



The Public Health Authority of Cabarrus County Board
Meeting Agenda
Tuesday, October 25, 2022
5:30 pm

- A. CALL TO ORDER Chairperson Lara Pons, MD
B. ADOPTION OF THE AGENDA Motion Dr. Lara Pons
C. APPROVAL OF THE MINUTES (August 16, 2022) Motion Dr. Lara Pons
D. INFORMAL PUBLIC COMMENTS Dr. Lara Pons
E. BOARD TRAINING
Board Training: Board of Health Rolls & Responsibilities William Isenhour, Partner
Johnston Allison Hord
F. REPORTS
Committee Report-outs Committee Chairs
Executive Committee - Dr. Lara Pons
Charter Resolution update
Comprehensive review of Governance Documents
Data Committee - Dr. Lara Pons
Communicable Disease Report Marcus Misenheimer
Accreditation Update Asma Warrich
Equity Committee - Daryle Adams
Finance Committee - Sue Yates
Financial Summary Report (as of 09/30/22) Sue Yates
CHA Snapshot (as of 09/30/22) Sue Yates
Variance Analysis Year-to-Date (as of 09/30/22) Sue Yates
Health Director's Report Dr. Bonnie Coyle
G. CONSENT AGENDA Dr. Lara Pons
Budget Revisions Motion Sue Yates
Finance Policies Motion Sue Yates
H. BUSINESS AGENDA
Organizational Equity Action Plan Motion Keon Lewis
Comprehensive review of Governance Documents Motion Dr. Lara Pons
I. ANNOUNCEMENTS Dr. Lara Pons
J. MOTION TO ADJOURN Motion Dr. Lara Pons

Next regular meeting date
Tuesday, January 17, 2022 (3rd Tuesday)



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
August 16, 2022

A regular meeting of The Public Health Authority Board was held on Tuesday, August 16, 2022.

Board members attended in-person at CHA and virtually via Microsoft TEAMS. The meeting was live streamed on YouTube.

*Members Present:*

Lara Pons, MD, Chair  
Mark Spitzer, Vice-Chair  
Dan Hagler, MD  
Daryle Adams  
Cecilia Plez  
Steve Morris  
Asha Rodriguez  
Kimberly Dehler, DDS  
Dr. Chip Buckwell

*Members Absent:*

*Staff Present:* Dr. Bonnie Coyle, Erin Shoe, Sue Yates, Ryan McGhee, Raquesha Franklin, Chrystal Swinger, Rolanda Forehand, Sonja Bohannon-Thacker, Tammy Alexander, Wendy Harsch, Asma Warrich.

*Guests and Members of Public Present:* Paula Yost, Paula Yost, JD, LCMHC, Chair (Cabarrus County Child Protection & Fatality Team).

**CALL TO ORDER**

Vice-Chair Mark Spitzer called the meeting to order at 5:35 pm.

**ADOPTION OF THE AGENDA**

Vice-Chair Mark Spitzer requested a motion to approve the agenda. Daryle Adams moved. Cecilia Plez seconded. Motion and approval carried unanimously.

**APPROVAL OF THE MINUTES**

Vice-Chair Mark Spitzer asked for a motion to approve the June 14, 2022, meeting minutes. Stephen Morris moved. Dr. Chip Buckwell seconded. Motion and approval carried unanimously.

Vice-Chair Mark Spitzer asked for a motion to approve the August 2, 2022, meeting minutes. Cecilia Plez moved. Stephen Morris seconded. Motion and approval carried unanimously.

## INFORMAL PUBLIC COMMENTS

Vice-Chair Mark Spitzer read the comments from Jonathan Almond.

## REPORTS

Paula Yost presented the Child Death Report. Paula shared information about DHS Prevention, Jeff Gordon's Children's Advocacy Center 2020 & 2021, Obesity percentage, 2020 Fatalities in Cabarrus County, results from previous years, SIDS Diagnosis, and Toxicology details. Paula advised that data is received 1 year behind; the 2021 results will come out in January 2023. The 2020 Cabarrus County Child Fatalities reports a total of 18; Illness = 8, Prematurity = 5, Accidental = 2, Accidental and Substance affected = 3.

Dan Hagler inquired if children are automatically tested at the hospitals for substance abuse. Paula Yost confirmed that babies are tested only if notice is given.

Dr. Buckwell added that access to health care will help resolve other health issues such as Child/Infant death.

Vice-Chair Mark Spitzer added that public health needs to act on evidence; health care companies and agencies should go to the state legislature on a public policy level that says data should be gathered based on scientific facts.

Vice-Chair Mark Spitzer added that county by county data would be helpful knowledge for this report.

Vice-Chair Mark Spitzer suggested a separate meeting to discuss funding for further research to collect precise data which could possibly include grants.

### CHA Financial Reports

Sue advised the Finance audit begins next week.

