

August 7, 2017 8:30 A.M.

JONES COUNTY BOARD OF COMMISSIONERS

REGULAR MEETING

JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET

TRENTON, NC 28585

MINUTES

**COMMISSIONERS PRESENT:**

Mike Haddock, Vice Chairperson  
Zack Koonce, Commissioner  
Sondra Ipock-Riggs, Commissioner  
Joseph Wiggins, Commissioner

**OFFICIALS PRESENT:**

Franky J. Howard, County Manager  
Angelica Hall, Clerk  
Brenda Reece, Finance Officer  
Wesley Smith, Health Director  
Chris Harper, DSS Director  
Sam Croom, Tax Administrator  
Mike Houston, Water Supervisor

**COMMISSIONERS ABSENT:**

Frank Emory, Chairperson

The Vice-Chairperson called the meeting to order. Commissioner Zack Koonce gave the invocation.

**MOTION** was made by Commissioner Joseph Wiggins, seconded by Commissioner Zack Koonce unanimously carried **THAT** the agenda be **APPROVED** as presented.

**MOTION** made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner Zack Koonce, and unanimously carried **THAT** the minutes for Regular Meeting on July 17, 2017, be **APPROVED** as presented.

**PUBLIC COMMENT PERIOD:**

Mr. Wayne Hurley stated he was not happy when he received his tax bill and there was a \$.05 tax increase. Mr. Hurley wanted to know why there were no notices sent out or anything put in the paper so citizens could have a say on the tax increase. Mr. Hurley suggested that all county departments reduce their budget by 10% to help.

Sara Delap with the Jones County Cooperative Extension 4-H Youth Development Program introduced Eddie Almanza who is the Jones County 4-H County Council Vice President to the Board. Mr. Almanza informed the Board that he would be attending the Youth Voice at the 2017 NCACC Annual Conference and one of the requirements was for him to attend a meeting and take a picture with the Board. Mr. Almanza spoke to the Board about some things he does within the 4-H program for example: volunteering at the Brookstone Living Center, attending meetings with other 4-H groups and being about to attend the Youth Voice 2017. Mr. Almanza is also a student at Jones Senior High School.

**1. REACCREDITATION STATUS APPROVED BY HEALTH DEPARTMENT**

Mr. Wesley Smith, Health Director, informed the Board that on May 19, 2017 the Jones County Health Department was awarded re-accreditation status by the NC Local Health

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Department Accreditation Board. By achieving this legislatively mandated status, Jones County Health Department is united with the 84 other accredited health departments in North Carolina in carrying out the NCLHDA mission to improve the health of all citizens and enhance the quality of local public health. A copy of re-accreditation documents are marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes.

## 2. JCPC APPOINTMENT

Mr. Wesley Smith, Health Director, presented the Board with a request for Appointment to the JCPC Board. Mr. Smith informed the Board that NCGS 143B-846 specifies suggested members to be appointed by county commissioners to serve on local Juvenile Crime Prevention Councils. Mr. Smith explained that currently Michele Cannon is appointed to serve as the designee for the director of the county department of social services and needs to be replaced on the Council for FY 2017-18. Mr. Chris Harper, DSS Director, has requested Ms. Cannon be replaced by Jessica Adams, Social Worker Supervisor III. **MOTION** made by Commissioner Joseph Wiggins, seconded by Commissioner Zack Koonce and carried **THAT** the request to appoint Ms. Jessica Adams, Social Worker Supervisor III as the designee for the director of the county department of social services be approved as presented.

## 3. ADDITIONAL BCCCP FUNDING

Mr. Wesley Smith, Health Director, requested approval from the Board to add additional funds in the amount of \$510.00 to their budget. The Health Department was awarded additional funds from the NC Division of Public Health, CDI/Cancer Prevention and Control Branch, to increase screening targets for women in Jones County. The Board must approve receipt of the funds and the subsequent increase in the Health Department budget. **MOTION** made by Commissioner Sondra Ipock-Riggs seconded by Commissioner Joseph Wiggins and unanimously carried **THAT** the request to receive the additional funding in the amount of \$510.00 and increase the Health Department budget for FY 2017-18 be **APPROVED** as presented. A copy of the agreement is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes.

## 4. ADDITIONAL WIC FUNDING

Mr. Wesley Smith, Health Director, requested approval from the Board to add additional funds in the amount of \$570.00 to their budget. The Health Department was awarded additional funds from the NC Division of Public Health, Women's and Children's Health Section, Nutrition Services Branch, due to an increase in the per participant rate (from \$15.75 to \$16.00 per month). Mr. Smith explained that this increase will allow the local health department to further enhance its ability to continue with the objective of the Special Supplemental Nutrition Program for WIC. The Board must approve receipt of the funds and the subsequent increase in the Health Department budget. **MOTION** made by Commissioner Sondra Ipock-Riggs seconded by Commissioner Joseph Wiggins and unanimously carried **THAT** the request to receive the additional funding in the amount of \$570.00 and increase the Health Department budget for FY 2017-18 be **APPROVED** as presented. A copy of the agreement is marked **EXHIBIT C** and is hereby incorporated and made a part of the minutes.

**5. DSS DEPARTMENT UPDATE**

Mr. Chris Harper, DSS Director, provided the Board with an update on the programs with in Social Services. Mr. Harper reiterated that they are working hard at correcting and reproducing missing documents and that they are moving forward to bring the department up to standard. Mr. Harper introduced Mrs. Jessica Adams, Social Worker Supervisor III. A copy of the DSS Monthly Report is marked **EXHIBIT D** and is hereby incorporated and made a part of the minutes.

**6. LATE PUV APPLICATION**

Mr. Sam Croom, Tax Administrator, presented the Board with a Late Present Use Value Application. Mr. Croom explained to the Board that Dorothy Mallard is presently in for the Agriculture PUV but has made an application to go in as a Forestry PUV and this has caused the application to be late. Mr. Croom explained that due to the application being late, the Board will need to either grant or disallow the late application. **MOTION** made by Commissioner Zack Koonce, seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the late Present Use Value Application be **APPROVED** as presented. A copy of the Late Present Use Value Application is marked **EXHIBIT E** and is hereby incorporated and made a part of the minutes.

**7. BUDGET AMENDMENT #1-3**

Mr. Franky Howard, County Manager, presented the Board with Budget Amendments #1-3 to keep the County in line with expenditures. **MOTION** made by Commissioner Zack Koonce, seconded by Commissioner Joseph Wiggins and unanimously carried **THAT** Budget Amendments #1-3 be **APPROVED** as presented. A copy of the Budget Amendments #1-3 is marked **EXHIBIT F** and is hereby incorporated and made a part of the minutes.

**8. WATER PROJECT UPDATE**

Mr. Franky Howard, County Manager, provided the Board an update on the water project. Mr. Howard stated that both Test Wells on the Everett Site have been drilled. Also, flow test and analysis will begin this week. Mr. Mike Houston, Water Supervisor added that geo logging was performed and revealed an area of water was available between the estimated depths of 220'-205'. Mr. Houston also stated that so far there was no visible iron detected, however, future water analysis will be performed to identify the overall quality of water that is being treated.

