

Division of Public Health

Agreement Addendum

FY 26-27

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Durham County Department of Public Health

Local Health Department Legal Name

575 HIV/STI Prevention, Services, and Treatment

Activity Number and Description

06/01/2026 – 05/31/2027

Service Period

07/01/2026 – 06/30/2027

Payment Period☒ Original Agreement Addendum☐ Agreement Addendum Revision # _____

Epidemiology / Communicable Disease Branch

DPH Section / Branch Name

Vanessa Gailor 919-339-3531

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DPH Program Contact

(name, phone number, and email)

DPH Program Signature

(only required for a negotiable Agreement Addendum)

Date**I. Background:**

The North Carolina Department of Health and Human Services (NCDHHS), Division of Public Health (DPH) and the Communicable Disease Branch (CDB), closely linked to the mission of the CDC Division of STD Prevention (DSTDP), is committed to improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies by:

- Reducing the incidence of HIV/STIs
- Improving the integration of HIV/STI services in the clinical care setting
- Increasing HIV/STI services for at risk populations, and
- Minimizing the threat of antibiotic-resistant gonorrhea (GC).

The CDB has a completely integrated communicable disease program that includes HIV/STI Care and Prevention, Partner Services, and Surveillance activities. Additionally, CDB has well established collaborations with academic medical centers and more than a dozen community-based organizations. However, the foundation of effective surveillance and service delivery depends upon strong relationships with North Carolina's 86 local health departments (of which, 6 are in multi-county districts).

Local health departments are mandated to provide routine HIV/STI screening, treatment and prevention services through their STI and family planning clinics at no cost to the client. The North Carolina Administrative Code (10A NCAC 41A .0204) requires North Carolina local health departments to provide treatment at no cost for clients diagnosed with sexually transmitted infections (STIs):

DocuSigned by:

Rodney Jenkins

E5B48EFAFE96466...

3/17/2026 | 2:52 PM EDT

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete:

[For DPH to contact in case follow-up information is needed.]

LHD program contact name:

Phone and email address:

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slittle@dhhs.nc.gov

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

Template rev. June 2025

Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.

The CDB also provides funds to local health departments to assist with the purchase of STI drugs. These funds are to be used exclusively for the treatment of local health department clients who are either diagnosed with or who are sexual partners of someone with a STI. Local health departments are expected to purchase drugs at the lowest available pricing using the Health Resources and Services Administration's (HRSA) federal 340B Drug Pricing Program. The 340B Program enables covered entities to stretch scarce federal and state resources as far as possible, reaching more eligible patients and providing more comprehensive services. Local health department clinics which diagnose and treat sexually transmitted diseases and receive funding from state and local resources are 340B Program covered entities.

II. Purpose:

This Agreement Addendum for Activity 575 is consolidating three former Activities: 536 HIV/STD Services; 610 STD Prevention; and 894 STD Drugs. As such, this Agreement Addendum for Activity 575 HIV/STI Prevention, Services, and Treatment:

1. Defines essential services that the Local Health Department must offer to clients seeking an STI evaluation. The goals of HIV/STI Services are to: reduce the incidence of STIs; improve integration of HIV/STI services within the clinical and community settings; increase awareness of and provision of HIV/STI services for vulnerable populations; and reduce the threat of antibiotic-resistant gonorrhea infections.
2. Supports the Local Health Department in offering comprehensive HIV/STI prevention and diagnostic services, including urine NAAT to test all male patients for chlamydia and gonorrhea, NAAT to test all patients with extragenital exposures for chlamydia and gonorrhea, Pre Exposure Prophylaxis for HIV (HIV PrEP), and Doxycycline as bacterial STI Post Exposure Prophylaxis (Doxy PEP).
3. Assists the Local Health Department's STI programs in providing patients with condoms and culturally and age-appropriate patient educational materials to reduce the spread of HIV and STIs. Correct and consistent condom usage has been shown to reduce the spread of HIV/STIs.
4. Supports the Local Health Department training for a registered nurse to complete the STD Enhanced Role Registered Nurse (ERRN) training and/or support continuing education for advanced practice providers (APP) and physicians to assure continuing competency as a provider of STI clinical services.
5. Directs the Local Health Department activities for county disease intervention services related to syphilis and HIV partner notification.
6. Assists the Local Health Department in meeting the HIV/STI service needs for its patients and provides a mechanism to award federal STD Prevention funds to the Local Health Department to ensure its 340B STD Drug eligibility. These drugs are used to reduce the morbidity, mortality and spread of STIs in North Carolina.

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

The Local Health Department (LHD) shall:

1. **Provide onsite STI clinical services:**

- a. **Clinical Services:** Provide essential comprehensive STI services to individuals who are at risk for, who have a known exposure to, or who have symptoms suggestive of a sexually transmitted infection. Essential comprehensive services are defined as taking a medical history including sexual risk assessment, a physical examination inclusive of the upper and lower body, laboratory testing, treatment, counseling, and referral. In the public health setting, this would include prevention and laboratory services such as HIV/STI screening in asymptomatic clients based upon the client's site or sites of exposure.
- b. **Qualified Staff:** Provide onsite STI services using qualified staff who are appropriately trained and oriented to provide services in accordance with current Centers for Disease Control and Prevention (CDC) STI Treatment Guidelines and guidance from the current North Carolina Sexually Transmitted Diseases Public Health Program Manual.¹ All laboratory services shall be consistent with CLIA and CDC Treatment Guidelines. These qualified, appropriately trained and oriented staff include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), Advanced Practice Providers (APPs), STD Enhanced Role Registered Nurses (STD ERRNs), and Registered Nurses (RNs) providing essential STI services.
- c. **No Cost to Client:** Offer routine STI and HIV services at no cost to the client regardless of county of residence. Routine services that cannot be charged to the client include testing for gonorrhea and chlamydia at all sites of exposure within the last 60 days, gram stain for symptomatic male clients, wet mount for female clients, syphilis and HIV testing, and herpes diagnostic testing. These services must be provided at no charge to the client regardless of the location or site in which they are provided. STI testing which is not required by North Carolina Administrative Code (10A NCAC 41A .0204) may be billed according to local billing policy.
- d. **Prompt Access to Care:** Ensure access to care within one workday of request for clients requesting evaluation for symptoms of sexually transmitted infection and for exposure to a sexually transmitted infection, and for clients referred by a DPH Disease Intervention Specialist (DIS).
- e. **Client-Centered Counseling:** Provide client-centered counseling based on the state-approved Counseling, Testing, and Referral (CTR) training curriculum to clients who are HIV positive and to any other client who requests this service. All LHD staff providing positive HIV test results to clients must have first received the state-approved CTR training.
- f. **Prevention:** Offer Condoms and Instructions
 1. Determine which of their clients are at highest risk for HIV/STIs and provide those clients with condoms and instructions.
 2. Create and maintain a policy to offer condoms to clients at highest risk for HIV/STI.
- g. **Education:** Offer Patient Educational Materials
 1. Select patient educational materials appropriate to the population at risk for HIV and other STIs in their jurisdiction and make these materials available to clients at highest risk for HIV and other STIs.
 2. Create a policy to offer culturally and age-appropriate patient educational materials to clients found to be at highest risk for transmission of HIV and other STIs.

