Division of Public Health Agreement Addendum FY 25-26

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Durham County Department of Public Health	Epidemiology / Communicable Disease	
Local Health Department Legal Name	DPH Section / Branch Name	
	Marti Eisenberg, 984-236-1487	
534 Integrated Targeted Testing Services (ITTS)	marti.eisenberg@dhhs.nc.gov	
Activity Number and Description	DPH Program Contact (name, phone number, and email)	
06/01/2025 - 05/31/2026		
Service Period	DPH Program Signature (only required for a negotiable Agreement Addendum)	Date
07/01/2025 - 06/30/2026	,	
Payment Period		
☑ Original Agreement Addendum☐ Agreement Addendum Revision #		

I. <u>Background</u>:

The primary goal of the Integrated Targeted Testing Services (ITTS), project is to provide HIV counseling, testing and referral (CTR), services to high-risk "hard to reach" key priority groups in targeted settings. The key priority groups are defined as racial and ethnic minorities, men who have sex with men of all races and ethnicities, people who inject drugs, commercial sex workers, and transgender persons. By bringing testing into the community, services can reach groups in which HIV and other sexually transmitted diseases (STDs), have been underdiagnosed. Infections are underdiagnosed when people do not recognize that they are at risk.

The Local Health Department (LHD) is required to provide HIV and syphilis tests and is strongly encouraged to provide hepatitis C testing to the key priority groups as well as people living with HIV/AIDS that are unaware of their status, and other at-risk groups that have limited access to traditional counseling, testing, and referral services.

Mpox is a rash illness caused by the monkeypox virus. Although it can affect anyone, the main route of transmission in the current outbreak has been through sexual contact. Mpox is predominantly transmitted among gay, bisexual, or other men who have sex with men (MSM) and transgender women. Funds have been dedicated specifically to outreach, education, and vaccine referrals in an ongoing strategy to address HIV, STDs and mpox as a syndemic.

By bringing testing into the community, these services can be used to reach key priority groups who, as a population, do not recognize that they are at risk for HIV infection and so are underdiagnosed. ITTS projects provide testing in a variety of venues including public parks, on street corners and at other areas

Rodney Jenkins			3/3/2025 9:57 AM EST
Health Director Signature	(use blue ink or verifiable	le digital signature)	Date
LHD to complete:	LHD program contact nam	Dennis Hamlet	
[For DPH to contact in case follow-up information is needed.]	Phone and email address:	919-560-7766	dhamlet@dconc.gov

where persons congregate or at fixed testing sites including homeless shelters, drug treatment centers, mental health facilities, migrant camps, housing developments, detention centers, nightclubs, and colleges. Trained staff offers testing to clients either on mobile testing units or in these established venues at accessible hours, including evenings, nights, and weekends. Staff provide education about the risks of HIV, STDs and mpox, offer testing, and provide referrals to treatment and mpox vaccination. Staff also ensure that all clients testing positive for a STD are referred for treatment services and that HIV-infected persons are successfully linked with medical care and other services. Staff also provide active follow-up and refer HIV-positive clients to local providers or Patient Management Networks for linkage to HIV Care Coordinators who can make calls to providers, arrange transportation and/or provide other support. In addition, staff conduct social media activities on sites most frequented by identified key priority groups and ensure that key priority groups are aware of testing sites, times, and locations.

In 2022, an estimated 1,366 new HIV, 4,123 early syphilis, 26,867 gonorrhea, 64,657 chlamydia and 75 acute hepatitis C cases were reported in North Carolina. (North Carolina DHHS, Division of Public Health, 2022 HIV/STD Surveillance Report) As of January 10, 2024, the United States reported 32,063 mpox cases. (CDC Mpox 2022 Outbreak Cases and Data)

II. Purpose:

This Activity improves and increases the proportion of individuals that are aware of their HIV/STD status through an increase in the number of clients the Local Health Department tests for HIV and other STDs in homeless shelters, drug treatment centers, mental health facilities, migrant camps, housing developments, detention centers, nightclubs, and colleges.

The Local Health Department shall also refer clients for follow-up medical care, treatment, partner notification and/or case management services.