**9. SCHOOL PROJECT UPDATE/MEETING REQUEST FOR AUGUST 14, 2017**

Mr. Franky Howard, County Manager, provided the Board an update on the school project. Mr. Howard reported to the Board that he and Brenda were able to get Ted Cole with Davenport Company to assist them with the School project per their instructions. Mr. Howard explained that he wanted Mr. Cole to be invited down for a meeting to review the project and get a sense of the financials as they have been presented to us by Robbie and SFL+a. Mr. Howard stated that the goal is to have Mr. Cole present to us at a Special

Meeting on Monday August 14<sup>th</sup>. Mr. Howard stated to the Board that at the meeting on August 14<sup>th</sup>, they needed to be prepared to decide if they were proceeding with the Lease concept or Traditional Delivery.

#### PUBLIC COMMENT

Mr. Glenn Brunswick spoke to the Board about Howard Height Lane. Mr. Brunswick was very concerned about the issue with this road. He explained that due to the condition of the road the school buses will not come down the road, it's hard for the emergency vehicles to get down the road and that the holes are so deep that a child might go out playing and drown in the water that has filled up the holes. Mr. Brunswick requested some assistance from the Board in getting the road fixed before something serious happens.

Mr. Clennie Smith spoke to the Board about Howard Height Lane. Mr. Smith's concern is about the emergency vehicles not being able to get down the road if something happens with his wife. Mr. Smith requested assistance from the Board in getting the road fixed.

#### COUNTY MANAGER'S REPORT

No Report

#### COMMISSIONER'S REPORTS

*Commissioner Sondra Ipock-Riggs*, requested an update on White Oak River Road.

*Commissioner Mike Haddock* requested an update on FSA.

*Commissioner Joseph Wiggins*, requested an update on the Hwy 17 project and also requested that the State DOT stays informed about the crossroads since the retirement of Clifton.

**MOTION** made by Commissioner Joseph Wiggins, seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the meeting be **Adjourn** at 9:51 am.

  
\_\_\_\_\_  
Frank Emory  
Chairman

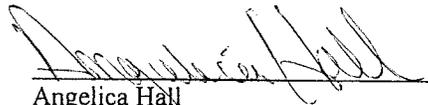
  
\_\_\_\_\_  
Angelica Hall  
Clerk to the Board

EXHIBIT A



## North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

June 30, 2017

Mr. Wesley Smith  
Health Director  
Jones County Health Department  
418 Hwy 58 North, Unit C  
Trenton, NC 28585

Dear Mr. Smith,

On behalf of the NC Local Health Department Accreditation Board, I would like to congratulate the Jones County Health Department for achieving re-accreditation status as of May 19, 2017!

The focus of North Carolina's Local Health Department Accreditation (NCLHDA) is on the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, policy development, and assurance and the ten essential services of public health. By achieving this legislatively mandated status, Jones County Health Department is united with the 84 other accredited health departments in North Carolina in carrying forth the NCLHDA mission of seeking to improve the health of all citizens and enhancing the quality of local public health.

The Accreditation Board has a true appreciation for all of the hard work completed by your governing board and health department staff. Achieving re-accreditation is truly an accomplishment that your health department and community should be very proud of.

The Accreditation Board truly appreciates your dedication to improving the public's health in NC.

Sincerely,

A handwritten signature in cursive script that reads "Robert Blackburn".

Dr. Robert Blackburn  
Chair  
NC Local Health Department Accreditation Board

Enclosure:  
Re-Accreditation Timeline

CC: Amy Belflower Thomas, Accreditation Administrator, NC Local Health Department Accreditation



## North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

### Re-Accreditation Timeline

**Jones County Health Department's Accreditation status is  
due to expire on May 19, 2021.**

**Official Notification from the Accreditation Administrator will be sent  
\*August 1, 2020.**

**HDSAI and other materials will be due to the Accreditation Administrator no later  
than \*November 1, 2020.**

**Re-Accreditation Site Visit will take place \*Winter 2021.**

**\* Cycle dates are subject to change. If changes are proposed, affected LHDs will be involved  
in the decision-making process and accommodations will be made as necessary regarding  
timeframes for evidence collection and submission.**

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**Note that departments must be in good standing regarding payment of annual  
NCLHD Accreditation program fees to the NC Association of Local Health Directors as  
of the HDSAI/evidence due date to receive a scheduled site visit, and thus, be eligible  
for reaccreditation.**

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**Regularly check the NC Institute for Public Health's NCLHDA website for updated  
program information: <http://nclhdaccreditation.sph.unc.edu/>**