¹ The current North Carolina Sexually Transmitted Diseases Public Health Program Manual is available online at <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/std/toc.html>

- h. **Other Services:** If the LHD offers Expedited Partner Therapy or Express STI Clinic services, maintain evaluation data that can be shared electronically with the CDB.
- i. **Referral for HIV PrEP:** If the LHD does not offer HIV PrEP as part of their STI services, maintain a current list of HIV PrEP providers in the community for referral of eligible clients.

2. Provide STI testing services:

- a. Provide the following **STI tests at no cost to the client:**

Test type	Client type	Alternatives
Urethral Gram Stain	Male client with urethral symptoms	If LHD does not provide gram stain, treat empirically for gonorrhea and chlamydia via urethritis standing order or with provider order.
Genital NAAT for Gonorrhea and Chlamydia	- All male clients (urine specimen) - All female clients (vaginal specimen)	If LHD cannot offer no-cost urine NAAT for male clients that do not meet the NCSLPH criteria for testing, at a minimum offer gonorrhea culture.
Extragenital NAAT for Gonorrhea and Chlamydia	All STI clients with exposure at extragenital sites	If LHD cannot offer no-cost extragenital NAAT for clients that do not meet the NCSLPH criteria for testing, offer gonorrhea culture at the extragenital sites of exposure.
HIV	All STI clients	—
Syphilis	All STI clients	—
Wet Prep	All female clients with vaginal exposure in the last 60 days	—

- b. When evaluating persons for sexually transmitted infections, **provide HIV and syphilis testing as a routine part of STI evaluations** unless the client declines to be tested. In addition, the LHD evaluating persons for HIV shall offer STI testing, including syphilis, as a routine part of HIV evaluations.

3. Provide STI Treatment:

- a. Offer onsite **STI treatment, at no cost to the client**, to any person diagnosed with an STI and to any sexual partners of a person with an STI who is evaluated by the LHD. Onsite STI treatment is defined as administering or dispensing approved drug treatment regimens at the time of diagnosis or providing client with a prescription for an approved drug treatment regimen.
- b. In addition to the named diseases in 10A NCAC 41A .0204, the Communicable Disease Branch (CDB) requires that the LHD treat trichomoniasis and conditions that are likely caused by gonorrhea or chlamydia such as pelvic inflammatory disease and epididymitis. The CDB requires the LHD to have treatment on site or available by prescription for symptomatic bacterial vaginosis and herpes simplex virus since these conditions may contribute to HIV transmission.
- c. Maintain an account with a 340B vendor to purchase and receive STI drugs and maintain eligibility for the 340B Drug Pricing Program through the HRSA Office of Pharmacy Affairs (OPA). An individual is a patient of a 340B covered entity only if:

- the covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
 - the individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the care provided remains with the covered entity; and
 - the individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding has been provided to the entity.
- d. Maintain a minimum of three months' supply of all commonly used STI drugs in the event of shortages.
- 4. Report HIV/STIs appropriately and in a timely manner:**
- a. Report all seropositive HIV tests to the CDB Regional DIS Field Office within one workday of receipt of the positive report.
 - b. Enter data on all reportable STIs, including HIV, in the North Carolina Electronic Disease Surveillance System (NC EDSS) within 30 days of the specimen date. The LHD's county name is to be used as the ordering provider when entering data about LHD clients who meet the case definition for STIs. The LHD must include treatment information on all persons reported with an STI regardless of the ordering provider. If treatment information is not obtained or if the prescribed treatment is not the recommended treatment according to current Centers for Disease Control and Prevention (CDC) guidelines, the person entering data should document actions taken by LHD staff to resolve the treatment irregularity in the NC EDSS Administrative Package Investigation Trail.
- 5. Ensure appropriate HIV and syphilis disease investigation and delivery of control measures, per General Statute § 130A-144 and implementing rules.**
- a. Pursuant to G.S. 130A-144 and 10A NCAC 41A .0103, the local health director shall:
 - 1. Immediately investigate the circumstances surrounding the occurrence of HIV or syphilis in the LHD's jurisdiction, including the identity of all persons for whom control measures are required,
 - 2. Determine what control measures have been given and ensure that proper control measures, as provided in 10A NCAC 41A .0201, have been given and are being complied with, and
 - 3. Forward the report to the State by documenting the reportable disease or condition, the investigation, and the control measures in NC EDSS.
 - b. DPH will provide HIV and syphilis case investigation and partner notification support to LHDs in circumstances where local Communicable Disease staff are not adequately trained in HIV and syphilis case investigation and partner notification (e.g., DIS). DPH support will be prioritized for LHDs lacking personnel with specific training in HIV/syphilis case investigation and partner services.
- 6. Ensure HIV/STI clinic administration and policy oversight**
- a. Ensure clinical oversight for the day-to-day operations of the STI Program by a registered nurse, advanced practice provider, or physician.
 - b. Ensure appropriate standing order format. All standing orders or protocols developed for nurses in support of this program are written in a format consistent with the North Carolina Board of

Nursing requirements. All local health departments shall have a policy in place that supports nurses working under standing orders.²

- c. **Have STI Program policies and procedures** that address this list of required STI Program services. It is not required to have a separate policy for each item, but all of these items should be addressed within the STI Program Policies and Procedures:
 1. STI Staffing (Roles, Qualifications, Orientation, Continuing Education)
 2. Client Examination, Testing, Treatment, Counseling, and Referral
 3. NC EDSS Reporting
 4. Community Outreach to the Public and to Medical Providers
 5. Express STI Clinic Services, if applicable
 6. Expedited Partner Therapy, if applicable