- **Financial Summary:** Sue Yates presented the Financial Summary Report as of the end of 06/30/22 & 7/31/22. Sue advised revenues exceed expenses. The biggest impact to our revenues over expense for FY22 came from the 4 manage care quarterly payments that were supposed to be received; equaling over 1million dollars. CHA only received 2 payments totaling \$38,000.  
Dr. Coyle advised that this is a state wide issue for all counties in North Carolina.
- **CHA Snapshot:** Sue Yates presented the budgets as of 06/30/22 & 7/31/22. Sue advised all departments are solid green, indicating they are on target; Environmental Health is light green which indicates growth.  
2023 = all areas are green
- **Variance Analysis Year-to-Date:** Sue Yates presented the Variance Analysis Reports as of 06/30/22 & 7/31/22. Sue advised there was more funding for FY22 than FY21. The year-to-date is as expected for 2023.

Vice-Chair Mark Spitzer advised that the Finance reports will be further simplified for the next meeting.

NALBOH Update: Dr. Vice-Chair Mark Spitzer presented an update from the NALBOH Conference. Mark shared information about The Governance, the Six Functions, and the Self-Evaluation & Enhancement Tool.

Health Director's Report: Dr. Bonnie Coyle presented the Health Directors Report and encouraged the Board members to review in the packet.

Dr. Coyle highlighted that the open positions have gone down to 25. The school year will begin 11 schools open. Three more nurses have been hired but may have a late start. Dr. Coyle advised that the goal is to have all schools covered with the help of supervisors.

Opioid Cost Settlement: Marcella Beam presented updates from the Opioid Cost Settlement. Marcella shared the NC State, County, and City Allocation. The presentation contains strategy options, potential programs and the current status of allocated funds for Cabarrus County. Cabarrus County has received its first allocation of \$413,000. Marcella advised that a draft plan will be shared at the Mental Health Advisory Board on August 23<sup>rd</sup> in order to receive feedback from community partners.

Health Director's FY23 Strategic Plan: Dr. Bonnie Coyle presented the Strategic Plan for FY23. Dr. Coyle advised that this is a four-year plan that include Quality Improvement, Annual Strategic Priorities, and the Workforce Development Plan. Dr. Coyle stated that the top priorities are Data, Equity, Social Determinants of Health (SDOH), and Organizational Function and Process; goals for each priority were also shared. Dr. Coyle also reviewed the overall goal and Rankings of Cabarrus County's Health.

Dr. Coyle inquired about feedback about what should be included in the Strategic Plan. The members agreed and recommended that the Board members review and discuss in a separate meeting.

Dr. Kim Dehler requested a motion to approve the goals of the Health Director's FY23 Strategic Plan. Vice-Chair Mark Spitzer moved to approve the goals as presented. Dr. Bonnie Coyle will continue to work with the members to better understand the operations of said goals. Dan Hagler seconded. Motion and approval carried unanimously.

## **CONSENT AGENDA**

Budget Revisions: Sue Yates presented the budget revisions. Sue advised that there are 9 budget revisions for the month of August. The largest revision is a carry amount of \$111,036 from mileage for the ELC Agreement Addendum; revisions were reviewed by the Finance Subcommittee reviewed.

Vice-Chair Mark Spitzer requested a motion to approve the Budget Revisions. Asha Rodriguez moved. Daryle Adams seconded. Motion and approval carried unanimously.

## **BUSINESS AGENDA**

Financial Policies: Sue Yates presented 3 finance policies. The following policies were reviewed and revised.

- CHA Capital Assets Policy – pulled from the purchasing policy to stand alone.
- CHA Subaward Policy – a new policy developed for monitoring of Federal ARPA Funds.
- Mobile Phone Stipend Policy – stipends for employee-owned mobile phones have been reduced.

Vice-Chair Mark Spitzer requested a motion to approve Financial Policies.

Stephen Morris moved. Dr. Kim Dehler seconded. Motion and approval carried unanimously.

Cabarrus County Award: Dr. Bonnie Coyle presented the CHA Staff Bonus Proposal. Dr. Coyle advised this was reviewed by the Finance subcommittee. The Cabarrus County Government Criteria (full time & part time) was shared and Dr. Coyle advised the funding sources (Cabarrus County Government and Cabarrus Health Alliance). The proposal is for current employees only. Stephen Morris added that the contribution from Cabarrus County is to assist with recruitment and retention for CHA.

Vice-Chair Mark Spitzer requested a motion to approve the Cabarrus County Award.

Cecilia Plez moved. Dan Hagler seconded. Motion and approval carried unanimously.

Resolutions - In-person Board meetings: Vice-Chair Mark Spitzer presented two resolutions. The governor removed the statement of emergency which allowed for Boards of public agencies to meet virtually. William Isenhour, Attorney, was consulted and he recommended in-person meetings however, there is no clarity about it being absolutely necessary. Vice-Chair Mark Spitzer advised that William suggested that the conservative approach that the NC School of Government is recommending.

Vice-Chair Mark Spitzer requested a motion for the Executive Committee to discuss how to approach in-person meetings and what the structure should be around members who are virtual.