**North Carolina**  
LOCAL HEALTH DEPARTMENT ACCREDITATION

By the Authority of the  
NC Local Health Department Accreditation Board

**Jones County Health Department**  
is hereby awarded  
**Re-Accreditation**

May 19, 2017 to May 19, 2021

*Kelly K. ...*

Interim State Health Director, NC Division of Public Health

*Rachel J. ...*

Interim Director, NC Institute for Public Health

*Robert R. Blackburn*

Chair, NC Local Health Department Accreditation Board

*Ray F. Thomas*

Administrator, NC Local Health Department Accreditation

7/5/2017

Accreditation Seal 2017-2021.png

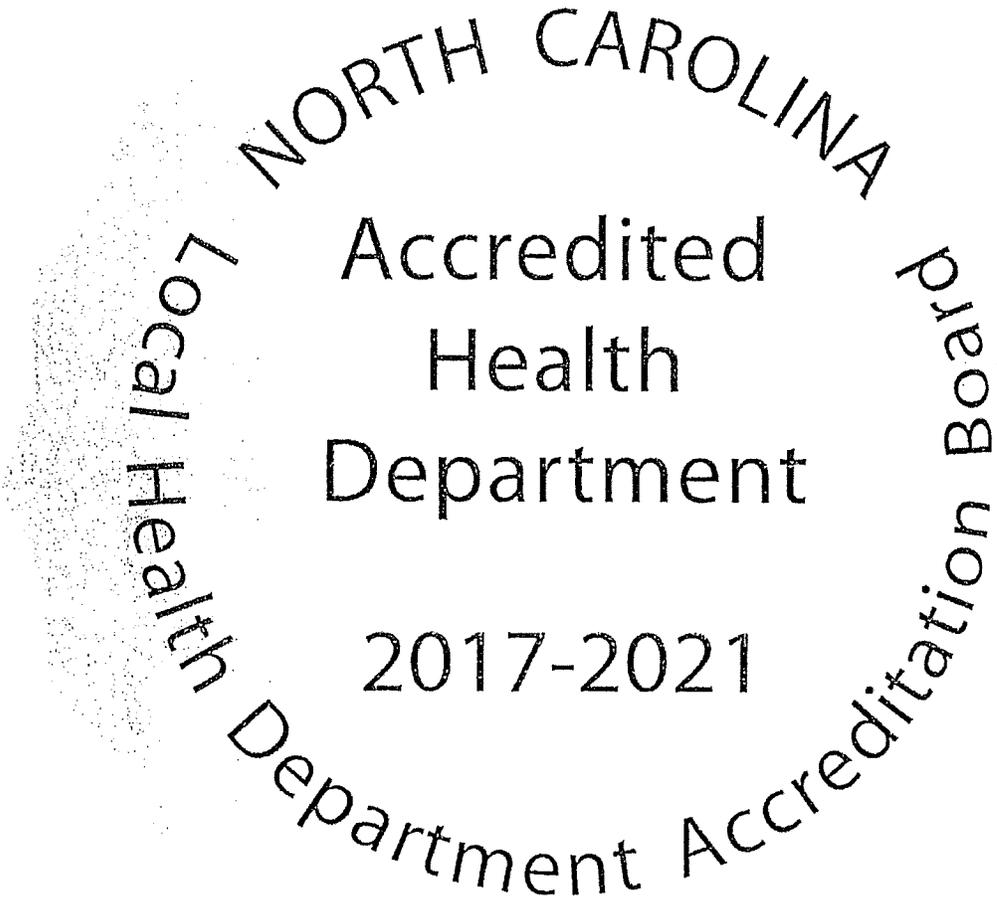


EXHIBIT B

Division of Public Health  
Agreement Addendum  
FY 17-18

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<u>Jones County Health Department</u> Local Health Department Legal Name	<u>CDI / Cancer Prevention and Control</u> DPH Section/Branch Name
<u>452 Breast and Cervical Cancer</u> Activity Number and Description	<u>Debi Nelson, (919) 707-5155</u> debi.nelson@dhs.nc.gov DPH Program Contact (name, telephone number with area code, and email)
<u>06/01/2017 -- 05/31/2018</u> Service Period	<u>DPH Program Signature</u> <u>Date</u> (only required for a negotiable agreement addendum)
<u>07/01/2017 -- 06/30/2018</u> Payment Period	

- Original Agreement Addendum
- Agreement Addendum Revision # 1 (Please do not put the Budgetary Estimate revision # here.)

I. Background:  
No change.

II. Purpose:  
This Agreement Addendum Revision #1 provides additional funds in order to increase the federal screening targets as listed in Section III Scope of Work and Deliverables below.

III. Scope of Work and Deliverables:  
*As of July 1, 2017, this Agreement Addendum Revision #1 adds to Paragraph A, as follows:*  
The Local Health Department shall provide additional services by providing its federal screening services to 2 women. The number of state screening services provided remains at 12 women served, for a combined total of 14 eligible women served. This screening provides breast and cervical services for those populations as defined in the original Agreement Addendum.

IV. Performance Measures/Reporting Requirements:  
No change.

V. Performance Monitoring and Quality Assurance:  
No change.

Wesley P. Smith 6/14/17  
 Health Director Signature (use blue ink) Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: <u>THERESA CARPENTER, RN</u> Phone number with area code: <u>252-448-9111 Ext. 3009</u> Email address: <u>tcarpenter@jonescountync.gov</u>
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Signature on this page signifies you have read and accepted all pages of this document.  
Revised August 2015

- VI. Funding Guidelines or Restrictions:  
No change.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY18 Activity: 452 NC Breast and Cervical Cancer Control Program

Supplement 1

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

CFDA #: 93.752	Federal awd date: 06/08/16	Is award R&D? no	FAIN: 5 NUS8DP003933-05	Total amount of fed awd: \$ 2,979,405
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CFDA name: Cancer Prevention and Control Program for State, Territorial, and Tribal Organizations	Fed award project description: Breast and Cervical Cancer Control Program
	Fed awarding agency: DHHS, Centers for Disease Control and Prevention Federal award indirect cost rate: n/a

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	=	=	Jackson	019728518	1530	1530
Albemarle	130537822	3060	3060	Johnston	097599104	3570	3570
Alexander	030495105	=	=	Jones	095116935	510	510
Anson	847163029	=	=	Lee	067439703	510	510
Appalachian	780131541	510	510	Lenoir	042789748	=	=
Beaufort	091567776	510	510	Lincoln	086869336	1530	1530
Bladen	084171628	510	510	Macon	070626825	1530	1530
Brunswick	091571349	1530	1530	Madison	831052873	765	765
Buncombe	879203560	12750	12750	MTW	087204173	1020	1020
Burke	883321205	=	=	Mecklenburg	074498353	5100	5100
Cabarrus	143408289	3825	3825	Montgomery	025384603	=	=
Caldwell	948113402	1530	1530	Moore	050988146	=	=
Carteret	058735804	510	510	Nash	050425677	3570	3570
Caswell	077846053	=	=	New Hanover	040029563	=	=
Catawba	083677138	3825	3825	Northampton	097594477	=	=
Chatham	131356607	=	=	Onslow	172663270	=	=
Cherokee	130705072	=	=	Orange	139209659	1020	1020
Clay	145058231	510	510	Pamlico	097600456	=	=
Cleveland	879924850	2805	2805	Pender	100955413	=	=
Columbus	040040016	765	765	Person	091563718	=	=
Craven	091564294	2295	2295	Pitt	080889694	1530	1530
Cumberland	123914376	2805	2805	Randolph	027873132	=	=
Dare	082358631	=	=	Richmond	070621339	=	=
Davidson	077839744	2805	2805	Robeson	082367871	=	=
Davie	076526651	1275	1275	Rockingham	077847143	2550	2550
Duplin	095124798	=	=	Rowan	074494014	=	=
Durham	088564075	765	765	RPM	782359004	3060	3060
Edgecombe	093125375	=	=	Sampson	825573975	765	765
Forsyth	105316439	3315	3315	Scotland	091564146	=	=
Franklin	084168632	=	=	Stanly	131060829	=	=
Gaston	071062186	=	=	Stokes	085442705	=	=
Graham	020952383	510	510	Surry	077821858	1530	1530
Granville-Vance	063347626	=	=	Swain	146437553	510	510
Greene	091564591	510	510	Toe River	113345201	1275	1275
Guilford	071563613	=	=	Transylvania	030494215	510	510
Halifax	014305957	=	=	Union	079051637	1785	1785
Harnett	091565986	=	=	Wake	019625961	6375	6375
Haywood	070620232	765	765	Warren	030239953	=	=
Henderson	085021470	2550	2550	Wayne	040036170	765	765
Hertford	627320971	1530	1530	Wilkes	067439950	=	=
Hoke	091563643	=	=	Wilson	075585695	510	510
Hyde	832526243	510	510	Yadkin	089910624	765	765
Iredell	074504507	=	=				

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DPH-Aid-To-Counties For Fiscal Year: 17/18 Budgetary Estimate Number : 1