7. Ensure STI clinical staff competency and education:

- a. **Ensure new medical provider STI education.** Within six months of employment, all newly hired medical providers who perform clinical assessments and management of clients with STI concerns must have completed:
 1. The National STD Curriculum lessons for Chlamydia, Gonorrhea, Syphilis, HSV, HPV, PID, and Vaginitis.³
 2. Observations of an experienced STI clinician performing at least one male and one female STI assessment. The observation of the male assessment must include components of an MSM exam. An experienced STI clinician is defined as a physician, an APP, or a STD ERRN with at least three years of STI experience in an LHD.
 3. Assessment of one male and one female STI client under the observation of an experienced STI clinician.
- b. **Ensure STI clinical provider continuing education.** Currently employed STI clinical providers (Physicians, APP, ERRN, RN) with the LHD shall participate in annual STD/STI training, including the North Carolina Annual STI Update.
- c. **Ensure STD ERRN rostering and competency.** Each STD ERRN shall maintain documentation of ERRN course and practicum completion for initial rostering and maintains competency to annually re-roster to perform evaluation, testing, treatment, counseling, and referral of clients seeking care for sexually transmitted infections through ongoing LHD quality assurance monitoring and through Regional Technical Assistance and Training Program (TATP) Nurse Consultant monitoring.
 1. Initial rostering as STD ERRN requires completion of UNC PAA/STD Clinician course (Physical Assessment of Adults/Sexually Transmitted Disease Clinician course) and receipt of initial rostering letter and certificate by the CDB.
 2. Rostering certificate must be displayed in clinic area where STI examinations are performed.
 3. Annual competency validation for re-rostering includes completion of 10 hours of STI-specific continuing education activities, assessment of at least 50 STI patients, and clinical observation of STD ERRN skills by an experienced STI Clinician. An experienced STI clinician is defined as a physician, an APP, or a STD ERRN with at least three years of STI experience in a LHD.

² <https://www.ncbon.com/sites/default/files/documents/2024-03/ps-standing-orders.pdf>

³ <https://www.std.uw.edu/>

- d. The LHD shall **have at least two staff trained in the state-approved Counseling, Testing, and Referral (CTR) training curriculum** to meet service delivery needs for clients who are HIV positive. CTR training needs to be taken only once and training certificates for LHD staff must be retained to document training has been received.

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

1. **Performance Measures**

- a. Performance Measure #1: LHD shall complete and report at least 80% of all reportable STI investigations to the State Disease Registrar via NC EDSS within 30 days of the LHD having been notified. Indicator: NC EDSS quarterly reports for number of events completed within 30 days of notification.
- b. Performance Measure #2: During the service period of this Agreement Addendum (AA) the LHD shall maintain and follow current policies, procedures, and standing orders for all HIV/STI prevention, service, and treatment activities outlined in the SOW/Deliverables section of this AA. Indicator: LHD policies, procedures and standing orders are available to TATP for review; annual survey attesting to service provision.
- c. Performance Measure #3: During the service period of this AA the LHD shall ensure completion of all training and practicum activities for new STI clinic providers and STD ERRNs per the SOW/Deliverables section of this AA. Indicator: New provider education certificates and completed observation/assessment forms submitted to TATP.
- d. Performance Measure #4: The LHD shall have at least 2 employees who are trained in the state-approved Counseling, Testing, and Referral (CTR) curriculum for providing HIV test results to LHD clients. Indicator: Certificates of completion for CTR course available for review by TATP.
- e. Performance Measure #5: The LHD shall have an active 340b account for STI medications as outlined in this SOW/Deliverables section of this AA. Indicator: Quarterly attestation of LHD's active 340b account.

2. **Reporting Requirements via Smartsheet**

The DPH Smartsheet Reporting Portal is the centralized website for the LHD to submit required reports. The Main Page provides a link to each active DPH Activity Page and is accessed at <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>.

- a. **Monthly Financial Reports:** The monthly financial report will report on the prior month to document expenditures and is due by the 24th of each month.
- b. **Quarterly Performance Reports:** The quarterly reports will detail the prior quarter's progress according to the following schedule:

<u>Performance Periods</u>	<u>Report Due Dates</u>
June – August 2026	September 24, 2026
September – November 2026	December 24, 2026
December 2026 – February 2027	March 24, 2027
March – May 2027	June 24, 2027

3. **Reporting Requirements via Electronic Survey**

The Regional Technical Assistance and Training Program (TATP) Nurse Consultants will conduct a survey for the period January 1–December 31, 2026. A link for that survey will be sent to the LHD

by December 31, 2026 with the LHD's response due by the close of business on January 15, 2027. In this survey, the LHD will report about the following:

- a. HIV/STI clinical services to include, but not limited to, number of STI visits completed in calendar year 2026, clinic staffing data, verification of agency HIV/STI policies, and types of clinical services offered.
- b. STD ERRN verification reports for annual re-rostering, which include reporting the number of STI visits completed by the STD ERRN for calendar year 2026; the completion of at least 10 hours of STI-specific continuing education activities; and the observation by another LHD clinical provider or ERRN of the STD ERRN's clinical skills.

4. Reporting Required Subcontract Information

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

This information is not to be returned with the signed AA but is 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. Subcontractors 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. Subrecipients 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 provided 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. Performance Monitoring and Quality Assurance:

1. The Regional Technical Assistance and Training Program (TATP) Nurse Consultants will conduct STI Program monitoring site visits which will include observation of clinic flow, laboratory and clinical practices, a review of policies and standing orders, and an audit of medical records. If the LHD uses STD ERRNs, the site visit will include observation of the ERRN practice. The LHD may

request assistance from the Regional TATP Nurse Consultant for quality improvement initiatives in the STI Program.

2. The Regional TATP Nurse Consultants will monitor NC EDSS reporting times for each LHD at least quarterly and communicate the quarterly findings to the LHD. The LHD must have its own quality assurance measure that ensures medical record documentation and NC EDSS documentation is accurate and consistent with AA criteria.
3. The Regional TATP Nurse Consultants will assess the LHD's performance through quarterly and annual review of evidence submitted by the LHD:
 - a. Reviewing the LHD's quarterly performance reports and annual survey; and
 - b. Reviewing the annual STD ERRN verification reports for re-rostering.
4. If the assessment results in compliance concerns, the Regional TATP Nurse Consultants shall conduct conference calls with the LHD to provide technical assistance. If technical assistance does not prove beneficial, a corrective action plan (CAP) will be implemented. If the CAP is not followed and the LHD remains out of compliance, the Branch Head of the CDB and the DPH Deputy Director/Section Chief for Local and Community Support will be notified for further action.