In addition, the Local Health Department is also responsible for providing mpox outreach education and vaccine referral services to those at high risk for HIV and other STDs, especially among men who have sex with men, transgender, and other high-risk individuals.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

- 1. Provide ITTS testing, condom distribution, PrEP referrals, mpox education and mpox vaccine referrals to key priority groups defined as racial and ethnic minorities, men who have sex with men of all races and ethnicities, people who inject drugs, commercial sex workers, and transgender people, as well as their partners.
- 2. Provide targeted testing, condom distribution, PrEP referrals, mpox education and mpox vaccine referrals in a variety of settings including public parks, on street corners, and, at other areas where persons congregate or at fixed testing sites such as homeless shelters, detention centers, drug treatment/mental health centers, housing developments, migrant health camps, nightclubs, and colleges.
- 3. Provide targeted HIV/STD counseling, testing and referral services at hours that are accessible to persons at high risk and in communities of high incidence of HIV and other STDs. The provision of these services shall result in:
 - a. 2,060 unduplicated clients tested for HIV, 1,828 for syphilis, and 656 for hepatitis C. Of those 2.060 clients, 995 clients are also tested for gonorrhea and chlamydia.
 - b. Of the 2,060 HIV tests, at least 206 tests are with African American MSM (men who have sex with men) and/or minority youth (13-24 years old).

- 4. Provide targeted mpox education and referral services at hours that are accessible to persons at high risk, especially to MSM, transgender, and those communities with high incidence of HIV and other STDs. The provision of these services shall result in:
 - a. 100 MSM, transgender, and other high-risk clients becoming educated about mpox.
 - b. 50 MSM, transgender, or other high-risk clients being referred for mpox vaccinations.
- 5. Maintain 64 condom distribution sites and distribute 73,000 condoms to persons living with HIV/AIDS or other clients at high risk for HIV and other STDs.
- 6. Inform all clients tested for HIV, syphilis, hepatitis C, gonorrhea and chlamydia about PrEP and make referrals (initial appointments) for 103 clients. Ensure that a PrEP Referral and Linkage form is submitted per Communicable Disease Branch (CDB) guidance for each client referred or linked to PrEP.
- 7. Actively engage with the key priority groups through social media. Ascertain that the key priority groups are aware of testing locations, dates, and times.
- 8. Make STD treatment referrals and establish direct linkages to care to guarantee that newly diagnosed HIV positive clients are connected to their initial medical appointment. Connect and track these clients with HIV and other STD prevention care and treatment referral services, as well as Disease Intervention Specialists (DIS) partner notification services for individuals who test positive for HIV/STDs.
- 9. Ensure that two data entry staff have completed e-authentication with the CDC's Secure Access Management Service (SAMS) and are able to enter data directly into EvaluationWeb.
- 10. Enter HIV/STD testing data into the online EvaluationWeb database every other week. Mail copies of the positive HIV Testing Data Forms to the CDB Data Manager according to HIV/STD Prevention Program guidelines. Guidance can be obtained from the HIV/STD Prevention Program Data Manager.
- 11. Ensure that staff are knowledgeable about HIV, STDs, PrEP and mpox, and able to provide counseling, testing and referral services. Any staff newly hired or newly assigned to provide counseling, testing and referral services must have completed the two-day Whetstone Consultations CTR course and any other relevant HIV/STD/PrEP/mpox 101 courses within 60 days of hiring or assignment to the role.
- 12. Provide testing in a respectful manner compatible with the client's cultural health beliefs, practices, and preferred language.
- 13. Maintain specimen collection protocols approved by the LHD's Medical Director of the Laboratory for non-clinical staff in settings outside of the LHD. Collect specimens in a safe and consistent manner and follow infection control guidelines as reflected in the LHD policies and procedures.
- 14. Maintain confidentiality for all clients by requiring all staff to sign and adhere to a confidentiality statement annually. An Informed Consent Form must be signed by the client or their legal guardian before information is shared with another agency.
- 15. Maintain a quality assurance and program monitoring plan that explains how the LHD keeps its prevention program on track. Include a quality improvement component in this plan that:

- a. Describes who, what, when, and how evaluations will be conducted to identify areas for improvement.
- b. Describes how client satisfaction surveys will be used to ensure that clients receive high-quality services. To maintain its high-quality services, the LHD will take appropriate action with staff or practices, as needed.
- c. Determines how regular meetings will be held with staff to evaluate testing productivity.
- d. Designates two annual site visits to occur with subrecipients who have been hired to provide testing services for work described in this Agreement Addendum. During these site visits, the HIV/STD Prevention Program's subrecipient monitoring tools will be used to conduct programmatic and fiscal reviews of the subcontractors.