Activity 452	AA	1320 310E JS	1320 5599 00	Proposed Total	New Total
Service Period		06/01-06/30	06/01-05/31		
Payment Period		07/01-07/31	07/01-06/30		
01 Alamance		0	0	0	0
D1 Albemarle	* 1	3,060	0	3,060	57,375
02 Alexander		0	0	0	0
04 Anson		0	0	0	0
D2 Appalachian	* 1	510	0	510	14,790
07 Beaufort	* 1	510	0	510	11,985
09 Bladen	* 1	510	0	510	510
10 Brunswick	* 1	1,530	0	1,530	32,385
11 Buncombe	* 1	12,750	0	12,750	173,145
12 Burke		0	0	0	0
13 Cabarrus	* 1	3,825	0	3,825	34,170
14 Caldwell	* 1	1,530	0	1,530	35,955
16 Carteret	* 1	510	0	510	10,455
17 Caswell		0	0	0	0
18 Catawba	* 1	3,825	0	3,825	18,105
19 Chatham		0	0	0	1,275
20 Cherokee		0	0	0	10,200
22 Clay	* 1	510	0	510	7,140
23 Cleveland	* 1	2,805	0	2,805	20,655
24 Columbus	* 1	765	0	765	9,945
25 Craven	* 1	2,295	0	2,295	26,520
26 Cumberland	* 1	2,805	0	2,805	26,265
28 Dare		0	0	0	25,500
29 Davidson	* 1	2,805	0	2,805	20,400
30 Davie	* 1	1,275	0	1,275	8,925
31 Duplin		0	0	0	0
32 Durham	1	765	0	765	13,005
33 Edgecombe		0	0	0	12,240
34 Forsyth	* 1	3,315	0	3,315	59,925
35 Franklin		0	0	0	0
36 Gaston		0	0	0	19,125
38 Graham	* 1	510	0	510	7,140
D3 Gran-Vance		0	0	0	0
40 Greene	* 1	510	0	510	6,120
41 Guilford		0	0	0	0
42 Halifax		0	0	0	4,590
43 Harnett		0	0	0	0
44 Haywood	* 1	765	0	765	3,945
45 Henderson	* 1	2,550	0	2,550	10,710
46 Hertford	* 1	1,530	0	1,530	15,810
47 Hoke		0	0	0	7,650
48 Hyde	* 1	510	0	510	8,925
49 Iredell		0	0	0	0
50 Jackson	1	1,530	0	1,530	14,535
51 Johnston	1	3,570	0	3,570	9,180

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52 Jones	1	510	0	510	3,570
53 Lee	1	510	0	510	2,040
54 Lenoir		0	0	0	2,805
55 Lincoln	1	1,530	0	1,530	7,140
56 Macon	1	1,530	0	1,530	12,240
57 Madison	1	765	0	765	9,945
D4 M-T-W	1	1,020	0	1,020	6,630
60 Mecklenburg	1	5,100	0	5,100	154,875
62 Montgomery		0	0	0	0
63 Moore		0	0	0	8,160
64 Nash	1	3,570	0	3,570	29,835
65 New Hanover		0	0	0	3,925
66 Northampton		0	0	0	10,200
67 Onslow		0	0	0	0
68 Orange	1	1,020	0	1,020	9,690
69 Pamlico		0	0	0	2,040
71 Pender		0	0	0	5,100
73 Person		0	0	0	5,865
74 Pitt	1	1,530	0	1,530	27,795
76 Randolph		0	0	0	0
77 Richmond		0	0	0	4,335
78 Robeson		0	0	0	0
79 Rockingham	1	2,550	0	2,550	23,715
80 Rowan		0	0	0	0
D5 R-P-M	1	3,060	0	3,060	47,685
82 Sampson	1	765	0	765	4,590
83 Scotland		0	0	0	0
84 Stanly		0	0	0	3,570
85 Stokes		0	0	0	5,100
86 Surry	1	1,530	0	1,530	43,605
87 Swain	1	510	0	510	5,355
D6 Toe River	1	1,275	0	1,275	11,475
88 Transylvania	1	510	0	510	5,355
90 Union	1	1,785	0	1,785	12,240
92 Wake	1	6,375	0	6,375	39,270
93 Warren		0	0	0	2,550
96 Wayne	1	765	0	765	19,635
97 Wilkes		0	0	0	5,100
98 Wilson	1	510	0	510	10,710
99 Yadkin	1	765	0	765	3,315
Totals		94,860	0	94,860	1,293,960

Sign and Date - DPH Program Administrator <i>[Signature]</i> 8/5/17	Sign and Date - DPH Section Chief <i>[Signature]</i>
Sign and Date - DPH Contract Office <i>[Signature]</i>	Sign and Date - DPH Budget Officer <i>[Signature]</i> 8/5/17

EXHIBIT C

Division of Public Health  
Agreement Addendum  
FY 17-18

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Jones County Health Department  
Local Health Department Legal Name

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

403 WIC  
Activity Number and Description

Sheila J. Hirt, (919) 707-5793  
Sheila.Hirt@dhhs.nc.gov  
DPH Program Contact  
(name, phone number, and email)

06/01/2017 – 05/31/2018  
Service Period

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

07/01/2017 – 06/30/2018  
Payment Period

- Original Agreement Addendum
- Agreement Addendum Revision # 1

I. Background:  
No change.

II. Purpose:  
This Agreement Addendum Revision #1 increases the per participant rate of funding provided to the Local Health Department as described in Section VI. Funding Guidelines or Restrictions below. Increasing the per participant rate allows the Local Health Department to further enhance its ability to continue with the objective of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which is to provide supplemental nutritious foods, nutrition education, and referrals to health care for low-income persons during critical periods of growth and development.

III. Scope of Work and Deliverables:  
No change.

IV. Performance Measures/Reporting Requirements:  
No change.

V. Performance Monitoring and Quality Assurance:  
No change.

  
Health Director Signature (use blue ink)

7/28/17  
Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>ANN PIKE RN</u>
	Phone number with area code: <u>252-448-9111 Ext. 3005</u>
	Email address: <u>apike@jonescounty.nc.gov</u>

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

**VI. Funding Guidelines or Restrictions:**

*As of August 1, 2017, this Agreement Addendum Revision #1 adds Paragraphs 7 and 8, as follows:*

7. Budget additional annual funds among the four WIC activities to include the increased rate of \$0.25 per participant, per month, for the remainder of the Service Period. The current participant rate has been increased from \$15.75 to \$16.00 per participant per month.
8. Additional funds have been placed in the 'Client Services' category as detailed on Attachment B-1. If the Local Health Department chooses to further distribute funds among the four WIC activities, adhering to threshold requirements, it may do so by completing the Attachment B-1 "WIC Budget Page" and submitting it to the Nutrition Services Branch's State Office.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY18 Activity: 403 WIC

Supplement 4

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

CFDA #: 10.557 Federal awd date: 10/1/16 Is award R&D? no FAIN: 175NC705W1003 Total amount of fed awd: \$ 17,585,752