VI. Funding Guidelines or Restrictions:

1. **Federal Funding Requirements:** where federal grant dollars received by DPH are passed through to the LHD for all or any part of this AA.
 - a. **Requirements for Pass-through Entities:** 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:** An 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. **Required Reporting Certifications:** Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must 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.”
2. **Funding Reductions and Terminations:** In the event a funding source supporting this AA is reduced or withdrawn by the original Awarding Agency, the LHD shall be required to return to DPH a share commensurate with the reduction of funds previously obligated and/or disbursed to the LHD.

- a. The original Awarding Agency is the entity that awarded the funding to NCDHHS. The Awarding Agency will be either a federal agency (identified on the Federal Award Supplement [FAS] document sent to the LHD) or the North Carolina General Assembly.
- b. Reductions and/or terminations may be implemented retroactively to align with the original Awarding Agency's funding directive.
- c. The repayment amount will be determined by DPH, based on the reduction applied to the LHD's funding allocation.
- d. Funding reductions and terminations will be processed as an AA revision and will include a revised Budgetary Estimate (BE), a revised FAS, and repayment instructions.

FY27 - FAS

federal award supplement

Activity Nbr + Name:

575

FAS Number + Reason:

1

Assistance Listing Nbr + Name:

93.940

Is award R&D?:

no

FAIN:

NU62PS924834

IDC rate:

n/a

Fed awd total amt:

\$ 13,824,461

HIV/STI Prevention, Services, and Treatment

This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

HIV Prevention Activities_Health Department Based

Fed award project description:

NC's High Impact HIV Prevention and Surveillance Programs for Health Departments

Fed awd date + awarding agency:

11-17-25 HHS, Centers for Disease Control and Prevention

Subrecipient	Subrecipient UEI	What funds are from grant listed above		Federal funds total for entire FY27 AA	Subrecipient	Subrecipient UEI	What funds are from grant listed above		Federal funds total for entire FY27 AA
Alamance	F5VHYUU13NC5	\$	5,781	\$ 387,939	Jackson	X7YWWY6ZP574	\$	625	\$ 387,939
Albemarle	WAAVS51PNMK3	\$	4,120	\$ 387,939	Johnston	SYGAGEFDHYR7	\$	4,724	\$ 387,939
Alexander	XVEEJSNY7UX9	\$	439	\$ 387,939	Jones	HE3NNNUE27M7	\$	176	\$ 387,939
Anson	PK8UYTSNJCC3	\$	1,014	\$ 387,939	Lee	F6A8UC99JWJ5	\$	1,509	\$ 387,939
Appalachian	CD7BFHB8W539	\$	1,136	\$ 387,939	Lenoir	QKUFL37VPGH6	\$	2,690	\$ 387,939
Beaufort	RN1SXF4DLXN6	\$	1,514	\$ 387,939	Lincoln	UGGQGSGBKJ5	\$	1,246	\$ 387,939
Bladen	TLCTJWDJH1H9	\$	944	\$ 387,939	Macon	LLPJBC6N2LL3	\$	412	\$ 387,939
Brunswick	MJBMXLN9NJT5	\$	1,789	\$ 387,939	Madison	YQ96F8BJYTJ9	\$	244	\$ 387,939
Buncombe	W5TCDKMLHE69	\$	5,875	\$ 387,939	MTW	ZKK5GNRNBKY6	\$	1,472	\$ 387,939
Burke	KVJHUFURQDM5	\$	1,643	\$ 387,939	Mecklenburg	EZ15XL6BMM68	\$	24,514	\$ 387,939
Cabarrus	RXDXNEJKJFU7	\$	6,113	\$ 387,939	Montgomery	E78ZAJM3BFL3	\$	561	\$ 387,939
Caldwell	HL4FGNJNGE97	\$	1,484	\$ 387,939	Moore	HFNSK95FS7Z8	\$	1,681	\$ 387,939
Carteret	UC6WJ2MQMJS8	\$	886	\$ 387,939	Nash	NF58K566HQM7	\$	4,991	\$ 387,939
Caswell	JDJ7Y7CGYC86	\$	607	\$ 387,939	New Hanover	F7TLT2GMEJE1	\$	5,863	\$ 387,939
Catawba	GYUNA9W1NFM1	\$	3,365	\$ 387,939	Northampton	CRA2KCAL8BA4	\$	711	\$ 387,939
Chatham	KE57QE2GV5F1	\$	924	\$ 387,939	Onslow	EGE7NBXW5JS6	\$	6,534	\$ 387,939
Cherokee	DCEGK6HA11M5	\$	298	\$ 387,939	Orange	GFFMCW9XDA53	\$	2,885	\$ 387,939
Clay	HYKLQVNWLXK7	\$	85	\$ 387,939	Pamlico	FT59QFEAU344	\$	241	\$ 387,939
Cleveland	UWMUYMPVL483	\$	3,430	\$ 387,939	Pender	T11BE678U9P5	\$	874	\$ 387,939
Columbus	V1UAJ4L87WQ7	\$	1,593	\$ 387,939	Person	FQ8LFJGMABJ4	\$	1,109	\$ 387,939
Craven	LTZ2U8LZQ214	\$	2,584	\$ 387,939	Pitt	VZNPMLFT5R6	\$	9,964	\$ 387,939
Cumberland	HALND8WJ3GW4	\$	21,544	\$ 387,939	Polk	QZ6BZPGLX4Y9	\$	216	\$ 387,939
Dare	ELV6JGB11QK6	\$	284	\$ 387,939	Randolph	T3BUM1CVS9N5	\$	2,414	\$ 387,939
Davidson	C9P5MDJCKY7	\$	4,320	\$ 387,939	Richmond	Q63FZNTJM3M4	\$	2,164	\$ 387,939
Davie	L8WBGLHZV239	\$	690	\$ 387,939	Robeson	LKBEJQFLAAK5	\$	7,159	\$ 387,939
Duplin	KZN4GK5262K3	\$	1,497	\$ 387,939	Rockingham	KGCCCHJJZZ43	\$	1,915	\$ 387,939
Durham	LJ5BA6U2HLM7	\$	17,444	\$ 387,939	Rowan	GCB7UCV96NW6	\$	4,398	\$ 387,939
Edgecombe	MAN4LX44AD17	\$	3,804	\$ 387,939	Sampson	WRT9CSK1KJY5	\$	1,962	\$ 387,939
Foothills	NGTEF2MQ8LL4	\$	2,513	\$ 387,939	Scotland	FNVTCUQGCHM5	\$	1,865	\$ 387,939
Forsyth	V6BGVQ67YPY5	\$	16,714	\$ 387,939	Stanly	U86MZUYPL7C5	\$	1,114	\$ 387,939
Franklin	FFKTRQCNN143	\$	1,543	\$ 387,939	Stokes	W41TRA3NUNS1	\$	598	\$ 387,939
Gaston	QKY9R8A8D5J6	\$	8,588	\$ 387,939	Surry	FMWCTM24C9J8	\$	984	\$ 387,939
Graham	L8MAVKQJTYN7	\$	44	\$ 387,939	Swain	TAE3M92L4QR4	\$	214	\$ 387,939
Granv-Vance	MGQJJKK22EJB3	\$	4,655	\$ 387,939	Toe River	JUA6GAUQ9UM1	\$	317	\$ 387,939
Greene	VCU5LD71N9U3	\$	798	\$ 387,939	Transylvania	YLN4BFCJCP39	\$	414	\$ 387,939
Guilford	YBEQWGFJPMJ3	\$	28,877	\$ 387,939	Union	LHMKBD4AGRJ5	\$	4,211	\$ 387,939
Halifax	MRL8MYNJ3Y5	\$	2,277	\$ 387,939	Wake	FTJ2WJPLWMJ3	\$	24,514	\$ 387,939
Harnett	JBDCD9V41BX7	\$	3,728	\$ 387,939	Warren	TLNAU5CNHSU5	\$	711	\$ 387,939
Haywood	DQHZEVAV95G5	\$	736	\$ 387,939	Wayne	DACFHCLQKMS1	\$	4,614	\$ 387,939
Henderson	TG5AR81JLFQ5	\$	1,626	\$ 387,939	Wilkes	M14KKHY2NNR3	\$	704	\$ 387,939
Hoke	C1GWSADARX51	\$	2,419	\$ 387,939	Wilson	ME2DJHMYWG55	\$	4,835	\$ 387,939
Hyde	T2RSYN36NN64	\$	77	\$ 387,939	Yadkin	PLCDT7JFA8B1	\$	475	\$ 387,939
Iredell	XTNRLKJLA4S9	\$	3,666	\$ 387,939	Yancey	L98MCUHKC2J8	\$	108	\$ 387,939