Questions: “Can members call in?”, “Will those members be counted toward quorum?” and “Are members included when it’s time to vote?”

Cecilia Plez moved. Stephen Morris seconded. Motion and approval carried unanimously.

Resolutions - Committee structure: Vice-Chair Mark Spitzer recommended the subcommittees review the Charters, make necessary revisions, and present them to the full Board one week prior to the next Board of Health meeting.

Stephen Morris moved. Asha Rodriguez seconded. Motion and approval carried unanimously.

## **ANNOUNCEMENTS**

No announcements.

## **CLOSED SESSION**

Motion to enter into Closed Session to discuss the performance evaluation of the Health Director for Cabarrus Health Alliance, pursuant to NCGS 143-318.11 (a)(1) to prevent the Disclosure of information that is privileged or confidential pursuant to North Carolina Law was made by Stephen Morris. Cecilia Plez seconded the motion. Motion and approval carried unanimously.

Vice-Chair Mark Spitzer requested a motion to adjourn the closed session. Dr. Chip Buckwell moved. Cecilia Plez seconded the motion.

## **MOTION TO ADJOURN**

No further business to come before the Board.

Vice-Chair Mark Spitzer requested a motion to adjourn the meeting. Asha Rodriguez moved. Dr. Chip Buckwell seconded the motion. Motion and approval carried unanimously. The meeting was adjourned at 9:15pm.

The next meeting of the board will be October 18, 2022, at 5:30pm.

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Lara Pons, MD, Chair  
Public Health Authority Board of Commissioners

ATTEST

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Bonnie Coyle, MD  
Public Health Director

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Minutes Taken by Raquesha B. Franklin

# Cabarrus Health Alliance

October 25, 2022 Board of Commissioners Meeting  
Governance Presentation

# Governance Documents

- ▶ CHA's Governance Documents include:
  - ▶ Certificate of Incorporation
  - ▶ Bylaws
  - ▶ Policies
  - ▶ Resolutions
  - ▶ Internal Rules

# Governance Documents

## Order of Priority

- ▶ Certificate of Incorporation
- ▶ Bylaws
- ▶ Policies
- ▶ Resolutions (in most cases, sometimes higher priority)
- ▶ Internal Rules

# Virtual vs In-Person Attendance

- ▶ Currently the CHA Bylaws require that meetings be held in person.
- ▶ During the NC State of Emergency, the NC statutes did allow for certain hybrid and virtual-friendly provisions for public bodies to meet in person and virtually. That State of Emergency was lifted on August 15, 2022.
- ▶ Per the NC School of Government guidance, following the lift of the State of Emergency, public bodies are to meet in person going forward without a hybrid virtual and in-person meeting structure.

# Fiduciary Duties of Board Members

As a board member, you have certain duties to CHA, including fiduciary duties. Such duties include:

## ▶ The Duty of Care

- ▶ *Board members must discharge their duties with the care an ordinary prudent person in a like position would exercise under similar circumstances.*

## ▶ The Duty of Loyalty

- ▶ *Board members must act in the best interest of the mission - not for a board member's own advantage.*

## ▶ The Duty of Obedience

- ▶ *Board members must be true to CHA's purpose, powers and goals as stated in the Certificate of Incorporation and Bylaws of CHA.*

# Order of Meetings

- ▶ Quorum Required for Meetings
  - ▶ Pursuant to CHA Bylaws, requires a majority of the Board
- ▶ Meetings are Open to the Public (unless in Closed Session)
- ▶ Meetings Require Proper Voting
  - ▶ All board members present must vote unless such member has been recused due to a conflict of interest

# Agenda Items

- ▶ While NC law does not require public bodies to have an agenda for meetings, if a public body chooses to prepare agendas, there are 2 requirements for such agendas:
  - ▶ (1) that the agenda include a public comment period
  - ▶ (2) that the agenda for any special meetings state the purposes of that special meeting and limit all agenda items to those particular purposes.
- ▶ **Consent Agendas** - consent agenda items are items used for Board approval of matters that do not require individual consideration for discussion. These matters are listed on the agenda and voted on collectively as a group and the single vote approves all matters (for example, approval of prior Board meeting minutes). The consent agenda should only be used for those items that are not up for discussion or require a vote for a single item.
- ▶ **Business Agenda** - the business agenda will contain all specific items of business for the Board to consider, discuss and vote for each particular item. Any item of business not collectively voted on the consent agenda should be listed on the business agenda.

# Closed Session

- ▶ Generally, all Board meetings must be conducted in open session and open to the public pursuant to the laws and rules of open meetings set forth in the NC General Statutes.
- ▶ If a topic of discussion falls into an exception to open meetings for the discussion to be in closed session, the Board can discuss in closed session. Common closed session permitted purposes include:
  - ▶ To prevent disclosure of confidential or privileged under law
  - ▶ To consult with CHA's attorney to preserve attorney-client privilege
  - ▶ To discuss personnel and other employment matters
- ▶ Closed Sessions must be properly called by a duly made and adopted motion during the open meeting session.
- ▶ Closed Session discussions must be kept in separate minutes to be held and sealed until such time when the permitted purpose has expired or is no longer needed to remain confidential.