CFDA Special Supplemental Nutrition Program for name: Women, Infants and Children  
 Fed award project description: Women, Infants & Children  
 Fed awarding agency: USDA, Food and Nutrition Service  
 Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	\$1,984	\$759,872	Jackson	019728518	\$426	\$163,158
Albemarle	130537822	\$1,622	\$621,035	Johnston	097599104	\$1,978	\$757,574
Alexander	030495105	\$343	\$127,495	Jones	095116935	\$114	\$43,662
Anson	847163029	\$416	\$159,328	Lee	067439703	\$953	\$364,999
Appalachian	780131541	\$762	\$291,498	Lenoir	042789748	\$935	\$358,105
Beaufort	091567776	\$786	\$300,847	Lincoln	086869336	\$897	\$343,360
Bladen	084171628	\$505	\$193,224	Macon	070626825	\$559	\$213,906
Brunswick	091571349	\$1,234	\$472,622	Madison	831052873	\$255	\$97,665
Buncombe	879203560	\$2,325	\$890,475	MTW	087204173	\$663	\$253,929
Burke	883321205	\$1,143	\$437,578	Mecklenburg	074498353	\$10,889	\$4,170,487
Cabarrus	143408289	\$1,891	\$724,062	Montgomery	025384603	\$500	\$191,500
Caldwell	948113402	\$845	\$323,444	Moore	050988146	\$872	\$333,785
Carteret	058735804	\$653	\$249,908	Nash	050425677	\$1,474	\$564,351
Caswell	077846053	\$259	\$99,006	New Hanover	040029563	\$1,790	\$685,379
Catawba	083677138	\$1,920	\$735,969	Northampton	097594477	\$308	\$117,773
Chatham	131356607	=	=	Onslow	172663270	\$3,499	\$1,339,926
Cherokee	130705072	\$383	\$146,689	Orange	139209659	=	=
Clay	145058231	\$143	\$4,454	Pamlico	097600456	\$165	\$63,195
Cleveland	879924850	\$1,374	\$525,831	Pender	100955413	\$705	\$269,824
Columbus	040040016	\$895	\$342,594	Person	091563718	\$508	\$192,737
Craven	091564294	\$1,622	\$621,035	Pitt	080889694	\$2,284	\$874,581
Cumberland	123914376	\$6,357	\$2,434,731	Randolph	027873132	\$1,823	\$698,209
Dare	082358631	\$367	\$139,994	Richmond	070621339	\$733	\$280,548
Davidson	077839744	\$1,790	\$685,570	Robeson	082367871	\$2,133	\$816,748
Davie	076526651	\$461	\$176,563	Rockingham	077847143	\$1,104	\$422,832
Duplin	095124798	\$1,137	\$435,471	Rowan	074494014	\$1,409	\$539,456
Durham	088564075	=	=	RPM	782359004	\$1,618	\$619,694
Edgecombe	093125375	\$970	\$371,319	Sampson	825573975	\$961	\$363,842
Forsyth	105316439	\$4,896	\$1,875,168	Scotland	091564146	\$817	\$312,911
Franklin	084168632	\$656	\$251,248	Stanly	131060829	\$727	\$278,250
Gaston	071062186	\$2,200	\$842,600	Stokes	085442705	\$453	\$173,499
Graham	020952383	\$159	\$60,897	Surry	077821858	\$880	\$337,040
Granville-Vance	063347626	\$1,281	\$490,623	Swain	146437553	\$165	\$63,004
Greene	091564591	\$387	\$148,030	Toe River	113345201	\$677	\$259,100
Guilford	071563613	\$6,462	\$2,474,755	Transylvania	030494215	\$317	\$121,220
Halifax	014305957	\$889	\$340,296	Union	079051637	\$1,807	\$691,890
Harnett	091565986	\$1,558	\$596,523	Wake	019625961	\$8,213	\$3,145,388
Haywood	070620232	\$666	\$255,078	Warren	030239953	\$265	\$101,304
Henderson	085021470	\$1,063	\$407,129	Wayne	040036170	\$1,958	\$749,914
Hertford	627320971	\$427	\$163,541	Wilkes	067439950	\$886	\$339,147
Hoke	091563643	\$882	\$337,806	Willson	075585695	\$1,379	\$528,157
Hyde	832526243	\$62	\$23,746	Yadkin	089910624	\$518	\$198,203
Iredell	074504507	\$1,830	\$700,699				

DPH-Aid-To-Counties

For Fiscal Year: 17/18

Budgetary Estimate Number : 6

Activity 403	AA	13A2 6403 GH	13A2 6403 GJ	13A2 6404 GH	13A2 6404 GJ	13A2 6405 GH	13A2 6405 GJ	13A2 6409 GH	13A2 6409 GJ	Proposed Total	New Total
Service Period		06/01-09/30	10/01-06/31	06/01-09/30	10/01-06/31	06/01-09/30	10/01-06/31	06/01-09/30	10/01-06/31		
Payment Period		07/01-10/30	11/01-06/30	07/01-10/30	11/01-06/30	07/01-10/30	11/01-06/30	07/01-10/30	11/01-06/30		
01 Alamance	*	1	1,984	7,936	0	0	0	0	0	9,920	759,872
D1 Albemarle	*	1	1,622	6,486	0	0	0	0	0	8,108	621,035
02 Alexander	*	2	343	1,372	0	0	0	0	0	1,715	127,495
04 Anson	*	1	416	1,664	0	0	0	0	0	2,080	159,328
D2 Appalachian	*	2	762	3,046	0	0	0	0	0	3,808	291,498
07 Beaufort	*	1	786	3,142	0	0	0	0	0	3,928	300,847
09 Bladen	*	1	505	2,018	0	0	0	0	0	2,523	193,224
10 Brunswick	*	1	1,234	4,936	0	0	0	0	0	6,170	472,622
11 Buncombe	*	1	2,325	9,300	0	0	0	0	0	11,625	890,475
12 Burke	*	1	1,143	4,570	0	0	0	0	0	5,713	437,578
13 Cabarrus	*	1	1,891	7,562	0	0	0	0	0	9,453	724,062
14 Caldwell	*	1	845	3,378	0	0	0	0	0	4,223	323,444
16 Carteret	*	1	653	2,610	0	0	0	0	0	3,263	249,908
17 Caswell	*	1	259	1,034	0	0	0	0	0	1,293	99,005
18 Catawba	*	2	1,920	7,678	0	0	0	0	0	9,598	735,169
19 Chatham			0	0	0	0	0	0	0	0	0
20 Cherokee	*	1	383	1,532	0	0	0	0	0	1,915	146,689
22 Clay	*	2	143	572	0	0	0	0	0	715	54,454
23 Cleveland	*	2	1,374	5,494	0	0	0	0	0	6,868	525,831
24 Columbus	*	1	895	3,578	0	0	0	0	0	4,473	342,594
25 Craven	*	1	1,622	6,486	0	0	0	0	0	8,108	621,035
26 Cumberland	*	1	6,357	25,428	0	0	0	0	0	31,785	2,434,731
28 Dare	*	2	367	1,468	0	0	0	0	0	1,835	139,994
29 Davidson	*	1	1,790	7,160	0	0	0	0	0	8,950	685,570
30 Davie	*	1	461	1,844	0	0	0	0	0	2,305	176,563
31 Duplin	*	1	1,137	4,548	0	0	0	0	0	5,685	435,471
32 Durham			0	0	0	0	0	0	0	0	0
33 Edgecombe	*	1	970	3,878	0	0	0	0	0	4,848	371,319
34 Forsyth	*	1	4,896	19,584	0	0	0	0	0	24,480	1,875,168
35 Franklin	*	1	656	2,624	0	0	0	0	0	3,280	251,248
36 Gaston	*	1	2,200	8,800	0	0	0	0	0	11,000	842,600
38 Graham	*	1	159	636	0	0	0	0	0	795	60,897
D3 Gran-Vance	*	1	1,281	5,124	0	0	0	0	0	6,405	490,623
40 Greene	*	1	387	1,546	0	0	0	0	0	1,933	148,030
41 Guilford	*	1	6,462	25,846	0	0	0	0	0	32,308	2,474,755
42 Halifax	*	1	889	3,554	0	0	0	0	0	4,443	340,296
43 Harnett	*	1	1,558	6,230	0	0	0	0	0	7,788	596,523
44 Haywood	*	1	666	2,664	0	0	0	0	0	3,330	255,078
45 Henderson	*	1	1,063	4,252	0	0	0	0	0	5,315	407,129
46 Hertford	*	1	427	1,708	0	0	0	0	0	2,135	163,541
47 Hoke	*	1	882	3,528	0	0	0	0	0	4,410	337,806
48 Hyde	*	1	62	248	0	0	0	0	0	310	23,746
49 Iredell	*	1	1,830	7,318	0	0	0	0	0	9,148	700,699
50 Jackson	*	1	426	1,704	0	0	0	0	0	2,130	163,158
51 Johnston	*	1	1,978	7,912	0	0	0	0	0	9,890	757,574
52 Jones	*	1	114	456	0	0	0	0	0	570	43,662
53 Lee	*	1	953	3,812	0	0	0	0	0	4,765	364,999
54 Lenoir	*	1	935	3,740	0	0	0	0	0	4,675	358,105
55 Lincoln	*	1	897	3,586	0	0	0	0	0	4,483	343,360
56 Macon	*	1	559	2,234	0	0	0	0	0	2,793	213,906
57 Madison	*	1	255	1,020	0	0	0	0	0	1,275	97,665
D4 M-T-W	*	1	663	2,652	0	0	0	0	0	3,315	253,929
60 Mecklenburg	*	1	10,889	43,556	0	0	0	0	0	54,445	4,170,487
62 Montgomery	*	1	500	2,000	0	0	0	0	0	2,500	191,500
63 Moore	*	1	872	3,486	0	0	0	0	0	4,358	333,785
64 Nash	*	1	1,474	5,894	0	0	0	0	0	7,368	564,351