IV. Performance Measures / Reporting Requirements:

1. Performance Measures

- a. A positivity rate of at least 1.0% for HIV and syphilis will be identified to ensure that the "high risk" priority groups are being tested.
- b. 10% of all clients reached shall include African American MSM (men who have sex with men) and/or minority youth (13-24 years old).
- c. 90% of HIV-positive clients shall be linked and receive a documented first visit to medical care and/or case management services.
- d. 90% of positive STD clients shall receive treatment for their STD.
- e. 100% of persons testing positive for HIV and syphilis will be referred to the DPH Disease Intervention Specialist for them to receive partner notification services.
- f. 100 MSM, transgender, and other high-risk clients will be educated about mpox.
- g. 50 MSM, transgender, or other high-risk clients will be referred for mpox vaccination.

2. Reporting Requirements via Smartsheet

Complete the following reports via the Smartsheet dashboard. All of the due dates for these reports are posted on the Smartsheet dashboard.

- a. **Monthly Financial Reports**: These monthly financial reports will report about the prior month. The first financial report is for June 2025 and is due by July 24, 2025.
- b. **Quarterly Performance Reports**: These reports will detail the prior quarter's progress on implementing the Agreement Addendum's required activities. The first report is for April, May, and June 2025 activities and is due by July 24, 2025. The quarters for these reports are defined as:
 - April June 2025 (April and May 2025 data are from services provided under the Agreement Addendum for state fiscal year 2025)
 - July September 2025
 - October December 2025
 - January March 2026

Data for April and May 2026 will be included in a report that will be due under a possible future Agreement Addendum for state fiscal year 2027.

3. Reporting Requirements via Email

¹ https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb

a. Submit monthly activity calendars via email to the DPH Program Contact by the fifth workday of each month.

4. Reporting Required Subcontract Information

In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for <u>every subcontract</u> receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.

This information is <u>not</u> to be returned with the signed Agreement Addendum (AA) but <u>is</u> to be provided to DPH when the entities are known by the LHD.

- a. Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor") or a pass-through entity ("Subrecipient").
 - 1. <u>Subcontractors</u> are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA's reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.
 - 2. <u>Subrecipients</u> of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

The following information must be submitted via Smartsheet for review prior to the entity being awarded a contract or agreement from the LHD:

- Organization or Individual's Name (if an individual, include the person's title)
- EIN or Tax ID
- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

V. <u>Performance Monitoring and Quality Assurance</u>:

- 1. The Communicable Disease Branch shall monitor the Local Health Department by reviewing the financial reports each month and the performance reports each quarter, and by conducting at least one site visit per year to evaluate the program components as specified in this Agreement Addendum. Prior notification will be given as to the date and time of the monitoring.
 - a. Site visits shall include an administrative interview, observation of programmatic activities, and a review of encounter data, policies and procedures, quarterly reports, client records and client satisfaction surveys. The Branch will observe pre- and post-test activities, including data collection, data tracking and testing processes. Review encounter data and client satisfaction surveys to measure service quality based on how participant felt they were treated and if their questions were answered satisfactorily to help reduce the risk of acquisition or transmission of disease.

- b. A site visit report detailing the programmatic findings shall be written and forwarded to the Local Health Department through the Unit Manager and the Deputy Branch Head within fifteen working days of the visit.
- 2. If the Local Health Department is deemed out of compliance, the designated Communicable Disease Branch monitor shall make every effort to work with the Local Health Department to produce a corrective action plan. The Branch shall provide on-site training and consultation to address issues of non-compliance, and if necessary, assign a high-risk monitoring status to the Local Health Department.
- 3. Failure to comply with the corrective action plan implementation related to the most recent monitoring site visit may result in the Local Health Department being placed on "high risk status" which in turn could lead to a reduction or loss of funding.