Conclusion/Questions?



CABARRUS  
HEALTH  
ALLIANCE

## Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: October 25, 2022

Name of Item: Communicable Disease Report

Submitted by: Marcus Misenheimer RN BSN

Expected Length of Presentation: 5 minutes

### **Brief Summary:**

Overview of reportable disease numbers. Affected population, Interventions, RISE and PrEP, Community outreach,

### **Requested Action:**

None

### **Previous Action/Discussion on this item? If yes, explain**

Data Subcommittee meeting 9/6/22

### **Items reviewed by:**

Dr. Coyle

## Selected *Confirmed* Reportable Diseases for Cabarrus County

Disease	2017	2018	2019	2020	2021
Campylobacter	9	17	6	11	14
Carbapenem-resistant Enterobacteriaceae (CRE)	0	0	3	6	5
Chlamydia	976	1134	1226	1193	1297
Cryptosporidiosis	0	1	1	0	1
E. Coli, Shiga Toxin	1	2	0	0	1
Covid - 19	0	0	0	12129	21839
Gonorrhea	259	321	329	426	445
Hemophilus Influenza	3	1	2	2	3
Hepatitis A	0	3	3	1	35
Hepatitis B, acute	2	6	5	3	2
Hepatitis B, carrier	11	4	10	10	7
Hepatitis C, acute	0	1	2	1	0
Hepatitis C, chronic	N/A	124	107	75	73
HIV (newly diagnosed)	16	15	21	14	21
AIDS (newly diagnosed)	4	2	3	0	2
Influenza, adult death	4	7	8	3	0
Influenza, pediatric death	0	0	0	0	0
Legionellosis	3	3	0	0	1
Listeriosis	0	2	1	0	0
Lyme Disease	3	0	2	1	0
Malaria	1	2	1	1	0
NGU	16	9	18	13	2
Pneumococcal Meningitis	0	1	1	0	1
PID	0	1	0	0	1
Salmonellosis	42	52	37	44	47
Shigellosis	2	13	2	3	4
Streptococcal Infection Group A	8	9	8	13	9
Syphilis	20	40	51	53	60
Tuberculosis	10	2	3	3	4
Typhoid Fever	0	0	1	0	0
Vibrio	0	1	0	1	1
Whooping Cough (Pertussis)	1	0	2	1	0
Zika	0	1	0	0	0
<b>Total Cases</b>	<b>1390</b>	<b>1774</b>	<b>1853</b>	<b>14007</b>	<b>23875</b>



CABARRUS  
HEALTH  
ALLIANCE

## Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: October 25, 2022

Name of Item: Accreditation Review

Submitted by: Asma Warrich

Expected Length of Presentation: 15 minutes

### Brief Summary:

The Accreditation Coordinator will be providing a brief summary of both PHAB (National Accreditation) and North Carolina Local Health Department Accreditation (Local Accreditation). CHA is currently in its' re-accreditation cycle for NCLHDA and will have a site visit in March 2022. Asma will review Board of Health responsibilities as they relate to both accreditation types.

### Requested Action:

Activity 34.4 for NCLHDA requires the following: Since the previous site visit, BOH minutes indicating that the BOH has done an evaluation and feels no new or amended rules or ordinances are needed.

### Previous Action/Discussion on this item? If yes, explain

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### Items reviewed by:

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# Board of Health: Accreditation Update

October 25th, 2022



# National Accreditation: PHAB (Public Health Accreditation Board)

PHAB is the national accrediting organization for local and state public health departments as well as Tribal Sovereignities.

CHA is **one** of **two** PHAB Accredited Local Health Departments in NC and 1 of 305 PHAB accredited local health departments in the country.

5 Year Accreditation Cycle: CHA is currently in year three of five. Submission of annual reports.

PHAB Re-accreditation has 10 Domains under which activities align with the 10 Essential Public Health Services.



# National Accreditation: PHAB (Public Health Accreditation Board)

2019 PHAB Re-accreditation cycle  
recognized areas for improvement:

Strategic Plan

Workforce Development Plan

Ethics Committee



# National Accreditation: PHAB (Public Health Accreditation Board)

2022 Annual Report Feedback: "Cabarrus Health Alliance is taking important steps toward formalizing and integrating improvement, performance and equity into its operations and culture. The health department continues to maintain and elevate its performance management system that builds a connection between data, equity, and quality improvement. CHA's efforts to lead with innovation, transparency and data-informed practices are commendable."