65 New Hanover	* 1	1,790	7,158	0	0	0	0	0	0	0	0	8,948	685,379
66 Northampton	* 1	308	1,230	0	0	0	0	0	0	0	0	1,538	117,773
67 Onslow	* 1	3,499	13,994	0	0	0	0	0	0	0	0	17,493	1,339,926
68 Orange		0	0	0	0	0	0	0	0	0	0	0	0
69 Pamlico	* 1	165	660	0	0	0	0	0	0	0	0	825	63,195
71 Pender	* 1	705	2,818	0	0	0	0	0	0	0	0	3,523	269,824
73 Person	* 2	508	2,032	0	0	0	0	0	0	0	0	2,540	192,737
74 Pitt	* 1	2,284	9,134	0	0	0	0	0	0	0	0	11,418	874,581
76 Randolph	* 1	1,823	7,292	0	0	0	0	0	0	0	0	9,115	698,209
77 Richmond	* 1	733	2,930	0	0	0	0	0	0	0	0	3,663	280,548
78 Robeson	* 1	2,133	8,530	0	0	0	0	0	0	0	0	10,663	816,748
79 Rockingham	* 1	1,104	4,416	0	0	0	0	0	0	0	0	5,520	422,832
80 Rowan	* 1	1,409	5,634	0	0	0	0	0	0	0	0	7,043	539,456
D5 R-P-M	* 1	1,618	6,472	0	0	0	0	0	0	0	0	8,090	619,694
82 Sampson	* 2	961	3,844	0	0	0	0	0	0	0	0	4,805	363,842
83 Scotland	* 1	817	3,268	0	0	0	0	0	0	0	0	4,085	312,911
84 Stanly	* 1	727	2,906	0	0	0	0	0	0	0	0	3,633	278,250
85 Stokes	* 1	453	1,812	0	0	0	0	0	0	0	0	2,265	173,499
86 Surry	* 1	880	3,520	0	0	0	0	0	0	0	0	4,400	337,040
87 Swain	* 1	165	658	0	0	0	0	0	0	0	0	823	63,004
D6 Toe River	* 1	677	2,706	0	0	0	0	0	0	0	0	3,383	259,100
88 Transylvania	* 1	317	1,266	0	0	0	0	0	0	0	0	1,583	121,220
90 Union	* 1	1,807	7,226	0	0	0	0	0	0	0	0	9,033	691,890
92 Wake	* 1	8,213	32,850	0	0	0	0	0	0	0	0	41,063	3,145,388
93 Warren	* 1	265	1,058	0	0	0	0	0	0	0	0	1,323	101,304
96 Wayne	* 1	1,958	7,832	0	0	0	0	0	0	0	0	9,790	749,914
97 Wilkes	* 1	886	3,542	0	0	0	0	0	0	0	0	4,428	339,147
98 Wilson	* 1	1,379	5,516	0	0	0	0	0	0	0	0	6,895	528,157
99 Yadkin	* 1	518	2,070	0	0	0	0	0	0	0	0	2,588	198,203
Totals		114,222	456,808	0	0	0	0	0	0	0	0	571,030	43,728,205

Sign and Date - DPH Program Administrator <i>Ronald P. Reverendable</i> 7/25/17	Sign and Date - DPH Section Chief <i>John Anderson</i> 7/25/17
Sign and Date - DPH Contracts Office <i>Michelle M. Cole</i> 7-26-17	Sign and Date - DPH Budget Officer <i>Sumela Galt</i> 7/27/17

*Capannott 7-26-17*

North Carolina Department of Health and Human Services  
Division of Public Health  
DPH Budget Contract Unit  
WIC PROGRAM

Attachment B-1

Agency Name: Jones County Health Department

XX Original

Revision # \_\_\_\_\_

Revision applies to:

\_\_\_\_\_ SFY allocation (June -Sept.)

\_\_\_\_\_ FFY allocation (Oct.-May)

	Amount
5403 Client Services	<u>\$570</u>
5404 Nutrition Education (Minimum Amount )	_____
5405 General Administration (Maximum Amount)	_____
5409 Breastfeeding Promotion (Minimum Amount)	_____
<b>Total</b>	<u><b>\$570</b></u>

STATE USE ONLY	
GH	GJ
FRC \$114	FRC \$456
_____	_____
_____	_____
_____	_____
_____	_____

**Instructions for completing the original budget:**

Using the funds listed under total above, allocate your funds among the four WIC activities. Note the minimum level of funds that must be budgeted for Nutrition Education and Breastfeeding Promotion, and the maximum amount of funds to be budgeted in General Administration. Your total for the four activities should match the total on the Budgetary Estimate. This form is to be signed and returned with the WIC Agreement Addenda to the Division's Contract Unit.

**Instructions for completing budget revisions:**

This form may be reproduced and used to submit budget revisions. When submitting budget revisions, show the amount of funds being increased/decreased in the amount column for the respective activity (ex. +1000 or -1000). Line through the total amount and put a zero. Indicate the Revision #. Budget revisions are due in the program office by May 1st for close-out of the state fiscal year and September 1st for close-out of the federal fiscal year. This form should be mailed to the WIC Operations Manager, 1914 Mall Service Center, Raleigh, NC 27699-1914.

