	0.7%	3	2.1%
Lack of transportation	3	0.9%	1	0.4%	2	2.2%	3	4.8%	0	0.0%	0	0.0%
Health problems of self or those of a household member would make evacuating too difficult or impossible without assistant	1	0.3%	0	0.0%	1	1.1%	0	0.0%	1	0.7%	0	0.0%

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Brunswick CHA Tables 2019

28. What would be the top three reasons you might not evacuated if asked to do so? (select your top three)												
	All Surveys n=342		In Person n=252		By Mail n=90		Income Group 1 n=63		Income Group 2 n=138		Income Group 3 n=141	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
I have prepared my home for emergency	1	0.3%	0	0.0%	1	1.1%	0	0.0%	1	0.7%	0	0.0%
I have prepared my home for emergencies and feel	1	0.3%	1	0.4%	0	0.0%	1	1.6%	0	0.0%	0	0.0%
Other (please specify)	3	0.9%	3	1.2%	0	0.0%	0	0.0%	3	2.2%	0	0.0%

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Brunswick CHA Tables 2019

28. What would be the top three reasons you might not evacuated if asked to do so? (select your top three)												
	All Surveys n=4		In Person n=3		By Mail n=1		Income Group 1 n=0		Income Group 2 n=4		Income Group 3 n=0	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Health problems	1	25.0%	1	33.3%	0	0.0%	0	.	1	25.0%	0	.
family nightmare	1	25.0%	1	33.3%	0	0.0%	0	.	1	25.0%	0	.
most emergency routes become impassable	1	25.0%	0	0.0%	1	100%	0	.	1	25.0%	0	.
went to shelter nurses worked very hard	1	25.0%	1	33.3%	0	0.0%	0	.	1	25.0%	0	.

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Brunswick CHA Tables 2019

28. What would be the top three reasons you might not evacuated if asked to do so? (select your top three)			
Given Answers	Count	% (n=342)	% respondents (n=118)
Not applicable, I would evacuate	68	19.90%	58%
Concern about not being able to get back	67	19.60%	57%
Concern about leaving property behind	46	13.50%	39%
Concern about leaving pets	40	11.70%	34%
Concern about traffic jams and inability to get out	30	8.80%	25%
I have prepared my home for emergencies and feel it would remain the safest place to be	29	8.50%	25%
Concern about family safety	15	4.40%	13%
Money/Financial concerns	15	4.40%	13%
No place to go	10	2.90%	8%
Health problems of self or those of a household member would make evacuating too difficult or impossible without assistance	9	2.60%	8%
Don't know/Unsure	4	1.20%	3%
Lack of transportation	3	0.90%	3%
Health problems of self or those of a household member would make evacuating too difficult or impossible without assistant	1	0.30%	1%
I have prepared my home for emergency	1	0.30%	1%
I have prepared my home for emergencies and feel	1	0.30%	1%
Other (please specify)	3	0.90%	3%
*% respondents refer to the total percentage of people (n=118) who selected this as one of their choices. The “%” is based on based on the total number of responses (n=342).			

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Brunswick CHA Tables 2019

29. Is there anyone living in your home that would require special assistance during an emergency?												
	All Surveys n=175		In Person n=137		By Mail n=38		Income Group 1 n=35		Income Group 2 n=71		Income Group 3 n=69	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	161	92.0%	128	93.4%	33	86.8%	33	94.3%	61	85.9%	67	97.1%
Yes (please explain)	14	8.0%	9	6.6%	5	13.2%	2	5.7%	10	14.1%	2	2.9%

29. Is there anyone living in your home that would require special assistance during an emergency?												
	All Surveys n=11		In Person n=8		By Mail n=3		Income Group 1 n=2		Income Group 2 n=7		Income Group 3 n=2	
Yes, Explain	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Deaf	1	9.1%	1	12.5%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
Disabled	1	9.1%	0	0.0%	1	33.3%	0	0.0%	1	14.3%	0	0.0%
I may as I have MS	1	9.1%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
I would. Wheel chair bound.	1	9.1%	1	12.5%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Mobility assistance	1	9.1%	1	12.5%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Mother in law immobile and father in law has heart condition	1	9.1%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
Special accomadations	1	9.1%	1	12.5%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
have use of medical supplies/medication that cannot be used without electricity	1	9.1%	1	12.5%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
health concern (COPD)	1	9.1%	1	12.5%	0	0.0%	0	0.0%	1	14.3%	0	0.0%
wife has a hard time walking	1	9.1%	0	0.0%	1	33.3%	0	0.0%	1	14.3%	0	0.0%
wife has mobility problems	1	9.1%	0	0.0%	1	33.3%	0	0.0%	1	14.3%	0	0.0%

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Brunswick CHA Tables 2019

30. Does your household have a basic emergency supply kit? (These kits include water, non-perishable food, necessary prescriptions, first aid supplies, flashlights & batteries, non-electric can opener, blanket, etc.)												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=36		Income Group 2 n=71		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Yes	141	79.2%	112	81.8%	29	70.7%	25	69.4%	60	84.5%	56	78.9%
No	30	16.9%	20	14.6%	10	24.4%	9	25.0%	10	14.1%	11	15.5%
Don't know/Not sure	7	3.9%	5	3.6%	2	4.9%	2	5.6%	1	1.4%	4	5.6%

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Brunswick CHA Tables 2019

31. How many relatives and/or friends do you see or hear from at least once a month? (select one answer)												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=35		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
9 or more	59	33.1%	42	30.7%	17	41.5%	14	40.0%	18	25.0%	27	38.0%
3 or 4	56	31.5%	44	32.1%	12	29.3%	8	22.9%	28	38.9%	20	28.2%
5 to 8	46	25.8%	38	27.7%	8	19.5%	6	17.1%	19	26.4%	21	29.6%
2	11	6.2%	9	6.6%	2	4.9%	4	11.4%	5	6.9%	2	2.8%
1	4	2.2%	3	2.2%	1	2.4%	2	5.7%	1	1.4%	1	1.4%
None	2	1.1%	1	0.7%	1	2.4%	1	2.9%	1	1.4%	0	0.0%

32. How many relatives and/or friends do you feel at ease with that you can talk about private matters? (select one answer)												
	All Surveys n=176		In Person n=135		By Mail n=41		Income Group 1 n=34		Income Group 2 n=71		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
3 or 4	70	39.8%	53	39.3%	17	41.5%	13	38.2%	35	49.3%	22	31.0%
2	44	25.0%	39	28.9%	5	12.2%	9	26.5%	15	21.1%	20	28.2%
5 to 8	29	16.5%	19	14.1%	10	24.4%	3	8.8%	11	15.5%	15	21.1%
1	15	8.5%	13	9.6%	2	4.9%	5	14.7%	5	7.0%	5	7.0%
9 or more	14	8.0%	9	6.7%	5	12.2%	2	5.9%	5	7.0%	7	9.9%
None	4	2.3%	2	1.5%	2	4.9%	2	5.9%	0	0.0%	2	2.8%

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Brunswick CHA Tables 2019

33. How many relatives and/or friends do you feel close to such that you would call on them for help? (select one answer)												
	All Surveys n=177		In Person n=136		By Mail n=41		Income Group 1 n=36		Income Group 2 n=70		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
3 or 4	60	33.9%	47	34.6%	13	31.7%	10	27.8%	25	35.7%	25	35.2%
9 or more	37	20.9%	27	19.9%	10	24.4%	9	25.0%	13	18.6%	15	21.1%
2	35	19.8%	28	20.6%	7	17.1%	6	16.7%	15	21.4%	14	19.7%
5 to 8	31	17.5%	25	18.4%	6	14.6%	5	13.9%	11	15.7%	15	21.1%
1	9	5.1%	6	4.4%	3	7.3%	5	13.9%	4	5.7%	0	0.0%
None	5	2.8%	3	2.2%	2	4.9%	1	2.8%	2	2.9%	2	2.8%

34. Thinking about your mental health, which includes stress, depressions, anxiety, and problems with emotions, for how many days during the past 30 days was your mental health not good?												
	All Surveys n=170		In Person n=131		By Mail n=39		Income Group 1 n=34		Income Group 2 n=67		Income Group 3 n=69	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
0-5 days	147	86.5%	114	87.0%	33	84.6%	27	79.4%	60	89.6%	60	87.0%
6 - 10 days	13	7.6%	10	7.6%	3	7.7%	3	8.8%	5	7.5%	5	7.2%
11-15 days	6	3.5%	5	3.8%	1	2.6%	1	2.9%	1	1.5%	4	5.8%
16- 20 days	3	1.8%	2	1.5%	1	2.6%	2	5.9%	1	1.5%	0	0.0%
21-25 days	1	0.6%	0	0.0%	1	2.6%	1	2.9%	0	0.0%	0	0.0%

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Brunswick CHA Tables 2019

35. Has a doctor or other health professional ever given you a mental health diagnosis?												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=36		Income Group 2 n=71		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	142	79.8%	107	78.1%	35	85.4%	29	80.6%	54	76.1%	59	83.1%
Yes	36	20.2%	30	21.9%	6	14.6%	7	19.4%	17	23.9%	12	16.9%

36. In the past 30 days, have there been any days when feeling sad or worries kept you from going about your normal activities?												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=36		Income Group 2 n=71		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	154	86.5%	120	87.6%	34	82.9%	26	72.2%	62	87.3%	66	93.0%
Yes	24	13.5%	17	12.4%	7	17.1%	10	27.8%	9	12.7%	5	7.0%

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Brunswick CHA Tables 2019

37. If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to? (select only one)												
	All Surveys n=164		In Person n=125		By Mail n=39		Income Group 1 n=35		Income Group 2 n=64		Income Group 3 n=65	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Doctor	75	45.7%	51	40.8%	24	61.5%	14	40.0%	30	46.9%	31	47.7%
Private counselor or therapist	34	20.7%	28	22.4%	6	15.4%	9	25.7%	12	18.8%	13	20.0%
Pastor/Minister/Clergy	19	11.6%	16	12.8%	3	7.7%	6	17.1%	5	7.8%	8	12.3%
Crisis Hotline	13	7.9%	8	6.4%	5	12.8%	2	5.7%	5	7.8%	6	9.2%
Support group (AA, NA, CR)	6	3.7%	5	4.0%	1	2.6%	3	8.6%	2	3.1%	1	1.5%
School counselor	1	0.6%	1	0.8%	0	0.0%	0	0.0%	0	0.0%	1	1.5%
Other (please specify)	16	9.8%	16	12.8%	0	0.0%	1	2.9%	10	15.6%	5	7.7%

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Brunswick CHA Tables 2019

37. If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to? (select only one)												
	All Surveys n=16		In Person n=16		By Mail n=0		Income Group 1 n=1		Income Group 2 n=10		Income Group 3 n=5	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Myself	2	12.5%	2	12.5%	0		1	100%	1	10.0%	0	0.0%
pastor and private counselor	2	12.5%	2	12.5%	0		0	0.0%	1	10.0%	1	20.0%
Anyone/someone	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
Close friend or family	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
Crisis Hotline, Doctor & Private Counselor or therapist	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
Depend on situation	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
Depends on person	1	6.3%	1	6.3%	0		0	0.0%	0	0.0%	1	20.0%
Depends on problem	1	6.3%	1	6.3%	0		0	0.0%	0	0.0%	1	20.0%
Doctor, Pastor/Minister/Clergy, Private Counselor or therapist/school counselor	1	6.3%	1	6.3%	0		0	0.0%	0	0.0%	1	20.0%
Dr phil	1	6.3%	1	6.3%	0		0	0.0%	0	0.0%	1	20.0%
Rehabilitation center	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
SAMHSA	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
doctor and pastor	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%
not qualified to give mental health recommendations	1	6.3%	1	6.3%	0		0	0.0%	1	10.0%	0	0.0%

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Brunswick CHA Tables 2019

38. In the past 12 months, what prevented you and/or members of your household from getting necessary mental health care or substance use treatment? (select all that apply)												
	All Surveys n=197		In Person n=148		By Mail n=49		Income Group 1 n=42		Income Group 2 n=77		Income Group 3 n=78	
Given Answers	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Does not apply	143	72.6%	111	75.0%	32	65.3%	24	57.1%	59	76.6%	60	76.9%
No health insurance	7	3.6%	7	4.7%	0	0.0%	2	4.8%	2	2.6%	3	3.8%
Insurance does not cover what I/we need	6	3.0%	6	4.1%	0	0.0%	3	7.1%	0	0.0%	3	3.8%
Share of the cost (deductible/co-pay) was too high	6	3.0%	4	2.7%	2	4.1%	1	2.4%	2	2.6%	3	3.8%
Need appointment hours outside of 8:00am - 5:00pm	5	2.5%	4	2.7%	1	2.0%	0	0.0%	2	2.6%	3	3.8%
Don't know where to go	4	2.0%	3	2.0%	1	2.0%	2	4.8%	0	0.0%	2	2.6%
The wait is too long at provider's office	4	2.0%	1	0.7%	3	6.1%	1	2.4%	2	2.6%	1	1.3%
No way to get there	3	1.5%	2	1.4%	1	2.0%	2	4.8%	1	1.3%	0	0.0%
Not ready to face health problem	3	1.5%	1	0.7%	2	4.1%	1	2.4%	2	2.6%	0	0.0%
Didn't believe it would help	2	1.0%	0	0.0%	2	4.1%	1	2.4%	1	1.3%	0	0.0%
Provider is too far away	2	1.0%	1	0.7%	1	2.0%	0	0.0%	1	1.3%	1	1.3%
Culture/Health beliefs	1	0.5%	1	0.7%	0	0.0%	1	2.4%	0	0.0%	0	0.0%
Lack of childcare	1	0.5%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
No providers are available	1	0.5%	0	0.0%	1	2.0%	1	2.4%	0	0.0%	0	0.0%
Provider will not take my/our insurance	1	0.5%	0	0.0%	1	2.0%	0	0.0%	1	1.3%	0	0.0%
Other (please specify)	8	4.1%	6	4.1%	2	4.1%	3	7.1%	4	5.2%	1	1.3%

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Brunswick CHA Tables 2019

38. In the past 12 months, what prevented you and/or members of your household from getting necessary mental health care or substance use treatment? (select all that apply)												
	All Surveys n=8		In Person n=6		By Mail n=2		Income Group 1 n=3		Income Group 2 n=4		Income Group 3 n=1	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
None	2	25.0%	1	16.7%	1	50.0%	1	33.3%	1	25.0%	0	0.0%
Expense and embarrassed	1	12.5%	1	16.7%	0	0.0%	0	0.0%	1	25.0%	0	0.0%
Money	1	12.5%	0	0.0%	1	50.0%	1	33.3%	0	0.0%	0	0.0%
N/A	1	12.5%	1	16.7%	0	0.0%	0	0.0%	1	25.0%	0	0.0%
do not need it	1	12.5%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	100%
the wait is too long for an appointment	1	12.5%	1	16.7%	0	0.0%	0	0.0%	1	25.0%	0	0.0%
was not prevented	1	12.5%	1	16.7%	0	0.0%	1	33.3%	0	0.0%	0	0.0%

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Brunswick CHA Tables 2019

39. Within the past 12 months, did you worry that your food would run out before you got money to buy more?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	168	93.9%	129	93.5%	39	95.1%	33	91.7%	67	93.1%	68	95.8%
Yes	11	6.1%	9	6.5%	2	4.9%	3	8.3%	5	6.9%	3	4.2%

40. Within the past 12 months, has lack of reliable or affordable transportation kept you from medical appointments, getting medicines, non-medical meetings or appointments, work, or from getting things that you need?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	173	96.6%	134	97.1%	39	95.1%	33	91.7%	71	98.6%	69	97.2%
Yes	6	3.4%	4	2.9%	2	4.9%	3	8.3%	1	1.4%	2	2.8%

41. Within the past 12 months have you intentionally been hit, slapped, kicked or otherwise physically hurt by someone?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	177	98.9%	137	99.3%	40	97.6%	35	97.2%	72	100%	70	98.6%
Yes	2	1.1%	1	0.7%	1	2.4%	1	2.8%	0	0.0%	1	1.4%

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Brunswick CHA Tables 2019

42. Within the past 12 months, have you been humiliated, yelled at, insulted, put down or emotionally abused in other ways by your partner or ex-partner?												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=36		Income Group 2 n=71		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	169	94.9%	131	95.6%	38	92.7%	34	94.4%	68	95.8%	67	94.4%
Yes	9	5.1%	6	4.4%	3	7.3%	2	5.6%	3	4.2%	4	5.6%

43. Do you have housing?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Yes	177	98.9%	137	99.3%	40	97.6%	36	100%	72	100%	69	97.2%
No	2	1.1%	1	0.7%	1	2.4%	0	0.0%	0	0.0%	2	2.8%

44. Are you worried about losing your housing?												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=70	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	168	94.4%	131	95.6%	37	90.2%	34	94.4%	68	94.4%	66	94.3%
Yes	10	5.6%	6	4.4%	4	9.8%	2	5.6%	4	5.6%	4	5.7%

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Brunswick CHA Tables 2019

45. Within the past 12 months, have you or members of your household been unable to get utilities (heat, electricity) when it was really needed?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
No	165	92.2%	128	92.8%	37	90.2%	36	100%	63	87.5%	66	93.0%
Yes	14	7.8%	10	7.2%	4	9.8%	0	0.0%	9	12.5%	5	7.0%

46. Do you feel physically safe and emotionally safe in your community?												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Yes	172	96.1%	132	95.7%	40	97.6%	35	97.2%	70	97.2%	67	94.4%
No	7	3.9%	6	4.3%	1	2.4%	1	2.8%	2	2.8%	4	5.6%

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Brunswick CHA Tables 2019

47. What community do you live in? (select only one)												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=37		Income Group 2 n=71		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Leland	39	21.8%	33	23.9%	6	14.6%	3	8.1%	12	16.9%	24	33.8%
Southport	19	10.6%	16	11.6%	3	7.3%	12	32.4%	0	0.0%	7	9.9%
Bolivia	16	8.9%	12	8.7%	4	9.8%	2	5.4%	14	19.7%	0	0.0%
Carolina Shores	16	8.9%	14	10.1%	2	4.9%	0	0.0%	16	22.5%	0	0.0%
Calabash	15	8.4%	6	4.3%	9	22.0%	1	2.7%	13	18.3%	1	1.4%
Belville	12	6.7%	10	7.2%	2	4.9%	0	0.0%	1	1.4%	11	15.5%
Winnabow	10	5.6%	9	6.5%	1	2.4%	1	2.7%	0	0.0%	9	12.7%
Oak Island	9	5.0%	8	5.8%	1	2.4%	1	2.7%	4	5.6%	4	5.6%
Supply	8	4.5%	5	3.6%	3	7.3%	6	16.2%	2	2.8%	0	0.0%
Shallotte	6	3.4%	4	2.9%	2	4.9%	5	13.5%	0	0.0%	1	1.4%
Northwest	5	2.8%	4	2.9%	1	2.4%	2	5.4%	3	4.2%	0	0.0%
Ocean Isle Beach	5	2.8%	3	2.2%	2	4.9%	1	2.7%	0	0.0%	4	5.6%
St. James	4	2.2%	0	0.0%	4	9.8%	0	0.0%	0	0.0%	4	5.6%
Sunset Beach	4	2.2%	4	2.9%	0	0.0%	0	0.0%	4	5.6%	0	0.0%
Caswell Beach	3	1.7%	3	2.2%	0	0.0%	0	0.0%	0	0.0%	3	4.2%
Holden Beach	3	1.7%	2	1.4%	1	2.4%	2	5.4%	0	0.0%	1	1.4%
Ashe	2	1.1%	2	1.4%	0	0.0%	0	0.0%	2	2.8%	0	0.0%
Boiling Spring Lakes	2	1.1%	2	1.4%	0	0.0%	0	0.0%	0	0.0%	2	2.8%
Varnamtown	1	0.6%	1	0.7%	0	0.0%	1	2.7%	0	0.0%	0	0.0%

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Brunswick CHA Tables 2019

48. Gender (select only one)												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=35		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Female	104	58.4%	81	59.1%	23	56.1%	21	60.0%	46	63.9%	37	52.1%
Male	72	40.4%	54	39.4%	18	43.9%	12	34.3%	26	36.1%	34	47.9%
Other	1	0.6%	1	0.7%	0	0.0%	1	2.9%	0	0.0%	0	0.0%
Transgender	1	0.6%	1	0.7%	0	0.0%	1	2.9%	0	0.0%	0	0.0%

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Brunswick CHA Tables 2019

49. Age (select only one)												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
65-69	35	19.6%	24	17.4%	11	26.8%	4	11.1%	13	18.1%	18	25.4%
70-74	28	15.6%	18	13.0%	10	24.4%	9	25.0%	12	16.7%	7	9.9%
60-64	26	14.5%	20	14.5%	6	14.6%	6	16.7%	11	15.3%	9	12.7%
75-79	16	8.9%	16	11.6%	0	0.0%	2	5.6%	6	8.3%	8	11.3%
35-39	12	6.7%	11	8.0%	1	2.4%	2	5.6%	4	5.6%	6	8.5%
50-54	11	6.1%	9	6.5%	2	4.9%	5	13.9%	3	4.2%	3	4.2%
80-84	11	6.1%	7	5.1%	4	9.8%	2	5.6%	6	8.3%	3	4.2%
55-59	8	4.5%	6	4.3%	2	4.9%	1	2.8%	4	5.6%	3	4.2%
45-49	7	3.9%	6	4.3%	1	2.4%	0	0.0%	3	4.2%	4	5.6%
30-34	6	3.4%	6	4.3%	0	0.0%	1	2.8%	2	2.8%	3	4.2%
40-44	6	3.4%	4	2.9%	2	4.9%	1	2.8%	2	2.8%	3	4.2%
85 or older	5	2.8%	3	2.2%	2	4.9%	0	0.0%	4	5.6%	1	1.4%
20-24	3	1.7%	3	2.2%	0	0.0%	2	5.6%	1	1.4%	0	0.0%
25-29	3	1.7%	3	2.2%	0	0.0%	1	2.8%	0	0.0%	2	2.8%
15-19	2	1.1%	2	1.4%	0	0.0%	0	0.0%	1	1.4%	1	1.4%

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Brunswick CHA Tables 2019

50. Race (select only one)												
	All Surveys n=178		In Person n=137		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=70	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
White or Caucasian	154	86.5%	116	84.7%	38	92.7%	27	75.0%	63	87.5%	64	91.4%
Black or African American	15	8.4%	12	8.8%	3	7.3%	7	19.4%	5	6.9%	3	4.3%
Hispanic, Latino, or Spanish Origin	3	1.7%	3	2.2%	0	0.0%	1	2.8%	1	1.4%	1	1.4%
American Indian or Alaska Native	2	1.1%	2	1.5%	0	0.0%	1	2.8%	0	0.0%	1	1.4%
Other Asian (including Japanese, Chinese, Korean, Vietnamese, and Filipino/a)	2	1.1%	2	1.5%	0	0.0%	0	0.0%	1	1.4%	1	1.4%
Other race not listed (please specify)	2	1.1%	2	1.5%	0	0.0%	0	0.0%	2	2.8%	0	0.0%

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Brunswick CHA Tables 2019

50. Other race not listed here (please specify)												
	All Surveys n=2		In Person n=2		By Mail n=0		Income Group 1 n=0		Income Group 2 n=2		Income Group 3 n=0	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
I do not answer this type of question	1	50.0%	1	50.0%	0		0		1	50.0%	0	
white or Caucasian & Hispanic, Latino, or Spanish Origin	1	50.0%	1	50.0%	0		0		1	50.0%	0	

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Brunswick CHA Tables 2019

51. What is the highest grade or year of school you completed? (select only one)												
	All Surveys n=179		In Person n=138		By Mail n=41		Income Group 1 n=36		Income Group 2 n=72		Income Group 3 n=71	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Graduate or professional degree	42	23.5%	28	20.3%	14	34.1%	12	33.3%	11	15.3%	19	26.8%
High School graduate (or GED/equivalent)	36	20.1%	33	23.9%	3	7.3%	6	16.7%	17	23.6%	13	18.3%
Bachelor's Degree	35	19.6%	26	18.8%	9	22.0%	4	11.1%	10	13.9%	21	29.6%
Some college (no degree)	33	18.4%	23	16.7%	10	24.4%	5	13.9%	20	27.8%	8	11.3%
Associate's Degree or Vocational Training or Certificate	23	12.8%	19	13.8%	4	9.8%	3	8.3%	12	16.7%	8	11.3%
9-12 grade, no diploma	9	5.0%	8	5.8%	1	2.4%	6	16.7%	1	1.4%	2	2.8%
Other (please specify)	1	0.6%	1	0.7%	0	0.0%	0	0.0%	1	1.4%	0	0.0%

51. What is the highest grade or year of school you completed? (select only one)												
	All Surveys n=1		In Person n=1		By Mail n=0		Income Group 1 n=0		Income Group 2 n=1		Income Group 3 n=0	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
associates and some college	1	100%	1	100%	0	.	0	.	1	100%	0	.

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Brunswick CHA Tables 2019

52. Employment status (select all that apply)												
	All Surveys n=189		In Person n=145		By Mail n=44		Income Group 1 n=38		Income Group 2 n=75		Income Group 3 n=76	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Retired	102	54.0%	77	53.1%	25	56.8%	18	47.4%	48	64.0%	36	47.4%
Employed full-time	45	23.8%	35	24.1%	10	22.7%	8	21.1%	16	21.3%	21	27.6%
Disabled	14	7.4%	9	6.2%	5	11.4%	4	10.5%	6	8.0%	4	5.3%
Employed part-time	11	5.8%	9	6.2%	2	4.5%	5	13.2%	2	2.7%	4	5.3%
Self-employed	7	3.7%	6	4.1%	1	2.3%	1	2.6%	1	1.3%	5	6.6%
Unemployed for more than 1 year	2	1.1%	1	0.7%	1	2.3%	0	0.0%	1	1.3%	1	1.3%
Unemployed not looking for work (homemaker, caregiver, etc.)	2	1.1%	2	1.4%	0	0.0%	1	2.6%	0	0.0%	1	1.3%
Armed forces (active duty)	1	0.5%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Seasonal	1	0.5%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Student	1	0.5%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Other (please specify)	3	1.6%	3	2.1%	0	0.0%	1	2.6%	1	1.3%	1	1.3%

52. Employment status (select all that apply)												
	All Surveys n=3		In Person n=3		By Mail n=0		Income Group 1 n=1		Income Group 2 n=1		Income Group 3 n=1	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
AMA de casa	1	33.3%	1	33.3%	0	.	1	100%	0	0.0%	0	0.0%
husband lost job this year	1	33.3%	1	33.3%	0	.	0	0.0%	0	0.0%	1	100%
working 2 jobs full time	1	33.3%	1	33.3%	0	.	0	0.0%	1	100%	0	0.0%

- n values represent the number of people in each subset who answered the given Question
- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

53. What was your total household income last year before taxes? (select only one)												
	All Surveys n=152		In Person n=115		By Mail n=37		Income Group 1 n=30		Income Group 2 n=66		Income Group 3 n=56	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
\$50,000 - \$74,999	40	26.3%	30	26.1%	10	27.0%	4	13.3%	17	25.8%	19	33.9%
\$100,000 or more	32	21.1%	22	19.1%	10	27.0%	4	13.3%	15	22.7%	13	23.2%
\$75,000 - \$99,999	28	18.4%	20	17.4%	8	21.6%	3	10.0%	14	21.2%	11	19.6%
\$35,000 - \$49,999	19	12.5%	17	14.8%	2	5.4%	9	30.0%	7	10.6%	3	5.4%
\$15,000 - \$24,999	14	9.2%	12	10.4%	2	5.4%	3	10.0%	6	9.1%	5	8.9%
\$25,000 - \$34,999	9	5.9%	6	5.2%	3	8.1%	2	6.7%	5	7.6%	2	3.6%
Less than \$10,000	6	3.9%	4	3.5%	2	5.4%	4	13.3%	1	1.5%	1	1.8%
\$10,000 - \$14,999	4	2.6%	4	3.5%	0	0.0%	1	3.3%	1	1.5%	2	3.6%

54. What is your marital status? (select only one)												
	All Surveys n=175		In Person n=134		By Mail n=41		Income Group 1 n=34		Income Group 2 n=72		Income Group 3 n=69	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Married	119	68.0%	90	67.2%	29	70.7%	24	70.6%	47	65.3%	48	69.6%
Never married/single	20	11.4%	17	12.7%	3	7.3%	6	17.6%	7	9.7%	7	10.1%
Divorced	18	10.3%	14	10.4%	4	9.8%	2	5.9%	9	12.5%	7	10.1%
Widowed	12	6.9%	9	6.7%	3	7.3%	1	2.9%	7	9.7%	4	5.8%
Unmarried partner	3	1.7%	2	1.5%	1	2.4%	0	0.0%	1	1.4%	2	2.9%
Separated	2	1.1%	1	0.7%	1	2.4%	1	2.9%	0	0.0%	1	1.4%
Other (please specify)	1	0.6%	1	0.7%	0	0.0%	0	0.0%	1	1.4%	0	0.0%

- n values represent the number of people in each subset who answered the given Question
- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

54. What is your marital status? (select only one)												
	All Surveys n=1		In Person n=1		By Mail n=0		Income Group 1 n=0		Income Group 2 n=1		Income Group 3 n=0	
Other (please specify)	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
unmarried,cohabitating	1	100%	1	100%	0	.	0	.	1	100%	0	.

55. What is the primary language spoken in the home? (select only one)												
	All Surveys n=177		In Person n=136		By Mail n=41		Income Group 1 n=35		Income Group 2 n=72		Income Group 3 n=70	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
English	177	100%	136	100%	41	100%	35	100%	72	100%	70	100%

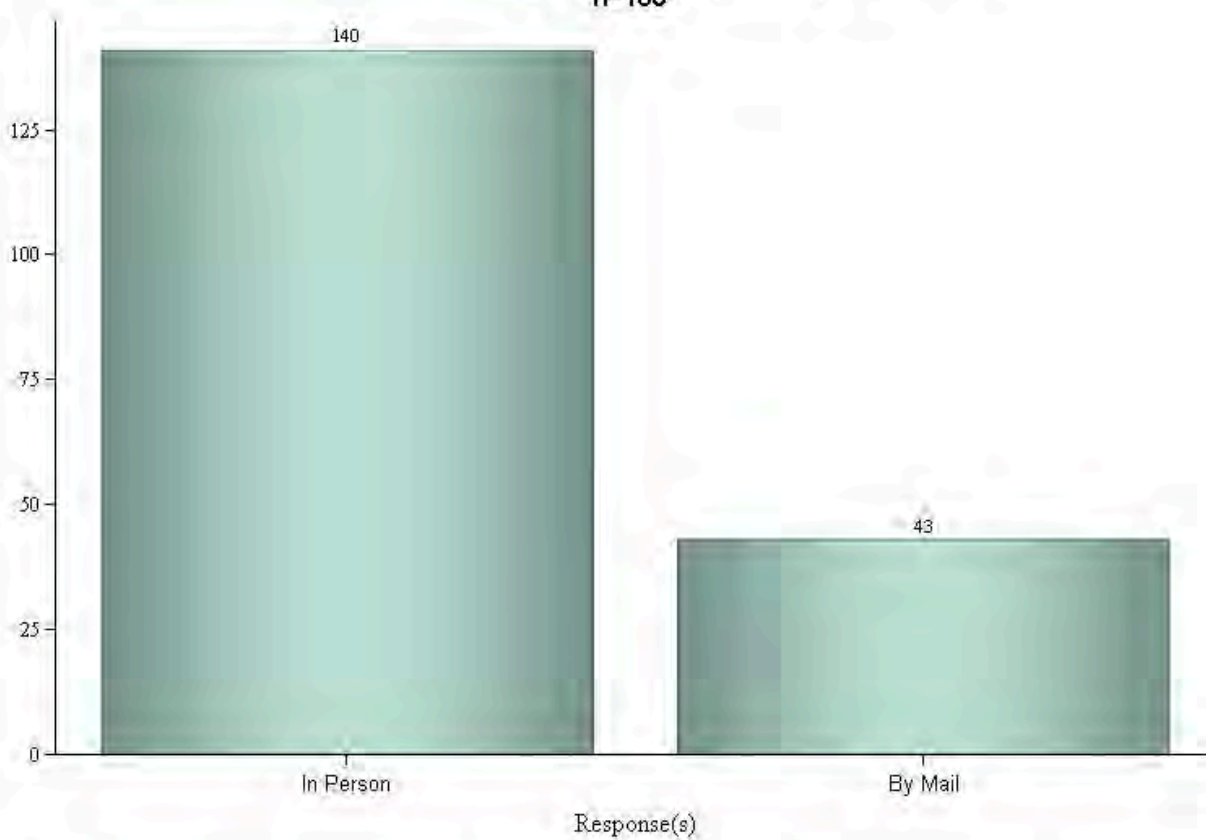
- n values represent the number of people in each subset who answered the given Question
- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Brunswick CHA Tables 2019

Zip code *only asked on mailed surveys												
	All Surveys n=40		In Person n=0		By Mail n=40		Income Group 1 n=7		Income Group 2 n=17		Income Group 3 n=16	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
28467	11	27.5%	0	.	11	27.5%	1	14.3%	9	52.9%	1	6.3%
28451	9	22.5%	0	.	9	22.5%	0	0.0%	3	17.6%	6	37.5%
28461	6	15.0%	0	.	6	15.0%	1	14.3%	0	0.0%	5	31.3%
28422	4	10.0%	0	.	4	10.0%	0	0.0%	4	23.5%	0	0.0%
28462	4	10.0%	0	.	4	10.0%	2	28.6%	1	5.9%	1	6.3%
28469	2	5.0%	0	.	2	5.0%	0	0.0%	0	0.0%	2	12.5%
28470	2	5.0%	0	.	2	5.0%	2	28.6%	0	0.0%	0	0.0%
28465	1	2.5%	0	.	1	2.5%	1	14.3%	0	0.0%	0	0.0%
28479	1	2.5%	0	.	1	2.5%	0	0.0%	0	0.0%	1	6.3%

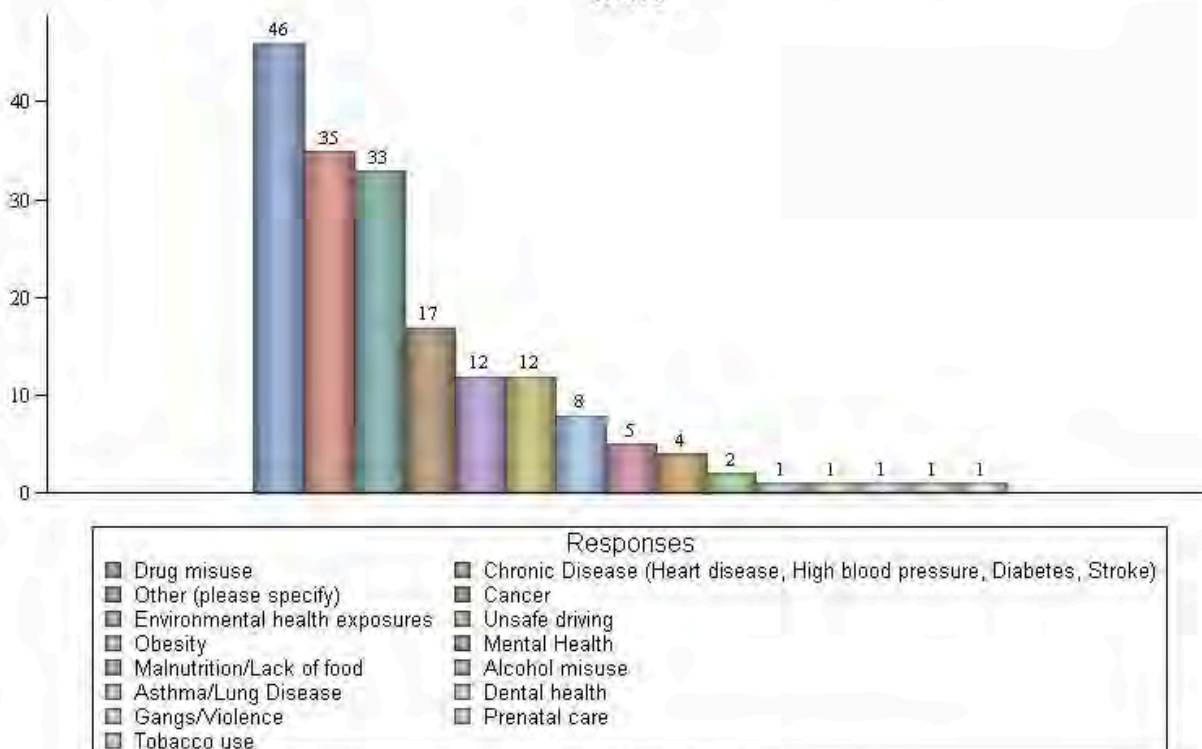
- n values represent the number of people in each subset who answered the given Question
- For Other (please specify) percentages are based on the number of people who chose Other NOT all responses for the Question
- Income Group 1 = Bottom 3rd; Income Group 2 = Middle 3rd; Income Group 3 = Top 3rd; For Household Income
- n values for In Person + Mailed = All Surveys; Income Group 1-3 = All Surveys

Was the survey mailed or done in person?
n=183



**1. In your opinion, what is the biggest health concern in your community?
(select only one)**

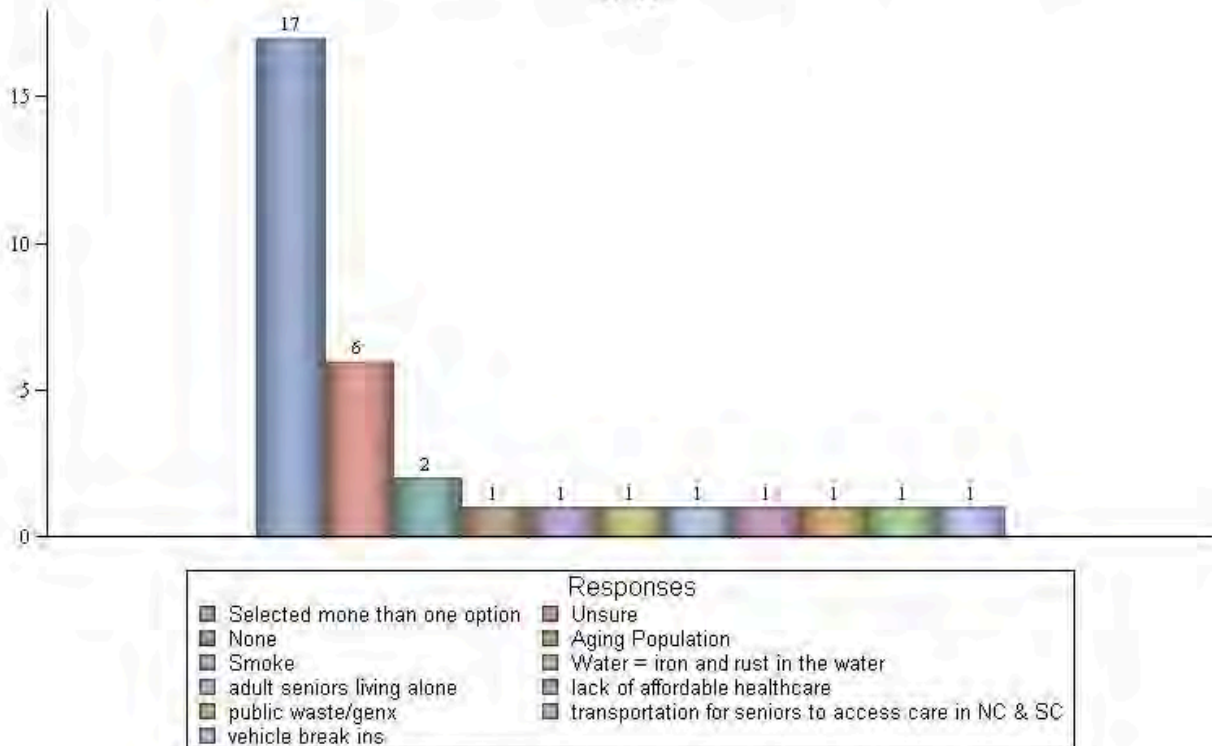
n=179



Legend is in order of the bars, left to right top to bottom

**1. In your opinion, what is the biggest health concern in your community?
(Other: Please Specify)**

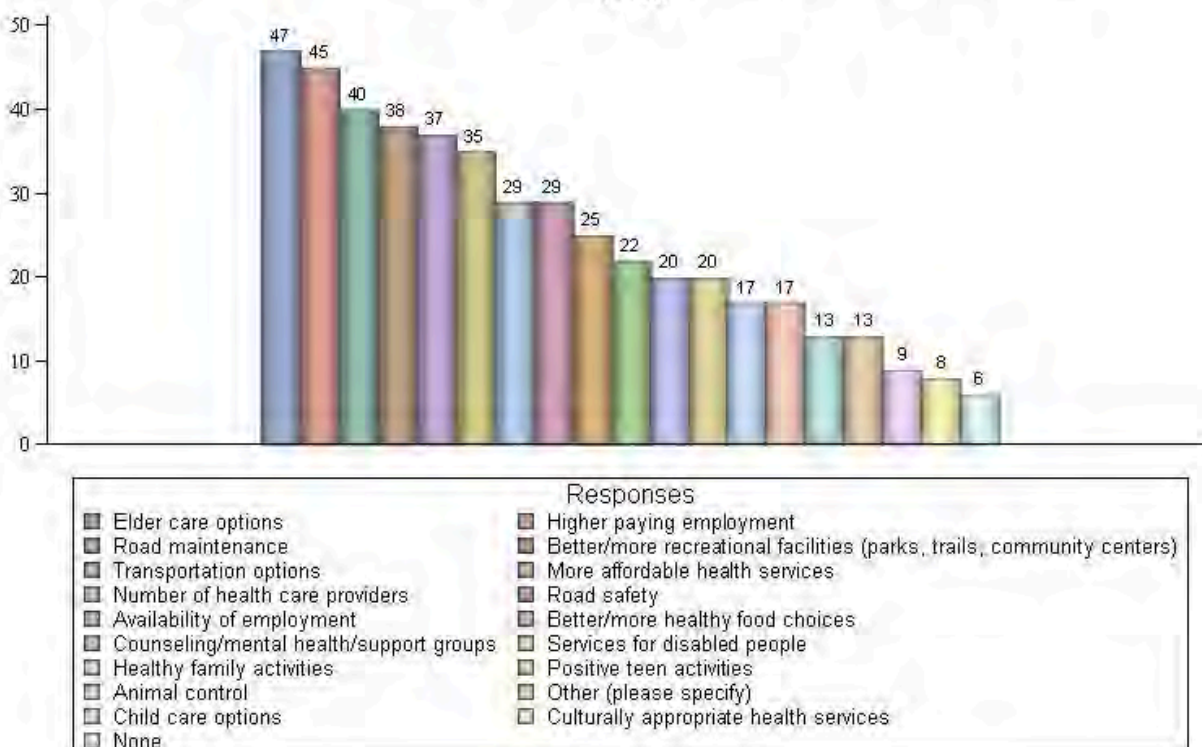
n=33



Legend is in order of the bars, left to right top to bottom

2. In your opinion, which three areas need the most improvement in your neighborhood or community? (select your top three)

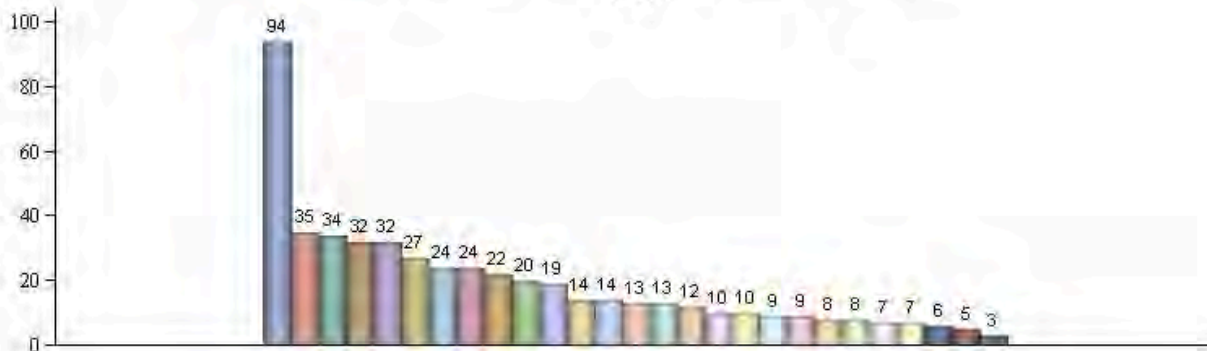
n=470



Legend is in order of the bars, left to right top to bottom

3. In your opinion, which three issues most negatively affect the quality of life in Brunswick County? (select your top three)

n=511

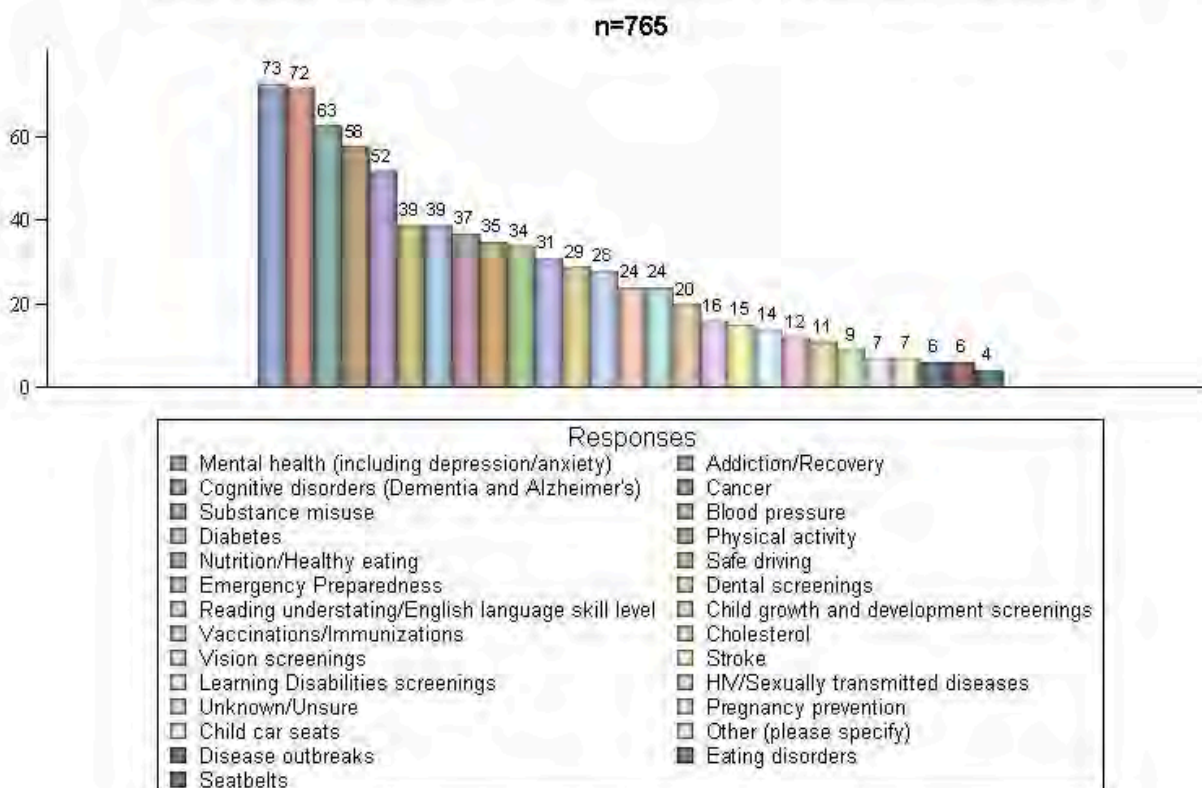


Responses

- | | |
|--|---|
| <input type="checkbox"/> Alcohol, drugs, or medication misuse and abuse | <input type="checkbox"/> Lack of affordable housing |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Lack of employment opportunities |
| <input type="checkbox"/> Unsafe driving | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of recreational facilities (parks, trails, community centers, pools, etc.) | <input type="checkbox"/> Theft/petty crime |
| <input type="checkbox"/> Poor air/water/ land quality | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Lack of healthy food choices or affordable healthy food | <input type="checkbox"/> Lack of places to exercise |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Lack of childcare or recreational programs for youth | <input type="checkbox"/> Lack of education opportunities |
| <input type="checkbox"/> Child neglect and abuse | <input type="checkbox"/> Gang involvement |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Domestic/sexual violence | <input type="checkbox"/> Social isolation/loneliness |
| <input type="checkbox"/> Motor vehicle injuries including bicyclist and pedestrians | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Discrimination/racism | <input type="checkbox"/> Poor housing conditions |
| <input type="checkbox"/> Violent crime (murder, assault) | |

Legend is in order of the bars, left to right top to bottom

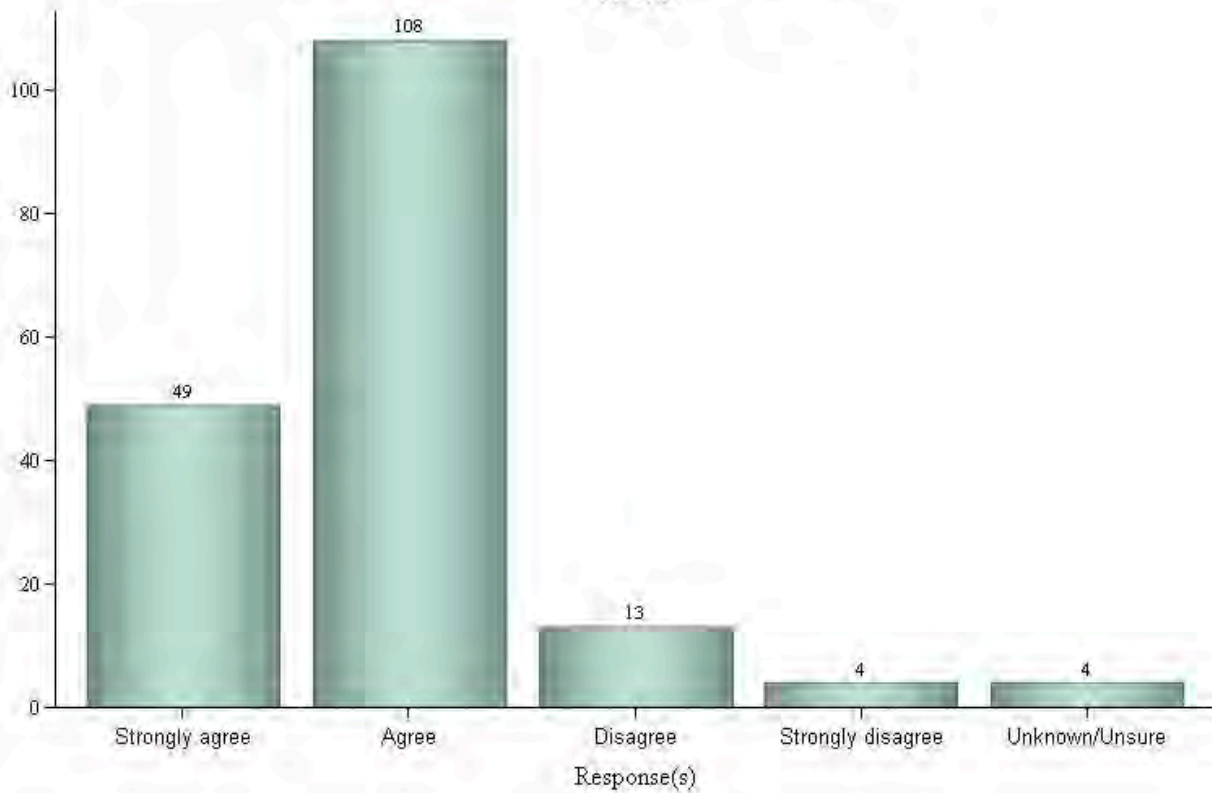
4. What are the top five most needed health screenings or education/information services in your community? (select your top five)



Legend is in order of the bars, left to right top to bottom

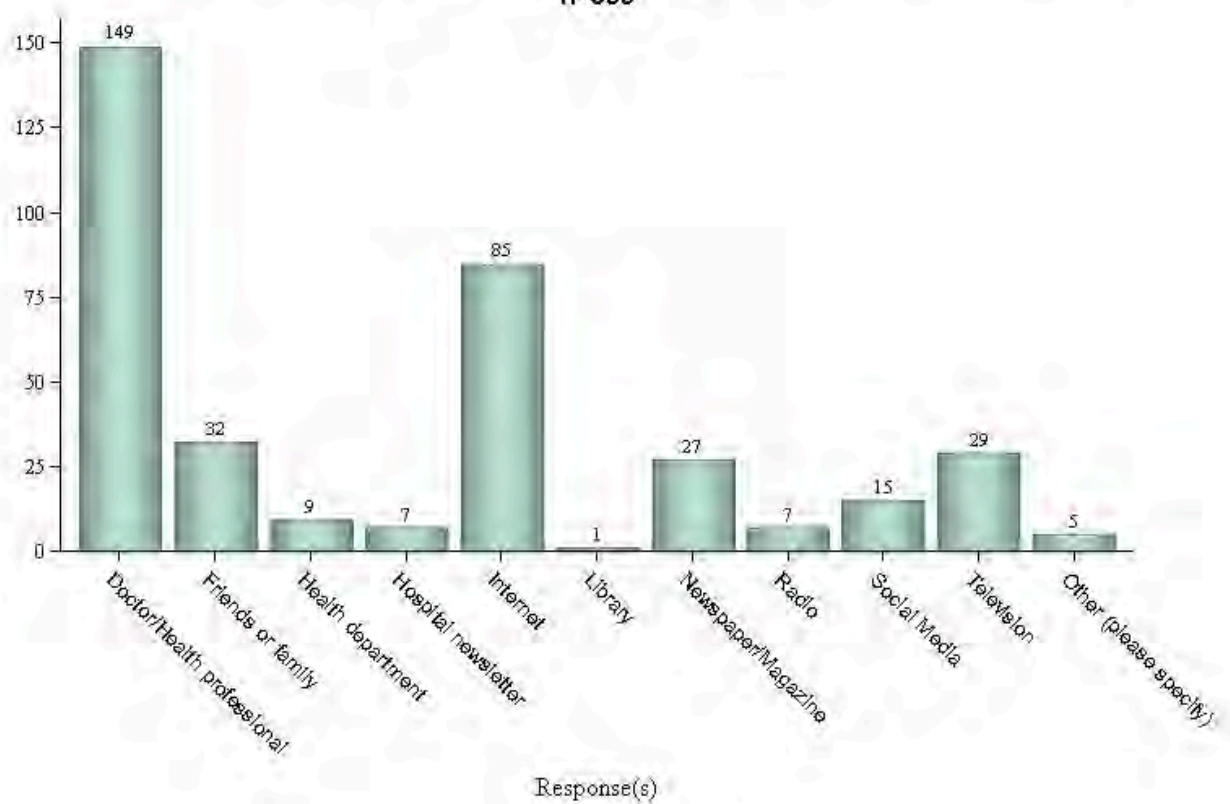
5. Our community is a safe place to be physically active. How strongly do you agree or disagree with this statement?

n=178



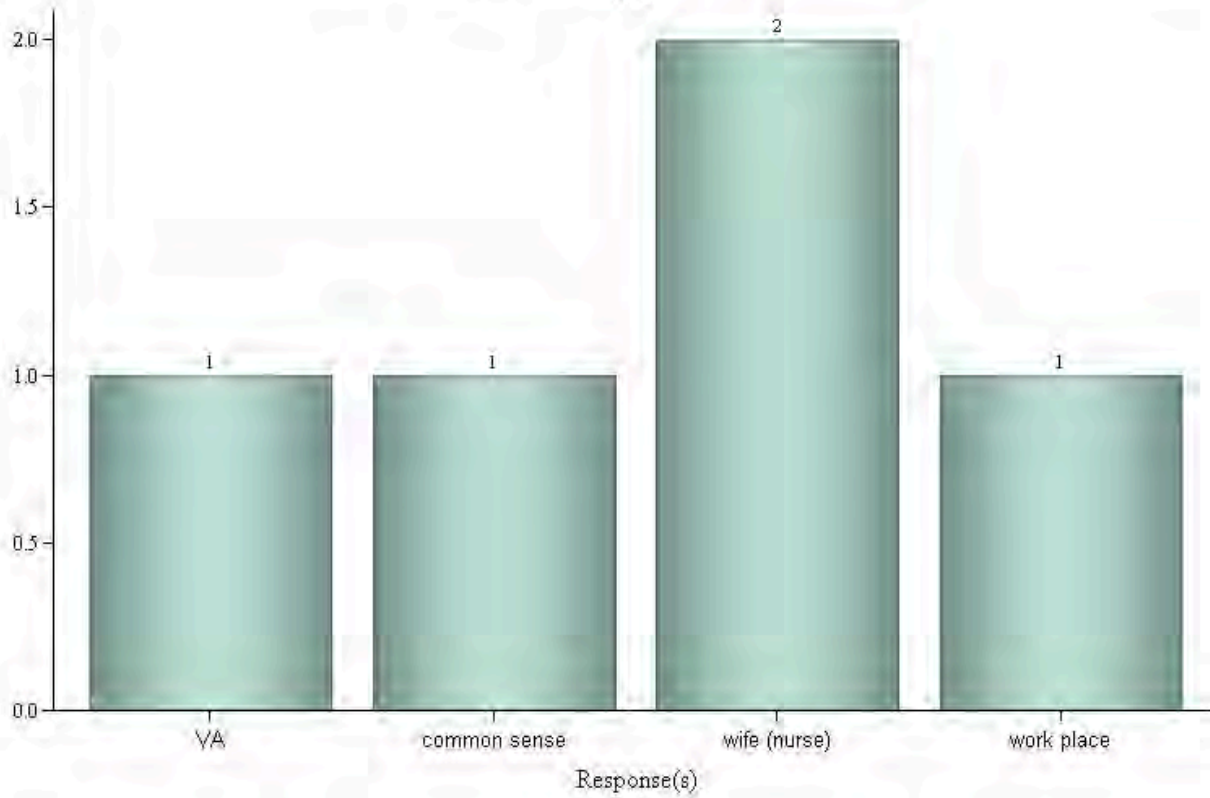
**6. Where do you and your family get the most of your health information?
(select all that apply)**

n=366



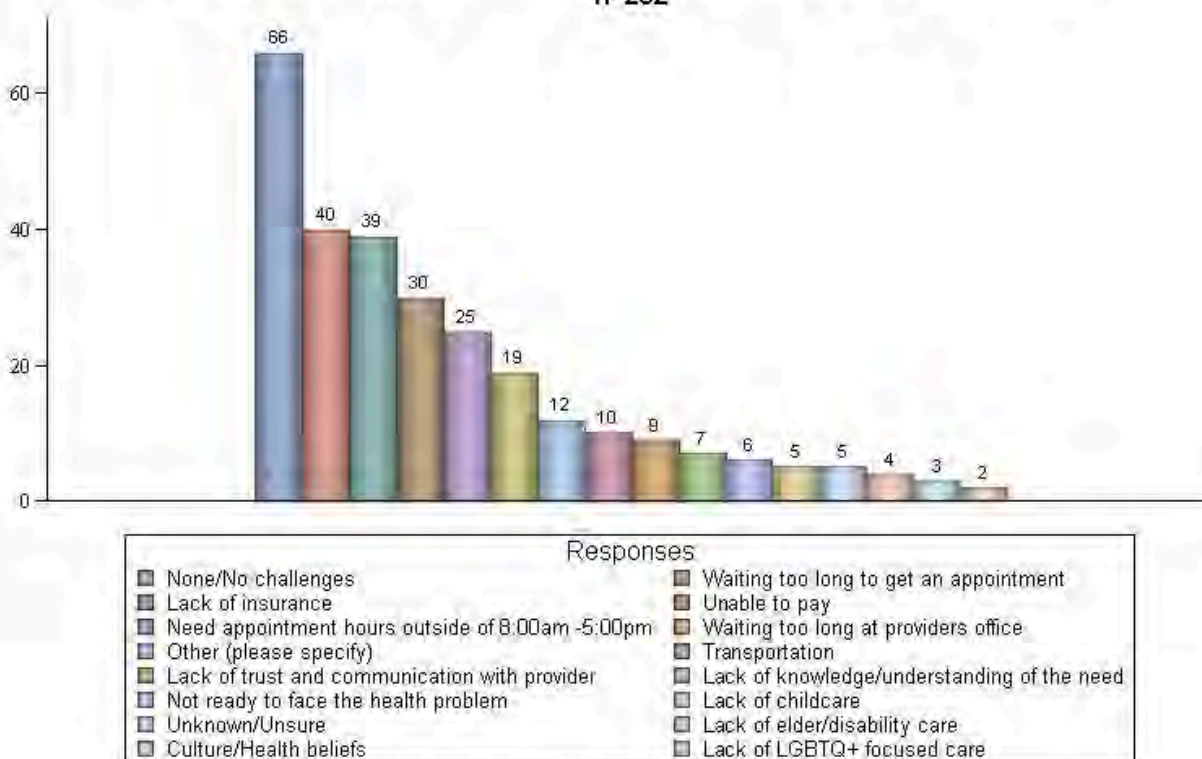
**6. Where do you and your family get the most of your health information?
(Other: Please Specify)**

n=5



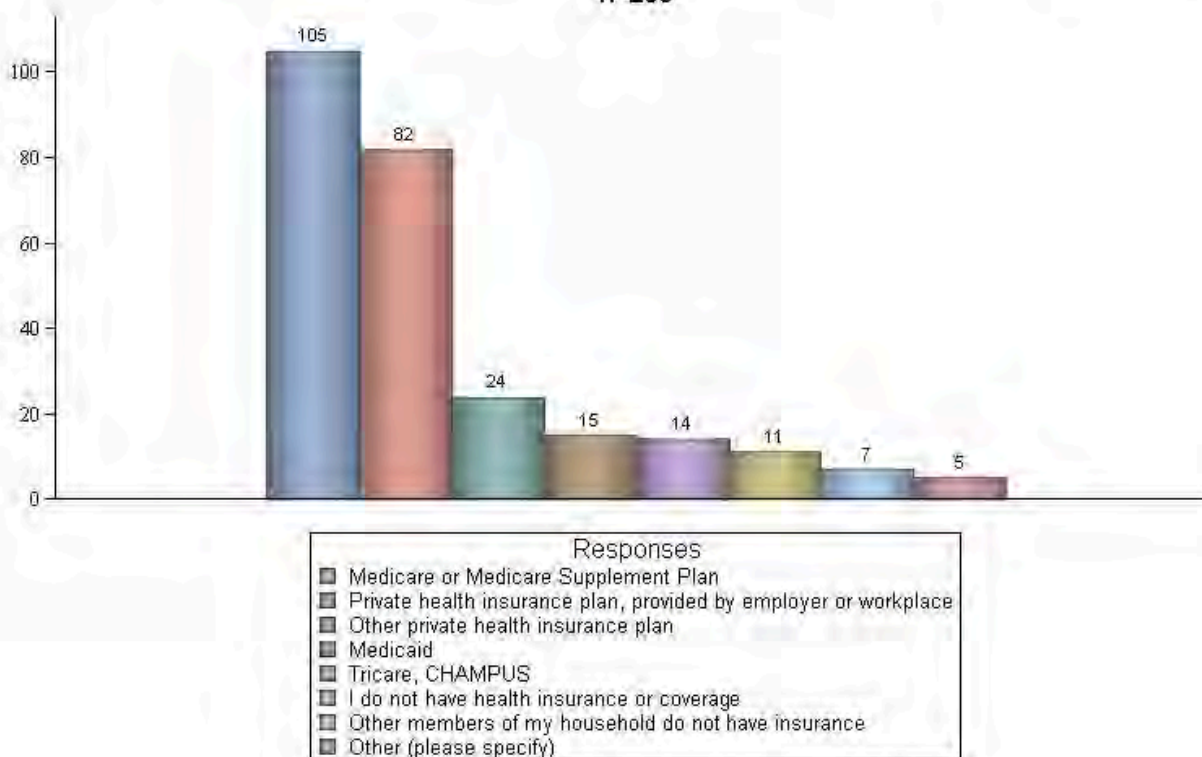
7. Which of these problems prevented you and/or your household from getting necessary health care? (select all that apply)

n=282



Legend is in order of the bars, left to right top to bottom

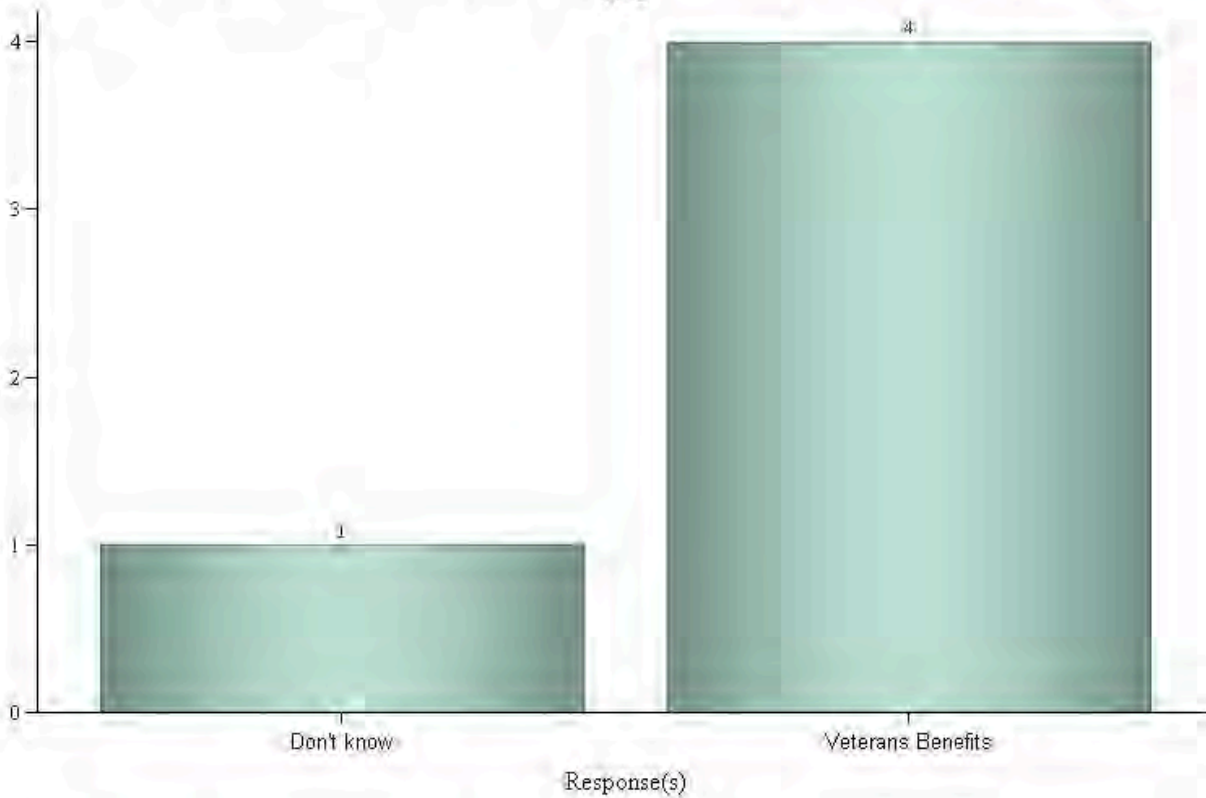
8. As it relates to health insurance and health care coverage, which of the following applies to you and/or your household? (select all that apply)
n=263



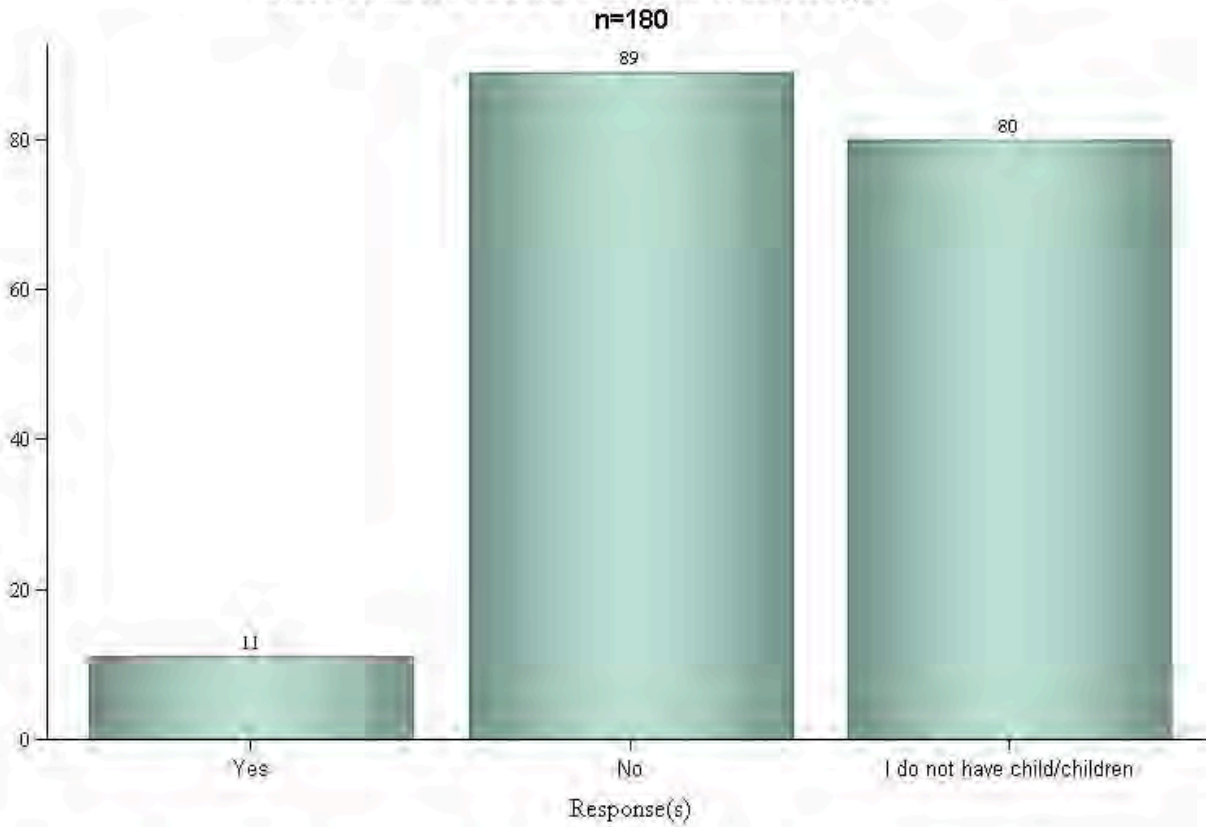
Legend is in order of the bars, left to right top to bottom

8. As it relates to health insurance and health care coverage, which of the following applies to you and/or your household? (Other: Please Specify)

n=5

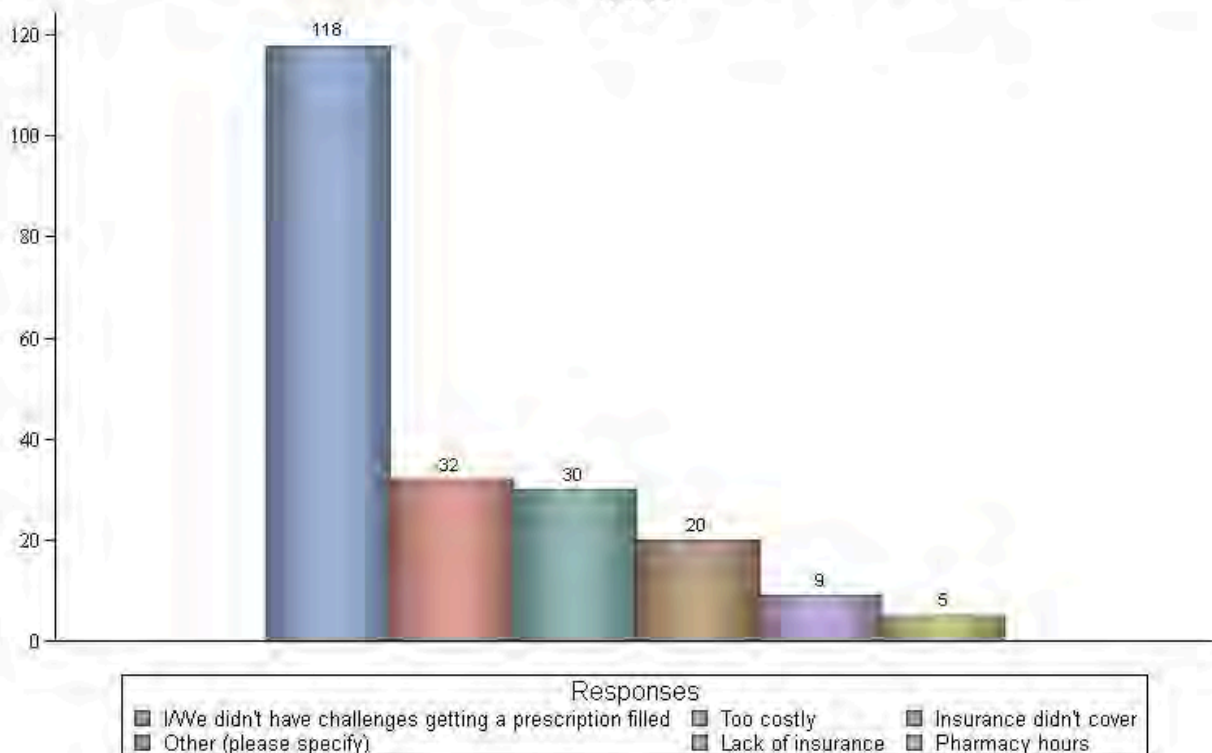


9. Was there any time in the past 12 months that your child/children did not have health insurance or health coverage?



10. In the past 12 months, what challenges have you or a family member(s) faced getting a prescription filled? (select all that apply)

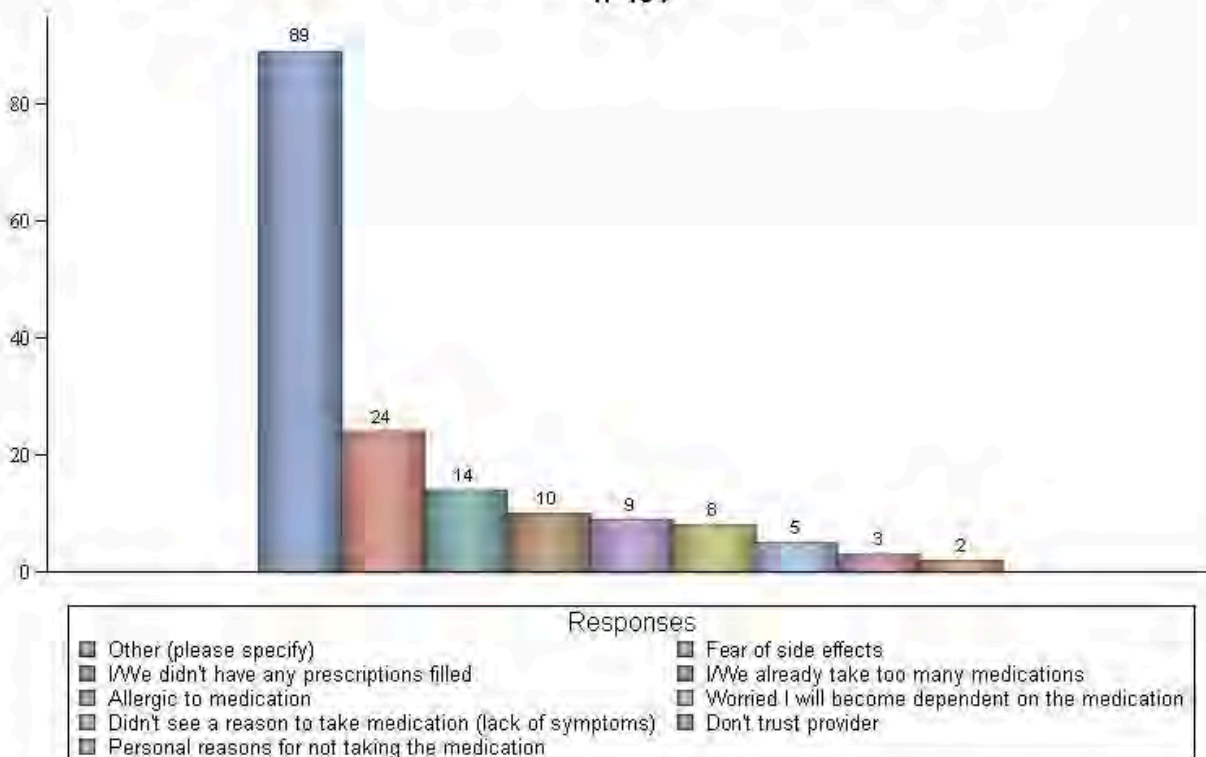
n=214



Legend is in order of the bars, left to right top to bottom

11. In the past 12 months, what challenges have you or a family member(s) faced taking a prescription you had filled? (select all that apply)

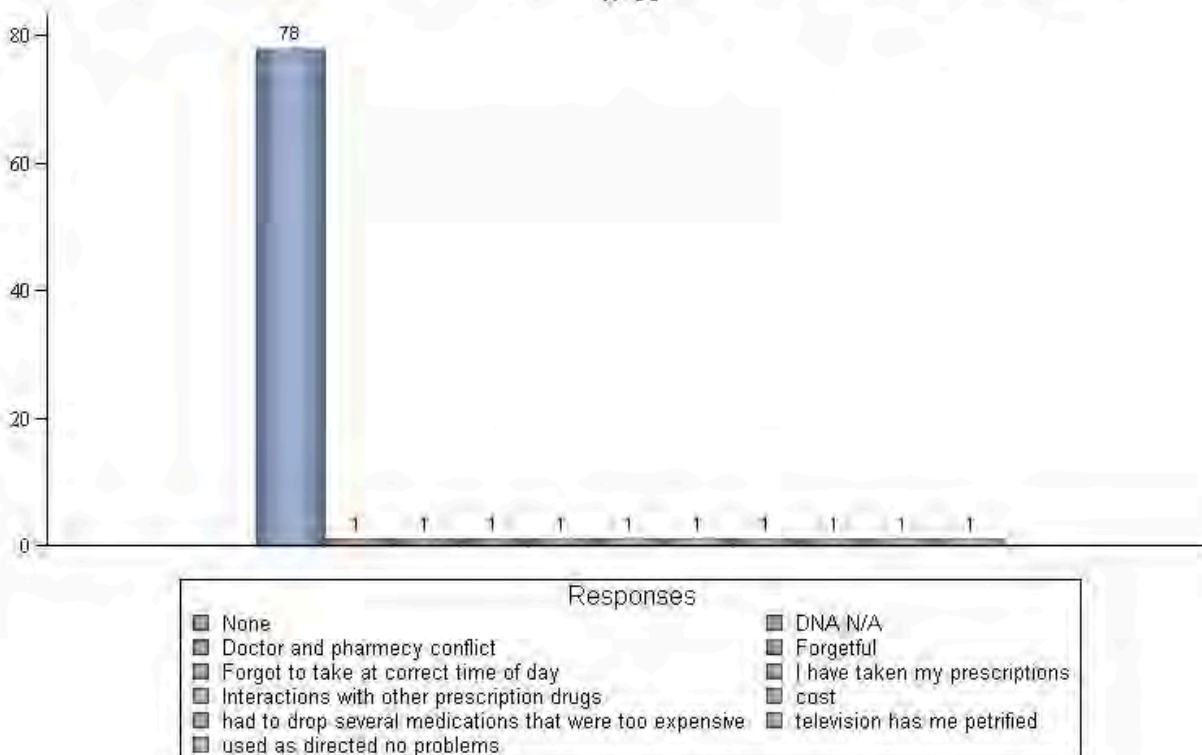
n=164



Legend is in order of the bars, left to right top to bottom

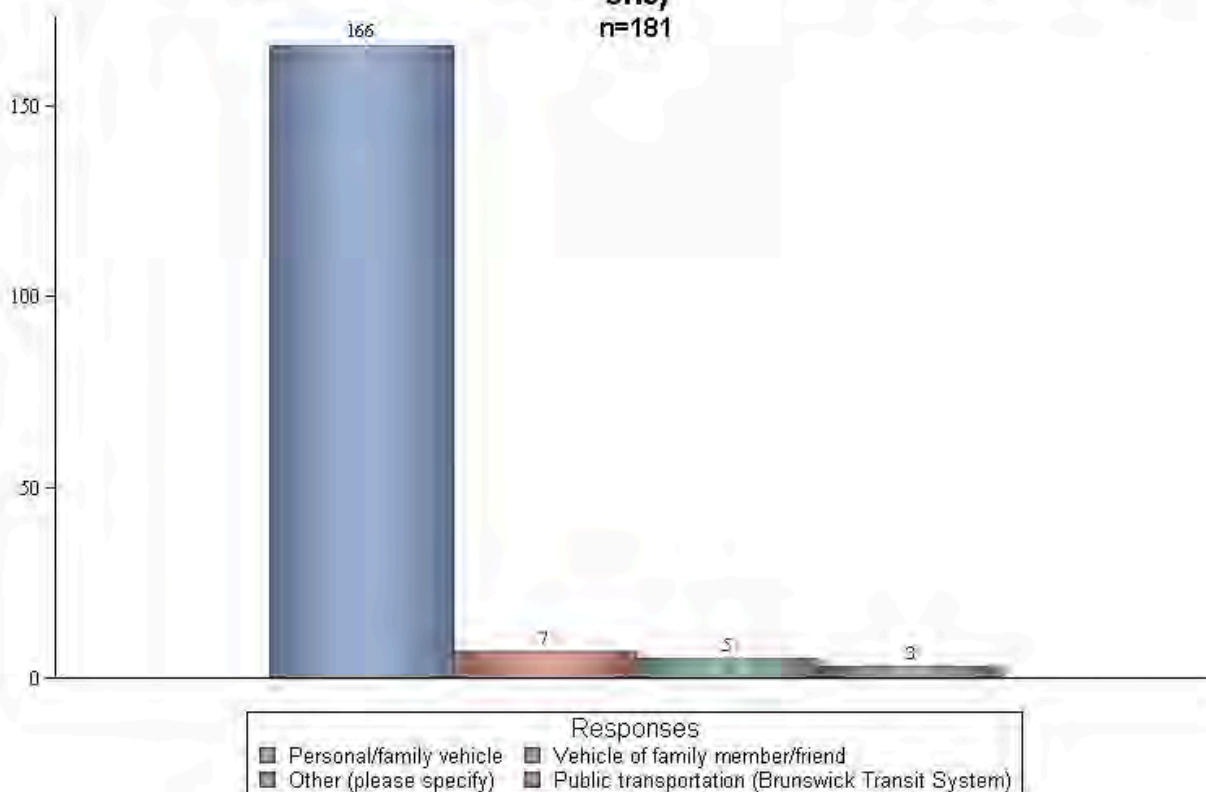
11. In the past 12 months, what challenges have you or a family member(s) faced taking a prescription you had filled? (Other: please specify)

n=88



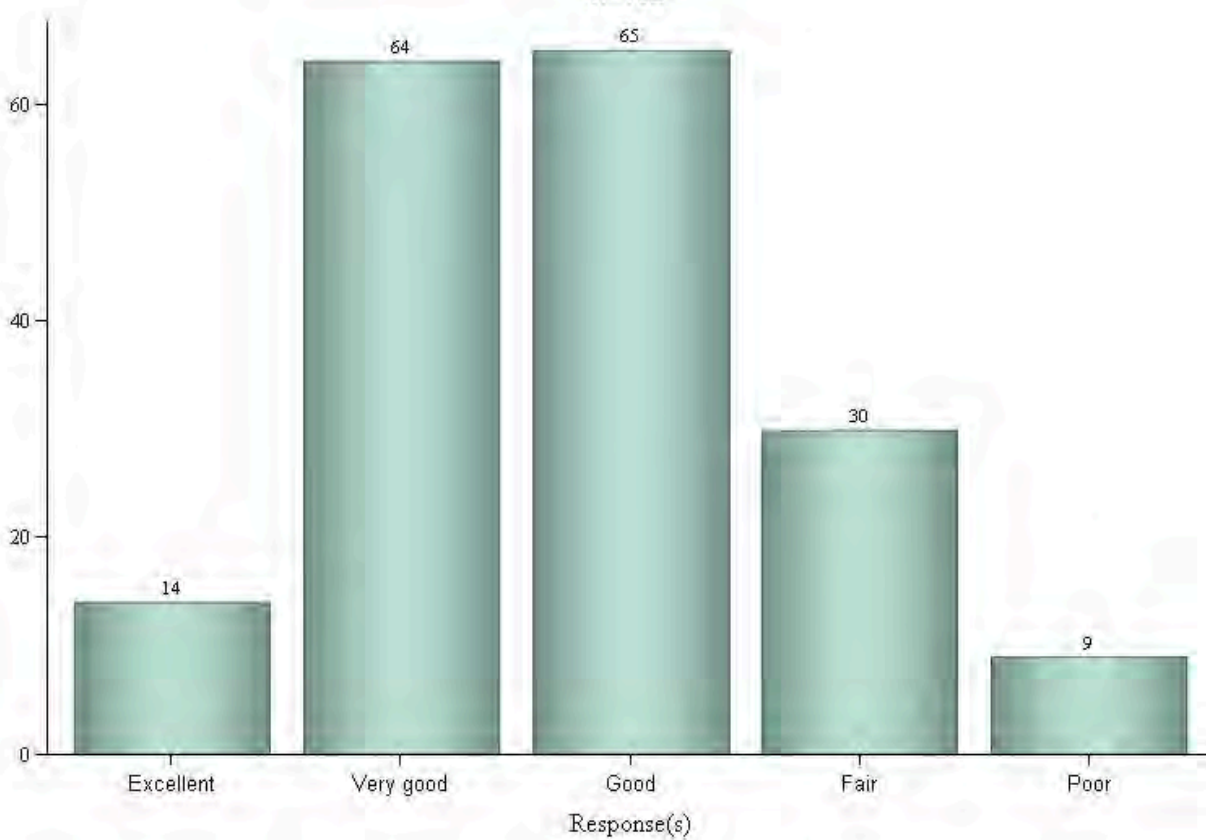
Legend is in order of the bars, left to right top to bottom

12. What type of transportation do you most often rely on? (select only one)
n=181



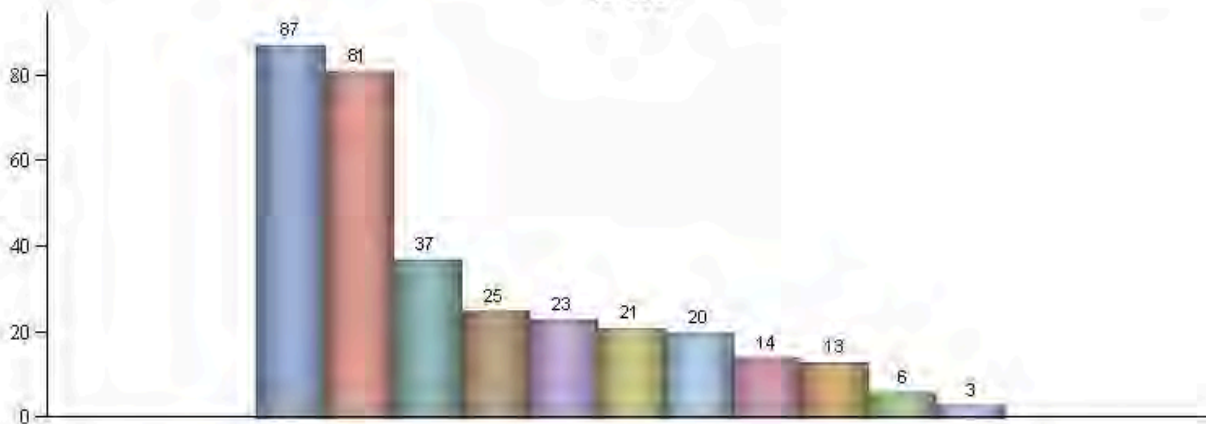
Legend is in order of the bars, left to right top to bottom

13. How would you rate your health?
n=182



14. If you would like to improve you health, what would you do? (select all that apply)

n=330



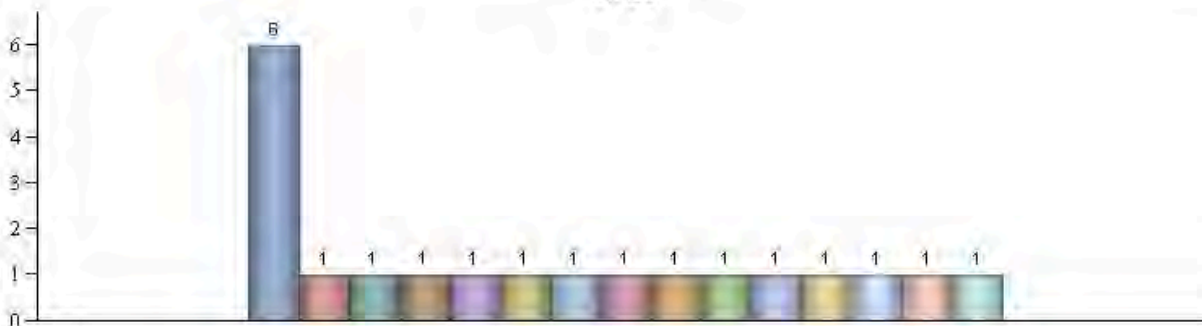
Responses

- ☐ Eat more healthy food
- ☐ Start exercising
- ☐ Access to healthy foods
- ☐ Learn more about healthy living and/or manage my disease or condition
- ☐ Go to primary care providers (family doctor, medical doctor)
- ☐ Go to have preventative screenings (mammograms, colonoscopy, etc.)
- ☐ Other (please specify)
- ☐ Stop or try to stop smoking or using tobacco products
- ☐ Go to mental health provider
- ☐ I am not interested in improving my health
- ☐ Access to substance misuse treatment

Legend is in order of the bars, left to right top to bottom

**14. If you would like to improve you health, what would you do? (Other:
Please Specify)**

n=20



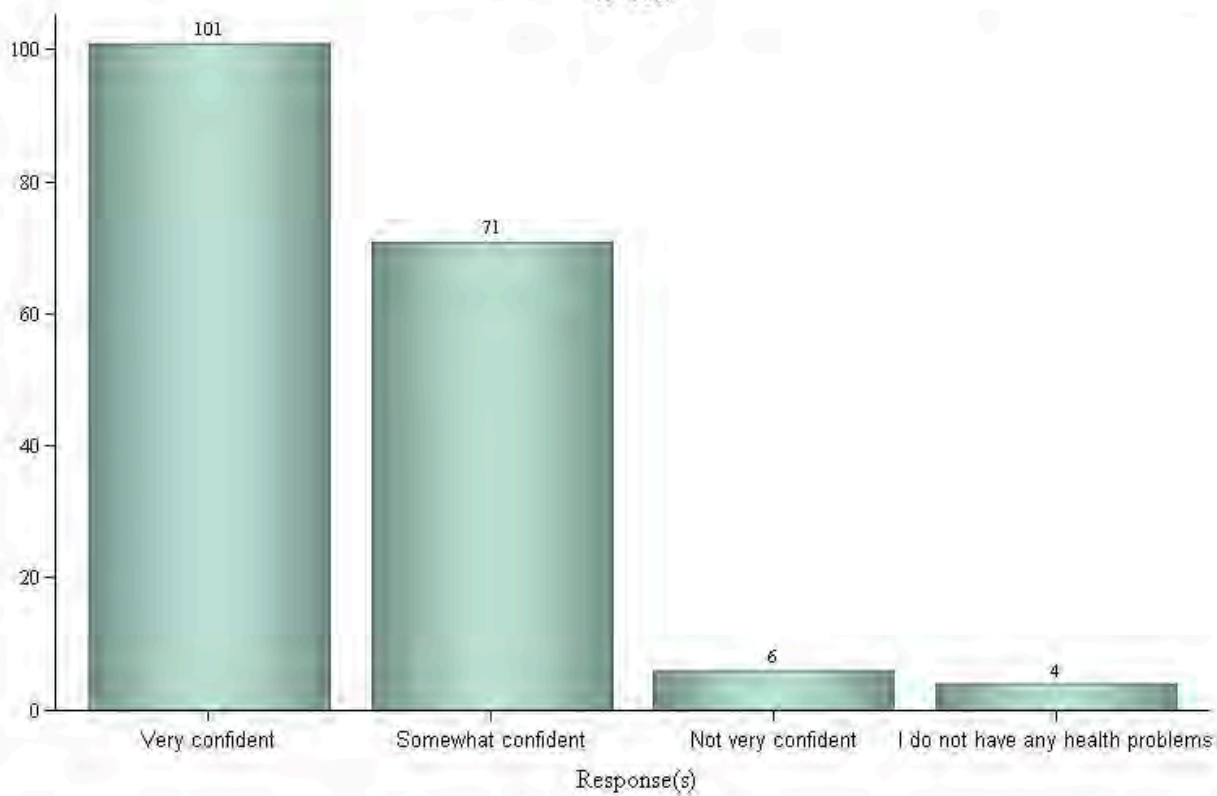
Responses

- ☐ Exercise more
- ☐ Already exercise, tries to do everything to stay active
- ☐ Clean up our water and air
- ☐ Cut out sugar
- ☐ Find better doctors, I do all above already without help from MDs
- ☐ I am working daily to improve myself
- ☐ I do all these healthy things.
- ☐ None
- ☐ Participate in group exercise or sports for adults
- ☐ Trying to doctor's orders
- ☐ hip replacement
- ☐ lose 20lbs
- ☐ qualified doctors
- ☐ stay active/rest
- ☐ weight control