# NC Accreditation: NCLHD

- Became a legislatively mandated process for all health departments in NC in 2006. NC was the first state in the US to mandate accreditation for local health departments.
- 4-year Accreditation Cycle (**we are currently in our re-accreditation cycle**)
- 3 Key Steps
  - 1. Completion of Health Department Self-Assessment Instrument (HDSAI)- November 1st, 2022
  - 2. In-person site visit- March 2nd, 2023
  - 3. Adjudication by the NCLHD Accreditation Board- May 2023

## Important Dates to Note:

90 Day Notification Letter to Health Director: August 2022

Health Department Self-Assessment Due: November 1st, 2022

Site Visit: March 2nd, 2023

# NCLHD Accreditation

Total 41 Benchmarks and 147 activities

- Standard #1: **Agency Core Functions and Essential Services (CF&ES)**
  - Contains 29 Core Functions and Essential Services Benchmarks & 93 Activities
- Standard #2: **Agency Facilities and Administrative Services (F&AS)**
  - Contains 4 Facilities and Administrative Services Benchmarks & 27 Activities
- **Standard #3: Board of Health/Governance**
  - **Contains 8 Board of Health Benchmarks & 27 Activities**



# NCLHD Accreditation Board of Health Responsibilities

- Detailed responsibilities are included in the board packet
  - Finance
  - Community Health
  - Supervision of Health Director
  - Onboarding and Training
  - Rules and Ordinances
    - 34.4: Evidence of implementation of rules/ ordinance adoption or amendment OR BOH minutes indicating that the BOH has done an evaluation and no new or amended rules or ordinances are needed



# Discussion on Activity 34.4

Evidence of implementation of rules/ ordinance adoption or amendment OR BOH minutes indicating that the BOH has done an evaluation and no new or amended rules or ordinances are needed





# North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

## Roles and Responsibilities of Boards of Health Related to NC Local Health Department Accreditation (NCLHDA) Guide

Note that this guide is applicable to all Board of Health (BOH) governance structures- unless otherwise stated (such as specific mention/inclusion of the Advisory Committee on Health (ACH) being able to meet that activity), the activity is required of whatever Board (traditional BOH (single county, district or authority), Consolidated Human Services (CHS) Board, or Board of County Commissioners (BOCC)) assumes the powers/duties of the traditional Board of Health. See the *HDSAI* and *HDSAI Interpretation* for more detailed information.

	Existence of Policy, Procedure, or Materials	Hear or Review	Discussion	Approval	Other Action or Involvement
<b>Finance</b>		33.6: Minutes reflecting of two financial reports demonstrating assessment of financial accountability	33.5 <i>Discussion on cost of services in setting fees for each county for district health departments</i>	37.2: Policies in compliance with LHD's policy on policies (related to administration)	*39.1: BOH/ACH correspondence with BOCC AND other units of government/private foundations in support of LHD efforts to secure financial resources
		39.3: Minutes reflecting <u>review</u> and approval of department fees		37.6: <i>BOH minutes or CHS Director correspondence showing discussion &amp; <u>approval</u> of a budget process to address workforce issues</i>	
				33.2: <i>Official approval of budget from appropriate authority</i>	
				39.3: Minutes reflecting review and <u>approval</u> of department fees	

	<b>Existence of Policy, Procedure, or Materials</b>	<b>Hear or Review</b>	<b>Discussion</b>	<b>Approval</b>	<b>Other Action or Involvement</b>
<b>Community Health</b>		2.4: Report on local atypical disease incidence and trends			38.3: BOH/ACH assures public participation in community health improvement
		14.2: Evidence of LHD provision of info/ recs regarding PH priority setting and program planning			*39.4: BOH/ACH communication with BOCC AND other units of government/private foundations in support of public health programs and community health improvement
		38.1: Two annual reports related to the community's health (statistics/information)			*40.1: BOH/ACH informs elected officials AND community boards about community health issues
		38.2: BOH/ACH annual review of CHA data for each year a CHA was conducted			*40.2 BOH/ACH communicates support for law, rules, and public health interventions to elected officials AND community boards
		39.2: Minutes demonstrating review of fiscal reports that assure essential services of PH are being provided			41.1: BOH/ACH takes actions to foster community input regarding public health issues
					41.2: Evidence of BOH/ACH support of an agency partnership effort
					41.3: Evidence showing BOH/ACH action to foster the coordination of resources

	<b>Existence of Policy, Procedure, or Materials</b>	<b>Hear or Review</b>	<b>Discussion</b>	<b>Approval</b>	<b>Other Action or Involvement</b>
<b>Health Director/ Staff</b>	23.1: Evidence that the BOH is seeking a health director with required credentials	37.4: Evidence that the BOH <u>reviewed</u> and approved the health director job description since previous site visit		37.4: Evidence that the BOH reviewed and <u>approved</u> the health director job description at least once since the previous site visit	37.3: Evidence from BOH or CHS Director showing seeking of new Health Director with appropriate KSA OR signed statement to that effect if Health Director currently in place
	37.1: Evidence that the former health director was qualified and a new qualified director is being sought				37.4: Health Director job description that has been signed, dated, and reviewed annually
					37.5: Health Director performance evaluation that has been signed and dated annually by Supervisor AND evidence that the BOH had input in the most recent health director performance review
<b>Board Training &amp; Procedures</b>	34.1: Operating Procedures (not Bylaws)				36.2: Dated evidence of new BOH member participation in training during first year
	36.1: Dated BOH handbook updated in past 12 months				36.3: Dated evidence of all BOH members' on-going training according to agency schedule
	36.2: Training policy and new BOH member training materials on authority/responsibility				
	36.3: Training policy and all BOH member on-going training materials on authority/responsibility				