*Wendy Smith*  
Signature of Local Agency Director

7/28/17  
Date

*Brenda C. Beece*  
Signature of Local Finance Officer

7/28/17  
Date

\_\_\_\_\_  
Signature of State WIC Operations Manager

\_\_\_\_\_  
Date

EXHIBIT D



# JONES COUNTY

Department of Social Services  
Chris Harper, Director

## *Monthly Reception Log* *June 2017*

Medicaid Clients: 104

FNS Clients: 159

Work First: 7

C.I.P: 14

Medicaid Transportation: 50

Child Support: 32

Intake: 130

**Total: 496 Clients**

EXHIBIT E

AV-5  
Web  
3-13

**Application for Agriculture, Horticulture, and  
Forestry Present-Use Value Assessment**

(G.S. 105-277.2 through G.S. 105-277.7)

County of  , NC Tax Year

Full Name of Owner(s)			
<input type="text" value="Dorothy J. Mallard"/>			
Mailing Address of Owner			
<input type="text" value="5100 Springwood Drive"/>			
City		State	Zip Code
<input type="text" value="New Bern"/>		<input type="text" value="NC"/>	<input type="text" value="28560"/>
Home Telephone Number	Work Telephone Number	Ext.	Cell Phone Number
<input type="text" value="(252) 638-2923"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Instructions**  
**Application Deadline:** This application must be filed during the regular listing period, or within 30 days of a notice of a change in valuation, or within 60 days of a transfer of the land.  
**Where to Submit Application:** Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: [www.dornc.com/downloads/CountyList.pdf](http://www.dornc.com/downloads/CountyList.pdf). DO NOT submit this application to the North Carolina Department of Revenue.  
 - Office Use Only:

This application is for: (check all that apply)

- AGRICULTURE** (includes Aquaculture)       **HORTICULTURE**       **FORESTRY**

Enter the Parcel Identification Number, acreage breakdown, and acreage total for each tax parcel included in this application:

PARCEL ID	OPEN LAND In Production	OPEN LAND not in Production	WOOD LAND	WASTE LAND	CRP LAND	HOME SITE	OTHER (Describe in Comments)	TOTAL ACRES
5432-35-4189-00	30.63		26.52					57.15
								0.00
								0.00
								0.00
								0.00

Comments:

Yes  No ➤ Does the applicant own property in other counties that is also in present-use value and is within 50 miles of this property? If YES, list the county or counties and parcel identification number(s):

County:  Parcel ID:

County:  Parcel ID:

**IMPORTANT!**

AGRICULTURE and HORTICULTURE applications with LESS than 20 acres of woodland generally need to complete PARTS 1, 2, and 4.

AGRICULTURE and HORTICULTURE applications with MORE than 20 acres of woodland generally need to complete PARTS 1, 2, 3, and 4.

FORESTRY applications need to complete PARTS 1, 3, and 4.

ADDITIONALLY, applications for CONTINUED USE of existing present-use value classification need to complete PART 5.

Please contact the Tax Assessor's office if you have questions about which parts should be completed.

Page 2, AV-5, Web, 3-13

Part 1. Ownership

On what date did the applicant become the owner of the property? DATE: 03-04-93

If owned less than four full years on January 1, provide: Name of Previous Owner:

How the Applicant is Related to the Previous Owner:

Yes No Did one of the applicants reside on the property on January 1 of the year for which this application is made? If YES, provide name of resident:

Yes No Are any of the acres leased out to a farmer? If YES, indicate: Number of acres leased out: 30.63 Name of farmer leasing the land: Randy Riggs Phone: (252) 670-1114

Choose the legal form of ownership from "a - e" below, and answer the questions, if any, for that ownership:

One Individual Husband and Wife (as tenants by the entirety)

Business Entity (Circle one: Corporation, Limited Liability Company, Partnership) List all the direct shareholders, members, or partners of the business entity and their farming activities:

Table with 2 columns: Member, Farming Activities. Contains 4 rows of empty fields.

Yes No Are any of the direct shareholders, members, or partners either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individuals' farming activities.

Yes No Once you have reached the individual level of ownership interest, are all of the individuals relatives of each other? (See G.S. 105-277.2(5a) for the definition of relative.)

State the principal business of the business entity:

Trust, List the trustee(s), name of the trust, and all of the beneficiaries:

Trustee(s): Name of trust:

Table with 2 columns: Beneficiary, Farming Activities. Contains 4 rows of empty fields.

Yes No Are any of the beneficiaries either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individuals' farming activities.

Yes No Once you have reached the individual level of ownership interest, are all of the beneficiaries either the trust's creator or relatives of the creator? (See G.S. 105-277.2(5a) for the definition of relative.)

Tenants in common, List the tenants and their percentage of ownership (round to the nearest 0.1%):

Table with 4 columns: Owner, %, Owner, %. Contains 4 rows of empty fields.

Yes No Are any of the tenants either a business entity or trust? If YES, you must make a copy of this page for each business entity or trust. You must complete the business entity section only or trust section only for each tenant, as appropriate, labeling each copy with the name of the business entity or trust.

The Tax Assessor may contact you for additional information after reviewing this application.

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**Part 2. Agriculture and Horticulture**

For the past three years and for each tax parcel within the farm unit, enter the agricultural or horticultural products actually produced on the land and the gross income from the sale of the products, including livestock, poultry, and aquatic species. **INCOME INFORMATION IS SUBJECT TO VERIFICATION.**

If payments are received from any governmental soil conservation or land retirement program, indicate the acres and amount of income in the table below. Provide the name of the program in the Product column.

Do not include income received from the rental of the land. Income must be from the sale of the product.

	ONE YEAR AGO 20 <input type="text" value="16"/>			TWO YEARS AGO 20 <input type="text" value="15"/>			THREE YEARS AGO 20 <input type="text" value="14"/>		
Parcel ID	Product	Acres	Income	Product	Acres	Income	Product	Acres	Income
	corn	30.63	5,500	corn	30.63	7,000	corn	30.63	6,800
	Totals	30.63	5,500	Totals	30.63	7,000	Totals	30.63	6,800
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0

Yes  No  If this application covers a horticultural tract used to grow Christmas trees, has a written management plan been prepared? If YES, attach a copy. If NO, attach a full explanation of your operation that contains at least the following: year each tract was planted, gross income from each tract, site management practices, number of trees per acre, and expected date of harvesting for each tract.

If this application covers an aquatic species farming operation, enter the total pounds produced for commercial sale annually for the last three years: Year 20  :  lbs, Year 20  :  lbs, Year 20  :  lbs

**Part 3. Forestry**

Attach a complete copy of your forest management plan. Indicate below who prepared the plan:

N.C. Division of Forest Resources       Consulting Forester       Owner       Other

Note: The property must be actively engaged in the commercial growing of trees under a sound management program as of January 1 of the year for which application is made.

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Key elements in a written plan for a sound forestland management program are listed below:

1. Management and Landowner Objectives Statement—Long range and short range objectives of owner(s) as appropriate.
2. Location—Include a map or aerial photograph that locates the property described and also delineates each stand referenced in the "Forest Stand(s) Description/Inventory and Stand Management Recommendations" (item 3 below).
3. Forest Stand(s) Description/Inventory and Stand Management Recommendations -- Include a detailed description of various stands within the forestry unit. Each stand description should detail the acreage, species, age, size (tree diameter, basal area, heights), condition (quality and vigor), topography, soils and site index or productivity information. Stand-specific forest management practices needed to sustain productivity, health and vigor must be included with proposed timetable for implementation.
4. Regeneration-Harvest Methods and Dates--For each stand, establish a target timetable for harvest of crop trees, specifying the type of regeneration-harvest (clear cut, seed tree, shelter wood, or selection regeneration systems as applicable).
5. Regeneration Technique--Should include a sound proposed regeneration plan for each stand when harvest of final crop trees is done. Specify intent to naturally regenerate or plant trees.