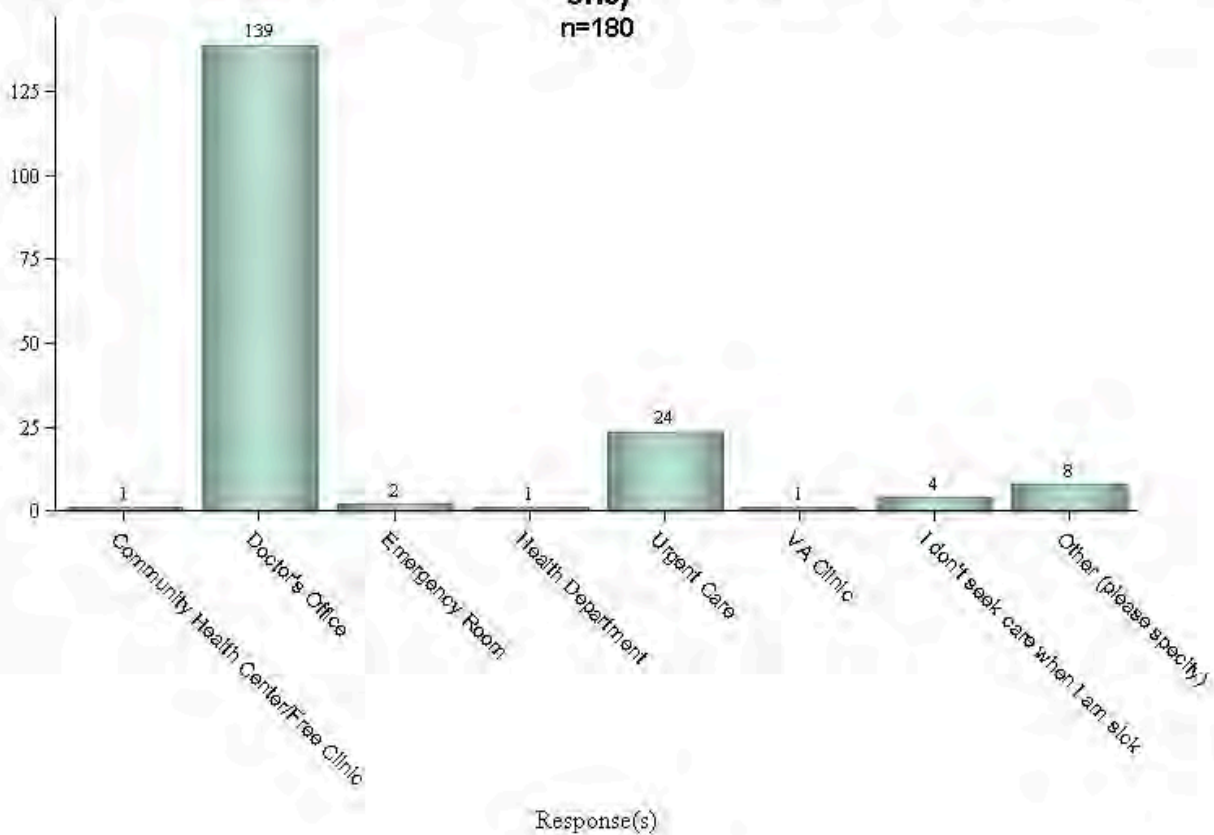
Legend is in order of the bars, left to right top to bottom

15. How confident are you that you can manage most of your current health problems?

n=182

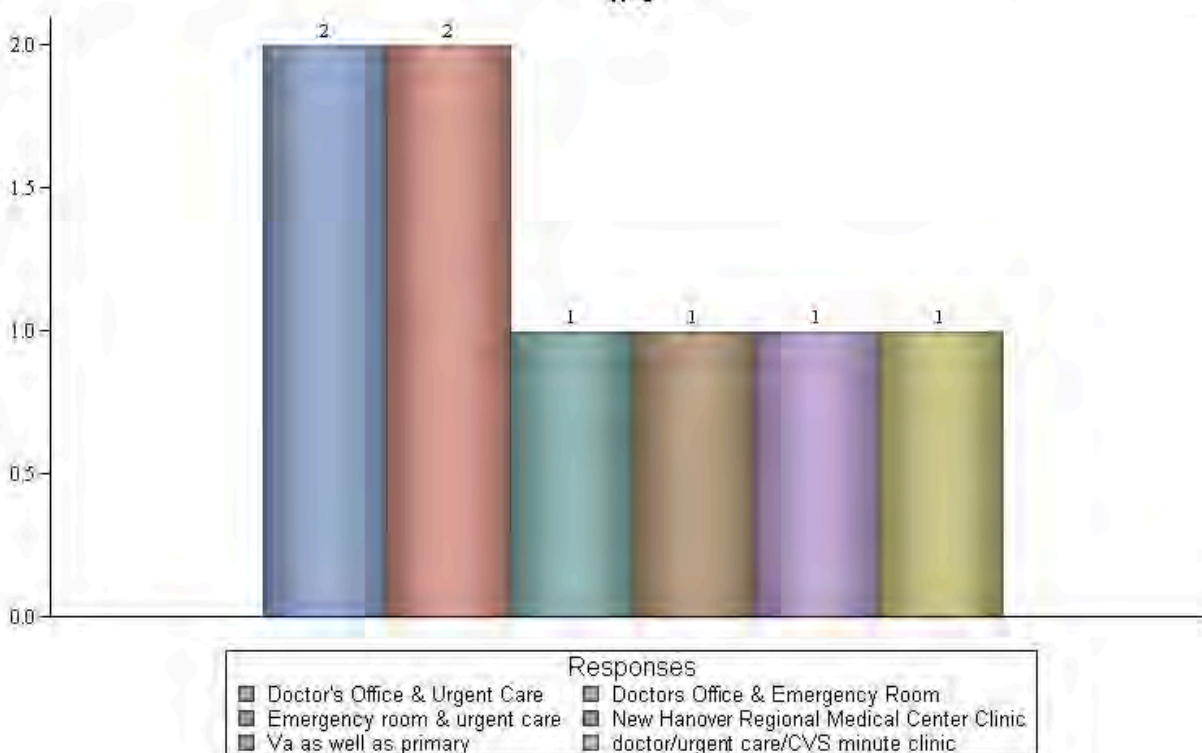


16. Where do you go most often when you are physically sick? (select only one)
n=180



**16. Where do you go most often when you are physically sick? (Other:
Please Specify)**

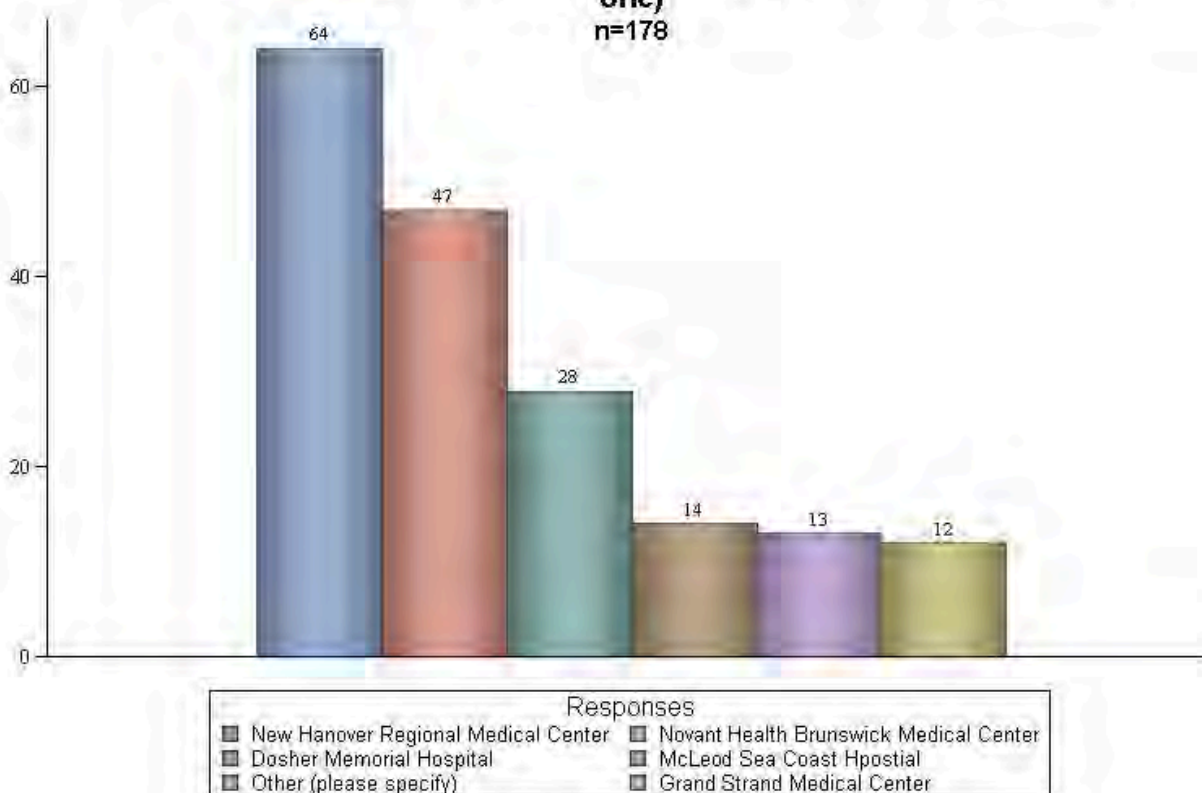
n=8



Legend is in order of the bars, left to right top to bottom

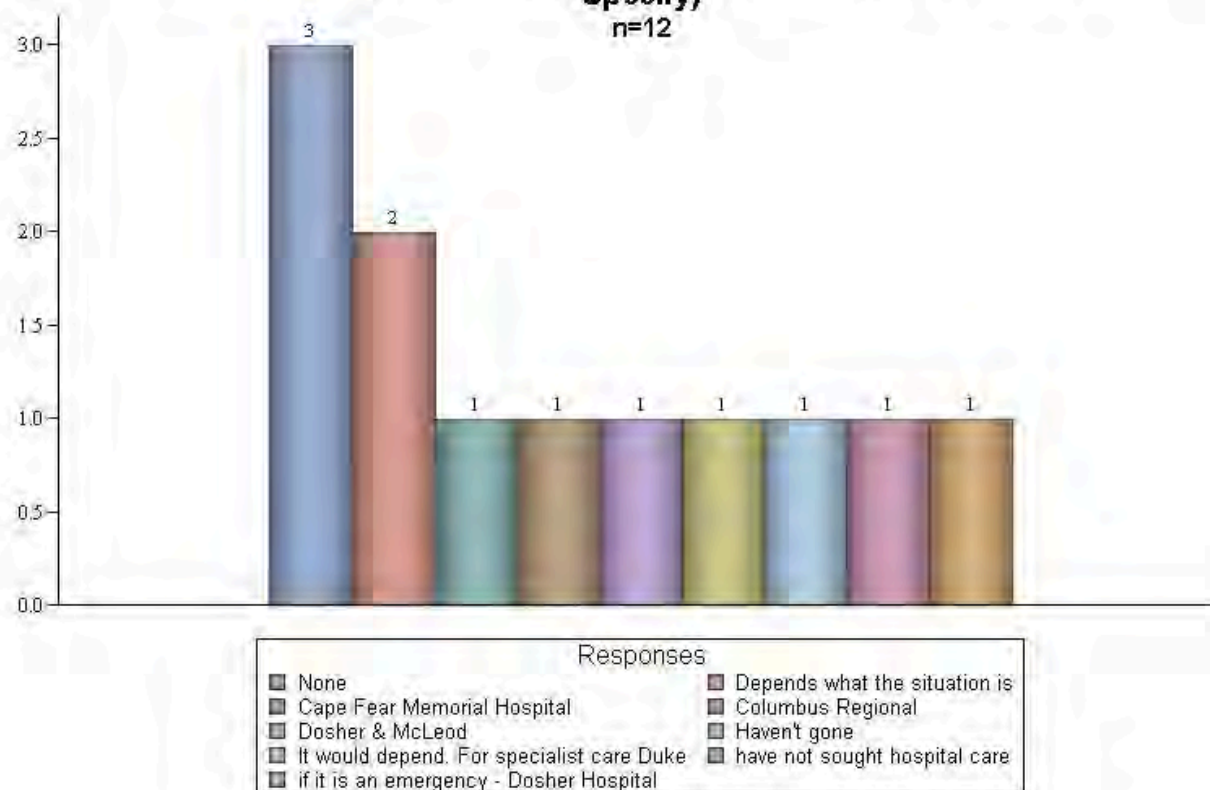
17. When seeking care, what hospital do you visit first? (select only one)

n=178



Legend is in order of the bars, left to right top to bottom

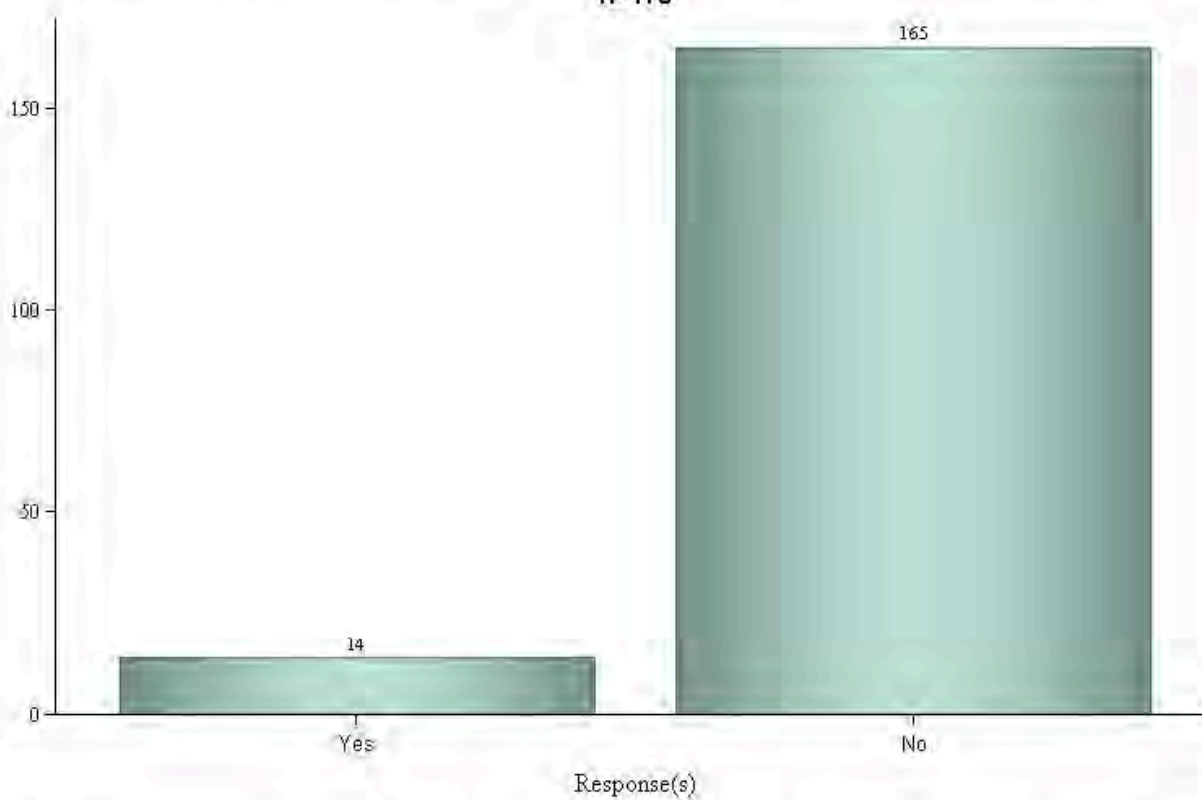
17. When seeking care, what hospital do you visit first? (Other: Please Specify)
n=12



Legend is in order of the bars, left to right top to bottom

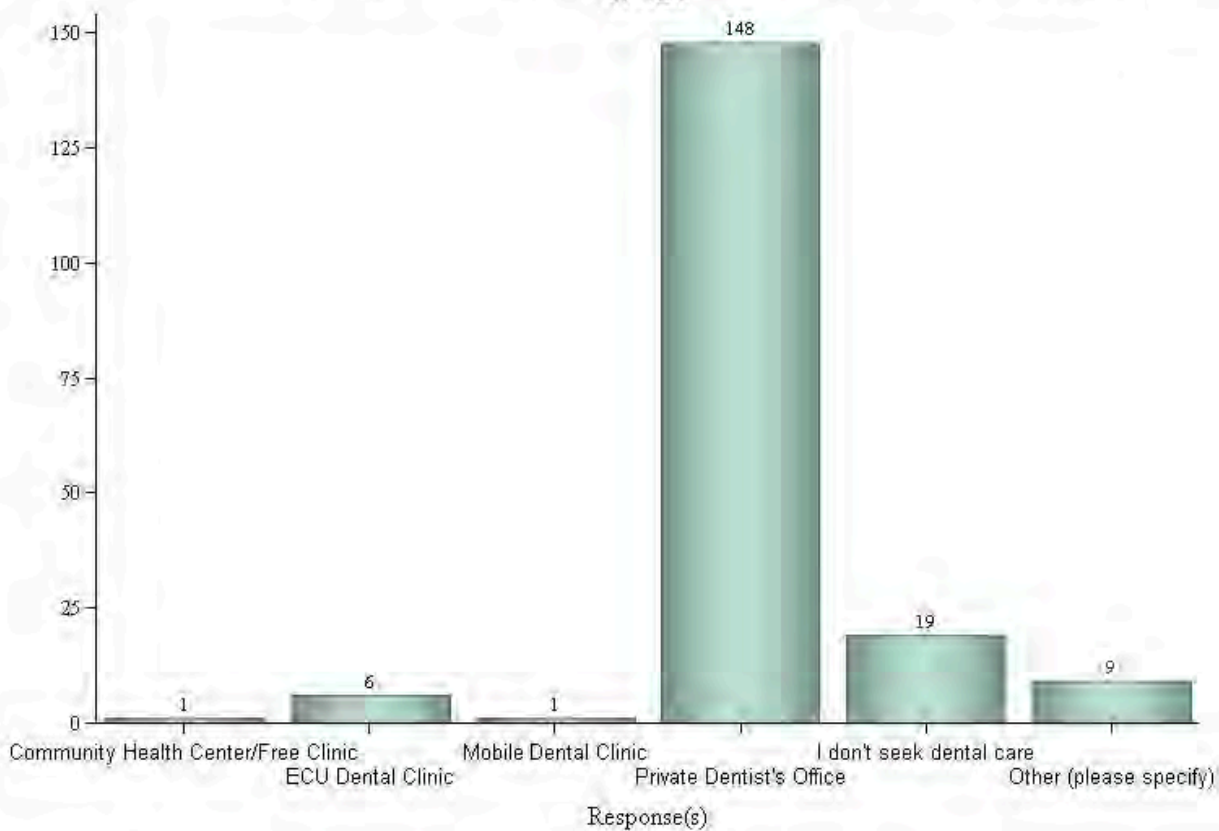
18. In the past 12 months, have you gone to the emergency room with a non-emergency?

n=179



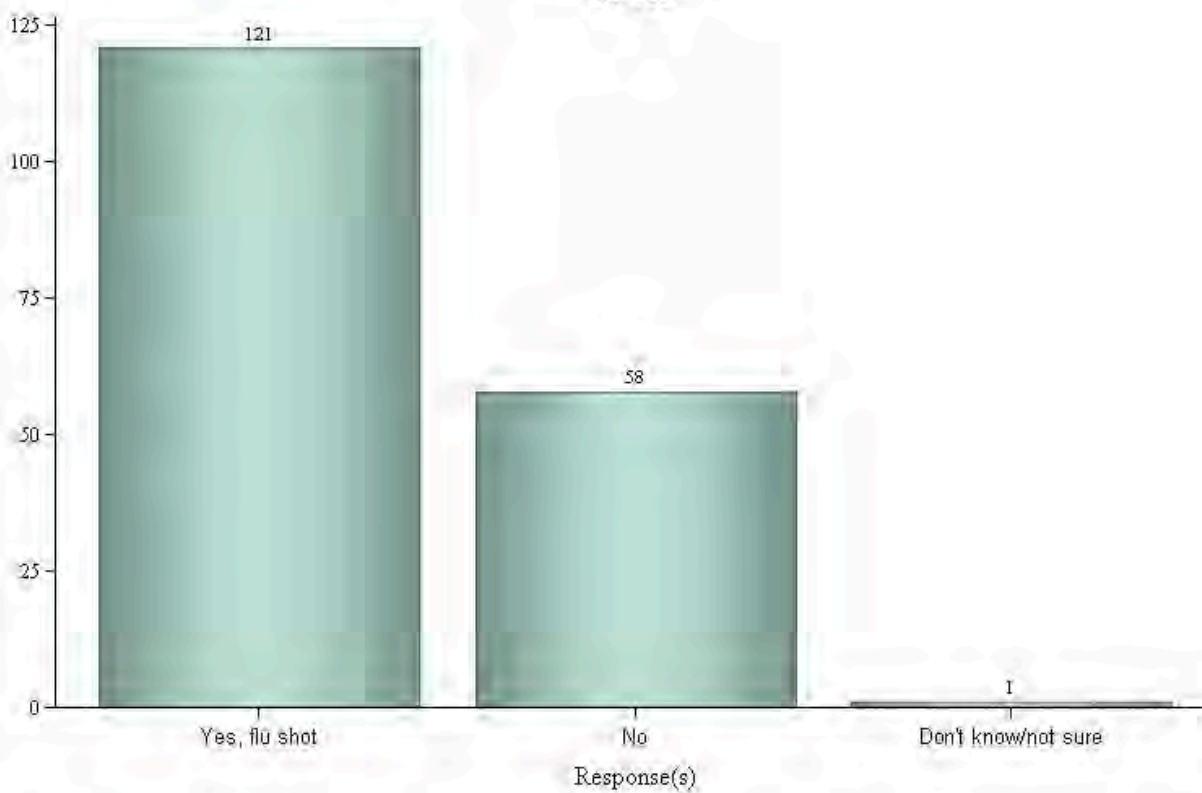
19. Where do you go when you need dental care? (select all that apply)

n=184



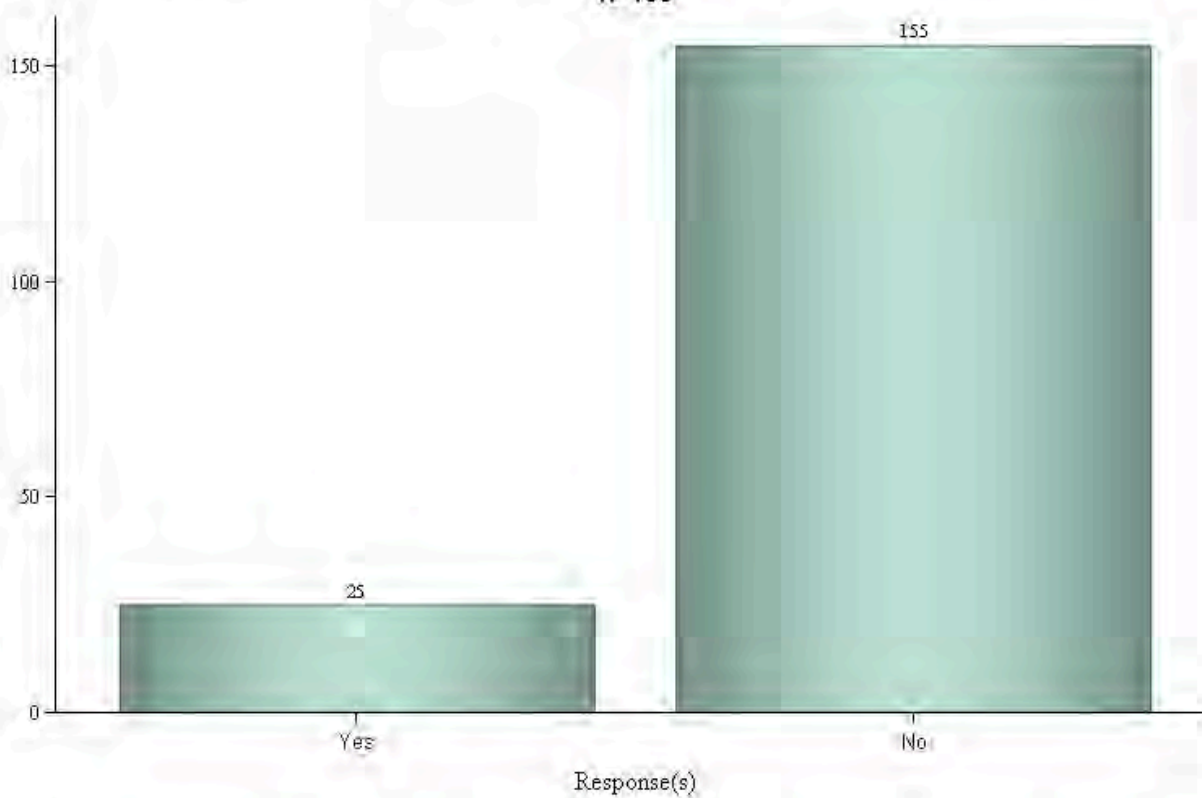
20. During the past 12 months, have you had a seasonal flu vaccine? (select only one)

n=180



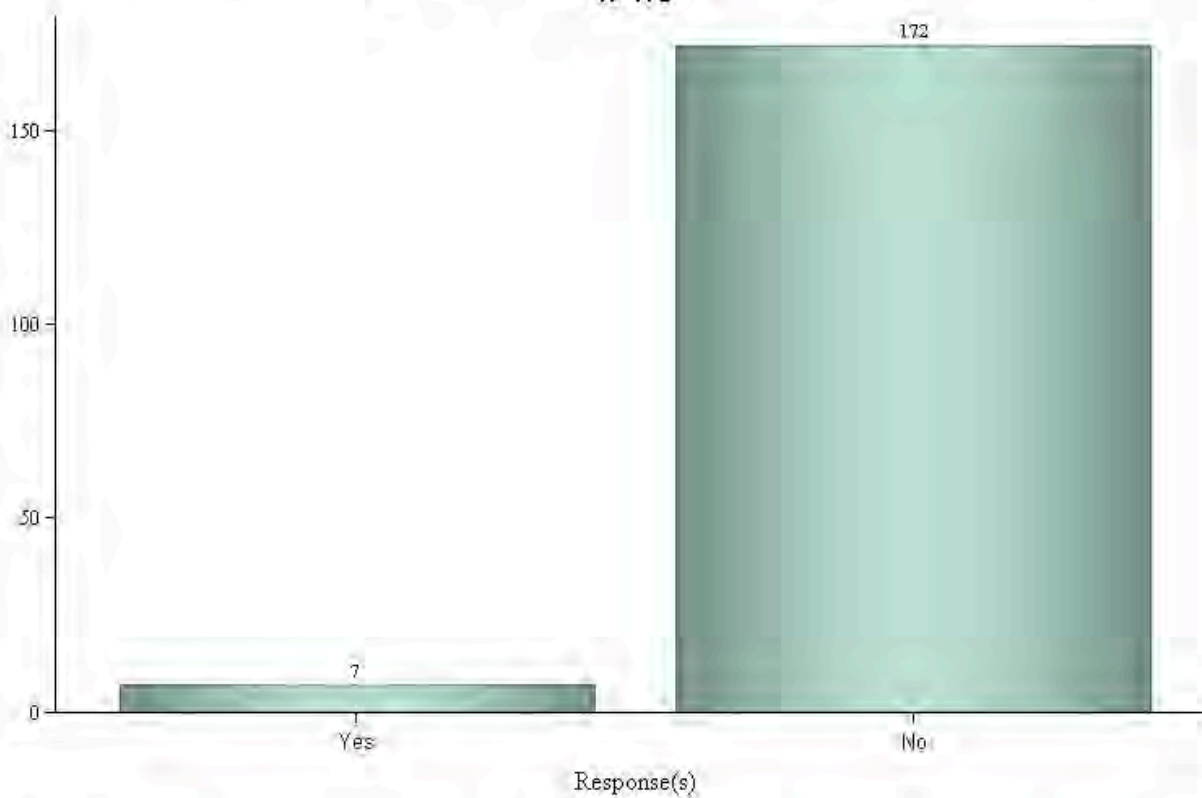
21. Do you currently use traditional tobacco products such as cigarettes, cigars, chewing tobacco, etc.?

n=180



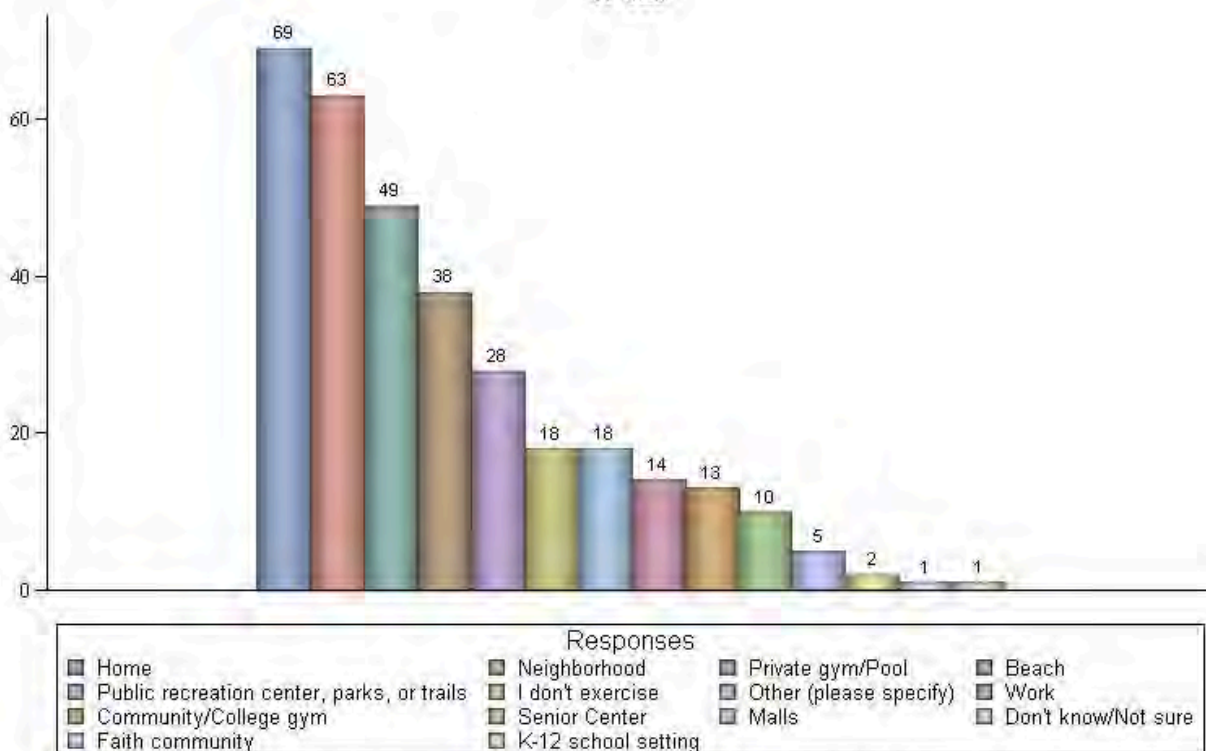
22. Do you currently use emerging smokeless tobacco products such as e-cigarettes, vape pens, or juuls?

n=179



23. Where do you go to exercise or engage in physical activity? (select all that apply)

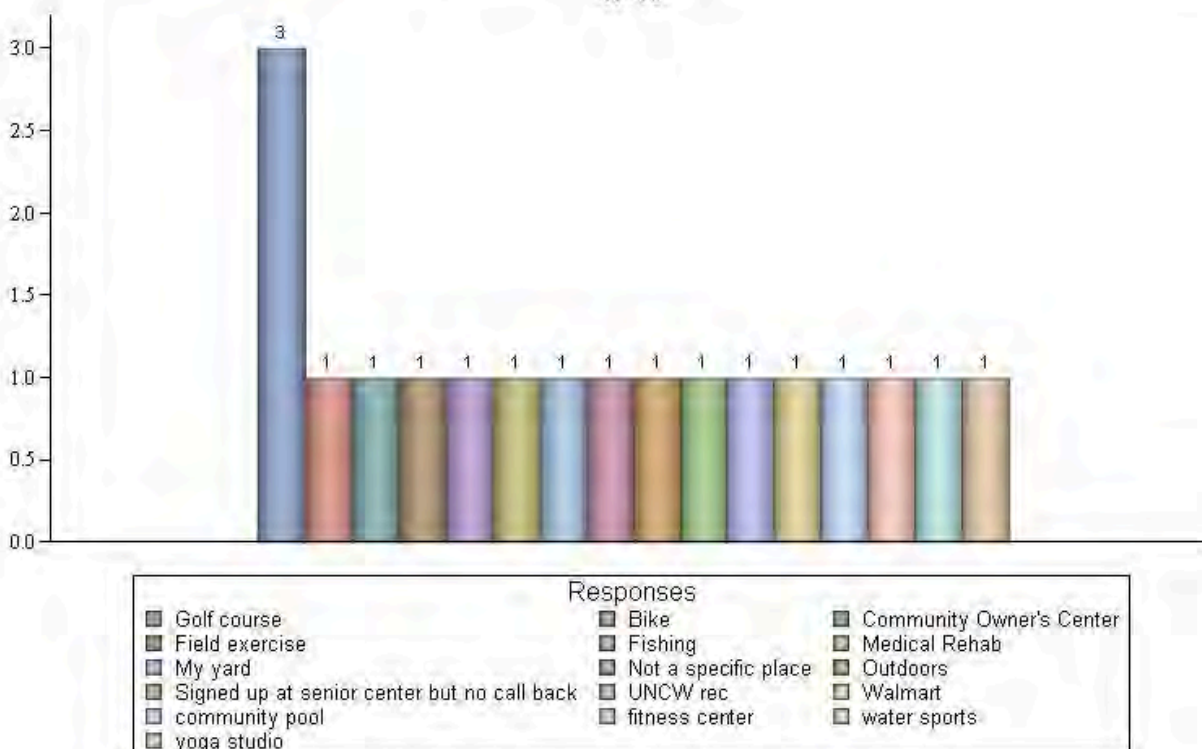
n=329



Legend is in order of the bars, left to right top to bottom

23. Where do you go to exercise or engage in physical activity? (Other: Please Specify)

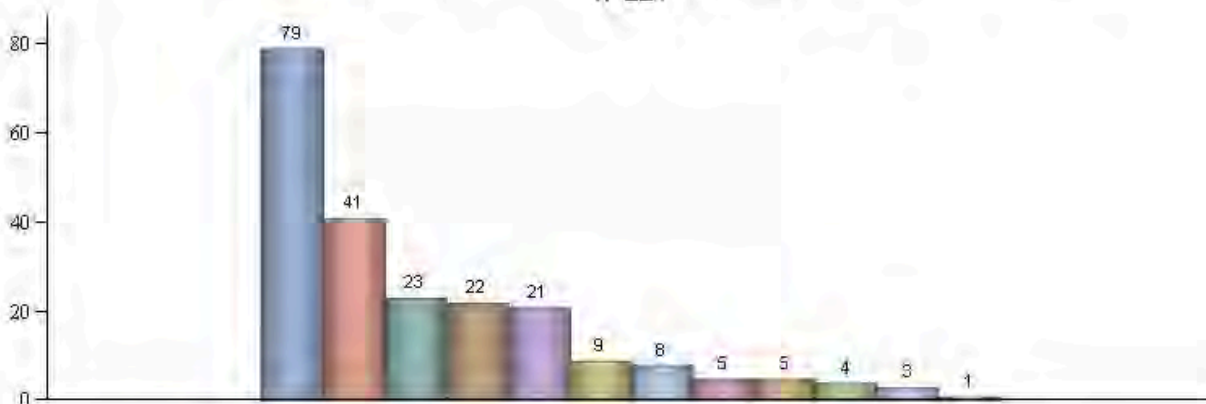
n=18



Legend is in order of the bars, left to right top to bottom

24. What makes eating healthy meals difficult for you or members of your household? (select all that apply)

n=221



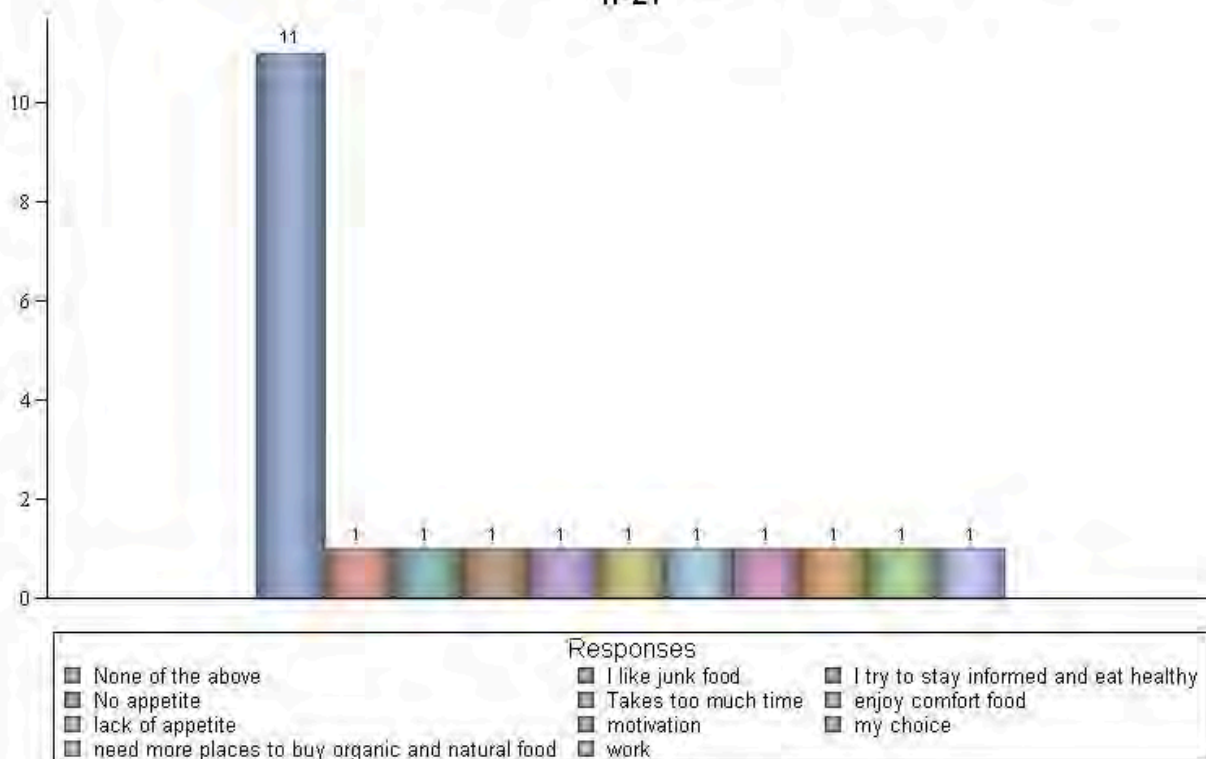
Responses

- ☐ I/We do not have difficulty eating healthy meals
- ☐ Healthy foods cost too much
- ☐ It is hard to find healthy food options when going out to eat
- ☐ Other (please specify)
- ☐ It takes too much time to prepare healthy foods
- ☐ I/We do not know how to prepare food in a healthy way
- ☐ Healthy food does not taste good
- ☐ I/We have dental problems that make eating/chewing food difficult
- ☐ Nobody else in my family/household would eat healthy foods
- ☐ It takes too much time to shop for healthy foods
- ☐ There are no options to buy healthy foods near my/our home
- ☐ I/We do not have the kitchen appliances to store/cook food, or utensils to prepare food

Legend is in order of the bars, left to right top to bottom

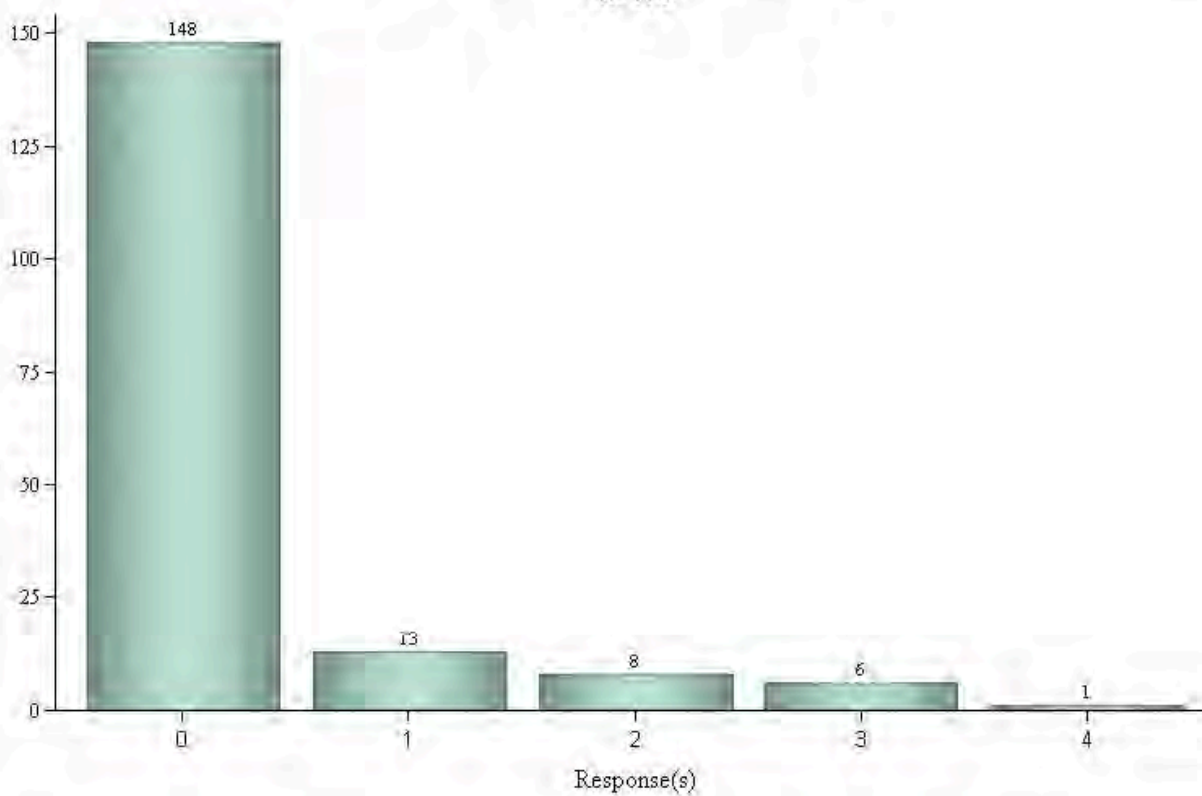
24. What makes eating healthy meals difficult for you or members of your household? (Other: Please Specify)

n=21



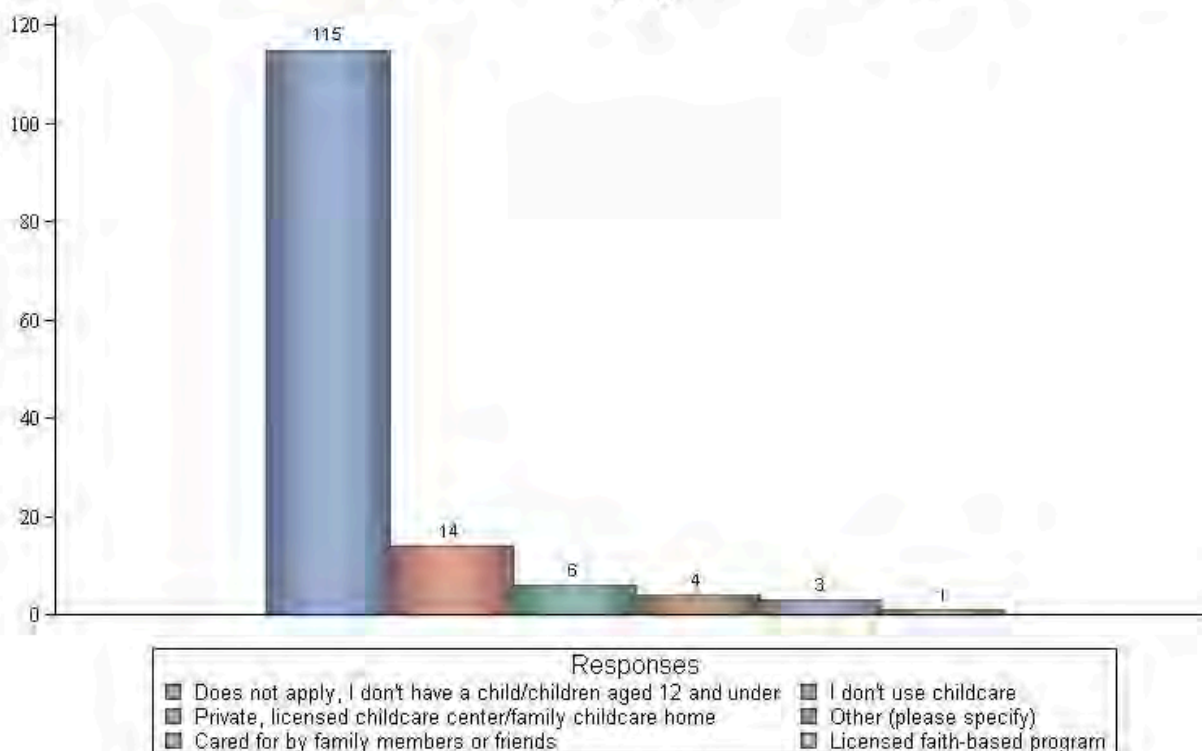
25. How many children under the age of 18 live in your home at least half of the year? (circle only one)

n=176



26. For the child/children aged 12 and under in your household, what type of childcare are you using? (select all that apply)

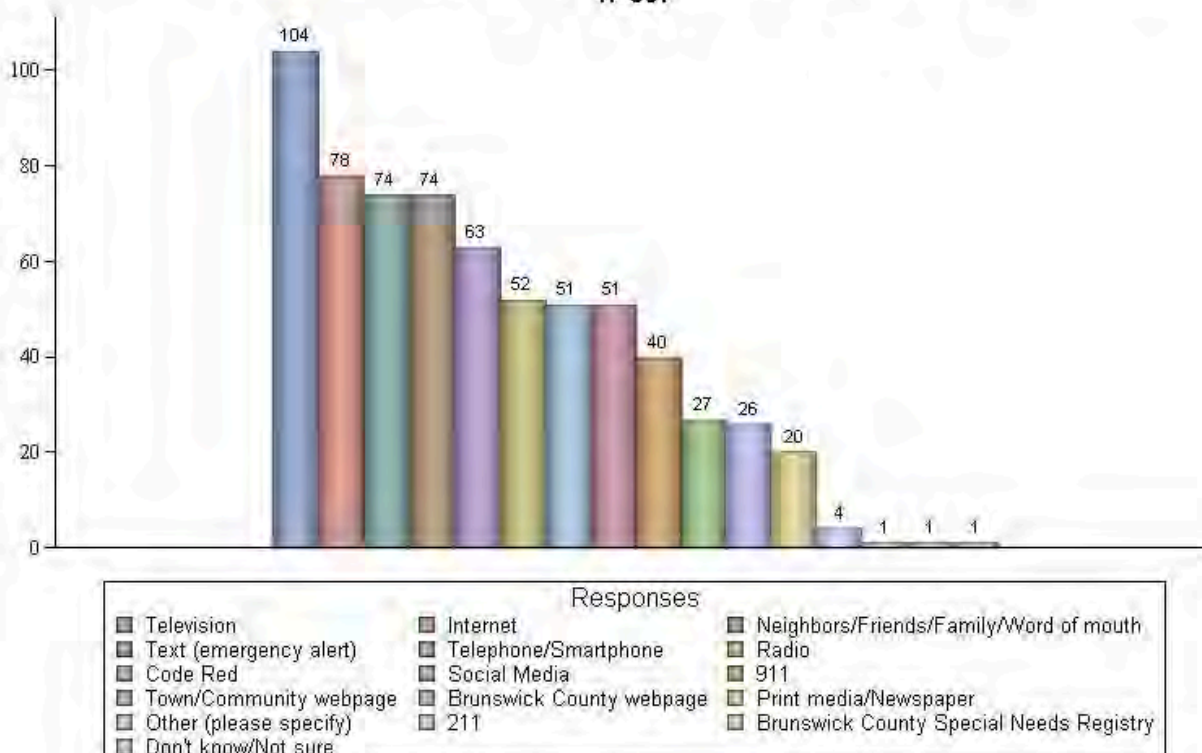
n=143



Legend is in order of the bars, left to right top to bottom

27. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (select all that apply)

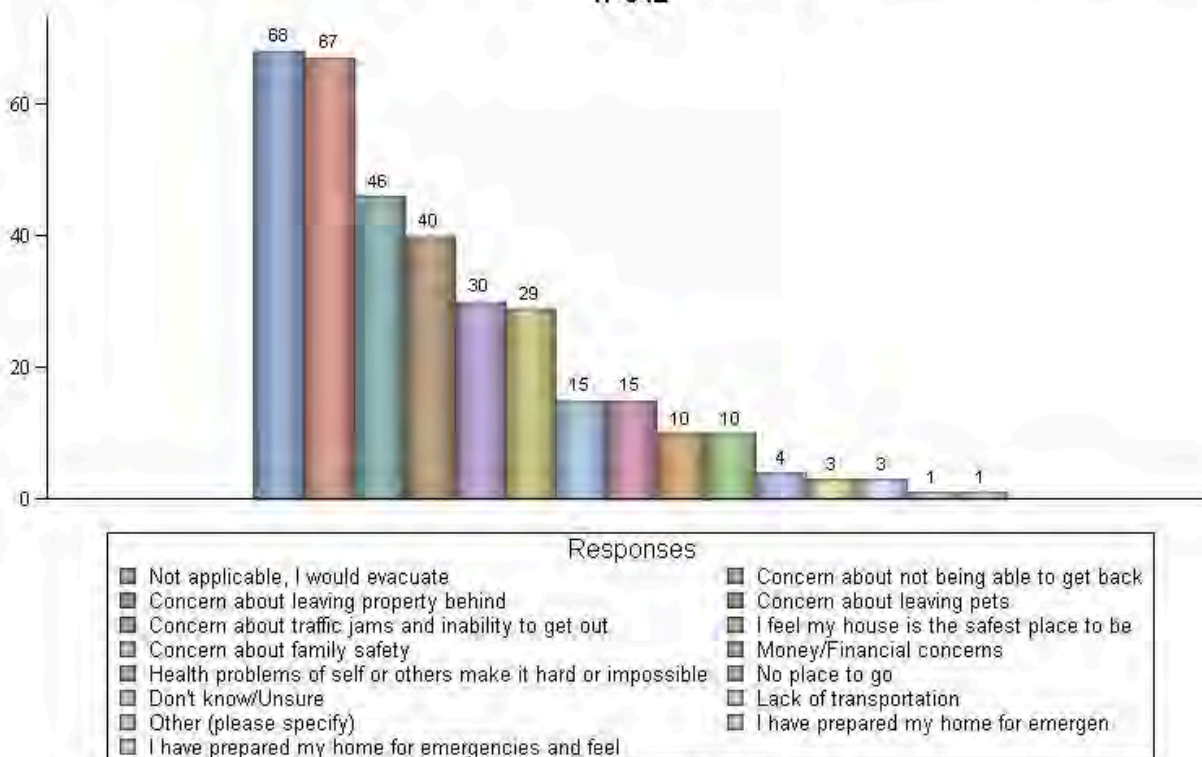
n=667



Legend is in order of the bars, left to right top to bottom

28. What would be the top three reasons you might not be evacuated if asked to do so? (select your top three)

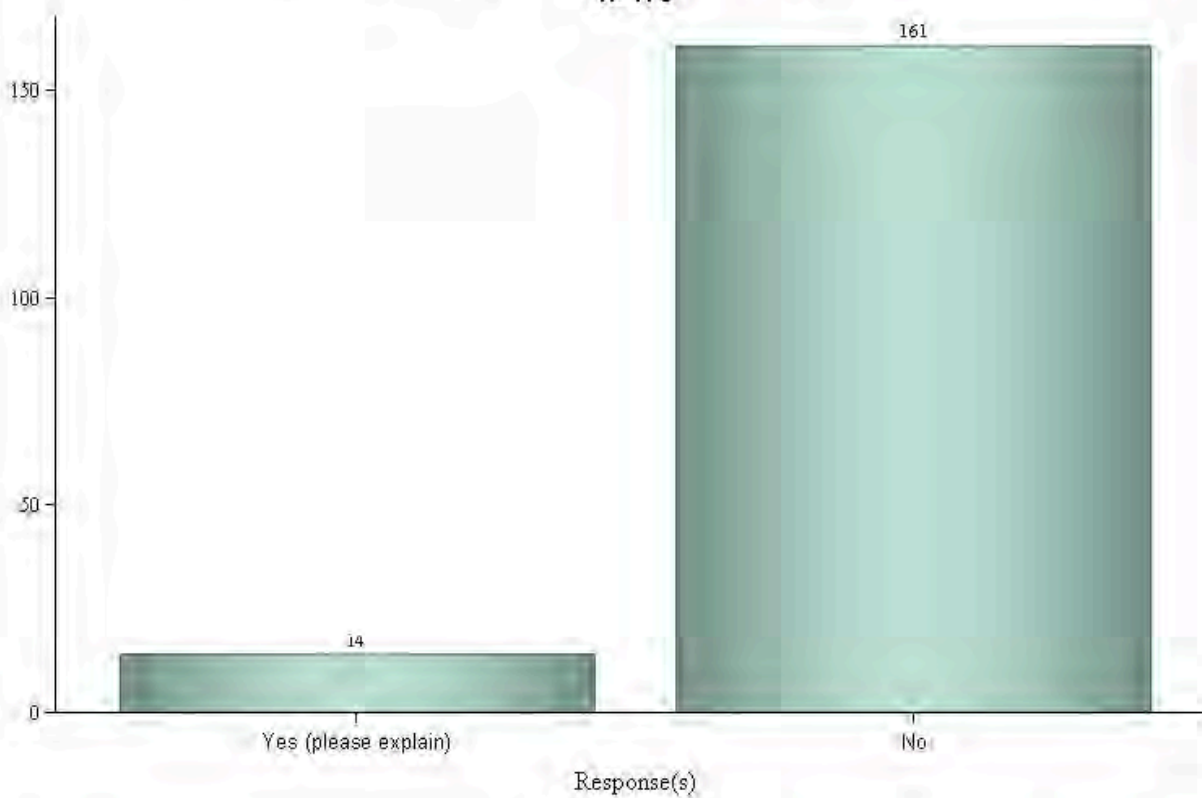
n=342



Legend is in order of the bars, left to right top to bottom

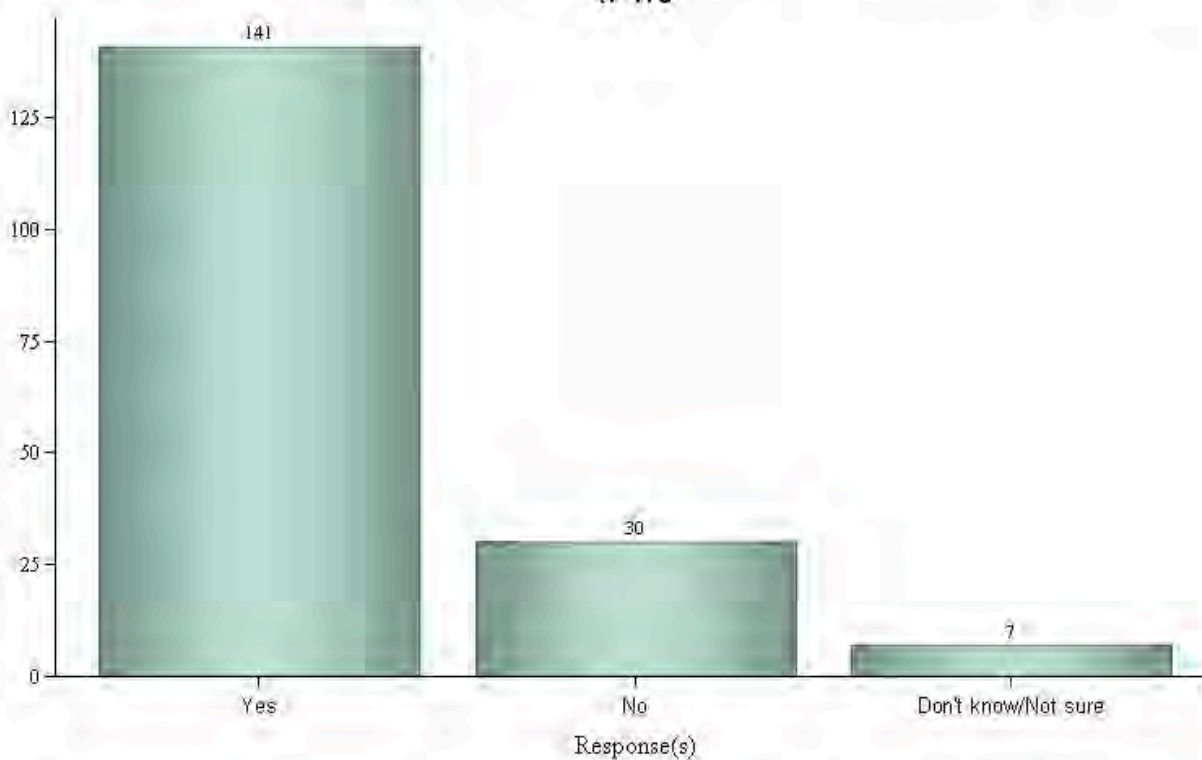
29. Is there anyone living in your home that would require special assistance during an emergency?

n=175



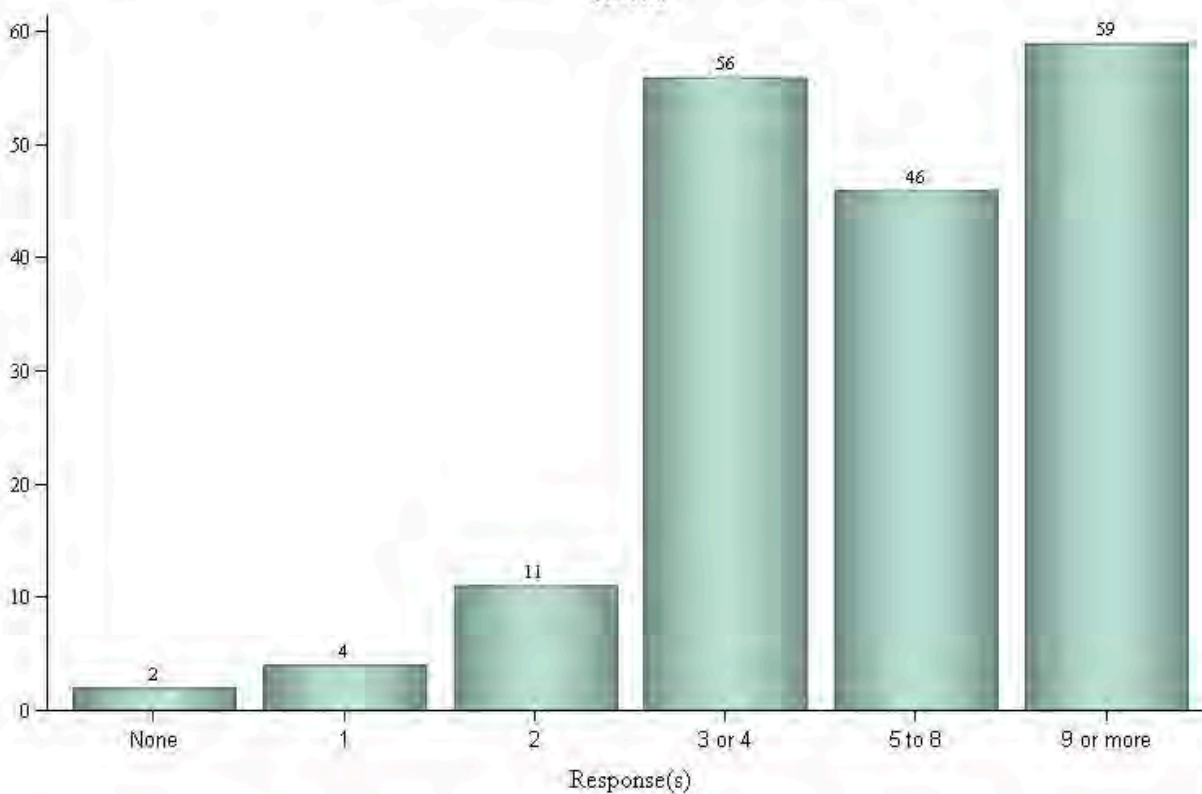
30. Does your household have a basic emergency supply kit? (These kits include water, non-perishable food, necessary prescriptions, first aid supplies, flashlights & batteries, non-electric can opener, blanket, etc.)

n=178



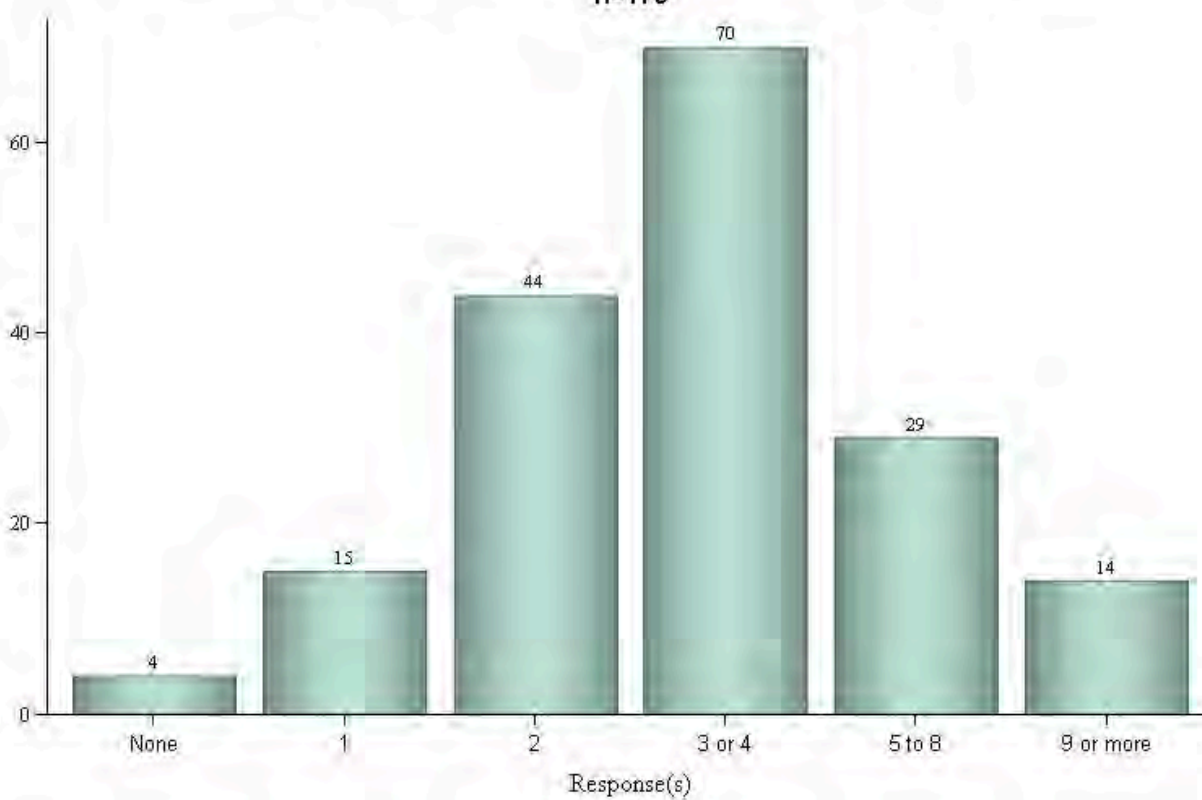
31. How many relatives and/or friends do you see or hear from at least once a month? (select one answer)

n=178



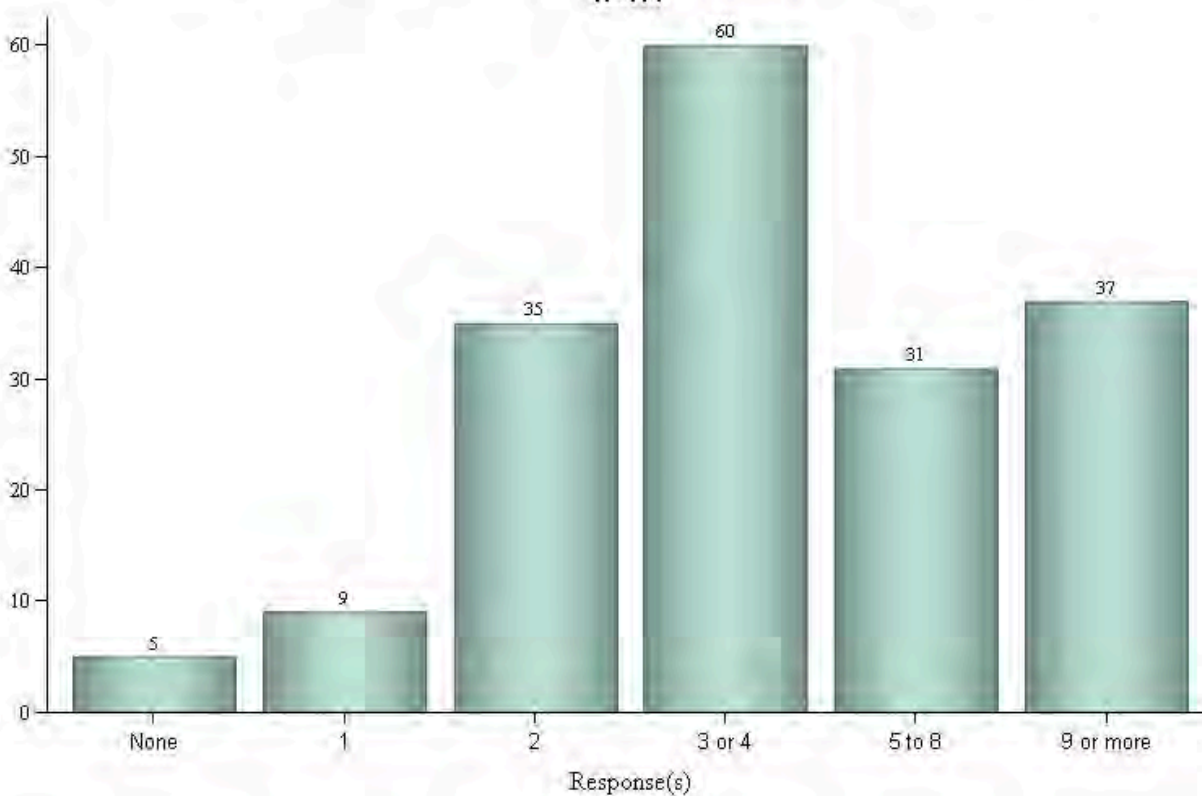
32. How many relatives and/or friends do you feel at ease with that you can talk about private matters? (select one answer)

n=176



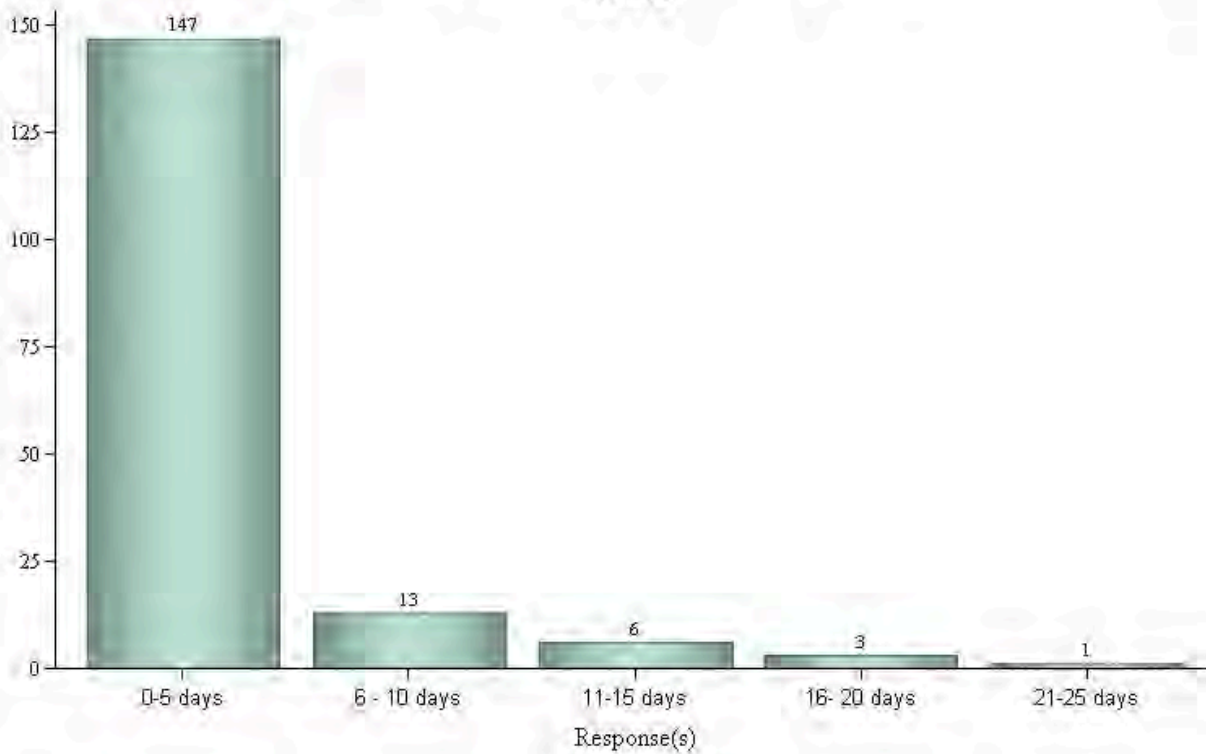
33. How many relatives and/or friends do you feel close to such that you would call on them for help? (select one answer)

n=177



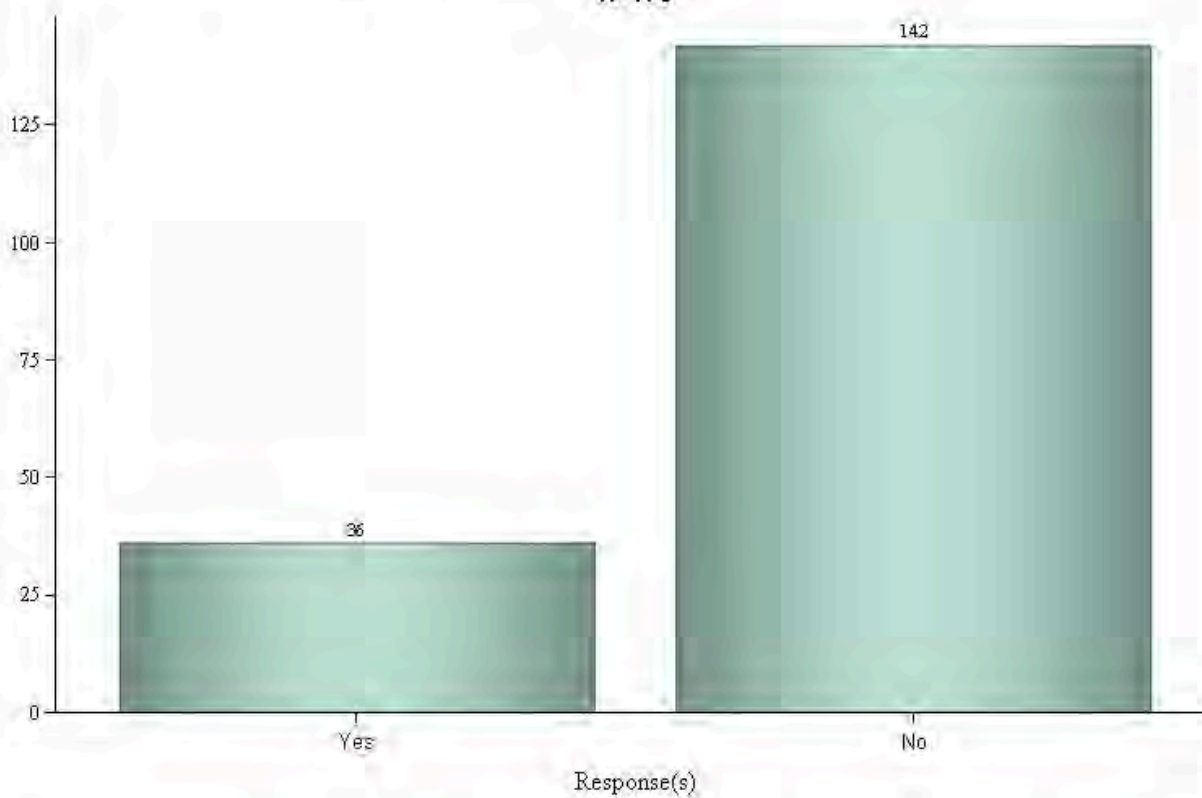
34. Thinking about your mental health, which includes stress, depressions, anxiety, and problems with emotions, for how many days during the past 30 days was your mental health not good?

n=170



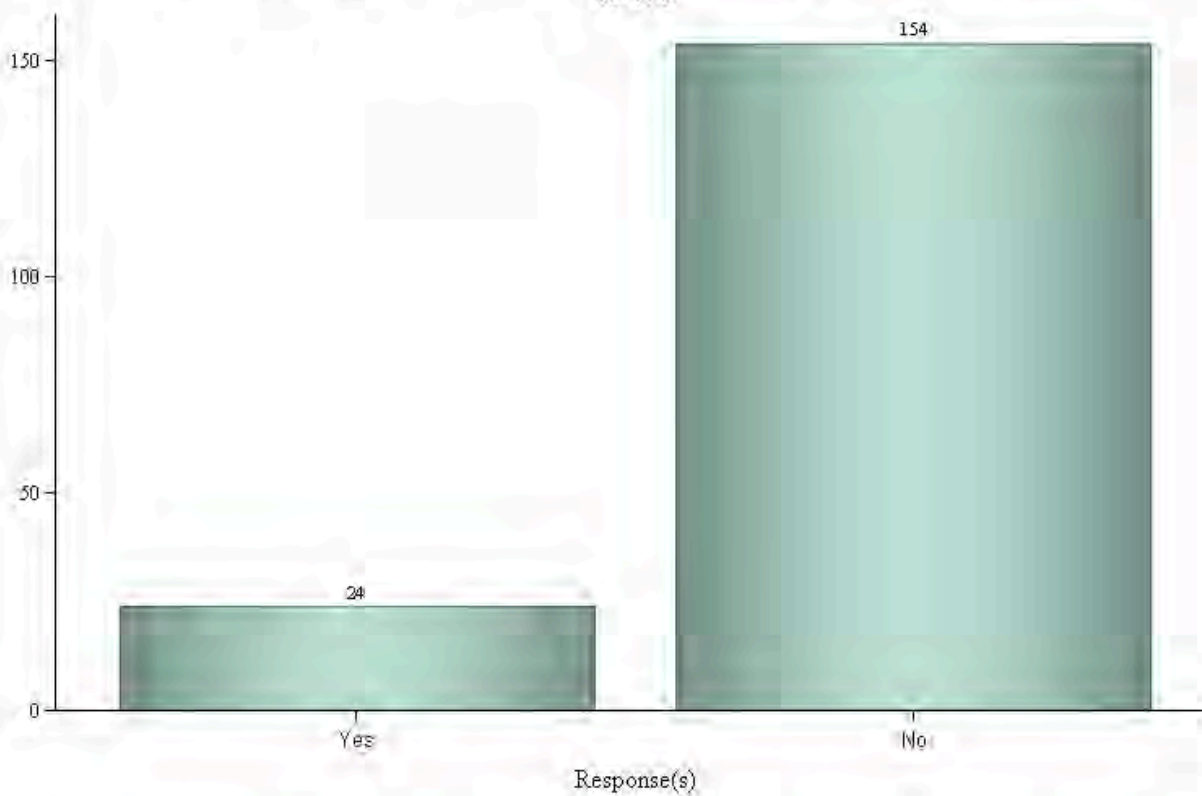
35. Has a doctor or other health professional ever given you a mental health diagnosis?

n=178



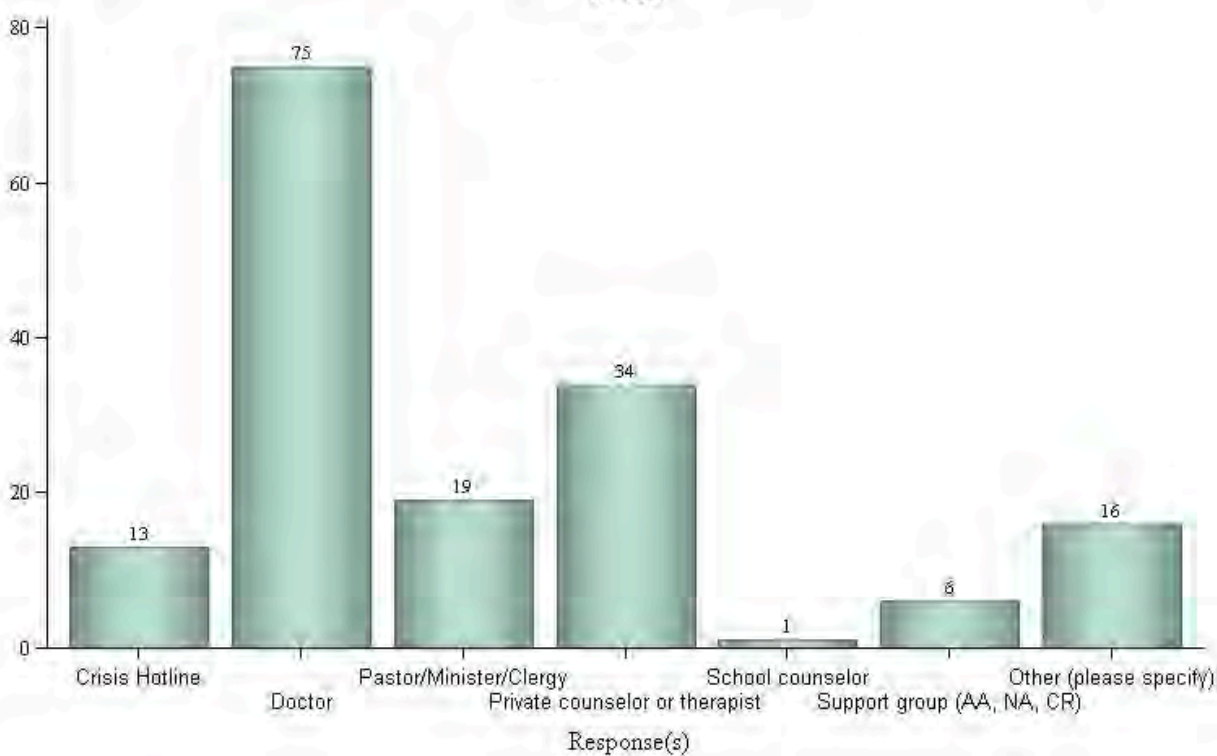
36. In the past 30 days, have there been any days when feeling sad or worries kept you from going about your normal activities?

n=178



37. If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to? (select only one)

n=164



37. If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to? (Other: Please Specify)

n=16



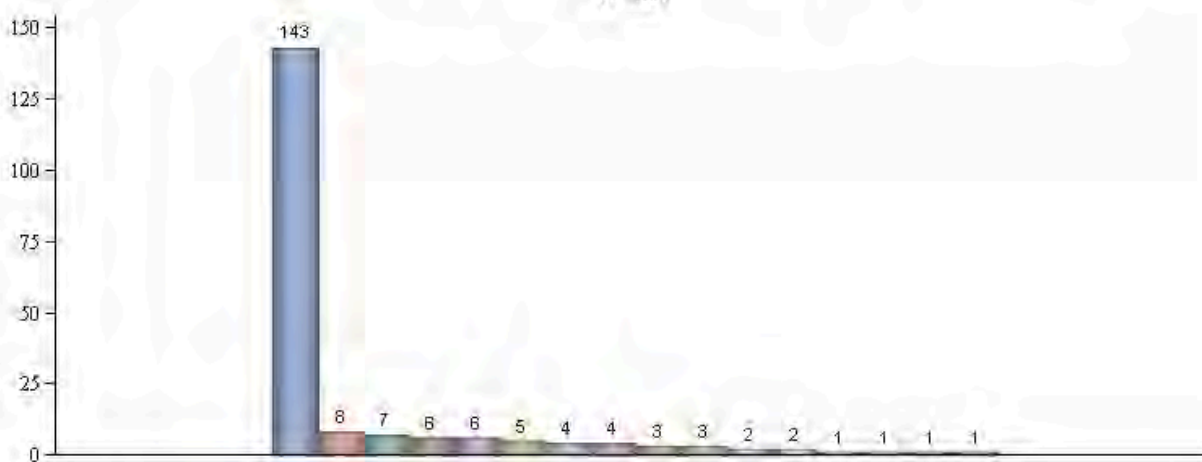
Responses

- ☐ Myself
- ☐ pastor and private counselor
- ☐ Anyone/someone
- ☐ Close friend or family
- ☐ Crisis Hotline, Doctor & Private Counselor or therapist
- ☐ Depend on situation
- ☐ Depends on person
- ☐ Depends on problem
- ☐ Doctor, Pastor/Minister/Clergy, Private Counselor or therapist/ school counselor
- ☐ Dr phil
- ☐ Rehabilitation center
- ☐ SAMHSA
- ☐ doctor and pastor
- ☐ not qualified to give mental health recommendations

Legend is in order of the bars, left to right top to bottom

38. In the past 12 months, what prevented you and/or members of your household from getting necessary mental health care or substance use treatment? (select all that apply)

n=197

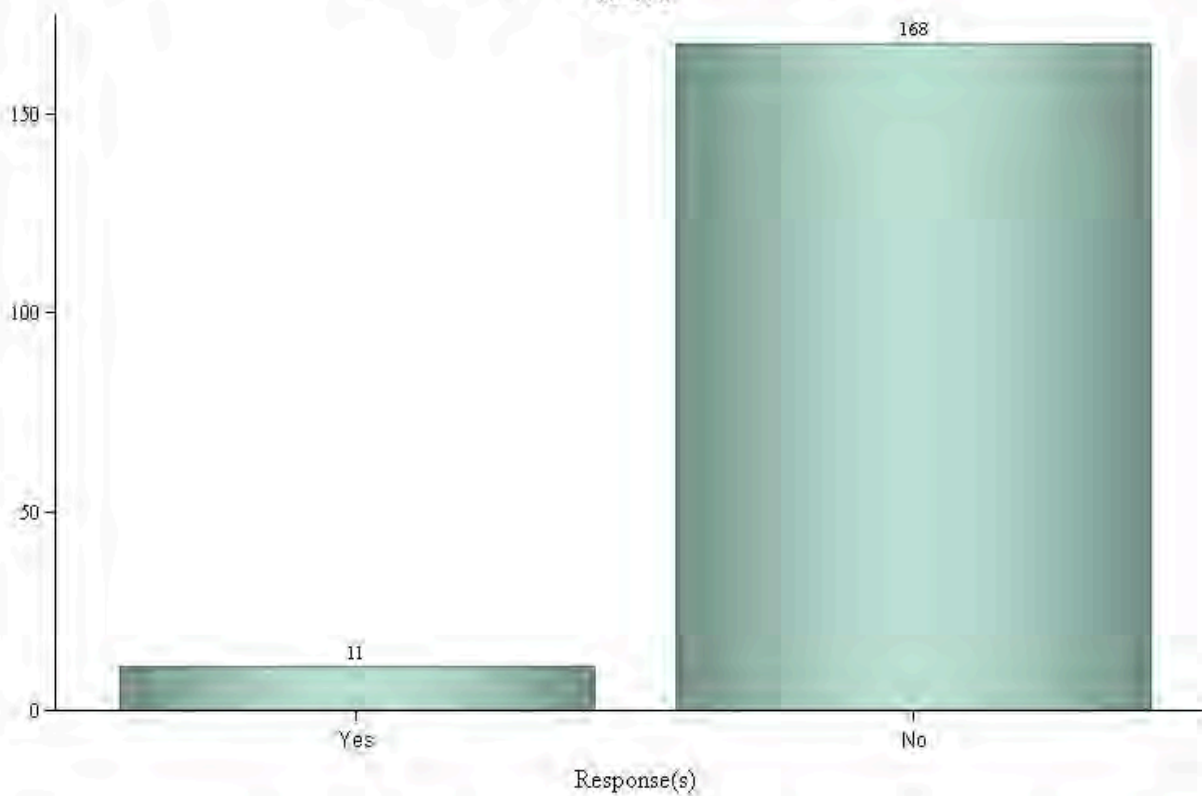


Responses	
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> No health insurance	<input type="checkbox"/> Insurance does not cover what I/we need
<input type="checkbox"/> Share of the cost (deductible/co-pay) was too high	<input type="checkbox"/> Need appointment hours outside of 8:00am - 5:00pm
<input type="checkbox"/> Don't know where to go	<input type="checkbox"/> The wait is too long at provider's office
<input type="checkbox"/> No way to get there	<input type="checkbox"/> Not ready to face health problem
<input type="checkbox"/> Didn't believe it would help	<input type="checkbox"/> Provider is too far away
<input type="checkbox"/> Culture/Health beliefs	<input type="checkbox"/> Lack of childcare
<input type="checkbox"/> No providers are available	<input type="checkbox"/> Provider will not take my/our insurance

Legend is in order of the bars, left to right top to bottom

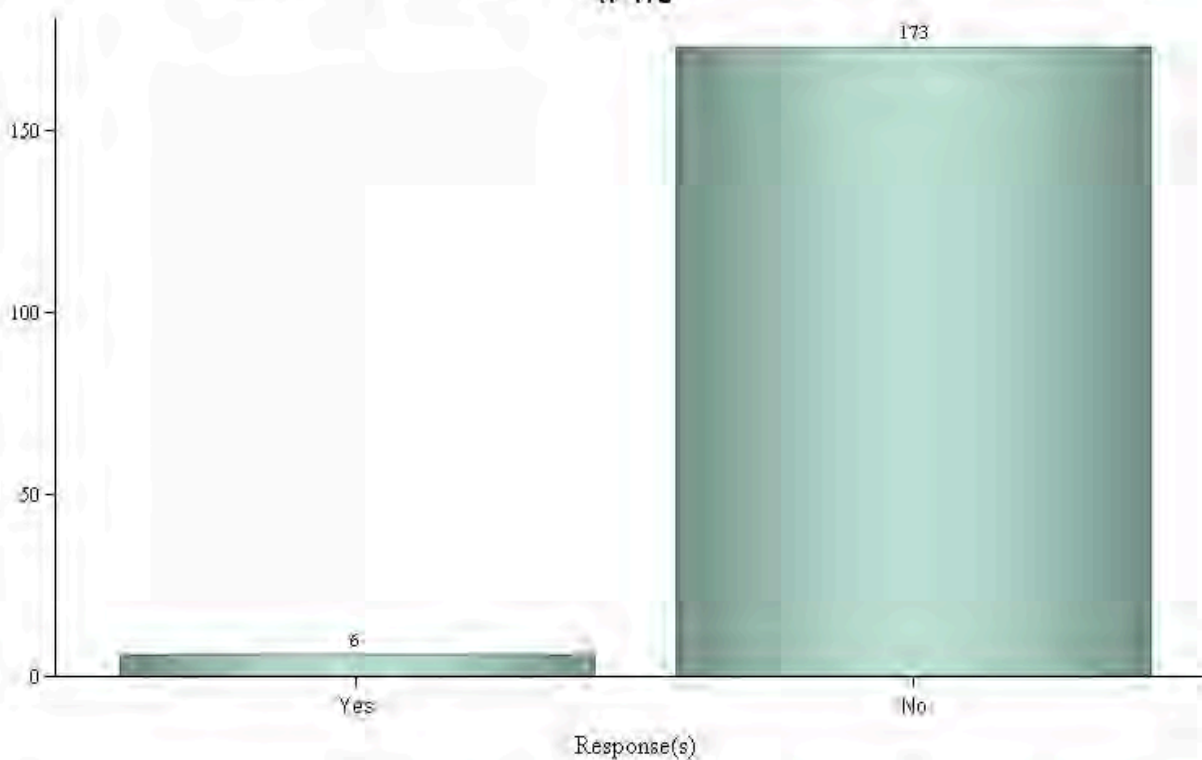
39. Within the past 12 months, did you worry that your food would run out before you got money to buy more?

n=179



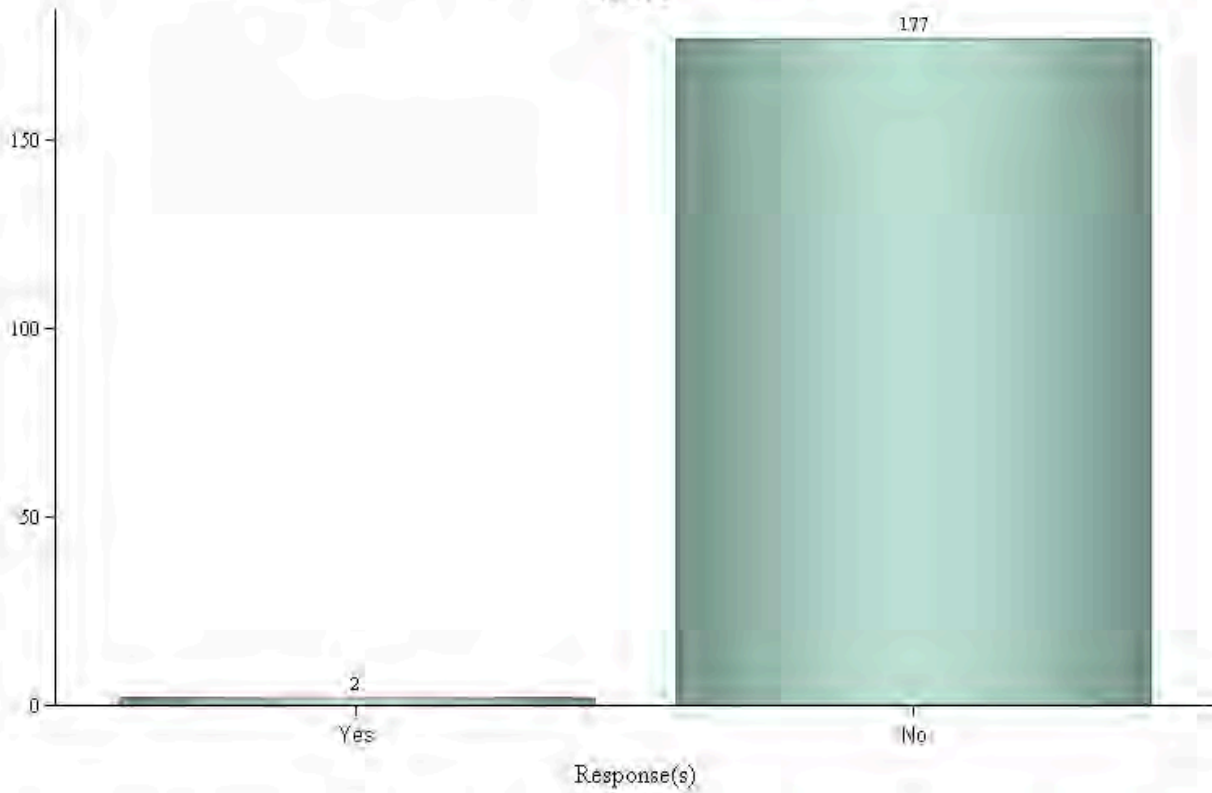
40. Within the past 12 months, has lack of reliable or affordable transportation kept you from medical appointments, getting medicines, non-medical meetings or appointments, work, or from getting things that you need?