VI. Funding Guidelines or Restrictions:

- 1. **Federal Funding Requirements**: where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (AA).
 - a. <u>Requirements for Pass-through Entities</u>: In compliance with 2 CFR §200.331 *Requirements for pass-through entities*, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
 - 1. Definition: A FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.
 - 2. Frequency: An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
 - b. <u>Required Reporting Certifications</u>: Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD <u>must</u> certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

Is award R&D?: no

FY26 - FAS Activity Nbr + Name: 534 Integrated Targeted Testing Services (ITTS)

FAIN: NU51CK000341

supplement FAS Number + Reason: 1 This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

Assistance Listing Nbr + Name: **93.323** Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

Fed award project description: NC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases

IDC rate: n/a

Fed awd date + awarding agency: 12-11-24 HHS, Centers for Disease Control and Prevention

Fed awd	date + awarding agency:	12-11-24	HHS, Ce	enters for D	isease Co	ntrol and Preventi	on		
Subrecipient	Subrecipient's UEI	Federal fu	unds from d above	Total feder for entire		Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	F5VHYUU13NC5					Jackson	X7YWWY6ZP574		
Albemarle	WAAVS51PNMK3					Johnston	SYGAGEFDHYR7		
Alexander	XVEEJSNY7UX9					Jones	HE3NNNUE27M7		
Anson	PK8UYTSNJCC3					Lee	F6A8UC99JWJ5		
Appalachian	CD7BFHB8W539					Lenoir	QKUFL37VPGH6		
Beaufort	RN1SXFD4LXN6					Lincoln	UGGQGSSKBGJ5		
Bladen	TLCTJWDJH1H9					Macon	LLPJBC6N2LL3		
Brunswick	MJBMXLN9NJT5					Madison	YQ96F8BJYTJ9		
Buncombe	W5TCDKMLHE69					MTW	ZKK5GNRNBBY6		
Burke	KVJHUFURQDM5					Mecklenburg	EZ15XL6BMM68		
Cabarrus	RXDXNEJKJFU7					Montgomery	E78ZAJM3BFL3		
Caldwell	HL4FGNJNGE97					Moore	HFNSK95FS7Z8		
Carteret	UC6WJ2MQMJS8					Nash	NF58K566H0M7		
Caswell	JDJ7Y7CGYC86						F7TLT2GMEJE1		
Catawba	GYUNA9W1NFM1						CRA2KCAL8BA4		
Chatham	KE57QE2GV5F1					Onslow	EGE7NBXW5JS6		
Cherokee	DCEGK6HA11M5					Orange	GFFMCW9XDA53		
Clay	HYKLQVNWLXK7					Pamlico	FT590FEAU344		
Cleveland	UWMUYMPVL483					Pender	T11BE678U9P5		
Columbus						Person	FQ8LFJGMABJ4		
	V1UAJ4L87WQ7					Pitt			
Craven Cumberland	HALND8WJ3GW4					Polk	VZNPMCLFT5R6		
							QZ6BZPGLX4Y9		
Dare	ELV6JGB11QK6					Randolph	T3BUM1CVS9N5		
Davidson	C9P5MDJC7KY7					Richmond	Q63FZNTJM3M4		
Davie	L8WBGLHZV239					Robeson	LKBEJQFLAAK5		
Duplin	KZN4GK5262K3	A	47.500	_		Rockingham	KGCCCHJJZZ43		
Durham	LJ5BA6U2HLM7	\$	17,500	Ş	17,500	Rowan	GCB7UCV96NW6		
Edgecombe	MAN4LX44AD17					Sampson	WRT9CSK1KJY5		
Foothills	NGTEF2MQ8LL4					Scotland	FNVTCUQGCHM5		
Forsyth	V6BGVQ67YPY5					Stanly	U86MZUYPL7C5		
Franklin	FFKTRQCNN143					Stokes	W41TRA3NUNS1		
Gaston	QKY9R8A8D5J6					Surry	FMWCTM24C9J8		
Graham	L8MAVKQJTYN7					Swain	TAE3M92L4QR4		
Granv-Vance	MGQJKK22EJB3					Toe River	JUA6GAUQ9UM1		
Greene	VCU5LD71N9U3					Transylvania	YLN4BFCJCP39		
Guilford	YBEQWGFJPMJ3	\$	43,750	\$	43,750	Union	LHMKBD4AGRJ5		
Halifax	MRL8MYNJJ3Y5					Wake	FTJ2WJPLWMJ3	\$ 43,750	\$ 43,750
Harnett	JBDCD9V41BX7					Warren	TLNAU5CNHSU5		
Haywood	DQHZEVAV95G5					Wayne	DACFHCLQKMS1		
Henderson	TG5AR81JLFQ5					Wilkes	M14KKHY2NNR3		
Hoke	C1GWSADARX51					Wilson	ME2DJHMYWG55		
Hyde	T2RSYN36NN64					Yadkin	PLCDT7JFA8B1		