	<b>Existence of Policy, Procedure, or Materials</b>	<b>Hear or Review</b>	<b>Discussion</b>	<b>Approval</b>	<b>Other Action or Involvement</b>
<b>Rules &amp; Ordinances</b>	34.2: Verification of access to legal counsel	14.4: Minutes or memo reflecting input of agency in drafting/ amending rule or ordinance related to public's health	14.3: Evidence of agency evaluation, with the BOH, of the need for additional rules/ordinances or amendment of current rules/ordinances		30.10: Evidence that the BOH or BOCC voted to prohibit the use of tobacco within 50 feet of all LHD facilities OR that the agency made such request since the previous site visit
	34.3: Policy for rule-making				34.3: If rule adopted since last site visit, evidence of following policy or signed statement that no rule adopted
	35.1: Policy/procedure for adjudications				34.4: Evidence of implementation of rules/ ordinance adoption or amendment OR BOH minutes indicating that the BOH has done an evaluation and no new or amended rules or ordinances are needed
					35.1: If appeal or adjudication action since last visit, evidence of following policy or signed BOH statement that no adjudication occurred

*Italics:* may apply depending on governance structure, if other documentation options chosen/not chosen, or if there is a Health Director vacancy

\* Health Director may serve, or be directed by the Board to serve, as the designee for the BOH for correspondence. However, it is expected that there be some type of link to and from the BOH showing their involvement and engagement.

Update: 4.22.21
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## Cabarrus Health Alliance Snapshot

**September 30, 2022      Target Percentage 25%**

	Budget	Actual	YTD Percentage		Comments
<b>Environmental Health</b>					
Revenue	1,729,645	450,579	26.05%		
Expense	1,729,645	402,652	23.28%		
<b>Information Technology</b>					
Revenue	933,758	186,440	19.97%		
Expense	1,292,696	237,555	18.38%		
<b>General Administration</b>					
Revenue	3,414,066	604,872	17.72%		
Expense	4,046,654	1,655,363	40.91%		Bonus paid out of General Admin; County to reimburse.
<b>Family Care Coordination</b>					
Revenue	1,619,631	315,169	19.46%		
Expense	1,619,631	308,106	19.02%		
<b>School Health</b>					
Revenue	6,760,344	157,852	2.33%		
Expense	6,760,344	920,588	13.62%		Revenues are reimbursed one month after expenses.
<b>Community Impact</b>					
Revenue	3,659,560	477,179	13.04%		
Expense	3,731,272	570,001	15.28%		
<b>Dental Health</b>					
Revenue	5,685,593	514,864	9.06%		
Expense	4,622,355	843,540	18.25%		Mobile Units not yet fully functional; Oct 17th first date in schools. Also, there were 2 dental vacancies, all filled as of Oct 1, 2022.
<b>Vital Records</b>					
Revenue	72,743	18,186	25.00%		
Expense	72,743	16,232	22.31%		
<b>Communicable Disease</b>					
Revenue	7,411,952	767,973	10.36%		
Expense	7,411,952	972,383	13.12%		
<b>Clinical Services</b>					
Revenue	4,049,603	716,886	17.70%		
Expense	4,049,603	837,398	20.68%		
<b>Behavioral Health</b>					
Revenue	878,956	199,936	22.75%		
Expense	878,956	134,751	15.33%		
<b>WIC</b>					
Revenue	769,928	98,889	12.84%		
Expense	769,928	200,354	26.02%		Revenues are reimbursed one month after expenses.

**PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY**  
**FINANCIAL SUMMARY REPORT**  
**FY 2023 3 months ending 9/30/2022**