n=179



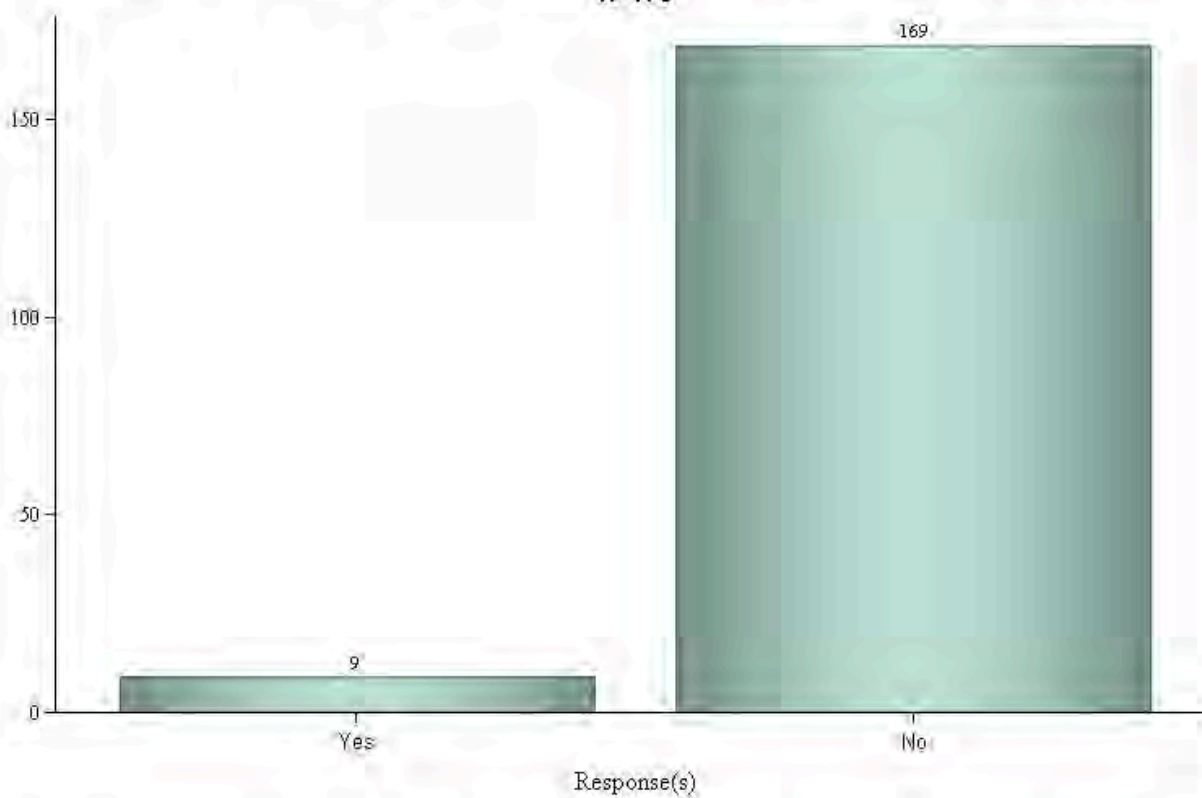
41. Within the past 12 months have you intentionally been hit, slapped, kicked or otherwise physically hurt by someone?

n=179



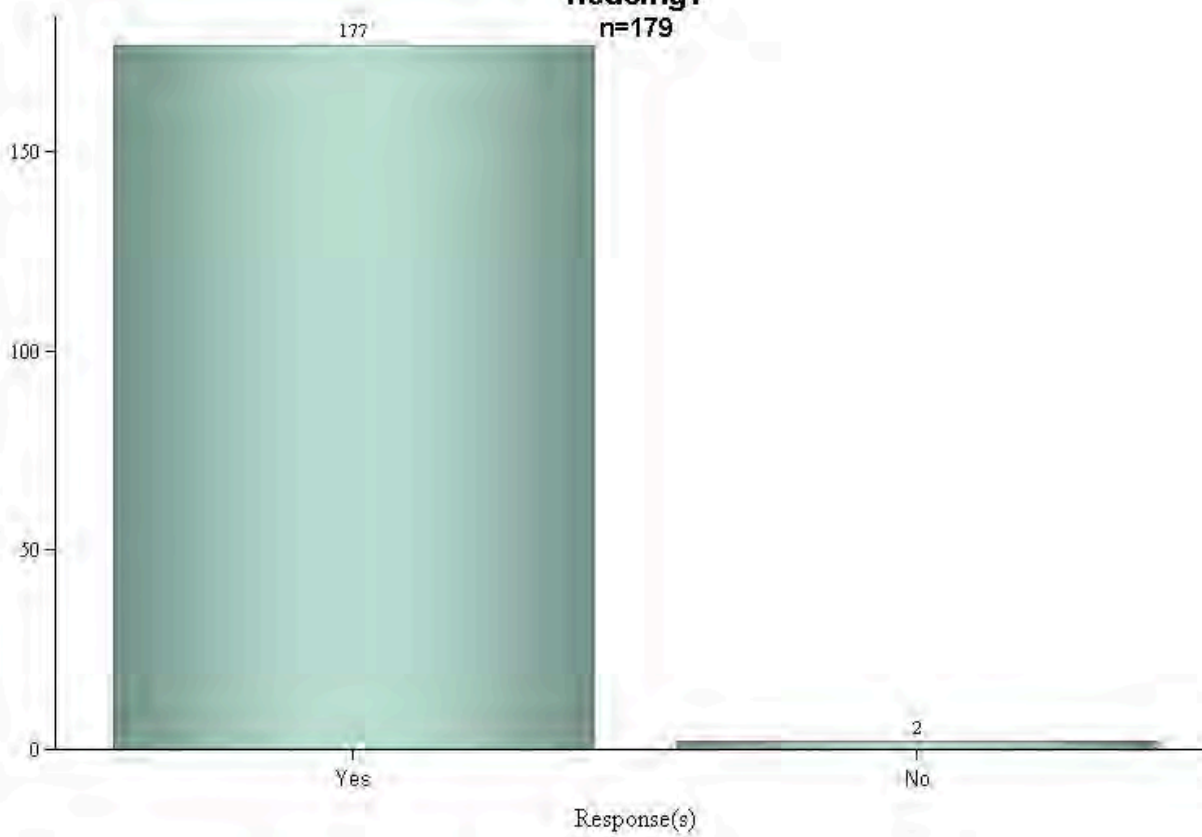
42. Within the past 12 months, have you been humiliated, yelled at, insulted, put down or emotionally abused in other ways by your partner or ex-partner?

n=178



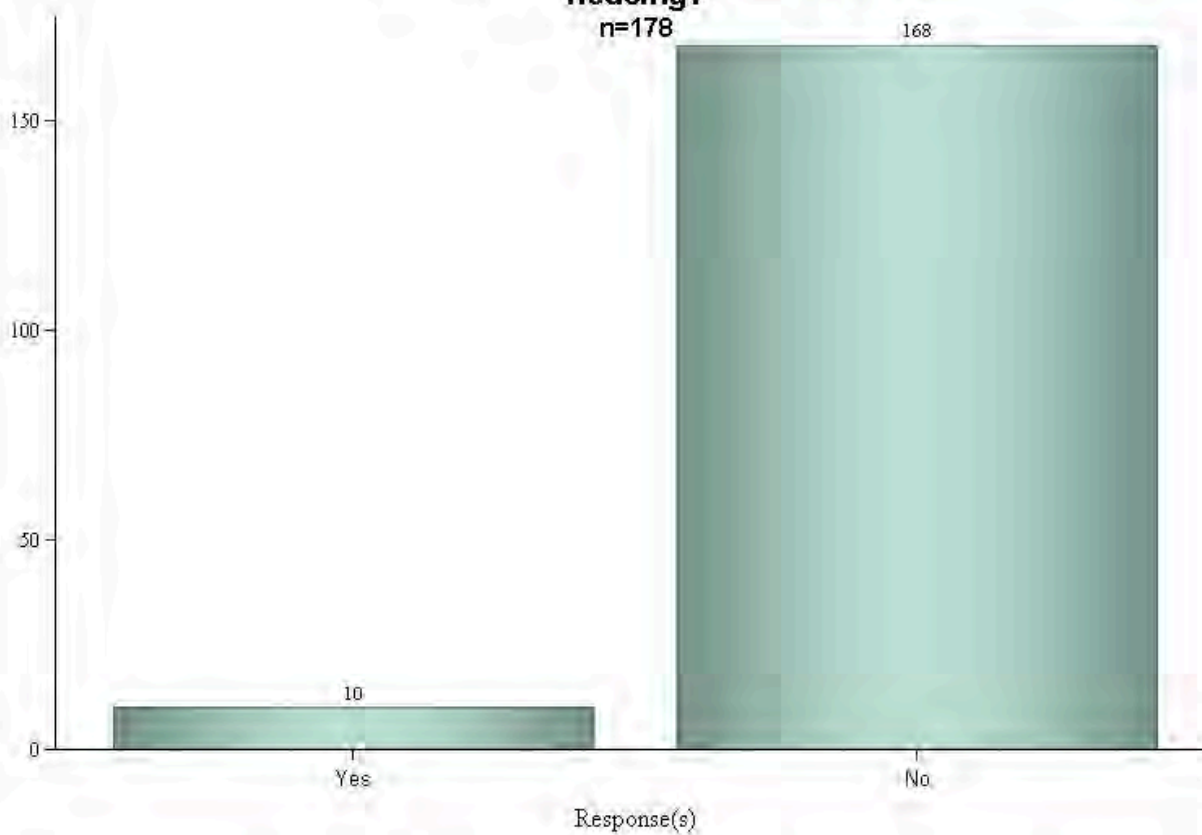
43. Do you have housing?

n=179



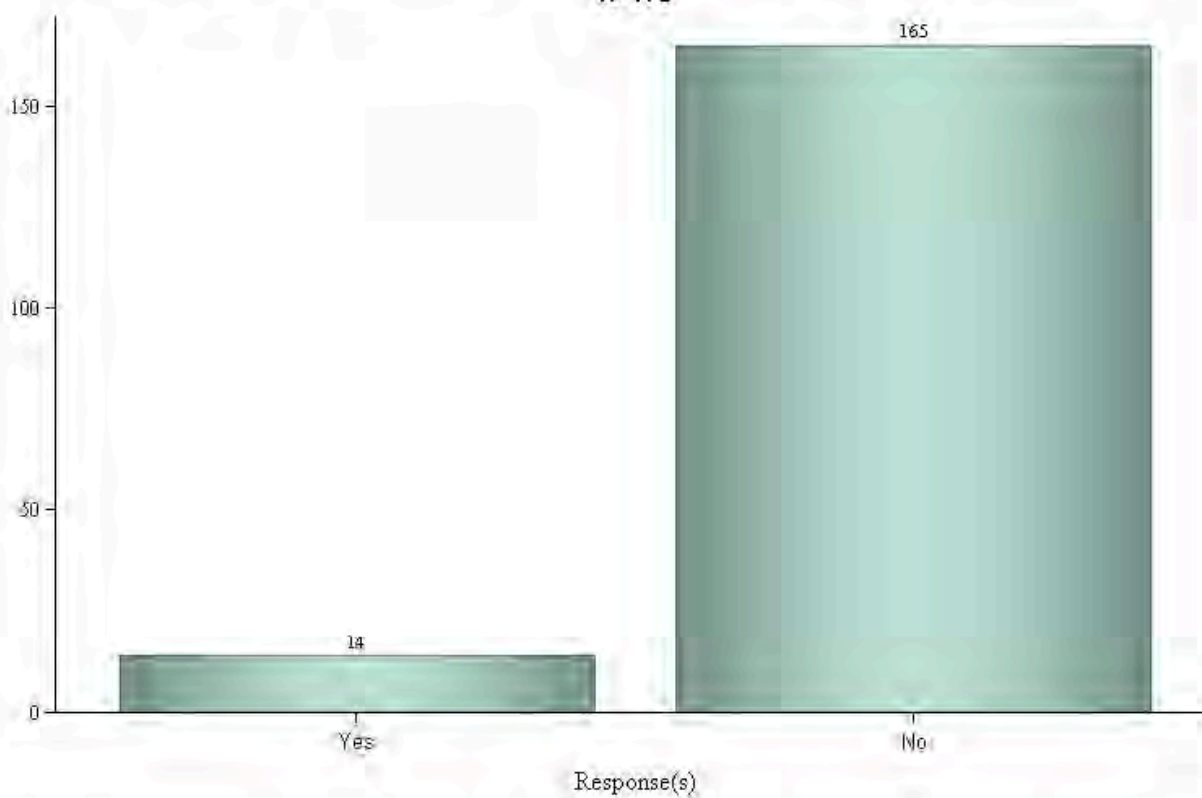
44. Are you worried about losing your housing?

n=178

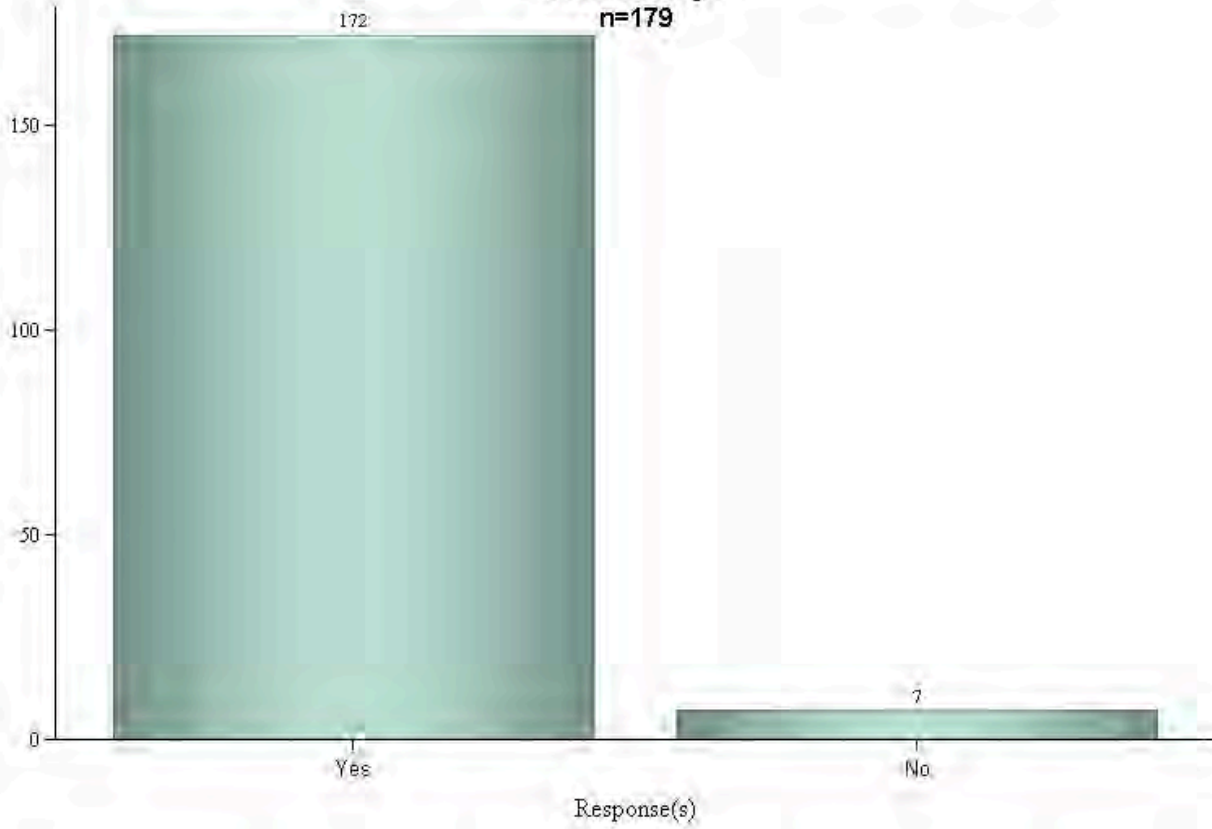


45. Within the past 12 months, have you or members of your household been unable to get utilities (heat, electricity) when it was really needed?

n=179

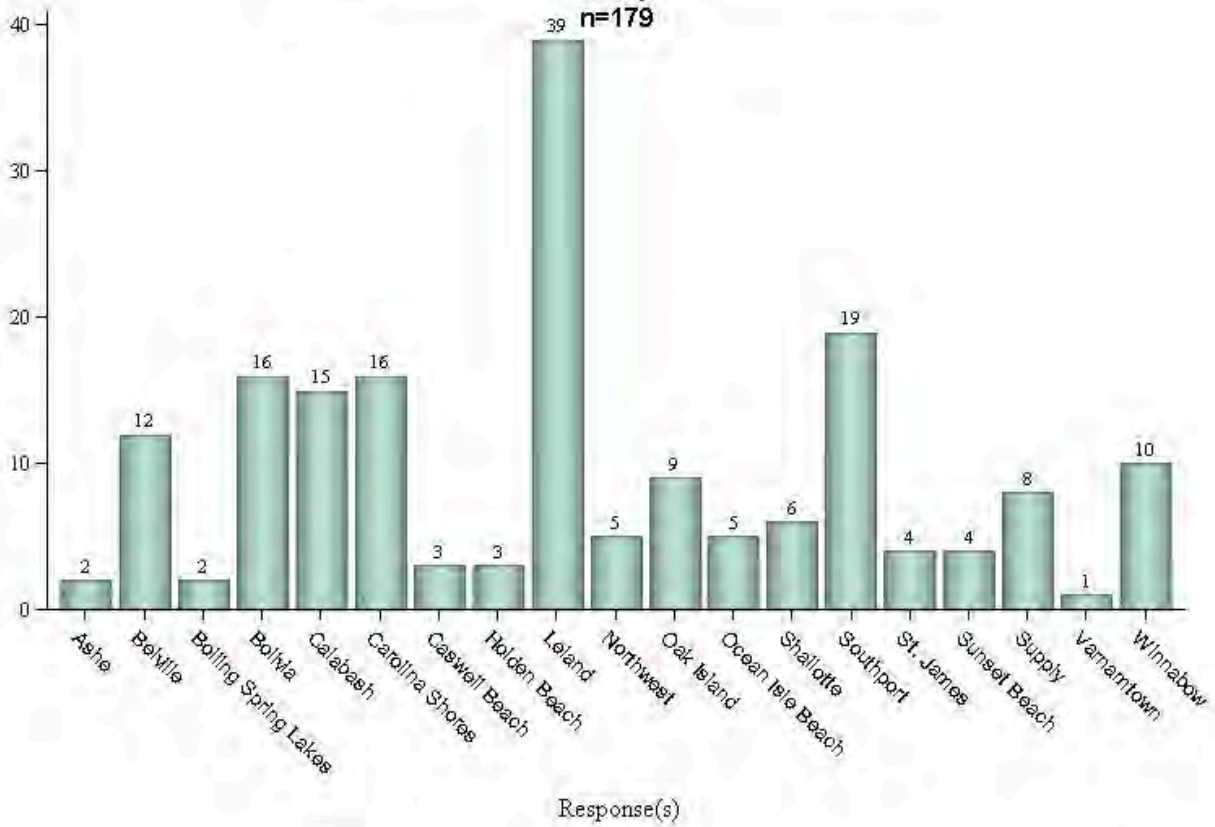


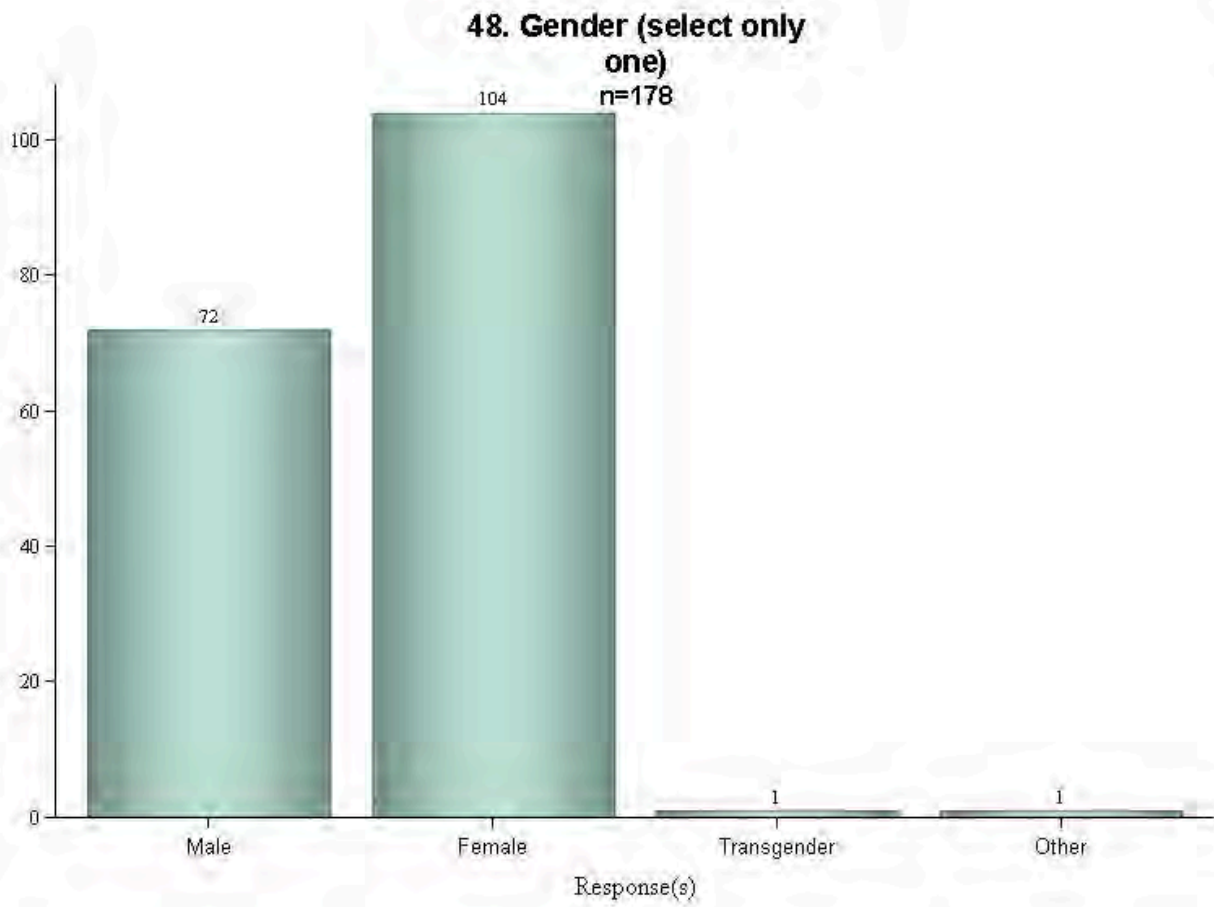
46. Do you feel physically safe and emotionally safe in your community?



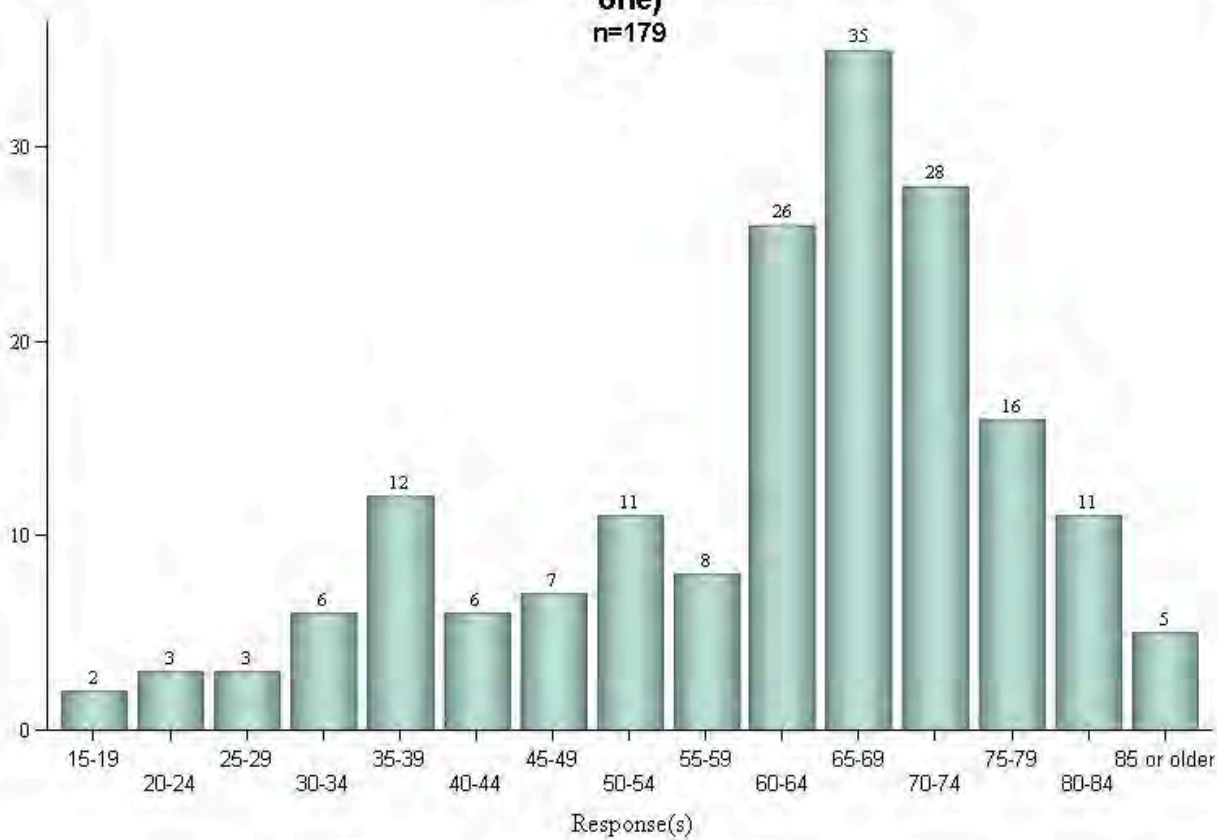
47. What community do you live in? (select only one)

n=179

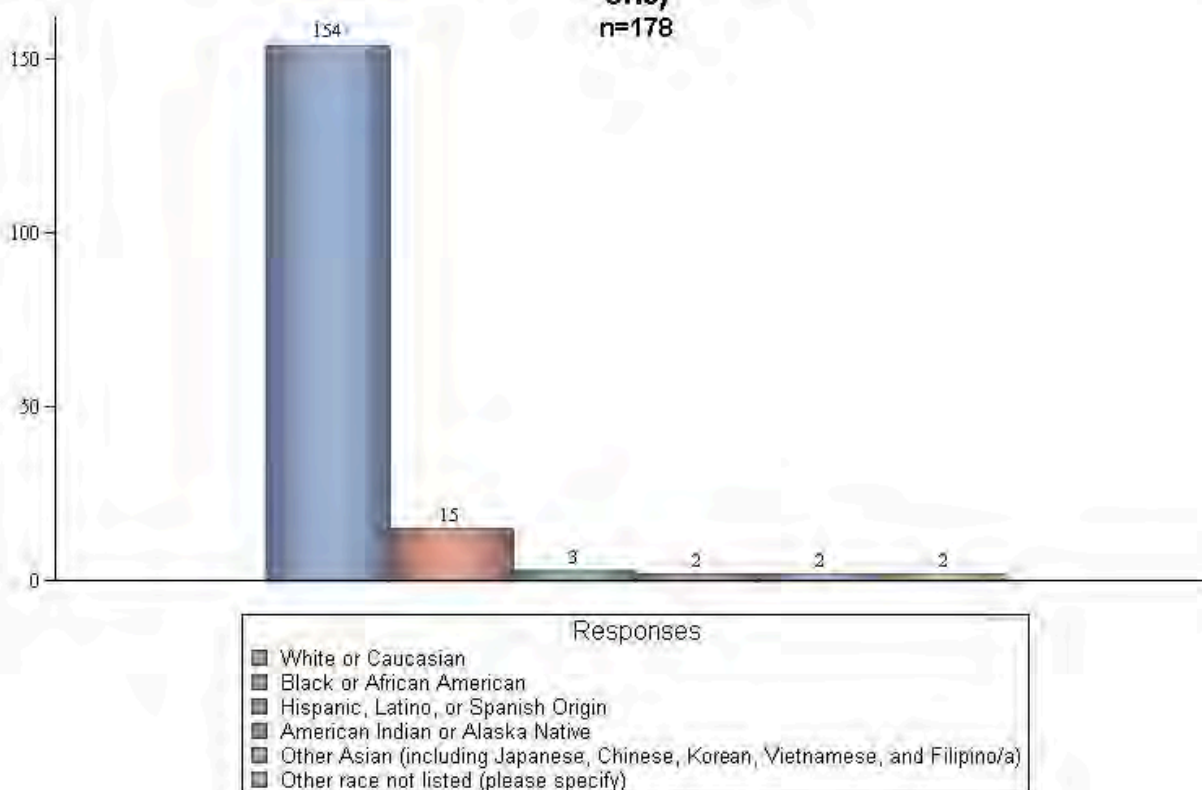




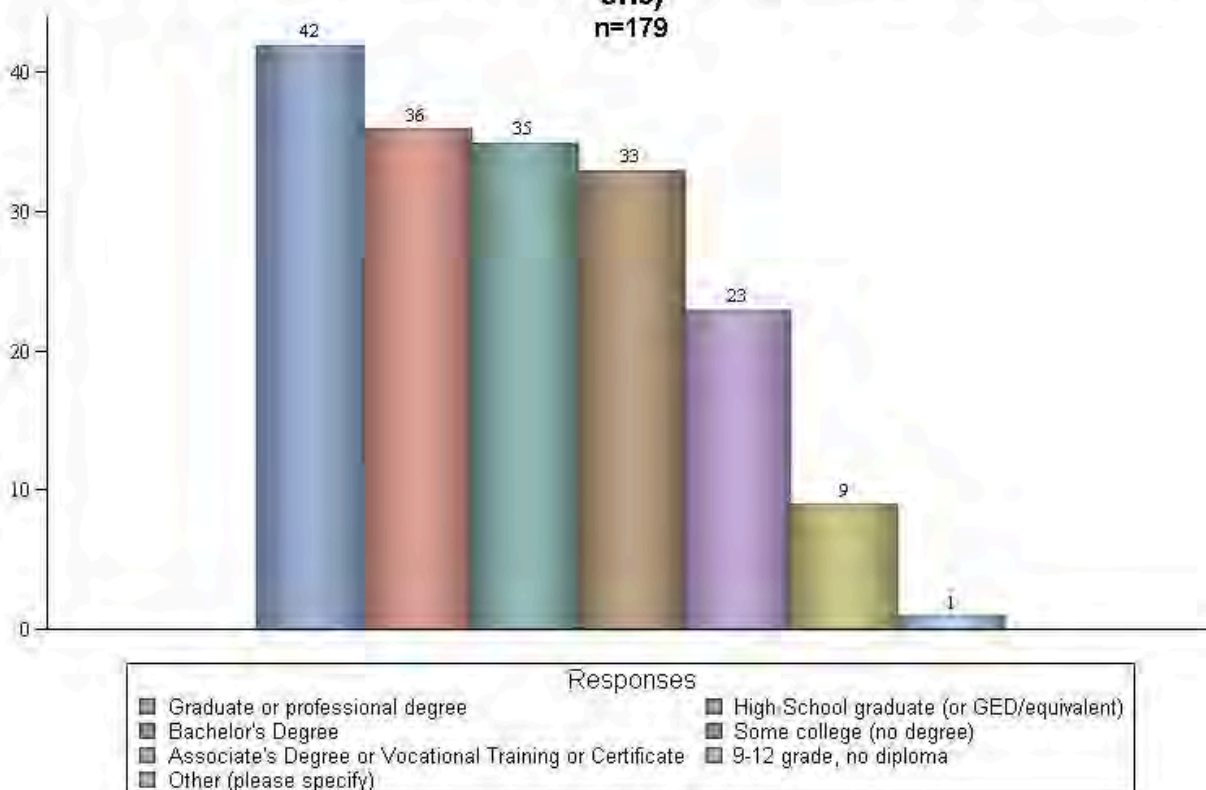
49. Age (select only one)
n=179



50. Race (select only one)
n=178



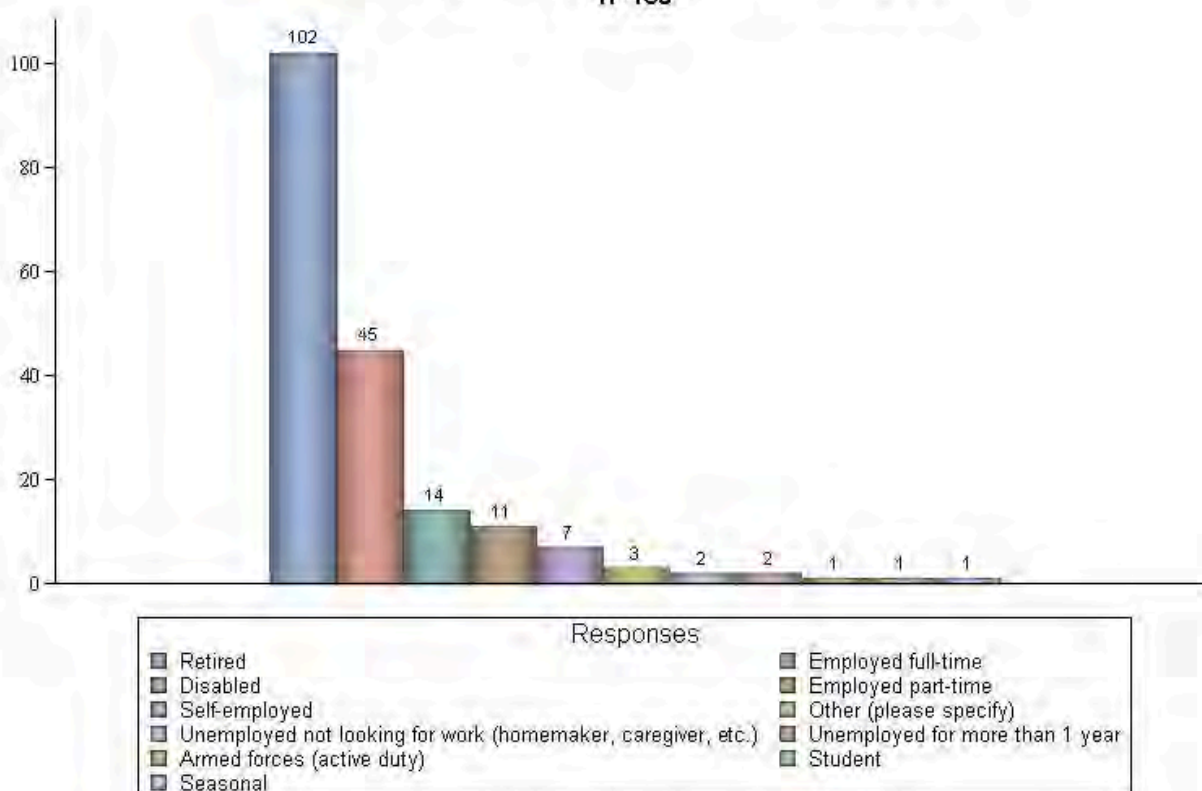
51. What is the highest grade or year of school you completed? (select only one)
n=179



Legend is in order of the bars, left to right top to bottom

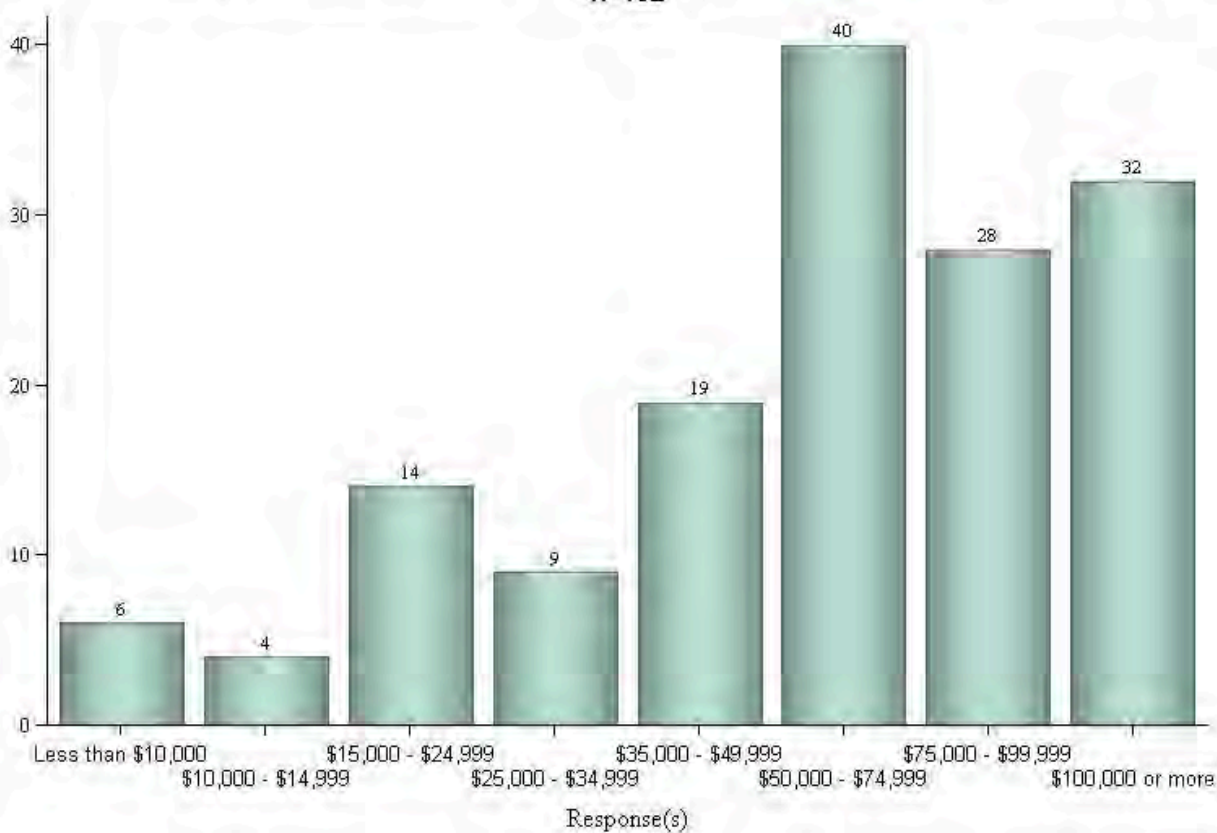
52. Employment status (select all that apply)

n=189

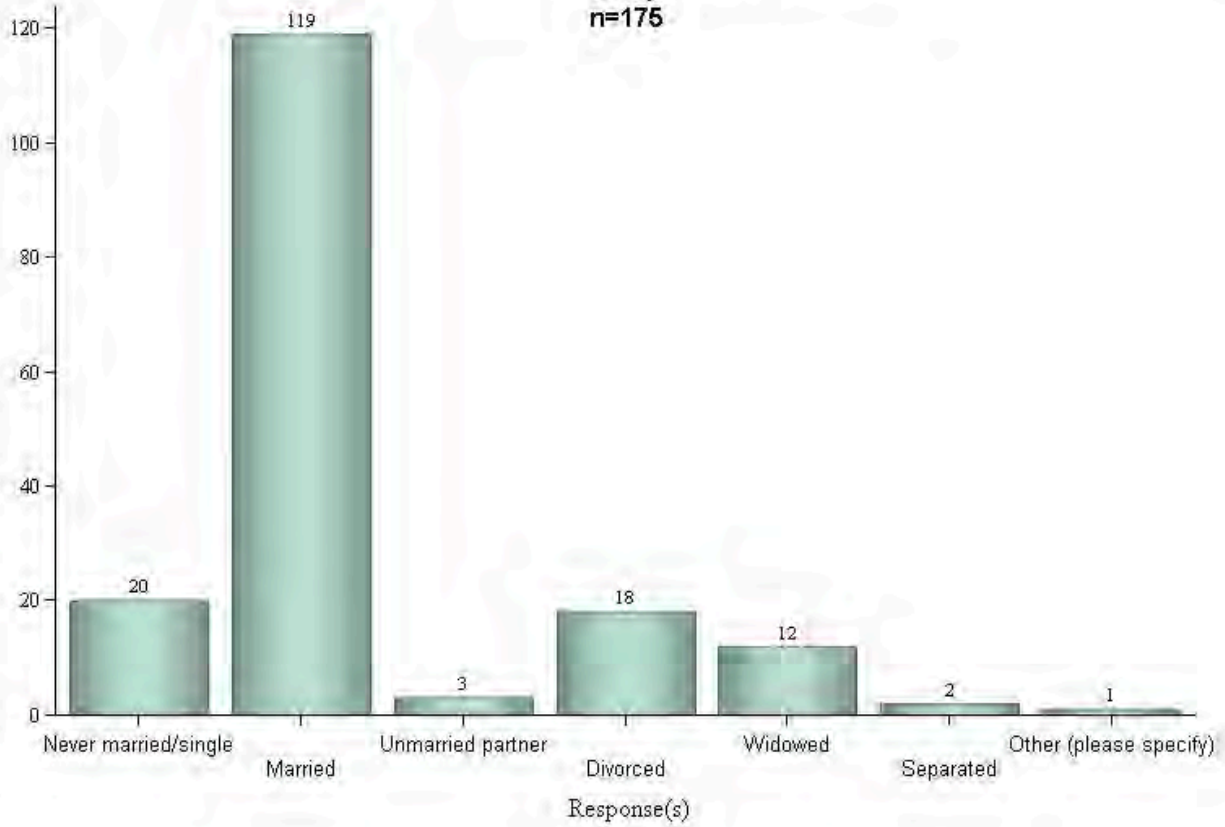


53. What was your total household income last year before taxes? (select only one)

n=152

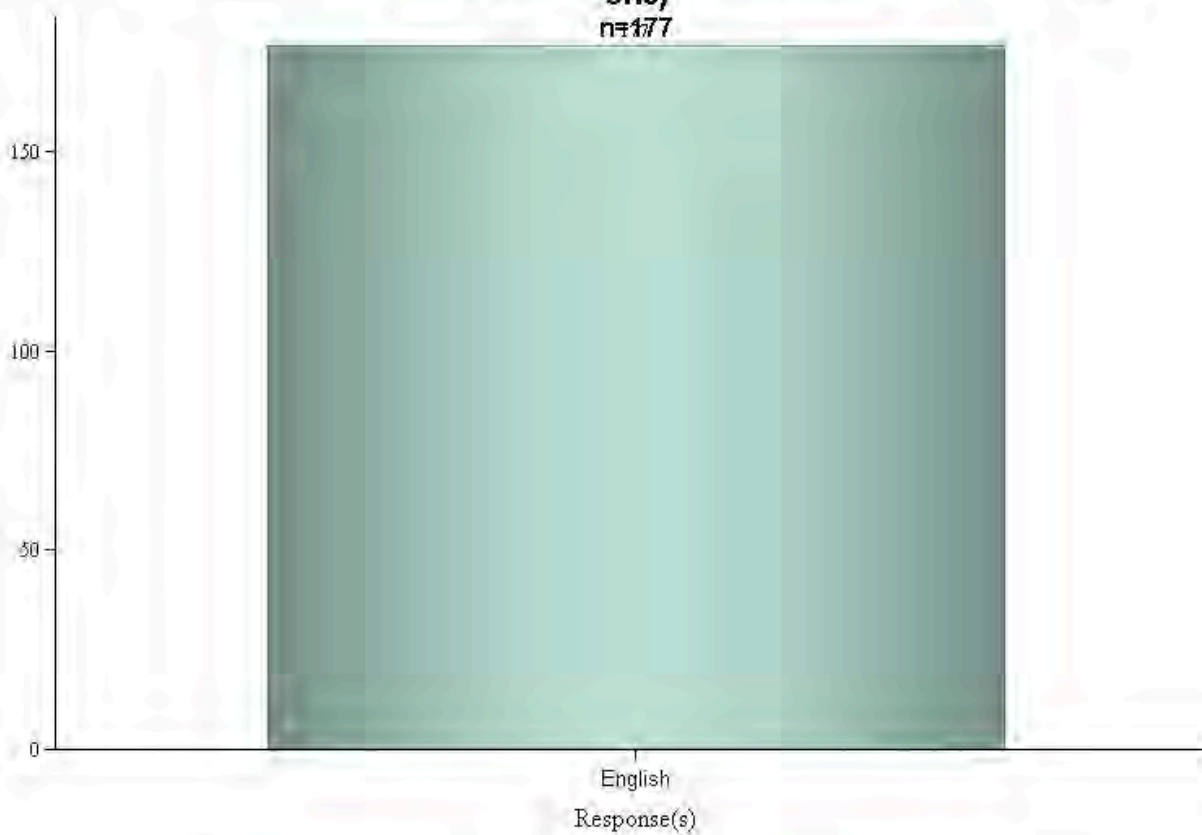


54. What is your marital status? (select only one)
n=175



55. What is the primary language spoken in the home? (select only one)

n=177



Appendix 4: Secondary Data Tables & Sources

Section I. Demographics and Community Characteristics

Table 1. General Demographic Characteristics, 2018.

Location	2018 Total Population Estimate	Number Males	Population Males (%)	Median Age Males	Number Females	Population Female (%)	Median Age Females	Overall Median Age
Brunswick County	136,744	65,301	47.8	50.3	71,443	52.2	53.1	51.9
Carteret County	69,524	34,054	48.98	47.3	35,470	51.02	50.8	49.1
New Hanover County	232,274	110,744	47.68	38.0	121,530	52.32	40.5	38.7
State of NC	10,270,800	5,050,861	49.18	37.4	5,332,759	51.92	40.4	38.9

Source: US Census Bureau, Population Estimates: 2018 Annual Estimates of the Resident Population

Table 2. Decennial Population Growth (Actual and Projected) 1980-2030.

Location	Number of Persons and Percent Growth										
	1980	1990	% Growth '80-'90	2000	% Growth '90-'00	2010	% Growth '00-'10	2020 (Projection)	% Growth '10-'20	2030 (Projection)	% Growth '20-'30
Brunswick County	35,777	50,985	42.5	73,141	43.4	107,431	46.8	143,157	33.3	176,429	23.2
Carteret County	41,092	52,553	27.9	59,383	13.0	66,469	11.9	71,652	7.8	77,380	8.0
New Hanover County	103,471	120,284	16.2	160,327	33.3	202,667	26.4	241,782	19.3	282,723	16.9
State of NC	5,880,095	6,632,448	12.8	8,046,813	21.3	9,535,483	18.5	10,619,432	11.4	11,759,744	10.7

Source: Log Into North Carolina (LINC) Database, Total Population.

Table 3. Decennial Population Growth (Actual and Projected) For Ages 65 Years and Older, 2000-2030.

Location	2000 Census			2010 Census			2020 (Projected)			2030 (Projected)		
	Total Pop.	Pop. 65+	% Pop. 65+	Total Pop.	Pop. 65+	% Pop. 65+	Total Pop.	Pop. 65+	% Pop. 65+	Total Pop.	Pop. 65+	% Pop. 65+
Brunswick County	73,141	12,380	16.9	107,431	23,026	21.4	143,157	44,321	31.0	176,429	60,351	34.2
Carteret County	59,383	10,227	17.2	66,469	12,659	19.0	71,652	18,271	25.5	77,380	22,385	28.9
New Hanover County	160,327	20,567	12.8	202,667	28,092	13.9	241,782	43,145	17.8	282,723	56,654	20.0
State of NC	8,046,813	969,048	12.0	9,535,483	1,234,079	12.9	10,619,432	1,789,725	16.9	11,759,744	2,355,463	20.0

Source: Log Into North Carolina (LINC) Database, Total Population.

Table 4. Five-Year Birth Rate Estimates (Births Per 1,000 Women), 2010-2014 to 2013-2017.																
Location	2010-2014				2011-2015				2012-2016				2013-2017			
	Total	Whit, Non-Hisp.	Af Am, Non-Hisp.	Hisp.	Total	Whit, Non-Hisp.	Af Am, Non-Hisp.	Hisp.	Total	Whit, Non-Hisp.	Af Am, Non-Hisp.	Hisp.	Total	Whit, Non-Hisp.	Af Am, Non-Hisp.	Hisp.
Brunswick County	9.3	8.6	10.0	18.2	9.0	8.4	10.1	16.9	8.7	8.0	9.9	17.0	8.4	7.6	9.7	17
Carteret County	9.5	8.8	9.4	26.6	9.0	8.7	8.3	11.5	8.8	8.4	7.9	16.5	8.6	8.3	8.1	16.0
New Hanover County	10.7	9.4	13.6	21.5	10.6	9.2	13.6	21.7	10.4	9.1	13.1	21.5	10.3	9.0	13.0	21.6
State of NC	12.4	10.5	13.4	21.3	12.2	10.4	13.3	20.6	12.1	10.3	13.1	20.3	12.0	10.2	13.0	19.7

Source: NC State Center for Health Statistics, County Health Databook.

Table 5. Population Density (Persons per Square Mile) Estimates and Projections, 1980-2030.	
Location	Number of Persons per Square Mile

	1980	1990	2000	2010	2020 (Projection)	2030 (Projection)
Brunswick County	41	59	85	120	169	208
Carteret County	78	98	114	126	141	152
New Hanover County	560	604	805	1,006	1,262	1,476
State of NC	120	136	165	192	220	248

Source: Log Into North Carolina (LINC) Database, Topic Group Population and Housing, Total Population, Population Density

Table 6. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin, 2018.													
Location	Total	Non-Hispanic Ethnicity										Hispanic Ethnicity	
		White		Black or African-American		American Indian and Alaskan Native		Asian, Native Hawaiian and Other Pacific Islander		Two or More Races		Hispanic or Latino of Any Race	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	136,744	112,265	82.1	13,699	10.0	866	0.5	1,083	0.6	2,167	1.6	6,664	4.8
Carteret County	69,524	60,138	86.5	3,817	5.5	312	0.5	959	1.4	1,333	1.9	2,965	4.2
New Hanover County	232,274	179,674	77.3	30,748	13.2	883	0.4	3,608	1.6	4,337	1.9	13,024	5.6
State of NC	10,383,620	6,525,505	62.8	2,219,512	21.4	116,180	1.1	324,518	3.1	200,556	1.9	997,349	9.6

Source: US Census Bureau, Population Estimates: 2018 Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin.

Table 7. Population Estimates by Age Group, 2010 Census.												
Age Group	Brunswick County						North Carolina					
	No. in Population			% of Total Population			No. in Population			% of Total Population		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages	107,431	52,660	54,771	100.0	49.0	51.0	9,535,483	4,645,492	4,889,991	100.0	48.7	51.3
Under 5	5,828	3,034	2,794	5.4	2.8	2.6	632,040	322,871	309,169	6.6	3.4	3.2
5 to 9	5,539	2,856	2,683	5.2	2.7	2.5	635,945	324,900	311,045	6.7	3.4	3.3
10 to 14	5,411	2,793	2,618	5.0	2.6	2.4	631,104	322,795	308,309	6.6	3.4	3.2
15 to 19	5,289	2,763	2,526	4.9	2.6	2.4	659,591	338,271	321,320	6.9	3.5	3.4
20 to 24	4,707	2,361	2,346	4.4	2.2	2.2	661,573	336,648	324,925	6.9	3.5	3.4
25 to 29	5,575	2,794	2,781	5.2	2.6	2.6	627,036	311,499	315,537	6.6	3.3	3.3
30 to 34	5,877	2,866	3,011	5.5	2.7	2.8	619,557	304,807	314,750	6.5	3.2	3.3
35 to 39	6,127	3,082	3,045	5.7	2.9	2.8	659,843	324,681	335,162	6.9	3.4	3.5

Table 7. Population Estimates by Age Group, 2010 Census.												
Age Group	Brunswick County						North Carolina					
	No. in Population			% of Total Population			No. in Population			% of Total Population		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
40 to 44	6,067	3,010	3,057	5.6	2.8	2.8	667,308	329,652	337,656	7.0	3.5	3.5
45 to 49	6,950	3,399	3,551	6.5	3.2	3.3	698,753	341,432	357,321	7.3	3.6	3.7
50 to 54	7,500	3,545	3,955	7.0	3.3	3.7	669,893	323,702	346,191	7.0	3.4	3.6
55 to 59	8,752	3,895	4,857	8.1	3.6	4.5	600,722	285,244	315,478	6.3	3.0	3.3
60 to 64	10,783	5,052	5,731	10.0	4.7	5.3	538,039	255,034	283,005	5.6	2.7	3.0
65 to 69	9,402	4,707	4,695	8.8	4.4	4.4	403,024	188,125	214,899	4.2	2.0	2.3
70 to 74	5,926	3,020	2,906	5.5	2.8	2.7	294,543	133,021	161,522	3.1	1.4	1.7
75 to 79	3,747	1,920	1,827	3.5	1.8	1.7	223,655	94,981	128,674	2.3	1.0	1.3
80 to 84	2,227	1,005	1,222	2.1	0.9	1.1	165,396	63,573	101,823	1.7	0.7	1.1
85 and older	1,724	558	1,166	1.6	0.5	1.1	147,461	44,256	103,205	1.5	0.5	1.1

Source: US Census Bureau, 2010 Census, Table DP-1: Profile of General Population and Housing Characteristics

Table 8. Population Estimates by Age Group, 2018						
Age Group	Brunswick County			North Carolina		
	No. in Population			No. in Population		
	Total	Male	Female	Total	Male	Female
All ages	136,744	65,301	71,443	10,383,620	5,050,861	5,332,759
Under 5	5,304	2,693	2,611	610,128	311,910	298,218
5 to 9	5,833	3,028	2,805	628,094	319,840	308,254
10 to 14	6,145	3,150	2,995	664,208	338,549	325,659
15 to 19	5,634	2,881	2,753	684,178	347,988	336,190
20 to 24	5,257	2,609	2,648	697,871	361,197	336,674
25 to 29	6,225	3,134	3,091	728,562	366,599	361,963
30 to 34	6,081	2,887	3,194	664,586	326,859	337,727
35 to 39	6,623	3,139	3,484	658,604	320,982	337,622
40 to 44	6,375	3,076	3,299	637,301	310,152	327,149
45 to 49	7,290	3,558	3,732	697,294	340,439	356,855
50 to 54	8,073	3,704	4,369	680,546	331,494	349,052
55 to 59	10,750	4,748	6,002	695,970	332,859	363,111
60 to 64	14,084	6,180	7,904	647,013	303,496	343,517
65 to 69	16,137	7,476	8,661	560,023	257,565	302,458
70 to 74	12,979	6,404	6,575	450,435	206,138	244,297
75 to 79	7,467	3,800	3,667	300,671	133,208	167,463
80 to 84	3,569	1,715	1,854	192,387	78,846	113,541
85 and older	2,918	1,119	1,799	185,749	62,740	123,009

Source: US Census Bureau, 2017 Population Estimates, Table PEPAGESEX: Annual Estimates of the Resident Population

Table 9. Youth Population by Age, 2018.															
County	6	7	8	9	10	11	12	13	14	15	16	17	Ages 6-15	Ages 6-17	Ages 10-17
Brunswick	1,158	1,220	1,331	1,359	1,364	1,388	1,367	1,311	1,288	1,329	1,328	1,347	13,115	15,790	10,722
Carteret	651	662	645	652	723	747	740	731	678	710	798	804	6,939	8,541	5,931
New Hanover	2,306	2,378	2,428	2,465	2,486	2,512	2,459	2,481	2,414	2,403	2,441	2,476	24,332	29,249	19,672
State of NC	123,818	126,668	129,233	132,228	134,592	134,413	133,752	134,002	133,115	133,117	136,889	136,653	1,314,938	1,588,480	1,076,533

Source: NC Department of Public Safety, Statistics and Data, NC Juvenile Justice County Databook, 2018.

Table 10. Number of Persons (ages 17-105) in Prison, 2019.			
Location	Number of Persons		
	No.	Female	Male
Brunswick County	260	42	218
Carteret County	263	65	198
New Hanover County	642	112	530
State of NC	23,902	3,636	20,266

Source: A. S. Q. Custom Offender Reports, North Carolina Department of Public Safety, Office of Research and Planning

Population Characteristics

Table 11. Five-Year Estimates of Non-English Speaking Population Growth, Before 1990 to After 2010.				
Location	Number of Persons Arriving			
	Before 1990	1990-1999	2000-2009	After 2010
Brunswick County	2,720	1,451	1,684	384
Carteret County	1,370	691	840	3,328
New Hanover County	4,473	2,724	5,252	13,754
State of NC	223,966	233,323	295,791	152,017

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table B05005: Year of Entry by Nativity and Citizenship Status in the US.

Table 12. Five-Year Estimates of Latino/Hispanic Population in Brunswick County by Age, 2013-2017.							
Age Group	No. Total Population	% of Total Population	No. Latino/Hispanic Population	% of Latino/Hispanic Population	# of Males in Latino Population	% Males among Latino/Hispanic Population	# of Females
Total All Ages	122,586	100.0	5,816	100.0	3,297	100.0	2,519
Under 5 years	5,346	4.4	652	11.21	414	12.56	238
5 to 9	5,927	4.8	519	8.92	208	6.31	311
10 to 14	5,820	4.7	757	13.02	443	13.44	314
15 to 17	5,190	4.2	289	4.97	228	6.92	61
18 to 19	4,983	4.1	135	2.32	117	3.55	18
20 to 24	11,744	9.6	403	6.93	186	5.64	217
25 to 29	12,658	10.3	408	7.02	223	6.76	185
30 to 34	14,726	12.0	403	6.93	183	5.55	220
35 to 44	9,907	8.1	1,050	18.05	661	20.05	389
45 to 54	11,877	9.7	530	9.11	289	8.77	241
55 to 64	23,618	19.3	347	5.97	181	5.49	166
65 to 74	8,563	7.0	207	3.56	130	3.94	77
75 to 84	2,227	1.8	45	0.77	34	1.03	11
85 + years	5,346	4.4	71	1.22	0	0	71

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table B01001: Sex by Age (Hispanic or Latino)

Table 13. Five-Year Estimates of Veteran Status of Adults, by Age, 2013- 2017.												
Location	Civilian Population 18 Years and Over					#/% Veterans by Age					Disability Status of Civilian Population 18 Years and Over	
	Total	# Non-Veterans	% Non-Veterans	# Veterans	% Veterans	18 to 34 years	35 to 54 years	55 to 64 years	65 to 74 years	75 years and over	With any disability #/%	Without any disability #/%
Brunswick County	101,914	88,594	86.9	13,320	13.1	635/4.8	1,979/14.9	2,313/17.4	5,423/40.7	2,970/22.3	19,686/19.5	81,379/80.5

Table 13. Five-Year Estimates of Veteran Status of Adults, by Age, 2013- 2017.												
Location	Civilian Population 18 Years and Over					#/% Veterans by Age					Disability Status of Civilian Population 18 Years and Over	
	Total	# Non-Veterans	% Non-Veterans	# Veterans	% Veterans	18 to 34 years	35 to 54 years	55 to 64 years	65 to 74 years	75 years and over	With any disability #/%	Without any disability #/%
Carteret County	55,317	47,044	85.0	8,273	15.0	452/5.5	2,052/24.8	1,691/20.4	2,365/28.6	1,713/20.7	12,251/22.5	42,177/77.5
New Hanover County	177,098	161,877	91.4	15,221	8.6	1,227/8.1	3,615/23.8	2,442/16.0	4,421/29.0	3,516/23.1	25,569/14.9	145,695/85.1
State of NC	7,666,358	6,996,032	91.3	670,326	8.7	62,917/9.4	177,929/26.5	131,279/19.6	167,331/25.0	130,870/19.5	1,240,406/16.6	6,225,947/83.4

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table S2101: Veteran Status

Table 14. Five-Year Estimates of Economic Characteristics, 2013-2017.						
Location	2017 Per Capita Income	Per Capita Income Difference from State	2017 Projected Median Household Income	Median Household Income Difference from State	2017 Est Median Family Income	Median Family Income Difference from State
Brunswick County	29,707	+\$1,584	51,164	+\$844	62,728	+\$533
Carteret County	30,903	+\$2,780	51,584	+\$1,264	64,555	+\$2,360
New Hanover County	31,708	+\$3,585	51,457	+\$1,137	52,447	-\$9,748
State of NC	28,123	n/a	50,320	n/a	62,195	n/a

Source: US Census Bureau, 2016 American Community Survey 5-Year Estimates, Table DP03: Selected Economic Characteristics

Table 15. Five-Year Estimates of Place of Work, 2013-2017.							
Location	Number and Percent of Residents						
	Total # Workers Over 16	# Working in County	% Working in County	# Working out of County	% Working out of County	# Working out of State	% Working out of State
Brunswick County	47,978	31,615	30.29	13,489	12.92	2,874	2.75
Carteret County	30,155	22,473	39.0	7,209	12.51	473	0.82
New Hanover County	105,969	95,186	52.21	9,480	5.2	1,303	0.71

Table 15. Five-Year Estimates of Place of Work, 2013-2017.							
Location	Number and Percent of Residents						
	Total # Workers Over 16	# Working in County	% Working in County	# Working out of County	% Working out of County	# Working out of State	% Working out of State
State of NC	4,570,330	3,265,928	40.71	1,186,279	14.79	118,123	1.47

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table B08007: Sex of Workers by Place of Work

Table 16. Top Employment Sectors in Brunswick County, 2018.						
Sector	Brunswick County (2018)			North Carolina (2017)		
	Avg. No. Employed	% Total Employment in Sector	Average Weekly Wage per Employee	Avg. No. Employed	% Total Employment in Sector	Average Weekly Wage per Employee
Retail Trade	5,395	16.65	\$484	501,944	11.8	\$523.94
Accommodation and Food Services	4,720	14.57	\$334	412,099	9.7	\$319.91
Health Care and Social Assistance	4,388	13.55	\$868	602,329	14.1	\$924.09
Educational Services	2,517	7.77	\$749	372,402	8.7	\$831.40
Public Administration	2,407	7.43	\$899	241,875	5.7	\$905
Construction	2,054	6.34	\$849	200,482	4.7	\$962.27
Administrative and Waste Services	1,760	5.43	\$657	295,184	6.9	\$662.86
Manufacturing	1,443	4.45	\$1,067	464,500	10.9	\$1,089.27
Arts, Entertainment and Recreation	1,349	4.16	\$406	73,222	1.7	\$587.73
Utilities	1,299	4.01	\$2,216	15,230	0.4	\$1,717.90
Professional and Technical Services	1,010	3.12	\$1,094	232,297	5.5	\$1,483.62
Real Estate and Rental and Leasing	859	2.65	\$683	56,941	1.3	\$906.04
Transportation and Warehousing	830	2.56	\$811	142,776	3.4	\$909.91
Other Services Ex. Public Admin	777	2.4	\$704	108,171	2.5	\$630
Wholesale Trade	555	1.71	\$1,024	182,811	4.3	\$1,327.55
Finance and Insurance	507	1.57	\$1,161	163,851	3.8	\$1,730.91
Information	280	0.86	\$1,119	79,995	1.9	\$1,493.87
Agriculture Forestry Fishing & Hunting	227	0.7	\$686	28,447	0.7	\$654.79
Mining	Not reported	Not reported	Not reported	Data suppressed	Data suppressed	--

Mgt of Companies, Enterprises	Not reported	Not reported	Not reported	83,824	2.0	\$1,992.91
TOTAL ALL SECTORS	32,394	100.0	\$755	4,258,380	100.0	\$936

Source: NC Department of Commerce Labor & Economic Analysis, Annual QCEW statistics

Table 17. Major Employers in Brunswick County, 2016.			
Rank	Company	Industry	No. Employed
1	Brunswick Co Board Of Education	Education & Health Services	1000+
2	Progress Energy Service Co	Trade, Transportation, & Utilities	1000+
3	County Of Brunswick	Public Administration	1000+
4	Wal-Mart Associates Inc	Trade, Transportation, & Utilities	500-999
5	Food Lion	Trade, Transportation, & Utilities	500-999
6	Brunswick Novant Medical Ctr.	Education & Health Services	500-999
7	BHI Energy I Power Services Llc	Professional & Business Services	500-999
8	Brunswick Community College	Education & Health Services	250-499
9	Lowes Food Stores Inc	Trade, Transportation, & Utilities	250-499
10	Dosher Memorial Hospital	Education & Health Services	250-499
11	Liberty Healthcare Group Llc	Education & Health Services	250-499
12	Troon Golf Llc	Leisure & Hospitality	250-499
13	Mcandersons Inc	Leisure & Hospitality	250-499
14	Department Of Defense	Public Administration	250-499
15	Lowes Home Centers Inc	Trade, Transportation, & Utilities	250-499
16	Sbh Wilmington Llc	Education & Health Services	100-249
17	Charter Day School Inc	Education & Health Services	100-249
18	Southeastern Cable	Construction	100-249
19	Victaulic Co Of America	Manufacturing	100-249
20	Bald Head Island	Financial Activities	100-249
21	Archer Daniels Midland Co (A Corp)	Manufacturing	100-249
22	Atlantic Telephone Membership Corp	Information	100-249

23	Hedgehog Healthcare Associates	Education & Health Services	100-249
24	Autumn Corporation	Education & Health Services	100-249
25	Coating & Adhesive Corp	Manufacturing	100-249

Source: NC Department of Commerce, Economic Intelligence Development System (EDIS), Business Data, Top Employers, by County Q4

Table 18. Unemployment Rate (%) (Per 100 workers) Among Civilian Workforce, 2010-2018.									
Location	2010	2011	2012	2013	2014	2015	2016	2017	2018
Brunswick County	12.5	12.2	11.2	9.8	7.9	7.3	6.4	5.6	5.2
Carteret County	9.6	9.7	8.9	7.8	6.2	5.9	5.2	4.4	4.3
New Hanover County	9.7	9.6	8.6	7.6	5.9	5.4	4.7	4.1	3.7
State of NC	10.9	10.3	9.3	8.0	6.3	5.7	5.1	4.5	3.9

Source: North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD). Local Area Unemployment Statistics (LAUS) - Unemployment Rate (%)

Table 19. Number of Uninsured, by Age Group, 2014-2017.						
Location	Category	Data Type	2014	2015	2016	2017
North Carolina	Children under age 19	Number	131,084	109,227	110,577	116,358
		Percent	5.5%	4.6%	4.7%	4.9%
	Adults age 18-64	Number	1,136,068	982,155	922,624	959,330
		Percent	18.9%	16.2%	15.1%	15.6%
	Total under age 65	Number	1,254,138	1,080,102	1,023,107	1,063,335

Table 19. Number of Uninsured, by Age Group, 2014-2017.

Location	Category	Data Type	2014	2015	2016	2017
		Percent	15.2%	13.0%	12.2%	12.6%
Brunswick	Children under age 19	Number	1,344	1,116	1,021	1,191
		Percent	6.3%	5.2%	4.8%	5.6%
	Adults age 18-64	Number	13,776	11,888	12,088	11,124
		Percent	20.8%	17.6%	17.6%	15.9%
	Total under age 65	Number	15,005	12,892	13,022	12,208
		Percent	17.4%	14.7%	14.6%	13.5%
Carteret	Children under age 19	Number	795	650	696	664
		Percent	6.0%	5.0%	5.3%	5.1%
	Adults age 18-64	Number	7,952	6,414	5,820	5,958
		Percent	19.5%	15.9%	14.6%	15.1%
	Total under age 65	Number	8,664	6,994	6,452	6,548
		Percent	16.3%	13.3%	12.3%	12.7%

Table 19. Number of Uninsured, by Age Group, 2014-2017.

Location	Category	Data Type	2014	2015	2016	2017
New Hanover	Children under age 19	Number	2,352	1,747	1,822	2,248
		Percent	5.4%	4.0%	4.1%	5.0%
	Adults age 18-64	Number	23,547	20,692	18,166	20,401
		Percent	17.4%	15.0%	13.1%	14.5%
	Total under age 65	Number	25,641	22,230	19,802	22,417
		Percent	14.5%	12.4%	10.9%	12.3%

Source: [US Census Bureau, Small Area Health Insurance Estimates \(SAHIE\)](#) - 2008 through 2017.

Table 20. Percent of Population enrolled in Medicaid or CHIP, SFY 2019.

Location	Percent
Brunswick County	18.5%
Carteret County	17.5%
New Hanover County	15.8%
State of NC	21.2%

Source: NC Division of Medical Assistance, SFY 2019 Enrollment Counts by County and Budget Groups.

Table 21. Five-Year Estimates of Disability Status, 2013-2017.

Location	2013-2017	
	With any Disability	No Disability

	Total No.	Less Than 50% of the Poverty Level (%)	Less Than 100% of the Poverty Level (%)	Less Than 125% of the Poverty Level (%)	Total No.	Less Than 50% of the Poverty Level (%)	Less Than 100% of the Poverty Level (%)	Less Than 125% of the Poverty Level (%)
Brunswick County	20,914	6.4	17.9	23.8	100,479	6.4	13.3	16.8
Carteret County	13,296	5.1	16.7	24.9	53,351	5.0	11.7	16.3
New Hanover County	27,185	9.3	24.4	31.4	185,617	9.3	17.1	21.5
State of NC	1,338,880	8.3	22.7	30.3	8,383,659	6.9	15.2	20.1

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S1703: Disability Status

Table 22. Five-Year Estimates of Children and Older Adults Living in Poverty, 2011-2017.												
Location	2011-2015				2012-2016				2013-2017			
	Total % in Poverty	% Related Children Under 5 in Poverty	% Related Children Under 18 in Poverty	% Adults 65 or Older in Poverty	Total % in Poverty	% Related Children Under 5 in Poverty	% Related Children Under 18 in Poverty	% Adults 65 or Older in Poverty	Total % in Poverty	% Related Children Under 5 in Poverty	% Related Children Under 18 in Poverty	% Adults 65 or Older in Poverty
Brunswick County	16.3	33.4	28.6	6.4	15.2	29.2	27.2	6.9	14.1	29.3	23.0	6.5
Carteret County	15.0	29.3	24.1	6.7	13.1	23.3	19.4	6.2	12.5	20.6	17.5	6.1
New Hanover County	17.7	25.9	23.3	7.3	17.7	24.9	22.3	8.7	18.0	24.1	22.7	8.8
State of NC	17.4	28.4	23.0	9.8	16.8	22.0	27.3	9.7	16.1	25.9	22.6	9.4

Source: US Census Bureau, American Community Survey 5-Year Estimates, Table DP03: Selected Economic Characteristics

Table 23. Five-Year Estimates of Selected Housing Characteristics, 2013-2017.	
	2013-2017 Estimate

Location	Total Housing Units	Vacant Housing Units		Occupied Housing Units		Owner Occupied Units		Renter Occupied Units		Mobile Home Units	
	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	84,702	31,598	37.3	53,104	62.7	40,983	77.2	12,121	22.8	19,817	23.4
Carteret County	49,580	19,580	39.5	30,000	60.5	21,801	72.7	8,199	27.3	9,075	18.3
New Hanover County	107,369	15,696	14.6	91,673	85.4	52,611	57.4	39,062	42.6	4,832	4.5
State of NC	4,521,697	647,351	14.3	3,874,346	85.7	2,517,896	65.0	1,356,450	35.0	595,685	13.2

Source: US Census Bureau, American Community Survey 5-Year Estimates, Table DP04: Selected Housing Characteristics.

Table 24. Characteristics of Renter-Occupied Housing Units, 2011-2017.												
Location	Renter-Occupied Units											
	2011-2015				2012-2016				2013-2017			
	Total Units	Units Spending >35% Household Income on Housing		Median Gross Monthly Rent	Total Units	Units Spending >35% Household Income on Housing		Median Gross Monthly Rent	Total Units	Units Spending >35% Household Income on Housing		Median Gross Monthly Rent
		No.	%			No.	%			No.	%	
Brunswick County	10,366	4,996	48.5	\$846	10,639	4,953	46.9	\$866	10,597	4,975	47.5	\$883
Carteret County	7,678	2,932	38.2	\$794	7,298	2,721	37.3	\$847	7,319	2,572	35.1	\$864
New Hanover County	36,473	15,986	45.0	\$907	36,723	15,815	44.2	\$928	37,578	16,214	44.5	\$938
State of NC	1,192,173	494,149	41.4	\$797	1,219,134	489,814	40.2	\$816	1262,654	488,174	39.6	\$844

Source: US Census Bureau, American Community Survey 5-Year Estimates, Table DP04: Selected Housing Characteristics

Table 25. Characteristics of Owner-Occupied Housing Units, 2011-2017.												
Location	Owner-Occupied Units											
	2011-2015				2012-2016				2013-2017			
	Total Units	Units Spending >35% Household Income on Housing		Median Monthly Mortgage Cost	Total Units	Units Spending >35% Household Income on Housing		Median Monthly Mortgage Cost	Total Units	Units Spending >35% Household Income on Housing		Median Monthly Mortgage Cost
		No.	%			No.	%			No.	%	
Brunswick County	22,701	6,922	30.7	\$1,305	23,210	6,608	28.8	\$414	24,709	6,772	27.7	\$436
Carteret County	11,834	3,401	28.7	\$1,305	12,116	3,459	28.5	\$1,326	12,236	3,426	28.1	\$1,368
New Hanover County	35,767	9,640	27.1	\$1,483	36,640	9,689	26.6	\$1,485	37,058	9,443	25.7	\$1,498
State of NC	1,599,066	360,647	22.6	\$1,248	1,589,580	338,318	21.3	\$1,243	1,605,364	325,445	20.3	\$1,261

Source: US Census Bureau, American Community Survey 5-Year Estimates, Table DP04: Selected Housing Characteristics

Table 26. Five-Year Estimates of Household Characteristics, 2013- 2017.									
Location	Total No. Households	Average Persons per Household	Total Families	Average Family size	Households with own children of the householder under 18 years	% Households One-person	% One-person Households ≥ 65	Unmarried Partner Households	
								% Same Sex	% Opposite Sex
Brunswick County	53,104	2.29	36,616	2.73	9,454	26.6	11.6	0.3	4.8
Carteret County	30,000	2.25	19,282	2.77	6,627	29.8	15.1	0.4	6.2
New Hanover County	91,673	2.32	52,447	2.95	21,125	33.0	11.0	0.4	6.4
State of NC	3,874,346	2.53	2,551,439	3.10	1,080,838	28.3	10.4	0.3	5.2

Source: US Census Bureau, American Community Survey 5-Year Estimates, Table S1101: Households and Families

Children & Families

Table 27. Five-Year Estimates of Single Parent Family Characteristics, 2013-2017.

Location	Total Households in County	Male Householder (no wife present) Family Households					Female Householder (no husband present) Family Households				
		Total Households	With own children < 18		In Owner Occupied Housing Units	In Renter Occupied Housing Units	Total Households	With own children < 18		In Owner Occupied Housing Units	In Renter Occupied Housing Units
		No.	No.	%	%	No.	No.	No.	%	%	%
Brunswick County	53,104	1,890	887	52.5	62.3	37.7	4,949	2,589	64.4	57.8	42.2
Carteret County	30,000	1,094	438	48.2	59.0	41.0	3,205	1,745	67.0	54.8	45.2
New Hanover County	91,673	3,364	1,846	60.4	46.6	53.4	10,153	5,892	66.1	40.8	59.2
State of NC	3,874,346	171,483	85,759	58.6	53.0	47.0	512,557	279,976	65.5	45.4	54.6

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table S1101: Households and Families

Table 28. Five-Year Estimates of Grandparents Living With Children, 2013-2017.

Location	# Grandparents Living with Own Grandchildren < 18	Grandparent Responsible for Grandchildren < 18	
		No.	%
Brunswick County	2,291	1,214	53.0
Carteret County	1,202	584	48.6
New Hanover County	3,169	1,691	53.4
State of NC	212,292	94,880	44.7

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table DP02: Selected Social Characteristics in the US

Table 29. Percent of Children Under Age 18 With No Parent in The Labor Force, 2011-2017.

Location	2011 – 2015	2012 – 2016	2013-2017
Brunswick County	11.3%	9.7%	10.3%
Carteret County	8.5%	5.6%	7.4%
New Hanover County	7.1%	7.9%	8.3%
State of NC	8.3%	8.1%	7.9%

Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B23008.

Table 30. 5 Year Estimates of Median Annual Family (with own child) Income, 2011-2017.			
Location	2011 – 2015	2012 – 2016	2013-2017
Brunswick County	\$45,734	\$45,258	\$50,697
Carteret County	\$54,250	\$58,460	\$59,474
New Hanover County	\$61,581	\$62,577	\$66,147
State of NC	\$53,777	\$55,808	\$59,265

Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B19125.

Note: "Own children" include the householder's (head of the household) children by birth, marriage, or adoption. The median income is the dollar amount that divides the income distribution into two equal groups--half with income above the median, half with income below it.

Table 31. 5 Year Estimates of Median Family Income, 2019.			
Location	2011-2015	2012-2016	2013-2017
Brunswick County	\$46,859	\$49,356	\$51,164
Carteret County	\$48,457	\$50,599	\$51,584
New Hanover County	\$50,088	\$51,232	\$51,457
State of NC	\$46,868	\$48,256	\$50,320

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

Table 32. Children Living in Poor or Low-Income Homes, 2019.			
Location	Percent		
	2015	2016	2017
Brunswick County	56.6	55.4	52.4
Carteret County	45.3	41.7	41.5
New Hanover County	43.4	42.5	41.5
State of NC	48.9	48.2	46.7

Source: U.S. Census Bureau, American Community Survey Five-Year Estimates. Table B17024.

Table 33. Children in Households That Are Food Insecure, 2018.			
Location	Percent		
	2014	2015	2016
Brunswick County	26.5	25.6	23.6

Carteret County	25.3	24.0	20.7
New Hanover County	23.6	22.1	20.3
State of NC	24.6	22.6	20.9

Source: Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2017: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2017.

Table 34. Number of Children Receiving Work First, 2015-2018.				
Location	2015	2016	2017	2018
Brunswick County	196	191	184	167
Carteret County	84	89	65	44
New Hanover County	426	450	389	332
State of NC	19,738	19,030	17,691	16,758

Source: Duncan, D. F., Stewart, C. J., Vaughn, J. S, Guest, S., Rose, R. A, Malley, K., and Gwaltney, A. Y. (2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.21), University of North Carolina at Chapel Hill Jordan Institute for Families.

Table 35. Number of Children receiving Supplemental Security Income (SSI), 2014-2017.				
Location	2014	2015	2016	2017
Brunswick County	398	397	369	328
Carteret County	156	146	137	138
New Hanover County	745	744	694	665
State of NC	43,410	42,969	40,459	38,313

Source: U.S. Social Security Administration, Research, Statistics, & Policy Analysis, SSI Recipients by State and County.

Table 36. Children (ages 0-3) Receiving Early Intervention Services, 2014-2017.					
Location	Data Type	2014	2015	2016	2017
Brunswick	Number	163	139	151	178
	Percent	5.2%	4.4%	4.8%	5.6%

Table 36. Children (ages 0-3) Receiving Early Intervention Services, 2014-2017.

Location	Data Type	2014	2015	2016	2017
Carteret	Number	97	88	82	78
	Percent	5.2%	4.7%	4.4%	4.3%
New Hanover	Number	287	288	326	364
	Percent	4.3%	4.3%	4.8%	5.3%
North Carolina	Number	18,816	19,022	19,693	20,353
	Percent	5.2%	5.3%	5.5%	5.6%

Source: North Carolina Division of Public Health, Early Intervention Branch. Special data request by NC Child.

Note: Early intervention services are covered by Medicaid and offer support to infants and young children with developmental delays and disabilities.

Child Care

Table 37. Child Care Facilities in Brunswick County, 2019

Type of Facility	Number
------------------	--------

Child Care Centers (28)	
Five-star	13
Four-star	6
Three-star	6
Two-star	0
One-star	0
GS 110-106 (Church-affiliated)	2
Temporary	1
Family Child Care Homes (7)	
Five-star	1
Four-star	2
Three-star	4
Two-star	0
One-star	0

Source: NC Department of Health and Human Services, Division of Child Development, Child Care Facility Search Site

Education

Schools and School Enrollment

Table 38. Number of Public, Charter, and Private Schools in Brunswick, Carteret, & New Hanover County, 2018-2019						
Location	Public				Charter	Private
	Elementary (PK/K-5)	Middle (6-8)	Secondary (9-12)	Other		
Brunswick County	9	4	4	2	2	10
Carteret County	9	6	5	-	1	5
New Hanover County	27	8	8	2	6	21

Source: NC Department of Public Instruction, NC School Report Cards. NCDPI, Office of Charter Schools. Schools: Map and list of charter schools by county.
NC Division of Non-Public Education, Private Schools, North Carolina Directory of Non-Public School

Table 39. School Enrollment Trends, School Years 2014-2018.				
Location	Number of Students			
	SY2014-15	SY2015-16	SY2016-17	SY2017-18
Brunswick County	12,952	13,002	12,961	13,054
Carteret County	8,681	8,622	8,535	8,536
New Hanover County	26,749	26,937	27,101	27,012

State of NC	1,498,654	1,493,809	1,486,448	--
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Note: Data unavailable for total NC enrollment in SY2017-2018.

Source: NC Department of Public Instruction, Data and Statistics, Education Data: NC Statistical Profile

Table 40. Percent of Teens Age 16-19 Not Enrolled in School and Not a High School Graduate, 2011-2017.			
Location	2011 - 2015	2012 - 2016	2013 - 2017
Brunswick County	6.1%	5.5%	5.1%
Carteret County	6.1%	7.7%	8.6%
New Hanover County	5.3%	5.0%	4.8%
State of NC	4.9%	4.6%	4.2%

Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B14005.

Table 41. Percent of Teens Age 16-19 Not Enrolled in School and Not Working, 2011-2017.			
Location	2011 - 2015	2012 - 2016	2013 - 2017
Brunswick County	8.9%	7.5%	7.3%
Carteret County	12.0%	11.9%	13.1%
New Hanover County	7.6%	7.7%	8.5%
State of NC	8.5%	8.0%	7.4%

Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B14005.

Educational Attainment and Investment

Table 42. Educational Degrees Attained and Selected Testing Metrics								
Location	% Population High School Graduate or Higher	% Population Bachelor's Degree or Higher	% 3 rd Graders Grade Level Proficient on EOG Reading Test	% 3 rd Graders Grade Level Proficient on EOG Math Test	% 8 th Graders Grade Level Proficient on EOG Reading Test	% 8 th Graders Grade Level Proficient on EOG Math Test	SAT Participation Rate	Average Total SAT Scores
	2013-2017	2013-2017	SY2017-18	SY2017-18	SY2017-18	SY2017-18	SY2018	SY2018
Brunswick County	89.1	28.0	54.9	68.7	48.5	37.1	34%	1,081

Carteret County	90.8	26.7	66.0	71.8	65.3	54.0	36%	1,175
New Hanover County	92.3	38.9	62.1	72.9	62.6	57.7	49%	1,134
State of NC	86.9	29.9	55.9	64.8	54.2	48.3	47%	1,090

Source: US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table DP02 Selected Social Characteristics, Educational Attainment; NC School Report Cards, District Reports Cards.

Table 43. Percent of Third Grade Students Proficient in Reading at Grade-Level, School Year 2016-2017.	
Location	Percent
Brunswick County	55.7%
Carteret County	66.8%
New Hanover County	63.7%
State of NC	57.8%

Source: NC Department of Public Instruction. NC School Report Cards 2016-2017.

High School Dropout Rate

Table 44. Annual High School Drop Out Rate, School Years 2013-2017.					
Location	Drop-Out Rate				
	SY2013-14	SY2014-15	SY2015-16	SY2016-17	SY2017-18
Brunswick County	3.20	3.82	3.28	2.48	2.24
Carteret County	2.29	3.3	1.84	2.54	2.70
New Hanover County	2.88	2.82	1.65	1.48	1.32
State of NC	2.28	2.39	2.29	2.31	2.18

Source: NC Department of Public Instruction, Annual Dropout Reports

Table 45. Annual High School Graduation Rate, School Years 2014-2018.								
School System	All Students		Male		Female		Economically Disadvantaged	
	Total	% Grads	Total	% Grads	Total	% Grads	Total	% Grads
Brunswick County	1104	84.3	599	82.6	505	86.3	511	79.8
Carteret County	717	85.2	380	81.1	337	89.9	208	70.7
New Hanover County	2238	86.0	1115	83.3	1123	88.7	691	80.5
State of NC	120,079	86.3	61,374	83.2	58,705	89.6	43,880	80.3

Source: NC Department of Public Instruction, 4-Year Cohort Graduation Rate Report 2014-15 Entering 9th Graders Graduating in 2017-18 or Earlier

Crime and Violence in Schools

Table 46. Annual School Crime Rate (per 1,000 students), School Years SY2014-2018.										
Location	SY2013-14		SY2014-15		SY2015-16		SY2016-17		SY2017-18	
	No. Acts	Rate	No. Acts	Rate	No. Acts	Rate	No. Acts	Rate	No. Acts	Rate
Brunswick County	87	7.01	118	9.57	73	5.10	39	3.14	58	4.66
Carteret County	38	8.36	39	4.68	56	6.79	65	8.0	40	15.27
New Hanover County	167	6.60	162	6.31	182	7.03	235	9.01	108	13.26
State of NC	10,132	6.79	10,347	7.20	10,020	6.62	9,834	6.48	9,747	6.41

Source: NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports, Crime & Violence Table

Table 47. Brunswick County School Crime and Violence, by Type of Offense, School Years 2017-2018.		
Type of Offense	No. Reportable Acts	
	SY2016-17	SY2017-18
Assault resulting in serious bodily injury	0	0
Assault involving the use of a weapon	0	0
Assault on school personnel	2	9
Bomb threat	1	0
Burning of a school building	0	0
Homicide	0	0
Kidnapping	0	0
Possession of alcoholic beverage	2	11
Possession of controlled substance	5	10
Possession of a firearm	0	0
Possession of a weapon	29	28
Rape	0	0
Robbery with a dangerous weapon	0	0
Sexual assault	0	0
Sexual offense	0	0
Taking indecent liberties with a minor	0	0

Table 47. Brunswick County School Crime and Violence, by Type of Offense, School Years 2017-2018.

Type of Offense	No. Reportable Acts	
	SY2016-17	SY2017-18
TOTAL	39	58

Source: NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports, Crime & Violence Table C-6

Table 48. Annual School Suspensions and Expulsions, School Years 2014- 2018.

County School System	SY2013-14			SY2014-15			SY2015-16			SY2016-17			SY2017-2018		
	Short-Term Susp.	Long-Term Susp.	Expulsion	Short-Term Susp.	Long-Term Susp.	Expulsion	Short-Term Susp.	Long-Term Susp.	Expulsion	Short-Term Susp.	Long-Term Susp.	Expulsion	Short-Term Susp.	Long-Term Susp.	Expulsion
Brunswick	1,360	7	0	2,242	12	0	1,729	1	0	1,734	0	0	1,935	3	0
Carteret	870	0	0	1,049	1	0	1,105	5	0	929	4	0	981	7	0
New Hanover	3,357	1	7	3,922	14	19	4,014	24	6	3,746	12	0	3,497	10	4
State of NC	198,254	1,088	37	208,650	1,085	42	216,895	1,036	27	208,539	695	18	211,228	673	24

Source: NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports

Crime & Safety: Crime Rates

Table 49. Index Crime Rates (Violent and Property Crimes), 2013-2017.

County	Crimes per 100,000 Population														
	2013			2014			2015			2016			2017		
	Index Crime	Viol. Crime	Prop. Crime	Index Crime	Viol. Crime	Prop. Crime	Index Crime	Viol. Crime	Prop. Crime	Index Crime	Viol. Crime	Prop. Crime	Index Crime	Viol. Crime	Prop. Crime
Brunswick	3,339.3	205.6	3,133.7	2,335.9	143.7	2,192.1	1,815.2	131.5	1,683.8	2,041.1	146.0	1,894.1	1,806.9	146.0	1,894.1
Carteret	3,323.5	281.7	3,041.8	2,881.3	239.7	2,641.6	2,869.5	243.7	2,625.8	2,832.8	239.2	2,593.6	2,814.4	215.9	2,598.5
New Hanover	4,496.8	418.2	4,078.5	4,313.7	471.0	3,842.7	4,140.1	501.3	3,638.8	3,697.5	436.6	3,260.9	3,368.6	435.1	2,933.5
State of NC	3,506.2	339.5	3,166.6	3,287.2	333.0	2,954.1	3,174.3	356.2	2,818.2	3,154.5	374.9	2,779.7	3,061.5	383.7	2,677.8

Source: NC State Bureau of Investigation, Crime in North Carolina, North Carolina Crime Statistics (by Year).

Table 50. Index Crime Details for Brunswick County, 2013-2017.

Type of Crime	Number of Crimes				
	2013	2014	2015	2016	2017
Violent Crime	223	162	146	170	190
<i>Murder</i>	2	2	0	2	3
<i>Rape</i>	17	27	23	16	25
<i>Robbery</i>	45	18	27	25	25
<i>Aggravated Assault</i>	159	115	96	127	137
Property Crime	3,378	2,471	1,867	2,206	2,063
<i>Burglary</i>	1,463	979	727	699	633
<i>Larceny</i>	1,799	1,382	1,087	1,421	1,358
<i>Motor Vehicle Theft</i>	116	110	53	86	72
Total Index Crime	3,601	2,633	2,017	2,376	2,253

Source: NC State Bureau of Investigation, Crime in North Carolina, North Carolina Crime Statistics, Crime Statistics in Detailed Reports (By Year)

Sexual Assault and Domestic Violence

Table 51. Number of Individuals Filing Sexual Assault Complaints (Clients), Fiscal Years 2013-2018.					
County	Number of Individuals Filing Complaints (Clients)				
	FY2013-14	FY2014-15	FY2015-16	FY2016-17	FY2017-18
Brunswick	129	131	156	174	122
Carteret	151	179	204	155	180
New Hanover	332	322	347	396	315
State of NC	13,736	13,655	10,981	9,453	10,780

Source: NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics

Table 52. Sexual Assault Details, by Type of Assault, 2018.															
Location	Total Assault Clients	Type of Assault													
		Adult Rape		Date Rape		Adult Survivor of Child Sexual Assault		Marital Rape		Child Sexual Offense		Incest		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	122	64	52.5	0	0	14	11.5	0	0	44	36.1	0	0	0	0
Carteret County	180	29	16.1	18	10.0	65	36.0	8	4.4	24	13.3	36	20.0	0	0
New Hanover County	315	213	67.6	0	0	39	12.4	0	0	63	20.0	0	0	0	0
State of NC	10,780	3,974	36.9	440	4.1	1,392	12.9	507	4.7	2,478	23.0	382	3.5	1,591	14.8

Source: NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics

Table 53. Sexual Assault Details, by Type of Offender, 2018.											
Location	Total Offenders	Type of Offender									
		Relative		Acquaintance		Boy/Girl Friend		Stranger		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	122	19	15.6	38	31.2	8	6.6	5	4.1	52	42.6

Carteret County	176	93	52.8	80	45.5	3	1.7	0	0	0	0
New Hanover County	315	36	11.4	83	26.4	29	9.2	44	14.0	123	39.1
State of NC	10,421	3,054	29.3	2,998	28.8	1,463	14.0	597	5.7	2,309	22.2

Source: NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics

Table 54. Number of Individuals Filing Domestic Violence Complaints (Clients), Fiscal Years 2013-2018.					
Location	Number of Individuals Filing Complaints (Clients)				
	FY2013-14	FY2014-15	FY2015-16	FY2016-17	FY2017-18
Brunswick County	441	298	1,359	437	410
Carteret County	323	221	182	242	264
New Hanover County	1,913	1,851	454	1,228	1,244
State of NC	55,274	56,664	101,940	51,074	52,187

Source: NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics

Table 55. Services Received by Sexual Assault Clients, 2018.									
Location	Total Sexual Assault Clients	Services Received							
		Total	Information	Advocacy	Referral	Transport	Counseling	Hospital	
Brunswick County	122	825	55	154	2	1	572	29	12
Carteret County	180	1,804	804	306	25	57	588	8	16
New Hanover County	315	1,902	239	410	40	56	991	109	57
State of NC	10,780	125,083	44,575	30,823	13,090	5,622	24,488	1,652	4,833

Source: NC Department of Administration, Council for Women, Statistics, County Statistics

Table 56. Services Received by Domestic Violence Clients, 2018.								
County	Total Domestic Violence Clients	Services Received						
		Total	Information	Advocacy	Referral	Transport	Counseling	Hospital
Brunswick	410	11,709	1,621	3,077	2,529	178	159	10
Carteret	264	2,694	991	260	682	130	371	29

Table 56. Services Received by Domestic Violence Clients, 2018.								
County	Total Domestic Violence Clients	Services Received						
		Total	Information	Advocacy	Referral	Transport	Counseling	Hospital
New Hanover	1,244	16,271	6,751	799	1,585	3,968	251	24
State of NC	52,187	507,861	152,447	105,983	85,952	29,797	56,403	1,131

Source: NC Department of Administration, Council for Women, Statistics, County Statistics

Table 56 continued.								
County	Total Domestic Violence Clients	Services Received						Number of Days Local Shelter was Full
		Court	Job Counseling	Job Training	Financial Services	Health Education	Educational Services	
Brunswick	410	1,592	36	26	1,008	821	652	74
Carteret	264	72	23	43	48	40	5	132
New Hanover	1,244	1,308	301	48	500	554	182	204
State of NC	52,187	49,509	4,581	2,801	7,375	5,622	6,260	10,309

Source: NC Department of Administration, Council for Women, Statistics, County Statistics

Table 57. Number of Domestic Violence Related Homicides, 2014-2018.					
Location	Number of Domestic Violence Related Homicides				
	2014	2015	2016	2017	2018
Brunswick County	1	0	2	0	1
Carteret County	1	0	0	0	1
New Hanover County	1	3	1	4	0
State of NC	111	91	110	110	103

Source: NC State Bureau of Investigation, Services, SBI Statistics, Domestic Violence Report

Child Abuse Neglect and Exploitation

Table 58. Findings of Child Abuse and Neglect and Services Needed in Brunswick County, 2013-2018					
Category	2013-14	2014-15	2015-16	2016-17	2017-18
Total No. of Investigated Reports of Abuse and Neglect	648	635	630	718	800
No. Substantiated Findings of Abuse and Neglect	0	16	5	1	9
No. Substantiated Findings of Abuse	11	18	7	7	5
No. Substantiated Findings of Neglect	59	29	29	34	39
Services Needed	29	45	44	69	65
Services Recommended	233	195	178	233	261
No. Unsubstantiated Findings	89	79	97	88	113
Services Not Recommended	179	174	216	254	291

Source: Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect: Type of Finding/Decision.