10,058,136

Fed awd total amt: \$

DPH-Aid-To-Counties

For Fiscal Year: 25/26

Budgetary Estimate Number: 0

Activity 534		AA	133200 2B04541		133200 2B04542		133200 2B04543		Proposed Total	New Total
			20G0169002	Total Allocated	20G0169002	Total Allocated	2000000000	Total Allocated		
Service Period			06/01-05/31	Allocateu	06/01-05/31	Allocateu	06/01-05/31	Allocated		
Payment Period			07/01-06/30		07/01-06/30		07/01-06/30			
01 Alamance			0	\$0.00	0	\$0.00	0	\$0.00	0	0
D1 Albemarle *	•	0	1,183	\$0.00	88,817	\$0.00	0	\$0.00	90,000	90,000
02 Alexander	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
04 Anson	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
D2 Appalachian	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
07 Beaufort *	•	0	40,000	\$0.00	0	\$0.00	0	\$0.00	40,000	40,000
09 Bladen	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
10 Brunswick	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
11 Buncombe	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
12 Burke	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
13 Cabarrus	Ī		0	\$0.00	0	\$0.00	0	\$0.00	0	0
14 Caldwell	Ì		0	\$0.00	0	\$0.00	0	\$0.00	0	0
16 Carteret	Ì		0	\$0.00	0	\$0.00	0	\$0.00	0	0
17 Caswell			0	\$0.00	0	\$0.00	0	\$0.00	0	0
18 Catawba	Ì		0	\$0.00	0	\$0.00	0	\$0.00	0	0
19 Chatham	Ì		0	\$0.00	0	\$0.00	0	\$0.00	0	0
20 Cherokee	Ì		0	\$0.00	0	\$0.00	0	\$0.00	0	0
22 Clay	Ť		0	\$0.00	0	\$0.00	0	\$0.00	0	0
23 Cleveland	İ		0	\$0.00	0	\$0.00	0	\$0.00	0	0
24 Columbus	t		0	\$0.00	0	\$0.00	0	\$0.00	0	0
25 Craven	t		0	\$0.00	0	\$0.00	0	\$0.00	0	0
26 Cumberland *	•	0	19,000	\$0.00	0	\$0.00	0	\$0.00	19,000	19,000
28 Dare	t		0	\$0.00	0	\$0.00	0	\$0.00	0	0
29 Davidson	t		0	\$0.00	0	\$0.00	0	\$0.00	0	0
30 Davie	t		0	\$0.00	0	\$0.00	0	\$0.00	0	0
31 Duplin	t		0	\$0.00	0	\$0.00	0	\$0.00	0	0
32 Durham *		0	267,552	\$0.00	0	\$0.00	0	\$0.00	267,552	267,552
33 Edgecombe *	•	0	75,000	\$0.00			0			
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34 Forsyth *		0	0	\$0.00	15,000	\$0.00	100,000	\$0.00	115,000	115,000
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36 Gaston *	•	0	125,000	\$0.00			0	\$0.00	125,000	125,000