FY27 - FAS
federal award
supplement

Activity Nbr + Name:
FAS Number + Reason:
Assistance Listing Nbr + Name:
Is award R&D?: **no**

575
2
93.977
FAIN: **NH25PS005152**

HIV/STI Prevention, Services, and Treatment

This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

Preventive Health Services_Sexually Transmitted Diseases Control Grants

IDC rate: **n/a**

Fed awd total amt: **\$ 15,187,569**

Fed award project description: **Strengthening STD Prevention and Control for Health Departments (PCHD)**

Fed awd date + awarding agency: **07-30-25 HHS, Centers for Disease Control and Prevention**

Subrecipient	Subrecipient UEI	What funds are from grant listed above	Federal funds total for entire FY27 AA	Subrecipient	Subrecipient UEI	What funds are from grant listed above	Federal funds total for entire FY27 AA
Alamance	F5VHYUU13NC5	\$ 50	\$ 387,939	Jackson	X7YWWY6ZP574	\$ 50	\$ 387,939
Albemarle	WAAVS51PNMK3	\$ 399	\$ 387,939	Johnston	SYGAGEFDHYR7	\$ 50	\$ 387,939
Alexander	XVEEJSNY7UX9	\$ 50	\$ 387,939	Jones	HE3NNNUE27M7	\$ 50	\$ 387,939
Anson	PK8UYTSNJCC3	\$ 50	\$ 387,939	Lee	F6A8UC99JWJ5	\$ 50	\$ 387,939
Appalachian	CD7BFHB8W539	\$ 150	\$ 387,939	Lenoir	QKUFL37VPGH6	\$ 50	\$ 387,939
Beaufort	RN1SXF4DLXN6	\$ 50	\$ 387,939	Lincoln	UGGQGSCKBGJ5	\$ 50	\$ 387,939
Bladen	TLCTJWDJH1H9	\$ 50	\$ 387,939	Macon	LLPJBC6N2LL3	\$ 50	\$ 387,939
Brunswick	MJBMXLN9NJT5	\$ 50	\$ 387,939	Madison	YQ96F8BJYTJ9	\$ 50	\$ 387,939
Buncombe	W5TCDKMLHE69	\$ 50	\$ 387,939	MTW	ZKK5GNRNB5Y6	\$ 139	\$ 387,939
Burke	KVJHUFURQDM5	\$ 50	\$ 387,939	Mecklenburg	EZ15XL6BMM68	\$ 50	\$ 387,939
Cabarrus	RXDXNEJKJFU7	\$ 50	\$ 387,939	Montgomery	E78ZAJM3BFL3	\$ 50	\$ 387,939
Caldwell	HL4FGNJNGE97	\$ 50	\$ 387,939	Moore	HFNSK95FS7Z8	\$ 50	\$ 387,939
Carteret	UC6WJ2MQMJS8	\$ 50	\$ 387,939	Nash	NF58K566HQM7	\$ 50	\$ 387,939
Caswell	JDJ7Y7CGYC86	\$ 50	\$ 387,939	New Hanover	F7TLT2GMEJE1	\$ 50	\$ 387,939
Catawba	GYUNA9W1NFM1	\$ 50	\$ 387,939	Northampton	CRA2KCAL8BA4	\$ 50	\$ 387,939
Chatham	KE57QE2GV5F1	\$ 50	\$ 387,939	Onslow	EGE7NBXW5JS6	\$ 50	\$ 387,939
Cherokee	DCEGK6HA11M5	\$ 50	\$ 387,939	Orange	GFFMCW9XDA53	\$ 50	\$ 387,939
Clay	HYKLQVNWLXK7	\$ 50	\$ 387,939	Pamlico	FT59QFEAU344	\$ 50	\$ 387,939
Cleveland	UWMUYMPVL483	\$ 50	\$ 387,939	Pender	T11BE678U9P5	\$ 50	\$ 387,939
Columbus	V1UAJ4L87WQ7	\$ 50	\$ 387,939	Person	FQ8LFJGMABJ4	\$ 50	\$ 387,939
Craven	LTZ2U8LZQ214	\$ 50	\$ 387,939	Pitt	VZNPMLFT5R6	\$ 50	\$ 387,939
Cumberland	HALND8WJ3GW4	\$ 50	\$ 387,939	Polk	QZ6BZPGLX4Y9	\$ 50	\$ 387,939
Dare	ELV6JGB11QK6	\$ 50	\$ 387,939	Randolph	T3BUM1CVS9N5	\$ 50	\$ 387,939
Davidson	C9P5MDJCK7Y7	\$ 50	\$ 387,939	Richmond	Q63FZNTJM3M4	\$ 50	\$ 387,939
Davie	L8WBGLHZV239	\$ 50	\$ 387,939	Robeson	LKBEJQFLAAK5	\$ 50	\$ 387,939
Duplin	KZN4GK5262K3	\$ 50	\$ 387,939	Rockingham	KGCCCHJJZZ43	\$ 50	\$ 387,939
Durham	LJ5BA6U2HLM7	\$ 50	\$ 387,939	Rowan	GCB7UCV96NW6	\$ 50	\$ 387,939
Edgecombe	MAN4LX44AD17	\$ 50	\$ 387,939	Sampson	WRT9CSK1KJY5	\$ 50	\$ 387,939
Foothills	NGTEF2MQ8LL4	\$ 100	\$ 387,939	Scotland	FNVTCUQGCHM5	\$ 50	\$ 387,939
Forsyth	V6BGVQ67YPY5	\$ 50	\$ 387,939	Stanly	U86MZUYPL7C5	\$ 50	\$ 387,939
Franklin	FFKTRQCNN143	\$ 50	\$ 387,939	Stokes	W41TRA3NUNS1	\$ 50	\$ 387,939
Gaston	QKY9R8A8D5J6	\$ 50	\$ 387,939	Surry	FMWCTM24C9J8	\$ 50	\$ 387,939
Graham	L8MAVKQJTYN7	\$ 50	\$ 387,939	Swain	TAE3M92L4QR4	\$ 50	\$ 387,939
Granv-Vance	MGQJKK22EJB3	\$ 100	\$ 387,939	Toe River	JUA6GAUQ9UM1	\$ 100	\$ 387,939
Greene	VCU5LD71N9U3	\$ 50	\$ 387,939	Transylvania	YLN4BFCJCP39	\$ 50	\$ 387,939
Guilford	YBEQWGFJPMJ3	\$ 50	\$ 387,939	Union	LHMKBD4AGRJ5	\$ 50	\$ 387,939
Halifax	MRL8MYNJ3Y5	\$ 50	\$ 387,939	Wake	FTJ2WJPLWMJ3	\$ 50	\$ 387,939
Harnett	JBDCD9V41BX7	\$ 50	\$ 387,939	Warren	TLNAU5CNHSU5	\$ 50	\$ 387,939
Haywood	DQHZEVAV95G5	\$ 50	\$ 387,939	Wayne	DACFHCLQKMS1	\$ 50	\$ 387,939
Henderson	TG5AR81JLFQ5	\$ 50	\$ 387,939	Wilkes	M14KKHY2NNR3	\$ 50	\$ 387,939
Hoke	C1GWSADARX51	\$ 50	\$ 387,939	Wilson	ME2DJHMYWG55	\$ 50	\$ 387,939
Hyde	T2RSYN36NN64	\$ 50	\$ 387,939	Yadkin	PLCDT7JFA8B1	\$ 50	\$ 387,939
Iredell	XTNRLKJLA4S9	\$ 50	\$ 387,939	Yancey	L98MCUHKC2J8	\$ 50	\$ 387,939