<b>GENERAL FUND</b>													
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2023	FY 2023	ACTUAL	Y-T-D %	ACTUAL	Y-T-D %	ACTUAL	Y-T-D %	
	FY 2019	FY 2020	FY 2021	FY 2022	ORIGINAL BUDGET	BUDGET	09/30/22	COLLECTED	08/31/22	COLLECTED	07/31/22	COLLECTED	
<b>REVENUES</b>													
INTERGOVERNMENTAL REVENUES	\$ 21,168,562	\$ 19,287,274	\$ 22,120,317	\$ 27,563,932	\$ 32,530,746	\$ 33,315,796	\$ 5,892,914	17.69%	\$ 2,347,791	7.02%	\$ 705,464	2.17%	
PERMITS & FEES	\$ 203,853	\$ 216,482	\$ 285,057	\$ 340,160	\$ 254,360	\$ 254,360	\$ 74,085	29.13%	\$ 39,735	15.62%	\$ 17,215	6.77%	
SALES & SERVICES	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	\$ 1,541,742	\$ 1,519,993	\$ 1,517,493	\$ 258,230	17.02%	\$ 166,518	10.97%	\$ 80,549	5.30%	
INVESTMENT EARNINGS	\$ 180,096	\$ 104,186	\$ 4,223	\$ 15,223	\$ 4,000	\$ 4,000	\$ 22,972	574.30%	\$ 9,527	238.17%	\$ -	0.00%	
MISCELLANEOUS	\$ 65,673	\$ 47,320	\$ 72,847	\$ 67,453	\$ 767,366	\$ 789,866	\$ 38,024	4.81%	\$ 35,943	4.55%	\$ 31,165	4.06%	
CONTRIBUTIONS & PRIVATE GRANTS	\$ 498,089	\$ 577,794	\$ 1,002,571	\$ 579,848	\$ 1,099,264	\$ 1,104,264	\$ 134,128	12.15%	\$ 17,200	1.56%	\$ 14,825	1.35%	
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	
<b>TOTAL</b>	<b>\$ 23,902,025</b>	<b>\$ 21,851,130</b>	<b>\$ 25,193,646</b>	<b>\$ 30,108,359</b>	<b>\$ 36,175,729</b>	<b>\$ 36,985,779</b>	<b>\$ 6,420,353</b>	<b>17.36%</b>	<b>\$ 2,616,714</b>	<b>7.05%</b>	<b>\$ 849,218</b>	<b>2.35%</b>	
<b>EXPENDITURES</b>													
ENVIRONMENTAL HEALTH	\$ 940,537	\$ 942,173	\$ 1,124,681	\$ 1,429,941	\$ 1,729,645	\$ 1,729,645	\$ 402,652	23.28%	\$ 217,930	12.60%	\$ 64,705	3.74%	
INFORMATION TECHNOLOGY SYSTEMS	\$ 958,323	\$ 1,153,424	\$ 951,084	\$ 1,158,973	\$ 1,292,696	\$ 1,292,696	\$ 237,555	18.38%	\$ 114,572	8.86%	\$ 62,846	4.86%	
GENERAL ADMINISTRATION	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	\$ 3,235,818	\$ 4,046,654	\$ 4,046,654	\$ 1,655,366	40.91%	\$ 502,705	12.42%	\$ 205,009	5.07%	
FAMILY CARE COORDINATION	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	\$ 1,251,648	\$ 1,619,631	\$ 1,619,631	\$ 308,106	19.02%	\$ 166,950	10.31%	\$ 41,801	2.58%	
SCHOOL HEALTH	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	\$ 6,979,729	\$ 6,751,584	\$ 6,760,344	\$ 920,588	13.62%	\$ 229,184	3.39%	\$ 105,845	1.57%	
COMMUNITY IMPACT	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	\$ 2,502,914	\$ 3,281,272	\$ 3,731,272	\$ 569,254	15.26%	\$ 300,408	8.05%	\$ 92,145	2.81%	
DENTAL HEALTH	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	\$ 3,708,063	\$ 4,596,355	\$ 4,622,355	\$ 843,540	18.25%	\$ 432,916	9.37%	\$ 158,998	3.46%	
VITAL RECORDS	\$ 65,439	\$ 54,625	\$ 57,632	\$ 70,154	\$ 72,743	\$ 72,743	\$ 16,232	22.31%	\$ 8,131	11.18%	\$ 2,712	3.73%	
COMMUNICABLE DISEASE	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	\$ 4,145,338	\$ 7,086,662	\$ 7,411,952	\$ 972,383	13.12%	\$ 484,148	6.44%	\$ 145,192	2.05%	
CLINICAL SERVICES	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	\$ 3,816,726	\$ 4,049,603	\$ 4,049,603	\$ 837,398	20.68%	\$ 424,560	10.48%	\$ 138,467	3.42%	
BEHAVIORAL HEALTH	\$ -	\$ -	\$ -	\$ 147,966	\$ 878,956	\$ 878,956	\$ 135,497	15.42%	\$ 69,929	7.96%	\$ 17,641	2.01%	
WIC	\$ 710,171	\$ 767,128	\$ 832,770	\$ 811,156	\$ 769,928	\$ 769,928	\$ 200,354	26.02%	\$ 97,177	12.62%	\$ 29,457	3.83%	
<b>TOTAL</b>	<b>\$ 23,889,921</b>	<b>\$ 22,556,709</b>	<b>\$ 22,892,933</b>	<b>\$ 29,258,426</b>	<b>\$ 36,175,729</b>	<b>\$ 36,985,779</b>	<b>\$ 7,098,926</b>	<b>19.19%</b>	<b>\$ 3,048,611</b>	<b>8.22%</b>	<b>\$ 1,064,817</b>	<b>2.94%</b>	
<b>Y-T-D FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 12,104</b>	<b>\$ (705,580)</b>	<b>\$ 2,300,712</b>	<b>\$ 849,933</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (678,573)</b>		<b>\$ (431,897)</b>		<b>\$ (215,599)</b>		