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40 Greene	t		0	\$0.00	0	\$0.00				0
41 Guilford *	•	0	380,000	\$0.00			0	\$0.00		380,000
42 Halifax	t		0	\$0.00						
43 Harnett *	•	0	45,000	\$0.00					_	_
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53 Lee			0	\$0.00	0	\$0.00	0	\$0.00	0	0
54 Lenoir	*	0	50,000	\$0.00	0	\$0.00	0	\$0.00	50,000	50,000
55 Lincoln			0	\$0.00	0	\$0.00	0	\$0.00	0	0
56 Macon			0	\$0.00	0	\$0.00	0	\$0.00	0	0
57 Madison			0	\$0.00	0	\$0.00	0	\$0.00	0	0
D4 M-T-W			0	\$0.00	0	\$0.00	0	\$0.00	0	0
60 Mecklenburg	*	0	126,000	\$0.00	0	\$0.00	0	\$0.00	126,000	126,000
62 Montgomery			0	\$0.00	0	\$0.00	0	\$0.00	0	0
63 Moore			0	\$0.00	0	\$0.00	0	\$0.00	0	0
64 Nash	*	0	60,000	\$0.00	0	\$0.00	0	\$0.00	60,000	60,000
65 New Hanover	*	0	0	\$0.00	75,000	\$0.00	0	\$0.00	75,000	75,000
66 Northampton			0	\$0.00	0	\$0.00	0	\$0.00	0	0
67 Onslow			0	\$0.00	0	\$0.00	0	\$0.00	0	0
68 Orange			0	\$0.00	0	\$0.00	0	\$0.00	0	0
69 Pamlico			0	\$0.00	0	\$0.00	0	\$0.00	0	0
71 Pender			0	\$0.00	0	\$0.00	0	\$0.00	0	0
73 Person			0	\$0.00	0	\$0.00	0	\$0.00	0	0
74 Pitt			0	\$0.00	0	\$0.00	0	\$0.00	0	0
75 Polk			0	\$0.00	0	\$0.00	0	\$0.00	0	0
76 Randolph			0	\$0.00	0	\$0.00	0	\$0.00	0	0
77 Richmond			0	\$0.00	0	\$0.00	0	\$0.00	0	0
78 Robeson			0	\$0.00	0	\$0.00	0	\$0.00	0	0
79 Rockingham			0	\$0.00	0	\$0.00	0	\$0.00	0	0
80 Rowan			0	\$0.00	0	\$0.00	0	\$0.00	0	0
82 Sampson			0	\$0.00	0	\$0.00	0	\$0.00	0	0
83 Scotland			0	\$0.00	0	\$0.00	0	\$0.00	0	0
84 Stanly			0	\$0.00	0	\$0.00	0	\$0.00		0
85 Stokes			0	\$0.00	0	\$0.00	0	\$0.00		0
86 Surry			0	\$0.00	0	\$0.00	0	\$0.00		0
87 Swain			0	\$0.00	0	\$0.00	0	\$0.00	0	0
D6 Toe River			0	\$0.00	0	\$0.00	0	\$0.00		0
88 Transylvania			0	\$0.00	0	\$0.00		\$0.00	-	0
90 Union			0	\$0.00	0	\$0.00		\$0.00		0
92 Wake	*	0	250,000	\$0.00	0	\$0.00		\$0.00		250,000
93 Warren			0	\$0.00	0	\$0.00		\$0.00		0
96 Wayne			0	\$0.00	0	\$0.00		\$0.00		0
97 Wilkes	_		0	\$0.00	0	\$0.00	_	\$0.00		0
98 Wilson	_		0	\$0.00	0	\$0.00		\$0.00		0
99 Yadkin			0	\$0.00	0	\$0.00		\$0.00		0
00 Yancey	_		0	\$0.00	0	\$0.00		\$0.00		0
Totals			1,438,735	0	178,817	0	100,000	0	1,717,552	1,717,552