Activity 575	AA	133200 2B04300 20G0174001	Total Allocated	133200 2B04536 20G0169002	Total Allocated	133200 2B04536 20G0184002	Total Allocated	133200 2B04601 20G0162002	Total Allocated	133200 2B04631 20G0182001	Total Allocated	133200 2B04631 20G0182001	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31		06/01-05/31		10/01-05/31		06/01-05/31		06/01-02/28		03/01-05/31			
Payment Period		07/01-06/30		07/01-06/30		11/01-06/30		07/01-06/30		07/01-03/31		04/01-06/30			
01 Alamance	* 0	5,781	\$0.00	7,327	\$0.00	1,301	\$0.00	7,540	\$0.00	50	\$0.00	36	\$0.00	22,035	22,035
D1 Albemarle	* 0	4,120	\$0.00	5,939	\$0.00	868	\$0.00	6,106	\$0.00	399	\$0.00	289	\$0.00	17,721	17,721
02 Alexander	* 0	439	\$0.00	1,166	\$0.00	52	\$0.00	1,200	\$0.00	50	\$0.00	36	\$0.00	2,943	2,943
04 Anson	* 0	1,014	\$0.00	988	\$0.00	194	\$0.00	1,015	\$0.00	50	\$0.00	36	\$0.00	3,297	3,297
D2 Appalachian	* 0	1,136	\$0.00	3,019	\$0.00	198	\$0.00	3,107	\$0.00	150	\$0.00	108	\$0.00	7,718	7,718
07 Beaufort	* 0	1,514	\$0.00	1,818	\$0.00	334	\$0.00	1,870	\$0.00	50	\$0.00	36	\$0.00	5,622	5,622
09 Bladen	* 0	944	\$0.00	1,176	\$0.00	199	\$0.00	1,211	\$0.00	50	\$0.00	36	\$0.00	3,616	3,616
10 Brunswick	* 0	1,789	\$0.00	5,176	\$0.00	374	\$0.00	5,325	\$0.00	50	\$0.00	36	\$0.00	12,750	12,750
11 Buncombe	* 0	5,875	\$0.00	10,028	\$0.00	1,260	\$0.00	10,318	\$0.00	50	\$0.00	36	\$0.00	27,567	27,567
12 Burke	* 0	1,643	\$0.00	3,138	\$0.00	312	\$0.00	3,229	\$0.00	50	\$0.00	36	\$0.00	8,408	8,408
13 Cabarrus	* 0	6,113	\$0.00	9,161	\$0.00	1,300	\$0.00	9,427	\$0.00	50	\$0.00	36	\$0.00	26,087	26,087
14 Caldwell	* 0	1,484	\$0.00	2,852	\$0.00	279	\$0.00	2,935	\$0.00	50	\$0.00	36	\$0.00	7,636	7,636
16 Carteret	* 0	886	\$0.00	2,302	\$0.00	181	\$0.00	2,369	\$0.00	50	\$0.00	36	\$0.00	5,824	5,824
17 Caswell	* 0	607	\$0.00	851	\$0.00	102	\$0.00	875	\$0.00	50	\$0.00	36	\$0.00	2,521	2,521
18 Catawba	* 0	3,365	\$0.00	5,954	\$0.00	728	\$0.00	6,126	\$0.00	50	\$0.00	36	\$0.00	16,259	16,259
19 Chatham	* 0	924	\$0.00	2,627	\$0.00	198	\$0.00	2,703	\$0.00	50	\$0.00	36	\$0.00	6,538	6,538
20 Cherokee	* 0	298	\$0.00	943	\$0.00	68	\$0.00	970	\$0.00	50	\$0.00	36	\$0.00	2,365	2,365
22 Clay	* 0	85	\$0.00	356	\$0.00	18	\$0.00	367	\$0.00	50	\$0.00	36	\$0.00	912	912
23 Cleveland	* 0	3,430	\$0.00	4,140	\$0.00	735	\$0.00	4,259	\$0.00	50	\$0.00	36	\$0.00	12,650	12,650
24 Columbus	* 0	1,593	\$0.00	2,023	\$0.00	337	\$0.00	2,081	\$0.00	50	\$0.00	36	\$0.00	6,120	6,120
25 Craven	* 0	2,584	\$0.00	3,896	\$0.00	550	\$0.00	4,010	\$0.00	50	\$0.00	36	\$0.00	11,126	11,126
26 Cumberland	* 0	21,544	\$0.00	17,826	\$0.00	4,630	\$0.00	18,341	\$0.00	50	\$0.00	36	\$0.00	62,427	62,427
28 Dare	* 0	284	\$0.00	1,170	\$0.00	65	\$0.00	1,205	\$0.00	50	\$0.00	36	\$0.00	2,810	2,810
29 Davidson	* 0	4,320	\$0.00	6,608	\$0.00	925	\$0.00	6,799	\$0.00	50	\$0.00	36	\$0.00	18,738	18,738
30 Davie	* 0	690	\$0.00	1,503	\$0.00	154	\$0.00	1,547	\$0.00	50	\$0.00	36	\$0.00	3,980	3,980
31 Duplin	* 0	1,497	\$0.00	1,953	\$0.00	323	\$0.00	2,010	\$0.00	50	\$0.00	36	\$0.00	5,869	5,869
32 Durham	* 0	17,444	\$0.00	16,196	\$0.00	3,700	\$0.00	16,665	\$0.00	50	\$0.00	36	\$0.00	54,091	54,091
33 Edgecombe	* 0	3,804	\$0.00	2,830	\$0.00	817	\$0.00	2,913	\$0.00	50	\$0.00	36	\$0.00	10,450	10,450
D7 Foothills	* 0	2,513	\$0.00	3,373	\$0.00	545	\$0.00	3,469	\$0.00	100	\$0.00	72	\$0.00	10,072	10,072
34 Forsyth	* 0	16,714	\$0.00	17,494	\$0.00	3,607	\$0.00	17,999	\$0.00	50	\$0.00	36	\$0.00	55,900	55,900
35 Franklin	* 0	1,543	\$0.00	2,765	\$0.00	333	\$0.00	2,846	\$0.00	50	\$0.00	36	\$0.00	7,573	7,573
36 Gaston	* 0	8,588	\$0.00	10,078	\$0.00	1,869	\$0.00	10,370	\$0.00	50	\$0.00	36	\$0.00	30,991	30,991