Table 59. Number and Rates (per 1,000) of Children Investigated (receiving assessments) for Abuse and Neglect, FY 2015-2017.							
Location	Category	2015		2016		2017	
		No.	%	No.	%	No.	%
Brunswick County	Investigated	1,119	54.3	1,295	62.5	1,424	68.9
	Substantiated	105	5.1	135	6.5	96	4.6
Carteret County	Investigated	811	64.7	802	64.6	764	61.8
	Substantiated	45	3.6	53	4.3	94	7.6
New Hanover County	Investigated	3,101	73.5	3,263	77.0	3,466	80.9
	Substantiated	196	4.6	284	6.7	269	6.3
State of NC	Investigated	129,274	56.5	128,502	56.0	119,837	52.1
	Substantiated	9,450	4.1	8,838	3.9	7,437	3.2

Source: Duncan, D. F., Stewart, C. J., Vaughn, J. S, Guest, S., Rose, R. A, Malley, K., and Gwaltney, A. Y. (2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.21), University of North Carolina

Table 60. Referral Source of Investigated Reports of Abuse and Neglect in Brunswick County, 2013-2018.					
Category	2013-14	2014-15	2015-16	2016-17	2017-18
Total	648	635	630	718	800
Anonymous	75	48	51	57	66
Care Provider	2	12	1	4	4
Educational Personnel	86	86	101	94	92
Law Court	175	175	157	186	188
Medical Personnel	105	87	77	80	103
Relative	47	69	58	70	49
Non-Relative	57	49	66	71	64
Human Services	58	62	89	119	202
Victim	1	5	0	2	3
Parental	53	46	30	40	39

Source: UNC-CH School of Social Work, Management Assistance for Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect: Referral Source

Section II. Health Outcome Indicators.

Table 61. County Health Rankings, 2018.								
Location	County Rank (Out of 100; 1= Best)							
	Health Outcomes			Health Factors				
	Length of Life	Quality of Life	Overall Outcomes Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Factors Rank
Brunswick County	50	27	34	10	27	58	17	25
Carteret County	40	9	20	23	21	25	35	21
New Hanover County	24	17	19	20	6	28	44	13

Source: County Health Rankings and Roadmaps, 2019.

Table 62. County Health Rankings Details, 2019					
Outcome or Determinant	Brunswick	Carteret	New Hanover	NC County Average	Top US Performers
Mortality (Length of Life)	50	40	24		
Premature death	8,829	8,163	7,529	7,611	5,200
Morbidity (Quality of Life)	27	9	17		
Poor or fair health	16%	14%	15%	18%	12%
Poor physical health days	3.8	3.5	3.7	3.6	3.0
Poor mental health days	3.9	3.9	4.0	3.9	3.1
Low birthweight	9%	7%	8%	9%	6%
Health Factors	25	21	13		
<i>Health Behaviors</i>	10	23	20		
Adult smoking	15%	18%	18%	18%	14%
Adult obesity	29	28	24	30	25
Food environment index	6%	7%	8%	6.6%	8.7%
Physical inactivity	22%	24%	19%	23%	19%
Access to exercise opportunities	76%	91%	87%	73%	91%
Excessive drinking	15%	18%	19%	17%	13%
Alcohol-impaired driving deaths	35%	29%	32%	30%	13%
Sexually transmitted disease rate (Chlamydia cases per 100,000)	283.5	281.7	531.0	577.6	152.8
Teen births	31	22	16	27	14
<i>Clinical Care</i>	27	21	6		
Uninsured	15%	12%	11%	12%	6%
Primary care physicians (ratio)	2,150:1	1,300:1	1,100:1	1,420:1	1,050:1
Dentists (ratio)	2,910:1	1,350:1	1,310:1	1,800:1	1,260:1
Mental health providers (ratio)	1,210:1	680:1	260:1	440:1	310:1
Preventable hospital stays (rate)	4,083	3,957	4,469	4,702	2,765
Mammography screening	55%	47%	50%	45%	49%
Flu vaccinations	55%	46%	55%	50%	52%
<i>Social and Economic Factors</i>	58	25	28		
High school graduation	84%	85%	86%	86%	96%
Some college	62%	70%	75%	67%	73%
Unemployment	5.7%	4.9%	4.2%	4.6%	2.9%
Children in poverty	22%	21%	21%	21%	11%

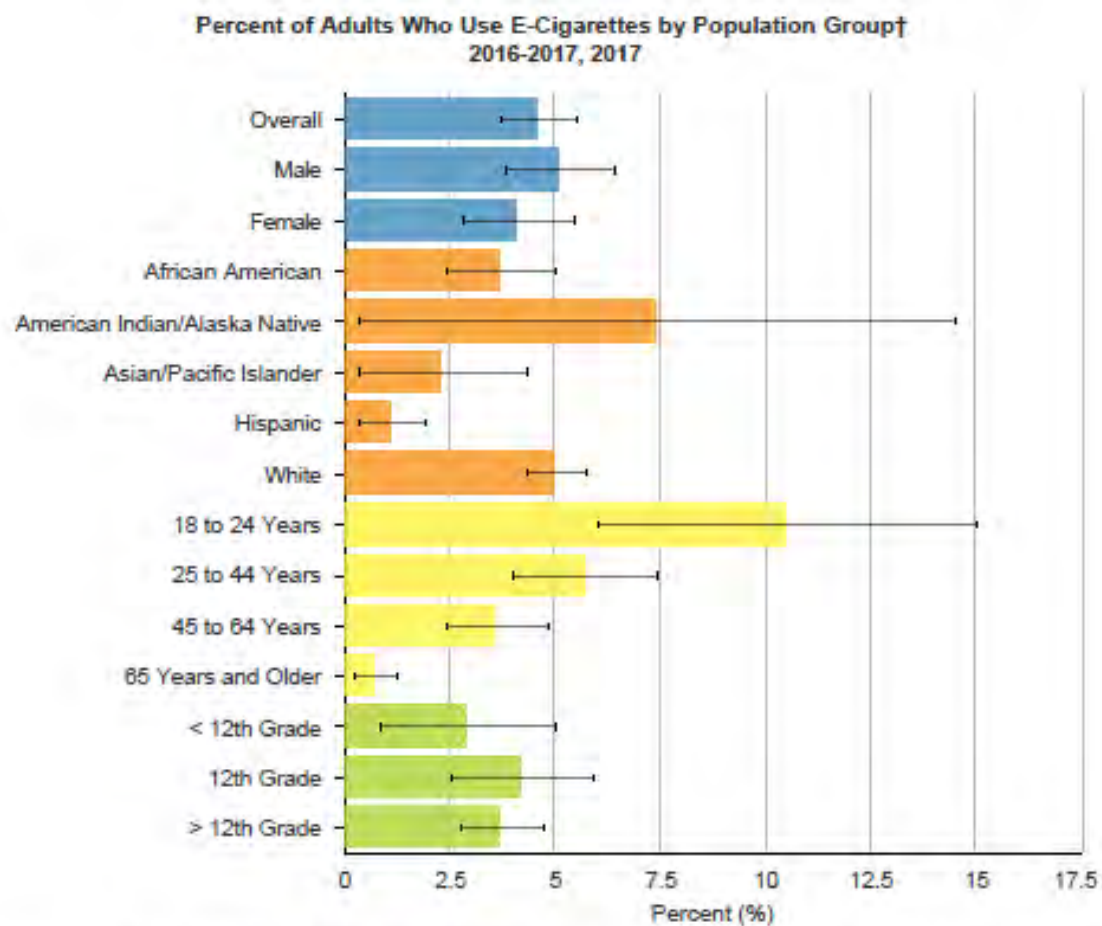
Table 62. County Health Rankings Details, 2019					
Outcome or Determinant	Brunswick	Carteret	New Hanover	NC County Average	Top US Performers
Income inequality	4.3	4.5	5.2	4.8	3.7
Children in single-parent households	37%	33%	38%	35%	20%
Social associations (rate)	8.9	14.5	10.1	11.5	21.9
Violent crime (rate)	141	--	447	351	63
Injury deaths	83	88	73	71	57
<i>Physical Environment</i>	17	35	44		
Air pollution - particulate matter	9.3	8.7	8.4	9.8	6.1
Drinking water violations	No	Yes	Yes		
Severe housing problems	16%	16%	20%	16%	9%
Driving alone to work	79%	80%	80%	81%	72%
Long commute - driving alone	31%	30%	18%	32%	15%

Source: County Health Rankings and Roadmaps, 2019.

Table 64. Tobacco Use – Percent of People Who Use E-Cigarettes in North Carolina, by Age Group and Gender, 2017.	
Age Group/Gender	%
Adult – Overall (18+ years)	4.6
Male	5.1
Female	4.1
Middle School – Overall	5.3
Male	4.7
Female	5.5
High School – Overall	12.1
Male	14.6
Female	9.3
High School – National	8.8

Source: Behavioral Risk Factor Surveillance System (BRFSS). Youth Risk Behavior Surveillance System (YRBSS). Youth Tobacco Survey (YTS). Centers for Disease Control and Prevention's State Tobacco Activities Tracking and Evaluation (STATE) System State Highlights, 2019.

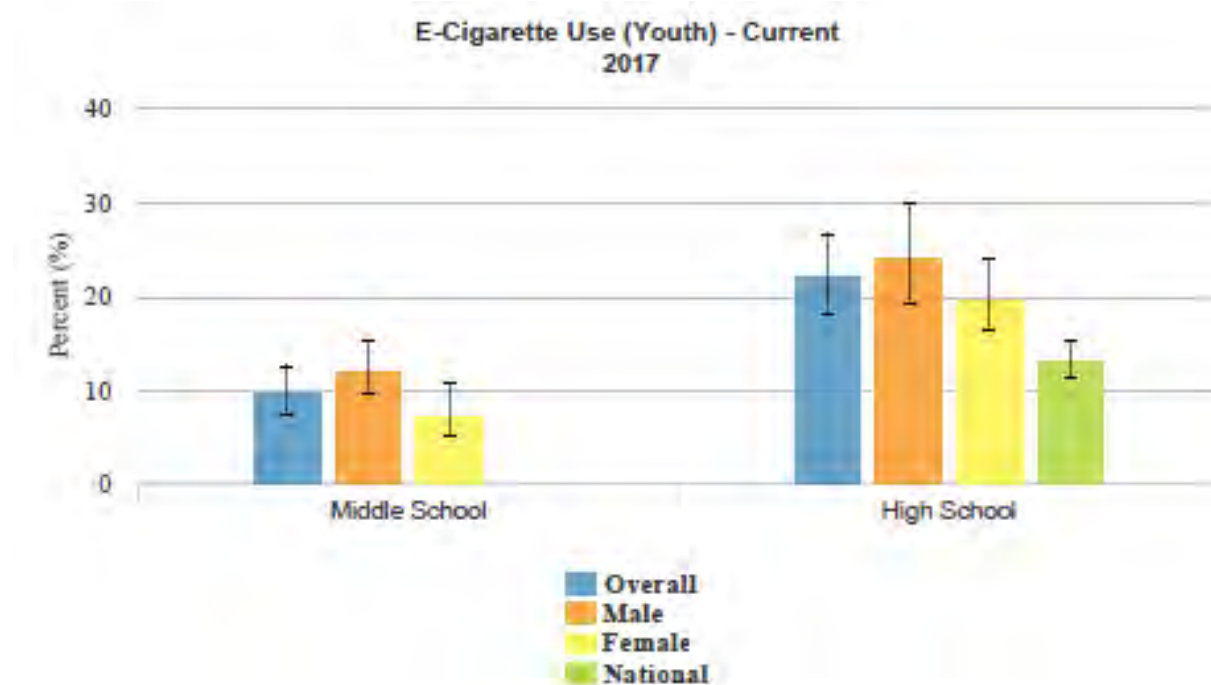
Figure 1. Tobacco Use - E-Cigarette Use among Adults (18+) in North Carolina, 2016-2017.



† Estimates for education are based on adults aged 20 years and older. Estimates for racial/ethnic groups are based on combined data for two years.

Source: Behavioral Risk Factor Surveillance System (BRFSS). Centers for Disease Control and Prevention's State Tobacco Activities Tracking and Evaluation (STATE) System State Highlights, 2019.

Figure 2. Tobacco Use- E-Cigarette Use among Youth in Middle and High Schools in North Carolina, 2017.



Note: YRBS questionnaires have changed over time to accommodate evolving priorities and improvements in question wording and design.

Data are not based on public-schools only sample. This sample may include private schools, charter schools, or other types of schools for specific states. Please consult YRBS methodology for additional details.

Source: Youth Risk Behavior Surveillance System (YRBSS). Youth Tobacco Survey (YTS). Centers for Disease Control and Prevention's State Tobacco Activities Tracking and Evaluation (STATE) System State Highlights, 2019.

Maternal and Infant Health

Pregnancy and Birth Rates

Table 65. Pregnancy, Fertility, and Abortion Rates (per 1,000 births) for Women of Childbearing Age (15-44) and Teenagers (15-19), 2018

Location	Ages 15-44			Ages 15-19		
	Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate
Brunswick County, Total	61.3	53.4	7.4	29.1	25.1	*
White, Non- Hispanic	60.9	53.7	6.7	26.0	23.9	*
African American, Non-Hispanic	54.3	41.7	11.9	*	*	*
American Indian, Non-Hispanic	*	*	*	*	*	*
Other, Non-Hispanic	*	*	*	*	*	*
Hispanic	83.2	79.5	*	*	*	*
Carteret County, Total	55.4	47.9	7.3	15.7	12.8	*
White, Non- Hispanic	55.2	47.7	7.3	14.0	13.9	*
African American, Non-Hispanic	53.4	48.8	*	*	*	*
American Indian, Non-Hispanic	*	*	*	*	*	*
Other, Non-Hispanic	*	*	*	*	*	*
Hispanic	73.9	65.1	*	*	*	*
New Hanover County, Total	54.8	43.2	11.4	14.8	10.2	4.3
White, Non- Hispanic	45.9	37.0	8.7	8.2	4.1	4.1
African American, Non-Hispanic	79.9	56.0	23.4	35.7	27.0	*
American Indian, Non-Hispanic	*	*	*	*	*	*
Other, Non-Hispanic	49.6	40.9	*	*	*	*
Hispanic	108.9	95.8	13.1	43.7	42.0	*
State of NC, Total	70.1	58.4	11.3	24.6	18.7	5.6
White, Non- Hispanic	60.5	54.0	6.2	16.1	12.9	3.1

Table 65. Pregnancy, Fertility, and Abortion Rates (per 1,000 births) for Women of Childbearing Age (15-44) and Teenagers (15-19), 2018						
Location	Ages 15-44			Ages 15-19		
	Pregnancy Rate	Fertility Rate	Abortion Rate	Pregnancy Rate	Fertility Rate	Abortion Rate
African American, Non-Hispanic	78.6	57.2	20.8	33.7	24.1	9.4
American Indian, Non-Hispanic	71.6	61.3	9.7	43.6	38.3	6.7
Other, Non-Hispanic	72.9	63.8	8.9	11.0	6.9	3.8
Hispanic	95.1	82.1	12.5	41.4	34.3	6.9

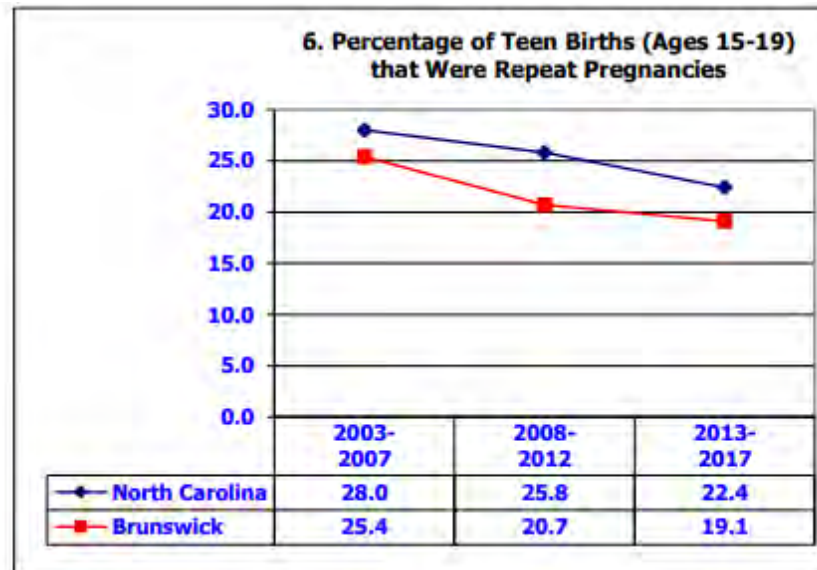
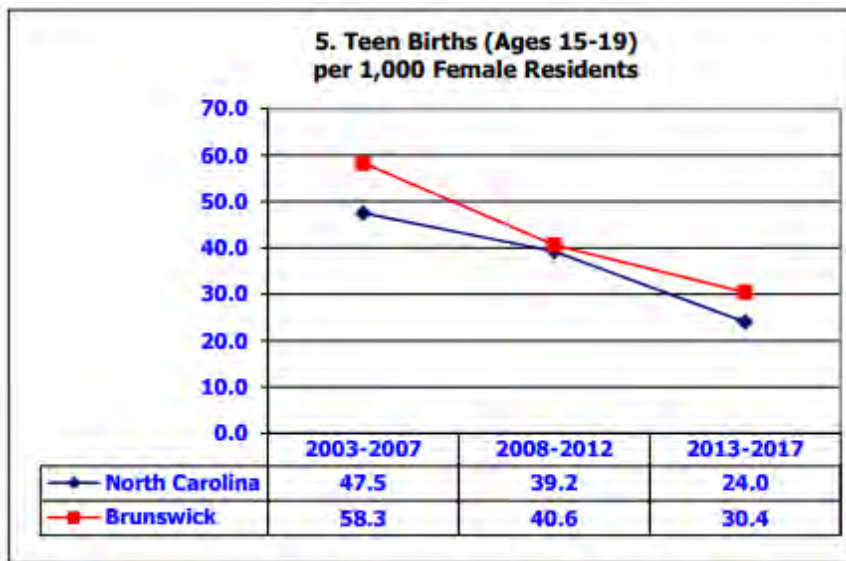
Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC Center for Health Statistics, County-level Data, County Health Data Books: Pregnancy and Live Births

Table 66. Counts and Rates (per 1,000 births) of Teen Pregnancies, Ages 15-19, 2016-2018.						
Location	Number of Pregnancies, Ages 15-19					
	2016		2017		2018	
	No.	%	No.	%	No.	%
Brunswick County	100	37.9	88	33.2	80	29.1
Carteret County	29	16.6	34	19.8	27	15.7
New Hanover County	120	16.6	131	17.9	120	14.8
State of NC	9,255	28.1	8,849	26.7	8,255	24.6

Source: NC State Center for Health Statistics, North Carolina Health Data Query System, Pregnancy Data

Figure 3. Teen Birth Rates (per 1,000 Females) in Brunswick County. Figure 4. Percent of Repeat Teen Births (Ages 15-19)



Source: NC State Center for Health Statistics, Statistics and Reports, County Data, North Carolina County Trends in Key Health Indicators.

Table 67. Rates (per 1,000 births) of Teen Pregnancies, Ages 15-17, 2013-2018.						
Location	2013	2014	2015	2016	2017	2018
Brunswick	15.9	16.2	16.0	19.0	13.2	LNE
Carteret	LNE	LNE	LNE	LNE	LNE	LNE
New Hanover	12.9	13.0	10.6	8.9	11.5	6.5
State of NC	16.6	15.5	14.3	12.8	11.7	10.6

Source: North Carolina Department of Health and Human Services, State Health Center for Health Statistics, North Carolina Reported Pregnancies.

*LNE (Low Number Events) refers to data that have been suppressed because there were fewer than 20 cases in the numerator.

Pregnancy Risk Factors

Table 68. Five-Year Aggregates of High Parity and Short Interval Births, 2013-2017.						
Location	High Parity Births				Short Interval Births	
	Mothers < 30		Mothers ≥ 30			
	No.	%	No.	%	No.	%
Brunswick County	416	13.3	419	20.8	49,477	12.3
Carteret County	205	12.0	217	17.3	416	12.2
New Hanover County	764	13.4	1,152	20.4	249	12.4
State of NC	49,251	13.8	54,204	22.2	899	11.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Pregnancy and Births

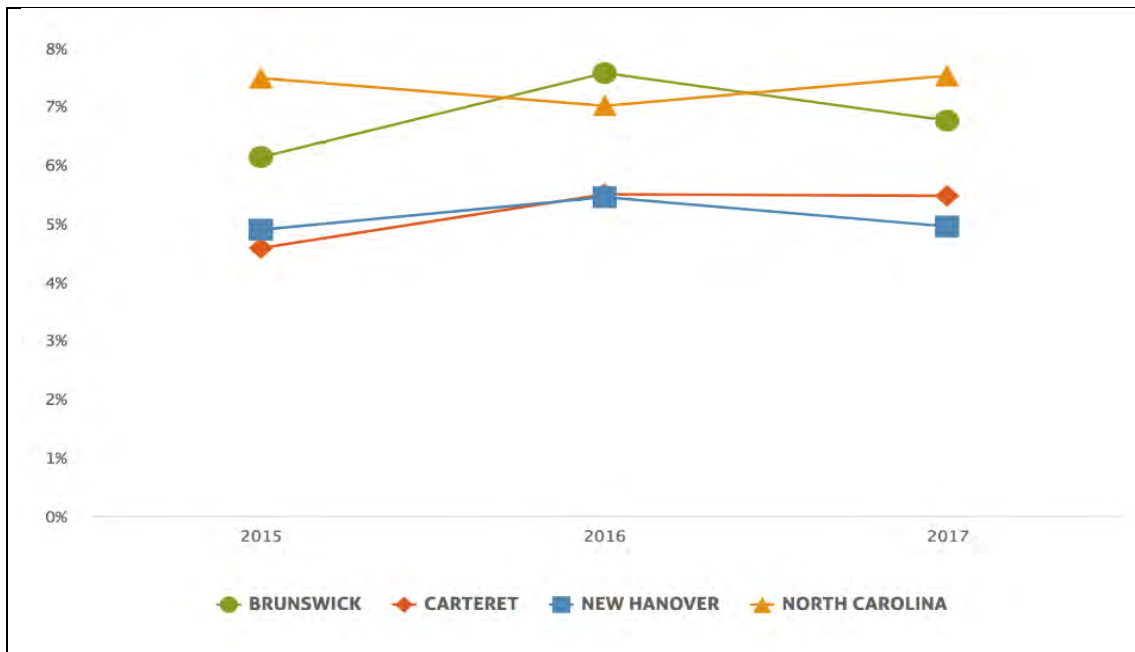
Table 69. Prenatal Indicators – Maternal Smoking during Pregnancy, 2018.			
Location	Smoked During Pregnancy		
	No.	Rate 2018	Rate 2014-2018
Brunswick County	156	15.8	15.6
Carteret County	80	16.0	15.7
New Hanover County	162	7.5	7.9
State of NC	9,938	8.4	9.0

Source: NC State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book), 2018

Table 70. Percent of births with very late or no prenatal care, 2015-2018								
Location	2015		2016		2017		2018	
	No.	%	No.	%	No.	%	No.	%
Brunswick County	64	6.1	74	7.6	68	6.8	49	5.0
Carteret County	28	4.6	30	5.5	31	5.5	26	5.2
New Hanover County	113	4.9	122	5.4	112	4.9	104	4.8
State of NC	9,038	7.5	8,461	7.0	9,035	7.5	7,007	5.9

Source: N.C. Department of Health and Human Services, State Center for Health Statistics. North Carolina Live Birth Data.

Figure 5. Comparing Percent of births with very late or no prenatal care beginning 2011 in North Carolina.



Source: NC Child, KIDS COUNT Data Center. North Carolina Department of Health and Human Services, State Health Center for Health Statistics, North Carolina Reported Pregnancies.

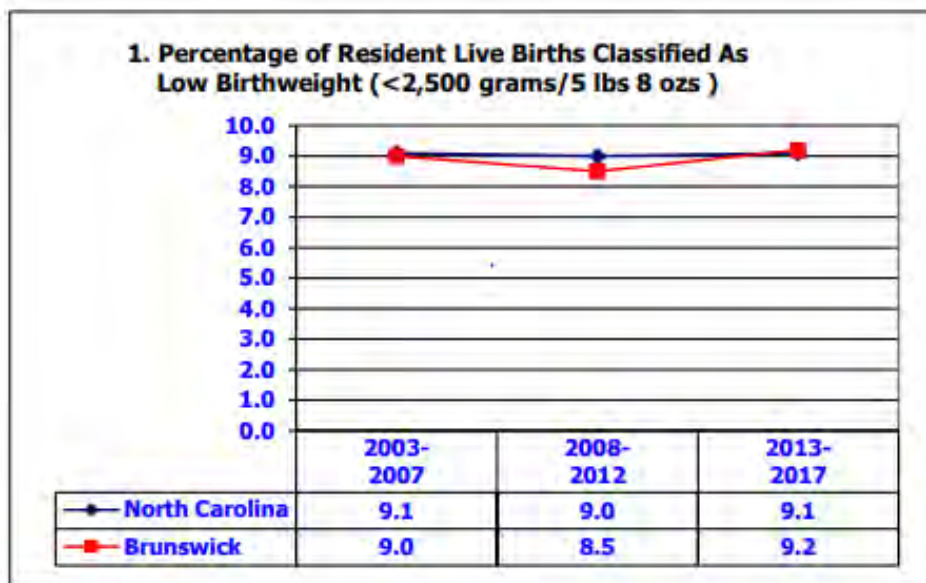
Pregnancy Outcomes

Table 71. Five-Year Aggregate of Percentage of Low Birth Weight Births by Race/Ethnicity, 2013-2017

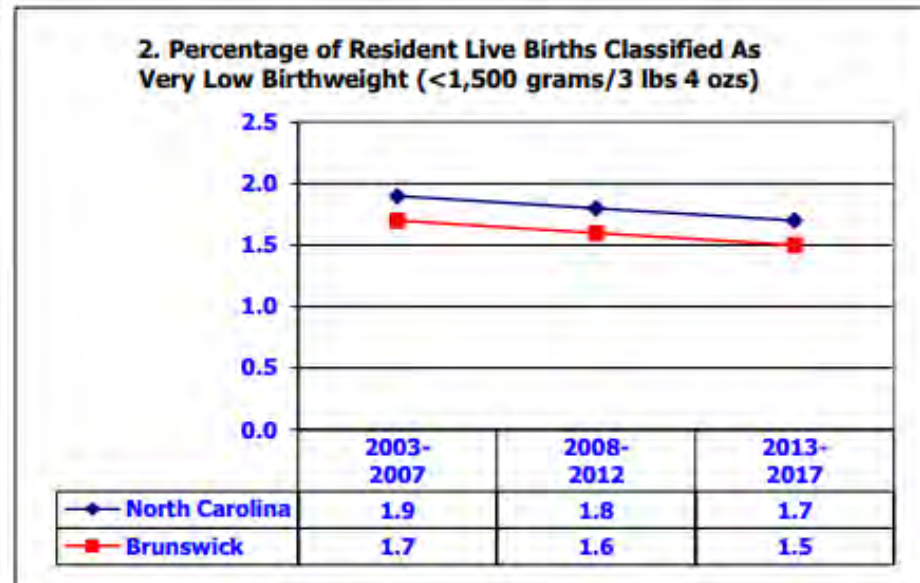
Location	Percentage of Low Birth Weight ($\leq 2,500$ Gram) Births				
	Total	White, Non-Hispanic	Black, Non-Hispanic	Other Non-Hispanic	Hispanic
Brunswick County	9.2	9.1	13.1	2.8	6.9
Carteret County	7.6	7.4	13.1	5.5	6.9
New Hanover County	8.0	6.4	15.1	6.7	6.5
State of NC	9.1	9.5	7.5	14.1	7.1

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Pregnancy and Births

Percentage of Resident Low Birthweight Live Births.



Percentage of Resident Very Low Birthweight Live Births.



Source: NC State Center for Health Statistics, Statistics and Reports, County Data, North Carolina County Trends in Key Health Indicators.

Table 72. Five-Year Aggregate and Rate (per 1,000 births) of Infant Deaths by Race/Ethnicity, 2014-2018										
Location	Infant Deaths									
	Total		White, Non-Hispanic		Black, Non-Hispanic		Other Non-Hispanic		Hispanic	
	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	31	6.1	23	5.9	4	*	0	*	4	*
Carteret County	18	*	14	*	3	*	0	*	1	*
New Hanover County	56	5.0	32	4.2	20	10.0	1	*	3	*
State of NC	4,275	7.1	1,716	5.2	1,820	12.7	226	6.3	513	5.6

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2020), Pregnancy and Births

Table 73. Infant Death Rates (per 1,000 live births), 2014-2018.										
Location	2014		2015		2016		2017		2018	
	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	4	3.6*	2	1.9*	9	9.2*	5	5.0*	11	11.1
Carteret County	3	5.2*	4	6.5*	4	7.3*	3	5.3*	4	8*
New Hanover County	3	1.3*	8	3.5*	15	6.7	14	6.2	16	7.5
State of NC	860	7.1	884	7.3	873	7.2	852	7.1	806	6.8

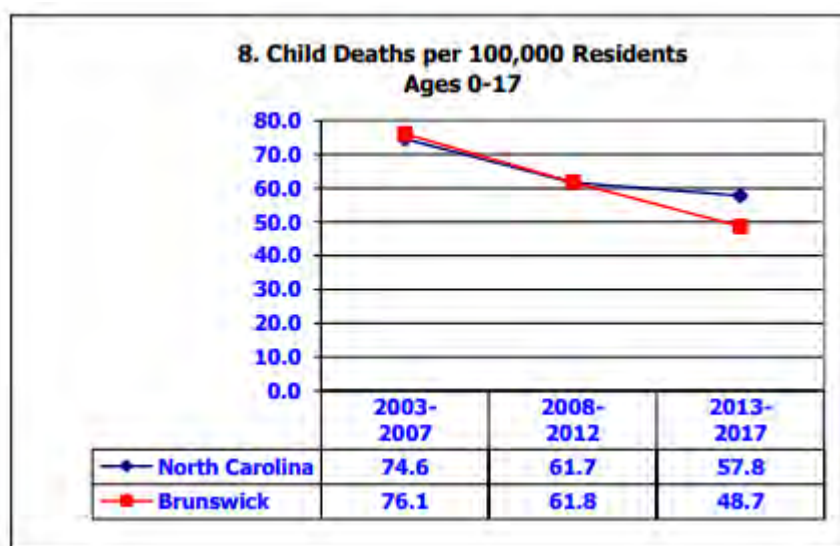
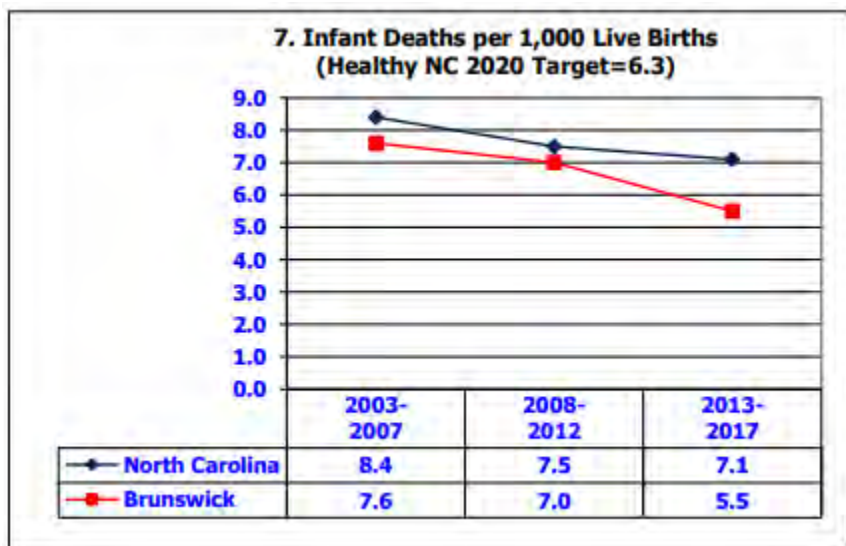
*Note: Rate based on small numbers (fewer than 10) are statistically unstable and should be interpreted with caution.

Source: NC Department of Health & Human Services State Center for Health Statistics, 24SEP2019

Table 74. Child Death Rates (per 100,000 residents), 2013-2017.								
Location	Ages 0-17				Ages 1-17			
	2013-2017		2017		2013-2017		2017	
	No.	%	No.	%	No.	%	No.	%
Brunswick County	50	48.7	8 *	38.7	22	22.6	3*	15.3
Carteret County	30	47.9	5*	40.4	10	16.8	2*	17.0
New Hanover County	98	46.5	24	56.0	46	23.1	10	24.7
State of NC	6623	57.8	1313	57.0	2322	21.4	461	21.1

*Note: Rate based on fewer than 10 deaths are statistically unstable and should be interpreted with caution.

Source: NC Department of Health & Human Services State Center for Health Statistics.



Source: NC State Center for Health Statistics, Statistics and Reports, County Data, North Carolina County Trends in Key Health Indicators.

Leading Causes of Death Morbidity & Mortality

Table 75. Life Expectancy for Persons Born in 2015-2017.					
Location	Life Expectancy (Years)				
	Person Born in 2015-2017				
	Overall	Male	Female	White	African-American
Brunswick County	78.3*	75.4	81.3	78.3	77.8
Carteret County	78.3	75.4	81.3	78.2	79.9
New Hanover County	78.9	76.1	81.5	80.0	73.0
State of NC	77.0	74.4	79.6	77.9	74.5

Source: NC State Center for Health Statistics, County-level Data, Life Expectancies Reports.

*Note: Healthy NC 2030 indicator

Table 76. Top 10 Leading Causes of Death in Brunswick County, Five Year Counts and Rates (age-adjusted per 100,000 population), 2013-2017.

Rank/Cause of Death	Brunswick County		Carteret County		New Hanover County		State of NC	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1. All Cancers	1,720	161.4	926	168.6	2,117	157.3	96,225	164.1
Trachea, Bronchus, Lung	534	47.8	286	50.6	646	47.7	27,449	45.9
Colon, Rectum, & Anus	129	12.9	80	15.4	119	8.8	7,942	13.7
Pancreas	112	10.1	64	11.4	136	9.9	6,507	11.0
Female Breast	106	19.5	45	14.9	159	21.7	6,728	20.9
Prostate	87	19.7	41	17.8	101	18.1	4,477	19.7
2. Diseases of the Heart	1,538	161.4	860	158.7	1,965	146.5	90,942	159.8
3. Chronic Lower Respiratory Disease	472	45.8	247	44.0	428	31.5	26,092	45.5
4. Cerebrovascular Disease	387	40.4	200	36.2	753	57.2	24,232	43.2
5. All Other Unintended Injuries	291	49.2	188	48.5	435	38.9	18,046	34.6
6. Alzheimer's Disease	217	24.8	99	18.3	260	19.8	18,360	33.7
7. Diabetes Mellitus	170	27.7	92	26.8	205	18.6	13,549	23.3
8. Nephritis, Nephrotic Syndrome, and Nephrosis	125	12.9	76	14.2	202	15.3	9,435	16.6
9. Pneumonia and Influenza	104	11.7	72	13.7	146	11.1	9,887	17.6
10. Unintentional Motor Vehicle Injuries	97	18.0	29	8.0	123	10.7	7,318	14.2
Total Deaths All Causes (incl. some not listed above)	6,797	1108.9	3,862	1124.3	9,437	858.4	441,359	782.8

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 77. Top 10 Leading Causes of Death in Brunswick County, Five Year Counts and Rates (per 100,000 population) by Sex, 2013-2017.

Cause of Death	Brunswick County				Carteret County				New Hanover County				State of NC Rate	
	Males		Females		Males		Females		Males		Females		Males	Females
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate		
1. Cancer	997	203.3	723	126.3	528	209.0	398	135.3	1,115	192.0	1,002	113.0	201.3	137.5
2. Diseases of the Heart	866	196.2	672	130.1	465	192.6	395	128.5	992	178.5	973	121.2	204.8	125.1

Table 77. Top 10 Leading Causes of Death in Brunswick County, Five Year Counts and Rates (per 100,000 population) by Sex, 2013-2017.														
Cause of Death	Brunswick County				Carteret County				New Hanover County				State of NC Rate	
	Males		Females		Males		Females		Males		Females		Males	Females
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate		
3. Chronic Lower Respiratory Diseases	223	49.0	249	43.7	115	44.5	132	43.4	208	36.5	220	28.4	51.2	41.9
4. Cerebrovascular Disease	163	36.1	224	42.5	84	34.7	116	36.8	310	60.0	443	54.2	44.2	41.7
5. All Other Unintended Injuries	188	68.0	103	31.2	120	67.2	68	29.4	281	54.1	154	25.3	45.5	24.8
6. Alzheimer's Disease	76	20.3	141	27.7	42	18.5	57	18.1	83	17.0	177	21.9	26.4	37.7
7. Diabetes Mellitus	108	24.8	62	12.6	52	20.2	40	13.9	101	17.7	104	13.5	28.5	19.1
8. Nephritis, Nephrotic Syndrome, and Nephrosis	64	13.6	61	12.5	42	17.6	34	11.4	107	19.5	95	12.6	19.9	14.5
9. Pneumonia and Influenza	53	13.0	51	10.9	33	14.9	39	12.7	81	15.5	65	8.3	20.4	15.8
10. Unintentional Motor Vehicle Injuries	67	26.8	30	9.5	24	13.2	5	N/A	91	16.6	32	5.2	20.9	8.0
Total Deaths All Causes (incl. some not listed above)	3,664	867.7	3,133	615.6	2,055	876.6	1,807	621.0	4,707	855.4	4,730	615.9	924.0	668.7

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 78. Top 10 Leading Causes of Death in Brunswick County, Five Year Counts/Rates (per 100,000 population) by Race/Ethnicity, 2014-2018.												
Cause of Death	Brunswick County											
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1. Cancer	1,620	158.6	148	172.4	7	N/A	4	N/A	12	N/A	1,791	157.4
2. Diseases of the Heart	1,413	156.2	133	160.3	2	N/A	4	N/A	10	N/A	1,562	153.9
3. Chronic Lower Respiratory Diseases	453	45.5	18	N/A	1	N/A	1	N/A	2	N/A	475	43.3

Table 78. Top 10 Leading Causes of Death in Brunswick County, Five Year Counts/Rates (per 100,000 population) by Race/Ethnicity, 2014-2018.												
Cause of Death	Brunswick County											
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
4. Cerebrovascular Disease	342	36.6	53	67.1	1	N/A	2	N/A	4	N/A	402	38.8
5. All Other Unintended Injuries	277	58.4	19	N/A	1	N/A	0	N/A	4	N/A	301	49.5
6. Alzheimer's Disease	194	23.0	28	37.7	0	N/A	0	N/A	2	N/A	224	23.8
7. Diabetes Mellitus	154	17.0	25	29.0	1	N/A	1	N/A	3	N/A	184	17.9
8. Nephritis, Nephrotic Syndrome, and Nephrosis	108	11.5	17	N/A	1	N/A	2	N/A	0	N/A	128	12.4
9. Pneumonia and Influenza	104	12.1	9	N/A	0	N/A	0	N/A	2	N/A	115	12.0
10. Unintentional Motor Vehicle Injuries	80	18.3	12	N/A	3	N/A	0	N/A	5	N/A	100	17.7
Total Deaths All Causes (incl. some not listed above)	6,329	735.8	639	788.3	21	422.9	20	332.8	61	366.2	7,070	722.6

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Table 79. Top 3 Leading Causes of Death by Age Group, 2013-2017.					
Age Group	Rank	Cause of Death			
		Brunswick County	Carteret County	New Hanover County	State of NC
0-19	1	Conditions originating in the perinatal period	Conditions originating in the perinatal period	Conditions originating in the perinatal period	Conditions originating in the perinatal period
	2	Other Unintentional injuries	Suicide	Homicide	Congenital anomalies (birth defects)

Table 79. Top 3 Leading Causes of Death by Age Group, 2013-2017.					
Age Group	Rank	Cause of Death			
		Brunswick County	Carteret County	New Hanover County	State of NC
	3	Motor vehicle injuries	Other Unintentional injuries	Motor vehicle injuries Other Unintentional injuries	Motor vehicle injuries
20-39	1	Other Unintentional injuries	Other Unintentional injuries	Other Unintentional injuries	Other Unintentional injuries
	2	Motor vehicle injuries	Suicide	Motor vehicle injuries	Motor vehicle injuries
	3	Suicide	Cancer - All Sites	Homicide	Suicide
40-64	1	Cancer - All Sites	Cancer - All Sites	Cancer - All Sites	Cancer - All Sites
	2	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart
	3	Other Unintentional injuries	Other Unintentional injuries	Other Unintentional injuries	Other Unintentional injuries
65-84	1	Cancer - All Sites	Cancer - All Sites	Cancer - All Sites	Cancer - All Sites
	2	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart
	3	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Cerebrovascular disease	Chronic lower respiratory diseases
85+	1	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart
	2	Cancer - All Sites	Cancer - All Sites	Cerebrovascular disease	Cancer - All Sites
	3	Cerebrovascular disease	Cerebrovascular disease	Cancer - All Sites	Alzheimer's disease

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 80. Five-Year Aggregate of Total Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	1,571	164.9	131	162.2	6	N/A	1	N/A	11	N/A	997	203.3	723	126.3	1,720	161.4
Carteret County	870	169.8	45	179.1	0	N/A	7	N/A	4	N/A	528	209.0	398	135.3	926	168.6
New Hanover County	1,741	152.0	348	208.8	1	N/A	11	N/A	16	N/A	1,115	192.0	1,002	133.0	2,117	157.3

State of NC	73,466	162.8	19,702	186.7	903	155.7	922	103.2	1,232	79.3	51,125	201.3	45,100	137.5	96,225	164.0
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Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 81. Five-Year Aggregate of Mortality Rate for Total Cancer and the Five Major Site-Specific Cancers, 2013- 2017.												
Location	All Cancers		Colon, Rectum, and Anus		Pancreas		Trachea, Bronchus, and Lung		Breast		Prostate	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	1,720	161.4	129	12.9	112	10.1	534	47.8	106	19.5	87	19.6
Carteret County	926	168.6	80	15.4	64	11.4	286	50.6	45	14.9	41	17.6
New Hanover County	2,117	157.3	119	8.8	136	9.9	646	47.7	159	21.7	101	18.1
State of NC	96,225	164.0	7,942	13.7	6,507	11.0	27,449	45.9	6,728	20.9	4,477	19.7

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County

Table 82. Five-Year Aggregate of Total Cancer Incidence (new cases per 100,000 Population), the Four Major Site-Specific Cancers, 2013-2017.														
Location	All Cancers		Colon/Rectum		Lung/Bronchus		Melanoma (Skin)		Female Breast		Cervix Uteri		Prostate	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	4,929	460.7	373	37.6	754	64.8	340	31.5	758	138.8	25	7.9	595	94.9
Carteret County	2,560	481.3	221	43.7	415	72.5	182	33.9	423	161.8	18	8.6	260	9.9
New Hanover County	6,150	464.3	374	28.8	855	62.3	394	30.6	1,151	165.7	28	4.3	604	92.2
State of NC	277,545	470.0	21,005	36.0	39,804	66.0	14,462	25.3	50,083	160.2	1,862	6.9	32,507	111.9

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), NC Cancer Incidence Rates per 100,000

Table 83. Five-Year Aggregate of Trachea, Bronchus, and Lung Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	503	50.0	24	30.9	3	N/A	1	N/A	3	N/A	318	62.5	216	34.6	534	47.8
Carteret County	274	51.7	7	N/A	0	N/A	3	N/A	2	N/A	171	65.5	115	38.2	286	50.6
New Hanover County	541	46.8	100	59.1	0	N/A	3	N/A	2	N/A	334	57.2	312	41.2	646	47.7
State of NC	22,018	47.7	4,777	44.4	291	49.7	184	21.9	179	13.4	15,612	59.7	11,837	35.6	27,449	45.9

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 84. Five-Year Aggregate of Prostate Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	74	18.3	12	N/A	0	N/A	0	N/A	1	N/A	87	19.6	0	N/A	87	19.6
Carteret County	40	17.9	1	N/A	0	N/A	0	N/A	0	N/A	41	17.6	0	N/A	41	17.6
New Hanover County	76	16.0	23	35.7	0	N/A	1	N/A	1	N/A	101	18.1	0	N/A	101	18.1
State of NC	3,070	16.8	1,292	38.2	49	25.5	19	N/A	47	9.3	4,477	19.7	0	N/A	4,477	19.7

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 85. Five-Year Aggregate of Breast Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)												Female		Overall	
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male					
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	94	19.6	11	N/A	0	N/A	0	N/A	1	N/A	0	N/A	106	19.5	106	19.5
Carteret County	41	14.8	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	45	14.9	45	14.9
New Hanover County	132	21.1	25	26.0	1	N/A	0	N/A	1	N/A	0	N/A	159	21.7	159	21.7
State of NC	4,738	19.6	1,746	27.8	67	20.2	73	12.5	104	10.6	0	N/A	6,728	20.9	6,728	20.9

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 86. Five-Year Aggregate of Colon, Rectal, Anal Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)												Female		Overall	
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male					
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	112	12.5	15	N/A	1	N/A	0	N/A	1	N/A	74	16.1	55	10.4	129	12.9
Carteret County	73	14.9	5	N/A	0	N/A	2	N/A	0	N/A	48	19.8	32	11.5	80	15.4
New Hanover County	101	8.7	16	N/A	0	N/A	0	N/A	2	N/A	68	11.6	51	6.4	119	8.8
State of NC	5,758	13.0	1,930	18.4	82	14.2	74	8.2	98	6.0	4,148	16.4	3,794	11.5	7,942	13.7

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 87. Five-Year Aggregate of Pancreatic Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	102	10.5	10	N/A	0	N/A	0	N/A	0	N/A	75	14.3	37	6.9	112	10.1
Carteret County	61	11.6	3	N/A	0	N/A	0	N/A	0	N/A	40	15.5	24	7.9	64	11.4
New Hanover County	108	9.2	25	15.4	0	N/A	1	N/A	2	N/A	74	12.5	62	7.8	136	9.9
State of NC	4,836	10.6	1,454	13.9	58	10.2	66	7.8	93	6.7	3,375	13.0	3,132	9.4	6,507	11.0

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 88. Five-Year Aggregate of Heart Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	1,397	165.6	128	159.9	0	N/A	4	N/A	9	N/A	866	196.2	672	130.1	1,538	161.4
Carteret County	823	162.0	34	142.6	0	N/A	1	N/A	2	N/A	465	192.6	395	128.5	860	158.7
New Hanover County	1,619	139.6	319	203.9	7	N/A	7	N/A	13	N/A	992	178.5	973	121.2	1,965	146.5
State of NC	70,182	157.6	18,470	184.7	928	180.2	570	76.1	792	58.5	48,744	204.8	42,198	125.1	90,942	159.8

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 89. Five-Year Aggregate of Cerebrovascular Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	335	39.1	46	59.9	1	N/A	2	N/A	3	N/A	163	36.1	224	42.5	387	40.4
Carteret County	180	34.6	17	N/A	1	N/A	1	N/A	1	N/A	84	34.7	116	36.8	200	36.2
New Hanover County	618	53.9	119	81.1	4	N/A	7	N/A	5	N/A	310	60.0	443	54.2	753	57.2
State of NC	18,146	40.8	5,364	55.5	195	40.5	243	34.7	284	22.5	10,134	44.2	14,098	41.7	24,232	43.2

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 90. Five-Year Aggregate of Chronic Lower Respiratory Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	451	48.4	18	N/A	1	N/A	1	N/A	1	N/A	223	49.0	249	43.7	472	45.8
Carteret County	244	46.1	1	N/A	1	N/A	1	N/A	0	N/A	115	44.5	132	43.4	247	44.0
New Hanover County	388	33.1	32	19.0	1	N/A	3	N/A	4	N/A	208	36.5	220	28.4	428	31.5
State of NC	22,906	50.6	2,772	27.8	228	44.8	91	13.0	95	8.7	12,215	51.2	13,877	41.9	26,092	45.5

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality

Table 91. Five-Year Aggregate of Diabetes Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	143	17.2	21	25.1	1	N/A	1	N/A	4	N/A	108	24.8	62	12.6	170	18.0
Carteret County	87	16.6	4	N/A	1	N/A	0	N/A	0	N/A	52	20.2	40	13.9	92	16.6
New Hanover County	130	11.6	65	38.3	1	N/A	2	N/A	7	N/A	101	17.7	104	13.5	205	15.4
State of NC	8,537	19.1	4,490	43.7	226	41.6	111	13.9	185	12.1	7,283	28.5	6,266	19.1	13,549	23.3

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 92. Annual Trends in Diagnosed Diabetes Prevalence, 2014-2016.						
Location	Estimated Prevalence, Number and Percent (Age-adjusted, Age 20 and Older)					
	2014		2015		2016	
	No.	%	No.	%	No.	%
Brunswick County	10,989	11.4	11,709	11.7	13,330	12.8
Carteret County	5,811	10.6	6,051	11.0	6,098	11.0
New Hanover County	13,996	8.3	15,849	9.3	13,220	7.6
State of NC	828,855	9.8	829,725	9.6	886,633	10.1

Source: Centers for Disease Control and Prevention, Diabetes Data and Trends, County Data and State Data

Table 93. Five-Year Aggregate of Alzheimer's Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															

	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	190	24.3	25	34.0	0	N/A	0	N/A	2	N/A	76	20.3	141	27.7	217	24.8
Carteret County	96	18.7	3	N/A	0	N/A	0	N/A	0	N/A	42	18.5	57	18.1	99	18.3
New Hanover County	233	20.3	23	17.0	0	N/A	1	N/A	3	N/A	83	17.0	177	21.9	260	19.8
State of NC	15,317	34.6	2,639	31.4	183	46.9	69	12.5	152	17.2	5,314	26.4	13,046	37.7	18,360	33.7

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 94. Five-Year Aggregate of Pneumonia and Influenza Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	93	11.5	8	N/A	0	N/A	0	N/A	3	N/A	53	13.0	51	10.9	104	11.7
Carteret County	70	14.3	1	N/A	1	N/A	0	N/A	0	N/A	33	14.9	39	12.7	72	13.7
New Hanover County	121	10.7	21	14.0	0	N/A	2	N/A	2	N/A	81	15.5	65	8.3	146	11.1
State of NC	7,944	18.0	1,693	17.5	80	15.6	78	11.8	92	7.2	4,584	20.4	5,303	15.8	9,887	17.6

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 95. Five-Year Aggregate of Septicemia Mortality, by Race/Ethnicity and Sex, 2013-2017.
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County	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick	77	8.5	16	N/A	1	N/A	0	N/A	1	N/A	42	8.4	53	9.8	95	9.3
Carteret	52	9.9	5	N/A	1	N/A	0	N/A	1	N/A	25	8.8	34	12.2	59	10.6
New Hanover	107	9.4	41	26.7	0	N/A	0	N/A	0	N/A	74	13.4	74	10.0	148	11.2
State of NC	5,437	12.3	1,833	18.3	81	15.6	49	6.0	77	5.4	3,437	14.3	4,040	12.3	7,477	13.1

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 96. Five-Year Aggregate of Kidney Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.																
County	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick	102	11.6	20	25.1	1	N/A	2	N/A	0	N/A	64	13.6	61	12.5	125	12.9
Carteret	66	13.2	8	N/A	1	N/A	1	N/A	0	N/A	42	17.6	34	11.4	76	14.2
New Hanover	131	11.6	69	44.2	1	N/A	1	N/A	0	N/A	107	19.5	95	12.6	202	15.3
State of NC	6,053	13.6	3,090	31.6	101	19.3	81	11.6	110	8.2	4,629	19.9	4,806	14.5	9,435	16.6

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 97. Five-Year Aggregate of Chronic Liver Disease and Cirrhosis Mortality, by Race/Ethnicity and Sex, 2013-2017.																
County	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick	78	9.9	2	N/A	0	N/A	0	N/A	0	N/A	54	11.9	26	5.9	80	8.6
Carteret	70	15.3	3	N/A	0	N/A	1	N/A	1	N/A	58	23.9	17	N/A	75	14.9
New Hanover	78	8.0	16	N/A	0	N/A	1	N/A	5	N/A	65	10.9	35	5.9	100	8.1
State of NC	4,918	11.5	918	7.6	97	15.6	43	4.0	140	6.4	3,899	14.1	2,217	7.1	6,116	10.3

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 98. Five-Year Aggregate of Unintentional Motor Vehicle Injury Mortality, by Race/Ethnicity and Sex, 2013-2017.																
County	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick	78	18.0	12	N/A	3	N/A	0	N/A	4	N/A	67	26.8	30	9.5	97	18.0
Carteret	24	7.9	3	N/A	0	N/A	0	N/A	2	N/A	24	13.2	5	N/A	29	8.0
New Hanover	90	9.9	27	17.0	1	N/A	0	N/A	5	N/A	91	16.6	32	5.2	123	10.7
State of NC	4,783	13.9	1,790	16.1	164	27.6	87	5.9	494	11.3	5,180	20.9	2,138	8.0	7,318	14.2

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 99. Five-Year Aggregate of All Other Unintended Injury Mortality, by Race/Ethnicity and Sex, 2013-2017.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	267	57.0	17	N/A	1	N/A	1	N/A	5	N/A	188	68.0	103	31.2	291	49.2
Carteret County	179	52.5	4	N/A	0	N/A	2	N/A	3	N/A	120	67.2	68	29.4	188	48.5
New Hanover County	377	42.2	43	29.4	2	N/A	3	N/A	10	N/A	281	54.1	154	25.3	435	38.9
State of NC	14,797	40.7	2,477	23.5	228	41.4	143	14.6	401	13.2	10,724	45.5	7,322	24.8	18,046	34.6

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 100. Five-Year Aggregate of Unintentional Poisoning Mortality, 2013-2017.		
Location	Deaths, Number and Rate (Deaths per 100,000 Population)	
	No.	Rate
Brunswick County	167	34.2
Carteret County	84	27
New Hanover County	276	26
State of NC	7,885	16

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Unintentional Poisoning Mortality Rates.

Note: ** The CDC defines a poison as “any substance that is harmful to your body when ingested, inhaled, injected, or absorbed through the skin.”

- An unintentional poisoning is a poisoning in which the individual exposed to the substance is not attempting to cause harm to himself/herself or others. This includes unintentional overdoses of prescription or recreational drugs. Other potential poisons include exhaust fumes and gases, pesticides, acids, organic solvents, and petroleum products.

Table 101. Five-Year Aggregate of Suicide Mortality, by Race/Ethnicity and Sex, 2014-2018.

Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	81	15.2	4	N/A	1	N/A	1	N/A	1	N/A	65	21.9	23	5.4	88	13.4
Carteret County	81	24.2	1	N/A	0	N/A	2	N/A	0	N/A	67	36.6	17	N/A	84	22.0
New Hanover County	157	17.0	10	N/A	1	N/A	3	N/A	2	N/A	119	21.6	54	9.1	173	15.0
State of NC	6,112	17.0	620	5.5	74	12.4	126	8.2	220	5.6	5,418	21.4	1,734	6.4	7,152	13.5

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

Table 102. Five-Year Aggregate of Homicide Mortality, by Race/Ethnicity and Sex, 2013-2017.

Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	17	N/A	3	N/A	0	N/A	1	N/A	0	N/A	9	N/A	12	N/A	21	12.9
Carteret County	8	N/A	1	N/A	0	N/A	0	N/A	0	N/A	7	N/A	2	N/A	9	N/A
New Hanover County	25	2.7	50	33.9	2	N/A	0	N/A	1	N/A	64	11.9	14	N/A	78	7.2
State of NC	975	3.0	1,832	16.4	94	15.6	47	3.3	178	3.8	2,477	10.3	649	2.6	3,126	6.4

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality.

HIV/AIDS/STDs

Table 103. Annual Number and Rates of Incident HIV Diagnoses (per 100,000 population), by County of First Diagnosis, 2013-2017.											
Location	HIV Cases by County of First Diagnosis										Total No. of HIV Cases (2017)
	2013		2014		2015		2016		2017		
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
Brunswick County	9	9.0	9	8.7	5	4.7	9	8.1	9	7.8	208
Carteret County	3	5.0	5	8.3	4	6.7	2	3.3	1	1.7	73
New Hanover County	14	7.7	13	7.0	26	13.7	25	13.0	33	16.8	702
State of NC	1,306	15.9	1,319	15.9	1,333	15.9	1,392	16.3	1,310	15.2	35,045

Source: NC Division of Public Health, Epidemiology Section, and Communicable Disease Branch Annual Reports: 2017 North Carolina HIV/STD/Hepatitis Surveillance Report

Table 104. Five-Year Aggregate of AIDS Mortality, by Race/Ethnicity and Sex, 2014-2018.																
Location	Deaths, Number and Rate (Deaths per 100,000 Population)															
	White, non-Hispanic		African-American non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	7	N/A	3	N/A	0	N/A	0	N/A	1	N/A	9	N/A	2	N/A	11	N/A
Carteret County	1	N/A	1	N/A	0	N/A	0	N/A	0	N/A	1	N/A	1	N/A	2	N/A
New Hanover County	2	N/A	13	N/A	0	N/A	0	N/A	1	N/A	10	N/A	6	N/A	16	1.8
State of NC	269	0.7	751	6.4	8	N/A	5	N/A	31	0.9	763	2.8	301	1.1	1,064	1.9

Note: Missing data indicate fewer than 10 cases and/or unstable rates.

Source: NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County

Table 105. Annual Trends in Chlamydia Incidence, 2013-2017.	
	Incidence, All Ages, Number and Rate (New cases per 100,000 population)

Location	2013		2014		2015		2016		2017	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	245	213.0	250	211.2	316	258.4	349	276.2	400	305.6
Carteret County	172	251.5	186	271.0	227	330.3	194	281.8	223	323.7
New Hanover County	964	452.5	1,000	462.6	1,113	506.6	1,170	524.1	1,257	553.3
State of NC	49,220	499.7	49,956	502.2	54,384	541.6	58,078	571.8	62,893	612.2

Source: NC Division of Public Health, Epidemiology Section, and Communicable Disease Branch Annual Reports: 2017 North Carolina HIV/STD/Hepatitis Surveillance Report

Table 106. Annual Trends in Gonorrhea Incidence, 2013-2017.										
Location	Incidence, All Ages, Number and Rate (New cases per 100,000 population)									
	2013		2014		2015		2016		2017	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	63	54.8	82	69.3	112	91.6	136	107.6	135	103.1
Carteret County	29	42.4	23	33.5	40	58.2	44	63.9	41	59.5
New Hanover County	271	127.2	357	165	360	163.9	476	213.2	406	178.7
State of NC	14,114	143.3	14,970	150.6	17,049	169.8	19,726	194.2	22,694	220.9

Source: NC Division of Public Health, Epidemiology Section, and Communicable Disease Branch Annual Reports: North Carolina 2016 HIV/STD/Hepatitis Surveillance Report

Table 107. Annual Trends in Adult Obesity Prevalence, 2015-2019.					
Location	Estimated Prevalence Percent of Adults (Age-adjusted, Age 20 or Older)				
	2015	2016	2017	2018	2019
Brunswick County	29	29	28	28	29
Carteret County	28	26	26	26	28
New Hanover County	25	26	25	25	24
State of NC	29	29	29	30	30

Source: County Health Rankings and Roadmaps, 2015-2019

Table 109. Number of People with Poor Access to Healthy Food, 2018.

Location	# Limited Access	% Limited Access	# Food Insecure*	% Food Insecure
Brunswick County	5,942	6	16,360	14
Carteret County	4,697	7	8,550	13
New Hanover County	15,540	8	33,570	16
State of NC	--	7	--	15

Source: County Health Rankings and Roadmaps: U.S. Department of Agriculture (USDA) 2019.

* Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

Note: Some data unavailable for the entire state of NC.

Section II. Indicators and Sources for Health Outcomes

Service Utilization: Behavioral Health

Table 110. Annual Counts of Persons Served by Local Management Entity-Managed Care Organizations, 2014-2017.

Location	Number of Persons Served			
	2014	2015	2016	2017
Brunswick County	2,135	2,979	1,834	1,831
Carteret County	1,851	2,580	1,251	1,410
New Hanover County	5,485	7,481	4,453	4,522
State of NC	316,863	337,161	347,060	321,511

Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in Area Mental Health Programs

Table 111. Annual Counts of Persons Served by State Psychiatric Hospitals, 2014-2017.

Location	Number of Persons Served			
	2014	2015	2016	2017
Brunswick County	70	47	31	78
Carteret County	13	9	8	7
New Hanover County	63	95	82	140
State of NC	3,529	3,276	3,039	3,083

Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in State Psychiatric Hospitals

Table 112. Annual Counts of Persons Served by State Mental Health Development Centers, 2014-2016.			
Location	Number of Persons Served		
	2014	2015	2016
Brunswick County	12	13	13
Carteret County	12	11	12
New Hanover County	40	38	34
State of NC	1,282	1,245	1,160

Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in State Mental Health Development Centers

Table 113. Annual Counts of Persons Served by State Alcohol and Drug Treatment Centers, 2014-2016.			
Location	Number of Persons Served		
	2014	2015	2016
Brunswick County	78	57	56
Carteret County	31	22	22
New Hanover County	243	234	184
State of NC	4,049	3,698	3,505

Source: Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in NC Alcohol and Drug Treatment Centers

Emergency Department

Table 114. Annual Number of Emergency Department Visits to County Facilities, Fiscal Years 2013-2017.						
Location	Hospital	2013	2014	2015	2016	2017
Brunswick County	J. Arthur Doshier Memorial Hospital	13,186	12,827	12,365	12,493	12,358
Carteret County	Carteret County General Hospital	34,855	33,93	32,727	31,397	32,010
New Hanover County	New Hanover Regional Medical Center	97,693	97,526	100,389	109,056	116,477
State of NC	All NC Hospitals	4,069,697	4,141,184	4,301,710	4,353,885	4,373,661

Source: UNC Cecil G. Sheps Center for Health Services Research, FY2017 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital

Table 115. Annual Number of Emergency Department Visits to County Facilities, by Race, Fiscal Year 2017.													
Location	Hospital	Race											
		White		African-American		American Indian		Asian/Pacific Islander		Other Race		Unavailable	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Brunswick County	J. Arthur Doshier Memorial Hospital	10,989	88.9	1,120	9.1	31	0.3	27	0.2	189	1.5	2	0.0
Carteret County	Carteret County General Hospital	26,913	84.1	3,436	10.7	23	0.1	112	0.3	1,510	4.7	16	0.0
New Hanover County	New Hanover Regional Medical Center	76,010	65.3	32,948	28.3	305	.3	335	0.3	6,455	5.5	424	0.4
State of NC	All NC Hospitals	2,401,099	54.9	1,557,492	35.6	49,015	1.1	31,060	0.7	279,065	6.4	55,930	1.3

Source: UNC Cecil G. Sheps Center for Health Services Research, FY2017 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital

Table 116. Annual Number of Emergency Department Visits to County Facilities, by Ethnicity, Fiscal Year 2017.							
Location	Hospital	Ethnicity					
		Hispanic		Non-Hispanic		Unknown	
		No.	%	No.	%	No.	%
Brunswick County	J. Arthur Doshier Memorial Hospital	153	1.2	12,197	98.7	8	0.1
Carteret County	Carteret County General Hospital	-	-	31,994	100.0	16	0.0

New Hanover County	New Hanover Regional Medical Center	5,887	5.1	109,972	94.4	618	0.5
State of NC	All NC Hospitals	268,423	6.1	4,021,274	91.9	83,964	1.9

Source: UNC Cecil G. Sheps Center for Health Services Research, FY2017 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital

Table 117. Annual Number of Emergency Department Visits to County Facilities, by Age, Fiscal Year 2017.													
Location	Hospital	Age (Years)											
		Less than 1 year		1-17 years		18-44 years		45-64 years		65-84 years		85 or more years	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Brunswick County	J. Arthur Dasher Memorial Hospital	87	0.7	1,499	12.1	4,042	32.7	3,263	26.4	2,967	24.0	500	4.0
Carteret County	Carteret County General Hospital	460	1.4	4,386	13.7	12,805	40.0	8,124	25.4	5,189	16.2	1,046	3.3
New Hanover County	New Hanover Regional Medical Center	2,050	1.8	17,967	15.4	48,113	41.3	27,850	23.9	17,024	14.6	3,473	3.0
State of NC	All NC Hospitals	89,449	2.0	743,245	17.0	1,849,985	42.3	1,026,525	23.5	549,189	12.6	115,268	2.6

Source: UNC Cecil G. Sheps Center for Health Services Research, FY2014 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital

Table 118. Annual Number of Emergency Department Visits to County Facilities, by Payer, Fiscal Year 2017.													
Location	Hospital	Payer											
		Commercial/HMO		Medicaid		Medicare		Other government		Other		Uninsured	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%

Brunswick County	J. Arthur Dasher Memorial Hospital	3,829	30.6	2,333	18.6	3,364	26.8	261	2.1	129	1.0	2,615	20.9
	Novant Health Brunswick Medical Center	8,361	26.1	9,139	28.6	7,304	22.8	1,319	4.1	-	-	5,879	18.4
Carteret County	Carteret County General Hospital	8,196	23.5	6,505	18.7	8,894	25.5	3,378	9.7	147	0.4	7,703	22.1
New Hanover County	New Hanover Regional Medical Center	31,619	22.7	32,333	23.2	40,874	29.3	5,260	3.8	2,735	2.0	26,511	19.0
State of NC	All NC Hospitals	1,492,549	30.3	1,298,544	26.4	953,309	19.4	135,207	2.7	60,934	1.2	980,911	19.9

Source: UNC Cecil G. Sheps Center for Health Services Research, FY2014 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital

Criminal Justice System

Table 119. Juvenile Justice County Data, 2018.												
County	POPULATION AGE GROUPS			COMPLAINTS RECEIVED							RATES	
	Juvenile Population Ages 6-15	Juvenile Population Ages 6-17	Juvenile Population Ages 10-17	Violent Class A - E	Serious Class F - I, A1	Minor Class 1 - 3	Infraction	Status	Total Delinquent Complaints	Total Complaints	Undisciplined Rate per 1,000 Age 6 to 17	Delinquent Rate per 1,000 Ages 6 -15
Brunswick	13,115	15,790	10,722	9	36	144	0	24	189	213	1.52	14.41
Carteret	6,939	8,541	5,931	3	21	68	0	2	92	94	0.23	13.26
New Hanover	24,332	29,249	19,672	7	75	198	0	5	280	285	0.17	11.51
NC Total	1,314,938	1,588,480	1,076,533	915	6,106	14,173	85	2,301	21,279	23,580	1.45	16.18

Source: NC Department of Public Safety, Statistics and Data, NC Juvenile Justice County Databook, 2018.

Table 119 Continued...

County	DETENTION			YDC COMMITMENTS		COMMUNITY PROGRAMS					
	Distinct Juveniles Detained* **	Detention Admissions* **	Detention Admission Rate	YDC Commitments	YDC Commitment Rate per 1,000 youth Age 10-17	JCPC Youth Served	Alternatives to Commitment Youth Served	JCPC Endorsed Level II Programs Youth Served	Residential Contractual Programs Youth Served	Community Based Contractual Programs Youth Served	Western Area Multi-Purpose JCAC Admissions
Brunswick	20	23	1.46	0	0	282	0	0	3	6	0
Carteret	7	8	0.94	0	0	197	0	0	0	0	0
New Hanover	37	48	1.64	2	0.1	385	18	42	7	31	0
NC Total	1,660	2,326	1.46	192	0.18	21,248	157	289	600	510	96

Source: NC Department of Public Safety, Statistics and Data, NC Juvenile Justice County Databook, 2018.

*Note: Definitions of criminal justice terms can be found in Appendix .

Substance Misuse: Reduce Death/Emergency Department (ED) Outcomes

Table 120. Number of Drug Overdose Deaths per 100,000 population, 2019.		
Location	# of deaths	Mortality Rate
Brunswick County	123	32
Carteret County	61	30
New Hanover County	210	31
State of NC	--	19

Source: Centers for Disease Control and Prevention (CDC). Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. MMWR Morb Mortal Wkly Rep. 2016; 64(50);1378-82.

Note: Total data for NC unavailable.

Table 121. Number of unintentional opioid-related deaths (ICD-10) to NC Residents, by County, 2018.			
Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2018-Q4	3	22

Carteret County	2018 - Q4	4	18
New Hanover County	2018 - Q4	14	63
State of NC	2018-Q4	387	1,619

Source: North Carolina State Center for Health Statistics, Vital Statistics. Death Certificate Data, 1999-present.

Note: The following opioid related metrics are divided into five strategy areas by the NC Opioid Action Plan: reduce death/ED outcomes, reduce oversupply of prescription opioids, reduce diversion/flow of illicit drugs, increase access to naloxone, and treatment/recovery.

Table 122. Number of ED visits that received an opioid overdose diagnosis (all intents), by County, 2019.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q2	7	8
Carteret County	2019 - Q2	20	31
New Hanover County	2019 - Q2	31	48
State of NC	2019 - Q2	1,835	3,405

Source: North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2008-present

Table 123. Opioid Poisoning ED Visits and Deaths by County, 2016-2017.

Location	Number of ED Visits [†]		Number of Deaths				% of ED Visits Resulting in Death	
	2016	2017	2014	2015	2016	2017	2016	2017
Brunswick County	77	66	18	24	34	44	44.16	66.7
Carteret County	50	50	13	18	20	15	40	30
New Hanover County	209	217	25	47	64	72	30.62	33.18
State of NC	5,546	7,455	962	1,169	1,514	2,006	27.3	26.91

Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Opioid Poisoning ED Visits by County, 2008-2017.*

Table 124. Methadone Poisoning ED Visits and Deaths by County, 2016-2017.

Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	1	1	2	4	3	3
Carteret County	2	2	6	1	3	1

New Hanover County	5	2	1	4	2	5
State of NC	124	93	130	111	119	105

Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Methadone Poisoning ED Visits by County: N.C. Residents, 2008-2017.*

Table 125. Synthetic Narcotic Poisoning ED Visits and Deaths by County, 2016-2017.

Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	4	7	1	1	0	1
Carteret County	3	2	5	6	9	9
New Hanover County	17	11	8	18	27	47
State of NC	308	287	212	300	607	1,316

Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Synthetic Narcotic Poisoning ED Visits by County: N.C. Residents, 2008-2017.*

Table 126. Heroin Poisoning ED Visits and Deaths by County, 2016-2017.

Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	30	27	5	10	10	15
Carteret County	16	28	1	5	4	4
New Hanover County	109	115	12	24	38	29
State of NC	2,258	3,972	266	388	545	550

Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Heroin Poisoning ED Visits by County: N.C. Residents, 2008-2017*

Table 127. Cocaine Poisoning ED Visits and Deaths by County, 2008-2017.

Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	1	4	3	2	9	12
Carteret County	2	2	0	3	1	2
New Hanover County	1	0	2	14	12	22

State of NC	630	731	225	313	502	727
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Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Cocaine Poisoning ED Visits by County, 2008-2017*

Table 128. Psychostimulant Poisoning ED Visits and Deaths by County, 2016-2017.						
Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	3	0	0	2	13	12
Carteret County	3	4	0	1	0	4
New Hanover County	11	16	0	0	1	1
State of NC	467	557	33	64	115	183

Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Psychostimulant Poisoning ED Visits by County, 2008-2017*

Table 129. Benzodiazepine Poisoning ED Visits and Deaths by County, 2016-2017.						
Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	32	18	4	5	12	13
Carteret County	17	14	9	7	8	4
New Hanover County	94	81	5	9	16	18
State of NC	2,619	2,292	282	402	527	601

Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Benzodiazepine Poisoning ED Visits by County, 2008-2017*

Table 130. Antiepileptic and Sedative-Hypnotic Drug Poisoning ED Visits and Deaths by County, 2016-2017.						
Location	Number of ED Visits [†]		Number of Deaths			
	2016	2017	2014	2015	2016	2017
Brunswick County	11	10	2	2	5	11
Carteret County	7	6	0	3	2	4
New Hanover County	27	35	2	3	3	12

State of NC	848	897	114	188	239	279
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Source: NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, *N.C. DETECT Emergency Department (ED) Data, All Other Antiepileptic and Sedative-Hypnotic Drug Poisoning ED Visits by County, 2008-2017*

† In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data are unavailable for 2015, and data pre-2015 are not comparable to data collected after this change occurred.

Reduce Oversupply of Prescription Opioids

Table 131. Rate of Opioid Prescriptions Dispensed per 100 Persons, 2017.

Location	Percent
Brunswick County	96.2%
Carteret County	86.6%
New Hanover County	86.0%
State of NC	72.0%

Source: Centers for Disease Control and Prevention, Data, U.S. Opioid Prescribing Rate Maps, 2017.

Table 132. Average rate of multiple provider episodes for prescription opioids, per 100,000 residents, by County, 2018.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2018 - Q4	31	33
Carteret County	2018 - Q4	29	24
New Hanover County	2018 - Q4	40	37
State of NC	2018 - Q4	22	24

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present.

Table 133. Number of opioid pills dispensed, by County, 2019.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q1	1,820,000	1,820,000
Carteret County	2019 - Q1	1,030,000	1,030,000

New Hanover County	2019 - Q1	2,120,000	2,120,000
State of NC	2019 - Q1	107,666,000	107,666,000

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present.

Table 134. Percent of patients with an opioid prescription receiving more than an average daily dose of 90+ MME of opioid analgesics, 2019.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q1	6	6
Carteret County	2019 - Q1	7	7
New Hanover County	2019 - Q1	5	5
State of NC	2019 - Q1	5	5

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present.

Table 135. Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day, 2019.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q1	20	20
Carteret County	2019 - Q1	27	27
New Hanover County	2019 - Q1	20	20
State of NC	2019 - Q1	33	33

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present.

Reduce Diversion/Flow of Illicit Drugs

Table 136. Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues, by County, 2018.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2018 - Q4	60	60
Carteret County	2018 - Q4	94	94
New Hanover County	2018 - Q4	81	81
State of NC	2018 - Q4	78	79

Source: North Carolina Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-present.

Table 137. Number of acute hepatitis C cases, by County, 2019.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q1	1	1
Carteret County	2019 - Q1	0	0
New Hanover County	2019 - Q1	0	0
State of NC	2019 - Q1	48	48

Source: North Carolina Division of Public Health, Epidemiology Section, North Carolina Electronic Disease Surveillance System (NC EDSS), 2000-present.

Increase Access to Naloxone

Table 138. Number of EMS naloxone administrations, by County, 2019.

Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q2	27	50
Carteret County	2019 - Q2	50	85
New Hanover County	2019 - Q2	76	138
State of NC	2019 - Q2	3,282	6,214

Source: North Carolina Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2012-present.

Table 139. Number of community naloxone reversals, by County, 2019.			
Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q2	0	4
Carteret County	2019 - Q2	5	5
New Hanover County	2019 - Q2	22	65
State of NC	2019 - Q2	1,287	1,837

Source: NCDHHS Division of Public Health, North Carolina Harm Reduction Coalition Monthly Updates, 2019

Treatment and Recovery

Table 140. Number of buprenorphine prescriptions dispensed, by County, 2019.			
Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q1	7,771	7,771
Carteret County	2019 - Q1	2,692	2,692
New Hanover County	2019 - Q1	6,409	6,409
State of NC	2019 - Q1	181,440	181,440

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present.

Table 141. Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs, by County, 2019.			
Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q1	324	324
Carteret County	2019 - Q1	241	241
New Hanover County	2019 - Q1	732	732
State of NC	2019 - Q1	20,385	20,385

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Claims Data, 2013-present.

Table 142. Number of certified peer support specialists (CPSS), by County, 2019.			
Location	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Brunswick County	2019 - Q2	19	19
Carteret County	2019 - Q2	20	20
New Hanover County	2019 - Q2	73	73
State of NC	2019 - Q2	3,637	3,637

Source: University of North Carolina at Chapel Hill, School of Social Work, Behavioral Health Springboard, 2010-present.

Section 4. Alcohol-Related Health Data

Table 143. Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County, 2013-2017.										
Location	Fatalities					Fatalities Per 100,000 Population				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
Brunswick County	5	5	4	5	11	4.35	4.22	3.27	3.96	8.40
Carteret County	1	2	1	0	1	1.46	2.91	1.45	0.00	1.45
New Hanover County	5	8	6	6	5	2.35	3.70	2.73	2.69	2.20
State of NC	368	363	389	439	413	-	-	-	-	-

Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, Traffic Safety Facts for North Carolina. FARS 2013 - 2016 Final and Fars 2017 ARF.

Table 144. Alcohol-Involved Crashes (5 Year Data), 2013-2017.			
Location	Total Crashes (5Y #)	Fatal Crashes (5Y #)	Alcohol-Related Fatal Crashes (5Y %)
Brunswick County	12,158	79	28
Carteret County	6,235	25	12
New Hanover County	27,847	93	41
State of NC	1,241,022	6,239	28

Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, Traffic Safety Facts for North Carolina. FARS 2013 - 2016 Final and Fars 2017 ARF.

Table 145. Alcohol-Involved Suicides by County, 10 Year Suicide Data 2007-2016.		
Location	Alcohol-Related Suicides (10Y #)	Alcohol-Related Suicides (10Y rate)
Brunswick County	158	32
Carteret County	126	33
New Hanover County	275	32
State of NC	11,333	29

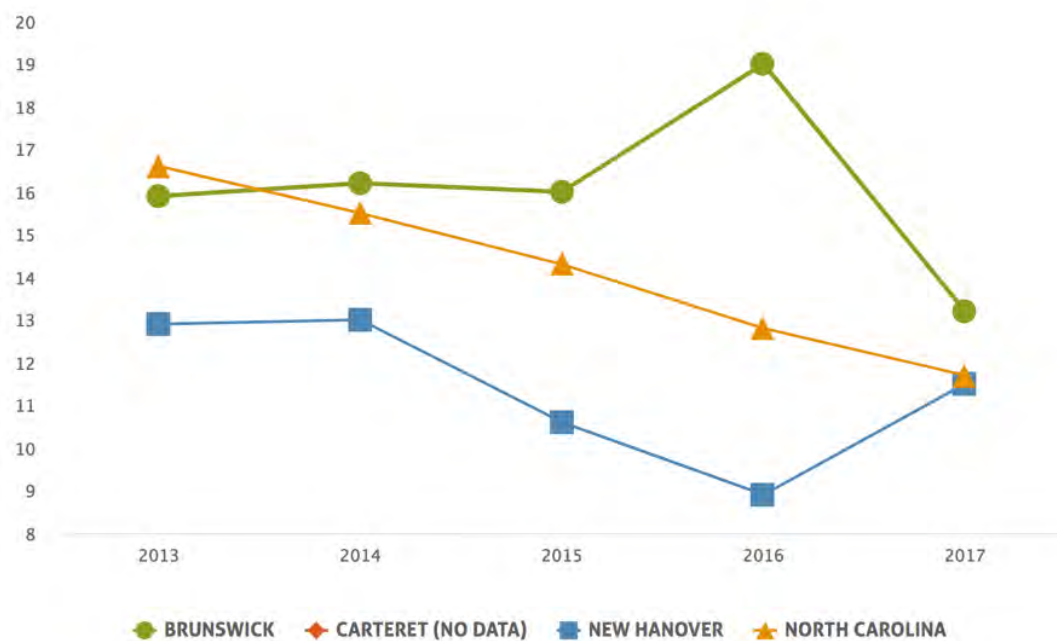
Source: NC State Center for Health Statistics, Vital Statistics. Death Certificate Data 2007-2016.

Table 146. Alcohol-Related Health Data, Various Years.*						
Location	Alcohol-Related Deaths (count)	Alcohol-Related Deaths (rate)	Alcohol-Related ED Visits (count)	Alcohol-Related ED Visits (rate)	Alcohol-Related ED Visits <21 (count)	Economic Cost
Brunswick County	67	51.70	231	176	19	\$79M
Carteret County	34	50.45	150	218	8	\$49M
New Hanover County	92	40.74	1,017	448	48	\$150M
State of NC	3,991	38.86	33,072	322	1,868	\$7,034M

Source: NC State Center for Health Statistics, Vital Statistics.

*Note: Death data from 2017. ED data from 2016, rates per 100,000 people. Death rates based on counts <10 should be interpreted with caution.

Table comparing Rates (per 1,000 births) of Teen Pregnancies, ages 15-17, 2013-2017.



Source: NC Child, KIDS COUNT Data Center. North Carolina Department of Health and Human Services, State Health Center for Health Statistics, North Carolina Reported Pregnancies.

Line graph representation of family with child income



Source: NC Child, KIDS COUNT Data Center. North Carolina Department of Health and Human Services, State Health Center for Health Statistics, North Carolina Reported Family Income.

Criminal Justice System Definitions

Term	Definition
County	County of the event
Juvenile Population Ages 6-17	Ages eligible for detention and ages eligible for status offenses
Juvenile Population Ages 6-15	Ages eligible for complaints in juvenile justice, that would be crimes if the individual was an adult
Juvenile Population Ages 10-17	Ages eligible for commitment to a Youth Development Center (YDC)
Violent Class A - E	Person and violent offenses (i.e., robbery, kidnapping, attempted murder, etc.)
Serious Class F - I, A1	F-I felony class - serious property or weapons offenses; A1 misdemeanors - assaults
Minor Class 1 - 3	Misdemeanor classes (i.e., shoplifting, communicating threats, disorderly conduct at school, etc.)
Infraction	Non-criminal violation of law, punishable by up to a \$100 fine (i.e. motorcycle/moped violation, riding a bicycle/skating in a public area, etc.)
Status	Offenses that are not crimes if committed by adults (i.e., truancy, running away from home, ungovernable). The terms "status" and "undisciplined" are interchangeable.
Total Delinquent Complaints	Sum of delinquent complaints received
Total Complaints	Delinquent, undisciplined, infractions and status offenses summed
Undisciplined Rate per 1,000 Age 6 to 17	Rate of undisciplined complaints per 1,000 youth age 6-17
Delinquent Rate per 1,000 Age 6 to 15	Juvenile crime rate - Rate of delinquent offenses per 1,000 youth age 6-15 (# of delinquent complaints / youth population 6-15) * 1000
Distinct Juveniles Detained*	Number of individual youths placed in detention
Detention Admissions**, ***	Number of times individual youths were placed in detention
Detention Admission Rate	Rate of Detention Admissions per 1,000 youth age 6-17.
YDC Commitments	Commitment to DPS for at least six months. DPS's YDCs are secure custody facilities with therapeutic program focus.
YDC Commitment Rate per 1,000 youth Age 10-17	Rate of YDC commitments per 1,000 youth age 10-17 (# commitments / youth population 10-17) * 1000
JCPC Youth Served	Youth served during the previous fiscal year in programs supported by Juvenile Crime Prevention Councils (JCPCs)
Eckerd Youth Served	Youth served during the previous fiscal year in Eckerd programs - community-based and residential programs
MJH Youth Served	Group homes for juveniles with a thereapeutic/skill-building program focus

Source: NC Department of Public Safety, Statistics and Data, NC Juvenile Justice County Databook, 2018.

Section I. Indicators and Sources for Demographics and Community Characteristics			
Category	Indicator(s)	Data Measure, Year	Data Source(s)
Population Characteristics	General population characteristics	General Demographic Characteristics, 2018	US Census Bureau, Population Estimates: 2018 Annual Estimates of the Resident Population
		Decennial Population Growth (Actual and Projected), 1980- 2030.	Log Into North Carolina (LINC) Database, Total Population
		Decennial Population Growth (Actual and Projected) For Ages 65 Years and Older, 2000-2030	US Census Bureau, American FactFinder, Table DP-1; NC Office of State Budget and Management, County/State Population Projections - Age, Race, and Sex Projections
		Five-Year Birth Rate Estimates (Births Per 1,000 Women), 2010-2014 to 2013-2017.	NC State Center for Health Statistics, County Health Databook
		Population Density (Persons per Square Mile) Estimates and Projections, 1980-2030	Log Into North Carolina (LINC) Database, Topic Group Population and Housing, Total Population, Population Density
	Race and ethnicity	Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin, 2018	US Census Bureau, Population Estimates: 2018 Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin
	Age and gender	Population Estimates by Age Group, 2010 Census	US Census Bureau, 2010 Census, Table DP1: Profile of General Population and Housing Characteristics
		Population Estimates by Age Group, 2018	US Census Bureau, 2018 Population Estimates, Table PEPAGESEX: Annual Estimates of the Resident Population
		Youth Population by Age, 2018	NC Department of Public Safety, Statistics and Data, NC Juvenile Justice County Databook, 2018
	Non-Native Populations	Five-Year Estimates of Non-English Speaking Population Growth, Before 1990 to After 2010.	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table B05005: Year of Entry by Nativity and Citizenship Status in the United States
		Five-Year Estimates of Latino/Hispanic Population by Age, 2013-2017	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table B01001: Sex by Age (Hispanic or Latino)

	Other Special Populations	Five-Year Estimates of Veteran Status of Adults, by Age, 2013- 2017.	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table S2101: Veteran Status
	Income	Five-Year Estimates of Economic Characteristics, 2013-2017	US Census Bureau, 2016 American Community Survey 5-Year Estimates, Table DP03: Selected Economic Characteristics
	Employment	Five-Year Estimates of Place of Work, 2013-2017	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table B08007: Sex of Workers by Place of Work
		Top Employment Sectors in Brunswick County, 2018	NC Department of Commerce Labor & Economic Analysis, Annual QCEW statistics
		Major Employers in Brunswick County, 2018	NC Department of Commerce, Economic Intelligence Development System (EDIS), Business Data, Top Employers, by County Q4
	Unemployment	Unemployment Rate (%) (per 100 workers) Among Civilian Workforce, 2010-2018	North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD). Local Area Unemployment Statistics (LAUS) - Unemployment Rate (%)
	Health Insurance	Number of Uninsured, by Age Group, 2014-2017	US Census Bureau, Small Area Health Insurance Estimates (SAHIE) - 2008 through 2017
		Percent of Population enrolled in Medicaid or CHIP, SFY 2019	NC Division of Medical Assistance, SFY 2019 Enrollment Counts by County and Budget Groups.
	Disability Status	Five-Year Estimates of Disability Status, 2013-2017	U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S1703: Disability Status
	Poverty	Five-Year Estimates of Individuals Living in Poverty, by Race/Ethnicity, 2011-2017	US Census Bureau, American Community Survey 5-Year Estimates, Table S1701: Poverty Status in the Past 12 Months
		Five-Year Estimates of Children and Older Adults Living in Poverty, 2013-2017	US Census Bureau, American Community Survey 5-Year Estimates, Table DP03: Selected Economic Characteristics
	Housing	Five-Year Estimates of Selected Housing Characteristics, 2013-2017	US Census Bureau, American Community Survey 5-Year Estimates, Table DP04: Selected Housing Characteristics.
		Characteristics of Renter-Occupied Housing Units, 2011-2017	US Census Bureau, American Community Survey 5-Year Estimates, Table DP04: Selected Housing Characteristics
		Characteristics of Owner-Occupied Housing Units, 2011-2017	US Census Bureau, American Community Survey 5-Year Estimates, Table DP04: Selected Housing Characteristics
		Five-Year Estimates of Household Characteristics, 2013- 2017	US Census Bureau, American Community Survey 5-Year Estimates, Table S1101: Households and Families

Children & Families	Single-Parent Families	Five-Year Estimates of Single Parent Family Characteristics, 2013-2017	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table S1101: Households and Families
		Five-Year Estimates of Grandparents Living With Children, 2013-2017	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table DP02: Selected Social Characteristics in the US
	Family Characteristics	Children Under Age 18 With No Parent in The Labor Force, 2011-2017	U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B23008
		Median Annual Family (with own child*) Income, 2011-2017	U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B19125
		Number of Children receiving Work First, 2015-2018	Duncan, D. F., Stewart, C. J., Vaughn, J. S, Guest, S., Rose, R. A, Malley, K., and Gwaltney, A. Y. (2018). <i>Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.21)</i> , University of North Carolina at Chapel Hill Jordan Institute for Families.
		Number of Children receiving Supplemental Security Income (SSI), 2014-2017	U.S. Social Security Administration, Research, Statistics, & Policy Analysis, SSI Recipients by State and County
		Children (ages 0-3) Receiving Early Intervention Services, 2014-2017	North Carolina Division of Public Health, Early Intervention Branch. Special data request by NC Child.
	Child Care	Rates (per 1,000) of Children in Foster Care, 2015-2016	Duncan, D. F., Stewart, C. J., Vaughn, J. S, Guest, S., Rose, R. A, Malley, K., and Gwaltney, A. Y. (2018). <i>Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.21)</i> , University of North Carolina at Chapel Hill Jordan Institute for Families
		Child Care Facilities in Brunswick County, 2019	NC Department of Health and Human Services, Division of Child Development, Child Care Facility Search Site
Education	Schools and School Enrollment	Number of Public, Charter, and Private Schools in Brunswick, Carteret, & New Hanover County, 2019	NC Department of Public Instruction, NC School Report Cards. NCDPI Office of Charter Schools. Schools: Map and list of charter schools by county. NC Division of Non-Public Education, Private Schools, North Carolina Directory of Non-Public Schools
		School Enrollment Trends, School Years 2014-2018	NC Department of Public Instruction, Data and Statistics, Education Data: NC Statistical Profile
		Percent of Teens Age 16-19 Not Enrolled in School and Not a High School Graduate, 2011-2017	U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B14005
		Percent of Teens Age 16-19 Not Enrolled in School and Not Working, 2011-2017	U.S. Census Bureau, American Community Survey 5-year estimates, 2006-2010 through 2013-2017, Table B14005

	Educational Attainment and Investment	Educational Degrees Attained and Selected Testing Metrics	US Census Bureau, 2017 American Community Survey 5-Year Estimates, Table DP02 Selected Social Characteristics, Educational Attainment; NC School Report Cards, District Reports Cards.
		Percent of third grade students proficient in reading at grade-level, school year 2016-2017	NC Department of Public Instruction. NC School Report Cards 2016-2017
	High School Dropout Rate	Annual High School Drop Out Rate, School Years 2014-2018	NC Department of Public Instruction, Annual Dropout Reports
		Annual High School Graduation Rate, School Years 2014-2018	NC Department of Public Instruction, Cohort Graduation Rate
	Crime and Violence in Schools	Annual School Crime Rate (per 1,000 students), School Years SY2014-2018	NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports, Crime & Violence Table
		Brunswick County School Crime and Violence, by Type of Offense, School Years 2017-2018	NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports, Crime & Violence Table
Annual School Suspensions and Expulsions, School Years 2014- 2018		NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports	
Crime & Safety	Crime Rates	Index Crime Rates (Violent and Property Crimes), 2013-2017	NC State Bureau of Investigation, Crime in North Carolina, North Carolina Crime Statistics (by Year).
		Index Crime Details for Brunswick County, 2013-2017	NC State Bureau of Investigation, Crime in North Carolina, North Carolina Crime Statistics, Crime Statistics in Detailed Reports (By Year)
	Sexual Assault and Domestic Violence	Number of Individuals Filing Sexual Assault Complaints (Clients), Fiscal Years 2013-2018	NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics
		Sexual Assault Details, by Type of Assault, 2018	NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics
		Sexual Assault Details, by Type of Offender, 2018	NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics
		Number of Individuals Filing Domestic Violence Complaints (Clients), Fiscal Years 2013-2018	NC Department of Administration, Council for Women, Domestic Violence Commission, Statistics
		Services Received by Sexual Assault Clients, 2018	NC Department of Administration, Council for Women, Statistics, County Statistics
		Services Received by Domestic Violence Clients, 2018	NC Department of Administration, Council for Women, Statistics, County Statistics
		Number of Domestic Violence Related Homicides, 2014-2018	NC State Bureau of Investigation, Services, SBI Statistics, Domestic Violence Report

	Child Abuse Neglect and Exploitation	Findings of Child Abuse and Neglect and Services Needed in Brunswick County, 2013-2018	UNC-CH School of Social Work, Management Assistance for Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect: Type of Finding/Decision
		Number and Rates (per 1,000) of Children Investigated (receiving assessments) for Abuse and Neglect, FY 2015-2017	Duncan, D. F., Stewart, C. J., Vaughn, J. S, Guest, S., Rose, R. A, Malley, K., and Gwaltney, A. Y. (2018). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.21), University of North Carolina at Chapel Hill Jordan Institute for Families
		Referral Source of Investigated Reports of Abuse and Neglect in Brunswick County, 2013-2018	UNC-CH School of Social Work, Management Assistance for Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect: Referral Source

Section II. Indicators and Sources for Health Outcomes			
Category	Indicator(s)	Data Measure, Year	Data Source(s)
Health Rankings	County health rankings	County Health Rankings, 2019	County Health Rankings and Roadmaps, 2019
		County Health Rankings Details, 2019	County Health Rankings and Roadmaps, 2019
Tobacco Use in NC	E-Cigarette use	Percent of People Who Use E-Cigarettes in North Carolina, by Age Group and Gender, 2017.	Behavioral Risk Factor Surveillance System (BRFSS). Youth Risk Behavior Surveillance System (YRBSS). CDC State Tobacco Activities Tracking and Evaluation (STATE) System State Highlights, 2019.
		Tobacco Use - E-Cigarette Use among Adults (18+) in North Carolina, 2016-2017	Behavioral Risk Factor Surveillance System (BRFSS). CDC's STATE System State Highlights, 2019.
		Tobacco Use- E-Cigarette Use among Youth in Middle and High Schools in North Carolina, 2017	Youth Risk Behavior Surveillance System (YRBSS). Youth Tobacco Survey (YTS). CDC's STATE System State Highlights, 2019.
Maternal and Infant Health	Pregnancy and Birth Rates	Pregnancy, Fertility, and Abortion Rates (per 1,000 births) for Women of Childbearing Age (15-44) and Teenagers (15-19), 2018	NC Center for Health Statistics, County-level Data, County Health Data Books: Pregnancy and Live Births
		Counts and Rates (per 1,000 births) of Teen Pregnancies, Ages 15-19, 2016-2018	NC State Center for Health Statistics, North Carolina Health Data Query System, Pregnancy Data
		Rates (per 1,000 births) of Teen Pregnancies, ages 15-17, 2013-2018	North Carolina Department of Health and Human Services, State Health Center for Health Statistics, North Carolina Reported Pregnancies
	Pregnancy Risk Factors	Five-Year Aggregates of High Parity and Short Interval Births, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Pregnancy and Births
		Prenatal Indicators – Maternal Smoking during Pregnancy, 2013-2017	NC State Center for Health Statistics, Basic Automated Birth Yearbook (BABY Book), 2018
		Percent of births with very late or no prenatal care, 2015-2018	N.C. Department of Health and Human Services, State Center for Health Statistics. North Carolina Live Birth Data
	Pregnancy Outcomes	Five-Year Aggregate of Percentage of Low Birth Weight Births by Race/Ethnicity, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Pregnancy and Births
		Five-Year Aggregate and Rate (per 1,000 births) of Infant Deaths by Race/Ethnicity, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Pregnancy and Births
		Infant Death Rates (per 1,000 live births), 2017-2018	NC Department of Health & Human Services State Center for Health Statistics, 24SEP2019
		Child Death Rates (per 100,000 residents), 2013-2017	NC Department of Health & Human Services State Center for Health Statistics

Leading Causes of Death Morbidity & Mortality	Life Expectancy	Life Expectancy for Persons Born in 2015-2017	NC State Center for Health Statistics, County-level Data, Life Expectancies Reports
	Mortality Rate Comparisons	Top 15 Leading Causes of Death in Brunswick County, Five Year Counts and Rates (per 100,000 population), 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality
	Gender, Racial, and Age Disparities in Mortality	Top 15 Leading Causes of Death in Brunswick County, Five Year Counts and Rates (per 100,000 population) by Sex, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality
		Top 15 Leading Causes of Death in Brunswick County, Five Year Counts and Rates (per 100,000 population), by Race/Ethnicity, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality
		Top 3 Leading Causes of Death by Age Group, 2013- 2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality
	Cancer	Five-Year Aggregate of Total Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates by County.
		Five-Year Aggregate of Mortality Rate for Total Cancer and the Five Major Site-Specific Cancers, 2013- 2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
		Five-Year Aggregate of Total Cancer Incidence (New Cases per 100,000 Population) and the Four Major Site-Specific Cancers, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), NC Cancer Incidence Rates per 100,000
		Five-Year Aggregate of Trachea, Bronchus, and Lung Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
		Five-Year Aggregate of Prostate Cancer Mortality, by Race/Ethnicity for Males, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
		Five-Year Aggregate of Breast Cancer Mortality, by Race/Ethnicity for Females, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
		Five-Year Aggregate of Colon, Rectal, Anal Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County

		Five-Year Aggregate of Pancreatic Cancer Mortality, by Race/Ethnicity and Sex, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Heart Disease	Five-Year Aggregate of Heart Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Cerebrovascular Disease	Five-Year Aggregate of Cerebrovascular Disease Mortality, by Race/Ethnicity and Sex, 2013-2017.	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease/Chronic Obstructive Pulmonary Disease Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Diabetes Mellitus	Five-Year Aggregate of Diabetes Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
		Annual Trends in Diabetes Prevalence, 2014-2016	Centers for Disease Control and Prevention, Diabetes Data and Trends, County Data and State Data
	Alzheimer's Disease	Five-Year Aggregate of Alzheimer's Disease Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Pneumonia and Influenza	Five-Year Aggregate of Pneumonia and Influenza Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Septicemia	Five-Year Aggregate of Septicemia Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Kidney Disease	Five-Year Aggregate of Kidney Disease Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Chronic Liver Disease and Cirrhosis	Five-Year Aggregate of Liver Disease Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Unintentional Motor Vehicle Injury	Five-Year Aggregate of Unintentional Motor Vehicle Injury Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County

		Five-Year Aggregate of Unintentional Motor Vehicle Injury Mortality, by Age, 2013-2017	NC State Center for Health Statistics, Vital Statistics, NC Vital Statistics Volume II: Leading Causes of Death, 2009 through 2017
	Unintentional Non-Motor Vehicle Injury	Five-Year Aggregate of Other Unintentional Injury Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Unintentional Poisoning	Five-Year Aggregate of Unintentional Poisoning Mortality, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Age-Adjusted Death Rates by County
	Suicide	Five-Year Aggregate of Homicide Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	Homicide	Five-Year Aggregate of Homicide Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
	HIV/AIDS/STDs	Annual Number and Rates of Incident HIV Diagnoses (per 100,000 population), by County of First Diagnosis, 2013-2017	NC Division of Public Health, Epidemiology Section, Communicable Disease Branch Annual Reports: 2017 North Carolina HIV/STD/Hepatitis Surveillance Report
		Five-Year Aggregate of AIDS Mortality, by Race/Ethnicity and Sex, 2013-2017	NC State Center for Health Statistics, County-level Data, County Health Data Book (2019), Mortality, 2013-2017 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County
		Annual Trends in Chlamydia Incidence, 2013-2017	NC Division of Public Health, Epidemiology Section, Communicable Disease Branch Annual Reports: 2017 North Carolina HIV/STD/Hepatitis Surveillance Report
		Annual Trends in Gonorrhea Incidence, 2013-2017	NC Division of Public Health, Epidemiology Section, Communicable Disease Branch Annual Reports: North Carolina 2016 HIV/STD/Hepatitis Surveillance Report
	Obesity	Annual Trends in Adult Obesity Prevalence, 2015-2019	County Health Rankings and Roadmaps, 2015-2019
	Food Access	Number of People with Poor Access to Healthy Food, 2019	County Health Rankings and Roadmaps: U.S. Department of Agriculture (USDA) 2019
	Behavioral Health	Annual Counts of Persons Served by Local Management Entity-Managed Care Organizations, 2014-2017.	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in Area Mental Health Programs
		Annual Counts of Persons Served by State Psychiatric Hospitals, 2014-2017	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in State Psychiatric Hospitals

Service Utilization		Annual Counts of Persons Served by State Mental Health Development Centers, 2014-2016	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in State Mental Health Development Centers
		Annual Counts of Persons Served by State Alcohol and Drug Treatment Centers, 2014-2016	Log Into North Carolina (LINC) Database, Topic Group Vital Statistics and Health: Persons Served in NC Alcohol and Drug Treatment Centers
	Emergency Department	Annual Number of Emergency Department Visits to County Facilities, Fiscal Years 2013-2017	UNC Cecil G. Sheps Center for Health Services Research, FY2017 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital
		Annual Number of Emergency Department Visits to County Facilities, by Race, Fiscal Year 2017	UNC Cecil G. Sheps Center for Health Services Research, FY2017 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital
		Annual Number of Emergency Department Visits to County Facilities, by Ethnicity, Fiscal Year 2017	UNC Cecil G. Sheps Center for Health Services Research, FY2017 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital
		Annual Number of Emergency Department Visits to County Facilities, by Age, Fiscal Year 2017	UNC Cecil G. Sheps Center for Health Services Research, FY2014 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital
	Criminal Justice System	Juvenile Justice County Data, 2018	NC Department of Public Safety, Statistics and Data, NC Juvenile Justice County Databook, 2018
		Number of Persons (ages 17-105) in Prison, 2019	A. S. Q. Custom Offender Reports, North Carolina Department of Public Safety, Office of Research and Planning
		Annual Number of Emergency Department Visits to County Facilities, by Payer, Fiscal Year 2017	UNC Cecil G. Sheps Center for Health Services Research, FY2014 Emergency Room Visits, NC Emergency Department Patient Characteristics by Hospital
		Number of Drug Overdose Deaths per 100,000 population, 2019	Centers for Disease Control and Prevention (CDC). Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. MMWR Morb Mortal Wkly Rep. 2016; 64(50);1378-82
		Number of unintentional opioid-related deaths (ICD-10) to NC Residents, by County, 2018	North Carolina State Center for Health Statistics, Vital Statistics. Death Certificate Data, 1999-present.