Sign and Date - DPH Program Administrator		Sign and Date - DPH Section C	Chief
Christopher M. Kippes	12/05/24	Mac Kemer	12/04/24
Sign and Date - DPH Budget Office - ATC Coordinator		Sign and Date - DPH Budget O	fficer
Sarah Kriffin 12/5/2024		S. Roples	12/5/2024

SP 12.5.24

DPH-Aid-To-Counties

For Fiscal Year: 25/26

Budgetary Estimate Number: 1

Activity 534	AA	131304 2B1560E 20G0098026		133200 2B04541 20G0169002		133200 2B04542 20G0169002		133200 2B04543 2000000000		Proposed Total	New Total
Service Period		06/01-07/31	Allocated	06/01-05/31	Total Allocated	06/01-05/31	Total Allocated	06/01-05/31	Total Allocated		
Payment Period		07/01-08/31		07/01-06/30		07/01-06/30		07/01-06/30			
01 Alamance		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
D1 Albemarle		0	\$0.00	0	\$1,183.00	0	\$88,817.00	0	\$0.00	0	90,000
02 Alexander		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
04 Anson		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
D2 Appalachian		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
07 Beaufort		0	\$0.00	0	\$40,000.00	0	\$0.00	0	\$0.00	0	40,000
09 Bladen		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
10 Brunswick		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
11 Buncombe		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
12 Burke		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
13 Cabarrus		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
14 Caldwell		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
16 Carteret		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
17 Caswell		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
18 Catawba		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
19 Chatham		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
20 Cherokee		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
22 Clay		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
23 Cleveland		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
24 Columbus		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
25 Craven		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
26 Cumberland		0	\$0.00	0	\$19,000.00	0	\$0.00	0	\$0.00	0	19,000
28 Dare		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
29 Davidson		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
30 Davie		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
31 Duplin		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
32 Durham	* 0	17,500	\$0.00	0	\$267,552.00	0	\$0.00	0	\$0.00	17,500	285,052
33 Edgecombe		0	\$0.00	0	\$75,000.00	0	\$0.00	0	\$0.00	0	75,000
D7 Foothills		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
34 Forsyth		0	\$0.00	0	\$0.00	0	\$15,000.00	0	\$100,000.00	-	115,000
35 Franklin		0	\$0.00	×			\$0.00	0	\$0.00	0	0
36 Gaston		0	\$0.00	0	\$125,000.00	0	\$0.00	0	\$0.00	0	125,000
38 Graham		0		0	\$0.00	0		· ·	\$0.00	0	0
D3 Gran-Vance		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
40 Greene		0		0	\$0.00	0	\$0.00	0	\$0.00	·	0
41 Guilford	* 0	43,750		0	\$380,000.00	0			\$0.00	,	423,750
42 Halifax		0		0	\$0.00	0			\$0.00		0
43 Harnett		0		0	\$45,000.00	0			\$0.00		45,000
44 Haywood		0		0	\$0.00	0			\$0.00		0
45 Henderson		0		0	\$0.00	0			\$0.00		0
47 Hoke		0		0	\$0.00	0		_	\$0.00		0
48 Hyde		0		0	\$0.00	0		_	\$0.00		0
49 Iredell		0		0	\$0.00	0		_	\$0.00		0
50 Jackson		0		0	\$0.00	0			\$0.00		0
51 Johnston		0		0	\$0.00	0			\$0.00		0
52 Jones		0		0	\$0.00	0			\$0.00		0
53 Lee		0		0	\$0.00	0			\$0.00		0
54 Lenoir		0		0	\$50,000.00	0			\$0.00	·	50,000
55 Lincoln		0		0	\$0.00	0			\$0.00	·	0
56 Macon		0		0	\$0.00	0			\$0.00	·	0
57 Madison		0		0	\$0.00	0			\$0.00		0
D4 M-T-W		0		0	\$0.00	0			\$0.00		0
60 Mecklenburg		0	\$0.00	0	\$126,000.00	0	\$0.00	0	\$0.00	0	126,000

ir .											
62 Montgomery		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
63 Moore		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
64 Nash		C	\$0.00	0	\$60,000.00	0	\$0.00	0	\$0.00	0	60,000
65 New Hanover		C	\$0.00	0	\$0.00	0	\$75,000.00	0	\$0.00	0	75,000
66 Northampton		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
67 Onslow		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
68 Orange		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
69 Pamlico		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
71 Pender		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
73 Person		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
74 Pitt		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
75 Polk		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
76 Randolph		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
77 Richmond		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
78 Robeson		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
79 Rockingham		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
80 Rowan		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
82 Sampson		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
83 Scotland		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
84 Stanly		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
85 Stokes		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
86 Surry		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
87 Swain		C	\$0.00	0	\$0.00	J		0	\$0.00	0	0
D6 Toe River		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
88 Transylvania		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
90 Union		C		•	\$0.00	0	\$0.00	0	\$0.00	0	0
92 Wake	* (43,750	\$0.00	0	\$250,000.00	0	\$0.00	0	\$0.00	43,750	293,750
93 Warren		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
96 Wayne		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
97 Wilkes		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
98 Wilson		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
99 Yadkin		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
00 Yancey		C	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
Totals		105,000	0	0	1,438,735	0	178,817	0	100,000	105,000	1,822,552

Sign and Date - DPH Program Administrator	Sign and Date - DPH Section Chief
Christopher M Kippes 01/29/25	Mac Kemer 01/29/25
Sign and Date - DPH Budget Office - ATC Coordinator	1/30/2025
Saraf Nuffon 1/29/2025	5, MAN 11 1/30/2025

S P 01/29/25