38 Graham	* 0	44	\$0.00	235	\$0.00	6	\$0.00	241	\$0.00	50	\$0.00	36	\$0.00	612	612
D3 Gran-Vance	* 0	4,655	\$0.00	4,699	\$0.00	1,017	\$0.00	4,836	\$0.00	100	\$0.00	72	\$0.00	15,379	15,379
40 Greene	* 0	798	\$0.00	866	\$0.00	160	\$0.00	891	\$0.00	50	\$0.00	36	\$0.00	2,801	2,801
41 Guilford	* 0	28,877	\$0.00	26,571	\$0.00	6,073	\$0.00	27,340	\$0.00	50	\$0.00	36	\$0.00	88,947	88,947
42 Halifax	* 0	2,277	\$0.00	2,184	\$0.00	485	\$0.00	2,246	\$0.00	50	\$0.00	36	\$0.00	7,278	7,278
43 Harnett	* 0	3,728	\$0.00	5,387	\$0.00	798	\$0.00	5,544	\$0.00	50	\$0.00	36	\$0.00	15,543	15,543
44 Haywood	* 0	736	\$0.00	2,072	\$0.00	163	\$0.00	2,132	\$0.00	50	\$0.00	36	\$0.00	5,189	5,189
45 Henderson	* 0	1,626	\$0.00	4,001	\$0.00	348	\$0.00	4,116	\$0.00	50	\$0.00	36	\$0.00	10,177	10,177
47 Hoke	* 0	2,419	\$0.00	2,475	\$0.00	516	\$0.00	2,546	\$0.00	50	\$0.00	36	\$0.00	8,042	8,042
48 Hyde	* 0	77	\$0.00	154	\$0.00	9	\$0.00	158	\$0.00	50	\$0.00	36	\$0.00	484	484
49 Iredell	* 0	3,666	\$0.00	7,070	\$0.00	783	\$0.00	7,275	\$0.00	50	\$0.00	36	\$0.00	18,880	18,880
50 Jackson	* 0	625	\$0.00	1,478	\$0.00	136	\$0.00	1,520	\$0.00	50	\$0.00	36	\$0.00	3,845	3,845
51 Johnston	* 0	4,724	\$0.00	8,576	\$0.00	1,020	\$0.00	8,825	\$0.00	50	\$0.00	36	\$0.00	23,231	23,231
52 Jones	* 0	176	\$0.00	326	\$0.00	53	\$0.00	336	\$0.00	50	\$0.00	36	\$0.00	977	977
53 Lee	* 0	1,509	\$0.00	2,466	\$0.00	327	\$0.00	2,537	\$0.00	50	\$0.00	36	\$0.00	6,925	6,925
54 Lenoir	* 0	2,690	\$0.00	2,551	\$0.00	578	\$0.00	2,624	\$0.00	50	\$0.00	36	\$0.00	8,529	8,529
55 Lincoln	* 0	1,246	\$0.00	3,134	\$0.00	273	\$0.00	3,225	\$0.00	50	\$0.00	36	\$0.00	7,964	7,964
56 Macon	* 0	412	\$0.00	1,401	\$0.00	91	\$0.00	1,443	\$0.00	50	\$0.00	36	\$0.00	3,433	3,433
57 Madison	* 0	244	\$0.00	1,159	\$0.00	55	\$0.00	1,191	\$0.00	50	\$0.00	36	\$0.00	2,735	2,735
D4 M-T-W	* 0	1,472	\$0.00	1,538	\$0.00	247	\$0.00	1,582	\$0.00	139	\$0.00	119	\$0.00	5,097	5,097
60 Mecklenburg	* 0	24,514	\$0.00	32,037	\$0.00	5,500	\$0.00	32,963	\$0.00	50	\$0.00	36	\$0.00	95,100	95,100
62 Montgomery	* 0	561	\$0.00	936	\$0.00	122	\$0.00	964	\$0.00	50	\$0.00	36	\$0.00	2,669	2,669
63 Moore	* 0	1,681	\$0.00	3,666	\$0.00	361	\$0.00	3,772	\$0.00	50	\$0.00	36	\$0.00	9,566	9,566
64 Nash	* 0	4,991	\$0.00	4,670	\$0.00	1,068	\$0.00	4,806	\$0.00	50	\$0.00	36	\$0.00	15,621	15,621
65 New Hanover	* 0	5,863	\$0.00	8,976	\$0.00	1,264	\$0.00	9,235	\$0.00	50	\$0.00	36	\$0.00	25,424	25,424
66 Northampton	* 0	711	\$0.00	734	\$0.00	154	\$0.00	755	\$0.00	50	\$0.00	36	\$0.00	2,440	2,440
67 Onslow	* 0	6,534	\$0.00	8,499	\$0.00	1,381	\$0.00	8,745	\$0.00	50	\$0.00	36	\$0.00	25,245	25,245
68 Orange	* 0	2,885	\$0.00	5,339	\$0.00	619	\$0.00	5,492	\$0.00	50	\$0.00	36	\$0.00	14,421	14,421
69 Pamlico	* 0	241	\$0.00	441	\$0.00	57	\$0.00	454	\$0.00	50	\$0.00	36	\$0.00	1,279	1,279
71 Pender	* 0	874	\$0.00	2,223	\$0.00	188	\$0.00	2,286	\$0.00	50	\$0.00	36	\$0.00	5,657	5,657
73 Person	* 0	1,109	\$0.00	1,530	\$0.00	236	\$0.00	1,574	\$0.00	50	\$0.00	36	\$0.00	4,535	4,535
74 Pitt	* 0	9,964	\$0.00	8,769	\$0.00	2,166	\$0.00	9,021	\$0.00	50	\$0.00	36	\$0.00	30,006	30,006
75 Polk	* 0	216	\$0.00	625	\$0.00	26	\$0.00	643	\$0.00	50	\$0.00	36	\$0.00	1,596	1,596
76 Randolph	* 0	2,414	\$0.00	5,032	\$0.00	521	\$0.00	5,178	\$0.00	50	\$0.00	36	\$0.00	13,231	13,231
77 Richmond	* 0	2,164	\$0.00	2,018	\$0.00	478	\$0.00	2,076	\$0.00	50	\$0.00	36	\$0.00	6,822	6,822
78 Robeson	* 0	7,159	\$0.00	6,056	\$0.00	1,600	\$0.00	6,231	\$0.00	50	\$0.00	36	\$0.00	21,132	21,132
79 Rockingham	* 0	1,915	\$0.00	3,323	\$0.00	405	\$0.00	3,419	\$0.00	50	\$0.00	36	\$0.00	9,148	9,148
80 Rowan	* 0	4,398	\$0.00	5,984	\$0.00	988	\$0.00	6,156	\$0.00	50	\$0.00	36	\$0.00	17,612	17,612