Substance Misuse	Reduce Death/Emergency Department (ED) Outcomes	Number of ED visits that received an opioid overdose diagnosis (all intents), by County, 2019	<i>North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2008-present</i>
		Opioid Poisoning ED Visits and Deaths by County, 2016-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Opioid Poisoning ED Visits by County, 2008-2017</i>
		<i>Methadone Poisoning ED Visits and Deaths by County, 2016-2017</i>	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Methadone Poisoning ED Visits by County: N.C. Residents, 2008-2017</i>
		Synthetic Narcotic Poisoning ED Visits and Deaths by County, 2016-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Synthetic Narcotic Poisoning ED Visits by County: N.C. Residents, 2008-2017</i>
		Heroin Poisoning ED Visits and Deaths by County, 2016-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Heroin Poisoning ED Visits by County: N.C. Residents, 2008-2017</i>
		Cocaine Poisoning ED Visits and Deaths by County, 2008-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Cocaine Poisoning ED Visits by County, 2008-2017</i>
		Psychostimulant Poisoning ED Visits and Deaths by County, 2016-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Psychostimulant Poisoning ED Visits by County, 2008-2017</i>
		Benzodiazepine Poisoning ED Visits and Deaths by County, 2016-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Benzodiazepine Poisoning ED Visits by County, 2008-2017</i>
		Antiepileptic and Sedative-Hypnotic Drug Poisoning ED Visits and Deaths by County, 2016-2017	NC Department of Health and Human Services, NC Injury and Violence Prevention Branch, <i>N.C. DETECT Emergency Department (ED) Data, All Other Antiepileptic and Sedative-Hypnotic Drug Poisoning ED Visits by County, 2008-2017</i>
		Rate of Opioid Prescriptions Dispensed per 100 Persons, 2017	Centers for Disease Control and Prevention, <i>Data, U.S. Opioid Prescribing Rate Maps, 2017</i>

	Reduce Oversupply of Prescription Opioids	Average rate of multiple provider episodes for prescription opioids, per 100,000 residents, by County, 2018	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present
		Number of opioid pills dispensed, by County, 2019	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present
		Percent of patients with an opioid prescription receiving more than an average daily dose of 90+ MME of opioid analgesics by County, 2019	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present
		Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day by County, 2019	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present
	Reduce Diversion/Flow of Illicit Drugs	Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues, by County, 2018	North Carolina Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-present
		Number of acute hepatitis C cases, by County, 2019	North Carolina Division of Public Health, Epidemiology Section, North Carolina Electronic Disease Surveillance System (NC EDSS), 2000-present
	Increase Access to Naloxone	Number of EMS naloxone administrations, by County, 2019	North Carolina Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2012-present.
		Number of community naloxone reversals, by County, 2019	NCDHHS Division of Public Health, NC Harm Reduction Coalition Monthly Updates, 2019
	Treatment and Recovery	Number of buprenorphine prescriptions dispensed, by County, 2019	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present
		Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs, by County, 2019	North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Claims Data, 2013-present
		Number of certified peer support specialists (CPSS), by County, 2019	University of North Carolina at Chapel Hill, School of Social Work, Behavioral Health Springboard, 2010-present
	Alcohol-Related Health Data	Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County, 2013-2017	U.S. Department of Transportation, National Highway Traffic Safety Administration, Traffic Safety Facts for North Carolina. FARS 2013 - 2016 Final and Fars 2017 ARF
		Alcohol-Involved Crashes (5 Year Data), 2013-2017	U.S. Department of Transportation, National Highway Traffic Safety Administration, Traffic Safety Facts for North Carolina. FARS 2013 - 2016 Final and Fars 2017 ARF

		Alcohol-Involved Suicides by County, 10 Year Suicide Data 2007-2016	NC State Center for Health Statistics, Vital Statistics. Death Certificate Data 2007-2016
		Alcohol-Related Health Data, Various Years	NC State Center for Health Statistics, Vital Statistics

Appendix 5: 2019 Brunswick County Data Book



Our County

Book of Statistical Facts, Data, & Maps for Brunswick County

FALL 2019

Prepared by the Brunswick County Planning Department





BRUNSWICK COUNTY PLANNING

P.O. Box 249
75 Courthouse Drive N.E., Bldg I
Bolivia NC 28422

LETTER FROM THE PLANNING DIRECTOR

Greetings! The information included within this book is intended to answer the frequently asked questions about Brunswick County, North Carolina. Brunswick County has experienced rapid growth over the last few decades. Currently, Brunswick County is ranked 1st in percent growth among counties in North Carolina and 4th in the nation among counties with populations of 20,000 or more from 2010-2018. With 19 municipalities and ranking 7th in land area among all N.C. counties, Brunswick County is comprised of a collection of both rural and coastal communities with major activity centers located throughout its approximately 860 square miles. Geographically, Brunswick County is bound on the north and east by the Cape Fear River, to the west by the Waccamaw River, to the south by the Atlantic Ocean and Intracoastal Waterway, and shares some of its western boundary with the State of South Carolina.

There are three Chambers of Commerce located within Brunswick County – the Southport-Oak Island Chamber of Commerce, the Brunswick County Chamber of Commerce, and the North Brunswick Chamber of Commerce - that are excellent resources and their contact information can be found below:

**Southport-Oak Island
Chamber of Commerce**

4433 Long Beach Road SE
Southport, NC 28461
910.457.6964
info@southport-oakisland.com
www.southport-oakisland.com

**Brunswick County
Chamber of Commerce**

114 Wall Street
PO Box 1135
Shallotte, NC 28459
910.754.6644 or 800.426.6644
info@brunswickcountychamber.org
www.brunswickcountychamber.org

**North Brunswick
Chamber of Commerce**

497 Olde Waterford Way #202
PO Box 100
Belville, NC 28451
910.383.0553
nbchamber@nbchamber.net
www.nbchamberofcommerce.com

Not all data topics could be covered in this book, therefore the information herein provides just a glance of Brunswick County. More detailed information is available and may be obtained by accessing the sources cited herein and/or by contacting the Brunswick County Planning Department where staff will be happy to assist you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kirstie Dixon".

Kirstie Dixon
Planning Director



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Historical Facts

- ❖ Brunswick County was founded in 1764.
- ❖ Brunswick County was formed out of New Hanover County and Bladen County.
- ❖ Brunswick County was named after the Town of Brunswick, which was named in honor of King George I, who was the Duke of Brunswick and Lunenburg.
- ❖ Brunswick County is in the southeastern part of North Carolina and is bounded by the Atlantic Ocean, Cape Fear River, State of South Carolina, and the Counties of Columbus, New Hanover, and Pender.
- ❖ The Town of Brunswick was established in 1745 and was the original county seat.
- ❖ In 1779, the county seat was moved to John Bell's plantation, which was located near the Lockwood Folly.
- ❖ The Town of Walkersburg was established in 1784. The Town was named after John Walker, who owned the property on which the town was established. A courthouse and other public buildings were then built in Walkersburg.
- ❖ In 1808, the courthouse was moved from Lockwood Folly to Smithville.
- ❖ The Town of Smithville was established in 1792 and named for North Carolina Governor, Benjamin Smith.
- ❖ In 1887 Smithville was renamed Southport.
- ❖ Southport was the county seat until 1977, when it was moved to its present-day location of Bolivia.
- ❖ Brunswick County ranks sixth, out of the 100 North Carolina Counties, in total land area with 856 square miles of land.
- ❖ Brunswick County has 19 municipalities, more than any other county in the state.



Sources: North Carolina Encyclopedia
<http://statelibrary.dcr.state.nc.us/NC/COVER.HTM>

FASTEST GROWING COUNTIES IN NORTH CAROLINA

COUNTY	POP. 2000	POP. 2010	POP. 2015	POP. 2018	2000-2018			2010-2018			STATE RANK
					POP. INCREASE	% POP. GROWTH		POP. INCREASE	% POP. GROWTH		
Brunswick	73,141	107,431	122,765	136,744	63,603	86.96%		29,313	27.30%		1
Wake	627,865	901,021	1,024,198	1,092,305	464,440	74.00%		191,247	21.20%		2
Johnston	121,965	168,878	178,396	202,675	80,710	66.20%		33,798	20.00%		3
Pender	41,082	52,201	57,611	62,162	21,080	51.30%		9,964	19.10%		4
Mecklenburg	695,427	919,628	1,034,070	1,093,901	398,474	57.30%		174,233	18.90%		5
Cabarrus	131,030	178,182	196,762	211,342	80,312	61.30%		33,255	17.30%		6
Durham	223,314	269,974	300,952	316,739	94,425	42.30%		46,740	17.20%		7
Union	123,738	201,307	222,742	235,908	112,170	91.00%		34,574	17.00%		8
Harnett	91,062	114,678	128,140	134,214	43,152	47.40%		19,533	16.80%		9
Hoke	33,646	46,952	52,671	54,764	20,470	62.80%		7,874	15.20%		10

Sources: U.S. Census Bureau for 2000, 2010, 2015 website: www.census.govNC Office of State Planning website: <http://denmap.sdata.nc.gov>



Demographics & Population Facts

Population

Population, 1990
Population, 2000
Population, 2010
Population, 2015
Population, 2018
Population, percent change, 1990-2018
Population, percent change, 2000-2018
Population, percent change, 2010-2018
Population projection 2020
Population projection 2030
Persons under 5 years old (2017)
Persons under 18 years old (2017)
Persons 65 years old and over (2017)
Median age (2017)
Female persons (2017)

Brunswick County

50,985
73,143
107,431
122,765
136,744
168.20%
86.96%
27.29%
137,032
167,945
4.40%
16.40%
29.30%
50.9
51.80%

North Carolina

6,632,448
8,049,313
9,535,483
10,042,802
10,363,620
56.26%
28.75%
8.68%
10,574,718
11,609,883
6.00%
22.70%
15.50%
37.7
51.40%

Ethnicity

White (2017)
Black or African American (2017)
American Indian and Native Alaskan (2017)
Asian (2017)
Two or more races (2017)
Hispanic or Latino (2017)

Brunswick County

85.90%
10.70%
0.80%
0.70%
1.70%
4.70%

North Carolina

71.00%
22.20%
1.60%
2.90%
2.20%
9.20%

Education & Housing

High School Graduates (2016)
Persons with Bachelor's Degree or Higher (2016)
Dropout rate, 2015-2016
Graduation rate, 2016-2017 (four-year cohort)
Housing units (2016)
Homeownership rate, 2012-2016
Households (2016)
Persons per household (2016)

Brunswick County

88.00%
27.00%
3.26%
84.67%
85,161
75.90%
50,562
2.34

North Carolina

86.30%
29.00%
2.31%
86.50%
4,540,448
64.80%
3,815,392
2.54

Income, Health & Poverty

Median household income (2016)
Persons below poverty (2016)
Elderly poverty rate (2016)
Child poverty rate (2016)
Infant mortality rate (2016)
Percent uninsured (2016)

Brunswick County

\$49,356
13.80%
5.80%
26.10%
9.20%
14.60%

North Carolina

\$48,256
16.80%
9.70%
21.4%
7.20%
13.20%

Geography & Land

Land area (square miles)
Persons per square mile (2017)
Metropolitan Area

Brunswick County

847
152.9
Myrtle Beach, SC

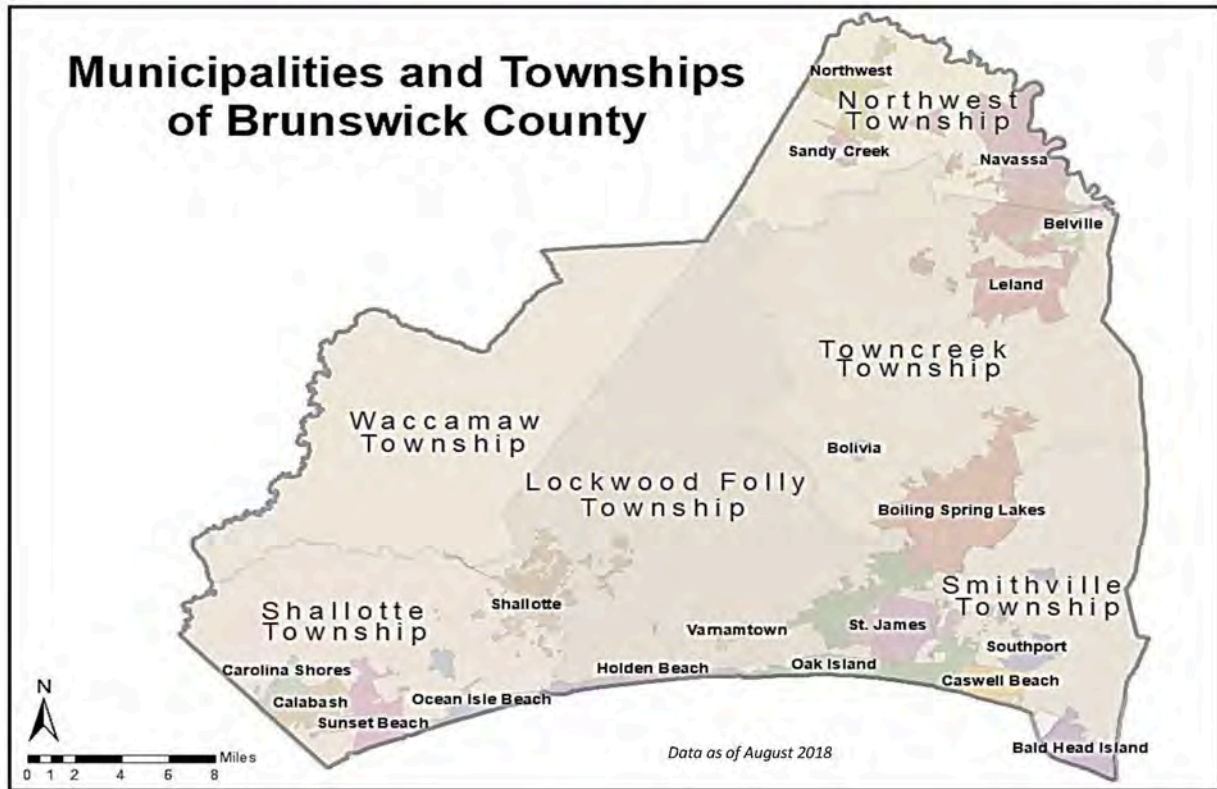
North Carolina

48,618
211.3

Sources: U.S. Census Bureau:
www.census.gov
 State Center for Health
 Statistics
 NC Office of State Planning:
<http://demog.state.nc.us>

NC Department of Public Instruction
 (ncpublicschools.org)

Dept. of Housing and Urban
 Development: www.hud.gov





Townships in Brunswick County

TOWNSHIP	POPULATION (2016)	MEDIAN AGE	AVERAGE HOUSEHOLD SIZE
Lockwood Folly (LF)	25,716	57.1	2.20
Northwest (NW)	13,638	38.7	2.83
Shallotte (SH)	27,861	60.2	2.20
Smithville (SM)	15,361	53.2	2.21
Town Creek (TC)	32,597	41.9	2.50
Waccamaw (WC)	3,994	35.3	3.03

Township	White	Black or African American	Hispanic/Latino	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Two or More Races
Lockwood Folly (LF)	21,612	2,314	902	126	114	130	504
Northwest (NW)	8,703	3,037	1,276	28	9	321	585
Shallotte (SH)	23,585	2,510	1,321	43	103	18	268
Smithville (SM)	14,372	552	368	33	35	0	321
Town Creek (TC)	25,474	3,916	1,559	142	531	0	596
Waccamaw (WC)	3,343	265	214	19	0	0	153

TOWNSHIP	POP. 2000	POP. 2010	POP. 2016	2000-2016 GROWTH	2010-2016 GROWTH
Lockwood Folly (LF)	16,100	23,248	25,716	59.72%	10.62%
Northwest (NW)	9,319	12,190	13,638	46.35	11.88%
Shallotte (SH)	18,420	26,545	27,861	51.25%	4.96%
Smithville (SM)	12,019	14,467	15,361	27.81%	6.18%
Town Creek (TC)	14,426	27,533	32,597	125.96%	18.39%
Waccamaw (WC)	2,859	3,448	3,994	39.70%	15.84%

Source: U.S. Census Bureau
www.Census.gov



Municipal Populations

<u>Municipality</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>2017</u>	<u>2010-2017</u> <u>% Growth</u>
Bald Head Island	78	173	158	177	12.03%
Belville	66	285	1,936	2,227	15.03%
Boiling Spring Lakes	1,650	2,972	5,372	6,719	25.07%
Bolivia	228	148	143	160	11.89%
Calabash	1,210	711	1,786	1,994	11.65%
Carolina Shores	1,031	1,482	3,048	3,681	20.77%
Caswell Beach	175	370	398	452	13.57%
Holden Beach	626	787	575	637	10.78%
Leland	1,801	1,938	13,527	18,893	39.67%
Navassa	445	479	1,505	1,867	24.05%
Northwest	N/A	671	735	840	14.29%
Oak Island	4,550	6,571	6,783	7,629	12.47%
Ocean Isle Beach	523	426	550	646	17.45%
Sandy Creek	243	246	260	294	13.08%
Shallotte	965	1,381	3,675	4,697	27.81%
Southport	2,369	2,351	2,833	3,481	22.87%
St. James	N/A	804	3,165	4,899	54.79%
Sunset Beach	311	1,824	3,572	4,206	17.75%
Varnamtown	404	481	541	641	18.48%
INCORPORATED	---	---	50,562	64,140	26.85%
UNINCORPORATED	---	---	56,869	72,337	27.20%
BRUNSWICK COUNTY	50,985	73,143	107,431	131,887	22.76%
NORTH CAROLINA	6,626,637	8,049,310	9,535,721	10,283,255	7.84%

Sources: U.S. Census Bureau for 1990, 2000, 2010, 2017 website

www.census.gov

NC Office of State Planning website <http://demog.state.nc.us>



Brunswick County Building Permits

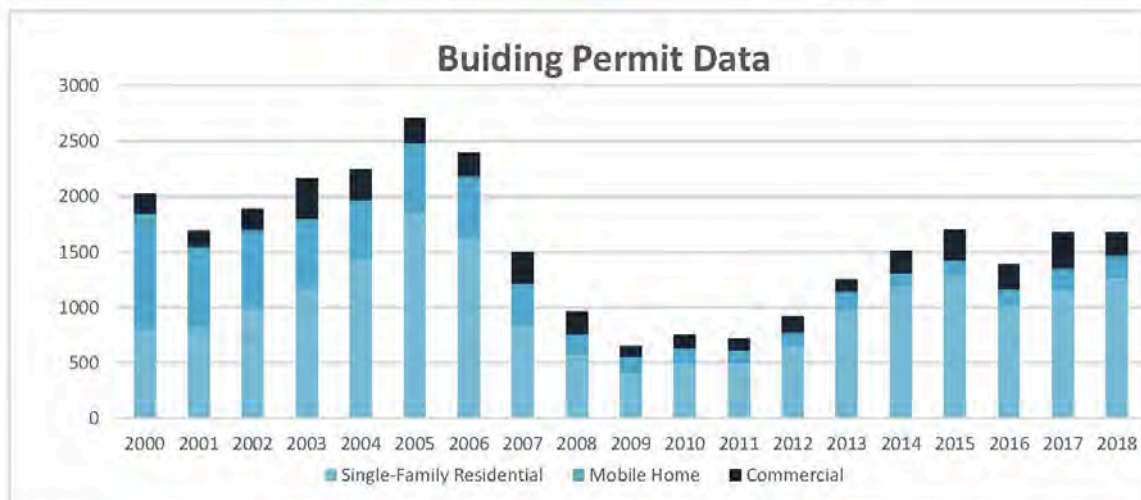
CALENDAR YEAR	SINGLE-FAMILY RESIDENTIAL	MOBILE HOME	COMMERCIAL	TOTAL
2000	811	1,036	184	2,031
2001	819	729	146	1,694
2002	1,004	701	187	1,892
2003	1,181	625	361	2,167
2004	1,435	534	277	2,246
2005	1,870	611	227	2,708
2006	1,637	552	208	2,397
2007	843	378	278	1,499
2008	575	187	204	966
2009	416	141	97	654
2010	492	142	120	754
2011	504	112	102	718
2012	661	118	140	919
2013	981	161	109	1,251
2014	1,191	122	202	1,515
2015	1,287	137	281	1,705
2016	1,016	154	223	1,393
2017	1,150	206	325	1,681
2018	1,267	206	212	1,685
Total	19,140	6,852	3,883	29,875

*Data is for Brunswick County issued permits and participating municipalities, which is subject to change from year-to-year.

In 2018,
1,267 S/F
Residential
Permits
Issued

In 2005,
2,708
Permits were
Issued

In 2017,
325
Commercial
Permits Issued





Business, Labor, & Employment Report

Business, Labor and Employment Facts

	<u>Brunswick County</u>	<u>North Carolina</u>
Employment Total, 2017	32,674	4,706,794
Number of Establishments, 2017	2,448	227,347
Private non-farm establishments, 2014	2,298	219,897
Private non-farm employment, 2014	23,815	3,735,000
Private non-farm employment, percent change, 2005-2014	13.55%	4.41%
Non-employer establishments, 2015	10,217	722,639
Establishments with no employees, 2012	8,157	650,211
Very small establishments (1-9 employees), 2014	1,771	158,655
Very large establishments (100+ employees), 2014	28	5,050
Accommodation and food services employment, percent, 2017	15.53%	10.67%
Arts, entertainment, and recreation employment, percent, 2017	4.72%	1.69%
Construction employment, percent, 2017	6.29%	4.57%
Education employment, percent, 2017	6.55%	2.97%
Health Care employment, percent, 2017	12.57%	15.31%
Information and Financial Activities employment, percent, 2017	2.61%	6.62%
Manufacturing employment, percent, 2017	4.31%	10.03%
Professional and Business services employment, percent, 2017	3.13%	13.43%
Public Administration employment, percent, 2017	7.24%	9.98%
Retail Sales, 2017	\$1,616,848,003	\$139,169,804,379
Retail sales per capita, 2017	\$12,352	\$13,547
Civilian Labor Force, 2017	50,643	4,928,368
Unemployment Rate, 2017	5.6%	4.5%
Announced Job Creation, 2017	35	N/A



Source: U.S. Census Bureau: www.census.gov
 US Dept. of Labor Bureau of Labor Statistics

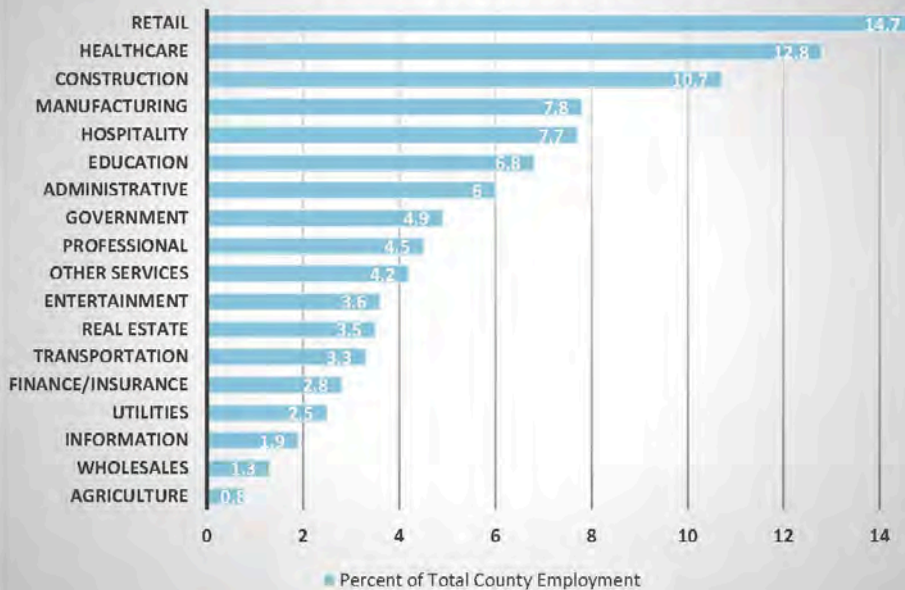


Business, Labor & Employment Report

THE TABLE TO THE RIGHT CONTAINS THE 25 LARGEST EMPLOYERS IN BRUNSWICK COUNTY.

Top 25 Employers in Brunswick County			
Rank	Company Name	Industry	Employment Range
1	Brunswick County Board of Education	Education & Health Services	1000+
2	County of Brunswick	Public Administration	1000+
3	Duke Energy Progress	Trade, Transportation & Utilities	1000+
4	Wal-Mart Associates Inc	Trade, Transportation & Utilities	500-999
5	Food Lion	Trade, Transportation & Utilities	500-999
6	Brunswick Novant Medical Center	Education & Health Services	500-999
7	Brunswick Community College	Education & Health Services	250-499
8	Lowe's Foods LLC	Trade, Transportation & Utilities	250-499
9	Liberty Healthcare Group LLC	Education & Health Services	250-499
10	Lowe's Home Centers Inc	Trade, Transportation & Utilities	250-499
11	McAndersons Inc	Leisure & Hospitality	250-499
12	SBH Wilmington LLC	Education & Health Services	250-499
13	Dosher Memorial Hospital	Education & Health Services	250-499
14	Department of Defense	Public Administration	250-499
15	Troon Golf LLC	Leisure & Hospitality	100-249
16	Charter Day School Inc	Education & Health Services	100-249
17	Novant Health Group	Education & Health Services	100-249
18	US Postal Service	Trade, Transportation & Utilities	100-249
19	Archer Daniels Midland Co	Manufacturing	100-249
20	Atlantic Telephone Membership Corp	Information	100-249
21	Carolina Staffing Solutions	Professional & Business Services	100-249
22	Portus Terminals LLC	Trade, Transportation & Utilities	100-249
23	Coating and Adhesive Corp	Manufacturing	100-249
24	BHI Energy Power Services LLC	Professional & Business Services	100-249
25	Tradition Golf Club at Carolina National	Leisure & Hospitality	100-249

COUNTY INDUSTRY SECTORS



THE GRAPH TO THE LEFT CONTAINS A BREAKDOWN OF THE INDUSTRIES PROVIDING JOBS IN THE COUNTY.



Tourism in Brunswick County

State Tourism Revenue Rankings 2016

County	Revenue \$(millions)	Revenue per Capita	% Distribution in State	State Rank 2016	2016 Population
Mecklenburg	5,163.74	\$4,895.31	22.43%	1	1,054,835
Wake	2,171.14	\$2,074.09	9.43%	2	1,046,791
Guilford	1,349.31	\$2,588.21	5.86%	3	521,330
Dare	1,101.63	\$30,631.46	4.79%	4	35,964
Buncombe	1,071.66	\$4,184.73	4.66%	5	256,088
Forsyth	846.67	\$2,278.99	3.68%	6	371,511
Durham	776.29	\$2,535.14	3.37%	7	306,212
New Hanover	554.29	\$2,480.23	2.41%	8	223,483
Brunswick	544.35	\$4,287.81	2.36%	9	126,953
Cumberland	526.95	\$1,610.84	2.28%	10	327,127
Moore	469.41	\$4,901.12	2.04%	11	95,776
Cabarrus	433.42	\$2,150.01	1.88%	12	201,590
North Carolina	23,021.47	\$2,268.84	----	----	10,146,788

Annual Brunswick County Tourism Revenue





Tourism and Climate Summary Facts

Tourism Facts

- ✦ Peak season population is during the mid-summer months and it is estimated that the population rises to 2.6 times the annual base population.
- ✦ In 2016, Brunswick County ranked 10th in travel impacts among North Carolina's 100 counties.
- ✦ Domestic tourism in Brunswick County generated an economic impact of \$470,580,000 in 2013. This was an increase of 5.73% from 2012 and an increase of 93.25% from 2000.
- ✦ Tourism revenue for Brunswick County increased by \$227,070,000 from 2000 to 2013.
- ✦ More than 5,030 jobs in Brunswick County were directly attributable to the travel and tourism industry.
- ✦ Travel generated \$85,710,000 in payroll in 2013.
- ✦ State and local tax revenues from travel to Brunswick County amounted to \$49,620,000. This represents an approximate tax savings of \$428.99 to each county resident.
- ✦ There are 6 beach communities located within Brunswick County (Bald Head Island, Caswell Beach, Holden Beach, Oak Island, Ocean Isle Beach, Sunset Beach).
- ✦ Area attractions include historic Southport, Old Brunswick Town, Bald Head Lighthouse, Oak Island Lighthouses, Ingram Planetarium, Museum of Coastal Carolina, Silver Coast Winery, Fort Caswell, Calabash seafood, various parks/preserves, motorized boat ramps/marinas, and non-motorized boat access sites. Additionally, there are approximately 30 golf courses scattered throughout Brunswick County.

Climate Summary

Brunswick county enjoys a mild and marine-influenced climate. During the summer, sea breeze-induced clouds normally develop in the late morning hours and move inland. Thunderstorms and other rain events are common, with an average of 9 storms per year that have damaging winds and/or dropping hail. The #1 weather hazard for the Cape Fear Region is hurricanes that have associated impacts (wind, storm surge, and flooding).

Temperature Normals

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Annual
High	56.4	59.9	66.4	74.2	80.7	86.9	89.7	88.1	83.7	75.7	68.0	59.3	74.1
Low	35.6	37.9	43.8	51.6	60.0	68.7	72.6	71.3	65.6	54.6	45.4	37.8	53.8
Mean	46.0	48.9	55.1	62.9	70.4	77.8	81.1	79.7	74.6	65.2	56.7	48.6	64.0

Precipitation Normals

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Annual
Total	3.76"	3.62"	4.21"	2.82"	4.49"	5.18"	7.48"	7.41"	7.84"	3.89"	3.29"	3.62"	57.61"

Sources: National Weather Service

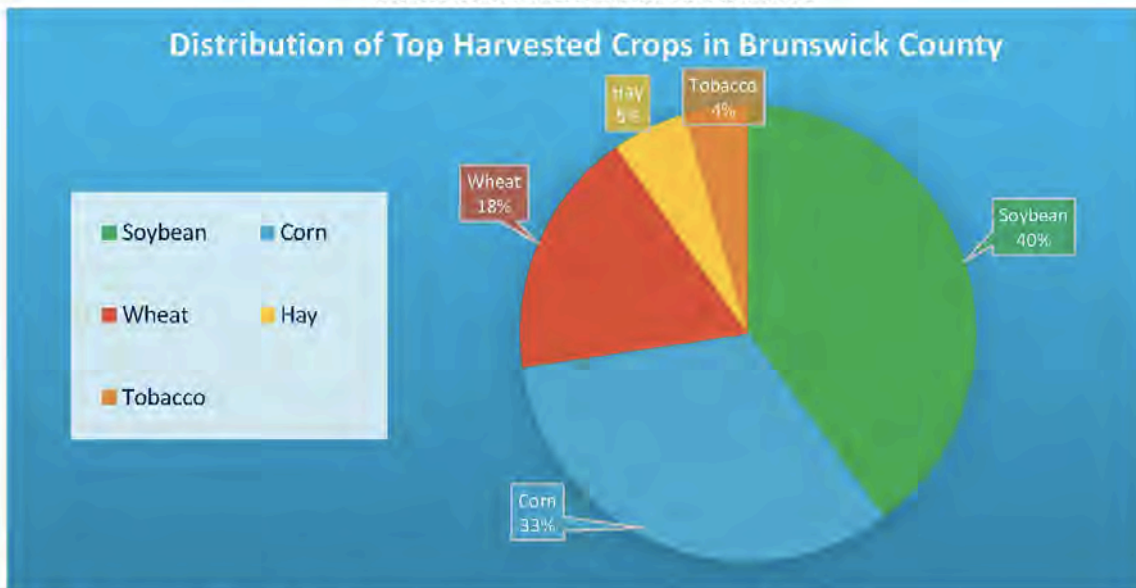
NC Department of Commerce: www.nccommerce.com



Agriculture in Brunswick County

Brunswick County's economy and culture have historically been centered around agriculture. Even after decades of rapid residential and commercial growth, agriculture continues to have a strong positive influence on Brunswick County and the Cape Fear Region. Revenue is gained from crops, livestock, agricultural-related employment, value-added products, and agriculture-related services. Agriculture products in Brunswick County are also diverse and producers provide an array of products and services. Examples of products include, but are not limited to: tomatoes, herbs, corn, hay, timber, cotton, soybeans, wheat, turf, tobacco, and livestock.

BRUNSWICK COUNTY AGRICULTURE FACTS



- ❖ 542,080 acres or 84% of land area is actively farmed (timbering, crops, livestock)
- ❖ Forestry has the biggest impact on agriculture with timberland taking up 409,872 acres or 76%
- ❖ Brunswick County ranks 1st in tomato production within NC
- ❖ From 2007 to 2012, Brunswick County experienced an increase of 3.08% inland area for farming
- ❖ Brunswick County ranked 20th for the number of hogs and pigs raised with 85,000 hogs & pigs raised in 2016.
- ❖ In 2016, Agriculture and Government Cash Receipts Payments totaled \$43,081,377
- ❖ 27,631 acres of farmland and 202 farms were protected and enrolled in Brunswick County's Voluntary Agriculture District (VAD) Program
- ❖ The VAD Program saw an increase of 6% with 12 new farms from 2013 to 2017

Sources: 2012 Census of Agriculture
 North Carolina Department of Agriculture and Consumer Services
 Brunswick County Voluntary Agricultural District 2013 Annual Report
 North Carolina Forest Service
 Brunswick County Agricultural Development Plan



Agriculture Census Data

AGRICULTURAL FACTS	2007	2012
Number of Farms	264	254
Total Acreage of Land in Farming	44,084 acres	45,442 acres
Average Farm Size	167 acres	179 acres
Market Value of Products Sold	\$45,133,000	\$58,216,000
Average Age of Farmers	55	58.9
Average Value of Farm & Buildings	\$714,480	\$769,642
Average Market Value of Machinery & Equipment	\$95,917	\$92,492
Average Farm Production Expenses	\$143,171	\$181,893

Sources: NC Department of Agricultural Statistics
 2007 Census of Agriculture
 2012 Census of Agriculture

State Rankings

INDUSTRY	STATE RANK (2012)
Vegetables & Fruit	9
Hogs & Pigs	19
Aquaculture	25
Corn	31
Grains	45
Cotton	46
Value of Livestock, Poultry, and Products	47
Nursey, Greenhouse, Floriculture and Sod	48
Soybean	49
Value of Crops Including Nursery and Greenhouse	50
Tobacco	50
Sheep, Goats, Wool, Mohair, and Milk	60
Cattle	69

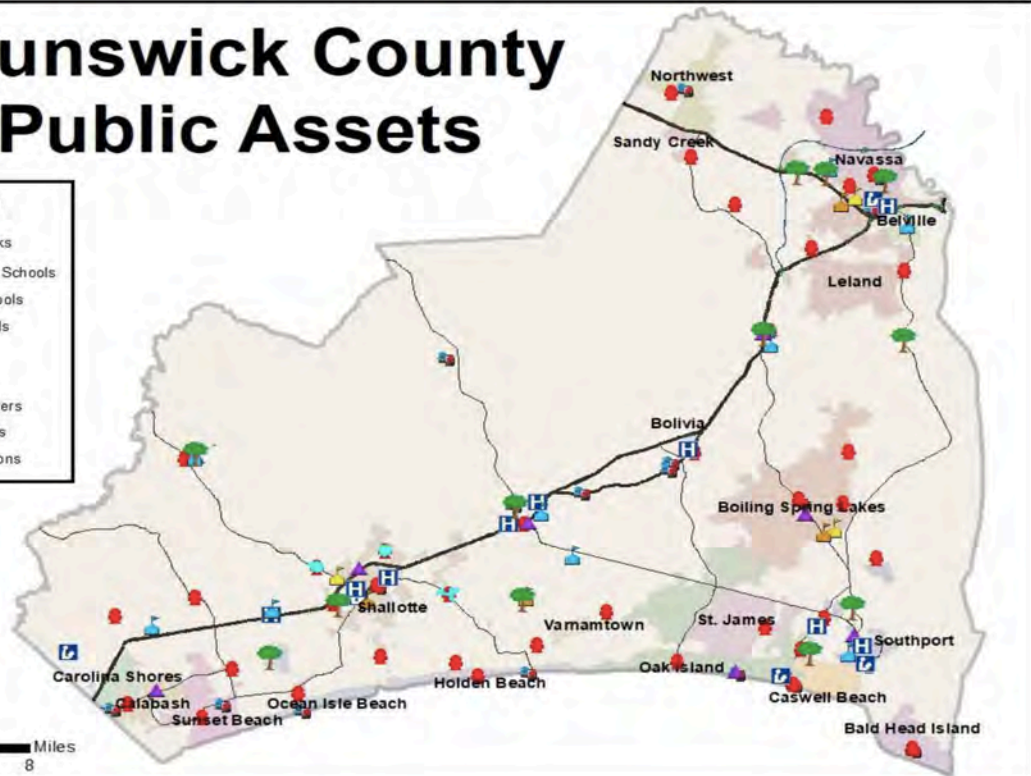
Source: 2012 Census of Agriculture

Brunswick County Public Assets

- Legend**
- County Parks
 - Elementary Schools
 - Middle Schools
 - High Schools
 - Hospitals
 - Libraries
 - Senior Centers
 - Fire Stations
 - Police Stations



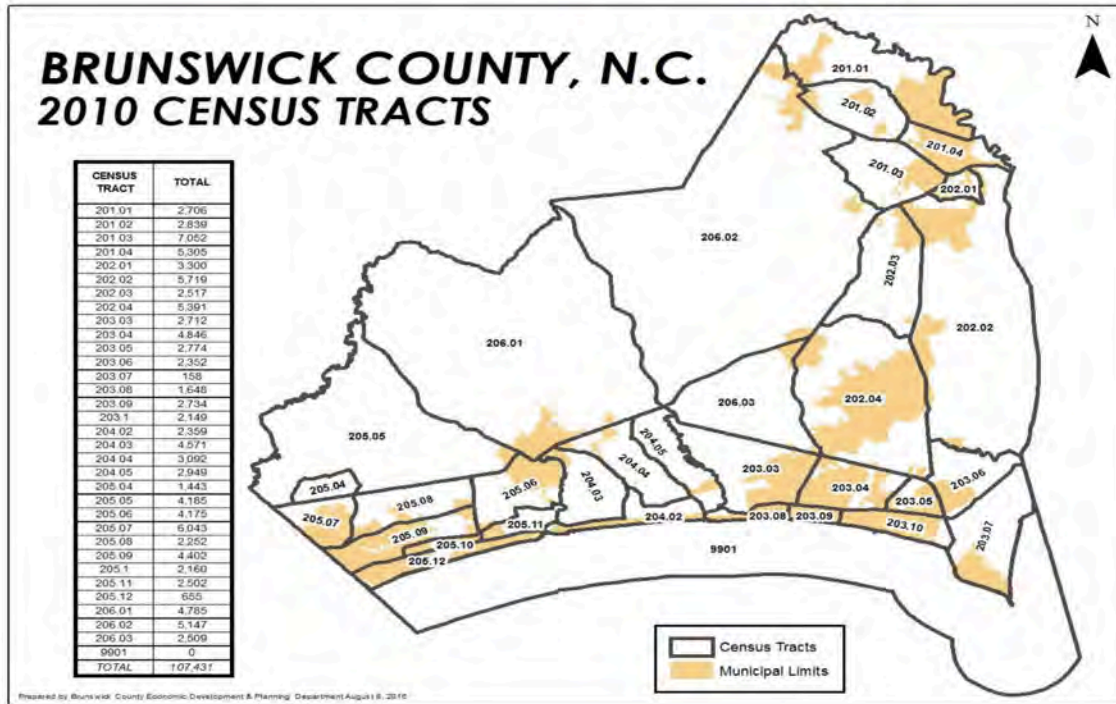
0 1 2 4 6 8 Miles





Tax Rates in Brunswick County

	Code	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Brunswick County		0.54	0.305	0.305	0.305	0.305	0.4425	0.4425	0.4425	0.4425	0.485	0.485	0.485	0.485	0.485
Smithville Township		0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
Bald Head Island	17	0.465	0.24	0.26	0.27	0.3275	0.591	0.591	0.59	0.59	0.6663	0.6663	0.6663	0.6663	0.6663
Belville	25	0.15	0.0911	0.0911	0.0911	0.0683	0.0683	0.0683	0.0683	0.0683	0.0683	0.09	0.09	0.09	0.09
Boiling Springs Lakes	20	0.25	0.12	0.12	0.12	0.12	0.17	0.17	0.14	0.17	0.21	0.21	0.21	0.21	0.21
Bolivia	23	0.06	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Calabash	19	0.1	0.07	0.07	0.07	0.07	0.0875	0.0875	0.0875	0.0875	0.0875	0.0875	0.0875	0.0875	0.0875
Carolina Shores	18	0.08	0.08	0.08	0.08	0.08	0.1016	0.1016	0.1016	0.1016	0.1016	0.1016	0.1016	0.1016	0.1016
Caswell Beach	16	0.22	0.11	0.15	0.13	0.13	0.17	0.17	0.17	0.17	0.22	0.22	0.24	0.24	0.24
Holden Beach	13	0.18	0.069	0.069	0.069	0.069	0.127	0.127	0.127	0.127	0.15	0.22	0.22	0.22	0.22
Leland	31	0.18	0.1166	0.1166	0.1166	0.1166	0.1515	0.1515	0.1515	0.1515	0.1515	0.1833	0.21	0.21	0.21
Navassa	24	0.27	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Northwest	28	0.2	0.15	0.17	0.17	0.19	0.21	0.21	0.22	0.22	0.24	0.24	0.24	0.24	0.24
Oak Island	14	0.33	0.1245	0.14	0.14	0.155	0.275	0.275	0.275	0.275	0.275	0.29	0.31	0.31	0.28
Ocean Isle Beach	12	0.14	0.08	0.09	0.09	0.09	0.13	0.13	0.155	0.155	0.1875	0.1875	0.1875	0.1875	0.1639
Sandy Creek	26	0.35	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.25	0.25	0.25	0.25
Shallotte	22	0.32	0.27	0.27	0.27	0.27	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.3525
Southport	21	0.27	0.15	0.18	0.18	0.18	0.2456	0.2456	0.2456	0.2456	0.2456	0.2456	0.2956	0.2956	0.2956
St. James	29	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.06
Sunset Beach	11	0.145	0.115	0.09	0.09	0.09	0.105	0.105	0.105	0.105	0.16	0.16	0.16	0.16	0.16
Varnamtown	27	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
BHI MSD ZONE A	33	- 0 -	- 0 -	- 0 -	0.31	0.3825	0.6718	0.6718	0.6708	0.6708	0.7471	0.7471	0.7471	0.7771	0.7771
BHI MSD ZONE B	34	- 0 -	- 0 -	- 0 -	0.29	0.3625	0.6416	0.6416	0.6406	0.6406	0.7169	0.7169	0.7169	0.7469	0.7469





Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 13.

From: Health and Human Services - Sheltering Agreement with
David Stanley, HHS Executive Director Brunswick County Schools - FY 20-21

Issue/Action Requested:

Request that the Board of Commissioners approve the sheltering agreement between Brunswick County and Brunswick County Schools (BCS).

Background/Purpose of Request:

Each year, as any number / type of event forces the County to open shelters to provide safe harbor to its citizens, it is the school system that provides the most adequate space - and support staff - for doing so. While BCS has always been a great partner in these endeavors, the absence of the American Red Cross in our primary sheltering operations has led to a necessary increase in the amount of cooperation to which our agencies must commit.

As such, Brunswick County staff have worked with BCS staff to create the first sheltering agreement between the two entities. This agreement outlines the responsibilities of each party, in addition to making provisions for reimbursements, if applicable. Because any money that changes hands cannot be determined until any specific event forces these two agencies into action, there is no specific annual value or capitation to this agreement.

This agreement will be approved by the Board of Education and signed by BCS staff on Monday, 7/27/2020.

Brunswick County staff recommends approval of this agreement.

Fiscal Impact:

Pre-Audit Certification Required, Reviewed By Director of Fiscal Operations

FEMA will reimburse amounts paid per agreement if the State of Emergency event is declared a Federal Disaster.

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners approve the sheltering agreement between Brunswick County and Brunswick County Schools (BCS).

ATTACHMENTS:

Description

- Sheltering Agreement with Brunswick County Schools

NORTH CAROLINA

BRUNSWICK COUNTY

**INTERAGENCY AGREEMENT
[For Services and Facilities]**

THIS INTERAGENCY AGREEMENT (hereinafter referred to as the “Agreement”) is made and entered into by and between Brunswick County, a body politic and corporate of the State of North Carolina, (hereinafter referred to as “County”), party of the first part and Brunswick County Schools, an entity organized and existing pursuant to the laws of the State of North Carolina and located in Brunswick County, (hereinafter referred to as “BCS”), party of the second part.

WITNESSETH:

WHEREAS, County and BCS desire to establish an inter-governmental approach for the provision of services or resources, as more fully described herein;

WHEREAS, County and BCS each agree that the cooperative endeavor contemplated hereby will be beneficial to the citizens of Brunswick County; and

WHEREAS, County and BCS, in order to set out the provisions and conditions under which said services or resources will be provided, have entered into this Agreement as authorized by Article 20, Part 1 of Chapter 160A of the North Carolina General Statutes:

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants and promises contained herein, County and BCS do hereby agree as follows:

1. SERVICES

The services to be performed and/or the resources to be provided under this Agreement (hereinafter referred to collectively as “Services”) are set forth on Exhibit “A” attached hereto.

Any exhibits or attachments referenced herein are hereby incorporated by reference and made a part of this Agreement. Any conflict between the language in an exhibit or attachment and the main body of this Agreement shall be resolved in favor of the main body of this Agreement.

In no event shall Services provided by County under this Agreement include legal services, which shall be provided by BCS at its own expense.

2. TERM OF AGREEMENT

The initial term of this Agreement begins on July 1, 2020, and continues in effect until June 30, 2021, unless earlier terminated pursuant to any of the terms and conditions contained herein. It is expressly agreed that this Agreement shall automatically and without further action on the part of either party be extended from year to year unless one of the parties gives written notice to the other party pursuant to the Termination requirements herein.

3. TERMINATION

- a. **FOR CAUSE.** Notwithstanding the foregoing, either party may terminate this Agreement upon six (6) months' written notice to the other party if the other party is in material breach of any provision herein and fails to cure the breach during the notice period.
- b. **WITHOUT CAUSE.** County or Brunswick County Schools may terminate this Agreement at any time without cause by giving twelve (12) months' written notice to the other.

4. NONAPPROPRIATION

If the Board of County Commissioners does not appropriate the funding needed by the County to fulfill its financial obligations, if any, under this Agreement for a given fiscal year, County will not be obligated beyond the end of the last fiscal year for which funds were appropriated. In such event, County will promptly notify BCS of the non-appropriation and this Agreement will be terminated at the end of the last fiscal year for which funds were appropriated. No act or omission by County which is attributable to non-appropriation of funds shall constitute a breach of or default under this Agreement.

5. COMPLIANCE WITH FEDERAL LAWS, REGULATIONS, AND EXECUTIVE ORDERS

The parties acknowledge that FEMA financial assistance will be used to fund all or a portion of the Agreement. Provider will comply with all applicable federal laws, regulations, executive orders, FEMA policies, procedures, and directives.

6. COMPENSATION

Compensation for any services herein are detailed in Exhibit "A."

7. RELATIONSHIP OF PARTIES

Both County and BCS agree that the parties are acting as independent contractors under this Agreement. Control of County personnel, standards of performance, discipline and all other aspects of performance shall be governed entirely by County. No joint agency is established by this Agreement. This Agreement does not create a partnership, joint venture, other joint endeavor, joint ownership, joint operations or personnel sharing of any kind. No joint personnel are needed by the parties in order to carry out the obligations under this Agreement.

8. REPRESENTATIONS

Each party to this Agreement represents to the other party each of the following as of the Effective Date of this Agreement and covenants with the other party that each such representation will remain true and correct:

- a. It is a duly organized entity or corporation qualified to do business and in good standing under the laws of the State of North Carolina;
- b. It has all requisite corporate power and authority to execute, deliver and perform its obligations under this Agreement;
- c. No approval, authorization or consent of any governmental or regulatory authority is required to be obtained or made by it in order for it to enter into and perform its obligations under this Agreement;
- d. It shall comply with all applicable federal, state and local laws and regulations and shall obtain all applicable permits and licenses;
- e. It shall not violate any agreement with any third party by entering into or performing the obligations under this Agreement;
- f. In fulfilling its obligations under this Agreement, it will not violate, infringe or misappropriate any patent, copyright, trademark or trade secret rights of any third party, or any other third-party rights (including without limitation non-compete agreements); and
- g. No elected or appointed official or employee has any interest (financial, employment or other) in the transactions contemplated by this Agreement.

9. INDEMNITY

- a. To the extent permitted by law, County shall indemnify and hold harmless BCS and its officers, agents and employees from and against any and all claims, actions, suits, liabilities, losses, costs, expenses and damages of any nature whatsoever, by reason of or arising out of any negligent action or omission of County, its officers, agents and employees or any of them, in fulfilling its obligations pursuant to this Agreement. In the event that any suit based upon such a claim, action, loss or damage is brought against BCS, County shall defend the same at its sole cost and expense; provided that, BCS retains the right to participate in said suit if any principal of government or public law is involved. If final judgment is to be rendered against BCS and its respective officers, agents, employees or any of them, or jointly against BCS and County and its respective officers, agents and employees, or any of them, County shall satisfy same.
- b. To the extent permitted by law, BCS shall indemnify and hold harmless County and its officers, agents and employees from and against any and all claims, actions, suits, liabilities, losses, costs, expenses and damages of any nature whatsoever, by reason of or arising out of any negligent action or omission of BCS, its officers, agents and employees or any of them, in fulfilling its obligations pursuant to this Agreement. In the event that any suit based upon such a claim, action, loss or damage is brought against County, BCS shall defend the same at its sole cost and expense; provided that, County retains the right to participate in said suit if any principal of government or public law

is involved. If final judgment is to be rendered against County and its respective officers, agents, employees or any of them, or jointly against County and BCS and its respective officers, agents and employees, or any of them, BCS shall satisfy same.

- c. By executing this Agreement, County does not assume liability or responsibility for or in any way release BCS from any liability or responsibility which arises in whole or in part from the existence or effect of BCS ordinances, rules or regulations. If any cause, claim, suit, action or administrative proceeding is commenced in which the enforceability and/or validity of any such BCS ordinance, rule or regulation is at issue, BCS shall defend the same at its sole cost and expense and if judgment is entered or damages are awarded against BCS, County or both, BCS shall satisfy the same, including all chargeable costs and attorneys' fees.

10. COMPLIANCE WITH E-VERIFY PROGRAM

To the extent E-Verify rules apply to this Agreement, the parties agree to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes.

11. DIVESTMENT FROM COMPANIES THAT BOYCOTT ISRAEL

Contractor hereby certifies that it has not been designated by the North Carolina State Treasurer as a company engaged in the boycott of Israel pursuant to N.C.G.S. § 147-86.81.

12. JESSICA LUNSFORD ACT

Each party acknowledges that N.C.G.S. § 14-208.18 prohibits anyone required to register as a sex offender under Article 27A of Chapter 14 of the General Statutes from knowingly being on the premises of any place intended primarily for the use, care, or supervision of minors, including but not limited to schools and playgrounds. This prohibition applies to persons required to register under 27A who have committed any offense in Article 7A of Chapter 14 or any offense where the victim of the offense was under the age of 16 years at the time of the offense.

13. CONFIDENTIAL INFORMATION

For purposes of this Agreement, the party disclosing Confidential Information is the "Discloser," and the party receiving Confidential Information is the "Recipient." "Confidential Information" shall mean any nonpublic information concerning the parties' respective businesses including, but not limited to, all tangible, intangible, visual, electronic, present or future information such as: (a) trade secrets; (b) financial information, including pricing; (c) technical information, including research, development, procedures, algorithms, data, designs and know-how; (d) business information, including operations, planning, marketing interests and products; and (e) the terms of any agreement between the parties and the discussions, negotiations and proposals related to that agreement. Confidential Information disclosed to the other party must be clearly identified. Written Confidential Information must be clearly marked in a conspicuous place with an appropriate legend identifying the information as "Confidential." Confidential Information that is

not written must be identified as confidential at the time of disclosure and confirmed in writing delivered to Recipient within fifteen (15) days of disclosure.

The restrictions regarding the use and disclosure of Confidential Information do not apply to information that is:

- a. in the public domain through no fault of the Recipient;
- b. within the legitimate possession of the Recipient, with no confidentiality obligations to a third party;
- c. lawfully received from a third party having rights in the information without restriction, and without notice of any restriction against its further disclosure;
- d. independently developed by the Recipient without breaching this Agreement or by parties who have not had, either directly or indirectly, access to or knowledge of the Confidential Information;
- e. disclosed with the prior written consent of the Discloser; or
- f. required to be disclosed by law, regulation or court or governmental order, specifically including requests pursuant to the Public Records Laws of North Carolina contained in Chapter 132 of the North Carolina General Statutes. In the event Recipient receives such a request, it shall notify Discloser and Discloser shall have the opportunity to defend against production of such records at Discloser's expense.

14. NO ASSIGNMENT WITHOUT CONSENT

Neither party shall assign this Agreement (or assign any right or delegate any obligation contained herein whether such assignment is of service, of payment or otherwise) without the prior written consent of the other party hereto. Any such assignment without the prior written consent of the other party hereto shall be void. An assignee shall acquire no rights, and County shall not recognize any assignment in violation of this provision.

15. BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. § 1352 (AS AMENDED)

Contractors or Providers who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

16. PROCUREMENT OF RECOVERED MATERIALS

- (1) In the performance of this Agreement, Provider shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired –
 - (i) Competitively within a timeframe providing for compliance with the Agreement performance schedule;
 - (ii) Meeting Agreement performance requirements; or
 - (iii) At a reasonable price.
- (2) Information about this requirement, along with the list of EPA-designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.
- (3) Provider also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

17. ACCESS TO RECORDS

The following access to records requirements apply to this Agreement:

- (1) Provider agrees to provide County, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books, documents, papers, and records of Provider which are directly pertinent to this Agreement for the purposes of making audits, examinations, excerpts, and transcriptions.
- (2) Provider agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.
- (3) Provider agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the Agreement.
- (4) In compliance with the Disaster Recovery Act of 2018, County and Provider acknowledge and agree that no language in this Agreement is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.

18. DHS SEAL, LOGO, AND FLAGS

Provider shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.

19. SUSPENSION AND DEBARMENT

- (1) This Agreement is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such Provider is required to verify that none of the Provider's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
- (2) Provider must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- (3) This certification is a material representation of fact relied upon by County. If it is later determined that Provider did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to FEMA and County, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- (4) The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

20. FRAUD AND FALSE OR FRAUDULENT OR RELATED ACTS

Provider acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to Provider's actions pertaining to this Agreement.

21. NO OBLIGATION BY FEDERAL GOVERNMENT

The Federal Government is not a party to this Agreement and is not subject to any obligations or liabilities to the non-federal entity, Provider, or any other party pertaining to any matter resulting from the Agreement.

22. MINORITY BUSINESS ENTERPRISES

Provider will make "good faith efforts" to utilize Minority Business Enterprises (MBEs), pursuant to 2 C.F.R. § 200.321, for subcontractors in the performance of this Agreement.

23. EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this Agreement, Provider agrees as follows:

- (1) Provider will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Provider will take affirmative

action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

- (2) Provider will, in all solicitations or advertisements for employees placed by or on behalf of Provider, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, or national origin.
- (3) Provider will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provisions shall not apply to instances in which the employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the Provider's legal duty to furnish information.
- (4) Provider will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the Provider's commitments under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5) Provider will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) Provider will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of Provider's noncompliance with the nondiscrimination clauses of this Agreement or with any of the said rules, regulations, or orders, this Agreement may be canceled, terminated, or suspended in whole or in part and Provider may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions as may be imposed and remedies invoked as provided in

Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

- (8) Provider will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. Provider will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event Provider becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency Provider may request the United States to enter into such litigation to protect the interests of the United States.

24. COMPLIANCE WITH THE COPELAND "ANTI-KICKBACK" ACT

- (1) Provider. If applicable, Provider shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into this Agreement.
- (2) Subcontracts. If applicable, Provider or subcontractor shall insert in any subcontracts the clause above and such other clauses as FEMA may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all of these contract clauses.
- (3) Breach. A breach of the Agreement clauses above may be grounds for termination of the Agreement, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

25. COMPLIANCE WITH THE DAVIS-BACON ACT (AS AMENDED)

- (1) If applicable, all transactions regarding this Agreement shall be done in compliance with the Davis-Bacon Act (40 U.S.C. §§ 3141-3144 and 3146-3148) and the requirements of 29 C.F.R. Part 5, as may be applicable. Provider shall comply with 40 U.S.C. §§ 3141-3144 and 3146-3148 and the requirements of 29 C.F.R. Part 5, as applicable.
- (2) Providers are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
- (3) Additionally, Providers are required to pay wages not less than once a week.

26. CLEAN AIR ACT

- (1) Provider agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
- (2) Provider agrees to report each violation to County and understands and agrees that County will, in turn, report each violation as required to assure notification to County, Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
- (3) Provider agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance provided by FEMA.

27. FEDERAL WATER POLLUTION CONTROL ACT

- (1) Provider agrees to comply with all applicable standards, orders or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
- (2) Provider agrees to report each violation to County and understands and agrees that County will, in turn, report each violation as required to assure notification to County, Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
- (3) Provider agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance provided by FEMA.

28. COMPLIANCE WITH THE CONTRACT WORK HOURS AND SAFETY STANDARDS ACT

- (1) Overtime requirements. No contractor or subcontractor contracting for any part of the Services which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- (2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (1) of this section Provider and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, Provider and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (1) of this section, in the sum of \$26 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (1) of this section.

- (3) Withholding for unpaid wages and liquidated damages. County shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by Provider or subcontractor under any such contract or any other federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (2) of this section.
- (4) Subcontracts. Provider or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (1) through (4) of this section.

29. GOVERNING LAW AND VENUE

This Agreement shall be governed by applicable federal law and by the laws of the State of North Carolina, without regard for its choice of law provisions. All actions relating in any way to this Agreement shall be brought in the General Court of Justice of the State of North Carolina in Brunswick County or in the Federal District Court for the Eastern District of North Carolina, Wilmington division.

30. DISPUTE RESOLUTION

Should a dispute arise as to the terms of this Agreement, both parties agree that neither may initiate binding arbitration. The parties may agree to non-binding mediation of any dispute prior to the bringing of any suit or action.

31. GOVERNMENTAL IMMUNITY

To the extent applicable, neither party waives its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law with regard to any action based on this Agreement.

32. NON-WAIVER

Failure by County at any time to require the performance by BCS of any of the provisions of this Agreement shall in no way affect County's right hereunder to enforce the same, nor shall

any waiver by County of any breach be held to be a waiver of any succeeding breach or a waiver of this Section.

33. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties with respect to the subject matter herein. There are no other representations, understandings or agreements between the parties with respect to such subject matter. This Agreement supersedes all prior agreements, negotiations, representations and proposals, written or oral.

34. HEADINGS

The headings in this Agreement are for convenience of reference only and shall not define or limit any of the terms or provisions hereof.

35. SEVERABILITY

The invalidity of one or more of the phrases, sentences, clauses or sections contained in this Agreement shall not affect the validity of the remaining portion of the Agreement so long as the material purposes of this Agreement can be determined and effectuated. If a provision of this Agreement is held to be unenforceable, then both parties shall be relieved of all obligations arising under such provision, but only to the extent that such provision is unenforceable, and this Agreement shall be deemed amended by modifying such provision to the extent necessary to make it enforceable while preserving its intent.

36. AMENDMENTS

No amendments or changes to this Agreement, or additional Proposals or Statements of Work, shall be valid unless in writing and signed by authorized agents of both BCS and County.

37. NOTICES

- a. **DELIVERY OF NOTICES.** Any notice, consent or other communication required or contemplated by this Agreement shall be in writing, and shall be delivered in person, by U.S. mail, by overnight courier, by electronic mail or by facsimile to the intended recipient at the address set forth below.
- b. **EFFECTIVE DATE OF NOTICES.** Any notice shall be effective upon the date of receipt by the intended recipient; provided that any notice which is sent by facsimile or electronic mail shall also be simultaneously sent by mail deposited with the U.S. Postal Service or by overnight courier.
- c. **NOTICE ADDRESS.** Communications that relate to any breach, default, termination, delay in performance, prevention of performance, modification, extension, amendment or waiver of any provision of this Agreement shall be sent to:

- i. For the County: Brunswick County Manager
P.O. Box 249
Bolivia, NC 28422
Fax: 910-253-2022

- ii. For BCS: Brunswick County Schools
35 Referendum Dr
Bolivia, NC 28422

[SIGNATURES APPEAR ON FOLLOWING PAGE]

38. SIGNATURES

This Agreement, together with any amendments or modifications, may be executed in one or more counterparts, each of which shall be deemed an original and all of which shall be considered one and the same agreement. This Agreement may also be executed electronically. By signing electronically, the parties indicate their intent to comply with the Electronic Commerce in Government Act (N.C.G.S § 66-358.1 et seq.) and the Uniform Electronic Transactions Act (N.C.G.S § 66-311 et seq.). Delivery of an executed counterpart of this Agreement by either electronic means or by facsimile shall be as effective as a manually executed counterpart.

ATTEST:

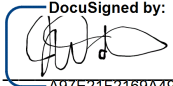
BRUNSWICK COUNTY

 Clerk to the Board

 By:

 Frank Williams
 Chairman

[SEAL]

BRUNSWICK COUNTY SCHOOLS
 By: 

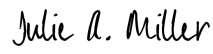
DocuSigned by:
A97E21F2169A49E...

Printed Name: Dr. Jerry Oates

Title: Superintendent

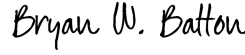
Date: 7/28/2020


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

BRUNSWICK COUNTY


DocuSigned by:
02299718CD1D4B2...
 Julie A. Miller, Finance Director
 Brunswick County, North Carolina


APPROVED AS TO FORM



DocuSigned by:
D195D13D6EE7473...
 Robert V. Shaver, Jr., County Attorney /
 Bryan W. Batton, Assistant County Attorney
BRUNSWICK COUNTY SCHOOLS


DocuSigned by:
CCC6958B9A2F480...
 Freyja Cahill, Chief Financial Officer
 Brunswick County Schools

APPROVED AS TO FORM



DocuSigned by:
F559C3395E344B4...
 Richard Green

EXHIBIT “A”
SCOPE OF SERVICES OR RESOURCES/FEES

1. BRUNSWICK COUNTY BOARD OF EDUCATION AGREES TO:

- a. Open the building within 24 hours’ notice from Brunswick County EMS and staff the building with a minimum of: one (1) Principal or Assistant Principal; one (1) Maintenance Technician; one (1) Head Custodian; two (2) Custodians; one (1) Cafeteria Manager and two (2) Cafeteria staff.
- b. Make available a Transportation Team to assist in evacuation efforts. The Transportation Team will consist of three (3) Bus Drivers and one (1) Mechanic per shelter, plus one (1) Mechanic, one (1) Coordinator/Dispatcher, the Transportation Director and Assistant Transportation Director based in the Transportation Department.
- c. Make available the Technology Data Systems Manager for IT support, the Director of Facilities to manage Custodial and Maintenance personnel and events and the Chief Operations Officer and Director of Safety and Administration for coordination in the Emergency Operations Center.
- d. Supply cleaning materials required for general building cleaning; and to maintain cleanliness of restrooms, hallways and general areas such as gyms and cafeteria clean and free of waste materials.
- e. Supply food required to serve three (3) meals per day (one (1) hot meal if possible) to sheltered individuals and staff serving the shelter as available, unless meals ready to eat (MRE’s) are necessary and available to be provided to mitigate issues with preparing meals (including, but not limited to loss of power, unavoidable staffing shortages, lack of inventory). School staff shall assist to the extent allowable with distribution of MRE’s in the absence of meals.
- f. Contract for industrial hospital grade cleaning after shelter closes.
- g. At the direction of the Principal or Assistant Principal in charge – assist shelter management with all request that at this time go unnamed, to the best of Brunswick County Schools abilities.
- h. Make routine repairs on facility related equipment as requested by shelter management, to the best of Brunswick County Schools abilities.
- i. Coordinate enhancements to school facilities with Brunswick County Emergency Management (BCEM). Consider any and all effects building additions or alterations may have on shelter operations and coordinate a discussion with BCEM about said alterations or additions. Enhancements shall be made to the extent the respective fiscal year allows.

- j. Use joint funding initiatives when available, pursuant to mutual agreement of the parties and in compliance with State Law and Board policies.
- k. Transfer funding currently allotted to generator maintenance at specified shelter sites to Brunswick County and supply the County with any keys, passes, etc. that may be required to access equipment for maintenance. These sites may be amended annually in January.

2. THE BRUNSWICK COUNTY BOARD OF COMMISSIONERS AGREES TO:

- a. Fund and oversee the maintenance of emergency generators and their associated fueling systems at the following schools: West Brunswick HS; South Brunswick HS; North Brunswick HS and Town Creek Middle School (refer section 1.k.). This includes assuming maintenance of equipment currently in place and the capital cost of any upgrades of generators at these schools. These sites may be amended annually in January.
- b. Evaluate said school's potable water and wastewater systems and fund and manage any projects that are needed to improve reliability of these systems during power outages.
- c. Under a County declared SOE, the County will reimburse the schools for non-exempt employees working the event at a rate of 1.5 times the base hourly rate and 1.0 times the base hourly rate for exempt employees for every hour worked during the event.
- d. Reimburse Brunswick County Schools for expenses associated with cleaning and repairs necessary due to Sheltering activities.
- e. Reimburse Brunswick County Schools for cost of food and supplies not reimbursed by USDA Disaster Funding.
- f. Reimburse cost during emergencies for two Brunswick County Schools staff members that act as liaisons to Brunswick County Schools for all communications necessary to implement this agreement.
- g. Reimburse Brunswick County Schools for yellow bus mileage at current mileage rates as assigned by the State and associated efficiency penalties that Brunswick County Schools incurs due to additional mileage.



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 14.

From: Health and Human Services - Social Services - SpeakWrite, LLC
David Stanley, HHS Executive Director Services Agreement

Issue/Action Requested:

Request that the Board of Commissioners approve the services agreement with SpeakWrite, LLC to provide case transcription services to Brunswick County social workers.

Background/Purpose of Request:

SpeakWrite is a company specializing in transcription services. SpeakWrite helps companies, institutions, organizations and individuals discover remarkable increases in productivity. They focus their service in areas where thorough, accurate and timely documentation impacts people in a significant way – like in legal, law enforcement, protective services and government agencies.

Speak Write provides transcription services 24 hours a day, that will allow social workers to dictate case notes that will then be transcribed into written notes to be used in case management. This service will allow for the social worker to spend more time working cases, rather than writing case notes that can take hours of social work productivity out of a day. This will allow social workers more time to spend working the case from a practical standpoint or allow them time to work on more/other cases.

The maximum annual value of this contract is \$49,000.00.

Staff recommends approval of this contract.

Fiscal Impact:

Pre-Audit Certification Required, Reviewed By Director of Fiscal Operations
Funds available in the current budget.

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners approve the services agreement with SpeakWrite, LLC to provide case transcription services to Brunswick County social workers.

ATTACHMENTS:

Description

- SpeakWrite, LLC Contract FY 20-21

Fiscal Year Begins 7/1/2020 Ends 6/30/2021

This contract is hereby entered into by and between the Brunswick County Department of Social Services (the "County") and **SpeakWrite, LLC, a Texas corporation doing business in North Carolina** (the "Contractor") (referred to collectively as the "Parties"). The Contractor's federal tax identification number is 42-1689311.

1. Contract Documents: This Contract consists of the following documents:

- (1) This contract
- (2) The General Terms and Conditions (Attachment A)
- (3) The Scope of Work, description of services, and rate (Attachment B)
- (4) Federal Certification Regarding Drug-Free Workplace & Certification Regarding Nondiscrimination (Attachment C)
- (5) Conflict of Interest (Attachment D)
- (6) No Overdue Taxes (Attachment E)
- (7) Federal Certification Regarding Lobbying (Attachment G)
- (8) Federal Certification Regarding Debarment (Attachment H)
- (9) HIPAA Business Associate Addendum (checklist and forms)
- (10) Certain Reporting and Auditing Requirements (Attachment L)
- (11) State Certification (Attachment M)
- (12) Non-Discrimination, Clean Air, Clean Water (Attachment N)
- (13) Contract Determination Questionnaire (required)

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

2. Precedence among Contract Documents: In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

3. Effective Period: This contract shall be effective on **7/1/2020** and shall terminate on **6/30/2021**, This contract must be twelve months or less.

4. Contractor's Duties: The Contractor shall provide the services and in accordance with the approved rate as described in Attachment B, Scope of Work.

5. County's Duties: The County shall pay the Contractor in the manner and in the amounts specified in the Contract Documents. The total amount paid by the County to the Contractor under this contract shall not exceed \$ **49,000.00**. This amount consists of \$ in Federal funds (CFDA #), \$ in State Funds, \$ in County funds

☒ a. There are no matching requirements from the Contractor.

☐ b. The Contractor's matching requirement is \$, which shall consist of:

☐ In-kind

☐ Cash

☐ Cash and In-kind

☐ Cash and/or In-kind

The contributions from the Contractor shall be sourced from non-federal funds.
The total contract amount including any Contractor match shall not exceed **\$49,000.00**.

6. Reversion of Funds:

Any unexpended grant funds shall revert to the County Department of Social Services/Human Services upon termination of this contract.

7. Reporting Requirements:

Contractor shall comply with audit requirements as described in N.C.G.S. § 143C-6-22 & 23 and OMB Circular- CFR Title 2 Grants and Agreements, Part 200, and shall disclose all information required by 42 USC 455.104, or 42 USC 455.105, or 42 USC 455.106.

8. Payment Provisions:

Payment shall be made in accordance with the Contract Documents as described in the Scope of Work, Attachment B.

- 9. Contract Administrators:** All notices permitted or required to be given by one Party to the other and all questions about the contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the County:

IF DELIVERED BY US POSTAL SERVICE		IF DELIVERED BY ANY OTHER MEANS	
Name & Title	Laurie A. Britt, Business Officer	Name & Title	Laurie A. Britt, Business Officer
County	Brunswick County	County	Brunswick County
Mailing Address	PO Box 219	Street Address	60 Government Center Drive
City, State, Zip	Bolivia, NC 28422	City, State, Zip	Bolivia, NC 28422
Telephone	910-253-2092		
Fax	910-253-2071		
Email	laurie.britt@brunswickcountync.gov		

For the Contractor:

IF DELIVERED BY US POSTAL SERVICE		IF DELIVERED BY ANY OTHER MEANS	
Name & Title	Jen Reid, COO	Name & Title	Jen Reid, COO
Company Name	SpeakWrite, LLC	Company Name	SpeakWrite, LLC
Mailing Address	6011 W. Courtyard Dr. Ste. 450	Street Address	6305 Chambly Cove
City State Zip	Austin, TX 78730	City State Zip	Austin, TX 78730
Telephone	(512) 920-4085		
Fax	(866) 263-0158		
Email			

9. Supplementation of Expenditure of Public Funds:

The Contractor assures that funds received pursuant to this contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Contractor otherwise expends for contract services and related programs. Funds received under this contract shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

10. Disbursements:

As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:

- (a) Implement adequate internal controls over disbursements;
- (b) Pre-audit all vouchers presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- (c) Assure adequate control of signature stamps/plates;
- (d) Assure adequate control of negotiable instruments; and
- (e) Implement procedures to insure that account balance is solvent and reconcile the account monthly.

11. Outsourcing to Other Countries:

The Contractor certifies that it has identified to the County all jobs related to the contract that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this contract without providing notice to the County.

12. Federal Certifications:

Individuals and Organizations receiving federal funds must ensure compliance with certain certifications required by federal laws and regulations. The contractor is hereby complying with Certifications regarding Nondiscrimination, Drug-Free Workplace Requirements, Environmental Tobacco Smoke, Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions, and Lobbying. These assurances and certifications are to be signed by the contractor's authorized representative.

13. Specific Language Not Previously Addressed:

(can be delted if not needed)

14. **Signature Warranty:** The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement.

SPEAKWRITE, LLC

The Contractor and the County have executed this contract in duplicate originals, with one original being retained by each party.

APPROVED AS TO FORM

County Attorney/Assist. County Attorney

Date

FINANCE

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.
Line #: 145310-419900

Signature of County Finance Officer

Date

COUNTY

Signature

Date

Printed Name:

Title

CONTRACTOR

By signing this contract, vendors, contractors, and /or subcontractors affirm they are not listed and will not utilize a subcontractor listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S 143-6A-4, Iran Divestment Act Certification.

Signature

Date

Printed Name**

Title

****Please note contractor signature MUST be notarized.**

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

(Notary Signature and Seal)

My Commission Expires: _____

Attachment A General Terms and Conditions

Relationships of the Parties

Independent Contractor: The Contractor is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of or have any individual contractual relationship with the County.

Subcontracting: The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the County. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contract documents are to be considered approved upon award of the contract. The County shall not be obligated to pay for any work performed by any unapproved subcontractor. The Contractor shall be responsible for the performance of all of its subcontractors.

Assignment: No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the County may:

- (a) Forward the Contractor's payment check(s) directly to any person or entity designated by the Contractor, or
- (b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check(s).

In no event shall such approval and action obligate the County to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this contract, and all rights of action relating to such enforcement, shall be strictly reserved to the County and the named Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the County and Contractor that any such person or entity, other than the County or the Contractor, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

Indemnity and Insurance

Indemnification: The Contractor agrees to indemnify and hold harmless the County and any of their officers, agents and employees, from any claims of third parties arising out of or any act or omission of the Contractor in connection with the performance of this contract.

Insurance: During the term of the contract, the Contractor at its sole cost and expense shall provide and maintain commercial insurance of such type and with such terms and limits as may be reasonably associated with the contract. The County may choose to elect higher or lower coverages according to the work performed. Contractors must be insured by a licensed agent in North Carolina and rated A-VII or better by A.M. Best. As a minimum, the Contractor shall provide and maintain the following coverage and limits:

- (a) **Worker's Compensation** - The contractor shall provide and maintain Worker's Compensation Insurance as required by the laws of North Carolina, as well as employer's liability coverage with minimum limits of \$500,000 Each Accident, \$500,000 Disease – Each Employee, \$500,000 Disease – Policy Limit.
- (b) **Commercial General Liability** - General Liability Covering all operations involved in this agreement. \$2,000,000 General Aggregate, \$2,000,000 Products/Completed Operations Aggregate, \$1,000,000 Each Occurrence, \$1,000,000 Personal and Advertising Injury Limit, \$5,000 Medical Expense Limit. (Defense cost shall be in excess of the limit of liability.)
- (c) **Automobile Liability Insurance:** The Contractor shall provide automobile liability insurance with a combined single limit of \$1,500,000.00 liability for a 15 passenger or less vehicle and \$5,000,000 for vehicles holding greater than 15 passengers (including driver); and a limit of \$2,000.00 for medical payment coverage. The Contractor shall provide this insurance for all automobiles that are:
 - (a) owned by the Contractor and used in the performance of this contract;
 - (b) hired by the Contractor and used in the performance of this contract; and
 - (c) Owned by Contractor's employees and used in performance of this contract ("non-owned vehicle insurance"). Non-owned vehicle insurance protects employers when employees use their personal vehicles for work purposes. Non-owned vehicle insurance supplements, but does not replace, the car-owner's liability insurance.

The Contractor is not required to provide and maintain automobile liability insurance on any vehicle – owned, hired, or non-owned -- unless the vehicle is used in the performance of this contract.

- (d) The insurance coverage minimums specified in subparagraph (a) are exclusive of defense costs.
- (e) The Contractor understands and agrees that the insurance coverage minimums specified in subparagraph (a) are not limits, or caps, on the Contractor's liability or obligations under this contract.
- (f) The Contractor may obtain a waiver of any one or more of the requirements in subparagraph (a) by demonstrating that it has insurance that provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The County shall be the sole judge of whether such a waiver should be granted.
- (g) The Contractor may obtain a waiver of any one or more of the requirements in paragraph (a) by demonstrating that it is self-insured and that its self-insurance provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The County shall be the sole judge of whether such a waiver should be granted.
- (h) Providing and maintaining the types and amounts of insurance or self-insurance specified in this paragraph is a material obligation of the Contractor and is of the essence of this contract.
 - (i) The Contractor shall only obtain insurance from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in the State of North Carolina. All such insurance shall meet all laws of the State of North Carolina.
- (j) The Contractor shall comply at all times with all lawful terms and conditions of its insurance policies and all lawful requirements of its insurer.
- (k) The Contractor shall require its subcontractors to comply with the requirements of this paragraph.
- (l) The Contractor shall demonstrate its compliance with the requirements of this paragraph by submitting certificates of insurance to the County before the Contractor begins work under this contract.
- (m) Contractor agrees to defend, indemnify, and hold harmless Brunswick County, its officers, employees, and agents from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind in connection with or arising out of this agreement and/or the performance hereof that are due in part or in the entirety of contractor, its employees or agents. Contractor further agrees to investigate, handle, respond to, defend and dispose of same at its sole expense and agrees to bear all other costs and expenses related thereto. The

Contractor's General Liability policy shall be endorsed, specifically or generally, to include the following as additional insured: BRUNSWICK COUNTY, ITS OFFICERS, AGENTS, AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED UNDER CONTRACTOR'S GENERAL LIABILITY INSURANCE.

- (n) Contractor shall have no right of recovery or subrogation against Brunswick County (including its officers, agents and employees), it being the intention of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the above described insurance.
- (o) Brunswick County shall have no liability with respect to Contractor's personal property whether insured or not insured. Any deductible or self-insured retention is the sole responsibility of Contractor.
- (p) All certificates of insurance must provide that the policy or policies shall not be changed or cancelled without at least thirty (30) days prior written notice.
- (q) The Certificate of Insurance should note in the Description of Operations the following:
 Department: _____
 Contract #: _____
- (r) Insurance procured by Contractor shall not reduce nor limit Contractor's contractual obligation to indemnify, hold harmless and defend Brunswick county for claims made or suits brought which result from or are in connection with the performance of this Agreement.
- (s) In the event Contractor receives Notice of Cancellation of Insurance required pursuant to this Agreement, Contractor shall immediately cease performance of all services and shall provide Notice to Brunswick County's Legal/Risk Management Personnel within twenty-four (24) hours.
- (t) Certificate Holder shall be listed as follows:
 ATTENTION: Brunswick County Risk Manager
 30 Government Center Dri NE
 PO Box 249
 Bolivia, NC 28422

Transportation of Clients by Contractor:

The contractor will maintain Insurance requirements if required as noted under Article 7 Rule R2-36 of the North Carolina Utilities Commission.

Default and Termination

Termination Without Cause: The County or the contractor may terminate this contract without cause by giving 30 days written notice to the Contractor.

Termination for Cause: If, through any cause, the Contractor shall fail to fulfill its obligations under this contract in a timely and proper manner, the County shall have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable

items prepared by the Contractor under this contract shall, at the option of the County, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of the Contractor's breach of this agreement, and the County may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the County from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to it, the County may procure the contract services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the Contractor shall be an act of default under this contract.

Waiver of Default: Waiver by the County of any default or breach in compliance with the terms of this contract by the Provider shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this contract unless stated to be such in writing, signed by an authorized representative of the County and the Contractor and attached to the contract.

Availability of Funds: The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the County.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this contract are the exclusive property of the County. The Contractor shall not assert a claim of copyright or other property interest in such deliverables.

Federal Intellectual Property Bankruptcy Protection Act: The Parties agree that the County shall be entitled to

all rights and benefits of the Federal Intellectual Property Bankruptcy Protection Act, Public Law 100-506, codified at 11 U.S.C. 365 (n) and any amendments thereto.

Compliance with Applicable Laws

Compliance with Laws: The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

Title VI, Civil Rights Compliance: In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

Equal Employment Opportunity: The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

Health Insurance Portability and Accountability Act (HIPAA): The Contractor agrees that, if the County determines that some or all of the activities within the scope of this contract are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the County may require to ensure compliance.

- (a) **Data Security:** The Contractor shall adopt and apply data security standards and procedures that comply with all applicable federal, state, and local laws, regulations, and rules.
- (b) **Duty to Report:** The Contractor shall report a suspected or confirmed security breach to the local Department of Social Services/Human Services Contract Administrator within twenty-four (24) hours after the breach is first discovered, provided that the Contractor shall report a breach involving Social Security Administration data or Internal Revenue Service data within one (1) hour after the breach is first discovered.
- (c) **Cost Borne by Contractor:** If any applicable federal, state, or local law, regulation, or rule requires the Contractor to give written notice of a security breach to affected persons, the Contractor shall bear the cost of the notice.

Trafficking Victims Protection Act of 2000:

The Contractor will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

Executive Order # 24: It is unlawful for any vendor, contractor, subcontractor or supplier of the state to make gifts or to give favors to any state employee. For additional information regarding the specific requirements and exemptions, contractors are encouraged to review Executive Order 24 and G.S. Sec. 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the County. The Contractor acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this contract.

Oversight

Access to Persons and Records: The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. Additionally, as the State funding authority, the Department of Health and Human Services shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Division. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later. The record retention period for Temporary Assistance for Needy Families (TANF) and MEDICAID and Medical Assistance grants and programs must be retained for a minimum of ten years.

Warranties and Certifications

Date and Time Warranty: The Contractor warrants that the product(s) and service(s) furnished pursuant to this contract ("product" includes, without limitation, any piece of equipment, hardware, firmware, middleware, custom or commercial software, or internal components, subroutines, and interfaces therein) that perform any date and/or time data recognition function, calculation, or sequencing will support a four digit year format and will provide accurate date/time data and leap year calculations. This warranty shall survive the termination or expiration of this contract.

Certification Regarding Collection of Taxes: G.S. 143-59.1 bars the Secretary of Administration from entering into contracts with vendors that meet one of the conditions of G.S. 105-164.8(b) and yet refuse to collect use taxes on sales of tangible personal property to purchasers in North Carolina. The conditions include: (a) maintenance of a retail establishment or office; (b) presence of representatives in the State that solicit sales or transact business on behalf of the vendor; and (c) systematic exploitation of the market by media-assisted, media-facilitated, or media-solicited means. The Contractor certifies that it and all of its affiliates (if any) collect all required taxes.

E-Verify

Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

Miscellaneous

Choice of Law: The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, are governed by the laws of North Carolina. The Contractor, by signing this contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be the county in which the contract originated. The place of this contract and all transactions and agreements relating to it, and their situs and forum, shall be the county where the contract originated, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Amendment: This contract may not be amended orally or by performance. Any amendment must be made in

written form and executed by duly authorized representatives of the County and the Contractor.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this contract shall remain in full force and effect.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this contract.

Key Personnel: The Contractor shall not replace any of the key personnel assigned to the performance of this contract without the prior written approval of the County. The term “key personnel” includes any and all persons identified as such in the contract documents and any other persons subsequently identified as key personnel by the written agreement of the parties.

Care of Property: The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this contract and will reimburse the County for loss of, or damage to, such property. At the termination of this contract, the Contractor shall contact the County for instructions as to the disposition of such property and shall comply with these instructions.

Travel Expenses: Reimbursement to the Contractor for travel mileage, meals, lodging and other travel expenses incurred in the performance of this contract shall not exceed the rates established in County policy.

Sales/Use Tax Refunds: If eligible, the Contractor and all subcontractors shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Contractor shall not use the award of this contract as a part of any news release or commercial advertising.

ATTACHMENT B – Scope of Work**Federal Tax Id. or SSN 42-1689311
Contract #****A. CONTRACTOR INFORMATION**

1. Contractor Agency Name: SpeakWrite, LLC
2. *If different* from Contract Administrator Information in General Contract:
Address N/A

Telephone Number: N/A Fax Number: N/A Email: N/A

3. Name of Program (s): Social Work - Child and Adult Protective Services
4. Status: ☐ Public ☐ Private, Not for Profit ☒ Private, For Profit
5. Contractor's Financial Reporting Year 01/01 through 12/31

B. Explanation of Services to be provided and to whom (include SIS Service Code):
Transcription Services to be utilized by the above-referenced programs. Vendor will transcribe – in writing – conversations within (3) hours of conversation, 24 hours per day, 7 days per week. There is a minimum of 100 words per dictation/transcription.

C. Rate per unit of Service (define the unit):

1. If Standard Fixed Rate, Maximum Allowable, (See Rates for Services Chart)

\$0.0150/word per one-way conversation
\$0.0225/word per two-way conversation

Maximum monthly billable amount for services: \$4,454.54
Maximum annual billable amount for services: \$49,000.00

2. Negotiated County Rate.

N/A

D. Number of units to be provided: As determined by billing maximums**E. Details of Billing process and Time Frames:**

Each calendar month, Contractor will tally the number of days rendered to each client and call/fax information to Department by 5th day of the Following month. Bill will be paid at the first check write date after it is received.