NOTE: Forest management plans can and should be updated as forest conditions significantly change (e.g. change in product class mix as the stand ages and grows, storm damage, insect or disease attack, timber harvest, thinning, wildfire). The county will audit plans periodically and, to remain eligible for use-value treatment, the plan must be implemented.

**Part 4. Affirmation**

**AFFIRMATION OF APPLICANT**— I (we) the undersigned declare under penalties of law that this application and any attachments hereto have been examined by me (us) and to the best of my (our) knowledge and belief are true and correct. In addition, I (we) fully understand that an ineligible transfer of the property or failure to keep the property actively engaged in commercial production under a sound management program will result in the loss of eligibility. I (we) fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

<u>X <i>Suzithy K. Mcclard</i></u> Signature of Owner (All tenants of a tenancy in common must sign.)	<u>owner</u> Title	<u>8/2/17</u> Date
_____ Signature of Owner (All tenants of a tenancy in common must sign.)	_____ Title	_____ Date
_____ Signature of Owner (All tenants of a tenancy in common must sign.)	_____ Title	_____ Date

**Part 5. Continued Use** (*Complete only if the property is currently in Present-Use Value and you are applying for immediate eligibility under the Continued Use exception. See G.S. 105-277.3(b2)(1) for full details.*)

- I certify:
1. The property is currently in Present-Use Value.
  2. I intend to continue the current use of the land under which it currently qualifies.
  3. I understand I will be responsible for all deferred taxes due because of any disqualification.
  4. I ACCEPT FULL LIABILITY FOR ANY EXISTING DEFERRED TAXES.

Note: If the property is currently in Present-Use Value and liability is not accepted, the full amount of the deferred taxes will typically be due in the name of the grantor immediately. Liability need not be accepted and no deferred taxes are due for qualifying transfers pursuant to G.S. 105-277.3(b) and (b1). For example, liability does not need to be accepted for qualifying transfers to relatives. However, any deferred taxes existing at the time of transfer will remain a lien on the property. Owners already receiving Present-Use Value on properties not included in this application may wish to review the alternative provisions of G.S. 105-277.3(b2)(2).

<u>X <i>Suzithy K. Mcclard</i></u> Signature of Owner (All tenants of a tenancy in common must sign.)	<u>owner</u> Title	<u>8/2/17</u> Date
_____ Signature of Owner (All tenants of a tenancy in common must sign.)	_____ Title	_____ Date
_____ Signature of Owner (All tenants of a tenancy in common must sign.)	_____ Title	_____ Date

FOR OFFICE USE ONLY:  APPROVED  DENIED BY: \_\_\_\_\_ REASON FOR DENIAL: \_\_\_\_\_

EXHIBIT F

Budget Amendment

Date: 8/7/2017

Fund: General

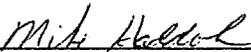
Fiscal Year: 2017-2018 Amendment #1

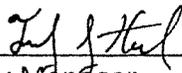
**Decrease Revenues**

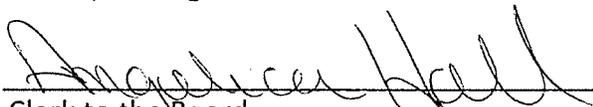
Maternal Health	Maternal Health - State	11-0211-4516-00	8,171.00
Diabetes	Diabetes - Region 10	11-0211-4523-15	9,704.00
Child Health	Child Health - State	11-0211-4516-02	134.00
<b>Total Decrease in Revenues</b>			<b>18,009.00</b>

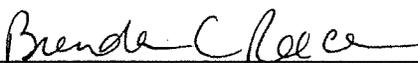
**Decrease Expenditures**

Maternal Health	Contract Services	11-5160-5440-13	8,171.00
Diabetes	Supplies - Medical	11-5176-5239-00	1,750.00
Diabetes	Supplies & Materials	11-5176-5260-02	1,692.00
Diabetes	Incentives	11-5176-5299-81	2,032.00
Diabetes	Mileage	11-5176-5311-00	1,330.00
Diabetes	Advertising	11-5176-5391-00	1,000.00
Diabetes	Education & Training	11-5176-5395-01	550.00
Diabetes	Subscriptions	11-5176-5492-00	1,100.00
Diabetes	Registration	11-5176-5493-00	250.00
Child Health	Salaries	11-5161-5121-00	100.00
Child Health	FICA	11-5161-5181-00	8.00
Child Health	Retirement	11-5161-5182-00	8.00
Child Health	Hospitalization	11-5161-5183-00	18.00
<b>Total Decrease in Expenditures</b>			<b>18,009.00</b>

  
 \_\_\_\_\_  
 Chairman

  
 \_\_\_\_\_  
 County Manager

  
 \_\_\_\_\_  
 Clerk to the Board

  
 \_\_\_\_\_  
 Finance Officer

Budget Amendment

Date: 8/7/2017

Fund: General

Fiscal Year: 2017-2018

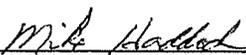
Amendment #2

**Decrease Expenditures**

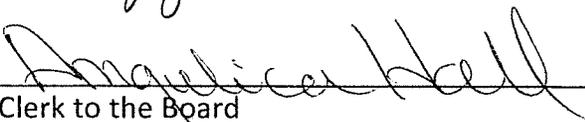
Pregnancy Care Management	Salaries	11-5165-5121-00	1,030.00
Pregnancy Care Management	FICA	11-5165-5181-00	79.00
Pregnancy Care Management	Retirement	11-5165-5182-00	78.00
Pregnancy Care Management	Hospitalization	11-5165-5183-00	113.00
WIC Program	Salaries	11-5167-5121-00	2,135.00
WIC Program	FICA	11-5167-5181-00	163.00
WIC Program	Retirement	11-5167-5182-00	162.00
WIC Program	Hospitalization	11-5167-5183-00	240.00
<b>Total Decrease in Expenditures</b>			<b>4,000.00</b>

**Increase Expenditures**

WIC Program	Contract Services	11-5167-5440-13	4,000.00
<b>Total Increase in Expenditures</b>			<b>4,000.00</b>

  
 \_\_\_\_\_  
 Chairman

  
 \_\_\_\_\_  
 County Manager

  
 \_\_\_\_\_  
 Clerk to the Board

  
 \_\_\_\_\_  
 Finance Officer

Budget Amendment

Date: 8/7/2017

Fund: General

Fiscal Year: 2017-2018

Amendment #3

Decrease Expenditures

Sheriff	Contract-Maintenance	11-4310-5440-00	3,071.00
Computer	Relicense Fee	11-4210-5380-00	27,040.00

**Total Decrease in Expenditures 30,111.00**

Increase Expenditures

Jail	Contract-Maintenance	11-4320-5440-00	3,071.00
Tax	Relicense Fee	11-4140-5380-00	27,040.00

**Total Increase in Expenditures 30,111.00**

*Mike Haddad*

Chairman

*[Signature]*

County Manager

*Ameycia Hall*

Clerk to the Board

*Brenda C. Reece*

Finance Officer