82 Sampson	* 0	1,962	\$0.00	2,418	\$0.00	407	\$0.00	2,488	\$0.00	50	\$0.00	36	\$0.00	7,361	7,361
83 Scotland	* 0	1,865	\$0.00	1,646	\$0.00	358	\$0.00	1,694	\$0.00	50	\$0.00	36	\$0.00	5,649	5,649
84 Stanly	* 0	1,114	\$0.00	2,229	\$0.00	181	\$0.00	2,292	\$0.00	50	\$0.00	36	\$0.00	5,902	5,902
85 Stokes	* 0	598	\$0.00	1,474	\$0.00	45	\$0.00	1,516	\$0.00	50	\$0.00	36	\$0.00	3,719	3,719
86 Surry	* 0	984	\$0.00	2,364	\$0.00	142	\$0.00	2,431	\$0.00	50	\$0.00	36	\$0.00	6,007	6,007
87 Swain	* 0	214	\$0.00	470	\$0.00	61	\$0.00	484	\$0.00	50	\$0.00	36	\$0.00	1,315	1,315
D6 Toe River	* 0	317	\$0.00	1,005	\$0.00	34	\$0.00	1,034	\$0.00	100	\$0.00	72	\$0.00	2,562	2,562
88 Transylvania	* 0	414	\$0.00	1,075	\$0.00	59	\$0.00	1,106	\$0.00	50	\$0.00	36	\$0.00	2,740	2,740
90 Union	* 0	4,211	\$0.00	8,839	\$0.00	901	\$0.00	9,095	\$0.00	50	\$0.00	36	\$0.00	23,132	23,132
92 Wake	* 0	24,514	\$0.00	32,037	\$0.00	5,500	\$0.00	32,963	\$0.00	50	\$0.00	36	\$0.00	95,100	95,100
93 Warren	* 0	711	\$0.00	779	\$0.00	110	\$0.00	801	\$0.00	50	\$0.00	36	\$0.00	2,487	2,487
96 Wayne	* 0	4,614	\$0.00	5,091	\$0.00	1,015	\$0.00	5,238	\$0.00	50	\$0.00	36	\$0.00	16,044	16,044
97 Wilkes	* 0	704	\$0.00	2,113	\$0.00	144	\$0.00	2,173	\$0.00	50	\$0.00	36	\$0.00	5,220	5,220
98 Wilson	* 0	4,835	\$0.00	4,067	\$0.00	1,000	\$0.00	4,185	\$0.00	50	\$0.00	36	\$0.00	14,173	14,173
99 Yadkin	* 0	475	\$0.00	1,239	\$0.00	114	\$0.00	1,275	\$0.00	50	\$0.00	36	\$0.00	3,189	3,189
00 Yancey	* 0	108	\$0.00	561	\$0.00	40	\$0.00	577	\$0.00	50	\$0.00	36	\$0.00	1,372	1,372
Totals		312,400	0	403,284	0	66,939	0	414,937	0	4,988	0	3,612	0	1,206,160	1,206,160

Sign and Date - DHHS Program Administrator <i>Christopher M Kippes</i> 01/28/26	Sign and Date - DHHS Section Chief <i>Amanda Fuller Moore</i> 1/28/26
Sign and Date - DHHS Budget Office - ATC Coordinator <i>Sarah Reddy</i> 1/28/2026	Sign and Date - DHHS Budget Officer <i>S. Kistler</i> 2/4/2026

NT 1/28/26