Maximum monthly billable amount for services: \$4,454.54
Maximum annual billable amount for services: \$49,000.00

F. Area to be served/Delivery site(s): N/A

ATTACHMENT C

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
AND CERTIFICATION REGARDING NONDISCRIMINATION**

Brunswick County Department of Social Services/Human Services

- I. By execution of this Agreement the Contractor certifies that it will provide a drug-free workplace by:
 - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - B. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - C. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (A);
 - D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - E. Notifying the County within ten days after receiving notice under subparagraph (D)(2) from an employee or otherwise receiving actual notice of such conviction;
 - F. Taking one of the following actions, within 30 days of receiving notice under subparagraph (D)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or

rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

II. The site(s) for the performance of work done in connection with the specific agreement are listed below:

1. 6011 West Courtyard Drive, Suite 450
(Street address)

Austin, TX 78730
(City, county, state, zip code)

2. _____
(Street address)

(City, county, state, zip code)

Contractor will inform the County of any additional sites for performance of work under this agreement.

False certification or violation of the certification shall be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment

45 C.F.R. Section 82.510. Section 4 CFR Part 85, Section 85.615 and 86.620.

Certification Regarding Nondiscrimination

The Vendor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

ATTACHMENT D

Conflict of Interest Policy

Instructions: *(Use this for all contracts. Page one is to be completed by the Contractor **and** a copy of the Contractor's conflict of interest policy must be submitted. The Contractor can adopt page 1 and 2 as their conflict of interest policy or attach their current adopted policy. Note: Verification is needed on a yearly basis. For contracts extending more than one state fiscal year, the contract file must include documentation that the Conflict of Interest Policy has not changed from the previous year. If the policy has changed, a new conflict of interest policy must be submitted. Remember to delete all instructions in blue italic. (highlighted in yellow).)*

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

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

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

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

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

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

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After

disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Attachment E – No Overdue Tax Debts

Instructions: Grantee/Provider should complete this certification for all funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form must be provided to the County Department of Social Services/Human Services.

Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.

SPEAKWRITE, LLC

[Date of Certification (mmddyyyy)]

To: County Department of Social Services/Human Services

Certification:

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

Sworn Statement:

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

Board Chair

[Title of Second Authorizing Official]

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

(Notary Signature and Seal)

My Commission Expires: _____

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

Attachment G

Brunswick County Department of Social Services/Human Services

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- (4) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Notwithstanding other provisions of federal OMB Circulars-CFR Title 2, Grants and Agreements, Part 200, costs associated with the following activities are unallowable:

Paragraph A.

- (1) Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
- (2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
- (3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;

- (4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or
- (5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.

The following activities as enumerated in Paragraph B are excepted from the coverage of Paragraph A:
Paragraph B.

- (1) Providing a technical and factual presentation of information on a topic directly related to the performance of a grant, contract or other agreement through hearing testimony, statements or letters to the Congress or a State legislature, or subdivision, member, or cognizant staff member thereof, in response to a documented request (including a Congressional Record notice requesting testimony or statements for the record at a regularly scheduled hearing) made by the recipient member, legislative body or subdivision, or a cognizant staff member thereof; provided such information is readily obtainable and can be readily put in deliverable form; and further provided that costs under this section for travel, lodging or meals are unallowable unless incurred to offer testimony at a regularly scheduled Congressional hearing pursuant to a written request for such presentation made by the Chairman or Ranking Minority Member of the Committee or Subcommittee conducting such hearing.
- (2) Any lobbying made unallowable by subparagraph A (3) to influence State legislation in order to directly reduce the cost, or to avoid material impairment of the organization's authority to perform the grant, contract, or other agreement.
- (3) Any activity specifically authorized by statute to be undertaken with funds from the grant, contract, or other agreement.

Paragraph C.

- (1) When an organization seeks reimbursement for indirect costs, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs in accordance with the procedures of subparagraph B.(3).
- (2) Organizations shall submit, as part of the annual indirect cost rate proposal, a certification that the requirements and standards of this paragraph have been complied with.
- (3) Organizations shall maintain adequate records to demonstrate that the determination of costs as being allowable or unallowable pursuant to this section complies with the requirements of this Circular.
- (4) Time logs, calendars, or similar records shall not be required to be created for purposes of complying with this paragraph during any particular calendar month when: (1) the employee engages in lobbying (as defined in subparagraphs (a) and (b)) 25 percent or less of the employee's compensated hours of employment during that calendar month, and (2) within the preceding five-year period, the organization has not materially misstated allowable or unallowable costs of any nature, including legislative lobbying costs. When conditions (1) and (2) are met, organizations are not required to establish records to support the allowability of claimed costs in addition to records already required or maintained. Also, when conditions (1) and (2) are met, the absence of time logs, calendars, or similar records will not serve as a basis for disallowing costs by contesting estimates of lobbying time spent by employees during a calendar month.
- (5) Agencies shall establish procedures for resolving in advance, in consultation with OMB, any significant questions or disagreements concerning the interpretation or application of this section. Any such advance resolution shall be binding in any subsequent settlements, audits or investigations with respect to that grant or contract for purposes of interpretation of this Circular; provided, however, that this shall not be construed to prevent a contractor or grantee from contesting the lawfulness of such a determination.

Paragraph D.

Executive lobbying costs. Costs incurred in attempting to improperly influence either directly or indirectly, an employee or officer of the Executive Branch of the Federal Government to give consideration or to act regarding a sponsored agreement or a regulatory matter are unallowable. Improper influence means any influence that induces or tends to induce a Federal employee or officer to give consideration or to act regarding a federally sponsored agreement or regulatory matter on any basis other than the merits of the matter.

ATTACHMENT H

Brunswick County Department of Social Services/Human Services

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to which the proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency of which

it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Brunswick County Department of Social Services/Human Services

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS ASSOCIATE ADDENDUM**

This Agreement is made effective the 1st day of July, 2020, by and between Brunswick County (County Department of Social Services) ("Covered Entity") and SpeakWrite, LLC ("Business Associate") (collectively the "Parties").

1. BACKGROUND

- a. Covered Entity and Business Associate are parties to this contract (the "Contract"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.
- b. Covered Entity is an organizational unit of Brunswick County as the Brunswick County Department of Social Services (DSS) as a health care component for purposes of the HIPAA Privacy Rule.
- c. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule.
- d. The Parties enter into this Business Associate Addendum to the Contract with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information to a business associate, and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

Unless some other meaning is clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

- a. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- b. "Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- c. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- d. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- e. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.103.
- f. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his designee.
- g. Unless otherwise defined in this Agreement, terms used herein shall have the same meaning as those terms have in the Privacy Rule.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

- a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.
- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. Business Associate agrees to provide access, at the request of Covered Entity, to Protected Health Information in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.
- g. Business Associate agrees, at the request of the Covered Entity, to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526.
- h. Unless otherwise prohibited by law, Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Brunswick County Department of Social Services, in a time and manner designated by the Secretary, for purposes of the Brunswick County Department of Social Services determining Covered Entity's compliance with the Privacy Rule.
- i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, and to provide this information to Covered Entity or an Individual to permit such a response.

4. PERMITTED USES AND DISCLOSURES

- a. Except as otherwise limited in this Agreement or by other applicable law or agreement, if the Contract permits, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure:
 - 1) would not violate the Privacy Rule if done by Covered Entity; or
 - 2) would not violate the minimum necessary policies and procedures of the Covered Entity.
- b. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may use Protected Health Information as necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- c. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that:
 - 1) disclosures are Required By Law; or
 - 2) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- d. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).
- e. Notwithstanding the foregoing provisions, Business Associate may not use or disclose Protected Health Information if the use or disclosure would violate any term of the Contract or other applicable law or agreements.

5. TERM AND TERMINATION

- a. **Term.** This Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.
- b. **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:
 - 1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement and services provided by Business Associate, to the extent permissible by law, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
 - 2) Immediately terminate this Agreement and services provided by Business Associate, to the extent permissible by law; or

- 3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

c. Effect of Termination.

- 1) Except as provided in paragraph (2) of this section or in the Contract or by other applicable law or agreements, upon termination of this Agreement and services provided by Business Associate, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
- 2) In the event that Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

6. GENERAL TERMS AND CONDITIONS

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the Privacy Rule shall prevail. In the event that a conflict then remains, the Contract terms shall prevail so long as they are in accordance with the Privacy Rule.
- d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.

(Instructions in blue italic should be deleted. This Attachment applies to non-governmental contracts determined as financial assistance, by the Contract Determination Questionnaire. The grantee's reporting threshold may change from year to year; they should be reminded of the reporting requirements on a yearly basis. This Attachment references GS143C-6-22 & 23 which is effective as of July 1, 2007.)

Attachment L Notice of Certain Reporting and Audit Requirements

Grantee shall comply with all rules and reporting requirements established by statute or administrative rules. All reports must be submitted to the addresses below.

The applicable prescribed requirements are found in North Carolina General Statute 143C-6-22 & 23 entitled "Use of State Funds by Non-State Entities" and Implementation of Required Rules, 09 NCAC 03M .0102 - 0802, North Carolina Administrative Code, issued September 2005.

The Contractor's fiscal year runs from 1/1 to 12/31.

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

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

A grantee's reporting date is determined by its fiscal year end and the total funding received directly from all State agencies. For those grantees receiving less than \$500,000, the due date is 6 months from its fiscal year end. For those receiving \$500,000 or more, the due date is 9 months from its fiscal year end. In addition to the reports, grantees receiving \$500,000 or more must submit a yellow book audit in electronic or hard copy to the Office of the State Auditor and to all funding State agencies at the addresses below.

All annual grantee reports required by GS 143C-6-23 must be completed online at www.NCGrants.gov. The online reporting system will automatically place your organization on the Noncompliance list if your reports have not been completed in www.NCGrants.gov by your required due date.

To access the online grants reporting system go to www.NCGrants.gov and click on the LOGIN tab at the top of the page. You must have a NCID to access the online reporting system. To obtain a user manual or request assistance with the system please go to <https://www.ncgrants.gov/NCGrants/Help.jsp>. You can also email requests for assistance directly to NCGrants@osbm.nc.gov.

Once you have logged in you will see your "Grantee Summary / Data Entry Screen".

- Your summary screen will identify your correct level of reporting, i.e., Level 1, 2 or 3, based on the State grant funds paid to your organization during your fiscal year.
- The summary will show all the grants contained in the www.NCGrants.gov system that have been awarded to your organization. The program will automatically provide links to the reports that correspond to your reporting level, and only those reports, for each grant. Check to make sure that the grant(s) shown in the system correspond with what you show as having received from each agency for your fiscal year.
- If you have questions, need help in resolving any differences between your records and online reporting system or need corrections to be made to the data you enter, send an e-mail to NCGrants@osbm.nc.gov to request help.

All grantees must file their required reports online at www.NCGrants.gov without exception.

IMPORTANT NOTE FOR AUDITS

If you expend more than \$500,000 in Federal grant funds from all sources, then you must have an A-133 single audit performed. If you are at this level for federal reporting and you are required to file a yellow book audit with the State under G.S. 143C-6-23, then you may substitute the A-133 audit for the yellow book audit.

If you are required to have an A-133 audit performed and you receive any Federal grant funds passed through the North Carolina Department of Health and Human Services, you are required to file the A-133 audit with the North Carolina Department of Health and Human Service.

If you expend more than \$500,000 and you are required to file a yellow book audit with the State Auditor under G.S. 143C-6-23, then you are also required to file the yellow book audit with the North Carolina Department of Health and Human Service.

A planned enhancement to the system is the capability for the grantee to directly upload a pdf version of their audit directly into the online system where it will be accessible to both the funding agency/agencies and the Office of the State Auditor.

Please send the required audit to the following address:

Mail to: DHHS Office of the Controller
Attention: Audit Resolution
2019 Mail Service Center
Raleigh, NC 27699-2019

Or direct delivery to: 1050 Umstead Drive
Raleigh, NC 27606

Equipment Purchased with Contract Funds:

Title to equipment costing in excess of \$500.00 acquired by the Contractor with funds from this contract shall vest in the Contractor, subject to the following conditions.

- A. The Contractor shall use the equipment in the project or program for which it was acquired as long as needed. When equipment is no longer needed for the original project or program or if operations are discontinued, or at the termination of this contract the Contractor shall contact the Division for written instructions regarding disposition of equipment.
- B. With the prior written approval of the Division, the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment.
- C. For equipment costing in excess of \$500.00, equipment controls and procedures shall include at a minimum the following:
 1. Detailed equipment records shall be maintained which accurately include the:
 - a. Description and location of the equipment, serial number, acquisition date/cost, useful life and depreciation rate;
 - b. Source/percentage of funding for purchase and restrictions as to use or disposition; and
 - c. Disposition data, which includes date of disposal and sales price or method used to determine fair market value.
 2. Equipment shall be assigned a control number in the accounting records and shall be tagged individually with a permanent identification number.

3. Biennially, a physical inventory of equipment shall be taken and results compared to accounting and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.
 4. A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft of equipment and shall provide for full documentation and investigation of any loss or theft.
 5. Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in good condition.
 6. Procedures shall be implemented which ensure that adequate insurance coverage is maintained on all equipment. A review of coverage amounts shall be conducted on a periodic basis, preferably at least annually.
- D. The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the equipment conditions specified in this section.

Reporting Requirements of N. C. General Statute 143C-6.23

Use these charts to determine GS 143C-6.23 reporting requirements.

Total Funds from All State Agencies	Reports Due (Key all reports into online reporting system at www.NCGrants.gov , including online submission of the audit when the system has the capability). Until that point, audits should be mailed to both the Office of the State Auditor and the NC Department of Health and Human Services (DHHS).)	Reports Due Date
Level 1 \$1 - \$24,999	<ul style="list-style-type: none"> • Certification • State Grants Compliance Reporting Receipt of < \$25,000.* 	Within 6 months of entity's fiscal year end
Level 2 \$25,000 - \$499,999	<ul style="list-style-type: none"> • Certification • State Grants Compliance Reporting Receipt of >= \$25,000 • Schedule of Receipts and Expenditures* • Program Activities and Accomplishments 	Within 6 months of entity's fiscal year end
Level 3 \$500,000 or more	<ul style="list-style-type: none"> • Certification • State Grants Compliance Reporting Receipt of >= \$25,000 • Audit [A-133 Single Audit if >= \$500,000 in federal funds or Yellow Book Audit] • Schedule of Federal and State Awards (May be included in the audit) • Program Activities and Accomplishments 	Within 9 months of entity's fiscal year end

Use this chart to determine where to send copies of GS 143C-6.23 reports.

Grantees receiving \$500,000 or more must send one copy of each audit report to DHHS.	<p>Mail to: DHHS Office of the Controller Attention: Audit Resolution 2019 Mail Service Center Raleigh, NC 27699-2019</p> <p>Or direct delivery to: 1050 Umstead Drive Raleigh, NC 27606</p>
<p>Grantees receiving \$500,000 or more must send one copy of each audit report to the State Auditor.</p> <p>In addition, grantees must submit copies of their audits to www.NCGrants.gov for compliance purposes.</p>	<p>Mail to: Office of the State Auditor 20601 Mail Service Center Raleigh, NC 27699-0601</p> <p>Or direct delivery to: 2 South Salisbury Street Raleigh, NC 27603</p>

SPEAKWRITE, LLC

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
- (b) [check **one** of the following boxes]
- ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
- ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

ATTACHMENT N

Brunswick County Department of Social Services/Human Services

CERTIFICATION REGARDING NONDISCRIMINATION, CLEAN AIR ACT,
CLEAN WATER ACT

Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

The Contractor must comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented by the Department of Labor Regulations (41 CFR Part 60): The Executive Order prohibits federal contractors and federally-assisted construction contractors and subcontractors who do over \$10,000 in Government business in one year from discriminating in employment decisions on the basis of race, color, religion, sex, or national origin. The Executive Order also requires Government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment.

Meaningful Access for LEP Individuals: **The Contractor** that participate in the SNAP must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single language minorities in certain project areas. SNAP Contractors that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI) and SNAP program regulations at 7 CFR 272A(b). They also risk noncompliance with the USDA policy guidance titled, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons", published in 79 FR 70771 - 70784 (November 28, 2014).

The Contractor should develop an implementing plan to address the language assistance needs of the LEP population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing budgets and front line staff should understand how to obtain language assistance services. For additional assistance and information regarding LEP matters, please also visit <http://www.lep.gov>.

Ensuring Equal Opportunity Access for Persons with Disabilities: **The Contractor** must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. Contractors that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the American with Disabilities Act (ADA) of 1990, as amended, and SNAP program regulations.

DOJ published revised final regulations implementing Title II and Title III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities". In accordance with the implementing regulations, Contractors must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a Contractor may not require an individual with a disability to bring another individual to interpret, and may rely on a person accompanying a disabled individual only in limited circumstances. When a Contractor communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or have access to an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. Contractors must also ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

IV. The Clean Air Act, Section 306; 42 U.S.C. §7401 et seq. (1970)

- a. No Federal agency may enter into any contract with any person who is convicted of any offense under section 113(c) for the procurement of goods, materials, and services to perform such contract at any facility at which the violation which gave rise to such conviction occurred if such facility is owned, leased, or supervised by such person. The prohibition in the preceding sentence shall continue until the Administrator certifies that the condition giving rise to such a conviction has been corrected. For convictions arising under section 113(c)(2), the condition giving rise to the conviction also shall be considered to include any substantive violation of this Act associated with the violation of 113(c)(2). The Administrator may extend this prohibition to other facilities owned or operated by the convicted person.
- b. The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a).
- c. In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's air, the President shall, not more than 180 days after enactment of the Clean Air Amendments of 1970 cause to be issued an order (1) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and (2) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.
- d. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
- e. The President shall annually report to the Congress on measures taken toward implementing the purpose and intent of this section, including but not limited to the progress and problems associated with implementation of this section. [42 U.S.C. 7606]

V. The Clean Water Act; 33 U.S.C. §1251 et seq. (1972)

- a. No Federal agency may enter into any contract with any person who has been convicted of any offense under Section 309(c) of this Act for the procurement of goods, materials, and services if such contract is to be performed at any facility at which the violation which gave rise to such conviction occurred, and if such facility is owned, leased, or supervised by such person. The prohibition in preceding sentence shall continue until the Administrator certifies that the condition giving rise to such conviction has been corrected.
- b. The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a) of this section.
- c. In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's water, the President shall, not more than 180 days after the enactment of this Act, cause to be issued an order:
 - (i) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and
 - (ii) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.
- d. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
- e. The President shall annually report to the Congress on measures taken in compliance with the purpose and intent of this section, including, but not limited to, the progress and problems associated with such compliance.
- f. No certification by a contractor, and no contract clause, may be required in the case of a contract for the acquisition of commercial items in order to implement a prohibition or requirement of this section or a prohibition or requirement issued in the implementation of this section.
- g. In paragraph (1), the term "commercial item" has the meaning given such term in section 4(12) of the Office of Federal Procurement Policy Act (41 U.S.C. 403(12)).

CONTRACT PROVIDER NAME: _____

CONTRACT NUMBER: _____

CONTRACT PERIOD: _____

PROVIDER'S FISCAL YEAR: _____

**CONTRACT DETERMINATION QUESTIONNAIRE
(PURCHASE OF SERVICE VS. FINANCIAL ASSISTANCE)**

Instructions: Enter 5 points for each factor in either the yes or no column. Once the entire list has been completed tally the points in each column. The column with the most points should be a good indicator of the designation of the organization--either Financial Assistance (Grant) or Vendor (Purchase of Service).

Determination Factors		5 points Financial Assistance YES	5 points Purchase of Service NO
1	Does the provider determine eligibility?		
2	Does the provider provide administrative functions such as Develop program standards procedures and rules?		
3	Does the provider provide administrative functions such as Program Planning?		
4	Does the provider provide administrative functions such as Monitoring?		
5	Does the provider provide administrative functions such as Program Evaluation?		
6	Does the provider provide administrative functions such as Program Compliance?		
7	Is provider performance measured against whether specific objectives are met?		
8	Does the provided have responsibility for programmatic decision making?		
9	Is the provider objective to carry out a public purpose to support an overall program objective?		
10	Does the provider have to submit a cost report to satisfy a cost reimbursement arrangement?		
11	Does the provider have any obligation to the funding authority other than the delivery of the specified goods/services?		
12	Does the provider operate in a noncompetitive environment?		
13	Does the provider provide these or similar goods and/or services only to the funding agency?		
14	Does the provide these or similar goods and/or services outside normal business operations?		
TOTAL		0	0

Note: The authorized individual(s) must place an X in one of the boxes below to indicate the type of contractual arrangement for this contract, then sign and date where indicated.

☐

FINANCIAL ASSISTANCE

☐

PURCHASE SERVICE

Signature of Authorized Programmatic Individual

DATE

Signature of Authorized Administrative Individual

DATE



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 15.

From:
Melanie Turrise, Human Resources
Director

Human Resources - Special Separation Allowance for Detention
Officers Policy

Issue/Action Requested:

Request that the Board of Commissioners adopt the Special Separation Allowance for Detention Officers Policy retro-active to July 1, 2020.

Background/Purpose of Request:

Request that the Board of Commissioners adopt the Special Separation Allowance for Detention Officers Policy retro-active to July 1, 2020.

Fiscal Impact:

Reviewed By Director of Fiscal Operations

The Special Separation Allowance for Detention Officers will require an annual actuarial report to determine the annual accrued financial liability to be reported on the annual financial report.

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners adopt the Special Separation Allowance for Detention Officers Policy retro-active to July 1, 2020.

ATTACHMENTS:

Description

- ▣ Special Separation Allowance for Detention Officers Policy

SECTION II EMPLOYMENT POLICIES

Policy #257 Special Separation Allowance for Detention Officers (*Proposed*)

PURPOSE: Brunswick County recognizes that Detention Officers are valuable members of the Brunswick County Sheriff's Office who perform an extremely difficult and hazardous job that is equally as necessary for public safety as that of sworn law enforcement officers. The physical and psychological rigors and demands of being a career Detention Officer are consistent and analogous to the rigors and demands of being a sworn law enforcement officer. Therefore, a Special Separation Allowance will be provided to eligible Detention Officers.

SCOPE: This policy provides the definition of a Detention Officer, the eligibility criteria, how the allowance is calculated, and the duration of payment.

POLICY AND PROCEDURE:

1. DEFINITION

1.1 A County Detention Officer is defined as any individual who meets all of the following criteria:

- 1.1.1 The individual has been appointed as a detention officer as defined by G.S. 17E-2(3)b for a minimum of 15 years immediately preceding retirement eligibility.
- 1.1.2 The individual's job title and duties are equivalent to a Detention Officer, or supervision of Detention Officers actively engaged in the care, custody and control of inmates of the Brunswick County Detention Facility.
- 1.1.3 The individual is not receiving a special separation allowance for law enforcement officers under G.S. 143-166.42.
- 1.1.4 The individual meets the requirements to be eligible for service retirement.

2. ELIGIBILITY CRITERIA

2.1 To qualify for this allowance, the employee's hire is date is on or before June 30, 2025 and retirement date is on or after July 1, 2020, and the county detention officer shall meet all of the following criteria:

- 2.1.1 The county detention officer has either (i) completed 30 or more years of creditable service or (ii) attained 60 years of age and completed 25 or more years of creditable service.
- 2.1.2 The county detention officer is less than 62 years of age.
- 2.1.3 The county detention officer has completed at least 15 consecutive years of active

service with Brunswick County as a full-time county detention officer immediately preceding retirement.

- 2.1.3.1 Any break in the continuous service due to service in the Uniformed Services, as that term is defined in Section 4303(16) of the Uniformed Services Employment and Reemployment Rights Act, Public Law 103-353, shall not adversely affect a county detention officer's qualification to receive the allowance so long as the county detention officer was a county detention officer at the time of the break in service. If the county detention officer does not return immediately after the service in the Uniformed Services to employment as a county detention officer, then the county detention officer shall be deemed to have been in service until the date on which that county detention officer was first eligible to be separated or released from his or her involuntary military service.

3. CALCULATION OF ALLOWANCE

- 3.1 Eligible county detention officers that qualify for the special separation allowance shall receive, beginning in the month in which the county detention officer retires an annual separation allowance equal to eighty-five hundredths percent (0.85%) of the annual equivalent of the base rate of compensation most recently applicable to the county detention officer for each year of creditable service. The allowance shall be paid in equal installments on the payroll schedule frequency used by the county.

4. DURATION OF PAYMENT

- 4.1 Payment to a retired county detention officer shall cease at the first of the following circumstances:
 - 4.1.1 The death of the county detention officer.
 - 4.1.2 The last day of the month in which the county detention officer attains 62 years of age.
 - 4.1.3 The first day of reemployment by a local government employer in any capacity requiring participation in the Local Governmental Employees' Retirement System. If payment is terminated due to reemployment, then it shall not be reinstated even if that employment is discontinued. It shall be the responsibility of the county detention officer receiving the payment to inform Brunswick County of any reemployment.



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 16.

From:
Stephanie Lewis, Operation Services
Director

Operation Services - Emergency Watershed Protection Program
(Stephanie Lewis)

Issue/Action Requested:

Request that the Board of Commissioners approve the USDA NRCS grant and agreement and North Carolina Department of Agriculture and Consumer Services - Division of Soil and Water Conservation contract to address watershed impairments due to Hurricane Florence, authorize the County Manager to sign associated documents, and approve a resolution exempting engineering and design services for several projects included in the USDA NRCS Emergency Watershed Protection Services project.

Background/Purpose of Request:

The U.S. Department of Agriculture (USDA) - Emergency Watershed Protection (EWP) program helps protect lives and property threatened by natural disasters such as floods, hurricanes, tornadoes and wildfires. The program is administered by the USDA's Natural Resources Conservation Service (NRCS), which provides technical and financial assistance to preserve life and property threatened by excessive erosion and flooding. Damage survey reports were prepared for previously identified properties that were reviewed and selected by NRCS.

NRCS will provide up to seventy-five percent reimbursement funding of stream debris removal and other watershed recovery application needs related to Hurricane Florence. North Carolina Department of Agriculture and Consumer Services Division of Soil and Water will provide the remaining twenty-five percent reimbursement.

Several projects selected by NRCS to have storm debris removal and other watershed recovery application needs require engineering and design services. The projected costs for these services is less than \$50,000. N.C.G.S. 143-64.32 authorizes local governments to exempt contract for design services from qualifications-based selection requirements if the estimated fee is less than \$50,000.

Fiscal Impact:

Budget Amendment Required, Capital Project/Grant Ordinance Required, Reviewed By Director of Fiscal Operations

Budget amendments and the associated capital project ordinances appropriates State Revenues (25%) 232,148 and Federal Revenues (75%) \$696,443 for a total project grant award \$928,591.

Approved By County Attorney:

Yes

County Attorney's Recommendation:

Contains grant agreements, grant contracts, and mini-brooks waiver for small amount of engineering work required. All fine.

County Manager's Recommendation:

Recommend the Board of Commissioners approve the USDA NRCS grant and agreement and North Carolina Department of Agriculture and Consumer Services - Division of Soil and Water Conservation contract to address watershed impairments due to Hurricane Florence, authorize the County Manager to sign associated documents, and approve a resolution exempting engineering and design services for several projects included in the USDA NRCS Emergency Watershed Protection Services project.

ATTACHMENTS:

Description

- ▣ USDA Round 1 Agreement
- ▣ USDA Round 2 Agreement
- ▣ USDA Round 3 Agreement
- ▣ NCDA&CS Round 1 Contract
- ▣ NCDA&CS Round 2 Contract
- ▣ NCDA&CS Round 3 Contract
- ▣ Resolution (Mini-Brooks Act Exemption)
- ▣ 20200803 Budget Amendment Watershed Grant Round 1.pdf
- ▣ 20200803 CPO Watershed Grant Round 1.pdf
- ▣ 20200803 Budget Amendment Watershed Grant Round 2.pdf
- ▣ 20200803 Budget Amendment Watershed Grant Round 2.pdf
- ▣ 20200803 CPO Watershed Grant Round 2.pdf
- ▣ 20200803 Budget Amendment Watershed Grant Round 3.pdf
- ▣ 20200803 CPO Watershed Grant Round 3.pdf



NOTICE OF GRANT AND AGREEMENT AWARD

1. Award Identifying Number NR204532XXXXC037	2. Amendment Number	3. Award /Project Period Date of Final Signature - 220 Days from Date of Final Signature	4. Type of award instrument: Cooperative Agreement
5. Agency (Name and Address) Natural Resources Conservation Service 4407 Bland Road, Suite 117 Raleigh, NC 27609		6. Recipient Organization (Name and Address) COUNTY OF BRUNSWICK PO BOX 469 BOLIVIA NC 28422-0249 DUNS: 091571349 EIN:	
7. NRCS Program Contact Name: JAMES KJELGAARD Phone: 919-873-2130 Email: jim.kjelgaard@usda.gov	8. NRCS Administrative Contact Name: KAYLIE ALDERMAN Phone: 919-875-4825 Email: kaylie.alderman@usda.gov	9. Recipient Program Contact Name: Abram Young Phone: (910) 253-2511 Email: abram.young@brunswickcountync.gov	10. Recipient Administrative Contact Name: Micki Bozeman Phone: (910) 253-2524 Email: micki.bozeman@brunswickcountync.gov
11. CFDA 10.923	12. Authority 16 U.S.C 2203 33 U.S.C 701B-1 Agricultural Credit Act of 1978 FedAg Improvement and Reform Act of 1999 Public Law 104-127, 110 Stat. 1016 Sec 216 of the Flood Control Act of 1950 Section 216, Public Law 81-516, 33 U.S.C Section 403, Public Law 95-334 Title III, Part Subtitle H, Section 382	13. Type of Action New Agreement	14. Program Director Name: Heather Murray Phone: (910) 253-2503 Email: heather.murray@brunswickcountync.gov
15. Project Title/ Description: Brunswick County Round 1 EWP			
16. Entity Type: B = County Government			
17. Select Funding Type			
Select funding type:	<input checked="" type="checkbox"/> Federal	<input checked="" type="checkbox"/> Non-Federal	
Original funds total	\$374,188.50	\$103,941.25	
Additional funds total	\$0.00	\$0.00	

Grand total		\$374,188.50	\$103,941.25
18. Approved Budget			
Personnel	\$0.00	Fringe Benefits	\$0.00
Travel	\$0.00	Equipment	\$0.00
Supplies	\$0.00	Contractual	\$0.00
Construction	\$311,823.75	Other	\$62,364.75
Total Direct Cost	\$374,188.50	Total Indirect Cost	\$0.00
		Total Non-Federal Funds	\$103,941.25
		Total Federal Funds Awarded	\$374,188.50
		Total Approved Budget	\$478,129.75
<p>This agreement is subject to applicable USDA NRCS statutory provisions and Financial Assistance Regulations. In accepting this award or amendment and any payments made pursuant thereto, the undersigned represents that he or she is duly authorized to act on behalf of the awardee organization, agrees that the award is subject to the applicable provisions of this agreement (and all attachments), and agrees that acceptance of any payments constitutes an agreement by the payee that the amounts, if any, found by NRCS to have been overpaid, will be refunded or credited in full to NRCS.</p>			
Name and Title of Authorized Government Representative Timothy Beard State Conservationist	Signature		Date
Name and Title of Authorized Recipient Representative Randell Woodruff County Manager	Signature		Date

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. Section 522a).

Statement of Work

Purpose

The purpose of this agreement is for the United States Department of Agriculture, Natural Resources Conservation Service, hereinafter referred to as the "NRCS", to provide technical and financial assistance to the Brunswick County, hereinafter referred to as the "Sponsor", for EWP Project # 5038-37-9-18-276/291/316 and 277/278/280/281/282/283/284/285/286/287/290/292/293/294/295 (Hurricane Florence) in Brunswick County, North Carolina for implementation of recovery measures, that, if left undone, pose a risk to life and/or property.

Objectives

The design and installation of EWP measures as detailed in the individual Damage Survey Reports (DSR) and described here:

- 276: Danford Trib.: \$20,700.00 (Debris Removal/Bank Stabilization/NC PE Sealed Design)
- 291: OldOceanHWDrain: \$10,350.00 (Debris Removal/Bank Stabilization/NC PE Sealed Design)
- 316: Hwy 17-Woodward Branch: \$51,750.00 (Debris Removal/Bank Stabilization/NC PE Sealed Design)
- 277: Brunswick 1: \$36,690.00 (Hazardous Debris Removal)
- 278: Brunswick 2: \$29,325.00 (Hazardous Debris Removal)
- 280: Brunswick 5: \$4,510.00 (Hazardous Debris Removal)
- 281: Brunswick 6: \$31,000.00 (Hazardous Debris Removal)
- 282: Brunswick 7: \$18,400.00 (Hazardous Debris Removal)
- 283: Brunswick 9: \$11,500.00 (Hazardous Debris Removal)
- 284: Brunswick 12: \$41,630.00 (Hazardous Debris Removal)
- 285: Brunswick 13: \$30,130.00 (Hazardous Debris Removal)
- 286: GeorgellHWMillCr: \$6,900.00 (Hazardous Debris Removal)
- 287: HickmanRdNWHickmansBr: \$6,900.00 (Hazardous Debris Removal)
- 290: OldMillRdNETrib: \$38,220.00 (Hazardous Debris Removal)
- 292: OldOceanHWTrib: \$4,600.00 (Hazardous Debris Removal)
- 293: RiverRdSEMalloryCr: \$32,880.00 (Hazardous Debris Removal)
- 294: RoyalOakRdNWTrib: \$11,500.00 (Hazardous Debris Removal)
- 295: StoneChinmeyRdSWLittleDoeCr: \$28,780.00 (Hazardous Debris Removal)

Budget Narrative

A. The estimated Round 1 costs for the Project: \$478,129.75

- 1.
- Total Estimated Construction Costs: \$415,765.00
Total Estimated Project Budgets (all project sites): \$478,129.75
Total Estimated Federal Assistance: \$374,188.50

The budget includes:

Financial Assistance (FA):

Sites 276/291/316 and 277/278/280/281/282/283/284
285/286/287/290/292/293/294/295

Available NRCS Construction Assistance (75% NRCS) = \$311,823.75

Required Sponsor Construction Assistance (25%) = \$103,941.25

Total Estimated Construction Costs = \$415,765.00

Technical Assistance (TA):

Sites 276/291/316 and 277/278/280/281/282/283/284
285/286/287/290/292/293/294/295

Available NRCS Technical Assistance (15% Est. Construction Costs) = \$62,364.75

2. NRCS pays up to 75 percent of eligible construction costs and Sponsor pays 25 percent of construction costs. NRCS will contribute up to 15 percent of the total construction cost for contract administration and construction management costs. It is possible that technical and administrative costs will exceed this amount, requiring the Sponsor to contribute resources to complete technical and administrative work

3. NRCS funding for this project is provided to the Sponsor in two separate NRCS funding accounts, one for financial assistance (FA) and one for technical assistance (TA). FA costs are associated with construction activities; TA costs are associated with services. These expenditures shall be accounted for separately in order for expenses to be eligible for reimbursement.

4. NRCS will provide FA for actual costs as reimbursement to the Sponsor for approved on-the-ground construction costs, subject to above limits. If costs are reduced, reimbursement will be reduced accordingly. Construction costs are associated with the installation of the project measures including labor, equipment and materials.

5. NRCS will provide TA reimbursement to the Sponsor for technical and administrative costs directly charged to the project, subject to the above limits. If costs are reduced, reimbursement will be reduced accordingly. These costs include

a. engineering costs include, but not limited to, developing a project design that includes construction drawings and specifications, an operation and maintenance plan, a quality assurance/inspection plan and an engineer's estimate of the project installation costs in addition to providing necessary quality assurance during construction.

b. contract administration costs include, but not limited to, soliciting, evaluating, awarding and administering contracts for construction and engineering services, including project management, verifying invoices and record keeping.

6. The Sponsor will contribute funds toward the total construction costs in either direct cash expenditures, the value of non-cash materials or services, or in-kind contributions. The value of any in-kind contribution shall be agreed to in writing prior to implementation.

Responsibilities of the Parties:

A. Sponsor will—

1. Accomplish construction of the EWP project measures by contracting, in-kind construction services, or a combination of both.

2. Ensure and certify by signing this agreement that its cost share obligation is from a non-Federal source.

3. Comply with the terms and conditions of this agreement and the attached general terms and conditions except those that are not applicable to State and local governments.

4. Acquire adequate real property rights (land and water), permits and licenses in accordance with local, state, and Federal laws necessary for the installation of EWP project measures at no cost to NRCS prior to construction. This includes any rights associated with required environmental mitigation. Costs related to land rights and permits are the Sponsor's responsibility and ineligible for reimbursement.

5. Accept all financial and other responsibility for excess costs resulting from their failure to obtain, or their delay in obtaining, adequate land and water rights, permits and licenses needed for the Project.

6. Provide the agreed-to portion of the actual, eligible and approved construction cost. These costs may be in the form of cash, in-kind construction services, or a combination of both. Final construction items that are eligible construction costs will be agreed upon during the pre-design conference. These costs consist of costs from contracts awarded to contractors and eligible Sponsor in-kind construction costs for materials, labor, and equipment. The Sponsor shall provide NRCS documentation to support all eligible construction costs. Construction costs incurred prior to the Sponsor and NRCS signing this agreement are ineligible and will not be reimbursed.

7. Be responsible for 100 percent of all ineligible construction costs and 100 percent of any unapproved upgrade to increase the level of protection over and above that described in the DSR.

8. Account for and report FA and TA expenditures separately in order for expenses to be eligible for reimbursement. NRCS funding for this project is provided to the Sponsor in two separate NRCS funding accounts, one for TA and one for FA, requiring this separation.

9. The contracts for design services and construction described in this Agreement shall not be awarded to the Sponsor or to any firm in which any Sponsor's official or any member of such official's immediate family has direct or indirect interest in the pecuniary profits or contracts of such firms. Reference 2 CFR § 200.318 regarding standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award, and administration of contracts.

10. For in-kind construction services (materials, labor, and/or equipment supplied by the Sponsor), develop a Plan of Operations describing the construction services to be performed including estimated quantities and values. The Plan of Operations shall be concurred in by NRCS at the pre-design conference. In-kind construction services for equipment shall not exceed published FEMA equipment rates unless otherwise documented and concurred in advance by NRCS.

11. The following documentation is required to support the Sponsor's request for reimbursement of in-kind construction services:

- a. Invoices covering actual costs of materials used in constructing the eligible EWP project measures.
- b. Records documenting the type, quality, and quantities of materials actually used in constructing the eligible EWP project measures.
- c. Daily time records for each employee showing name, classification, wage rate, hours, and dates actually employed for constructing the eligible EWP project measures.
- d. Equipment operating records showing the type and size of equipment, hourly rate, actual hours of operation and dates used to install the eligible EWP project measures. Equipment idle time is not eligible in-kind construction services, even if on the job site, and should not be included in the equipment operating records.

12. Ensure that any special requirements for compliance with environmental and/or cultural resource laws are incorporated into the project.

13. The Sponsor must secure at its own expense all Federal, State, and local permits and licenses necessary for completion of the work described in this agreement as well as any necessary natural resource rights and provide copies of all permits and licenses obtained to NRCS.

14. Will arrange and pay for any necessary location, removal, or relocation of utilities. EWP program regulations prohibit NRCS from reimbursing the Sponsor or otherwise paying for any such costs; nor do the costs qualify as a Sponsor cost-share contribution.

15. Ensure that technical and engineering standards and specifications of NRCS are adhered to during construction of the Project, as interpreted by NRCS Program/Technical Contact. Provide NRCS Program/Technical Contact progress reports as necessary and agreed to. Progress reports should include technical on-site inspections of work accomplished for the period, work planned, results of material tests, deficient work products and/or tests with corrective actions taken, modifications anticipated, technical problems encountered, contractual issues and other relevant information.

16. Ensure that all contractors on NRCS assisted projects are performing their work in accordance with OSHA regulations and the Contract Work Hours and Safety Standards Act (40 USC 3701-3708) as supplemented by Department of Labor regulations (29 CFR Part 5). The Sponsor is responsible for periodically checking the contractor's compliance with safety requirements.

17. Provide PE-certified as-built drawings and quantities for the project. A copy of the as-built drawings will be submitted to the NRCS Program/Technical Contact.

18. Pay the contractor(s) for work performed in accordance with the agreement and submit a SF-270, "Request for Advance or Reimbursement" to the ezFedgrants system or the designated email box below with a copy to the Program/Technical Contact with all documentation to support the request. Final payment request shall be submitted within 90 calendar days of completion of the EWP project measures. Payments will be withheld until all required documentation is submitted and complete.

a. The required supporting documentation for reimbursement of construction costs include invoices and proof of payment to the contractor showing the items and quantities installed and certified by the engineer of record along with any supporting documentation such as quantity calculations, rock weight tickets, etc.

b. The required supporting documentation for reimbursement of in-kind construction expenses will include employee time sheets, employee hourly rate, equipment operating logs, equipment hourly rate, and material quantities and invoices.

c. The required documentation for reimbursement of technical and administrative services will be invoices and proof of payment to consultants and/or employee time sheets along with the employee's hourly rate, hours worked, and date work was performed.

19. Ensure that information in the System for Award Management (SAM) is current and accurate until the final financial report (SF-425) under this award or final payment is received, whichever is later.

20. Take reasonable and necessary actions to dispose of all contractual and administrative issues arising out of the contract(s) awarded under this Agreement. This includes, but is not limited to disputes, claims, protests of award, source

evaluation, and litigation that may result from the Project. Such actions will be at the expense of the Sponsor, including any legal expenses. The Sponsor will advise, consult with, and obtain prior written concurrence of NRCS on any litigation matters in which NRCS could have a financial interest.

21. Sponsor must indemnify and hold NRCS harmless to the extent permitted by State law for any costs, damages, claims, liabilities, and judgments arising from past, present, and future acts or omissions of the Sponsor in connection with its acquisition and management of the Emergency Watershed Protection Program pursuant to this agreement. Further, the Sponsor agrees that NRCS will have no responsibility for acts and omissions of the Sponsor, its agents, successors, assigns, employees, contractors, or lessees in connection with the acquisition and management of the Emergency Watershed Protection Program pursuant to this agreement that result in violation of any laws and regulations that are now or that may in the future become applicable.

22. Retain all records dealing with the award and administration of the contract(s) for 3 years from the date of the Sponsor's submission of the final request for reimbursement or until final audit findings have been resolved, whichever is longer. If any litigation is started before the expiration of the 3-year period, records are to be retained until the litigation is resolved or the end of the 3-year period, whichever is longer. Make such records available to the Comptroller General of the United States or his or her duly authorized representative and accredited representatives of the Department of Agriculture or cognizant audit agency for the purpose of making audit, examination, excerpts, and transcriptions.

23. Be liable to the NRCS for damages sustained by the NRCS as a result of the contractor failing to complete the work within the specified time. The damages will be based upon the additional costs incurred by the NRCS resulting from the contractor not completing the work within the allowable performance period. These costs include but are not limited to personnel costs, travel, etc. The NRCS will have the right to withhold such amount out of any monies that may be then due or that may become due and payable to the Sponsor. This liability is not applicable to the extent that the contract performance time is extended by court judgment unless such judgment results from actions of the Sponsor not concurred in by NRCS.

24. Take necessary legal action, including bringing suit, to collect from the contractor any monies due in connection with the contract, or upon request of NRCS, assign and transfer to NRCS any or all claims, demands, and causes of action of every kind whatsoever that the Sponsor has against the contractor or his or her sureties.

25. Submit performance reports on an annual basis to ezFedGrants or to the Farm Production and Conservation (FPAC) Grants and Agreements Division staff via email to: FPAC.BC.GAD@usda.gov. Reports are due 30 calendar days after the reporting period and are based on the agreement period of performance start date.

26. Submit SF-425 Financial Reports on a semi-annual basis to ezFedGrants or to the Farm Production and Conservation (FPAC) Grants and Agreements Division via email to: FPAC.BC.GAD@usda.gov. Reports are due 30 calendar days after the reporting period on July 31 and January 31. Please note that financial reporting is based on the calendar year.

27. Submit payment requests to ezFedgrants or to the Farm Production and Conservation(FPAC) Grants and Agreements Division via email to: FPAC.BC.GAD@usda.gov on a monthly or quarterly basis. Refer to the General Terms and Conditions for more information regarding payment requests.

B. NRCS will—

1. Assist Sponsor in establishing design parameters; determine eligible construction costs during the pre-design conference.

2. Designate a Government representative (GR) to serve as liaison with the Sponsor and identify that person's contact information with this executed agreement.

3. Review, comment and concur in preliminary and final plans, specifications, O&M Plan, Plan of Operations (if required) and QAP.

4. Make periodic site visits during the installation of the EWP project measures to review construction progress, document conformance to engineering plans and specifications, and provide any necessary clarification on the Sponsor's responsibilities.

5. Upon notification of the completion of the EWP project measures, NRCS shall promptly review the performance of the Sponsor to determine if the requirements of this agreement and fund expenditures as agreed have been met.

6. Make payment to the Sponsor covering NRCS' share of the cost upon receipt and approval of Form SF-270 and supporting documentation, withholding the amount of damages sustained by NRCS as provided for in this agreement. In the event there are questions regarding the SF 270 and supporting documentation, NRCS will contact the Sponsor in a

timely manner to resolve concerns.

C. MUTUALLY AGREED

1. The furnishing of financial, administrative, and/or technical assistance above the original funding amount by NRCS is contingent on there being sufficient unobligated and uncommitted funding in the Emergency Watershed Protection Program that is available for obligation in the year in which the assistance will be provided. NRCS may not make commitments in excess of funds authorized by law or made administratively available. Congress may impose obligational limits on program funding that constrains NRCS's ability to provide such assistance.
2. In the event of default of a construction contract awarded pursuant to this agreement, any additional funds properly allocable as construction costs required to ensure completion of the job are to be provided in the same ratio as construction funds are contributed by the parties under the terms of this agreement. Any excess costs including interest resulting from a judgment collected from the defaulting contractor, or his or her surety, will be prorated between the Sponsor and NRCS in the same ratio as construction funds are contributed under the terms of the agreement.
3. Additional funds, including interest properly allocable as construction costs as determined by NRCS, required as a result of decision of the CO or a court judgment in favor of a claimant will be provided in the same ratio as construction funds are contributed under the terms of this agreement. NRCS will not be obligated to contribute funds under any agreement or commitment made by the Sponsor without prior concurrence of NRCS.
4. The State Conservationist may make adjustments in the estimated cost to NRCS set forth in this agreement for constructing the EWP measures. Such adjustments may increase or decrease the amount of estimated funds that are related to differences between such estimated cost and the amount of the awarded contract or to changes, differing site conditions, quantity variations, or other actions taken under the provisions of the contract. No adjustment will be made to change the cost sharing assistance provided by NRCS as set forth in this agreement, nor reduce funds below the amount required to carry out NRCS' share of the contract.
5. Except for item 4. above (last sentence), this document may be revised as mutually agreed through a written amendment duly executed by authorized officials of all signatory parties to this agreement.
6. NRCS, at its sole discretion, may refuse to cost share should the Sponsor, in administering the contract, elect to proceed without obtaining concurrence as set out in this agreement.
7. Once the project is completed and all requests for reimbursement submitted, any excess funding remaining in the agreement will be de-obligated from the agreement.
8. If inconsistencies arise between the language in the Statement of Work (SOW) in the agreement and the general terms and conditions, the language in the SOW takes precedence.

Expected Accomplishments and Deliverables

1. Prepare design, construction specifications, and drawings in accordance with standard engineering principles that comply with NRCS programmatic requirements; and/or contract/install the designed construction. Any design services will be by a professional registered engineer. Sponsor will obtain NRCS review and concurrence on the design, construction plans, and specifications. The Sponsor must ensure description of work is reviewed, concurred, and approved by NRCS. A copy of the final signed and sealed plans and specifications shall be provided to NRCS.
2. Contract for services and construction in accordance with the Code of Federal Regulations (CFR), 2 CFR § 200.317 through 200.326, applicable State regulations, and the Sponsor's procurement regulations, as appropriate. (See general terms and conditions attached to this agreement for a link to the CFR.) In accordance with 2 CFR § 200.326, contracts must contain the applicable provisions described in Appendix II to Part 200. Davis-Bacon Act would not apply under this Federal program legislation.
3. Provide copies of site maps to appropriate Federal and State agencies for environmental review. Sponsor will notify NRCS of environmental clearance, modification of construction plans, or any unresolved concerns as well as copies of all permits, licenses, and other documents required by Federal, state, and local statutes and ordinances prior to solicitation for installation of the EWP project measures. All modifications to the plans and specifications shall be reviewed and concurred on by NRCS.
4. Prepare and submit for NRCS concurrence an Operation and Maintenance (O&M) Plan, if applicable, prior to commence of work. The O&M Plan shall describe the activities the Sponsor will do to ensure the project performs as designed. Upon completion of the project measures, the Sponsor shall assume responsibility for O&M.

5. Prior to commencement of work and/or solicitation of bids, submit for NRCS review and concurrence a Quality Assurance Plan (QAP). The QAP shall outline technical and administrative expertise required to ensure the EWP project measures are installed in accordance with the plans and specifications, identify individuals with the expertise, describe items to be inspected, list equipment required for inspection, outline the frequency and timing of inspection (continuous or periodic), outline inspection procedures, and record keeping requirements. A copy of the final QAP shall be provided to NRCS prior to commencement of construction.

6. Provide construction inspection in accordance with the QAP.

7. Arrange for and conduct final inspection of completed project with NRCS to determine whether all work has been performed in accordance with contractual requirements. Provide a PE certification that the Project was installed in accordance with approved plans and specifications.

Resources Required

As stated in this agreement.

Milestones

Milestones shall include, but not limited to, the following items:

1. Pre-design/construction conference within 30 days of signing agreement.
2. Submit to NRCS a schedule with time lines of major items to be completed within 30 days of the pre-design conference.
3. Acquire needed real property rights and permits prior to start of construction.
4. Complete any necessary engineering surveys (for sites identified as requiring NC PE sealed designs).
5. Complete draft engineering plans and specifications for NRCS review (for sites identified as requiring NC PE sealed designs).
6. Complete final engineering plans and specifications (for sites identified as requiring NC PE sealed designs).
7. Complete quality assurance plan and operation and maintenance plan (for sites identified as requiring NC PE sealed designs).
8. Solicit bids.
9. Award contract.
10. Manage construction contract and provide quality assurance as described in the QAP.
11. Provide 30-day progress reports at timely intervals
12. Provide final inspection.
13. Complete as-built drawings and/or final report.
14. Submit final payment.

GENERAL TERMS AND CONDITIONS

Please reference the below link(s) for the General Terms and Conditions pertaining to this award:

U.S. DEPARTMENT OF AGRICULTURE FARM PRODUCTION AND CONSERVATION

GENERAL TERMS AND CONDITIONS GRANTS AND COOPERATIVE AGREEMENTS

The Farm Production and Conservation (FPAC) mission area encompasses the following USDA agencies: Natural Resources Conservation Service (NRCS), Farm Service Agency (FSA), Risk Management Agency (RMA), the Commodity Credit Corporation (CCC), and the FPAC Business Center.

I. APPLICABLE REGULATIONS

a. As a condition of this award, the recipient assures and certifies that it has and/or will comply and require subrecipients to comply with the requirements contained in the following statutes and regulations, as applicable. The full text of Code of Federal Regulations references may be found at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> and <http://www.ecfr.gov/>.

(1) 2 CFR Part 25, "Universal Identifier and System of Award Management" (2) 2 CFR Part 170, "Reporting Subaward and Executive Compensation Information" (3) 2 CFR Part 175, "Award Term for Trafficking in Persons" (4) 2 CFR Part 180, "OMB Guidelines to Agencies On Governmentwide Debarment And Suspension (Nonprocurement)" (5) 2 CFR Part 182, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)" (6) 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (7) 2 CFR Part 400, "Uniform Administrative Requirements, Cost Principles, And Audit Requirements for Federal Awards" (8) 2 CFR Part 417, "Nonprocurement Debarment and Suspension" (9) 2 CFR Part 418, "New Restrictions on Lobbying" (10) 2 CFR Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)" (11) 2 CFR Part 422, "Research Institutions Conducting USDA-Funded Extramural Research; Research Misconduct"

b. Allowable project costs will be determined in accordance with the authorizing statute, the purpose of the award, and, to the extent applicable, to the type of organizations receiving the award, regardless of tier. The following portions of the Code of Federal Regulations are hereby incorporated by reference. The full text of Code of Federal Regulations references may be found at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> and <http://www.ecfr.gov/>.

(1) 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles And Audit Requirements For Federal Awards" (2) 48 CFR Part 31, "Contract Cost Principles and Procedures" c. For corporate recipients, by accepting this award the recipient acknowledges: (1) that it does not have a Federal tax delinquency, meaning that it is not subject to any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, and (2) that it has not been convicted of a felony criminal violation under any Federal law within 24 months preceding the award, unless a suspending and debarment official of the USDA has considered suspension or debarment of the recipient corporation based on these convictions and/or tax delinquencies and determined that suspension or debarment is not necessary to protect the interests of the Government. If the recipient fails to comply with these provisions, the agency will annul this agreement and may recover any funds the recipient has expended in violation of the above cited statutory provisions.

II. UNALLOWABLE COSTS

The following costs are not allowed:

a. Costs above the amount authorized for the project. b. Costs incurred after the award period of performance end date. c. Costs not identified in the approved budget or approved budget revisions. d. Profit resulting from Federal financial assistance. Recipients may not earn and keep income resulting from an award. e. Costs of promotional items and memorabilia, including models, gifts, and souvenirs. f. Compensation for injuries to persons or damage to property arising from project activities.

This list is not exhaustive. For general information about the allowability of particular items of costs, please see 2 CFR Part 200, "Subpart E - Cost Principles", or direct specific inquiries to the administrative contact identified in the award.

The allowability of some items of costs may be difficult to determine. To avoid disallowance or dispute of such costs, the recipient may seek prior approval before incurring them. See 2 CFR 200.407. III. PRIOR APPROVAL REQUIREMENTS

Certain items of cost and award revisions require the prior written approval of the awarding agency. The following are the most common situations requiring prior approval. However, this list is not exhaustive, and the recipient is also bound by any other prior approval requirements identified in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

a. Pre-award costs.—To receive reimbursement for costs incurred prior to the award date, recipients must request written approval before incurring the costs. This restriction also applies to costs intended to meet cost-share requirements. FPAC agencies will not approve expenses incurred more than 90 calendar days before the period of performance start date. All costs incurred before the period of performance start date, even if approved, are at the recipient's risk (i.e., the Federal awarding agency is under no obligation to reimburse such costs if for any reason the recipient does not receive a Federal award or if the Federal award is less than anticipated and inadequate to cover such costs). b. Revisions to scope, objective, or deliverables.—When it is necessary to modify the scope, objective, or deliverables of an award, the recipient authorized signatory must submit a written request and justification for the change along with the revised scope, objective, or deliverables of the award to the administrative contact. The request should contain the following information: 1. Grant or agreement number 2. Narrative explaining the requested modification to the project scope, objectives, or deliverables 3. A description of the revised scope, objectives, or deliverables

c. Additions or changes to subawards and contracts.—The subawarding, transferring, or contracting out of any work under a Federal award not identified in the original award budget or any changes to subaward or contracts requires prior written approval. The recipient must submit a justification for the proposed subaward/contract, a statement of work to be performed, and a detailed budget for the subaward/contract to the administrative contact. This provision does not apply to the acquisition of supplies, material, equipment, or general support services. d. Change in a key person specified in the application or award.—When there is a change in key personnel, the recipient must request prior written approval for the substitution or change. The request must identify the replacement personnel and provide his or her qualifications.

e. Absence or change in project leadership.—If the approved project director or principal investigator disengages from the project for more than three months or reduces time devoted to the project by 25 percent or more, the recipient must notify the administrative contact in writing, identifying who will be in charge during the project director's absence. The notification must include the qualifications of the replacement.

f. Budget revisions.—Recipients must request prior written approval for deviations from the approved budget in the instances described below. For all budget revisions, the recipient must submit a new SF 424A or 424C and budget narrative to support the request. 1. The inclusion of costs that require prior approval in accordance with Subpart E—Cost Principles of this part or 45 CFR part 75 Appendix IX, "Principles for Determining Costs Applicable to Research and Development under Awards and Contracts with Hospitals," or 48 CFR part 31, "Contract Cost Principles and Procedures," as applicable. 2. Where the cumulative amount of transfers of funds among direct cost categories or programs, functions, and activities exceeds or is expected to exceed 10 percent of the total budget as last approved by the Federal awarding agency, and where the Federal share of the project exceeds the simplified acquisition threshold. 3. The transfer of funds budgeted for participant support costs to other categories of expense requires prior written approval. Participant support costs means direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences or training projects. 4. Changes in the approved cost-sharing or matching provided by the recipient. 5. Additional Federal funds needed to complete the project. 6. Changes to negotiated indirect cost rates during the award period of performance. 7. Equipment purchases not specifically identified in the approved budget.

g. No-Cost Extensions of Time.—When a no-cost extension of time is required, the recipient authorized signatory must submit a written request to the FAPC administrative contact. Except in very limited circumstances, a no-cost extension of time cannot exceed 12 months. FPAC cannot approve requests for no-cost extensions received after the expiration of the award. In addition, time may not allow extension requests submitted less than 30 calendar days before the period of performance end date to be processed, so recipients are encouraged to submit requests as soon as possible. FPAC agencies cannot approve no-cost extensions requested merely to expend remaining funds. The request must contain the following: 1. Amount of additional time requested 2. Explanation for the need for the extension 3. A summary of progress to date and revised milestones

IV. PAYMENTS

a. Recipients must request reimbursement or advances using a properly completed and executed SF-270, submitted with supporting documentation to either the ezFedGrants system or to the e-mail address specified in the statement of work. FPAC agencies will make payment to the recipient on a reimbursable or advance basis in accordance with the frequency specified in the statement of work.

b. Recipients requesting advances should request payments in amounts necessary to meet their current needs pursuant

to procedures contained in the Federal administrative provisions and 31 CFR Part 205. At the end of each advance period, the recipient must provide a justification (i.e., documentation) showing the amount of advanced funds spent.

c. The method of payment between the recipient and its contractors will be in accordance with the policies and procedures established by the recipient except that the contractors may not use the USDA Office of Financial Management/National Finance Center method to request payments. If the recipient makes advance payments to contractors, the recipient must ensure that the timing of such payments is designed to minimize elapsed time between the advance payment and the disbursement of funds. Recipients must not submit requests from their contractors for review or approval.

d. Accounting records for all costs incurred under this award must be supported by source documentation. Such documentation includes, but is not limited to, canceled checks, paid bills, payroll records, and subaward documents. Labor cost charges to this award must be based upon salaries actually earned and the time actually worked on this award. All project costs must be incurred within the approved project period of this award, including any approved no-cost extension of time. Costs that cannot be supported by source documentation or that are incurred outside of the approved project period and budget may be disallowed and may result in award funds being returned to the Federal Government by the recipient. The level of detail and documentation required to be provided to support any individual payment request is at the discretion of the Government.

e. Recipients must pay all costs incurred (i.e., liquidate obligations) under the award not later than 90 calendar days after the period of performance end date.

V. FINANCIAL REPORTING

a. Recipients must submit a Federal Financial Report (FFR), SF 425 in accordance with the schedule included in the award statement of work. Recipients must submit reports to either the ezFedGrants system or to the email address specified in the statement of work. Failure to submit reports as required may result in suspension or termination of award.

b. The recipient must submit a final financial report no later than 90 days after the period of performance end date. c. The FPAC awarding agency will withhold payments under this award if the recipient is delinquent in submitting required reports.

VI. PERFORMANCE MONITORING AND REPORTING

a. The recipient is responsible for monitoring day-to-day performance and for reporting to FPAC. If the project involves subaward/contractual arrangements, the recipient is also responsible for monitoring the performance of project activities under those arrangements to ensure that approved goals and schedules are met.

b. The recipient must submit a written progress report at the frequency specified in the statement of work to either the ezFedGrants system or to the email address specified in the statement of work. Each report must cover— 1. A comparison of actual accomplishments with the goals and objectives established for the reporting period and, where project output can be quantified, a computation of the costs per unit of output.

2. The reasons why goals and objectives were not met, if appropriate.

3. Additional pertinent information including, where appropriate, analysis and explanation of cost overruns or high unit costs.

c. The recipient must submit a final performance report within 90 calendar days of the period of performance end date. d. The FPAC awarding agency will withhold payments under this award if the recipient is delinquent in submitting required reports.

VII. AUDIT REQUIREMENTS

The recipient is responsible for complying with audit requirements in accordance with 2 CFR 200, Subpart F. A recipient entity that expends \$750,000 or more during the recipient's fiscal year in Federal awards must have a single or program-

specific audit conducted for that year.

VIII. SPECIAL PROVISIONS

a. The recipient assures and certifies that it will comply with the minimum-wage and maximum- hour provisions of the Federal Fair Labor Standards Act.

b. Employees of FPAC agencies will participate in efforts under this agreement solely as representatives of the United States. They may not participate as directors, officers, employees, or otherwise serve or hold themselves out as representatives of the recipient. They also may not assist the recipient with efforts to lobby Congress or to raise money through fundraising efforts. Further, FPAC employees must report to their immediate supervisor any negotiations with the recipient concerning future employment and must refrain from participation in projects or agreements with such recipients.

c. Employees of the recipient will not be considered Federal employees or agents of the United States for any purposes under this agreement. d. Except in very limited circumstances (e.g., construction agreements), no agreement period of performance can exceed a total of five years, including extensions. e. Recipients who engage or assist in scientific related activities on behalf of USDA must uphold the principles of scientific integrity established by Departmental Regulations 1074-001, Scientific Integrity. Covered activities include engaging in, supervising, managing, and reporting scientific work; analyzing and publicly communicating information resulting from scientific work; and utilizing information derived from scientific work in policy and decision making. f. Recipients of awards under covered programs (as defined in Executive Order 13858, January 31, 2019) are hereby notified that they are encouraged to use, to the greatest extent practicable, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States in every contract, subcontract, purchase order, or subaward that is chargeable under the award. "Covered program" means a program that provides financial assistance for the alteration, construction, conversion, demolition, extension, improvement, maintenance, construction, rehabilitation, or repair of an infrastructure project in the United States. However, it does not include programs for which a domestic preference is inconsistent with law or programs providing financial assistance that are subject to comparable domestic preferences. g. The recipient and its employees are prohibited from promoting, recommending, or discussing the availability of specific commercial products or services with FPAC agency clients in the course of carrying out activities under this agreement, including any products or services offered by the recipient, except as may be specifically allowed in the agreement.

IX. PATENTS, INVENTIONS, COPYRIGHTS, AND ACKNOWLEDGMENT OF SUPPORT AND DISCLAIMER

a. Allocation of rights of patents, inventions, and copyrights must be in accordance with 2 CFR Part 200.315. This regulation provides that small businesses normally may retain the principal worldwide patent rights to any invention developed with USDA support.

b. In accordance with 37 CFR Section 401.14, each subject invention must be disclosed to the Federal agency within 2 months after the inventor discloses it in writing to contractor personnel responsible for patent matters. Invention disclosure statements pursuant to 37 CFR Section 401.14(c) must be made in writing to:

Farm Production and Conservation Business Center Grants and Acquisitions Division 1400 Independence Avenue, SW.
Room 6819 South Building Washington, DC 20250

c. USDA receives a royalty-free license for Federal Government use, reserves the right to require the patentee to license others in certain circumstances, and requires that anyone exclusively licensed to sell the invention in the United States must manufacture it domestically.

d. The following acknowledgment of USDA support must appear in the publication of any material, whether copyrighted or not, and any products in electronic formats (World Wide Web pages, computer programs, etc.) that is substantially based upon or developed under this award:

"This material is based upon work supported by the U.S. Department of Agriculture, under agreement number [recipient should enter the applicable award number here]."

In addition, all publications and other materials, except scientific articles or papers published in scientific journals, must include the following statement:

"Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Agriculture. In addition, any reference to specific brands or types of products or services does not constitute or imply an endorsement by the U.S. Department of Agriculture for those products or services."

e. All publications printed with Federal Government funds will include the most current USDA nondiscrimination statement, available from the Public Affairs Division, Civil Rights Division, or on the USDA home page. If the material is too small to permit the full nondiscrimination statement to be included, the material must, at a minimum, include the statement:

“USDA is an equal opportunity provider and employer.”

The recipient is responsible for ensuring that an acknowledgment of USDA is made during news media interviews, including popular media such as radio, television, and news magazines, that discuss work funded by this award in a substantial way.

X. COST-SHARING REQUIREMENTS

a. If the award has specific cost-sharing requirements, the cost-sharing participation in other projects may not be counted toward meeting the specific cost-share requirement of this award and must come from non-Federal sources unless otherwise stated in the applicable program authorizing statute. b. Cost share must be documented on each SF 425 and SF 270 and in source documentation as it is provided by the recipient or third party. The required cost-share or matching ratio must be met by the end of the agreement period of performance; however, it does not have to be maintained for every payment request.

c. Should the recipient become aware that it may be unable to provide the cost-sharing amount identified in this award, it must— 1. Immediately notify the FPAC administrative contact of the situation. 2. Specify the steps it plans to take to secure replacement cost sharing. 3. Indicate the plans to either continue or phase out the project in the absence of cost sharing. If the recipient's plans are not acceptable to FPAC, the award may be subject to termination. FPAC modifications to proposed cost sharing revisions are made on a case-by-case basis. Failure by the recipient to notify FPAC in accordance with this section may result in the disallowance of some or all the costs charged to the award, the subsequent recovery by FPAC of some of the FPAC funds provided under the award, and possible termination of the award. It may constitute a violation of the terms and conditions of the award so serious as to provide grounds for subsequent suspension or debarment.

d. The recipient must maintain records of all project costs that are claimed by the recipient as cost sharing as well as records of costs to be paid by FPAC. If the recipient's cost participation includes in-kind contributions, the basis for determining the valuation for volunteer services and donated property must be documented.

e. Recipients must provide notification to the agency administrative contact when adding or replacing sources of cost-share contributions.

XI. PROGRAM INCOME

Program income is the gross revenue generated by a Federally funded activity earned during the performance period of the award. Program income may be earned by recipients from fees charged for conference or workshop attendance, from rental fees earned from real property or equipment acquired with Federal funds, or from the sale of commodities or items developed under the grant or cooperative agreement. It must fall within the guidelines at 2 CFR 200.307. Unless identified and addressed in the award, the recipient must provide notification to the administrative contact and request the manner it would like to treat the income (i.e., deductive or additive). Program income may be used to meet recipient cost-share requirements with the approval of the Government. All program income must be reported on the applicable SF 270 and SF 425.

XII. NONEXPENDABLE EQUIPMENT

Recipients purchasing equipment or products with funds provided under this award are encouraged to purchase only American-made equipment and products. Title to nonexpendable equipment purchased with award funds will vest in the recipient upon completion of the award project and acceptance by FPAC of required final reports. When equipment is no longer needed by the recipient and the per-unit fair market value is less than \$5,000, the recipient may retain, sell, or dispose of the equipment with no further obligation to FPAC. However, if the per-unit fair market value is \$5,000 or more, the recipient must submit a written request to the FPAC administrative contact for disposition instructions.

XIII. LIMIT OF FEDERAL LIABILITY

The maximum financial obligation of FPAC to the recipient is the amount of funds indicated in the award as obligated by FPAC. However, if an erroneous amount is stated on the approved budget, or any supporting document relating to the award, FPAC will have the unilateral right to make the correction and to make an appropriate adjustment in the FPAC share of the award to align with the Federal amount authorized.

XIV. MODIFICATIONS AND TERMINATIONS

The parties may amend this award through an exchange of correspondence between the authorized signatory of each or via formal amendment document. The award is subject to termination if FPAC determines that the recipient has failed to comply with the terms and conditions of the award. If the award is terminated, the guidelines at 2 CFR 200.339-42 will govern the obligations of the parties.

XV. PRIVACY ACT AND PROHIBITION AGAINST CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS

a. Activities performed under this award may involve access to confidential and potentially sensitive information about governmental and landowner issues. The term "confidential information" means proprietary information or data of a personal nature about an individual, or information or data submitted by or pertaining to an organization. This information must not be disclosed without the prior written consent of FPAC.

b. The recipient's personnel will follow the rules and procedures of disclosure set forth in the Privacy Act of 1974, 5 U.S.C. Section 552a, and implementing regulations and policies with respect to systems of records determined to be subject to the Privacy Act. The recipient's personnel must also comply with privacy of personal information relating to natural resources conservation programs in accordance with section 1244 of Title II of the Farm Security and Rural Investment Act of 2002 (Public Law 107-171).

c. The recipient agrees to comply with the "Prohibition Against Certain Internal Confidentiality Agreements:"

1. You may not require your employees, contractors, or subrecipients seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting them from lawfully reporting that waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information. 2. You must notify your employees, contractors, or subrecipients that the prohibitions and restrictions of any internal confidentiality agreements inconsistent with paragraph (1) of this award provision are no longer in effect. 3. The prohibition in paragraph (1) of this award provision does not contravene requirements applicable to any other form issued by a Federal department or agency governing the nondisclosure of classified information. 4. If FPAC determines that you are not in compliance with this award provision, FPAC: i. Will prohibit your use of funds under this award, in accordance with sections 743 and 744 of Division E of the Consolidated Appropriations Act, 2016, (Pub. L. 114-113) or any successor provision of law; ii. May pursue other remedies available for your material failure to comply with award terms and conditions. XVI. ACKNOWLEDGMENT OF SECTION 1619 COMPLIANCE

The recipient agrees to comply with FPAC guidelines and requirements regarding the disclosure of information protected under Section 1619 of the Food, Conservation, and Energy Act of 2008 (PL 110-246), 7 U.S.C. 8791 as described below.

a. Responsibilities. 1. Acceptance of this award indicates acknowledgment and understanding that the recipient is legally bound by Federal statute to comply with the provisions of Section 1619 and that the recipient will not subsequently disclose information protected by section 1619 to any individual or organization that is not directly covered by this award. Any such subsequent disclosure of the protected information (except as permitted under Section 1619) will be considered a violation of Section 1619. The recipient will be held responsible should disclosure of the protected information occur.

2. Acceptance of this award legally binds every owner, manager, supervisor, employee, contractor, agent, and representative of the recipient to comply with the provisions in Section 1619. The recipient must consult with FPAC prior to providing protected information to an entity or individual outside of the recipient and as necessary to implement the program to ensure that such release is permissible.

3. The recipient will use the protected information only to perform work that is directly connected to this award. Use of the protected information to perform work that is not directly connected to this award is expressly prohibited.

4. The recipient must internally restrict access to the protected information to only those individuals who have a demonstrated need to know the protected information to perform work under this award.

5. The provisions in Section 1619 are continuing obligations. Even when the recipient is no longer a recipient, or when individuals currently affiliated with the recipient become no longer so affiliated, every person having been provided access to the protected information will continue to be legally bound to comply with these provisions.

6. The recipient must notify all managers, supervisors, employees, contractors, agents, and representatives about this provision and the requirements of Section 1619. Notifications about the existence of this provision must be made to those individuals who are new to the organization and periodic notifications must be sent throughout the organization (as well as to all contractors and agents) to remind all about the ongoing and continuing requirements.

7. When the recipient is unsure whether particular information is covered or protected by Section 1619, the recipient must consult with FPAC to determine whether the information must be withheld.

8. Use of the protected information for any purpose is expressly prohibited after the period of performance end date of this award. Upon the award end date, any protected information provided under this award must be immediately destroyed or returned to FPAC. The recipient must provide to FPAC written certification that the protected information (paper copy, electronic copy, or both) has been properly destroyed, removed from any electronic storage media, or both.

9. Any State's "sunshine law," "open records act" or other version of the Freedom of Information Act is superseded by section 1619 under the Supremacy Clause of the U.S. Constitution. Accordingly, information protected from disclosure by section 1619 must not be released under such State laws.

b. Protected Information.

1. Examples of the types of information prohibited by disclosure under Section 1619 include, but are not limited to, the following:

i. State identification and county number (where reported and where located). ii. Producer or landowner name, business full address, phone number, Social Security Number, and similar personal identifying information. iii. Farm, tract, field, and contract numbers. iv. Production shares and share of acres for each Farm Serial Number (FSN) field. v. Acreage information, including crop codes. vi. All attributes for Common Land Units (CLUs) in USDA's Geospatial Information System. vii. Any photographic, map, or geospatial data that, when combined with other maps, can be used to identify a landowner. viii. Location of conservation practices.

2. Section 1619 allows disclosure of "payment information (including payment information and the names and addresses of recipients of payments) under any Department program that is otherwise authorized by law" (emphasis added). The names and payment information of producers generally may be provided to the public; however, the recipient shall consult with FPAC if there is any uncertainty as to the provision of such information.

3. Section 1619 also allows disclosure of otherwise protected information if "the information has been transformed into a statistical or aggregate form without naming any—(i) individual owner, operator, or producer; or (ii) specific data gathering cite." The recipient must consult with FPAC as to whether specific information falls within this exception prior to relying on this exception.

c. Violations. The recipient will be held responsible for violations of this provision and Section 1619. A violation of this provision by the recipient may result in action by FPAC, including termination of the underlying Federal award.

d. Effective Period. The requirements of this provision is effective on the date of the final signature and will continue until FPAC notifies the recipient that it is no longer required based on changes in applicable Federal law.

XVII. AWARD CLOSEOUT

a. Award closeout is the process by which FPAC determines that all required project activities have been performed satisfactorily and all necessary administrative actions have been completed. b. The recipient must submit, no later than 90 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the agreement, including documentation showing that match or cost-share requirements have been met. The awarding agency may approve extensions when requested by the recipient. c. Unless the awarding agency authorizes an extension, the recipient must liquidate all obligations incurred under the agreement not later than 90 calendar days after the end date of the period of performance. d. Recipients must submit all requests for reimbursements no later than 90 calendar days after the end date of the period of performance. e. The recipient must promptly refund any balances of unobligated cash that the awarding agency paid in advance or paid and that are not authorized to be retained by the recipient for use in other projects. See OMB Circular A-129 and see §200.345 Collection of amounts due, for requirements regarding unreturned amounts that become delinquent debts. f. Recipients must retain all records pertaining to the agreement in accordance with 2 CFR 200.333-337 and any additional requirements included in the agreement statement of work. g. Recipients must follow disposition requirements for property acquired with award funds in accordance with 2 CFR 200.310-316.



NOTICE OF GRANT AND AGREEMENT AWARD

1. Award Identifying Number NR204532XXXXC038	2. Amendment Number	3. Award /Project Period Date of Final Signature - 220 Days from Date of Final Signature	4. Type of award instrument: Cooperative Agreement
5. Agency (Name and Address) Natural Resources Conservation Service 4407 Bland Road, Suite 117 Raleigh, NC 27609		6. Recipient Organization (Name and Address) COUNTY OF BRUNSWICK PO BOX 469 BOLIVIA NC 28422-0249 DUNS: 091571349 EIN:	
7. NRCS Program Contact Name: JAMES KJELGAARD Phone: 919-873-2130 Email: jim.kjelgaard@usda.gov	8. NRCS Administrative Contact Name: KAYLIE ALDERMAN Phone: 919-875-4825 Email: kaylie.alderman@usda.gov	9. Recipient Program Contact Name: Abram Young Phone: (910) 253-2511 Email: abram.young@brunswickcountync.gov	10. Recipient Administrative Contact Name: Micki Bozeman Phone: (910) 253-2524 Email: micki.bozeman@brunswickcountync.gov
11. CFDA 10.923	12. Authority 16 U.S.C 2203 33 U.S.C 701B-1 Agricultural Credit Act of 1978 FedAg Improvement and Reform Act of 1999 Public Law 104-127, 110 Stat. 1016 Sec 216 of the Flood Control Act of 1950 Section 216, Public Law 81-516, 33 U.S.C Section 403, Public Law 95-334 Title III, Part Subtitle H, Section 382	13. Type of Action New Agreement	14. Program Director Name: Heather Murray Phone: (910) 253-2503 Email: heather.murray@brunswickcountync.gov
15. Project Title/ Description: Brunswick County Round 2 EWP			
16. Entity Type: B = County Government			
17. Select Funding Type			
Select funding type:	<input checked="" type="checkbox"/> Federal	<input checked="" type="checkbox"/> Non-Federal	
Original funds total	\$285,804.00	\$79,390.00	
Additional funds total	\$0.00	\$0.00	

Grand total		\$285,804.00	\$79,390.00
18. Approved Budget			
Personnel	\$0.00	Fringe Benefits	\$0.00
Travel	\$0.00	Equipment	\$0.00
Supplies	\$0.00	Contractual	\$0.00
Construction	\$238,170.00	Other	\$47,634.00
Total Direct Cost	\$285,804.00	Total Indirect Cost	\$0.00
		Total Non-Federal Funds	\$79,390.00
		Total Federal Funds Awarded	\$285,804.00
		Total Approved Budget	\$365,194.00
<p>This agreement is subject to applicable USDA NRCS statutory provisions and Financial Assistance Regulations. In accepting this award or amendment and any payments made pursuant thereto, the undersigned represents that he or she is duly authorized to act on behalf of the awardee organization, agrees that the award is subject to the applicable provisions of this agreement (and all attachments), and agrees that acceptance of any payments constitutes an agreement by the payee that the amounts, if any, found by NRCS to have been overpaid, will be refunded or credited in full to NRCS.</p>			
Name and Title of Authorized Government Representative Timothy Beard State Conservationist	Signature		Date
Name and Title of Authorized Recipient Representative Randell Woodruff County Manager	Signature		Date

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. Section 522a).

Statement of Work

Purpose

The purpose of this agreement is for the United States Department of Agriculture, Natural Resources Conservation Service, hereinafter referred to as the "NRCS", to provide technical and financial assistance to the Brunswick County, hereinafter referred to as the "Sponsor", for EWP Project # 5038-37-9-18-296/297/298/299/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/317/318/319/320/321/322 (Hurricane Florence) in Brunswick County, North Carolina for implementation of recovery measures, that, if left undone, pose a risk to life and/or property.

Objectives

The design and installation of EWP measures as detailed in the individual Damage Survey Reports (DSR) and described here:

- 296: BlueBanksLoopTrib: \$9,200.00 (Hazardous Debris Removal)
- 297: LelandSchoolRdNEDRain: \$11, 500.00 (Hazardous Debris Removal)
- 298: MapleRdNW Trib: \$13,800.00 (Hazardous Debris Removal)
- 299: OldMillRdNEOldMillCr: \$11,500.00 (Hazardous Debris Removal)
- 301: RusstownRdNWScippioSwampTrib: \$8,000.00 (Hazardous Debris Removal)
- 302: RusstownRdScippioSwampTrib: \$11,500.00 (Hazardous Debris Removal)
- 303: BlueBanksLoopNEDrain: \$6,900.00 (Hazardous Debris Removal)
- 304: BlueBankLoopNEDoubleRun: \$4,600.00 (Hazardous Debris Removal)
- 305: DanfordRdBoliviaBr: \$9,200.00 (Hazardous Debris Removal)
- 306: HW87BataroraBr: \$19,550.00 (Hazardous Debris Removal)
- 307: MacoRdNEHoodCr : \$4,600.00 (Hazardous Debris Removal)
- 308: MtMiseryRdNEHoodCr : \$12,650.00 (Hazardous Debris Removal)
- 309: VernonRdNEDrain: \$8,000.00 (Hazardous Debris Removal)
- 310: Ash Little River Road NW-Unnamed Trib: \$12,760.00 (Hazardous Debris Removal)
- 311: Big Neck Road NW-S Prong Wet Ash Swamp: \$5,800.00 (Hazardous Debris Removal)
- 312: Big Neck Rd NW Unnamed Trib to Mill Branch: \$15,000.00 (Hazardous Debris Removal)
- 313: E Leonard St-Unnamed Drainage: \$15,000.00 (Hazardous Debris Removal)
- 314: George II HWY-Willet Branch: \$6,000.00 (Hazardous Debris Removal)
- 315: Green Swamp Road NW Royal Oak Swamp: \$10,500.00 (Hazardous Debris Removal)
- 317: Hwy17-Mulberry Branch: \$29,900.00 (Hazardous Debris Removal)
- 318: Long Beach Rd SE-Jump and Run Creek: \$15,000.00 (Hazardous Debris Removal)
- 319: Longwood Road NW Scippio Swamp: \$25,300.00 (Hazardous Debris Removal)
- 320: Ridgeway SW-Trib to Sharron Creek: \$22,000.00 (Hazardous Debris Removal)
- 321: River Road SE-Trib to Orton Pond: \$4,000.00 (Hazardous Debris Removal)
- 322: SouthportSupplyRd SE - SEDutchmanCreek: \$25,300.00 (Hazardous Debris Removal)
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Budget Narrative

A. The estimated Round 2 costs for the Project: \$365,194.00

1. Total Estimated Construction Costs: \$317,560.00
Total Estimated Project Budgets (all project sites): \$365,194.00
Total Estimated Federal Assistance: \$285,804.00

The budget includes:

Financial Assistance (FA):

Sites 296/297/298/299/301/302/303/304/305/306/307/308/309/310/311
312/313/314/315/317/318/319/320/321/322
Available NRCS Construction Assistance (75% NRCS) = \$238,170.00
Required Sponsor Construction Assistance (25%) = \$79,390.00
Total Estimated Construction Costs = \$317,560.00

Technical Assistance (TA):

Sites 296/297/298/299/301/302/303/304/305/306/307/308/309/310/311
312/313/314/315/317/318/319/320/321/322
Available NRCS Technical Assistance (15% Est. Construction Costs) = \$47,634.00

2. NRCS pays up to 75 percent of eligible construction costs and Sponsor pays 25 percent of construction costs. NRCS will contribute up to 15 percent of the total construction cost for contract administration and construction management costs. It is possible that technical and administrative costs will exceed this amount, requiring the Sponsor to contribute resources to complete technical and administrative work
3. NRCS funding for this project is provided to the Sponsor in two separate NRCS funding accounts, one for financial assistance (FA) and one for technical assistance (TA). FA costs are associated with construction activities; TA costs are associated with services. These expenditures shall be accounted for separately in order for expenses to be eligible for reimbursement.
4. NRCS will provide FA for actual costs as reimbursement to the Sponsor for approved on-the-ground construction costs, subject to above limits. If costs are reduced, reimbursement will be reduced accordingly. Construction costs are associated with the installation of the project measures including labor, equipment and materials.
5. NRCS will provide TA reimbursement to the Sponsor for technical and administrative costs directly charged to the project, subject to the above limits. If costs are reduced, reimbursement will be reduced accordingly. These costs include
 - a. engineering costs include, but not limited to, developing a project design that includes construction drawings and specifications, an operation and maintenance plan, a quality assurance/inspection plan and an engineer's estimate of the project installation costs in addition to providing necessary quality assurance during construction.
 - b. contract administration costs include, but not limited to, soliciting, evaluating, awarding and administering contracts for construction and engineering services, including project management, verifying invoices and record keeping.
6. The Sponsor will contribute funds toward the total construction costs in either direct cash expenditures, the value of non-cash materials or services, or in-kind contributions. The value of any in-kind contribution shall be agreed to in writing prior to implementation.

Responsibilities of the Parties:

A. Sponsor will—

1. Accomplish construction of the EWP project measures by contracting, in-kind construction services, or a combination of both.
2. Ensure and certify by signing this agreement that its cost share obligation is from a non-Federal source.
3. Comply with the terms and conditions of this agreement and the attached general terms and conditions except those that are not applicable to State and local governments.
4. Acquire adequate real property rights (land and water), permits and licenses in accordance with local, state, and Federal laws necessary for the installation of EWP project measures at no cost to NRCS prior to construction. This includes any rights associated with required environmental mitigation. Costs related to land rights and permits are the Sponsor's responsibility and ineligible for reimbursement.
5. Accept all financial and other responsibility for excess costs resulting from their failure to obtain, or their delay in obtaining, adequate land and water rights, permits and licenses needed for the Project.
6. Provide the agreed-to portion of the actual, eligible and approved construction cost. These costs may be in the form of cash, in-kind construction services, or a combination of both. Final construction items that are eligible construction costs will be agreed upon during the pre-design conference. These costs consist of costs from contracts awarded to contractors and eligible Sponsor in-kind construction costs for materials, labor, and equipment. The Sponsor shall provide NRCS documentation to support all eligible construction costs. Construction costs incurred prior to the Sponsor and NRCS signing this agreement are ineligible and will not be reimbursed.
7. Be responsible for 100 percent of all ineligible construction costs and 100 percent of any unapproved upgrade to increase the level of protection over and above that described in the DSR.

8. Account for and report FA and TA expenditures separately in order for expenses to be eligible for reimbursement. NRCS funding for this project is provided to the Sponsor in two separate NRCS funding accounts, one for TA and one for FA, requiring this separation.

9. The contracts for design services and construction described in this Agreement shall not be awarded to the Sponsor or to any firm in which any Sponsor's official or any member of such official's immediate family has direct or indirect interest in the pecuniary profits or contracts of such firms. Reference 2 CFR § 200.318 regarding standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award, and administration of contracts.

10. For in-kind construction services (materials, labor, and/or equipment supplied by the Sponsor), develop a Plan of Operations describing the construction services to be performed including estimated quantities and values. The Plan of Operations shall be concurred in by NRCS at the pre-design conference. In-kind construction services for equipment shall not exceed published FEMA equipment rates unless otherwise documented and concurred in advance by NRCS.

11. The following documentation is required to support the Sponsor's request for reimbursement of in-kind construction services:

- a. Invoices covering actual costs of materials used in constructing the eligible EWP project measures.
- b. Records documenting the type, quality, and quantities of materials actually used in constructing the eligible EWP project measures.
- c. Daily time records for each employee showing name, classification, wage rate, hours, and dates actually employed for constructing the eligible EWP project measures.
- d. Equipment operating records showing the type and size of equipment, hourly rate, actual hours of operation and dates used to install the eligible EWP project measures. Equipment idle time is not eligible in-kind construction services, even if on the job site, and should not be included in the equipment operating records.

12. Ensure that any special requirements for compliance with environmental and/or cultural resource laws are incorporated into the project.

13. The Sponsor must secure at its own expense all Federal, State, and local permits and licenses necessary for completion of the work described in this agreement as well as any necessary natural resource rights and provide copies of all permits and licenses obtained to NRCS.

14. Will arrange and pay for any necessary location, removal, or relocation of utilities. EWP program regulations prohibit NRCS from reimbursing the Sponsor or otherwise paying for any such costs; nor do the costs qualify as a Sponsor cost-share contribution.

15. Ensure that technical and engineering standards and specifications of NRCS are adhered to during construction of the Project, as interpreted by NRCS Program/Technical Contact. Provide NRCS Program/Technical Contact progress reports as necessary and agreed to. Progress reports should include technical on-site inspections of work accomplished for the period, work planned, results of material tests, deficient work products and/or tests with corrective actions taken, modifications anticipated, technical problems encountered, contractual issues and other relevant information.

16. Ensure that all contractors on NRCS assisted projects are performing their work in accordance with OSHA regulations and the Contract Work Hours and Safety Standards Act (40 USC 3701-3708) as supplemented by Department of Labor regulations (29 CFR Part 5). The Sponsor is responsible for periodically checking the contractor's compliance with safety requirements.

17. Provide PE-certified as-built drawings and quantities for the project. A copy of the as-built drawings will be submitted to the NRCS Program/Technical Contact.

18. Pay the contractor(s) for work performed in accordance with the agreement and submit a SF-270, "Request for Advance or Reimbursement" to the ezFedgrants system or the designated email box below with a copy to the Program/Technical Contact with all documentation to support the request. Final payment request shall be submitted within 90 calendar days of completion of the EWP project measures. Payments will be withheld until all required documentation is submitted and complete.

a. The required supporting documentation for reimbursement of construction costs include invoices and proof of payment to the contractor showing the items and quantities installed and certified by the engineer of record along with any supporting documentation such as quantity calculations, rock weight tickets, etc.

b. The required supporting documentation for reimbursement of in-kind construction expenses will include employee time sheets, employee hourly rate, equipment operating logs, equipment hourly rate, and material quantities and invoices.

c. The required documentation for reimbursement of technical and administrative services will be invoices and proof of payment to consultants and/or employee time sheets along with the employee's hourly rate, hours worked, and date work was performed.

19. Ensure that information in the System for Award Management (SAM) is current and accurate until the final financial report (SF-425) under this award or final payment is received, whichever is later.

20. Take reasonable and necessary actions to dispose of all contractual and administrative issues arising out of the contract(s) awarded under this Agreement. This includes, but is not limited to disputes, claims, protests of award, source evaluation, and litigation that may result from the Project. Such actions will be at the expense of the Sponsor, including any legal expenses. The Sponsor will advise, consult with, and obtain prior written concurrence of NRCS on any litigation matters in which NRCS could have a financial interest.

21. Sponsor must indemnify and hold NRCS harmless to the extent permitted by State law for any costs, damages, claims, liabilities, and judgments arising from past, present, and future acts or omissions of the Sponsor in connection with its acquisition and management of the Emergency Watershed Protection Program pursuant to this agreement. Further, the Sponsor agrees that NRCS will have no responsibility for acts and omissions of the Sponsor, its agents, successors, assigns, employees, contractors, or lessees in connection with the acquisition and management of the Emergency Watershed Protection Program pursuant to this agreement that result in violation of any laws and regulations that are now or that may in the future become applicable.

22. Retain all records dealing with the award and administration of the contract(s) for 3 years from the date of the Sponsor's submission of the final request for reimbursement or until final audit findings have been resolved, whichever is longer. If any litigation is started before the expiration of the 3-year period, records are to be retained until the litigation is resolved or the end of the 3-year period, whichever is longer. Make such records available to the Comptroller General of the United States or his or her duly authorized representative and accredited representatives of the Department of Agriculture or cognizant audit agency for the purpose of making audit, examination, excerpts, and transcriptions.

23. Be liable to the NRCS for damages sustained by the NRCS as a result of the contractor failing to complete the work within the specified time. The damages will be based upon the additional costs incurred by the NRCS resulting from the contractor not completing the work within the allowable performance period. These costs include but are not limited to personnel costs, travel, etc. The NRCS will have the right to withhold such amount out of any monies that may be then due or that may become due and payable to the Sponsor. This liability is not applicable to the extent that the contract performance time is extended by court judgment unless such judgment results from actions of the Sponsor not concurred in by NRCS.

24. Take necessary legal action, including bringing suit, to collect from the contractor any monies due in connection with the contract, or upon request of NRCS, assign and transfer to NRCS any or all claims, demands, and causes of action of every kind whatsoever that the Sponsor has against the contractor or his or her sureties.

25. Submit performance reports on an annual basis to ezFedGrants or to the Farm Production and Conservation (FPAC) Grants and Agreements Division staff via email to: FPAC.BC.GAD@usda.gov. Reports are due 30 calendar days after the reporting period and are based on the agreement period of performance start date.

26. Submit SF-425 Financial Reports on a semi-annual basis to ezFedGrants or to the Farm Production and Conservation (FPAC) Grants and Agreements Division via email to: FPAC.BC.GAD@usda.gov. Reports are due 30 calendar days after the reporting period on July 31 and January 31. Please note that financial reporting is based on the calendar year.

27. Submit payment requests to ezFedgrants or to the Farm Production and Conservation(FPAC) Grants and Agreements Division via email to: FPAC.BC.GAD@usda.gov on a monthly or quarterly basis. Refer to the General Terms and Conditions for more information regarding payment requests.

B. NRCS will—

1. Assist Sponsor in establishing design parameters; determine eligible construction costs during the pre-design conference.

2. Designate a Government representative (GR) to serve as liaison with the Sponsor and identify that person's contact information with this executed agreement.

3. Review, comment and concur in preliminary and final plans, specifications, O&M Plan, Plan of Operations (if required) and QAP.

4. Make periodic site visits during the installation of the EWP project measures to review construction progress,

document conformance to engineering plans and specifications, and provide any necessary clarification on the Sponsor's responsibilities.

5. Upon notification of the completion of the EWP project measures, NRCS shall promptly review the performance of the Sponsor to determine if the requirements of this agreement and fund expenditures as agreed have been met.

6. Make payment to the Sponsor covering NRCS' share of the cost upon receipt and approval of Form SF-270 and supporting documentation, withholding the amount of damages sustained by NRCS as provided for in this agreement. In the event there are questions regarding the SF 270 and supporting documentation, NRCS will contact the Sponsor in a timely manner to resolve concerns.

C. MUTUALLY AGREED

1. The furnishing of financial, administrative, and/or technical assistance above the original funding amount by NRCS is contingent on there being sufficient unobligated and uncommitted funding in the Emergency Watershed Protection Program that is available for obligation in the year in which the assistance will be provided. NRCS may not make commitments in excess of funds authorized by law or made administratively available. Congress may impose obligational limits on program funding that constrains NRCS's ability to provide such assistance.

2. In the event of default of a construction contract awarded pursuant to this agreement, any additional funds properly allocable as construction costs required to ensure completion of the job are to be provided in the same ratio as construction funds are contributed by the parties under the terms of this agreement. Any excess costs including interest resulting from a judgment collected from the defaulting contractor, or his or her surety, will be prorated between the Sponsor and NRCS in the same ratio as construction funds are contributed under the terms of the agreement.

3. Additional funds, including interest properly allocable as construction costs as determined by NRCS, required as a result of decision of the CO or a court judgment in favor of a claimant will be provided in the same ratio as construction funds are contributed under the terms of this agreement. NRCS will not be obligated to contribute funds under any agreement or commitment made by the Sponsor without prior concurrence of NRCS.

4. The State Conservationist may make adjustments in the estimated cost to NRCS set forth in this agreement for constructing the EWP measures. Such adjustments may increase or decrease the amount of estimated funds that are related to differences between such estimated cost and the amount of the awarded contract or to changes, differing site conditions, quantity variations, or other actions taken under the provisions of the contract. No adjustment will be made to change the cost sharing assistance provided by NRCS as set forth in this agreement, nor reduce funds below the amount required to carry out NRCS' share of the contract.

5. Except for item 4. above (last sentence), this document may be revised as mutually agreed through a written amendment duly executed by authorized officials of all signatory parties to this agreement.

6. NRCS, at its sole discretion, may refuse to cost share should the Sponsor, in administering the contract, elect to proceed without obtaining concurrence as set out in this agreement.

7. Once the project is completed and all requests for reimbursement submitted, any excess funding remaining in the agreement will be de-obligated from the agreement.

8. If inconsistencies arise between the language in the Statement of Work (SOW) in the agreement and the general terms and conditions, the language in the SOW takes precedence.

Expected Accomplishments and Deliverables

1. Prepare design, construction specifications, and drawings in accordance with standard engineering principles that comply with NRCS programmatic requirements; and/or contract/install the designed construction. Any design services will be by a professional registered engineer. Sponsor will obtain NRCS review and concurrence on the design, construction plans, and specifications. The Sponsor must ensure description of work is reviewed, concurred, and approved by NRCS. A copy of the final signed and sealed plans and specifications shall be provided to NRCS.

2. Contract for services and construction in accordance with the Code of Federal Regulations (CFR), 2 CFR § 200.317 through 200.326, applicable State regulations, and the Sponsor's procurement regulations, as appropriate. (See general terms and conditions attached to this agreement for a link to the CFR.) In accordance with 2 CFR § 200.326, contracts must contain the applicable provisions described in Appendix II to Part 200. Davis-Bacon Act would not apply under this Federal program legislation.

3. Provide copies of site maps to appropriate Federal and State agencies for environmental review. Sponsor will notify

NRCS of environmental clearance, modification of construction plans, or any unresolved concerns as well as copies of all permits, licenses, and other documents required by Federal, state, and local statutes and ordinances prior to solicitation for installation of the EWP project measures. All modifications to the plans and specifications shall be reviewed and concurred on by NRCS.

4. Prepare and submit for NRCS concurrence an Operation and Maintenance (O&M) Plan, if applicable, prior to commence of work. The O&M Plan shall describe the activities the Sponsor will do to ensure the project performs as designed. Upon completion of the project measures, the Sponsor shall assume responsibility for O&M.

5. Prior to commencement of work and/or solicitation of bids, submit for NRCS review and concurrence a Quality Assurance Plan (QAP). The QAP shall outline technical and administrative expertise required to ensure the EWP project measures are installed in accordance with the plans and specifications, identify individuals with the expertise, describe items to be inspected, list equipment required for inspection, outline the frequency and timing of inspection (continuous or periodic), outline inspection procedures, and record keeping requirements. A copy of the final QAP shall be provided to NRCS prior to commencement of construction.

6. Provide construction inspection in accordance with the QAP.

7. Arrange for and conduct final inspection of completed project with NRCS to determine whether all work has been performed in accordance with contractual requirements. Provide a PE certification that the Project was installed in accordance with approved plans and specifications.

Resources Required

As stated in this agreement.

Milestones

Milestones shall include, but not limited to, the following items:

1. Pre-design/construction conference within 30 days of signing agreement.
2. Submit to NRCS a schedule with time lines of major items to be completed within 30 days of the pre-design conference.
3. Acquire needed real property rights and permits prior to start of construction.
4. Complete any necessary engineering surveys (for sites identified as requiring NC PE sealed designs).
5. Complete draft engineering plans and specifications for NRCS review (for sites identified as requiring NC PE sealed designs).
6. Complete final engineering plans and specifications (for sites identified as requiring NC PE sealed designs).
7. Complete quality assurance plan and operation and maintenance plan (for sites identified as requiring NC PE sealed designs).
8. Solicit bids.
9. Award contract.
10. Manage construction contract and provide quality assurance as described in the QAP.
11. Provide 30-day progress reports at timely intervals
12. Provide final inspection.
13. Complete as-built drawings and/or final report.
14. Submit final payment.

GENERAL TERMS AND CONDITIONS

Please reference the below link(s) for the General Terms and Conditions pertaining to this award:

U.S. DEPARTMENT OF AGRICULTURE FARM PRODUCTION AND CONSERVATION

GENERAL TERMS AND CONDITIONS GRANTS AND COOPERATIVE AGREEMENTS

The Farm Production and Conservation (FPAC) mission area encompasses the following USDA agencies: Natural Resources Conservation Service (NRCS), Farm Service Agency (FSA), Risk Management Agency (RMA), the Commodity Credit Corporation (CCC), and the FPAC Business Center.

I. APPLICABLE REGULATIONS

a. As a condition of this award, the recipient assures and certifies that it has and/or will comply and require subrecipients to comply with the requirements contained in the following statutes and regulations, as applicable. The full text of Code of Federal Regulations references may be found at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> and <http://www.ecfr.gov/>.

(1) 2 CFR Part 25, "Universal Identifier and System of Award Management" (2) 2 CFR Part 170, "Reporting Subaward and Executive Compensation Information" (3) 2 CFR Part 175, "Award Term for Trafficking in Persons" (4) 2 CFR Part 180, "OMB Guidelines to Agencies On Governmentwide Debarment And Suspension (Nonprocurement)" (5) 2 CFR Part 182, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)" (6) 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (7) 2 CFR Part 400, "Uniform Administrative Requirements, Cost Principles, And Audit Requirements for Federal Awards" (8) 2 CFR Part 417, "Nonprocurement Debarment and Suspension" (9) 2 CFR Part 418, "New Restrictions on Lobbying" (10) 2 CFR Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)" (11) 2 CFR Part 422, "Research Institutions Conducting USDA-Funded Extramural Research; Research Misconduct"

b. Allowable project costs will be determined in accordance with the authorizing statute, the purpose of the award, and, to the extent applicable, to the type of organizations receiving the award, regardless of tier. The following portions of the Code of Federal Regulations are hereby incorporated by reference. The full text of Code of Federal Regulations references may be found at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> and <http://www.ecfr.gov/>.

(1) 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles And Audit Requirements For Federal Awards" (2) 48 CFR Part 31, "Contract Cost Principles and Procedures" c. For corporate recipients, by accepting this award the recipient acknowledges: (1) that it does not have a Federal tax delinquency, meaning that it is not subject to any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, and (2) that it has not been convicted of a felony criminal violation under any Federal law within 24 months preceding the award, unless a suspending and debarring official of the USDA has considered suspension or debarment of the recipient corporation based on these convictions and/or tax delinquencies and determined that suspension or debarment is not necessary to protect the interests of the Government. If the recipient fails to comply with these provisions, the agency will annul this agreement and may recover any funds the recipient has expended in violation of the above cited statutory provisions.

II. UNALLOWABLE COSTS

The following costs are not allowed:

a. Costs above the amount authorized for the project. b. Costs incurred after the award period of performance end date. c. Costs not identified in the approved budget or approved budget revisions. d. Profit resulting from Federal financial assistance. Recipients may not earn and keep income resulting from an award. e. Costs of promotional items and memorabilia, including models, gifts, and souvenirs. f. Compensation for injuries to persons or damage to property arising from project activities.

This list is not exhaustive. For general information about the allowability of particular items of costs, please see 2 CFR Part 200, "Subpart E - Cost Principles", or direct specific inquiries to the administrative contact identified in the award.

The allowability of some items of costs may be difficult to determine. To avoid disallowance or dispute of such costs, the recipient may seek prior approval before incurring them. See 2 CFR 200.407. III. PRIOR APPROVAL REQUIREMENTS

Certain items of cost and award revisions require the prior written approval of the awarding agency. The following are the most common situations requiring prior approval. However, this list is not exhaustive, and the recipient is also bound by any other prior approval requirements identified in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

a. Pre-award costs.—To receive reimbursement for costs incurred prior to the award date, recipients must request written approval before incurring the costs. This restriction also applies to costs intended to meet cost-share requirements. FPAC agencies will not approve expenses incurred more than 90 calendar days before the period of performance start date. All costs incurred before the period of performance start date, even if approved, are at the recipient's risk (i.e., the Federal awarding agency is under no obligation to reimburse such costs if for any reason the recipient does not receive a Federal award or if the Federal award is less than anticipated and inadequate to cover such costs). b. Revisions to scope, objective, or deliverables.—When it is necessary to modify the scope, objective, or deliverables of an award, the recipient authorized signatory must submit a written request and justification for the change along with the revised scope, objective, or deliverables of the award to the administrative contact. The request should contain the following information: 1. Grant or agreement number 2. Narrative explaining the requested modification to the project scope, objectives, or deliverables 3. A description of the revised scope, objectives, or deliverables

c. Additions or changes to subawards and contracts.—The subawarding, transferring, or contracting out of any work under a Federal award not identified in the original award budget or any changes to subaward or contracts requires prior written approval. The recipient must submit a justification for the proposed subaward/contract, a statement of work to be performed, and a detailed budget for the subaward/contract to the administrative contact. This provision does not apply to the acquisition of supplies, material, equipment, or general support services. d. Change in a key person specified in the application or award.—When there is a change in key personnel, the recipient must request prior written approval for the substitution or change. The request must identify the replacement personnel and provide his or her qualifications.

e. Absence or change in project leadership.—If the approved project director or principal investigator disengages from the project for more than three months or reduces time devoted to the project by 25 percent or more, the recipient must notify the administrative contact in writing, identifying who will be in charge during the project director's absence. The notification must include the qualifications of the replacement.

f. Budget revisions.—Recipients must request prior written approval for deviations from the approved budget in the instances described below. For all budget revisions, the recipient must submit a new SF 424A or 424C and budget narrative to support the request. 1. The inclusion of costs that require prior approval in accordance with Subpart E—Cost Principles of this part or 45 CFR part 75 Appendix IX, "Principles for Determining Costs Applicable to Research and Development under Awards and Contracts with Hospitals," or 48 CFR part 31, "Contract Cost Principles and Procedures," as applicable. 2. Where the cumulative amount of transfers of funds among direct cost categories or programs, functions, and activities exceeds or is expected to exceed 10 percent of the total budget as last approved by the Federal awarding agency, and where the Federal share of the project exceeds the simplified acquisition threshold. 3. The transfer of funds budgeted for participant support costs to other categories of expense requires prior written approval. Participant support costs means direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences or training projects. 4. Changes in the approved cost-sharing or matching provided by the recipient. 5. Additional Federal funds needed to complete the project. 6. Changes to negotiated indirect cost rates during the award period of performance. 7. Equipment purchases not specifically identified in the approved budget.

g. No-Cost Extensions of Time.—When a no-cost extension of time is required, the recipient authorized signatory must submit a written request to the FAPC administrative contact. Except in very limited circumstances, a no-cost extension of time cannot exceed 12 months. FPAC cannot approve requests for no-cost extensions received after the expiration of the award. In addition, time may not allow extension requests submitted less than 30 calendar days before the period of performance end date to be processed, so recipients are encouraged to submit requests as soon as possible. FPAC agencies cannot approve no-cost extensions requested merely to expend remaining funds. The request must contain the following: 1. Amount of additional time requested 2. Explanation for the need for the extension 3. A summary of progress to date and revised milestones

IV. PAYMENTS

a. Recipients must request reimbursement or advances using a properly completed and executed SF-270, submitted with supporting documentation to either the ezFedGrants system or to the e-mail address specified in the statement of work. FPAC agencies will make payment to the recipient on a reimbursable or advance basis in accordance with the frequency specified in the statement of work.

b. Recipients requesting advances should request payments in amounts necessary to meet their current needs pursuant

to procedures contained in the Federal administrative provisions and 31 CFR Part 205. At the end of each advance period, the recipient must provide a justification (i.e., documentation) showing the amount of advanced funds spent.

c. The method of payment between the recipient and its contractors will be in accordance with the policies and procedures established by the recipient except that the contractors may not use the USDA Office of Financial Management/National Finance Center method to request payments. If the recipient makes advance payments to contractors, the recipient must ensure that the timing of such payments is designed to minimize elapsed time between the advance payment and the disbursement of funds. Recipients must not submit requests from their contractors for review or approval.

d. Accounting records for all costs incurred under this award must be supported by source documentation. Such documentation includes, but is not limited to, canceled checks, paid bills, payroll records, and subaward documents. Labor cost charges to this award must be based upon salaries actually earned and the time actually worked on this award. All project costs must be incurred within the approved project period of this award, including any approved no-cost extension of time. Costs that cannot be supported by source documentation or that are incurred outside of the approved project period and budget may be disallowed and may result in award funds being returned to the Federal Government by the recipient. The level of detail and documentation required to be provided to support any individual payment request is at the discretion of the Government.

e. Recipients must pay all costs incurred (i.e., liquidate obligations) under the award not later than 90 calendar days after the period of performance end date.

V. FINANCIAL REPORTING

a. Recipients must submit a Federal Financial Report (FFR), SF 425 in accordance with the schedule included in the award statement of work. Recipients must submit reports to either the ezFedGrants system or to the email address specified in the statement of work. Failure to submit reports as required may result in suspension or termination of award.

b. The recipient must submit a final financial report no later than 90 days after the period of performance end date. c. The FPAC awarding agency will withhold payments under this award if the recipient is delinquent in submitting required reports.

VI. PERFORMANCE MONITORING AND REPORTING

a. The recipient is responsible for monitoring day-to-day performance and for reporting to FPAC. If the project involves subaward/contractual arrangements, the recipient is also responsible for monitoring the performance of project activities under those arrangements to ensure that approved goals and schedules are met.

b. The recipient must submit a written progress report at the frequency specified in the statement of work to either the ezFedGrants system or to the email address specified in the statement of work. Each report must cover— 1. A comparison of actual accomplishments with the goals and objectives established for the reporting period and, where project output can be quantified, a computation of the costs per unit of output.

2. The reasons why goals and objectives were not met, if appropriate.

3. Additional pertinent information including, where appropriate, analysis and explanation of cost overruns or high unit costs.

c. The recipient must submit a final performance report within 90 calendar days of the period of performance end date. d. The FPAC awarding agency will withhold payments under this award if the recipient is delinquent in submitting required reports.

VII. AUDIT REQUIREMENTS

The recipient is responsible for complying with audit requirements in accordance with 2 CFR 200, Subpart F. A recipient entity that expends \$750,000 or more during the recipient's fiscal year in Federal awards must have a single or program-

specific audit conducted for that year.

VIII. SPECIAL PROVISIONS

a. The recipient assures and certifies that it will comply with the minimum-wage and maximum- hour provisions of the Federal Fair Labor Standards Act.

b. Employees of FPAC agencies will participate in efforts under this agreement solely as representatives of the United States. They may not participate as directors, officers, employees, or otherwise serve or hold themselves out as representatives of the recipient. They also may not assist the recipient with efforts to lobby Congress or to raise money through fundraising efforts. Further, FPAC employees must report to their immediate supervisor any negotiations with the recipient concerning future employment and must refrain from participation in projects or agreements with such recipients.

c. Employees of the recipient will not be considered Federal employees or agents of the United States for any purposes under this agreement. d. Except in very limited circumstances (e.g., construction agreements), no agreement period of performance can exceed a total of five years, including extensions. e. Recipients who engage or assist in scientific related activities on behalf of USDA must uphold the principles of scientific integrity established by Departmental Regulations 1074-001, Scientific Integrity. Covered activities include engaging in, supervising, managing, and reporting scientific work; analyzing and publicly communicating information resulting from scientific work; and utilizing information derived from scientific work in policy and decision making. f. Recipients of awards under covered programs (as defined in Executive Order 13858, January 31, 2019) are hereby notified that they are encouraged to use, to the greatest extent practicable, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States in every contract, subcontract, purchase order, or subaward that is chargeable under the award. "Covered program" means a program that provides financial assistance for the alteration, construction, conversion, demolition, extension, improvement, maintenance, construction, rehabilitation, or repair of an infrastructure project in the United States. However, it does not include programs for which a domestic preference is inconsistent with law or programs providing financial assistance that are subject to comparable domestic preferences. g. The recipient and its employees are prohibited from promoting, recommending, or discussing the availability of specific commercial products or services with FPAC agency clients in the course of carrying out activities under this agreement, including any products or services offered by the recipient, except as may be specifically allowed in the agreement.

IX. PATENTS, INVENTIONS, COPYRIGHTS, AND ACKNOWLEDGMENT OF SUPPORT AND DISCLAIMER

a. Allocation of rights of patents, inventions, and copyrights must be in accordance with 2 CFR Part 200.315. This regulation provides that small businesses normally may retain the principal worldwide patent rights to any invention developed with USDA support.

b. In accordance with 37 CFR Section 401.14, each subject invention must be disclosed to the Federal agency within 2 months after the inventor discloses it in writing to contractor personnel responsible for patent matters. Invention disclosure statements pursuant to 37 CFR Section 401.14(c) must be made in writing to:

Farm Production and Conservation Business Center Grants and Acquisitions Division 1400 Independence Avenue, SW.
Room 6819 South Building Washington, DC 20250

c. USDA receives a royalty-free license for Federal Government use, reserves the right to require the patentee to license others in certain circumstances, and requires that anyone exclusively licensed to sell the invention in the United States must manufacture it domestically.

d. The following acknowledgment of USDA support must appear in the publication of any material, whether copyrighted or not, and any products in electronic formats (World Wide Web pages, computer programs, etc.) that is substantially based upon or developed under this award:

"This material is based upon work supported by the U.S. Department of Agriculture, under agreement number [recipient should enter the applicable award number here]."

In addition, all publications and other materials, except scientific articles or papers published in scientific journals, must include the following statement:

"Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Agriculture. In addition, any reference to specific brands or types of products or services does not constitute or imply an endorsement by the U.S. Department of Agriculture for those products or services."

e. All publications printed with Federal Government funds will include the most current USDA nondiscrimination statement, available from the Public Affairs Division, Civil Rights Division, or on the USDA home page. If the material is too small to permit the full nondiscrimination statement to be included, the material must, at a minimum, include the statement:

“USDA is an equal opportunity provider and employer.”

The recipient is responsible for ensuring that an acknowledgment of USDA is made during news media interviews, including popular media such as radio, television, and news magazines, that discuss work funded by this award in a substantial way.

X. COST-SHARING REQUIREMENTS

a. If the award has specific cost-sharing requirements, the cost-sharing participation in other projects may not be counted toward meeting the specific cost-share requirement of this award and must come from non-Federal sources unless otherwise stated in the applicable program authorizing statute. b. Cost share must be documented on each SF 425 and SF 270 and in source documentation as it is provided by the recipient or third party. The required cost-share or matching ratio must be met by the end of the agreement period of performance; however, it does not have to be maintained for every payment request.

c. Should the recipient become aware that it may be unable to provide the cost-sharing amount identified in this award, it must— 1. Immediately notify the FPAC administrative contact of the situation. 2. Specify the steps it plans to take to secure replacement cost sharing. 3. Indicate the plans to either continue or phase out the project in the absence of cost sharing. If the recipient's plans are not acceptable to FPAC, the award may be subject to termination. FPAC modifications to proposed cost sharing revisions are made on a case-by-case basis. Failure by the recipient to notify FPAC in accordance with this section may result in the disallowance of some or all the costs charged to the award, the subsequent recovery by FPAC of some of the FPAC funds provided under the award, and possible termination of the award. It may constitute a violation of the terms and conditions of the award so serious as to provide grounds for subsequent suspension or debarment.

d. The recipient must maintain records of all project costs that are claimed by the recipient as cost sharing as well as records of costs to be paid by FPAC. If the recipient's cost participation includes in-kind contributions, the basis for determining the valuation for volunteer services and donated property must be documented.

e. Recipients must provide notification to the agency administrative contact when adding or replacing sources of cost-share contributions.

XI. PROGRAM INCOME

Program income is the gross revenue generated by a Federally funded activity earned during the performance period of the award. Program income may be earned by recipients from fees charged for conference or workshop attendance, from rental fees earned from real property or equipment acquired with Federal funds, or from the sale of commodities or items developed under the grant or cooperative agreement. It must fall within the guidelines at 2 CFR 200.307. Unless identified and addressed in the award, the recipient must provide notification to the administrative contact and request the manner it would like to treat the income (i.e., deductive or additive). Program income may be used to meet recipient cost-share requirements with the approval of the Government. All program income must be reported on the applicable SF 270 and SF 425.

XII. NONEXPENDABLE EQUIPMENT

Recipients purchasing equipment or products with funds provided under this award are encouraged to purchase only American-made equipment and products. Title to nonexpendable equipment purchased with award funds will vest in the recipient upon completion of the award project and acceptance by FPAC of required final reports. When equipment is no longer needed by the recipient and the per-unit fair market value is less than \$5,000, the recipient may retain, sell, or dispose of the equipment with no further obligation to FPAC. However, if the per-unit fair market value is \$5,000 or more, the recipient must submit a written request to the FPAC administrative contact for disposition instructions.

XIII. LIMIT OF FEDERAL LIABILITY

The maximum financial obligation of FPAC to the recipient is the amount of funds indicated in the award as obligated by FPAC. However, if an erroneous amount is stated on the approved budget, or any supporting document relating to the award, FPAC will have the unilateral right to make the correction and to make an appropriate adjustment in the FPAC share of the award to align with the Federal amount authorized.

XIV. MODIFICATIONS AND TERMINATIONS

The parties may amend this award through an exchange of correspondence between the authorized signatory of each or via formal amendment document. The award is subject to termination if FPAC determines that the recipient has failed to comply with the terms and conditions of the award. If the award is terminated, the guidelines at 2 CFR 200.339-42 will govern the obligations of the parties.

XV. PRIVACY ACT AND PROHIBITION AGAINST CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS

a. Activities performed under this award may involve access to confidential and potentially sensitive information about governmental and landowner issues. The term "confidential information" means proprietary information or data of a personal nature about an individual, or information or data submitted by or pertaining to an organization. This information must not be disclosed without the prior written consent of FPAC.

b. The recipient's personnel will follow the rules and procedures of disclosure set forth in the Privacy Act of 1974, 5 U.S.C. Section 552a, and implementing regulations and policies with respect to systems of records determined to be subject to the Privacy Act. The recipient's personnel must also comply with privacy of personal information relating to natural resources conservation programs in accordance with section 1244 of Title II of the Farm Security and Rural Investment Act of 2002 (Public Law 107-171).

c. The recipient agrees to comply with the "Prohibition Against Certain Internal Confidentiality Agreements:"

1. You may not require your employees, contractors, or subrecipients seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting them from lawfully reporting that waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information. 2. You must notify your employees, contractors, or subrecipients that the prohibitions and restrictions of any internal confidentiality agreements inconsistent with paragraph (1) of this award provision are no longer in effect. 3. The prohibition in paragraph (1) of this award provision does not contravene requirements applicable to any other form issued by a Federal department or agency governing the nondisclosure of classified information. 4. If FPAC determines that you are not in compliance with this award provision, FPAC: i. Will prohibit your use of funds under this award, in accordance with sections 743 and 744 of Division E of the Consolidated Appropriations Act, 2016, (Pub. L. 114-113) or any successor provision of law; ii. May pursue other remedies available for your material failure to comply with award terms and conditions. XVI. ACKNOWLEDGMENT OF SECTION 1619 COMPLIANCE

The recipient agrees to comply with FPAC guidelines and requirements regarding the disclosure of information protected under Section 1619 of the Food, Conservation, and Energy Act of 2008 (PL 110-246), 7 U.S.C. 8791 as described below.

a. Responsibilities. 1. Acceptance of this award indicates acknowledgment and understanding that the recipient is legally bound by Federal statute to comply with the provisions of Section 1619 and that the recipient will not subsequently disclose information protected by section 1619 to any individual or organization that is not directly covered by this award. Any such subsequent disclosure of the protected information (except as permitted under Section 1619) will be considered a violation of Section 1619. The recipient will be held responsible should disclosure of the protected information occur.

2. Acceptance of this award legally binds every owner, manager, supervisor, employee, contractor, agent, and representative of the recipient to comply with the provisions in Section 1619. The recipient must consult with FPAC prior to providing protected information to an entity or individual outside of the recipient and as necessary to implement the program to ensure that such release is permissible.

3. The recipient will use the protected information only to perform work that is directly connected to this award. Use of the protected information to perform work that is not directly connected to this award is expressly prohibited.

4. The recipient must internally restrict access to the protected information to only those individuals who have a demonstrated need to know the protected information to perform work under this award.

5. The provisions in Section 1619 are continuing obligations. Even when the recipient is no longer a recipient, or when individuals currently affiliated with the recipient become no longer so affiliated, every person having been provided access to the protected information will continue to be legally bound to comply with these provisions.

6. The recipient must notify all managers, supervisors, employees, contractors, agents, and representatives about this provision and the requirements of Section 1619. Notifications about the existence of this provision must be made to those individuals who are new to the organization and periodic notifications must be sent throughout the organization (as well as to all contractors and agents) to remind all about the ongoing and continuing requirements.

7. When the recipient is unsure whether particular information is covered or protected by Section 1619, the recipient must consult with FPAC to determine whether the information must be withheld.

8. Use of the protected information for any purpose is expressly prohibited after the period of performance end date of this award. Upon the award end date, any protected information provided under this award must be immediately destroyed or returned to FPAC. The recipient must provide to FPAC written certification that the protected information (paper copy, electronic copy, or both) has been properly destroyed, removed from any electronic storage media, or both.

9. Any State's "sunshine law," "open records act" or other version of the Freedom of Information Act is superseded by section 1619 under the Supremacy Clause of the U.S. Constitution. Accordingly, information protected from disclosure by section 1619 must not be released under such State laws.

b. Protected Information.

1. Examples of the types of information prohibited by disclosure under Section 1619 include, but are not limited to, the following:

i. State identification and county number (where reported and where located). ii. Producer or landowner name, business full address, phone number, Social Security Number, and similar personal identifying information. iii. Farm, tract, field, and contract numbers. iv. Production shares and share of acres for each Farm Serial Number (FSN) field. v. Acreage information, including crop codes. vi. All attributes for Common Land Units (CLUs) in USDA's Geospatial Information System. vii. Any photographic, map, or geospatial data that, when combined with other maps, can be used to identify a landowner. viii. Location of conservation practices.

2. Section 1619 allows disclosure of "payment information (including payment information and the names and addresses of recipients of payments) under any Department program that is otherwise authorized by law" (emphasis added). The names and payment information of producers generally may be provided to the public; however, the recipient shall consult with FPAC if there is any uncertainty as to the provision of such information.

3. Section 1619 also allows disclosure of otherwise protected information if "the information has been transformed into a statistical or aggregate form without naming any—(i) individual owner, operator, or producer; or (ii) specific data gathering cite." The recipient must consult with FPAC as to whether specific information falls within this exception prior to relying on this exception.

c. Violations. The recipient will be held responsible for violations of this provision and Section 1619. A violation of this provision by the recipient may result in action by FPAC, including termination of the underlying Federal award.

d. Effective Period. The requirements of this provision is effective on the date of the final signature and will continue until FPAC notifies the recipient that it is no longer required based on changes in applicable Federal law.

XVII. AWARD CLOSEOUT

a. Award closeout is the process by which FPAC determines that all required project activities have been performed satisfactorily and all necessary administrative actions have been completed. b. The recipient must submit, no later than 90 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the agreement, including documentation showing that match or cost-share requirements have been met. The awarding agency may approve extensions when requested by the recipient. c. Unless the awarding agency authorizes an extension, the recipient must liquidate all obligations incurred under the agreement not later than 90 calendar days after the end date of the period of performance. d. Recipients must submit all requests for reimbursements no later than 90 calendar days after the end date of the period of performance. e. The recipient must promptly refund any balances of unobligated cash that the awarding agency paid in advance or paid and that are not authorized to be retained by the recipient for use in other projects. See OMB Circular A-129 and see §200.345 Collection of amounts due, for requirements regarding unreturned amounts that become delinquent debts. f. Recipients must retain all records pertaining to the agreement in accordance with 2 CFR 200.333-337 and any additional requirements included in the agreement statement of work. g. Recipients must follow disposition requirements for property acquired with award funds in accordance with 2 CFR 200.310-316.



NOTICE OF GRANT AND AGREEMENT AWARD

1. Award Identifying Number NR204532XXXXC039	2. Amendment Number	3. Award /Project Period Date of Final Signature - 220 Days from Date of Final Signature	4. Type of award instrument: Cooperative Agreement
5. Agency (Name and Address) Natural Resources Conservation Service 4407 Bland Road, Suite 117 Raleigh, NC 27609		6. Recipient Organization (Name and Address) COUNTY OF BRUNSWICK PO BOX 469 BOLIVIA NC 28422-0249 DUNS: 091571349 EIN:	
7. NRCS Program Contact Name: JAMES KJELGAARD Phone: 919-873-2130 Email: jim.kjelgaard@usda.gov	8. NRCS Administrative Contact Name: KAYLIE ALDERMAN Phone: 919-875-4825 Email: kaylie.alderman@usda.gov	9. Recipient Program Contact Name: Abram Young Phone: (910) 253-2511 Email: abram.young@brunswickcountync.gov	10. Recipient Administrative Contact Name: Micki Bozeman Phone: (910) 253-2524 Email: micki.bozeman@brunswickcountync.gov
11. CFDA 10.923	12. Authority 33 U.S.C. 701b-1	13. Type of Action New Agreement	14. Program Director Name: Heather Murray Phone: (910) 253-2503 Email: heather.murray@brunswickcountync.gov
15. Project Title/ Description: Brunswick County Round 3 EWP 2019			
16. Entity Type: B = County Government			
17. Select Funding Type			
Select funding type:	<input checked="" type="checkbox"/> Federal	<input checked="" type="checkbox"/> Non-Federal	
Original funds total	\$36,450.00	\$10,125.00	
Additional funds total	\$0.00	\$0.00	
Grand total	\$36,450.00	\$10,125.00	
18. Approved Budget			

Personnel	\$0.00	Fringe Benefits	\$0.00
Travel	\$0.00	Equipment	\$0.00
Supplies	\$0.00	Contractual	\$0.00
Construction	\$30,375.00	Other	\$6,075.00
Total Direct Cost	\$36,450.00	Total Indirect Cost	\$0.00
		Total Non-Federal Funds	\$10,125.00
		Total Federal Funds Awarded	\$36,450.00
		Total Approved Budget	\$46,575.00

This agreement is subject to applicable USDA NRCS statutory provisions and Financial Assistance Regulations. In accepting this award or amendment and any payments made pursuant thereto, the undersigned represents that he or she is duly authorized to act on behalf of the awardee organization, agrees that the award is subject to the applicable provisions of this agreement (and all attachments), and agrees that acceptance of any payments constitutes an agreement by the payee that the amounts, if any, found by NRCS to have been overpaid, will be refunded or credited in full to NRCS.

Name and Title of Authorized Government Representative Timothy Beard State Conservationist	Signature	Date
Name and Title of Authorized Recipient Representative Randell Woodruff County Manager	Signature	Date

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. Section 522a).

Statement of Work

Purpose

The purpose of this agreement is for the United States Department of Agriculture, Natural Resources Conservation Service, hereinafter referred to as the "NRCS", to provide technical and financial assistance to the Brunswick County, hereinafter referred to as the "Sponsor", for EWP Project # 5038-37-9-18-324/325/326/327/328 (Hurricane Florence) in Brunswick County, North Carolina for implementation of recovery measures, that, if left undone, pose a risk to life and/or property.

Objectives

The design and installation of EWP measures as detailed in the individual Damage Survey Reports (DSR) and described here:

- 324 : 324 Brunswick Stella Dr NE-Unnamed Trib- \$5,000 (Debris Removal)
- 325 : Brunswick Stella Dr NE-Unnamed Trib to Hood CreekTrib - \$5,500.00 (Debris Removal)
- 326 : Brunswick Stout Rd NW-Mill Branch - \$6,000.00 (Debris Removal/Earthfill)
- 327 : Brunswick W 9th Street-Cottage Creek- \$19,000.00 (Debris/Sediment Removal)
- 328 : Brunswick Whiteville Rd NW-Wet Ash Swamp- \$5,000.00 (Debris Removal)

Budget Narrative

A. The estimated Round 3 costs for the Project: \$46,575.00

Total Estimated Construction Costs: \$40,500.00

Total Estimated Project Costs: \$46,575.00

Total Federal Assistance: \$36,450.00

The budget includes:

Financial Assistance (FA):

Sites 324/325/326/327/328

Available NRCS Construction Assistance (75% Est. Constr. Costs) = \$30,375.00

Required Sponsor Construction Assistance (25% Est. Constr. Costs) = \$10,125.00

Technical Assistance (TA):

Sites 324/325/326/327/328

Available NRCS Technical Assistance = \$6,075

1. NRCS pays up to 75 percent of eligible construction costs and Sponsor pays 25 percent of construction costs. NRCS will contribute up to 15 percent of the total construction cost for contract administration and construction management costs. It is possible that technical and administrative costs will exceed this amount, requiring the Sponsor to contribute resources to complete technical and administrative work

2. NRCS funding for this project is provided to the Sponsor in two separate NRCS funding accounts, one for financial assistance (FA) and one for technical assistance (TA). FA costs are associated with construction activities; TA costs are associated with services. These expenditures shall be accounted for separately in order for expenses to be eligible for reimbursement.

3. NRCS will provide FA for actual costs as reimbursement to the Sponsor for approved on-the-ground construction costs, subject to above limits. If costs are reduced, reimbursement will be reduced accordingly. Construction costs are associated with the installation of the project measures including labor, equipment and materials.

4. NRCS will provide TA reimbursement to the Sponsor for technical and administrative costs directly charged to the project, subject to the above limits. If costs are reduced, reimbursement will be reduced accordingly. These costs include

a. engineering costs include, but not limited to, developing a project design that includes construction drawings and

specifications, an operation and maintenance plan, a quality assurance/inspection plan and an engineer's estimate of the project installation costs in addition to providing necessary quality assurance during construction.

b. contract administration costs include, but not limited to, soliciting, evaluating, awarding and administering contracts for construction and engineering services, including project management, verifying invoices and record keeping.

5. The Sponsor will contribute funds toward the total construction costs in either direct cash expenditures, the value of non-cash materials or services, or in-kind contributions. The value of any in-kind contribution shall be agreed to in writing prior to implementation.

Responsibilities of the Parties:

A. Sponsor will—

1. Accomplish construction of the EWP project measures by contracting, in-kind construction services, or a combination of both.

2. Ensure and certify by signing this agreement that its cost share obligation is from a non-Federal source.

3. Comply with the terms and conditions of this agreement and the attached general terms and conditions except those that are not applicable to State and local governments.

4. Acquire adequate real property rights (land and water), permits and licenses in accordance with local, state, and Federal laws necessary for the installation of EWP project measures at no cost to NRCS prior to construction. This includes any rights associated with required environmental mitigation. Costs related to land rights and permits are the Sponsor's responsibility and ineligible for reimbursement.

5. Accept all financial and other responsibility for excess costs resulting from their failure to obtain, or their delay in obtaining, adequate land and water rights, permits and licenses needed for the Project.

6. Provide the agreed-to portion of the actual, eligible and approved construction cost. These costs may be in the form of cash, in-kind construction services, or a combination of both. Final construction items that are eligible construction costs will be agreed upon during the pre-design conference. These costs consist of costs from contracts awarded to contractors and eligible Sponsor in-kind construction costs for materials, labor, and equipment. The Sponsor shall provide NRCS documentation to support all eligible construction costs. Construction costs incurred prior to the Sponsor and NRCS signing this agreement are ineligible and will not be reimbursed.

7. Be responsible for 100 percent of all ineligible construction costs and 100 percent of any unapproved upgrade to increase the level of protection over and above that described in the DSR.

8. Account for and report FA and TA expenditures separately in order for expenses to be eligible for reimbursement. NRCS funding for this project is provided to the Sponsor in two separate NRCS funding accounts, one for TA and one for FA, requiring this separation.

9. The contracts for design services and construction described in this Agreement shall not be awarded to the Sponsor or to any firm in which any Sponsor's official or any member of such official's immediate family has direct or indirect interest in the pecuniary profits or contracts of such firms. Reference 2 CFR § 200.318 regarding standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award, and administration of contracts.

10. For in-kind construction services (materials, labor, and/or equipment supplied by the Sponsor), develop a Plan of Operations describing the construction services to be performed including estimated quantities and values. The Plan of Operations shall be concurred in by NRCS at the pre-design conference. In-kind construction services for equipment shall not exceed published FEMA equipment rates unless otherwise documented and concurred in advance by NRCS.

11. The following documentation is required to support the Sponsor's request for reimbursement of in-kind construction services:

- a. Invoices covering actual costs of materials used in constructing the eligible EWP project measures.
- b. Records documenting the type, quality, and quantities of materials actually used in constructing the eligible EWP project measures.
- c. Daily time records for each employee showing name, classification, wage rate, hours, and dates actually employed for constructing the eligible EWP project measures.

d. Equipment operating records showing the type and size of equipment, hourly rate, actual hours of operation and dates used to install the eligible EWP project measures. Equipment idle time is not eligible in-kind construction services, even if on the job site, and should not be included in the equipment operating records.

12. Ensure that any special requirements for compliance with environmental and/or cultural resource laws are incorporated into the project.

13. The Sponsor must secure at its own expense all Federal, State, and local permits and licenses necessary for completion of the work described in this agreement as well as any necessary natural resource rights and provide copies of all permits and licenses obtained to NRCS.

14. Will arrange and pay for any necessary location, removal, or relocation of utilities. EWP program regulations prohibit NRCS from reimbursing the Sponsor or otherwise paying for any such costs; nor do the costs qualify as a Sponsor cost-share contribution.

15. Ensure that technical and engineering standards and specifications of NRCS are adhered to during construction of the Project, as interpreted by NRCS Program/Technical Contact. Provide NRCS Program/Technical Contact progress reports as necessary and agreed to. Progress reports should include technical on-site inspections of work accomplished for the period, work planned, results of material tests, deficient work products and/or tests with corrective actions taken, modifications anticipated, technical problems encountered, contractual issues and other relevant information.

16. Ensure that all contractors on NRCS assisted projects are performing their work in accordance with OSHA regulations and the Contract Work Hours and Safety Standards Act (40 USC 3701-3708) as supplemented by Department of Labor regulations (29 CFR Part 5). The Sponsor is responsible for periodically checking the contractor's compliance with safety requirements.

17. Provide PE-certified as-built drawings and quantities for the project. A copy of the as-built drawings will be submitted to the NRCS Program/Technical Contact.

18. Pay the contractor(s) for work performed in accordance with the agreement and submit a SF-270, "Request for Advance or Reimbursement" to the ezFedgrants system or the designated email box below with a copy to the Program/Technical Contact with all documentation to support the request. Final payment request shall be submitted within 90 calendar days of completion of the EWP project measures. Payments will be withheld until all required documentation is submitted and complete.

a. The required supporting documentation for reimbursement of construction costs include invoices and proof of payment to the contractor showing the items and quantities installed and certified by the engineer of record along with any supporting documentation such as quantity calculations, rock weight tickets, etc.

b. The required supporting documentation for reimbursement of in-kind construction expenses will include employee time sheets, employee hourly rate, equipment operating logs, equipment hourly rate, and material quantities and invoices.

c. The required documentation for reimbursement of technical and administrative services will be invoices and proof of payment to consultants and/or employee time sheets along with the employee's hourly rate, hours worked, and date work was performed.

19. Ensure that information in the System for Award Management (SAM) is current and accurate until the final financial report (SF-425) under this award or final payment is received, whichever is later.

20. Take reasonable and necessary actions to dispose of all contractual and administrative issues arising out of the contract(s) awarded under this Agreement. This includes, but is not limited to disputes, claims, protests of award, source evaluation, and litigation that may result from the Project. Such actions will be at the expense of the Sponsor, including any legal expenses. The Sponsor will advise, consult with, and obtain prior written concurrence of NRCS on any litigation matters in which NRCS could have a financial interest.

21. Sponsor must indemnify and hold NRCS harmless to the extent permitted by State law for any costs, damages, claims, liabilities, and judgments arising from past, present, and future acts or omissions of the Sponsor in connection with its acquisition and management of the Emergency Watershed Protection Program pursuant to this agreement. Further, the Sponsor agrees that NRCS will have no responsibility for acts and omissions of the Sponsor, its agents, successors, assigns, employees, contractors, or lessees in connection with the acquisition and management of the Emergency Watershed Protection Program pursuant to this agreement that result in violation of any laws and regulations that are now or that may in the future become applicable.

22. Retain all records dealing with the award and administration of the contract(s) for 3 years from the date of the Sponsor's submission of the final request for reimbursement or until final audit findings have been resolved, whichever is

longer. If any litigation is started before the expiration of the 3-year period, records are to be retained until the litigation is resolved or the end of the 3-year period, whichever is longer. Make such records available to the Comptroller General of the United States or his or her duly authorized representative and accredited representatives of the Department of Agriculture or cognizant audit agency for the purpose of making audit, examination, excerpts, and transcriptions.

23. Be liable to the NRCS for damages sustained by the NRCS as a result of the contractor failing to complete the work within the specified time. The damages will be based upon the additional costs incurred by the NRCS resulting from the contractor not completing the work within the allowable performance period. These costs include but are not limited to personnel costs, travel, etc. The NRCS will have the right to withhold such amount out of any monies that may be then due or that may become due and payable to the Sponsor. This liability is not applicable to the extent that the contract performance time is extended by court judgment unless such judgment results from actions of the Sponsor not concurred in by NRCS.

24. Take necessary legal action, including bringing suit, to collect from the contractor any monies due in connection with the contract, or upon request of NRCS, assign and transfer to NRCS any or all claims, demands, and causes of action of every kind whatsoever that the Sponsor has against the contractor or his or her sureties.

25. Submit performance reports on an annual basis to ezFedGrants or to the Farm Production and Conservation (FPAC) Grants and Agreements Division staff via email to: FPAC.BC.GAD@usda.gov. Reports are due 30 calendar days after the reporting period and are based on the agreement period of performance start date.

26. Submit SF-425 Financial Reports on a semi-annual basis to ezFedGrants or to the Farm Production and Conservation (FPAC) Grants and Agreements Division via email to: FPAC.BC.GAD@usda.gov. Reports are due 30 calendar days after the reporting period on July 31 and January 31. Please note that financial reporting is based on the calendar year.

27. Submit payment requests to ezFedgrants or to the Farm Production and Conservation(FPAC) Grants and Agreements Division via email to: FPAC.BC.GAD@usda.gov on a monthly or quarterly basis. Refer to the General Terms and Conditions for more information regarding payment requests.

B. NRCS will—

1. Assist Sponsor in establishing design parameters; determine eligible construction costs during the pre-design conference.

2. Designate a Government representative (GR) to serve as liaison with the Sponsor and identify that person's contact information with this executed agreement.

3. Review, comment and concur in preliminary and final plans, specifications, O&M Plan, Plan of Operations (if required) and QAP.

4. Make periodic site visits during the installation of the EWP project measures to review construction progress, document conformance to engineering plans and specifications, and provide any necessary clarification on the Sponsor's responsibilities.

5. Upon notification of the completion of the EWP project measures, NRCS shall promptly review the performance of the Sponsor to determine if the requirements of this agreement and fund expenditures as agreed have been met.

6. Make payment to the Sponsor covering NRCS' share of the cost upon receipt and approval of Form SF-270 and supporting documentation, withholding the amount of damages sustained by NRCS as provided for in this agreement. In the event there are questions regarding the SF 270 and supporting documentation, NRCS will contact the Sponsor in a timely manner to resolve concerns.

C. MUTUALLY AGREED

1. The furnishing of financial, administrative, and/or technical assistance above the original funding amount by NRCS is contingent on there being sufficient unobligated and uncommitted funding in the Emergency Watershed Protection Program that is available for obligation in the year in which the assistance will be provided. NRCS may not make commitments in excess of funds authorized by law or made administratively available. Congress may impose obligational limits on program funding that constrains NRCS's ability to provide such assistance.

2. In the event of default of a construction contract awarded pursuant to this agreement, any additional funds properly allocable as construction costs required to ensure completion of the job are to be provided in the same ratio as construction funds are contributed by the parties under the terms of this agreement. Any excess costs including interest resulting from a judgment collected from the defaulting contractor, or his or her surety, will be prorated between the

Sponsor and NRCS in the same ratio as construction funds are contributed under the terms of the agreement.

3. Additional funds, including interest properly allocable as construction costs as determined by NRCS, required as a result of decision of the CO or a court judgment in favor of a claimant will be provided in the same ratio as construction funds are contributed under the terms of this agreement. NRCS will not be obligated to contribute funds under any agreement or commitment made by the Sponsor without prior concurrence of NRCS.

4. The State Conservationist may make adjustments in the estimated cost to NRCS set forth in this agreement for constructing the EWP measures. Such adjustments may increase or decrease the amount of estimated funds that are related to differences between such estimated cost and the amount of the awarded contract or to changes, differing site conditions, quantity variations, or other actions taken under the provisions of the contract. No adjustment will be made to change the cost sharing assistance provided by NRCS as set forth in this agreement, nor reduce funds below the amount required to carry out NRCS' share of the contract.

5. Except for item 4. above (last sentence), this document may be revised as mutually agreed through a written amendment duly executed by authorized officials of all signatory parties to this agreement.

6. NRCS, at its sole discretion, may refuse to cost share should the Sponsor, in administering the contract, elect to proceed without obtaining concurrence as set out in this agreement.

7. Once the project is completed and all requests for reimbursement submitted, any excess funding remaining in the agreement will be de-obligated from the agreement.

8. If inconsistencies arise between the language in the Statement of Work (SOW) in the agreement and the general terms and conditions, the language in the SOW takes precedence.

Expected Accomplishments and Deliverables

1. Prepare design, construction specifications, and drawings in accordance with standard engineering principles that comply with NRCS programmatic requirements; and/or contract/install the designed construction. Any design services will be by a professional registered engineer. Sponsor will obtain NRCS review and concurrence on the design, construction plans, and specifications. The Sponsor must ensure description of work is reviewed, concurred, and approved by NRCS. A copy of the final signed and sealed plans and specifications shall be provided to NRCS.

2. Contract for services and construction in accordance with the Code of Federal Regulations (CFR), 2 CFR § 200.317 through 200.326, applicable State regulations, and the Sponsor's procurement regulations, as appropriate. (See general terms and conditions attached to this agreement for a link to the CFR.) In accordance with 2 CFR § 200.326, contracts must contain the applicable provisions described in Appendix II to Part 200. Davis-Bacon Act would not apply under this Federal program legislation.

3. Provide copies of site maps to appropriate Federal and State agencies for environmental review. Sponsor will notify NRCS of environmental clearance, modification of construction plans, or any unresolved concerns as well as copies of all permits, licenses, and other documents required by Federal, state, and local statutes and ordinances prior to solicitation for installation of the EWP project measures. All modifications to the plans and specifications shall be reviewed and concurred on by NRCS.

4. Prepare and submit for NRCS concurrence an Operation and Maintenance (O&M) Plan, if applicable, prior to commence of work. The O&M Plan shall describe the activities the Sponsor will do to ensure the project performs as designed. Upon completion of the project measures, the Sponsor shall assume responsibility for O&M.

5. Prior to commencement of work and/or solicitation of bids, submit for NRCS review and concurrence a Quality Assurance Plan (QAP). The QAP shall outline technical and administrative expertise required to ensure the EWP project measures are installed in accordance with the plans and specifications, identify individuals with the expertise, describe items to be inspected, list equipment required for inspection, outline the frequency and timing of inspection (continuous or periodic), outline inspection procedures, and record keeping requirements. A copy of the final QAP shall be provided to NRCS prior to commencement of construction.

6. Provide construction inspection in accordance with the QAP.

7. Arrange for and conduct final inspection of completed project with NRCS to determine whether all work has been performed in accordance with contractual requirements. Provide a PE certification that the Project was installed in accordance with approved plans and specifications.

Resources Required

As stated in this agreement.

Milestones

Milestones shall include, but not limited to, the following items:

1. Pre-design/construction conference within 30 days of signing agreement.
2. Submit to NRCS a schedule with time lines of major items to be completed within 30 days of the pre-design conference.
3. Acquire needed real property rights and permits prior to start of construction.
4. Complete any necessary engineering surveys (for sites identified as requiring NC PE sealed designs).
5. Complete draft engineering plans and specifications for NRCS review (for sites identified as requiring NC PE sealed designs).
6. Complete final engineering plans and specifications (for sites identified as requiring NC PE sealed designs).
7. Complete quality assurance plan and operation and maintenance plan (for sites identified as requiring NC PE sealed designs).
8. Solicit bids.
9. Award contract.
10. Manage construction contract and provide quality assurance as described in the QAP.
11. Provide 30-day progress reports at timely intervals
12. Provide final inspection.
13. Complete as-built drawings and/or final report.
14. Submit final payment.

GENERAL TERMS AND CONDITIONS

Please reference the below link(s) for the General Terms and Conditions pertaining to this award:

U.S. DEPARTMENT OF AGRICULTURE FARM PRODUCTION AND CONSERVATION

GENERAL TERMS AND CONDITIONS GRANTS AND COOPERATIVE AGREEMENTS

The Farm Production and Conservation (FPAC) mission area encompasses the following USDA agencies: Natural Resources Conservation Service (NRCS), Farm Service Agency (FSA), Risk Management Agency (RMA), the Commodity Credit Corporation (CCC), and the FPAC Business Center.

I. APPLICABLE REGULATIONS

a. As a condition of this award, the recipient assures and certifies that it has and/or will comply and require subrecipients to comply with the requirements contained in the following statutes and regulations, as applicable. The full text of Code of Federal Regulations references may be found at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> and <http://www.ecfr.gov/>.

(1) 2 CFR Part 25, "Universal Identifier and System of Award Management" (2) 2 CFR Part 170, "Reporting Subaward and Executive Compensation Information" (3) 2 CFR Part 175, "Award Term for Trafficking in Persons" (4) 2 CFR Part 180, "OMB Guidelines to Agencies On Governmentwide Debarment And Suspension (Nonprocurement)" (5) 2 CFR Part 182, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)" (6) 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (7) 2 CFR Part 400, "Uniform Administrative Requirements, Cost Principles, And Audit Requirements for Federal Awards" (8) 2 CFR Part 417, "Nonprocurement Debarment and Suspension" (9) 2 CFR Part 418, "New Restrictions on Lobbying" (10) 2 CFR Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)" (11) 2 CFR Part 422, "Research Institutions Conducting USDA-Funded Extramural Research; Research Misconduct"

b. Allowable project costs will be determined in accordance with the authorizing statute, the purpose of the award, and, to the extent applicable, to the type of organizations receiving the award, regardless of tier. The following portions of the Code of Federal Regulations are hereby incorporated by reference. The full text of Code of Federal Regulations references may be found at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> and <http://www.ecfr.gov/>.

(1) 2 CFR Part 200, "Uniform Administrative Requirements, Cost Principles And Audit Requirements For Federal Awards" (2) 48 CFR Part 31, "Contract Cost Principles and Procedures" c. For corporate recipients, by accepting this award the recipient acknowledges: (1) that it does not have a Federal tax delinquency, meaning that it is not subject to any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, and (2) that it has not been convicted of a felony criminal violation under any Federal law within 24 months preceding the award, unless a suspending and debarring official of the USDA has considered suspension or debarment of the recipient corporation based on these convictions and/or tax delinquencies and determined that suspension or debarment is not necessary to protect the interests of the Government. If the recipient fails to comply with these provisions, the agency will annul this agreement and may recover any funds the recipient has expended in violation of the above cited statutory provisions.

II. UNALLOWABLE COSTS

The following costs are not allowed:

a. Costs above the amount authorized for the project. b. Costs incurred after the award period of performance end date. c. Costs not identified in the approved budget or approved budget revisions. d. Profit resulting from Federal financial assistance. Recipients may not earn and keep income resulting from an award. e. Costs of promotional items and memorabilia, including models, gifts, and souvenirs. f. Compensation for injuries to persons or damage to property arising from project activities.

This list is not exhaustive. For general information about the allowability of particular items of costs, please see 2 CFR Part 200, "Subpart E - Cost Principles", or direct specific inquiries to the administrative contact identified in the award.

The allowability of some items of costs may be difficult to determine. To avoid disallowance or dispute of such costs, the recipient may seek prior approval before incurring them. See 2 CFR 200.407. III. PRIOR APPROVAL REQUIREMENTS

Certain items of cost and award revisions require the prior written approval of the awarding agency. The following are the most common situations requiring prior approval. However, this list is not exhaustive, and the recipient is also bound by any other prior approval requirements identified in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

a. Pre-award costs.—To receive reimbursement for costs incurred prior to the award date, recipients must request written approval before incurring the costs. This restriction also applies to costs intended to meet cost-share requirements. FPAC agencies will not approve expenses incurred more than 90 calendar days before the period of performance start date. All costs incurred before the period of performance start date, even if approved, are at the recipient's risk (i.e., the Federal awarding agency is under no obligation to reimburse such costs if for any reason the recipient does not receive a Federal award or if the Federal award is less than anticipated and inadequate to cover such costs). b. Revisions to scope, objective, or deliverables.—When it is necessary to modify the scope, objective, or deliverables of an award, the recipient authorized signatory must submit a written request and justification for the change along with the revised scope, objective, or deliverables of the award to the administrative contact. The request should contain the following information: 1. Grant or agreement number 2. Narrative explaining the requested modification to the project scope, objectives, or deliverables 3. A description of the revised scope, objectives, or deliverables

c. Additions or changes to subawards and contracts.—The subawarding, transferring, or contracting out of any work under a Federal award not identified in the original award budget or any changes to subaward or contracts requires prior written approval. The recipient must submit a justification for the proposed subaward/contract, a statement of work to be performed, and a detailed budget for the subaward/contract to the administrative contact. This provision does not apply to the acquisition of supplies, material, equipment, or general support services. d. Change in a key person specified in the application or award.—When there is a change in key personnel, the recipient must request prior written approval for the substitution or change. The request must identify the replacement personnel and provide his or her qualifications.

e. Absence or change in project leadership.—If the approved project director or principal investigator disengages from the project for more than three months or reduces time devoted to the project by 25 percent or more, the recipient must notify the administrative contact in writing, identifying who will be in charge during the project director's absence. The notification must include the qualifications of the replacement.

f. Budget revisions.—Recipients must request prior written approval for deviations from the approved budget in the instances described below. For all budget revisions, the recipient must submit a new SF 424A or 424C and budget narrative to support the request. 1. The inclusion of costs that require prior approval in accordance with Subpart E—Cost Principles of this part or 45 CFR part 75 Appendix IX, "Principles for Determining Costs Applicable to Research and Development under Awards and Contracts with Hospitals," or 48 CFR part 31, "Contract Cost Principles and Procedures," as applicable. 2. Where the cumulative amount of transfers of funds among direct cost categories or programs, functions, and activities exceeds or is expected to exceed 10 percent of the total budget as last approved by the Federal awarding agency, and where the Federal share of the project exceeds the simplified acquisition threshold. 3. The transfer of funds budgeted for participant support costs to other categories of expense requires prior written approval. Participant support costs means direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences or training projects. 4. Changes in the approved cost-sharing or matching provided by the recipient. 5. Additional Federal funds needed to complete the project. 6. Changes to negotiated indirect cost rates during the award period of performance. 7. Equipment purchases not specifically identified in the approved budget.

g. No-Cost Extensions of Time.—When a no-cost extension of time is required, the recipient authorized signatory must submit a written request to the FAPC administrative contact. Except in very limited circumstances, a no-cost extension of time cannot exceed 12 months. FPAC cannot approve requests for no-cost extensions received after the expiration of the award. In addition, time may not allow extension requests submitted less than 30 calendar days before the period of performance end date to be processed, so recipients are encouraged to submit requests as soon as possible. FPAC agencies cannot approve no-cost extensions requested merely to expend remaining funds. The request must contain the following: 1. Amount of additional time requested 2. Explanation for the need for the extension 3. A summary of progress to date and revised milestones

IV. PAYMENTS

a. Recipients must request reimbursement or advances using a properly completed and executed SF-270, submitted with supporting documentation to either the ezFedGrants system or to the e-mail address specified in the statement of work. FPAC agencies will make payment to the recipient on a reimbursable or advance basis in accordance with the frequency specified in the statement of work.

b. Recipients requesting advances should request payments in amounts necessary to meet their current needs pursuant

to procedures contained in the Federal administrative provisions and 31 CFR Part 205. At the end of each advance period, the recipient must provide a justification (i.e., documentation) showing the amount of advanced funds spent.

c. The method of payment between the recipient and its contractors will be in accordance with the policies and procedures established by the recipient except that the contractors may not use the USDA Office of Financial Management/National Finance Center method to request payments. If the recipient makes advance payments to contractors, the recipient must ensure that the timing of such payments is designed to minimize elapsed time between the advance payment and the disbursement of funds. Recipients must not submit requests from their contractors for review or approval.

d. Accounting records for all costs incurred under this award must be supported by source documentation. Such documentation includes, but is not limited to, canceled checks, paid bills, payroll records, and subaward documents. Labor cost charges to this award must be based upon salaries actually earned and the time actually worked on this award. All project costs must be incurred within the approved project period of this award, including any approved no-cost extension of time. Costs that cannot be supported by source documentation or that are incurred outside of the approved project period and budget may be disallowed and may result in award funds being returned to the Federal Government by the recipient. The level of detail and documentation required to be provided to support any individual payment request is at the discretion of the Government.

e. Recipients must pay all costs incurred (i.e., liquidate obligations) under the award not later than 90 calendar days after the period of performance end date.

V. FINANCIAL REPORTING

a. Recipients must submit a Federal Financial Report (FFR), SF 425 in accordance with the schedule included in the award statement of work. Recipients must submit reports to either the ezFedGrants system or to the email address specified in the statement of work. Failure to submit reports as required may result in suspension or termination of award.

b. The recipient must submit a final financial report no later than 90 days after the period of performance end date. c. The FPAC awarding agency will withhold payments under this award if the recipient is delinquent in submitting required reports.

VI. PERFORMANCE MONITORING AND REPORTING

a. The recipient is responsible for monitoring day-to-day performance and for reporting to FPAC. If the project involves subaward/contractual arrangements, the recipient is also responsible for monitoring the performance of project activities under those arrangements to ensure that approved goals and schedules are met.

b. The recipient must submit a written progress report at the frequency specified in the statement of work to either the ezFedGrants system or to the email address specified in the statement of work. Each report must cover— 1. A comparison of actual accomplishments with the goals and objectives established for the reporting period and, where project output can be quantified, a computation of the costs per unit of output.

2. The reasons why goals and objectives were not met, if appropriate.

3. Additional pertinent information including, where appropriate, analysis and explanation of cost overruns or high unit costs.

c. The recipient must submit a final performance report within 90 calendar days of the period of performance end date. d. The FPAC awarding agency will withhold payments under this award if the recipient is delinquent in submitting required reports.

VII. AUDIT REQUIREMENTS

The recipient is responsible for complying with audit requirements in accordance with 2 CFR 200, Subpart F. A recipient entity that expends \$750,000 or more during the recipient's fiscal year in Federal awards must have a single or program-

specific audit conducted for that year.

VIII. SPECIAL PROVISIONS

- a. The recipient assures and certifies that it will comply with the minimum-wage and maximum- hour provisions of the Federal Fair Labor Standards Act.
- b. Employees of FPAC agencies will participate in efforts under this agreement solely as representatives of the United States. They may not participate as directors, officers, employees, or otherwise serve or hold themselves out as representatives of the recipient. They also may not assist the recipient with efforts to lobby Congress or to raise money through fundraising efforts. Further, FPAC employees must report to their immediate supervisor any negotiations with the recipient concerning future employment and must refrain from participation in projects or agreements with such recipients.
- c. Employees of the recipient will not be considered Federal employees or agents of the United States for any purposes under this agreement. d. Except in very limited circumstances (e.g., construction agreements), no agreement period of performance can exceed a total of five years, including extensions. e. Recipients who engage or assist in scientific related activities on behalf of USDA must uphold the principles of scientific integrity established by Departmental Regulations 1074-001, Scientific Integrity. Covered activities include engaging in, supervising, managing, and reporting scientific work; analyzing and publicly communicating information resulting from scientific work; and utilizing information derived from scientific work in policy and decision making. f. Recipients of awards under covered programs (as defined in Executive Order 13858, January 31, 2019) are hereby notified that they are encouraged to use, to the greatest extent practicable, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States in every contract, subcontract, purchase order, or subaward that is chargeable under the award. "Covered program" means a program that provides financial assistance for the alteration, construction, conversion, demolition, extension, improvement, maintenance, construction, rehabilitation, or repair of an infrastructure project in the United States. However, it does not include programs for which a domestic preference is inconsistent with law or programs providing financial assistance that are subject to comparable domestic preferences. g. The recipient and its employees are prohibited from promoting, recommending, or discussing the availability of specific commercial products or services with FPAC agency clients in the course of carrying out activities under this agreement, including any products or services offered by the recipient, except as may be specifically allowed in the agreement.

IX. PATENTS, INVENTIONS, COPYRIGHTS, AND ACKNOWLEDGMENT OF SUPPORT AND DISCLAIMER

- a. Allocation of rights of patents, inventions, and copyrights must be in accordance with 2 CFR Part 200.315. This regulation provides that small businesses normally may retain the principal worldwide patent rights to any invention developed with USDA support.
- b. In accordance with 37 CFR Section 401.14, each subject invention must be disclosed to the Federal agency within 2 months after the inventor discloses it in writing to contractor personnel responsible for patent matters. Invention disclosure statements pursuant to 37 CFR Section 401.14(c) must be made in writing to:
- Farm Production and Conservation Business Center Grants and Acquisitions Division 1400 Independence Avenue, SW.
Room 6819 South Building Washington, DC 20250
- c. USDA receives a royalty-free license for Federal Government use, reserves the right to require the patentee to license others in certain circumstances, and requires that anyone exclusively licensed to sell the invention in the United States must manufacture it domestically.
- d. The following acknowledgment of USDA support must appear in the publication of any material, whether copyrighted or not, and any products in electronic formats (World Wide Web pages, computer programs, etc.) that is substantially based upon or developed under this award:

"This material is based upon work supported by the U.S. Department of Agriculture, under agreement number [recipient should enter the applicable award number here]."

In addition, all publications and other materials, except scientific articles or papers published in scientific journals, must include the following statement:

"Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Agriculture. In addition, any reference to specific brands or types of products or services does not constitute or imply an endorsement by the U.S. Department of Agriculture for those products or services."

e. All publications printed with Federal Government funds will include the most current USDA nondiscrimination statement, available from the Public Affairs Division, Civil Rights Division, or on the USDA home page. If the material is too small to permit the full nondiscrimination statement to be included, the material must, at a minimum, include the statement:

“USDA is an equal opportunity provider and employer.”

The recipient is responsible for ensuring that an acknowledgment of USDA is made during news media interviews, including popular media such as radio, television, and news magazines, that discuss work funded by this award in a substantial way.

X. COST-SHARING REQUIREMENTS

a. If the award has specific cost-sharing requirements, the cost-sharing participation in other projects may not be counted toward meeting the specific cost-share requirement of this award and must come from non-Federal sources unless otherwise stated in the applicable program authorizing statute. b. Cost share must be documented on each SF 425 and SF 270 and in source documentation as it is provided by the recipient or third party. The required cost-share or matching ratio must be met by the end of the agreement period of performance; however, it does not have to be maintained for every payment request.

c. Should the recipient become aware that it may be unable to provide the cost-sharing amount identified in this award, it must— 1. Immediately notify the FPAC administrative contact of the situation. 2. Specify the steps it plans to take to secure replacement cost sharing. 3. Indicate the plans to either continue or phase out the project in the absence of cost sharing. If the recipient's plans are not acceptable to FPAC, the award may be subject to termination. FPAC modifications to proposed cost sharing revisions are made on a case-by-case basis. Failure by the recipient to notify FPAC in accordance with this section may result in the disallowance of some or all the costs charged to the award, the subsequent recovery by FPAC of some of the FPAC funds provided under the award, and possible termination of the award. It may constitute a violation of the terms and conditions of the award so serious as to provide grounds for subsequent suspension or debarment.

d. The recipient must maintain records of all project costs that are claimed by the recipient as cost sharing as well as records of costs to be paid by FPAC. If the recipient's cost participation includes in-kind contributions, the basis for determining the valuation for volunteer services and donated property must be documented.

e. Recipients must provide notification to the agency administrative contact when adding or replacing sources of cost-share contributions.

XI. PROGRAM INCOME

Program income is the gross revenue generated by a Federally funded activity earned during the performance period of the award. Program income may be earned by recipients from fees charged for conference or workshop attendance, from rental fees earned from real property or equipment acquired with Federal funds, or from the sale of commodities or items developed under the grant or cooperative agreement. It must fall within the guidelines at 2 CFR 200.307. Unless identified and addressed in the award, the recipient must provide notification to the administrative contact and request the manner it would like to treat the income (i.e., deductive or additive). Program income may be used to meet recipient cost-share requirements with the approval of the Government. All program income must be reported on the applicable SF 270 and SF 425.

XII. NONEXPENDABLE EQUIPMENT

Recipients purchasing equipment or products with funds provided under this award are encouraged to purchase only American-made equipment and products. Title to nonexpendable equipment purchased with award funds will vest in the recipient upon completion of the award project and acceptance by FPAC of required final reports. When equipment is no longer needed by the recipient and the per-unit fair market value is less than \$5,000, the recipient may retain, sell, or dispose of the equipment with no further obligation to FPAC. However, if the per-unit fair market value is \$5,000 or more, the recipient must submit a written request to the FPAC administrative contact for disposition instructions.

XIII. LIMIT OF FEDERAL LIABILITY

The maximum financial obligation of FPAC to the recipient is the amount of funds indicated in the award as obligated by FPAC. However, if an erroneous amount is stated on the approved budget, or any supporting document relating to the award, FPAC will have the unilateral right to make the correction and to make an appropriate adjustment in the FPAC share of the award to align with the Federal amount authorized.

XIV. MODIFICATIONS AND TERMINATIONS

The parties may amend this award through an exchange of correspondence between the authorized signatory of each or via formal amendment document. The award is subject to termination if FPAC determines that the recipient has failed to comply with the terms and conditions of the award. If the award is terminated, the guidelines at 2 CFR 200.339-42 will govern the obligations of the parties.

XV. PRIVACY ACT AND PROHIBITION AGAINST CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS

a. Activities performed under this award may involve access to confidential and potentially sensitive information about governmental and landowner issues. The term "confidential information" means proprietary information or data of a personal nature about an individual, or information or data submitted by or pertaining to an organization. This information must not be disclosed without the prior written consent of FPAC.

b. The recipient's personnel will follow the rules and procedures of disclosure set forth in the Privacy Act of 1974, 5 U.S.C. Section 552a, and implementing regulations and policies with respect to systems of records determined to be subject to the Privacy Act. The recipient's personnel must also comply with privacy of personal information relating to natural resources conservation programs in accordance with section 1244 of Title II of the Farm Security and Rural Investment Act of 2002 (Public Law 107-171).

c. The recipient agrees to comply with the "Prohibition Against Certain Internal Confidentiality Agreements:"

1. You may not require your employees, contractors, or subrecipients seeking to report fraud, waste, or abuse to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting them from lawfully reporting that waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information. 2. You must notify your employees, contractors, or subrecipients that the prohibitions and restrictions of any internal confidentiality agreements inconsistent with paragraph (1) of this award provision are no longer in effect. 3. The prohibition in paragraph (1) of this award provision does not contravene requirements applicable to any other form issued by a Federal department or agency governing the nondisclosure of classified information. 4. If FPAC determines that you are not in compliance with this award provision, FPAC: i. Will prohibit your use of funds under this award, in accordance with sections 743 and 744 of Division E of the Consolidated Appropriations Act, 2016, (Pub. L. 114-113) or any successor provision of law; ii. May pursue other remedies available for your material failure to comply with award terms and conditions. XVI. ACKNOWLEDGMENT OF SECTION 1619 COMPLIANCE

The recipient agrees to comply with FPAC guidelines and requirements regarding the disclosure of information protected under Section 1619 of the Food, Conservation, and Energy Act of 2008 (PL 110-246), 7 U.S.C. 8791 as described below.

a. Responsibilities. 1. Acceptance of this award indicates acknowledgment and understanding that the recipient is legally bound by Federal statute to comply with the provisions of Section 1619 and that the recipient will not subsequently disclose information protected by section 1619 to any individual or organization that is not directly covered by this award. Any such subsequent disclosure of the protected information (except as permitted under Section 1619) will be considered a violation of Section 1619. The recipient will be held responsible should disclosure of the protected information occur.

2. Acceptance of this award legally binds every owner, manager, supervisor, employee, contractor, agent, and representative of the recipient to comply with the provisions in Section 1619. The recipient must consult with FPAC prior to providing protected information to an entity or individual outside of the recipient and as necessary to implement the program to ensure that such release is permissible.

3. The recipient will use the protected information only to perform work that is directly connected to this award. Use of the protected information to perform work that is not directly connected to this award is expressly prohibited.

4. The recipient must internally restrict access to the protected information to only those individuals who have a demonstrated need to know the protected information to perform work under this award.

5. The provisions in Section 1619 are continuing obligations. Even when the recipient is no longer a recipient, or when individuals currently affiliated with the recipient become no longer so affiliated, every person having been provided access to the protected information will continue to be legally bound to comply with these provisions.

6. The recipient must notify all managers, supervisors, employees, contractors, agents, and representatives about this provision and the requirements of Section 1619. Notifications about the existence of this provision must be made to those individuals who are new to the organization and periodic notifications must be sent throughout the organization (as well as to all contractors and agents) to remind all about the ongoing and continuing requirements.

7. When the recipient is unsure whether particular information is covered or protected by Section 1619, the recipient must consult with FPAC to determine whether the information must be withheld.

8. Use of the protected information for any purpose is expressly prohibited after the period of performance end date of this award. Upon the award end date, any protected information provided under this award must be immediately destroyed or returned to FPAC. The recipient must provide to FPAC written certification that the protected information (paper copy, electronic copy, or both) has been properly destroyed, removed from any electronic storage media, or both.

9. Any State's "sunshine law," "open records act" or other version of the Freedom of Information Act is superseded by section 1619 under the Supremacy Clause of the U.S. Constitution. Accordingly, information protected from disclosure by section 1619 must not be released under such State laws.

b. Protected Information.

1. Examples of the types of information prohibited by disclosure under Section 1619 include, but are not limited to, the following:

i. State identification and county number (where reported and where located). ii. Producer or landowner name, business full address, phone number, Social Security Number, and similar personal identifying information. iii. Farm, tract, field, and contract numbers. iv. Production shares and share of acres for each Farm Serial Number (FSN) field. v. Acreage information, including crop codes. vi. All attributes for Common Land Units (CLUs) in USDA's Geospatial Information System. vii. Any photographic, map, or geospatial data that, when combined with other maps, can be used to identify a landowner. viii. Location of conservation practices.

2. Section 1619 allows disclosure of "payment information (including payment information and the names and addresses of recipients of payments) under any Department program that is otherwise authorized by law" (emphasis added). The names and payment information of producers generally may be provided to the public; however, the recipient shall consult with FPAC if there is any uncertainty as to the provision of such information.

3. Section 1619 also allows disclosure of otherwise protected information if "the information has been transformed into a statistical or aggregate form without naming any—(i) individual owner, operator, or producer; or (ii) specific data gathering cite." The recipient must consult with FPAC as to whether specific information falls within this exception prior to relying on this exception.

c. Violations. The recipient will be held responsible for violations of this provision and Section 1619. A violation of this provision by the recipient may result in action by FPAC, including termination of the underlying Federal award.

d. Effective Period. The requirements of this provision is effective on the date of the final signature and will continue until FPAC notifies the recipient that it is no longer required based on changes in applicable Federal law.

XVII. AWARD CLOSEOUT

a. Award closeout is the process by which FPAC determines that all required project activities have been performed satisfactorily and all necessary administrative actions have been completed. b. The recipient must submit, no later than 90 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the agreement, including documentation showing that match or cost-share requirements have been met. The awarding agency may approve extensions when requested by the recipient. c. Unless the awarding agency authorizes an extension, the recipient must liquidate all obligations incurred under the agreement not later than 90 calendar days after the end date of the period of performance. d. Recipients must submit all requests for reimbursements no later than 90 calendar days after the end date of the period of performance. e. The recipient must promptly refund any balances of unobligated cash that the awarding agency paid in advance or paid and that are not authorized to be retained by the recipient for use in other projects. See OMB Circular A-129 and see §200.345 Collection of amounts due, for requirements regarding unreturned amounts that become delinquent debts. f. Recipients must retain all records pertaining to the agreement in accordance with 2 CFR 200.333-337 and any additional requirements included in the agreement statement of work. g. Recipients must follow disposition requirements for property acquired with award funds in accordance with 2 CFR 200.310-316.

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**



Departmental Use Only

CENTER: 2985-1803
ACCOUNT: 536502
AMOUNT: \$124,730.00

CENTER: _____
ACCOUNT: 536502
AMOUNT: _____

CENTER: _____
ACCOUNT: 536502
AMOUNT: _____

CENTER: _____
ACCOUNT: 536502
AMOUNT: \$.00

**North Carolina Department of Agriculture and Consumer Services
Division of Soil & Water Conservation**

Watershed Restoration Project - Governmental

CONTRACT # 19-091-4056

This Contract is hereby entered into by and between the **North Carolina Department of Agriculture and Consumer Services, Division of Soil & Water Conservation** (the "Agency") and **Brunswick County Phase #1** ("Grantee"), and referred to collectively as the "Parties". The Grantee's federal tax identification number is 56-6000278 and is physically located in Brunswick County, and is further located at 10 Referendum Drive Bolivia, NC 28420.

The purpose of this Contract is to implement needed repairs to streams and drainage ways resulting from hurricanes and subsequent flooding. The Grantee's project title is Watershed Restoration Project. This Contract is funded by state appropriations. Funds awarded under this Contract must be used for the purposes for which they are intended.

The Grantee's fiscal year ends June 30.

Contract Documents:

This Contract consists of the Grant Contract and its attachments, all of which are identified by name as follows:

1. This Contract
2. General Terms and Conditions (Attachment A)
3. Scope of Work, including Timeline, Line Item Budget and Budget Narrative (Attachment B)
4. Certifications and Assurances Section (Attachment C)
5. NC Openbook Supplemental Information (Attachment D)
6. Signature Card (Attachment E)
7. W-9 Tax Information (Attachment F)
8. Vendor Electronic Payment Form (Attachment G)

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

I. Precedence Among Contract Documents:

In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple

Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

II. **Effective Period:**

This Contract shall be effective on **January 1, 2020** and shall terminate on **December 31, 2022** with the option to extend, if mutually agreed upon, through a written amendment as provided for in the General Terms and Conditions as described in Attachment A.

III. **Grantee's Duties:**

The Grantee shall provide the services as described in the Attachment **B: Scope of Work**. The Grantee shall be responsible to obtaining necessary landowner authorization for site access and all permits needed to complete the planned work.

IV. **Agency's Duties:**

The Agency shall pay the Grantee in the manner and in the amounts specified in the Contract Documents. The total amount paid by the Agency to the Grantee under this Contract shall not exceed **\$124,730.00**. This amount consists of: **\$124,730.00** in State funds.

☐ a. There are no matching requirements from the Grantee.

☐ b. There are no matching requirements from the Grantee; however, the Grantee has committed the following match to this project:

	In Kind	\$
	Cash	\$
	Cash and In-kind	\$
	Cash and/or In-kind	\$
	Other/Specify:	\$

☒ c. The Grantee's matching requirement is \$374,189.00, which consists of:

	In Kind	\$
	Cash	\$
	USDA Funds	\$374,189.00
	Cash and/or In-kind	
	Other/Specify:	\$

☐ d. The Grantee has committed to an additional \$ _____ to complete the project as described in Attachment B.

The total contract amount with matching funds is **\$498,919.00**.

V. **Conflict of Interest Policy:**

The Agency has determined that the Grantee is a governmental agency and is not subject to N.C.G.S. § 143C-6-23(b). Therefore, the Grantee is not required to file a Conflict of Interest Policy with the Agency prior to disbursement of funds.

VI. **Statement of No Overdue Tax Debts:**

The Agency has determined that Grantee is a governmental agency and is not subject to N.C.G.S. § 143C-6-23(c). Therefore, the Grantee is not required to file a Statement of No Overdue Tax Debts with the Agency prior to disbursement of funds.

VII. Reversion of Unexpended Funds:

Any unexpended grant funds shall revert to the Agency upon termination of this Contract.

VIII. Reporting Requirements:

(1) State [N.C.G.S. 143C-6-23]:

The Agency has determined that the Grantee is a governmental entity and is not subject to the State reporting requirements mandated by N.C.G.S. § 143C-6-23. Therefore, the Grantee does not have to file annual electronic reports with the NC Office of State Budget & Management.

(2) Agency Reporting Requirements:

- a) The Grantee shall submit quarterly progress reports, with each report due on or before the last day of January, April, July, and October, continuing until the project is complete and final project report is approved. The quarterly progress report is required even if no activity has occurred for the quarter and no reimbursement is requested for the quarter.
- b) The quarterly and final report shall include a narrative summary of the work completed each quarter and for the project to date and a summary of cash and in-kind expenditures for the quarter and total project.
- c) Grantee shall submit a Final Financial report and Final Invoice not later than 60 days after the expiration or termination of this Contract.

IX. Payment Provisions:

Upon execution of this Contract the Grantee shall submit to the Agency Contract Administrator a completed Request for Payment form, to be provided by the Agency. All Request for Payment forms should be received no more than monthly, with an invoice showing expenditures and matching funds, if applicable, for the current period and cumulatively for the entire project. Upon approval by the Agency, payment shall be made within 30 days. Twenty percent (20%) of the total funds awarded under this Contract shall be retained by the Agency until both the final performance and financial reports are submitted by the Grantee and approved by the Agency.

For sites for which this contract is supplementing USDA Emergency Watershed Protection Program (EWPP) funding, completed work must also satisfy EWPP requirements prior to payment being authorized.

Up to 16 percent (16%) of the funds awarded to the Grantee may be used to reimburse actual documented engineering, technical assistance, and administrative expenses for the project, excluding any expenses pledged by the Grantee as match for this project and salary, benefits, and operating expenses that would normally have been paid by the Grantee.

The Grantee shall expend funds in accordance with G.S. 143C-6-23 (f1)(f2)(j). The Grantee shall account for any income earned, which may result from any funds awarded under this Contract, on the Agency "Request for Reimbursement" form. Eligible uses of income earned are:

- a) Expanding the project or program;
- b) Continuing the project or program after grant ends; or
- c) Supporting other projects or programs that further the broad objectives of the grant program.

If this Contract is terminated prior to the original end date, the Grantee may submit a final Request for Payment form. All unexpended funds shall be returned by the Grantee to the Agency within 60 days of the Contract termination date with a complete final financial report, accompanied by either a final invoice or a refund of any funds received but not expended. The Agency shall have no obligation to honor requests for payment based on expenditure reports submitted later than 60 days after termination or expiration of the contract period.

Reimbursement requests shall be completed on a "Request for Reimbursement" form furnished to the Grantee by the Agency. All reimbursement forms must include support documentation, including but not limited to; copies of invoices, individual time sheets and travel logs that have been signed by the

employee and supervisor; salary registers or payrolls that include fringe benefits, hourly rates of pay, and signature of the Grantee's responsible financial person, cancelled checks and lease agreements.

Eligible expenditures for payment must be within the effective period noted in the Contract. Reimbursement may not be considered prior to the submission and final execution of the Contract.

All travel reimbursement shall be made in accordance with the current State rates, at the time of the expenditure, and shall be made in accordance with the "State Budget Manual".

Staff from the Division of Soil and Water Conservation or its designated agent will conduct a site visit and approve the work completed and submitted for reimbursement prior to releasing any payment to the Grantee. The Agency must determine that all work has been completed satisfactorily in accordance with the Best Management Practices for Selective Clearing and Snagging.

All matching funds, including in-kind and cash, must be spent concurrently with funds provided by the Contract. Both types of matching funds expended shall be accounted for on the monthly invoices.

Indirect costs are not allowable expenditures under this Contract, except as described in paragraph two of this section.

X. Contract Administrators:

All notices permitted or required to be given by one Party to the other and all questions about the Contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrator are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the Agency:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
David B. Williams, Deputy Director Division of Soil & Water Conservation 1614 Mail Service Center Raleigh, NC 27699-1614 Telephone: 919-715-6103 Email: David.B.Williams@ncagr.gov	David B. Williams, Deputy Director Division of Soil & Water Conservation 216 West Jones Street Raleigh, NC 27603

For the Grantee:

Grantee Contract Administrator	Grantee Principal Investigator or Key Personnel
Mamie Caison Brunswick County Phase #1 10 Referendum Drive Bolivia, NC 28420 Telephone: 910-253-2830 Fax: 910-253-2836 Email: mamie.caison@nc.nacdnet.net	Same

XI. Supplementation of Expenditure of Public Funds:

The Grantee assures that funds received pursuant to this Contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Grantee otherwise normally expends for salary and benefits for activities involved with specialty services and related programs. Funds received under this Contract shall be used to provide additional public funding for

such services. The funds shall not be used to reduce the Grantee's total expenditure of other public funds for such services.

XII. Disbursements:

As a condition of this Contract, the Grantee acknowledges and agrees to make disbursements in accordance with the following requirements:

- a. Will implement or already have implemented adequate internal controls over disbursements
- b. Pre-audit all invoices presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- c. Assure adequate control of signature stamps/plates
- d. Assure adequate control of negotiable instruments; and
- e. Have procedures in place to ensure that account balance is solvent and to reconcile the account monthly.
- f.

XIII. Outsourcing:

The Grantee certifies that it has identified to the Agency all jobs related to the Contract that have been outsourced to other countries, if any. Grantee further agrees that it will not outsource any such jobs during the term of this Contract without providing prior notice to the Agency.

XIV. N.C.G.S. § 133-32 and Executive Order 24:

N.C.G.S. § 133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State employee of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement or Contract, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employee of your organization.

[This Contract is continued on the next page]

XV. Signature Warranty:

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

IN WITNESS WHEREOF, the Grantee and the Agency execute this contract in **two (2)** originals, one (1) of which is retained by the Grantee and one (1) which are retained by the Agency, the day and year first above written.

Grantee: Brunswick County Phase #1

Signature of Authorized Representative Date

Printed Name Title

Witness:

Signature Date

Printed Name Title



North Carolina Department of Agriculture and Consumer Services

Signature of Authorized Representative Date

N. David Smith, Chief Deputy Commissioner

ATTACHMENT B **SCOPE OF WORK** **WATERSHED RESTORATION PROJECT**

Brunswick County (the “GRANTEE”) will complete watershed restoration activities including cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries included in Table B1 below (taken from the application submitted by the GRANTEE). For sites for which this contract is supplementing USDA Emergency Watershed Protection Program (EWPP) funding, completed work must also satisfy EWPP requirements prior to payment being authorized.

TABLE B1: Stream/Ditch Segments to be repaired

	Segment Name	Description of Planned Treatment	EWP DSR Number (Project No.)	Linear Feet Planned
BA	Danford Trib	Stream Debris Removal, Sediment Removal, Streambank Stabilization	276	246
BB	Brunswick 01 (Mill Creek)	Stream Debris Removal	277	416
BC	Hickman Branch	Stream Debris removal, Sediment Removal, Streambank Stabilization	278	550
BD	Brunswick 05 (Mill Creek)	Stream Debris Removal	280	75
BE	Brunswick 06(Dews Creek)	Stream Debris Removal, Streambank Stabilization	281	3000
BF	Brunswick 07 (Reedy Branch)	Stream Debris Removal, Streambank Stabilization	282	2000
BG	Brunswick 09 (Falls Swamp)	Stream Debris Removal, Stream Stabilization,	283	910
BH	Jackeys Creek	Stream Debris Removal	284	1310

BI	Brunswick 13 (Lockwoods Folly River)	Stream Debris Removal	285	810
BJ	George II HW Mill Creek	Stream Debris Removal	286	109
BK	Hickman Rd NW Hickman Branch	Stream Debris Removal	287	60
BL	Old Ocean HW Drain	Stream Debris Removal, Streambank Stabilization	291	150
BM	Hwy 17- Woodward Branch	Stream Debris Removal, Streambank Stabilization	316	740
BN	Old Mill Road NE (Trib to Mill Creek)	Stream Debris Removal	290	850
BO	Unnamed Trib to Bolivia Branch	Stream Debris Removal	292	100
BP	River Road SE (Mallory Creek)	Stream Debris Removal	293	425
BQ	Royal Oak Rd NW (Trib to Williams Branch)	Stream Debris Removal)	294	1310
BR	Stone Chimney Rd SW (Little Doe Creek)	Stream Debris Removal	295	425

The GRANTEE will ensure that all required permits are secured for each site and landowner permission is granted before any work proceeds for that site.

The GRANTEE will ensure that it and its contractors follow the Division of Water Resources' *Hurricane Matthew Stream and Wetland Cleanup/Restoration Guideline* dated October 2016. The GRANTEE shall also follow *Best Management Practices for Selective*

Clearing and Snagging to manage all woody debris removed from streams. These guidelines can be downloaded at:

<https://www.ncagr.gov/SWC/disasterresponse/WatershedRecoveryEfforts.html>

In the event the Grantee completes the work specified in the Scope of Work without exhausting the funds in the Contract, the Agency Contract Administrator may issue a Work Authorization to approve stream debris removal work for additional stream segments requested by the Grantee, not to exceed the funds available in the Contract.

PUBLIC SECTOR CONTRACTS (Including Local Governments)**General Terms and Conditions****DEFINITIONS**

Unless indicated otherwise from the context, the following terms shall have the following meanings in this Contract. All definitions are from 9 NCAC 3M.0102 unless otherwise noted. If the rule or statute that is the source of the definition is changed by the adopting authority, the change shall be incorporated herein:

- (1) "Agency" (as used in the context of the definitions below) shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subagency of government. For other purposes in this Contract, "Agency" shall mean the entity identified as one of the parties hereto.
- (2) "Audit" means an examination of records or financial accounts to verify their accuracy.
- (3) "Certification of Compliance" means a report provided by the Agency to the Office of the State Auditor that states that the Grantee has met the reporting requirements established by this Subchapter and included a statement of certification by the Agency and copies of the submitted grantee reporting package.
- (4) "Compliance Supplement" refers to the North Carolina State Compliance Supplement, maintained by the State and Local Government Finance Agency within the North Carolina Department of State Treasurer that has been developed in cooperation with agencies to assist the local auditor in identifying program compliance requirements and audit procedures for testing those requirements.
- (5) "Contract" means a legal instrument that is used to reflect a relationship between the agency, grantee, and subgrantee.
- (6) "Fiscal Year" means the annual operating year of the non-State entity.
- (7) "Financial Assistance" means assistance that non-State entities receive or administer in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance. Financial assistance does not include amounts received as reimbursement for services rendered to individuals for Medicare and Medicaid patient services.
- (8) "Financial Statement" means a report providing financial statistics relative to a given part of an organization's operations or status.
- (9) "Grant" means financial assistance provided by an agency, grantee, or subgrantee to carry out activities whereby the grantor anticipates no programmatic involvement with the grantee or subgrantee during the performance of the grant.
- (10) "Grantee" has the meaning in G.S. 143C-6-23(a)(2): a non-State entity that receives a grant of State funds from a State agency, department, or institution but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission. For other purposes in this Contract, "Grantee" shall mean the entity identified as one of the parties hereto.
- (11) "Grantor" means an entity that provides resources, generally financial, to another entity in order to achieve a specified goal or objective.
- (12) "Non-State Entity" has the meaning in N.C.G.S. 143C-1-1(d)(18): Any of the following that is not a State agency: an individual, a firm, a partnership, an association, a county, a corporation, or any other organization acting as a unit. The term includes a unit of local government and public authority.
- (13) "Public Authority" has the meaning in N.C.G.S. 143C-1-1(d)(22): A municipal corporation that is not a unit of local government or a local governmental authority, board, commission, council, or agency that (i) is not a municipal corporation and (ii) operates on an area, regional, or multiunit basis, and the budgeting and accounting systems of which are not fully a part of the budgeting and accounting systems of a unit of local government.
- (14) "Single Audit" means an audit that includes an examination of an organization's financial statements, internal controls, and compliance with the requirements of federal or State awards.
- (15) "Special Appropriation" means a legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose.
- (16) "State Funds" means any funds appropriated by the North Carolina General Assembly or collected by the State of North Carolina. State funds include federal

financial assistance received by the State and transferred or disbursed to non-State entities. Both federal and State funds maintain their identity as they are subgranted to other organizations. Pursuant to N.C.G.S. 143C-6-23(a)(1), the terms "State grant funds" and "State grants" do not include any payment made by the Medicaid program, the Teachers' and State Employees' Comprehensive Major Medical Plan, or other similar medical programs.

(17) "Subgrantee" has the meaning in G.S. 143C-6-23(a)(3): a non-State entity that receives a grant of State funds from a grantee or from another subgrantee but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission.

(18) "Unit of Local Government" has the meaning in G.S. 143C-1-1(d)(29): A municipal corporation that has the power to levy taxes, including a consolidated city-county as defined by G.S. 160B-2(1), and all boards, agencies, commissions, authorities, and institutions thereof that are not municipal corporations.

Relationships of the Parties

Independent Contractor: The Grantee is and shall be deemed to be an independent Contractor in the performance of this Contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Grantee represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Agency.

Subcontracting: The Grantee shall not subcontract any of the work contemplated under this Contract without prior written approval from the Agency. Any approved subcontract shall be subject to all conditions of this Contract. Only the subcontractors or subgrantees specified in the Contract documents are to be considered approved upon award of the Contract. The Agency shall not be obligated to pay for any work performed by any unapproved subcontractor or subgrantee. The Grantee shall be responsible for the performance of all of its subgrantees and shall not be relieved of any of the duties and responsibilities of this Contract.

Subgrantees: The Grantee has the responsibility to ensure that all subgrantees, if any, provide all information necessary to permit the Grantee to comply with the standards set forth in this Contract.

Assignment: No assignment of the Grantee's obligations or the Grantee's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may:

- (a) Forward the Grantee's payment check(s) directly to any person or entity designated by the Grantee, or
- (b) Include any person or entity designated by Grantee as a joint payee on the Grantee's payment check(s).

In no event shall such approval and action obligate the State to anyone other than the Grantee and the Grantee shall remain responsible for fulfillment of all Contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this Contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Agency and the named Grantee. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Agency and Grantee that any such person or entity, other than the Agency or the Grantee, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

Indemnity

Indemnification: The Grantee agrees to indemnify and hold harmless the Agency, including any of its Divisions, and any of its officers, agents and employees, from liability of any kind, and from any claims of third parties arising out of any act or omission of the Contractor in connection with the performance of this Contract to the extent permitted by law.

Default and Termination

Termination by Mutual Consent: The Parties may terminate this Contract by mutual consent with 60 days notice to the other party, or as otherwise provided by law.

Termination for Cause: If, through any cause, the Grantee shall fail to fulfill its obligations under this Contract in a timely and proper manner, the Agency shall have the right to terminate this Contract by giving written notice to the Grantee and specifying the effective date thereof.

In that event, all finished or unfinished deliverable items prepared by the Grantee under this Contract

shall, at the option of the Agency, become its property and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made.

Notwithstanding the foregoing provision, the Grantee shall not be relieved of liability to the Agency for damages sustained by the Agency by virtue of the Grantee's breach of this agreement, and the Agency may withhold any payment due the Grantee for the purpose of setoff until such time as the exact amount of damages due the Agency from such breach can be determined. The filing of a petition for bankruptcy by the Grantee shall be an act of default under this Contract.

Waiver of Default: Waiver by the Agency of any default or breach in compliance with the terms of this Contract by the Grantee shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this Contract unless stated to be such in writing, signed by an authorized representative of the Agency and the Grantee and attached to the Contract.

Availability of Funds: The parties to this Contract agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Agency.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this Contract are the exclusive property of the Agency. The Grantee shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

Compliance with Laws: The Grantee shall comply with all laws, ordinances, codes, rules, regulations,

and licensing requirements that are applicable to the conduct of its business, including those of federal, State, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Grantee shall take affirmative action in complying with all federal and State statutes and all applicable requirements concerning fair employment of people with disabilities, and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, sex, national origin or disability. For additional information see Title VI of the Civil Rights Act of 1964 (42 U.S.C., 2000d, 2000e-16), Title XI of the Education amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686), and section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).

Executive Order 24: In accordance with Executive Order 24, issued by Governor Perdue, and N.C.G.S. § 133-32, a vendor or contractor (i.e. architect, bidder, contractor, construction manager, design professional, engineer, landlord, offeror, seller, subcontractor, supplier, vendor, or grantee), is prohibited from making gifts or giving favors to any employee of the Agency of Agriculture and Consumer Services. This prohibition covers those vendors, contractors, and/or grantees who:

- (a) have a Contract with a governmental Agency; or
- (b) have performed under such a Contract within the past year; or
- (c) anticipate bidding on such a Contract in the future.

For additional information regarding the specific requirements and exemptions, vendors, contractors, and/or grantees are encouraged to review Executive Order 24 and N.C.G.S. § 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Grantee under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Agency. The Grantee acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this Contract.

Oversight

Access to Persons and Records: The State Auditor and the using agency's internal auditors shall have

access to persons and records as a result of all Contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7 and Session Law 2010-194, Section 21 (i.e., the State Auditors and internal auditors may audit the records of the contractor during the term of the Contract to verify accounts and data affecting fees or performance).

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Agency. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the Contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later.

Miscellaneous

Choice of Law: The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of North Carolina. The Grantee, by signing this Contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this Contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters whether sounding in Contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this Contract.

Care of Property: The Grantee agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this Contract and will reimburse the

Agency for loss of, or damage to, such property. At the termination of this Contract, the Grantee shall contact the Agency for instructions as to the disposition of such property and shall comply with these instructions.

Amendment: This Contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Agency and the Grantee.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this Contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Contract shall remain in full force and effect.

Travel Expenses: Reimbursement to the Grantee for travel mileage, meals, lodging and other travel expenses incurred in the performance of this Contract shall be reasonable and supported by documentation. State rates shall be used. International travel shall not be reimbursed under this Contract.

Sales/Use Tax Refunds: If eligible, the Grantee and all subgrantees shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this Contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Grantee shall not use the award of this Contract as a part of any news release or commercial advertising.

Indirect Costs Policy: The Agency has adopted a "Zero" policy that indirect costs are unallowable expenditures in all State funded grant applications and/or grant guidance, informational or directional documents.

Allowable Uses of State Funds: Expenditures of State funds by any grantee shall be in accordance with the Cost Principles outlined in the Office of Management and Budget (OMB) CFR Title 2, Part 200 Uniform Administrative Requirements, as applicable. If the grant funding includes federal sources, the grantee shall ensure adherence to the cost principles established by the Federal Office of Management and Budget. [09 NCAC 03M.020]

Certifications and Assurances

CERTIFICATIONS REGARDING LOBBYING, NONPROCUREMENT, DEBARMENT, SUSPENSION AND DRUG-FREE WORKPLACE

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Signature of this form provides for compliance with certification requirements under 2 CFR, Subtitle B, Chapter IV, Part 417, "Nonprocurement Debarment and Suspension," Part 418, "New Restrictions on Lobbying," and Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)," and 2 CFR Part 180. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Agriculture & Consumer Services determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by authority: 31 U.S.C. 1352 and U.S.C. 301 and implemented at 2 CFR Part 180, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 2 CFR Section 418.110, the applicant certifies that to the best of their knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

2. NONPROCUREMENT DEBARMENT AND SUSPENSION

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 180 and 2CFR Part 417, for prospective participants in primary covered transactions, as defined at 2 CFR 180.435 and Subpart C, 417.332, the applicant certifies that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 2. (a) (b) of this certification.
- d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default.
- e) Agree to include a term or condition in lower tier covered transactions requiring lower tier participants to comply with subpart C of the OMB guidance in 2 CFR part 180, as supplemented by subpart C of Part 417.

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this certification.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182, Subparts B, and C, for grantees:

The applicant certifies that it will:

- a) Make a good faith effort, on a continuing basis, to maintain a drug-free workplace. You must agree to do so as a condition for receiving any award covered by this part.
- b) Publish a drug-free workplace statement and establish a drug-free awareness program for your employees (see Sections 182.205 through 182.220); and
- c) Take actions concerning employees who are convicted of violating drug statutes in the workplace (see Section 182.225), including notification to any Federal agency on whose award the convicted employee was working and within 30 days take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended; or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- d) You must identify all known workplaces under your Federal awards (see Section 182.230).

The grantee must provide the location site(s) for the performance of work done in connection with the specific grant.

Place(s) of Performance (Street address, city, county, state, zip code)

_____	_____
_____	_____
_____	_____

DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182:

- A. As a condition of the grant, I certify that I will comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 421, which adopts the Government-wide implementation (2 CFR part 182) of sec. 5152-5158 of the Drug Free Workplace Act of 1988 (Pub.L100-690, Title V, Subtitle D; 41 U.S.C. 701-707).

- B. I agree to notify the agency as required by 2 CFR 182.300(b) of any conviction for a criminal drug offense within ten days.

Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the Grantee, I hereby certify and state to the best of my knowledge and belief, that the Grantee will comply with the above certifications.

Grantee Organization Name

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

NC OpenBook Supplemental Information

Instructions: Complete the information below and return it to the Contract Administrator identified in your original contract. This information must be submitted as part of your contract. If you have questions, please contact the Contract Administrator or the Alternate Contact as reflected in your contract.

DUNS Number: _____
 Contract Number: _____ Amendment Number: _____
 Grantee Name: _____
 TAX ID Number: _____
 Fiscal Year Ends: _____

1. Brief Description and Background/History of your Organization.

Be sure to include the number of years in existence, number of employees, mission and goals of your organization.

2. Current project timeline: Begin _____ End _____

3. Expected outcomes and specific deliverables.

(Example: Expected Outcome: Aquaculture operation will remain in business. Deliverable: Healthy food made available for human consumption.)

4. The Grantee's WEB URL: _____

5. * Grantee County of Residence: _____ Congressional District#: _____
 (CONGRESSIONAL DISTRICT # MUST BE IDENTIFIED)

6. **County of Benefit: Single County: ☐ Yes ☐ No County Name: _____
 Statewide: ☐ Yes ☐ No
 Regional: ☐ Yes ☐ No

7. If the answer to question number 6 is more than one county or "Regional", list the counties receiving benefit.

*Grantee County of Residence: County in which grantee is located.

**County of Benefit: List only county or counties in which funding will be spent and/or food commodities will be received.

Signature Card



CONTRACT & FINANCIAL DOCUMENTS

INSTRUCTIONS: Please read and fill in the required information to the right of each field where applicable. Signatures must match the Contract signatures. In the event the affixed signature(s) are no longer valid, a revised form must be submitted prior to processing any contractual documents or submitting "Request for Payments" or any other financial documents. If more than two people will sign for the organization, this form may be duplicated.

SECTION I.

Date:	
Legal Applicant Organization/Agency Name:	
Federal Tax Identification Number:	

SECTION II.

Certification:

By affixing my signature below, I certify that person(s) identified are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments." I understand the legal implications of any and all misrepresentation, which include but are not limited to defrauding the State of North Carolina, and certify that the person signing below has full authority to execute this Agreement on behalf of the named organization.

NON-GOVERNMENTAL ORGANIZATIONS ONLY (Must match Contract signature)

Board Chair, Executive Director, etc.	Financial Representative, Treasurer, etc.
Print Name & Title:	Print Name & Title:
Signature:	Signature:

GOVERNMENTAL ENTITIES (Must match Contract signature)

Authorized Governmental Official	Chief Fiscal Officer
Print Name & Title:	Print Name & Title:
Signature:	Signature:

Form

W-9(Rev. November 2017)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**► Go to www.irs.gov/FormW9 for instructions and the latest information.**Give Form to the
requester. Do not
send to the IRS.**Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> </div>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign
Here**Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Office of the State Controller
Return to: OSC Support Services Center
 Address: 1410 Mail Service Center
 Raleigh, NC 27699-1410
 Email: osc.support.services@osc.nc.gov
 Telephone: 919-707-0795



Vendor Electronic Payment Form

New Add Request
 Change/Update Existing Account
 Inactivate Existing Account

***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

*TAX ID # or SSN

--	--	--	--	--	--	--	--	--	--

*PAYEE NAME

--	--

*REMITTANCE ADDRESS

(AS PRINTED ON
YOUR INVOICE)

STREET

--

SUITE/ROOM #

--

--

CITY

--

STATE

ZIP CODE

--

*CONTACT

NAME & TITLE

PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:																		
*NAME ON ACCOUNT:																		
*NEW ROUTING NUMBER:																		
*NEW ACCOUNT NUMBER:																		
*ACCT TYPE:	Checking									Savings								
*REMIT E-MAIL ADDRESS																		

New add requests MUST include contact information for the state agency with which you are doing business.

*Agency Name:																		
*Agency Contact Name:																		
*Agency Contact Email Address:																		
*Agency Contact Phone Number:																		

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:																		
NAME ON ACCOUNT:																		
ROUTING NUMBER:																		
ACCOUNT NUMBER:																		
ACCT TYPE:	Checking									Savings								
REMIT E-MAIL ADDRESS																		

* ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller.
	I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead.

*PRINT NAME:																		
*DATE:																		
*SIGNATURE:																		
*PHONE NUMBER:																		

Instructions

*** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:
 - New Add Request – Vendor would like to begin receiving payments via ACH.
 - Change/Update Existing Account – Vendor's account number, routing number, or remittance email address has changed.
 - Inactivate Existing Account – Vendor no longer wants to receive payments via ACH.
2. *Enter the vendor's Tax Identification Number or Social Security Number.
3. *Enter the Payee Name – The name of the person or business receiving payment.
4. *Enter the vendor's remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. *Enter the vendor's contact name, title, and phone number.
6. *Enter the vendor's financial information:
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. *For a **new add request only**, provide the following:
 - Agency Name – The state agency the vendor is doing business with.
 - Agency Contact Name – The vendor's contact person name at the state agency.
 - Agency Contact Email Address – The contact person's email address at the state agency.
 - Agency Contact Phone Number – The contact person's phone number at the state agency.

NOTE: New add requests MUST include contact information for the state agency with which you are doing business.
8. Prior Financial Information – this is required if the vendor's bank account, routing number, or remittance email address has changed.
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
9. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the form will not be processed.**
10. *Print Name – Print the name of the authorized signee on the form.
 - *Date – Date of signature.
 - *Signature – The authorized signee's signature.
 - *Phone Number – The authorized signee's phone number.

Return to: OSC Support Services Center

Address:

1410 Mail Service Center

Raleigh, NC 27699-1410

Email: osc.support.services@osc.nc.gov

Please allow up to 30 days for processing.

**STATE OF NORTH CAROLINA
COUNTY OF WAKE**



Departmental Use Only

CENTER: 2985-1803
ACCOUNT: 536502
AMOUNT: \$95,268.00

CENTER: _____
ACCOUNT: 536502
AMOUNT: _____

**North Carolina Department of Agriculture and Consumer Services
Division of Soil & Water Conservation**

Watershed Restoration Project - Governmental

CONTRACT # 19-091-4020

This Contract is hereby entered into by and between the **North Carolina Department of Agriculture and Consumer Services, Division of Soil & Water Conservation** (the "Agency") and **Brunswick County** ("Grantee"), and referred to collectively as the "Parties". The Grantee's federal tax identification number is 56-6000278 and is physically located in Brunswick County, and is further located at 10 Referendum Drive Bolivia, NC 28420.

The purpose of this Contract is to implement needed repairs to streams and drainage ways resulting from Hurricane Florence and subsequent flooding. The Grantee's project title is Watershed Restoration Project. This Contract is funded by state appropriations from the Hurricane Florence Emergency Response Act. Funds awarded under this Contract must be used for the purposes for which they are intended.

The Grantee's fiscal year ends June 30.

Contract Documents:

This Contract consists of the Grant Contract and its attachments, all of which are identified by name as follows:

1. This Contract
2. General Terms and Conditions (Attachment A)
3. Scope of Work, including Timeline, Line Item Budget and Budget Narrative (Attachment B)
4. Certifications and Assurances Section (Attachment C)
5. NC Openbook Supplemental Information (Attachment D)
6. Signature Card (Attachment E)
7. W-9 Tax Information (Attachment F)
8. Vendor Electronic Payment Form (Attachment G)
9. FFATA Data Reporting Requirements (Attachment H)
10. Federal Regulations (Attachment I)

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

I. Precedence Among Contract Documents:

In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

II. **Effective Period:**

This Contract shall be effective on **January 1, 2020** and shall terminate on **December 31, 2022** with the option to extend, if mutually agreed upon, through a written amendment as provided for in the General Terms and Conditions as described in Attachment A.

III. **Grantee's Duties:**

The Grantee shall provide the services as described in the Attachment **B: Scope of Work**. The Grantee shall be responsible to obtaining necessary landowner authorization for site access and all permits needed to complete the planned work.

IV. **Agency's Duties:**

The Agency shall pay the Grantee in the manner and in the amounts specified in the Contract Documents. The total amount paid by the Agency to the Grantee under this Contract shall not exceed **\$95,268.00**. This amount consists of: **\$95,268.00** in State funds.

☐ a. There are no matching requirements from the Grantee.

☐ b. There are no matching requirements from the Grantee; however, the Grantee has committed the following match to this project:

	In Kind	\$
	Cash	\$
	Cash and In-kind	\$
	Cash and/or In-kind	\$
	Other/Specify:	\$

☒ c. The Grantee's matching requirement is \$285,804.00, which consists of:

	In Kind	\$
	Cash	\$
	USDA Funds	\$285,804.00
	Cash and/or In-kind	
	Other/Specify:	\$

☐ d. The Grantee has committed to an additional \$ _____ to complete the project as described in Attachment B.

The total contract amount with matching funds is **\$381,072.00**.

V. **Conflict of Interest Policy:**

The Agency has determined that the Grantee is a governmental agency and is not subject to N.C.G.S. § 143C-6-23(b). Therefore, the Grantee is not required to file a Conflict of Interest Policy with the Agency prior to disbursement of funds.

VI. **Statement of No Overdue Tax Debts:**

The Agency has determined that Grantee is a governmental agency and is not subject to N.C.G.S. § 143C-6-23(c). Therefore, the Grantee is not required to file a Statement of No Overdue Tax Debts with the Agency prior to disbursement of funds.

VII. **Reversion of Unexpended Funds:**

Any unexpended grant funds shall revert to the Agency upon termination of this Contract.

VIII. **Reporting Requirements:**

(1) State [N.C.G.S. 143C-6-23]:

The Agency has determined that the Grantee is a governmental entity and is not subject to the State reporting requirements mandated by N.C.G.S. § 143C-6-23. Therefore, the Grantee does not have to file annual electronic reports with the NC Office of State Budget & Management.

(2) Agency Reporting Requirements:

- a) The Grantee shall submit quarterly progress reports, with each report due on or before the last day of January, April, July, and October, continuing until the project is complete and final project report is approved. The quarterly progress report is required even if no activity has occurred for the quarter and no reimbursement is requested for the quarter.
- b) The quarterly and final report shall include a narrative summary of the work completed each quarter and for the project to date and a summary of cash and in-kind expenditures for the quarter and total project.
- c) Grantee shall submit a Final Financial report and Final Invoice not later than 60 days after the expiration or termination of this Contract.

IX. **Payment Provisions:**

Upon execution of this Contract the Grantee shall submit to the Agency Contract Administrator a completed Request for Payment form, to be provided by the Agency. All Request for Payment forms should be received no more than monthly, with an invoice showing expenditures and matching funds, if applicable, for the current period and cumulatively for the entire project. Upon approval by the Agency, payment shall be made within 30 days. Twenty percent (20%) of the total funds awarded under this Contract shall be retained by the Agency until both the final performance and financial reports are submitted by the Grantee and approved by the Agency.

For sites for which this contract is supplementing USDA Emergency Watershed Protection Program (EWPP) funding, completed work must also satisfy EWPP requirements prior to payment being authorized.

Up to 16 percent (16%) of the funds awarded to the Grantee may be used to reimburse actual documented engineering, technical assistance, and administrative expenses for the project, excluding any expenses pledged by the Grantee as match for this project and salary, benefits, and operating expenses that would normally have been paid by the Grantee.

The Grantee shall expend funds in accordance with G.S. 143C-6-23 (f1)(f2)(j). The Grantee shall account for any income earned, which may result from any funds awarded under this Contract, on the Agency "Request for Reimbursement" form. Eligible uses of income earned are:

- a) Expanding the project or program;
- b) Continuing the project or program after grant ends; or
- c) Supporting other projects or programs that further the broad objectives of the grant program.

If this Contract is terminated prior to the original end date, the Grantee may submit a final Request for Payment form. All unexpended funds shall be returned by the Grantee to the Agency within 60 days of the Contract termination date with a complete final financial report, accompanied by either a final invoice or a refund of any funds received but not expended. The Agency shall have no obligation to honor requests for payment based on expenditure reports submitted later than 60 days after termination or expiration of the contract period.

Reimbursement requests shall be completed on a "Request for Reimbursement" form furnished to the Grantee by the Agency. All reimbursement forms must include support documentation, including but not limited to; copies of invoices, individual time sheets and travel logs that have been signed by the employee and supervisor; salary registers or payrolls that include fringe benefits, hourly rates of pay, and signature of the Grantee's responsible financial person, cancelled checks and lease agreements.

Eligible expenditures for payment must be within the effective period noted in the Contract. Reimbursement may not be considered prior to the submission and final execution of the Contract.

All travel reimbursement shall be made in accordance with the current State rates, at the time of the expenditure, and shall be made in accordance with the "State Budget Manual".

Staff from the Division of Soil and Water Conservation or its designated agent will conduct a site visit and approve the work completed and submitted for reimbursement prior to releasing any payment to the Grantee. The Agency must determine that all work has been completed satisfactorily in accordance with the Best Management Practices for Selective Clearing and Snagging.

All matching funds, including in-kind and cash, must be spent concurrently with funds provided by the Contract. Both types of matching funds expended shall be accounted for on the monthly invoices.

Indirect costs are not allowable expenditures under this Contract, except as described in paragraph two of this section.

X. Contract Administrators:

All notices permitted or required to be given by one Party to the other and all questions about the Contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrator are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the Agency:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
David B. Williams, Deputy Director Division of Soil & Water Conservation 1614 Mail Service Center Raleigh, NC 27699-1614 Telephone: 919-715-6103 Email: David.B.Williams@ncagr.gov	David B. Williams, Deputy Director Division of Soil & Water Conservation 512 N. Salisbury Street, Room 417D Raleigh, NC 27604-1170

For the Grantee:

Grantee Contract Administrator	Grantee Principal Investigator or Key Personnel
Mamie Caison Brunswick County 10 Referendum Drive Bolivia, NC 28420 Telephone: 910-253-2830 Fax: 910-253-2836 Email: mamie.caison@nc.nacdnet.net	Same

XI. Supplementation of Expenditure of Public Funds:

The Grantee assures that funds received pursuant to this Contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Grantee otherwise normally expends for salary and benefits for activities involved with specialty services and related programs. Funds received under this Contract shall be used to provide additional public funding for such services. The funds shall not be used to reduce the Grantee's total expenditure of other public funds for such services.

XII. Disbursements:

As a condition of this Contract, the Grantee acknowledges and agrees to make disbursements in accordance with the following requirements:

- a. Will implement or already have implemented adequate internal controls over disbursements
- b. Pre-audit all invoices presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- c. Assure adequate control of signature stamps/plates
- d. Assure adequate control of negotiable instruments; and
- e. Have procedures in place to ensure that account balance is solvent and to reconcile the account monthly.
- f.

XIII. **Outsourcing:**

The Grantee certifies that it has identified to the Agency all jobs related to the Contract that have been outsourced to other countries, if any. Grantee further agrees that it will not outsource any such jobs during the term of this Contract without providing prior notice to the Agency.

XIV. **N.C.G.S. § 133-32 and Executive Order 24:**

N.C.G.S. § 133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State employee of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement or Contract, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employee of your organization.

[This Contract is continued on the next page]

XV. **Signature Warranty:**

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

IN WITNESS WHEREOF, the Grantee and the Agency execute this contract in **two (2)** originals, one (1) of which is retained by the Grantee and one (1) which are retained by the Agency, the day and year first above written.

Grantee: Brunswick County

Signature of Authorized Representative Date

Printed Name Title

Witness:

Signature Date

Printed Name Title



North Carolina Department of Agriculture and Consumer Services

Signature of Authorized Representative Date

N. David Smith, Chief Deputy Commissioner

ATTACHMENT B SCOPE OF WORK WATERSHED RESTORATION PROJECT

Brunswick County (the “GRANTEE”) will complete watershed restoration activities including cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries included in Table B1 below (taken from the application submitted by the GRANTEE). For sites for which this contract is supplementing USDA Emergency Watershed Protection Program (EWPP) funding, completed work must also satisfy EWPP requirements prior to payment being authorized.

TABLE B1: Stream/Ditch Segments to be repaired

	Segment Name	Description of Planned Treatment	EWP DSR Number (Project No.)	Linear Feet Planned
A	Blue Banks Loop Trib	Clear woody debris	37-07-18-5038-296	1400
B	Leland School Rd	Debris Removal	37-07-18-5038-297	1440
C	Maple Rd NW (Unnamed Trib)	Debris removal	37-07-18-5038-298	2000
D	Mill Creek (Old Mill Rd NE)	Debris Removal, Mobilization	37-07-18-5038-299	1300
E	Trib to Scippio Swamp (Russtown Rd NW)	Debris Removal, Mobilization	37-07-18-5038-301	930
F	Unnamed Trib to Scippo Swamp (Russtown Rd)	Debris Removal, Mobilization	37-07-18-5038-302	1500
G	Unnamed Drainage (Blue Banks Loop Rd NE)	Debris Removal, Mobilization	37-07-18-5038-303	800
H	Double Run (Blue Banks Loop Rd)	Debris Removal Streambank Stabilization, Mobilization	37-07-18-5038-304	100
I	Bolivia Branch (Danford Rd)	Debris Removal, Mobilization	37-07-18-5038-305	1100
J	Batarora Branch (Hwy 87)	Debris Removal, Mobilization	37-07-18-5038-306	600
K	Hood Creek (Maco Rd NE)	Debris Removal, Mobilization	37-07-18-5038-307	300
L	Hood Creek (Mt Misery Rd)	Debris Removal, Mobilization	37-07-18-5038-308	1700

M	Unnamed Drainage (Vernon Rd NE)	Debris Removal, Mobilization	37-07-18-5038-309	1000
N	Unnamed Trib to Wet Ash Swamp (Ash little River Rd)	Debris Removal, hauling & Disposal, Mobilization	37-07-18-5038-310	600
O	South Prong Wet Ash Swamp (Big Neck Road NW)	Debris Removal, Hauling & Disposal, Mobilization	37-07-18-5038-311	300
P	Unnamed Trib to Mill Branch	Debris Removal, Sediment Removal, mobilization	37-07-18-5038-312	600
Q	Unnamed Drainage (E Leonard St)	Debris Removal, Mobilization	37-07-18-5038-313	840
R	Willet Branch (George II Hwy)	Debris Removal, Mobilization	37-07-18-5038-314	110
S	Royal Oak Swamp (Green Swamp Rd NW)	Debris Removal, Sediment Removal, Mobilization	37-07-18-5038-315	510
T	Mulberry (Hwy 17)	Debris Removal, Mobilization	37-07-18-5038-317	600
U	Jump & Run Creek (Long Beach Rd SE)	Debris Removal, Mobilization	37-07-18-5038-318	730
V	Scippio Swamp (Longwood Rd NW)	Debris Removal, Mobilization	37-07-18-5038-319	1530
W	Unnamed Trib To Sharron Creek (Ridgeway SW)	Debris Removal, Mobilization	37-07-18-5038-320	1550
X	Trib to Orton Pond (River Rd)	Debris Removal, Mobilization	37-07-18-5038-321	100
Y	SE Dutchman Creek (Southport Supply Rd SE)	Debris Removal	37-07-18-5038-322	1550

The GRANTEE will ensure that all required permits are secured for each site and landowner permission is granted before any work proceeds for that site.

The GRANTEE will ensure that it and its contractors follow the Division of Water Resources' *Hurricane Matthew Stream and Wetland Cleanup/Restoration Guideline* dated October 2016. The GRANTEE shall also follow *Best Management Practices for Selective*

Clearing and Snagging to manage all woody debris removed from streams. These guidelines can be downloaded at: <https://www.ncagr.gov/SWC/disasterresponse/WatershedRecoveryEfforts.html>

In the event the Grantee completes the work specified in the Scope of Work without exhausting the funds in the Contract, the Agency Contract Administrator may issue a Work Authorization to approve stream debris removal work for additional stream segments requested by the Grantee, not to exceed the funds available in the Contract.

PUBLIC SECTOR CONTRACTS (Including Local Governments)**General Terms and Conditions****DEFINITIONS**

Unless indicated otherwise from the context, the following terms shall have the following meanings in this Contract. All definitions are from 9 NCAC 3M.0102 unless otherwise noted. If the rule or statute that is the source of the definition is changed by the adopting authority, the change shall be incorporated herein:

- (1) "Agency" (as used in the context of the definitions below) shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subagency of government. For other purposes in this Contract, "Agency" shall mean the entity identified as one of the parties hereto.
- (2) "Audit" means an examination of records or financial accounts to verify their accuracy.
- (3) "Certification of Compliance" means a report provided by the Agency to the Office of the State Auditor that states that the Grantee has met the reporting requirements established by this Subchapter and included a statement of certification by the Agency and copies of the submitted grantee reporting package.
- (4) "Compliance Supplement" refers to the North Carolina State Compliance Supplement, maintained by the State and Local Government Finance Agency within the North Carolina Department of State Treasurer that has been developed in cooperation with agencies to assist the local auditor in identifying program compliance requirements and audit procedures for testing those requirements.
- (5) "Contract" means a legal instrument that is used to reflect a relationship between the agency, grantee, and subgrantee.
- (6) "Fiscal Year" means the annual operating year of the non-State entity.
- (7) "Financial Assistance" means assistance that non-State entities receive or administer in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance. Financial assistance does not include amounts received as reimbursement for services rendered to individuals for Medicare and Medicaid patient services.
- (8) "Financial Statement" means a report providing financial statistics relative to a given part of an organization's operations or status.
- (9) "Grant" means financial assistance provided by an agency, grantee, or subgrantee to carry out activities whereby the grantor anticipates no programmatic involvement with the grantee or subgrantee during the performance of the grant.
- (10) "Grantee" has the meaning in G.S. 143C-6-23(a)(2): a non-State entity that receives a grant of State funds from a State agency, department, or institution but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission. For other purposes in this Contract, "Grantee" shall mean the entity identified as one of the parties hereto.
- (11) "Grantor" means an entity that provides resources, generally financial, to another entity in order to achieve a specified goal or objective.
- (12) "Non-State Entity" has the meaning in N.C.G.S. 143C-1-1(d)(18): Any of the following that is not a State agency: an individual, a firm, a partnership, an association, a county, a corporation, or any other organization acting as a unit. The term includes a unit of local government and public authority.
- (13) "Public Authority" has the meaning in N.C.G.S. 143C-1-1(d)(22): A municipal corporation that is not a unit of local government or a local governmental authority, board, commission, council, or agency that (i) is not a municipal corporation and (ii) operates on an area, regional, or multiunit basis, and the budgeting and accounting systems of which are not fully a part of the budgeting and accounting systems of a unit of local government.
- (14) "Single Audit" means an audit that includes an examination of an organization's financial statements, internal controls, and compliance with the requirements of federal or State awards.
- (15) "Special Appropriation" means a legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose.
- (16) "State Funds" means any funds appropriated by the North Carolina General Assembly or collected by the State of North Carolina. State funds include federal

financial assistance received by the State and transferred or disbursed to non-State entities. Both federal and State funds maintain their identity as they are subgranted to other organizations. Pursuant to N.C.G.S. 143C-6-23(a)(1), the terms "State grant funds" and "State grants" do not include any payment made by the Medicaid program, the Teachers' and State Employees' Comprehensive Major Medical Plan, or other similar medical programs.

(17) "Subgrantee" has the meaning in G.S. 143C-6-23(a)(3): a non-State entity that receives a grant of State funds from a grantee or from another subgrantee but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission.

(18) "Unit of Local Government" has the meaning in G.S. 143C-1-1(d)(29): A municipal corporation that has the power to levy taxes, including a consolidated city-county as defined by G.S. 160B-2(1), and all boards, agencies, commissions, authorities, and institutions thereof that are not municipal corporations.

Relationships of the Parties

Independent Contractor: The Grantee is and shall be deemed to be an independent Contractor in the performance of this Contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Grantee represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Agency.

Subcontracting: The Grantee shall not subcontract any of the work contemplated under this Contract without prior written approval from the Agency. Any approved subcontract shall be subject to all conditions of this Contract. Only the subcontractors or subgrantees specified in the Contract documents are to be considered approved upon award of the Contract. The Agency shall not be obligated to pay for any work performed by any unapproved subcontractor or subgrantee. The Grantee shall be responsible for the performance of all of its subgrantees and shall not be relieved of any of the duties and responsibilities of this Contract.

Subgrantees: The Grantee has the responsibility to ensure that all subgrantees, if any, provide all information necessary to permit the Grantee to comply with the standards set forth in this Contract.

Assignment: No assignment of the Grantee's obligations or the Grantee's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may:

- (a) Forward the Grantee's payment check(s) directly to any person or entity designated by the Grantee, or
- (b) Include any person or entity designated by Grantee as a joint payee on the Grantee's payment check(s).

In no event shall such approval and action obligate the State to anyone other than the Grantee and the Grantee shall remain responsible for fulfillment of all Contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this Contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Agency and the named Grantee. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Agency and Grantee that any such person or entity, other than the Agency or the Grantee, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

Indemnity

Indemnification: The Grantee agrees to indemnify and hold harmless the Agency, including any of its Divisions, and any of its officers, agents and employees, from liability of any kind, and from any claims of third parties arising out of any act or omission of the Contractor in connection with the performance of this Contract to the extent permitted by law.

Default and Termination

Termination by Mutual Consent: The Parties may terminate this Contract by mutual consent with 60 days notice to the other party, or as otherwise provided by law.

Termination for Cause: If, through any cause, the Grantee shall fail to fulfill its obligations under this Contract in a timely and proper manner, the Agency shall have the right to terminate this Contract by giving written notice to the Grantee and specifying the effective date thereof.

In that event, all finished or unfinished deliverable items prepared by the Grantee under this Contract

shall, at the option of the Agency, become its property and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made.

Notwithstanding the foregoing provision, the Grantee shall not be relieved of liability to the Agency for damages sustained by the Agency by virtue of the Grantee's breach of this agreement, and the Agency may withhold any payment due the Grantee for the purpose of setoff until such time as the exact amount of damages due the Agency from such breach can be determined. The filing of a petition for bankruptcy by the Grantee shall be an act of default under this Contract.

Waiver of Default: Waiver by the Agency of any default or breach in compliance with the terms of this Contract by the Grantee shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this Contract unless stated to be such in writing, signed by an authorized representative of the Agency and the Grantee and attached to the Contract.

Availability of Funds: The parties to this Contract agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Agency.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this Contract are the exclusive property of the Agency. The Grantee shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

Compliance with Laws: The Grantee shall comply with all laws, ordinances, codes, rules, regulations,

and licensing requirements that are applicable to the conduct of its business, including those of federal, State, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Grantee shall take affirmative action in complying with all federal and State statutes and all applicable requirements concerning fair employment of people with disabilities, and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, sex, national origin or disability. For additional information see Title VI of the Civil Rights Act of 1964 (42 U.S.C., 2000d, 2000e-16), Title XI of the Education amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686), and section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).

Executive Order 24: In accordance with Executive Order 24, issued by Governor Perdue, and N.C.G.S. § 133-32, a vendor or contractor (i.e. architect, bidder, contractor, construction manager, design professional, engineer, landlord, offeror, seller, subcontractor, supplier, vendor, or grantee), is prohibited from making gifts or giving favors to any employee of the Agency of Agriculture and Consumer Services. This prohibition covers those vendors, contractors, and/or grantees who:

- (a) have a Contract with a governmental Agency; or
- (b) have performed under such a Contract within the past year; or
- (c) anticipate bidding on such a Contract in the future.

For additional information regarding the specific requirements and exemptions, vendors, contractors, and/or grantees are encouraged to review Executive Order 24 and N.C.G.S. § 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Grantee under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Agency. The Grantee acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this Contract.

Oversight

Access to Persons and Records: The State Auditor and the using agency's internal auditors shall have

access to persons and records as a result of all Contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7 and Session Law 2010-194, Section 21 (i.e., the State Auditors and internal auditors may audit the records of the contractor during the term of the Contract to verify accounts and data affecting fees or performance).

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Agency. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the Contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later.

Miscellaneous

Choice of Law: The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of North Carolina. The Grantee, by signing this Contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this Contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters whether sounding in Contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this Contract.

Care of Property: The Grantee agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this Contract and will reimburse the

Agency for loss of, or damage to, such property. At the termination of this Contract, the Grantee shall contact the Agency for instructions as to the disposition of such property and shall comply with these instructions.

Amendment: This Contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Agency and the Grantee.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this Contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Contract shall remain in full force and effect.

Travel Expenses: Reimbursement to the Grantee for travel mileage, meals, lodging and other travel expenses incurred in the performance of this Contract shall be reasonable and supported by documentation. State rates shall be used. International travel shall not be reimbursed under this Contract.

Sales/Use Tax Refunds: If eligible, the Grantee and all subgrantees shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this Contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Grantee shall not use the award of this Contract as a part of any news release or commercial advertising.

Indirect Costs Policy: The Agency has adopted a "Zero" policy that indirect costs are unallowable expenditures in all State funded grant applications and/or grant guidance, informational or directional documents.

Allowable Uses of State Funds: Expenditures of State funds by any grantee shall be in accordance with the Cost Principles outlined in the Office of Management and Budget (OMB) CFR Title 2, Part 200 Uniform Administrative Requirements, as applicable. If the grant funding includes federal sources, the grantee shall ensure adherence to the cost principles established by the Federal Office of Management and Budget. [09 NCAC 03M.020]

Certifications and Assurances

CERTIFICATIONS REGARDING LOBBYING, NONPROCUREMENT, DEBARMENT, SUSPENSION AND DRUG-FREE WORKPLACE

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Signature of this form provides for compliance with certification requirements under 2 CFR, Subtitle B, Chapter IV, Part 417, "Nonprocurement Debarment and Suspension," Part 418, "New Restrictions on Lobbying," and Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)," and 2 CFR Part 180. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Agriculture & Consumer Services determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by authority: 31 U.S.C. 1352 and U.S.C. 301 and implemented at 2 CFR Part 180, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 2 CFR Section 418.110, the applicant certifies that to the best of their knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

2. NONPROCUREMENT DEBARMENT AND SUSPENSION

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 180 and 2CFR Part 417, for prospective participants in primary covered transactions, as defined at 2 CFR 180.435 and Subpart C, 417.332, the applicant certifies that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 2. (a) (b) of this certification.
- d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default.
- e) Agree to include a term or condition in lower tier covered transactions requiring lower tier participants to comply with subpart C of the OMB guidance in 2 CFR part 180, as supplemented by subpart C of Part 417.

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this certification.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182, Subparts B, and C, for grantees:

The applicant certifies that it will:

- a) Make a good faith effort, on a continuing basis, to maintain a drug-free workplace. You must agree to do so as a condition for receiving any award covered by this part.
- b) Publish a drug-free workplace statement and establish a drug-free awareness program for your employees (see Sections 182.205 through 182.220); and
- c) Take actions concerning employees who are convicted of violating drug statutes in the workplace (see Section 182.225), including notification to any Federal agency on whose award the convicted employee was working and within 30 days take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended; or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- d) You must identify all known workplaces under your Federal awards (see Section 182.230).

The grantee must provide the location site(s) for the performance of work done in connection with the specific grant.

Place(s) of Performance (Street address, city, county, state, zip code)

_____	_____
_____	_____
_____	_____

DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182:

- A. As a condition of the grant, I certify that I will comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 421, which adopts the Government-wide implementation (2 CFR part 182) of sec. 5152-5158 of the Drug Free Workplace Act of 1988 (Pub.L100-690, Title V, Subtitle D; 41 U.S.C. 701-707).

- B. I agree to notify the agency as required by 2 CFR 182.300(b) of any conviction for a criminal drug offense within ten days.

Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the Grantee, I hereby certify and state to the best of my knowledge and belief, that the Grantee will comply with the above certifications.

Grantee Organization Name

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

NC OpenBook Supplemental Information

Instructions: Complete the information below and return it to the Contract Administrator identified in your original contract. This information must be submitted as part of your contract. If you have questions, please contact the Contract Administrator or the Alternate Contact as reflected in your contract.

DUNS Number: _____
 Contract Number: _____ Amendment Number: _____
 Grantee Name: _____
 TAX ID Number: _____
 Fiscal Year Ends: _____

1. Brief Description and Background/History of your Organization.

Be sure to include the number of years in existence, number of employees, mission and goals of your organization.

2. Current project timeline: Begin _____ End _____

3. Expected outcomes and specific deliverables.

(Example: Expected Outcome: Aquaculture operation will remain in business. Deliverable: Healthy food made available for human consumption.)

4. The Grantee's WEB URL: _____

5. * Grantee County of Residence: _____ Congressional District#: _____
 (CONGRESSIONAL DISTRICT # MUST BE IDENTIFIED)

6. **County of Benefit: Single County: ☐ Yes ☐ No County Name: _____
 Statewide: ☐ Yes ☐ No
 Regional: ☐ Yes ☐ No

7. If the answer to question number 6 is more than one county or "Regional", list the counties receiving benefit.

*Grantee County of Residence: County in which grantee is located.

**County of Benefit: List only county or counties in which funding will be spent and/or food commodities will be received.

Signature Card



CONTRACT & FINANCIAL DOCUMENTS

INSTRUCTIONS: Please read and fill in the required information to the right of each field where applicable. Signatures must match the Contract signatures. In the event the affixed signature(s) are no longer valid, a revised form must be submitted prior to processing any contractual documents or submitting "Request for Payments" or any other financial documents. If more than two people will sign for the organization, this form may be duplicated.

SECTION I.

Date:	
Legal Applicant Organization/Agency Name:	
Federal Tax Identification Number:	

SECTION II.

Certification:

By affixing my signature below, I certify that person(s) identified are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments." I understand the legal implications of any and all misrepresentation, which include but are not limited to defrauding the State of North Carolina, and certify that the person signing below has full authority to execute this Agreement on behalf of the named organization.

NON-GOVERNMENTAL ORGANIZATIONS ONLY (Must match Contract signature)

Board Chair, Executive Director, etc.	Financial Representative, Treasurer, etc.
Print Name & Title:	Print Name & Title:
Signature:	Signature:

GOVERNMENTAL ENTITIES (Must match Contract signature)

Authorized Governmental Official	Chief Fiscal Officer
Print Name & Title:	Print Name & Title:
Signature:	Signature:

Form

W-9

(Rev. November 2017)

Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**► Go to www.irs.gov/FormW9 for instructions and the latest information.**Give Form to the
requester. Do not
send to the IRS.**Print or type.
See Specific Instructions on page 3.**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**2** Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.☐ Individual/sole proprietor or single-member LLC☐ C Corporation☐ S Corporation☐ Partnership☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.☐ Other (see instructions) ► _____**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code**7** List account number(s) here (optional)**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.**Social security number**

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.**Sign
Here**Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Office of the State Controller
Return to: OSC Support Services Center
 Address: 1410 Mail Service Center
 Raleigh, NC 27699-1410
 Email: osc.support.services@osc.nc.gov
 Telephone: 919-707-0795



Vendor Electronic Payment Form

New Add Request
 Change/Update Existing Account
 Inactivate Existing Account

***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

*TAX ID # or SSN

--	--	--	--	--	--	--	--	--	--

*PAYEE NAME

--	--

*REMITTANCE ADDRESS

(AS PRINTED ON
YOUR INVOICE)

STREET		SUITE/ROOM #	
CITY		STATE	ZIP CODE

*CONTACT

NAME & TITLE	PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:																		
*NAME ON ACCOUNT:																		
*NEW ROUTING NUMBER:																		
*NEW ACCOUNT NUMBER:																		
*ACCT TYPE:	Checking									Savings								
*REMIT E-MAIL ADDRESS																		

New add requests MUST include contact information for the state agency with which you are doing business.

*Agency Name:	*Agency Contact Name:
*Agency Contact Email Address:	*Agency Contact Phone Number:

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:																		
NAME ON ACCOUNT:																		
ROUTING NUMBER:																		
ACCOUNT NUMBER:																		
ACCT TYPE:	Checking									Savings								
REMIT E-MAIL ADDRESS																		

* ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller.
	I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead.

*PRINT NAME:	*DATE:
*SIGNATURE:	*PHONE NUMBER:

Instructions

*** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:
 - New Add Request – Vendor would like to begin receiving payments via ACH.
 - Change/Update Existing Account – Vendor's account number, routing number, or remittance email address has changed.
 - Inactivate Existing Account – Vendor no longer wants to receive payments via ACH.
2. *Enter the vendor's Tax Identification Number or Social Security Number.
3. *Enter the Payee Name – The name of the person or business receiving payment.
4. *Enter the vendor's remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. *Enter the vendor's contact name, title, and phone number.
6. *Enter the vendor's financial information:
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. *For a **new add request only**, provide the following:
 - Agency Name – The state agency the vendor is doing business with.
 - Agency Contact Name – The vendor's contact person name at the state agency.
 - Agency Contact Email Address – The contact person's email address at the state agency.
 - Agency Contact Phone Number – The contact person's phone number at the state agency.

NOTE: New add requests MUST include contact information for the state agency with which you are doing business.
8. Prior Financial Information – this is required if the vendor's bank account, routing number, or remittance email address has changed.
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
9. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the form will not be processed.**
10. *Print Name – Print the name of the authorized signee on the form.
 - *Date – Date of signature.
 - *Signature – The authorized signee's signature.
 - *Phone Number – The authorized signee's phone number.

Return to: OSC Support Services Center

Address:

1410 Mail Service Center

Raleigh, NC 27699-1410

Email: osc.support.services@osc.nc.gov

Please allow up to 30 days for processing.

STATE OF NORTH CAROLINA
COUNTY OF WAKE



Departmental Use Only

CENTER: 2985-1803
ACCOUNT: 536502
AMOUNT: \$12,150.00

CENTER: _____
ACCOUNT: 536502
AMOUNT: _____

CENTER: _____
ACCOUNT: 536502
AMOUNT: _____

CENTER: _____
ACCOUNT: 536502
AMOUNT: \$.00

North Carolina Department of Agriculture and Consumer Services
Division of Soil & Water Conservation

Watershed Restoration Project - Governmental

CONTRACT # 19-091-4055

This Contract is hereby entered into by and between the **North Carolina Department of Agriculture and Consumer Services, Division of Soil & Water Conservation** (the "Agency") and **Brunswick County #3** ("Grantee"), and referred to collectively as the "Parties". The Grantee's federal tax identification number is 56-6000278 and is physically located in Brunswick County, and is further located at 10 Referendum Drive Bolivia, NC 28420.

The purpose of this Contract is to implement needed repairs to streams and drainage ways resulting from hurricanes and subsequent flooding. The Grantee's project title is Watershed Restoration Project. This Contract is funded by state appropriations. Funds awarded under this Contract must be used for the purposes for which they are intended.

The Grantee's fiscal year ends June 30.

Contract Documents:

This Contract consists of the Grant Contract and its attachments, all of which are identified by name as follows:

1. This Contract
2. General Terms and Conditions (Attachment A)
3. Scope of Work, including Timeline, Line Item Budget and Budget Narrative (Attachment B)
4. Certifications and Assurances Section (Attachment C)
5. NC Openbook Supplemental Information (Attachment D)
6. Signature Card (Attachment E)
7. W-9 Tax Information (Attachment F)
8. Vendor Electronic Payment Form (Attachment G)

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

I. Precedence Among Contract Documents:

In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple

Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

II. **Effective Period:**

This Contract shall be effective on **January 1, 2020** and shall terminate on **December 31, 2022** with the option to extend, if mutually agreed upon, through a written amendment as provided for in the General Terms and Conditions as described in Attachment A.

III. **Grantee's Duties:**

The Grantee shall provide the services as described in the Attachment **B: Scope of Work**. The Grantee shall be responsible to obtaining necessary landowner authorization for site access and all permits needed to complete the planned work.

IV. **Agency's Duties:**

The Agency shall pay the Grantee in the manner and in the amounts specified in the Contract Documents. The total amount paid by the Agency to the Grantee under this Contract shall not exceed **\$12,150.00**. This amount consists of: **\$12,150.00** in State funds.

☐ a. There are no matching requirements from the Grantee.

☐ b. There are no matching requirements from the Grantee; however, the Grantee has committed the following match to this project:

	In Kind	\$
	Cash	\$
	Cash and In-kind	\$
	Cash and/or In-kind	\$
	Other/Specify:	\$

☒ c. The Grantee's matching requirement is \$36,450.00, which consists of:

	In Kind	\$
	Cash	\$
	USDA Funds	\$36,450.00
	Cash and/or In-kind	
	Other/Specify:	\$

☐ d. The Grantee has committed to an additional \$ _____ to complete the project as described in Attachment B.

The total contract amount with matching funds is **\$48,600.00**.

V. **Conflict of Interest Policy:**

The Agency has determined that the Grantee is a governmental agency and is not subject to N.C.G.S. § 143C-6-23(b). Therefore, the Grantee is not required to file a Conflict of Interest Policy with the Agency prior to disbursement of funds.

VI. **Statement of No Overdue Tax Debts:**

The Agency has determined that Grantee is a governmental agency and is not subject to N.C.G.S. § 143C-6-23(c). Therefore, the Grantee is not required to file a Statement of No Overdue Tax Debts with the Agency prior to disbursement of funds.

VII. Reversion of Unexpended Funds:

Any unexpended grant funds shall revert to the Agency upon termination of this Contract.

VIII. Reporting Requirements:

(1) State [N.C.G.S. 143C-6-23]:

The Agency has determined that the Grantee is a governmental entity and is not subject to the State reporting requirements mandated by N.C.G.S. § 143C-6-23. Therefore, the Grantee does not have to file annual electronic reports with the NC Office of State Budget & Management.

(2) Agency Reporting Requirements:

- a) The Grantee shall submit quarterly progress reports, with each report due on or before the last day of January, April, July, and October, continuing until the project is complete and final project report is approved. The quarterly progress report is required even if no activity has occurred for the quarter and no reimbursement is requested for the quarter.
- b) The quarterly and final report shall include a narrative summary of the work completed each quarter and for the project to date and a summary of cash and in-kind expenditures for the quarter and total project.
- c) Grantee shall submit a Final Financial report and Final Invoice not later than 60 days after the expiration or termination of this Contract.

IX. Payment Provisions:

Upon execution of this Contract the Grantee shall submit to the Agency Contract Administrator a completed Request for Payment form, to be provided by the Agency. All Request for Payment forms should be received no more than monthly, with an invoice showing expenditures and matching funds, if applicable, for the current period and cumulatively for the entire project. Upon approval by the Agency, payment shall be made within 30 days. Twenty percent (20%) of the total funds awarded under this Contract shall be retained by the Agency until both the final performance and financial reports are submitted by the Grantee and approved by the Agency.

For sites for which this contract is supplementing USDA Emergency Watershed Protection Program (EWPP) funding, completed work must also satisfy EWPP requirements prior to payment being authorized.

Up to 16 percent (16%) of the funds awarded to the Grantee may be used to reimburse actual documented engineering, technical assistance, and administrative expenses for the project, excluding any expenses pledged by the Grantee as match for this project and salary, benefits, and operating expenses that would normally have been paid by the Grantee.

The Grantee shall expend funds in accordance with G.S. 143C-6-23 (f1)(f2)(j). The Grantee shall account for any income earned, which may result from any funds awarded under this Contract, on the Agency "Request for Reimbursement" form. Eligible uses of income earned are:

- a) Expanding the project or program;
- b) Continuing the project or program after grant ends; or
- c) Supporting other projects or programs that further the broad objectives of the grant program.

If this Contract is terminated prior to the original end date, the Grantee may submit a final Request for Payment form. All unexpended funds shall be returned by the Grantee to the Agency within 60 days of the Contract termination date with a complete final financial report, accompanied by either a final invoice or a refund of any funds received but not expended. The Agency shall have no obligation to honor requests for payment based on expenditure reports submitted later than 60 days after termination or expiration of the contract period.

Reimbursement requests shall be completed on a "Request for Reimbursement" form furnished to the Grantee by the Agency. All reimbursement forms must include support documentation, including but not limited to; copies of invoices, individual time sheets and travel logs that have been signed by the

employee and supervisor; salary registers or payrolls that include fringe benefits, hourly rates of pay, and signature of the Grantee's responsible financial person, cancelled checks and lease agreements.

Eligible expenditures for payment must be within the effective period noted in the Contract. Reimbursement may not be considered prior to the submission and final execution of the Contract.

All travel reimbursement shall be made in accordance with the current State rates, at the time of the expenditure, and shall be made in accordance with the "State Budget Manual".

Staff from the Division of Soil and Water Conservation or its designated agent will conduct a site visit and approve the work completed and submitted for reimbursement prior to releasing any payment to the Grantee. The Agency must determine that all work has been completed satisfactorily in accordance with the Best Management Practices for Selective Clearing and Snagging.

All matching funds, including in-kind and cash, must be spent concurrently with funds provided by the Contract. Both types of matching funds expended shall be accounted for on the monthly invoices.

Indirect costs are not allowable expenditures under this Contract, except as described in paragraph two of this section.

X. Contract Administrators:

All notices permitted or required to be given by one Party to the other and all questions about the Contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrator are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the Agency:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
David B. Williams, Deputy Director Division of Soil & Water Conservation 1614 Mail Service Center Raleigh, NC 27699-1614 Telephone: 919-715-6103 Email: David.B.Williams@ncagr.gov	David B. Williams, Deputy Director Division of Soil & Water Conservation 216 West Jones Street Raleigh, NC 27603

For the Grantee:

Grantee Contract Administrator	Grantee Principal Investigator or Key Personnel
Mamie Caison Brunswick County #3 10 Referendum Drive Bolivia, NC 28420 Telephone: 910-253-2830 Fax: 910-253-2836 Email: mamie.caison@nc.nacdnet.net	Same

XI. Supplementation of Expenditure of Public Funds:

The Grantee assures that funds received pursuant to this Contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Grantee otherwise normally expends for salary and benefits for activities involved with specialty services and related programs. Funds received under this Contract shall be used to provide additional public funding for

such services. The funds shall not be used to reduce the Grantee's total expenditure of other public funds for such services.

XII. Disbursements:

As a condition of this Contract, the Grantee acknowledges and agrees to make disbursements in accordance with the following requirements:

- a. Will implement or already have implemented adequate internal controls over disbursements
- b. Pre-audit all invoices presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- c. Assure adequate control of signature stamps/plates
- d. Assure adequate control of negotiable instruments; and
- e. Have procedures in place to ensure that account balance is solvent and to reconcile the account monthly.
- f.

XIII. Outsourcing:

The Grantee certifies that it has identified to the Agency all jobs related to the Contract that have been outsourced to other countries, if any. Grantee further agrees that it will not outsource any such jobs during the term of this Contract without providing prior notice to the Agency.

XIV. N.C.G.S. § 133-32 and Executive Order 24:

N.C.G.S. § 133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State employee of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement or Contract, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employee of your organization.

[This Contract is continued on the next page]

XV. Signature Warranty:

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

IN WITNESS WHEREOF, the Grantee and the Agency execute this contract in **two (2)** originals, one (1) of which is retained by the Grantee and one (1) which are retained by the Agency, the day and year first above written.

Grantee: Brunswick County #3

Signature of Authorized Representative Date

Printed Name Title

Witness:

Signature Date

Printed Name Title



North Carolina Department of Agriculture and Consumer Services

Signature of Authorized Representative Date

N. David Smith, Chief Deputy Commissioner

ATTACHMENT B SCOPE OF WORK WATERSHED RESTORATION PROJECT

Brunswick County (the “GRANTEE”) will complete watershed restoration activities including cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries included in Table B1 below (taken from the application submitted by the GRANTEE). For sites for which this contract is supplementing USDA Emergency Watershed Protection Program (EWPP) funding, completed work must also satisfy EWPP requirements prior to payment being authorized.

TABLE B1: Stream/Ditch Segments to be repaired

	Segment Name	Description of Planned Treatment	EWP DSR Number (Project No.)	Linear Feet Planned
A	Stella Dr NE-Unnamed Tributary	Stream Debris Removal	324	330
B	Stella Dr NE-Unnamed Tributary to Hook Creek	Debris Removal, Sediment Removal, Road Bank Stabilization	325	1500
C	Stout Rd NW-Mill Branch	Stream Debris Removal, Erosion Repair	326	310
D	W 9th Street-Cottage Creek	Stream Debris Removal, Sediment Removal	327	720
E	Whiteville Rd NW- Wet Ash Swamp	Stream Debris Removal	328	160

The GRANTEE will ensure that all required permits are secured for each site and landowner permission is granted before any work proceeds for that site.

The GRANTEE will ensure that it and its contractors follow the Division of Water Resources’ *Hurricane Matthew Stream and Wetland Cleanup/Restoration Guideline* dated October 2016. The GRANTEE shall also follow *Best Management Practices for Selective*

Clearing and Snagging to manage all woody debris removed from streams. These guidelines can be downloaded at:

<https://www.ncagr.gov/SWC/disasterresponse/WatershedRecoveryEfforts.html>

In the event the Grantee completes the work specified in the Scope of Work without exhausting the funds in the Contract, the Agency Contract Administrator may issue a Work Authorization to approve stream debris removal work for additional stream segments requested by the Grantee, not to exceed the funds available in the Contract.

PUBLIC SECTOR CONTRACTS (Including Local Governments)**General Terms and Conditions****DEFINITIONS**

Unless indicated otherwise from the context, the following terms shall have the following meanings in this Contract. All definitions are from 9 NCAC 3M.0102 unless otherwise noted. If the rule or statute that is the source of the definition is changed by the adopting authority, the change shall be incorporated herein:

- (1) "Agency" (as used in the context of the definitions below) shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subagency of government. For other purposes in this Contract, "Agency" shall mean the entity identified as one of the parties hereto.
- (2) "Audit" means an examination of records or financial accounts to verify their accuracy.
- (3) "Certification of Compliance" means a report provided by the Agency to the Office of the State Auditor that states that the Grantee has met the reporting requirements established by this Subchapter and included a statement of certification by the Agency and copies of the submitted grantee reporting package.
- (4) "Compliance Supplement" refers to the North Carolina State Compliance Supplement, maintained by the State and Local Government Finance Agency within the North Carolina Department of State Treasurer that has been developed in cooperation with agencies to assist the local auditor in identifying program compliance requirements and audit procedures for testing those requirements.
- (5) "Contract" means a legal instrument that is used to reflect a relationship between the agency, grantee, and subgrantee.
- (6) "Fiscal Year" means the annual operating year of the non-State entity.
- (7) "Financial Assistance" means assistance that non-State entities receive or administer in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance. Financial assistance does not include amounts received as reimbursement for services rendered to individuals for Medicare and Medicaid patient services.
- (8) "Financial Statement" means a report providing financial statistics relative to a given part of an organization's operations or status.
- (9) "Grant" means financial assistance provided by an agency, grantee, or subgrantee to carry out activities whereby the grantor anticipates no programmatic involvement with the grantee or subgrantee during the performance of the grant.
- (10) "Grantee" has the meaning in G.S. 143C-6-23(a)(2): a non-State entity that receives a grant of State funds from a State agency, department, or institution but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission. For other purposes in this Contract, "Grantee" shall mean the entity identified as one of the parties hereto.
- (11) "Grantor" means an entity that provides resources, generally financial, to another entity in order to achieve a specified goal or objective.
- (12) "Non-State Entity" has the meaning in N.C.G.S. 143C-1-1(d)(18): Any of the following that is not a State agency: an individual, a firm, a partnership, an association, a county, a corporation, or any other organization acting as a unit. The term includes a unit of local government and public authority.
- (13) "Public Authority" has the meaning in N.C.G.S. 143C-1-1(d)(22): A municipal corporation that is not a unit of local government or a local governmental authority, board, commission, council, or agency that (i) is not a municipal corporation and (ii) operates on an area, regional, or multiunit basis, and the budgeting and accounting systems of which are not fully a part of the budgeting and accounting systems of a unit of local government.
- (14) "Single Audit" means an audit that includes an examination of an organization's financial statements, internal controls, and compliance with the requirements of federal or State awards.
- (15) "Special Appropriation" means a legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose.
- (16) "State Funds" means any funds appropriated by the North Carolina General Assembly or collected by the State of North Carolina. State funds include federal

financial assistance received by the State and transferred or disbursed to non-State entities. Both federal and State funds maintain their identity as they are subgranted to other organizations. Pursuant to N.C.G.S. 143C-6-23(a)(1), the terms "State grant funds" and "State grants" do not include any payment made by the Medicaid program, the Teachers' and State Employees' Comprehensive Major Medical Plan, or other similar medical programs.

(17) "Subgrantee" has the meaning in G.S. 143C-6-23(a)(3): a non-State entity that receives a grant of State funds from a grantee or from another subgrantee but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission.

(18) "Unit of Local Government" has the meaning in G.S. 143C-1-1(d)(29): A municipal corporation that has the power to levy taxes, including a consolidated city-county as defined by G.S. 160B-2(1), and all boards, agencies, commissions, authorities, and institutions thereof that are not municipal corporations.

Relationships of the Parties

Independent Contractor: The Grantee is and shall be deemed to be an independent Contractor in the performance of this Contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Grantee represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Agency.

Subcontracting: The Grantee shall not subcontract any of the work contemplated under this Contract without prior written approval from the Agency. Any approved subcontract shall be subject to all conditions of this Contract. Only the subcontractors or subgrantees specified in the Contract documents are to be considered approved upon award of the Contract. The Agency shall not be obligated to pay for any work performed by any unapproved subcontractor or subgrantee. The Grantee shall be responsible for the performance of all of its subgrantees and shall not be relieved of any of the duties and responsibilities of this Contract.

Subgrantees: The Grantee has the responsibility to ensure that all subgrantees, if any, provide all information necessary to permit the Grantee to comply with the standards set forth in this Contract.

Assignment: No assignment of the Grantee's obligations or the Grantee's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may:

- (a) Forward the Grantee's payment check(s) directly to any person or entity designated by the Grantee, or
- (b) Include any person or entity designated by Grantee as a joint payee on the Grantee's payment check(s).

In no event shall such approval and action obligate the State to anyone other than the Grantee and the Grantee shall remain responsible for fulfillment of all Contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this Contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Agency and the named Grantee. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Agency and Grantee that any such person or entity, other than the Agency or the Grantee, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

Indemnity

Indemnification: The Grantee agrees to indemnify and hold harmless the Agency, including any of its Divisions, and any of its officers, agents and employees, from liability of any kind, and from any claims of third parties arising out of any act or omission of the Contractor in connection with the performance of this Contract to the extent permitted by law.

Default and Termination

Termination by Mutual Consent: The Parties may terminate this Contract by mutual consent with 60 days notice to the other party, or as otherwise provided by law.

Termination for Cause: If, through any cause, the Grantee shall fail to fulfill its obligations under this Contract in a timely and proper manner, the Agency shall have the right to terminate this Contract by giving written notice to the Grantee and specifying the effective date thereof.

In that event, all finished or unfinished deliverable items prepared by the Grantee under this Contract

shall, at the option of the Agency, become its property and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made.

Notwithstanding the foregoing provision, the Grantee shall not be relieved of liability to the Agency for damages sustained by the Agency by virtue of the Grantee's breach of this agreement, and the Agency may withhold any payment due the Grantee for the purpose of setoff until such time as the exact amount of damages due the Agency from such breach can be determined. The filing of a petition for bankruptcy by the Grantee shall be an act of default under this Contract.

Waiver of Default: Waiver by the Agency of any default or breach in compliance with the terms of this Contract by the Grantee shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this Contract unless stated to be such in writing, signed by an authorized representative of the Agency and the Grantee and attached to the Contract.

Availability of Funds: The parties to this Contract agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Agency.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this Contract are the exclusive property of the Agency. The Grantee shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

Compliance with Laws: The Grantee shall comply with all laws, ordinances, codes, rules, regulations,

and licensing requirements that are applicable to the conduct of its business, including those of federal, State, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Grantee shall take affirmative action in complying with all federal and State statutes and all applicable requirements concerning fair employment of people with disabilities, and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, sex, national origin or disability. For additional information see Title VI of the Civil Rights Act of 1964 (42 U.S.C., 2000d, 2000e-16), Title XI of the Education amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686), and section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).

Executive Order 24: In accordance with Executive Order 24, issued by Governor Perdue, and N.C.G.S. § 133-32, a vendor or contractor (i.e. architect, bidder, contractor, construction manager, design professional, engineer, landlord, offeror, seller, subcontractor, supplier, vendor, or grantee), is prohibited from making gifts or giving favors to any employee of the Agency of Agriculture and Consumer Services. This prohibition covers those vendors, contractors, and/or grantees who:

- (a) have a Contract with a governmental Agency; or
- (b) have performed under such a Contract within the past year; or
- (c) anticipate bidding on such a Contract in the future.

For additional information regarding the specific requirements and exemptions, vendors, contractors, and/or grantees are encouraged to review Executive Order 24 and N.C.G.S. § 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Grantee under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Agency. The Grantee acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this Contract.

Oversight

Access to Persons and Records: The State Auditor and the using agency's internal auditors shall have

access to persons and records as a result of all Contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7 and Session Law 2010-194, Section 21 (i.e., the State Auditors and internal auditors may audit the records of the contractor during the term of the Contract to verify accounts and data affecting fees or performance).

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Agency. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the Contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later.

Miscellaneous

Choice of Law: The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of North Carolina. The Grantee, by signing this Contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this Contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters whether sounding in Contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this Contract.

Care of Property: The Grantee agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this Contract and will reimburse the

Agency for loss of, or damage to, such property. At the termination of this Contract, the Grantee shall contact the Agency for instructions as to the disposition of such property and shall comply with these instructions.

Amendment: This Contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Agency and the Grantee.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this Contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Contract shall remain in full force and effect.

Travel Expenses: Reimbursement to the Grantee for travel mileage, meals, lodging and other travel expenses incurred in the performance of this Contract shall be reasonable and supported by documentation. State rates shall be used. International travel shall not be reimbursed under this Contract.

Sales/Use Tax Refunds: If eligible, the Grantee and all subgrantees shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this Contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Grantee shall not use the award of this Contract as a part of any news release or commercial advertising.

Indirect Costs Policy: The Agency has adopted a "Zero" policy that indirect costs are unallowable expenditures in all State funded grant applications and/or grant guidance, informational or directional documents.

Allowable Uses of State Funds: Expenditures of State funds by any grantee shall be in accordance with the Cost Principles outlined in the Office of Management and Budget (OMB) CFR Title 2, Part 200 Uniform Administrative Requirements, as applicable. If the grant funding includes federal sources, the grantee shall ensure adherence to the cost principles established by the Federal Office of Management and Budget. [09 NCAC 03M.020]

Certifications and Assurances

CERTIFICATIONS REGARDING LOBBYING, NONPROCUREMENT, DEBARMENT, SUSPENSION AND DRUG-FREE WORKPLACE

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Signature of this form provides for compliance with certification requirements under 2 CFR, Subtitle B, Chapter IV, Part 417, "Nonprocurement Debarment and Suspension," Part 418, "New Restrictions on Lobbying," and Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)," and 2 CFR Part 180. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Agriculture & Consumer Services determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by authority: 31 U.S.C. 1352 and U.S.C. 301 and implemented at 2 CFR Part 180, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 2 CFR Section 418.110, the applicant certifies that to the best of their knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

2. NONPROCUREMENT DEBARMENT AND SUSPENSION

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 180 and 2CFR Part 417, for prospective participants in primary covered transactions, as defined at 2 CFR 180.435 and Subpart C, 417.332, the applicant certifies that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 2. (a) (b) of this certification.
- d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default.
- e) Agree to include a term or condition in lower tier covered transactions requiring lower tier participants to comply with subpart C of the OMB guidance in 2 CFR part 180, as supplemented by subpart C of Part 417.

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this certification.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182, Subparts B, and C, for grantees:

The applicant certifies that it will:

- a) Make a good faith effort, on a continuing basis, to maintain a drug-free workplace. You must agree to do so as a condition for receiving any award covered by this part.
- b) Publish a drug-free workplace statement and establish a drug-free awareness program for your employees (see Sections 182.205 through 182.220); and
- c) Take actions concerning employees who are convicted of violating drug statutes in the workplace (see Section 182.225), including notification to any Federal agency on whose award the convicted employee was working and within 30 days take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended; or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- d) You must identify all known workplaces under your Federal awards (see Section 182.230).

The grantee must provide the location site(s) for the performance of work done in connection with the specific grant.

Place(s) of Performance (Street address, city, county, state, zip code)

_____	_____
_____	_____
_____	_____

DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182:

- A. As a condition of the grant, I certify that I will comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 421, which adopts the Government-wide implementation (2 CFR part 182) of sec. 5152-5158 of the Drug Free Workplace Act of 1988 (Pub.L100-690, Title V, Subtitle D; 41 U.S.C. 701-707).

- B. I agree to notify the agency as required by 2 CFR 182.300(b) of any conviction for a criminal drug offense within ten days.

Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the Grantee, I hereby certify and state to the best of my knowledge and belief, that the Grantee will comply with the above certifications.

Grantee Organization Name

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

NC OpenBook Supplemental Information

Instructions: Complete the information below and return it to the Contract Administrator identified in your original contract. This information must be submitted as part of your contract. If you have questions, please contact the Contract Administrator or the Alternate Contact as reflected in your contract.

DUNS Number: _____
 Contract Number: _____ Amendment Number: _____
 Grantee Name: _____
 TAX ID Number: _____
 Fiscal Year Ends: _____

1. Brief Description and Background/History of your Organization.

Be sure to include the number of years in existence, number of employees, mission and goals of your organization.

2. Current project timeline: Begin _____ End _____

3. Expected outcomes and specific deliverables.

(Example: Expected Outcome: Aquaculture operation will remain in business. Deliverable: Healthy food made available for human consumption.)

4. The Grantee's WEB URL: _____

5. * Grantee County of Residence: _____ Congressional District#: _____
 (CONGRESSIONAL DISTRICT # MUST BE IDENTIFIED)

6. **County of Benefit: Single County: ☐ Yes ☐ No County Name: _____
 Statewide: ☐ Yes ☐ No
 Regional: ☐ Yes ☐ No

7. If the answer to question number 6 is more than one county or "Regional", list the counties receiving benefit.

*Grantee County of Residence: County in which grantee is located.

**County of Benefit: List only county or counties in which funding will be spent and/or food commodities will be received.

Signature Card



CONTRACT & FINANCIAL DOCUMENTS

INSTRUCTIONS: Please read and fill in the required information to the right of each field where applicable. Signatures must match the Contract signatures. In the event the affixed signature(s) are no longer valid, a revised form must be submitted prior to processing any contractual documents or submitting "Request for Payments" or any other financial documents. If more than two people will sign for the organization, this form may be duplicated.

SECTION I.

Date:	
Legal Applicant Organization/Agency Name:	
Federal Tax Identification Number:	

SECTION II.

Certification:

By affixing my signature below, I certify that person(s) identified are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments." I understand the legal implications of any and all misrepresentation, which include but are not limited to defrauding the State of North Carolina, and certify that the person signing below has full authority to execute this Agreement on behalf of the named organization.

NON-GOVERNMENTAL ORGANIZATIONS ONLY (Must match Contract signature)

Board Chair, Executive Director, etc.	Financial Representative, Treasurer, etc.
Print Name & Title:	Print Name & Title:
Signature:	Signature:

GOVERNMENTAL ENTITIES (Must match Contract signature)

Authorized Governmental Official	Chief Fiscal Officer
Print Name & Title:	Print Name & Title:
Signature:	Signature:

Form

W-9

(Rev. November 2017)

Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**► Go to www.irs.gov/FormW9 for instructions and the latest information.**Give Form to the
requester. Do not
send to the IRS.**Print or type.
See Specific Instructions on page 3.**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**2** Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.☐ Other (see instructions) ►**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code**7** List account number(s) here (optional)**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.**Social security number**

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.**Sign
Here**Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Office of the State Controller
Return to: OSC Support Services Center
 Address: 1410 Mail Service Center
 Raleigh, NC 27699-1410
 Email: osc.support.services@osc.nc.gov
 Telephone: 919-707-0795



Vendor Electronic Payment Form

New Add Request
 Change/Update Existing Account
 Inactivate Existing Account

***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

***TAX ID # or SSN**

--	--	--	--	--	--	--	--	--	--

***PAYEE NAME**

--	--

***REMITTANCE ADDRESS**

(AS PRINTED ON
YOUR INVOICE)

STREET

--

SUITE/ROOM #

--

--

CITY

--

STATE

ZIP CODE

--

***CONTACT**

NAME & TITLE

PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:																		
*NAME ON ACCOUNT:																		
*NEW ROUTING NUMBER:																		
*NEW ACCOUNT NUMBER:																		
*ACCT TYPE:	Checking									Savings								
*REMIT E-MAIL ADDRESS																		

New add requests MUST include contact information for the state agency with which you are doing business.

*Agency Name:	*Agency Contact Name:
*Agency Contact Email Address:	*Agency Contact Phone Number:

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:																		
NAME ON ACCOUNT:																		
ROUTING NUMBER:																		
ACCOUNT NUMBER:																		
ACCT TYPE:	Checking									Savings								
REMIT E-MAIL ADDRESS																		

*** ALL BOXES BELOW MUST BE REVIEWED AND CHECKED**

	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller.
	I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead.

*PRINT NAME:	*DATE:
*SIGNATURE:	*PHONE NUMBER:

Instructions

*** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:
 - New Add Request – Vendor would like to begin receiving payments via ACH.
 - Change/Update Existing Account – Vendor's account number, routing number, or remittance email address has changed.
 - Inactivate Existing Account – Vendor no longer wants to receive payments via ACH.
2. *Enter the vendor's Tax Identification Number or Social Security Number.
3. *Enter the Payee Name – The name of the person or business receiving payment.
4. *Enter the vendor's remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. *Enter the vendor's contact name, title, and phone number.
6. *Enter the vendor's financial information:
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. *For a **new add request only**, provide the following:
 - Agency Name – The state agency the vendor is doing business with.
 - Agency Contact Name – The vendor's contact person name at the state agency.
 - Agency Contact Email Address – The contact person's email address at the state agency.
 - Agency Contact Phone Number – The contact person's phone number at the state agency.

NOTE: New add requests MUST include contact information for the state agency with which you are doing business.
8. Prior Financial Information – this is required if the vendor's bank account, routing number, or remittance email address has changed.
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
9. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the form will not be processed.**
10. *Print Name – Print the name of the authorized signee on the form.
 - *Date – Date of signature.
 - *Signature – The authorized signee's signature.
 - *Phone Number – The authorized signee's phone number.

Return to: OSC Support Services Center

Address:

1410 Mail Service Center

Raleigh, NC 27699-1410

Email: osc.support.services@osc.nc.gov

Please allow up to 30 days for processing.

County of Brunswick
Office of the County Commissioners



**RESOLUTION EXEMPTING ENGINEERING AND DESIGN SERVICES FOR USDA
NRCS EMERGENCY WATERSHED PROTECTION PROGRAM FROM G.S. 143-64.31**

WHEREAS, G.S. 143-64.31 requires the initial solicitation and evaluation of firms to perform architectural, engineering, surveying, construction management-at-risk services, and design-build services (collectively, the "Services") to be based on qualifications and without regard to fee; and

WHEREAS, Brunswick County proposes to enter into an agreement for engineering and design services for several projects under the U.S. Department of Agriculture (USDA) Natural Resources Conservation Services (NRCS) Emergency Watershed Protection Program where these services are required; and

WHEREAS, G.S. 143-64.32 authorizes units of local government to exempt contracts for said Services from the qualifications-based selection requirements of G.S. 143-64.31 if the estimated fee is less than \$50,000; and

WHEREAS, the estimated fee for Services for the above-described project is less than \$50,000.

NOW, THEREFORE, the Brunswick County Board of Commissioners resolves:

1. The above-described project is hereby made exempt from the provisions of G.S. 143-64.31.
2. This resolution shall be effective upon adoption.

This the 3rd day of August, 2020.

Frank L. Williams, Chairman
Brunswick County Board of Commissioners

ATTEST:

Andrea White, NCCCC
Clerk to the Board

Request Info	
Type	Budget Amendment
Description	Watershed Grant Round 1
Justification	Board Meeting 08/03/2020 - Appropriate Federal Revenues of \$374,189 from the USDA Department of Agriculture, Natural Resources Conservation and State Revenues from the North Carolina Department of Agriculture and Consumer Services in the amount of \$124,730 for the Round 1 Watershed Grant. Grant funds are to support watershed restoration projects/activities which include cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries for specific locations listed in the agreement. Federal revenues account for 75% of the activities and state revenues cover the remaining 25%.
Originator	CHRISTINA KENNEDY

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
230007	332000	Watershed Grant Round 1	State Revenues - Restricted	124730	Increase	Credit
230007	331000	Watershed Grant Round 1	Federal Revenues	374189	Increase	Credit
230007	465511	Watershed Grant Round 1	Grant Subsidy-State	124730	Increase	Debit
230007	465512	Watershed Grant Round 1	Grant Subsidy-Federal	374189	Increase	Debit

Total	
Grand Total:	997838

COUNTY OF BRUNSWICK, NORTH CAROLINA
CAPITAL PROJECT ORDINANCE
Watershed Grant Round 1
(230007)

Be it ordained by the Board of County Commissioners of Brunswick County that pursuant to Section 13.2 of the General Statutes of North Carolina, the following ordinance is hereby adopted:

Section 1. The following amounts are hereby appropriated in the Brunswick County Grants Fund:

Watershed Grant Round 1

Revenues:

State Revenues Restricted	124,730
Federal revenues Restricted	374,189
	<hr/> -

Total Grant Fund Revenues	\$ 498,919
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Expenditures:

Grant Subsidy - State	124,730
Grant Subsidy - Federal	374,189
	<hr/>

Total Grant Fund Expenditures	\$ 498,919
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Section 2. It is estimated that the following revenues will be available in the Brunswick County General Fund:

Current Funds Appropriated	\$ -
----------------------------	------

Section 3. The following amounts are hereby appropriated in the Brunswick County General Fund:

Contribution to Grant Fund	\$ -
----------------------------	------

Section 4. This Grant Ordinance shall be entered into the minutes of the August 3, 2020 meeting of the Brunswick County Board of Commissioners.

Request Info	
Type	Budget Amendment
Description	Watershed Grant Round 2
Justification	Board Meeting 08/03/2020 - Appropriate Federal Revenues of \$285,804 from the USDA Department of Agriculture, Natural Resources Conservation and State Revenues from the North Carolina Department of Agriculture and Consumer Services in the amount of \$95,268 for the Round 2 Watershed Grant. Grant funds are to support watershed restoration projects/activities which include cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries for specific locations listed in the agreement. Federal revenues account for 75% of the activities and state revenues cover the remaining 25%.
Originator	CHRISTINA KENNEDY

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
230008	332000	Watershed Grant Round 2	State Revenues - Restricted	95268	Increase	Credit
230008	331000	Watershed Grant Round 2	Federal Revenues	285804	Increase	Credit
230008	465511	Watershed Grant Round 2	Grant Subsidy-State	95268	Increase	Debit
230008	465512	Watershed Grant Round 2	Grant Subsidy-Federal	285804	Increase	Debit
Total						
Grand Total:				762144		

Request Info	
Type	Budget Amendment
Description	Watershed Grant Round 2
Justification	Board Meeting 08/03/2020 - Appropriate Federal Revenues of \$285,804 from the USDA Department of Agriculture, Natural Resources Conservation and State Revenues from the North Carolina Department of Agriculture and Consumer Services in the amount of \$95,268 for the Round 2 Watershed Grant. Grant funds are to support watershed restoration projects/activities which include cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries for specific locations listed in the agreement. Federal revenues account for 75% of the activities and state revenues cover the remaining 25%.
Originator	CHRISTINA KENNEDY

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
230008	332000	Watershed Grant Round 2	State Revenues - Restricted	95268	Increase	Credit
230008	331000	Watershed Grant Round 2	Federal Revenues	285804	Increase	Credit
230008	465511	Watershed Grant Round 2	Grant Subsidy-State	95268	Increase	Debit
230008	465512	Watershed Grant Round 2	Grant Subsidy-Federal	285804	Increase	Debit
Total						
Grand Total:				762144		

COUNTY OF BRUNSWICK, NORTH CAROLINA
CAPITAL PROJECT ORDINANCE
Watershed Grant Round 2
(230008)

Be it ordained by the Board of County Commissioners of Brunswick County that pursuant to Section 13.2 of the General Statutes of North Carolina, the following ordinance is hereby adopted:

Section 1. The following amounts are hereby appropriated in the Brunswick County Grants Fund:

Watershed Grant Round 2

Revenues:

State Revenues Restricted	95,268
Federal revenues Restricted	285,804
	<hr/>
Total Grant Fund Revenues	\$ 381,072

Expenditures:

Grant Subsidy - State	95,268
Grant Subsidy - Federal	285,804
	<hr/>
Total Grant Fund Expenditures	\$ 381,072

Section 2. It is estimated that the following revenues will be available in the Brunswick County General Fund:

Current Funds Appropriated	\$ -
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Section 3. The following amounts are hereby appropriated in the Brunswick County General Fund:

Contribution to Grant Fund	\$ -
----------------------------	------

Section 4. This Grant Ordinance shall be entered into the minutes of the August 3, 2020 meeting of the Brunswick County Board of Commissioners.

Request Info	
Type	Budget Amendment
Description	Watershed Grant Round 3
Justification	Board Meeting 08/03/2020 - Appropriate Federal Revenues of \$36,450 from the USDA Department of Agriculture, Natural Resources Conservation and State Revenues from the North Carolina Department of Agriculture and Consumer Services in the amount of \$12,150 for the Round 3 Watershed Grant. funds are to support watershed restoration projects/activities which include cutting and removing downed trees, broken tops, woody/vegetative debris and sediment that impede or potentially impede water flow in the streams and tributaries for specific locations listed in the agreement. Federal revenues account for 75% of the activities and state revenues cover the remaining 25%.
Originator	CHRISTINA KENNEDY

Items						
Department	Object	Dept Desc	Object Desc	Amount	Incr/Decr	Dr/Cr
230009	332000	Watershed Grant Round 3	State Revenues - Restricted	12150	Increase	Credit
230009	331000	Watershed Grant Round 3	Federal Revenues	36450	Increase	Credit
230009	465511	Watershed Grant Round 3	Grant Subsidy-State	12150	Increase	Debit
230009	465512	Watershed Grant Round 3	Grant Subsidy-Federal	36450	Increase	Debit
Total						
Grand Total:				97200		

COUNTY OF BRUNSWICK, NORTH CAROLINA
CAPITAL PROJECT ORDINANCE
Watershed Grant Round 3
(230009)

Be it ordained by the Board of County Commissioners of Brunswick County that pursuant to Section 13.2 of the General Statutes of North Carolina, the following ordinance is hereby adopted:

Section 1. The following amounts are hereby appropriated in the Brunswick County Grants Fund:

Watershed Grant Round 3

Revenues:

State Revenues Restricted	12,150
Federal revenues Restricted	36,450
	<hr/> -
Total Grant Fund Revenues	\$ 48,600

Expenditures:

Grant Subsidy - State	12,150
Grant Subsidy - Federal	36,450
	<hr/>
Total Grant Fund Expenditures	\$ 48,600

Section 2. It is estimated that the following revenues will be available in the Brunswick County General Fund:

Current Funds Appropriated	\$ -
----------------------------	------

Section 3. The following amounts are hereby appropriated in the Brunswick County General Fund:

Contribution to Grant Fund	\$ -
----------------------------	------

Section 4. This Grant Ordinance shall be entered into the minutes of the August 3, 2020 meeting of the Brunswick County Board of Commissioners.



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:
Stephanie Lewis, Operation Services
Director

Action Item # V. - 17.

Operation Services - Resolution Exempting Engineering and
Design Services for Fuel Site Upgrades

Issue/Action Requested:

Request that the Board of Commissioners approve a resolution exempting procurement of surveying, engineering and design services for upgrades to the Brunswick County Government Center Fuel Site and the Leland Fuel Site.

Background/Purpose of Request:

Brunswick County Operation Services needs surveying, engineering and design services to begin the upgrades to the Brunswick County Fuel Site and the Leland Fuel Site. The projected cost for these services is less than \$50,000. N.C.G.S. 143-64.32 authorizes local governments to exempt contract for design services from qualifications-based selection requirements if the estimated fee is less than \$50,000.

Fiscal Impact:

Reviewed By Director of Fiscal Operations
Reviewed and fine.

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Board of Commissioners approve a resolution exempting procurement of surveying, engineering and design services for upgrades to the Brunswick County Government Center Fuel Site and the Leland Fuel Site.

ATTACHMENTS:

Description

- ▣ Resolution Exempting Fuel Site Upgrade Design

County of Brunswick
Office of the County Commissioners



**RESOLUTION EXEMPTING ENGINEERING AND DESIGN SERVICES FOR FUEL
SITE UPGRADES FROM G.S. 143-64.31**

WHEREAS, G.S. 143-64.31 requires the initial solicitation and evaluation of firms to perform architectural, engineering, surveying, construction management-at-risk services, and design-build services (collectively, the "Services") to be based on qualifications and without regard to fee; and

WHEREAS, Brunswick County proposes to enter into an agreement for surveying, engineering and design services for upgrades to the Brunswick County Government Center Fuel Site and the Leland Fuel Site; and

WHEREAS, G.S. 143-64.32 authorizes units of local government to exempt contracts for said Services from the qualifications-based selection requirements of G.S. 143-64.31 if the estimated fee is less than \$50,000; and

WHEREAS, the estimated fee for Services for the above-described project is less than \$50,000.

NOW, THEREFORE, the Brunswick County Board of Commissioners resolves that:

1. The above-described project is hereby made exempt from the provisions of G.S. 143-64.31.
2. This resolution shall be effective upon adoption.

This the 3rd day of August, 2020.

Frank L. Williams, Chairman
Brunswick County Board of Commissioners

ATTEST:

Andrea White, NCCCC
Clerk to the Board



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

Action Item # V. - 18.

From:

Jeffery P Niebauer

Tax Administration - Order of Collection

Issue/Action Requested:

Request that the Brunswick County Board of Commissioners adopt and charge the Tax Collector and enter into the minutes an order to collect the taxes charged in the tax records and receipts.

Background/Purpose of Request:

The NC General Statutes state that the Board of County Commissioners shall adopt an order charging the Tax Collector with the obligation to collect the taxes per NCGS 105-321(b)

Fiscal Impact:

Reviewed By Director of Fiscal Operations

Approved By County Attorney:

Yes

County Manager's Recommendation:

Recommend the Brunswick County Board of Commissioners adopt and charge the Tax Collector and enter into the minutes an order to collect the taxes charged in the tax records and receipts.

ATTACHMENTS:

Description

- ▣ 2020 Order to Collect



County of Brunswick
OFFICE OF THE TAX ADMINISTRATOR
PO BOX 269, BOLIVIA, NC 28422
910-253-2829 TELEPHONE
910-253-2861 FAX
WWW.BRUNSWICKCOUNTYNC.GOV

JEFFERY P NIEBAUER
TAX ADMINISTRATOR

TONY MASIERO
ASST. TAX ADMINISTRATOR

MELINDA ORE
DEPUTY TAX COLLECTOR

MEMORANDUM

To: Brunswick County Board of Commissioners

From: Jeffery Niebauer, Tax Administrator
Melinda Ore, Deputy Tax Collector

Date: July 20, 2020

~Order of Collection~

NC General Statute 105-321 (b)

The NC General Statute states the Board of County Commissioners shall adopt an order charging the tax collector and deputy collector with the obligation to collect the taxes.

- The Brunswick County Board of Commissioners shall adopt and charge the Tax Collector and the Deputy Tax Collector to collect the charged in the said tax records and receipts.
- This order allows the Tax Collector and the Deputy Tax Collector to employ the means of collecting taxes provided by this subchapter.

~ Order of Collection ~
Brunswick County Tax Department

State of North Carolina
County of Brunswick

To the Tax Collector & Deputy Collector of the County, of Brunswick

You are hereby authorized, empowered, and commanded to collect the taxes set forth in the tax records filed in the office of Brunswick County Tax Department and in the tax receipts herewith delivered to you in the amounts and from the taxpayers likewise therein set forth. Such taxes are hereby declared to be a first lien upon all real property of the respective taxpayers in the County of Brunswick, and this order shall be a full and sufficient authority to direct, requires, and enable you to levy on and sell any real or personal property of such taxpayers, for and on account thereof, in accordance with law.

Witness my hand and official seal this _____ day of _____, 2020

_____(SEAL)
Frank Williams, Chairman
Board of Commissioners of Brunswick County

Attest:

Andrea White, Clerk
Board of Commissioners of Brunswick County



Brunswick County Board of Commissioners
ACTION AGENDA ITEM
August 3, 2020

From:
Donald Dixon

Action Item # V. - 19.

Utilities - Water and Wastewater Treatment Chemicals (Donald Dixon, Deputy Director-Wastewater Operations)

Issue/Action Requested:

Request that the Board of Commissioners approve responsive, responsible low bids for the FY 21 Water and Wastewater Treatment Chemicals and request to grant County Manager to execute contracts subject to terms and conditions as approved by County Attorney.

Background/Purpose of Request:

On June 30, 2020, Brunswick County opened bids for all of the major chemicals used in the water treatment and wastewater treatment processes. The county requested bids on 18 different chemicals and bids were received from 20 chemical suppliers. The low bidder for each chemical is as follows:

Polyaluminum Chloride	Chemtrade
Chlorine	JCI Jones
Orthophosphate	Carus
Polyphosphate Blend	Carus
Caustic Soda	Amerochem
Caustic Soda Mini Bulk	WaterGuard
Sodium Hypochlorite	Amerochem
Sodium Hypo Mini Bulk	Amerochem
Hydrofluosilic Acid	Brenntag
Hydrated Lime	Greer Lime
Sulfuric Acid	Brenntag
Ammonia	Airgas
D-Cationic Polymer	SNF
Sodium Fluorosilicate	Brenntag
Powdered Carbon	Brenntag
Cationic Polymer	Brenntag
Aluminum Sulfate	Univar
Magnesium Hydroxide	Polytec

The prices for most chemicals were equal to or lower than the current price. Based upon the quantities bid and the prices received, the cost of chemicals used in the various treatment processes will be lowered by more than \$195,000 annually. County staff recommends approval of the responsive, responsible low bids and upon approval of the bids, the county will issue purchase orders to the low bidders.

Fiscal Impact:

Reviewed By Director of Fiscal Operations
Funds available in the current budget.

Approved By County Attorney:

Yes

Advisory Board Recommendation:

Not Applicable

County Manager's Recommendation:

Recommend the Board of Commissioners approve responsive, responsible low bids for the FY 21 Water and Wastewater Treatment Chemicals and request to grant County Manager to execute contracts subject to terms and conditions as approved by County Attorney.

ATTACHMENTS:

Description

- ▣ Utilities - FY 21 Chemicals Bid Tabulation - Attach 1

COUNTY OF BRUNSWICK OFFICIAL BID TAB				Company Name																									
				Thatcher Chem	JCI Jones	USALCO	Shannon Chemical	Carus	Brenntag	Chemtrade	Lhoist NA	Gaschem, *1	Industrial Solutions and Supply	SNF, Inc.	Greer Lime	Univar	Sterling Water Technologies	Airgas	Cabot	Amercochem	Water Guard	Polylec	Garrison Minerals	Carnegie NA, *3	Chemrite, *3	Low Bid Amount			
2020 WATER AND WASTEWATER TREATMENT CHEMICALS				Product	Deliver To	Estimated 12-Month Quantity	Unit of Measure	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost		
Polyaluminum Chloride (liquid) (Delivered via tanker truck)				NWTP	1,000	Tons	\$	\$	\$ 338.00	\$	\$	\$ 269.00	\$	\$ 236, *1	\$	\$	\$	\$	\$	\$	\$ 449.40	\$	\$	\$			\$ 269.00		
Chlorine (2,000-lb Cylinder) (Delivered via boom truck)				NWTP & 211 WTP	225,000	Pounds	\$	\$ 0.2875	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			\$ 0.2875		
Corrosion Inhibitor (Orthophosphate) (Delivered via tanker truck)				NWTP	180,000	Pounds	\$	\$	\$	\$ 0.2810	\$ 0.2520	\$ 0.2820	\$	\$	\$	\$	\$	\$	\$ 0.3078	\$	\$	\$	\$ 0.2620	\$	\$			\$ 0.2520	
Polyphosphate Ortho Blend 50/50 (Delivered via tanker truck)				211 WTP	67,000	Pounds	\$	\$	\$	\$ 0.3570	\$ 0.3400	\$ 0.3950	\$	\$	\$	\$	\$	\$	\$ 0.4288	\$	\$	\$	\$ 0.4100	\$	\$			\$ 0.3400	
Caustic Soda 50% (Delivered via tanker truck)				NWTP	1,210,000	Pounds	\$	\$ 0.1330	\$	\$	\$	\$	\$	\$ 0.1650	\$	\$	\$	\$	\$	\$	\$ 0.1099	\$ 0.1470	\$	\$			\$ 0.1099		
Caustic Soda 50% (Delivered via mini bulk)				NE WWTP, OIB & Sea Trail	146,000	Pounds	\$	\$	\$	\$	\$	\$	\$	\$ 0.2400	\$	\$	\$	\$	\$	\$	\$ 0.1898	\$ 0.1590	\$	\$			\$ 0.1590		
Sodium Hypochlorite 12 - 17% (Delivered via tanker truck)				WEST BRUNSWICK	35,000	Gallons	\$	\$ 0.7800	\$	\$	\$	\$ 1.0400	\$	\$	\$	\$	\$	\$	\$	\$	\$ 0.7680	\$ 0.8300	\$	\$			\$ 0.7680		
Sodium Hypochlorite 12 - 17% (Delivered via mini bulk)				WEST BRUNSWICK	3,500	Gallons	\$	\$	\$	\$	\$	\$	\$	\$ 1.3970	\$ 1.2500	\$	\$	\$	\$	\$	\$ 1.1700	\$ 1.3200	\$	\$			\$ 1.1700		
Magnesium Hydroxide 60%				WEST BRUNSWICK	40,000	Gallons	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 2.1500	\$ 2.7700			\$ 2.1500			
Aluminum Sulfate 48.5%				WEST BRUNSWICK	60,000	Gallons	\$	\$	\$	\$	\$	\$ 1.0665	\$	\$ 0.65, *1	\$	\$	\$	\$ 0.9423	\$	\$	\$	\$	\$	\$			\$ 0.9423		
Hydrofluosilic Acid (liquid)				NC 211 WTP	28,500	Pounds	\$	\$	\$	\$	\$ 0.2000	\$	\$	\$	\$	\$	\$	\$ 0.2652	\$	\$	\$	\$ 0.2560	\$ 0.2510	\$	\$			\$ 0.2000	
Calcium Hydroxide (High Calcium Hydrated Lime) Powder				NC 211 WTP	1,900	Tons	\$	\$	\$	\$	\$	\$	\$ 312.5300	\$ 200, *1	\$	\$	\$ 230.0000	\$	\$	\$	\$	\$	\$	\$			\$ 230.0000		
Sulfuric Acid 93% (liquid)				NC 211 WTP	20,000	Pounds	\$	\$	\$	\$	\$	\$ 0.1200	\$	\$	\$ 0.2585	\$	\$	\$	\$	\$	\$	\$ 0.1354	\$	\$	\$			\$ 0.1200	
Powdered Activated Carbon (fine grind)				NWTP	60,000	Pounds	\$	\$ 0.8000	\$	\$	\$	\$	\$ 0.6200	\$	\$	\$ 0.7500	\$	\$	\$	\$	\$	\$ 0.9510	\$	\$	\$			\$ 0.6200	
Anhydrous Ammonia (Delivered via tanker truck)				NWTP & 211 WTP	36,400	Pounds	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 0.8200	\$	\$ 0.9000	\$	\$	\$	\$			\$ 0.8200	
Polymer (cationic) Poly DADMAC				NC 211 WTP	80,000	Pounds	\$	\$	\$	\$	\$	\$	\$	\$	\$ 0.6500	\$	\$	\$	\$	\$	\$	\$	\$	\$			\$ 0.6500		
Polymer (cationic)				WEST BRUNSWICK NE WWTP	50,000	Pounds	\$	\$	\$	\$	\$	\$ 1.1850	\$	\$	\$	\$ 1.29, 1.345	\$ 1.3900	\$	\$	\$ 1.3820	\$	\$	\$ 1.2600	\$	\$ 1.3000	\$		\$ 1.1850	
Sodium Fluorosilicate (SSF), powder (Delivered via truck)				NWTP	40,000	Pounds	\$	\$	\$	\$	\$	\$ 0.8500	\$	\$	\$	\$	\$	\$ 0.76, *2	\$	\$	\$	\$	\$	\$			\$ 0.8500		