<b>ESTIMATED NET Y-T-D BALANCE 8/31/2022</b>	<b>\$ (678,573)</b>	<b>\$ (431,897)</b>	<b>\$ (215,599)</b>
<b>**PLUS 3 MOS MEDICAID SETTLEMENT (including Managed Care Separate Direct Payments) - \$2,932,077</b>	<b>\$ 709,343</b>	<b>\$ 488,680</b>	<b>\$ 244,340</b>
	<b>\$ 30,770</b>	<b>\$ 56,782</b>	<b>\$ 28,740</b>

**Variance Analysis Year-to-Date September 30, 2022**

	YTD				Comments
	VARIANCE ANALYSIS				
	2023 BUDGET	2023 ACTUAL	2022 ACTUAL	YOY ACTUAL	
<b>Revenue</b>					
Environmental Health	1,729,645	450,579	334,094	116,485	
Information Technology Sy	933,758	186,440	180,911	5,529	
General Administration	3,414,066	604,872	590,165	14,707	
Family Care Coordination	1,619,631	315,169	265,788	49,381	
School Health	6,760,344	157,852	178,748	(20,897)	Revenue is paid a month after expenses.
Community Impact	3,659,560	477,179	355,746	121,433	Hiring for new grant staffing
Dental Health	5,685,593	514,864	656,124	(141,260)	Vacant dentist positions
Vital Records	72,743	18,186	15,978	2,208	
Communicable Disease	7,411,952	767,973	796,442	(28,469)	Some of the Agreement Addendums came later in FY22.
Clinical Services	4,049,603	716,886	771,487	(54,601)	
Behavioral Health	878,956	199,936	-	199,936	
WIC	769,928	98,889	106,553	(7,664)	Revenue is paid a month after expenses.
<b>Total Revenue</b>	<b>36,985,779</b>	<b>4,508,824</b>	<b>4,252,037</b>	<b>256,786</b>	
<b>Expense</b>					
Environmental Health	1,729,645	402,652	312,200	90,452	
Information Technology Sy	1,292,696	237,555	268,310	(30,754)	
General Administration	4,046,654	1,655,363	715,774	939,589	Bonus FY23
Family Care Coordination	1,619,631	308,106	265,981	42,125	
School Health	6,760,344	920,588	878,919	41,670	
Community Impact	3,731,272	570,001	322,435	247,566	
Dental Health	4,622,355	843,540	759,317	84,223	
Vital Records	72,743	16,232	16,180	51	
Communicable Disease	7,411,952	972,383	889,317	83,066	
Clinical Services	4,049,603	837,398	858,949	(21,552)	
Behavioral Health	878,956	134,751	-	134,751	
WIC	769,928	200,354	215,681	(15,327)	
<b>Total Expense</b>	<b>36,985,779</b>	<b>7,098,923</b>	<b>5,503,063</b>	<b>1,595,860</b>	
Discussion					
Our Year to Date Percentage should be around 25% for September 2022.					

## **CHA Public Health Director's Report**

October 25, 2022

### **Human Resources**

- 14 total open positions
- 3 School Health Nurse positions open – the bonus structure has been effective so far but still needs to implement additional strategies
- HR has fully relocated to the Creamery

### **Finance**

- Hired Monica Shelley-Henson for our Contracts and Procurement position
- Wrapping up the audit and working on FY22 Annual Comprehensive Financial Report

### **Grants**

- One (1) grant for \$126,000 from Wake Forest/NCDHHS was awarded for the NC Behavioral Health Equity Initiative
- Four (4) grants for a total value of \$298,460 are pending award determination
- Three (3) grants are in development for a total of \$1,524,689 to improve food access in eligible census tracts, provide family planning services, and prevent teenage pregnancy
- Health Director and Dental Director received the Cannon Foundation for a pre-award determination site visit

### **IT**

No updates for the board.

## **Clinical Services**

- Staff from all clinical areas collaborated with the School Health and Cabarrus Family Residency program to provide needed school assessments and immunizations to students at the Boys & Girls Club and Kannapolis Middle School
- Necessary school immunizations were provided at CHA on Sunday, 9/25 to 134 students, as well as 204 more over the next 3 days.
- CD staff provided HIV testing and counseling at RCCC on 8/23 & 24, and UNC-Charlotte on 9/8
- Cabarrus County currently has ten confirmed monkeypox cases, and CHA continues to provide vaccines to those who are eligible and request them
- McWhorter Detention on the Cabarrus Correctional Campus received twenty youth this past week from Mecklenburg's Jail North, as facilities close due to staff shortages
- Working on the non-traditional hours plan for all of 2<sup>nd</sup> floor. Email communication has been sent to LabCorp to discuss contract amendment.

## **Dental Health**

- Kindergarten screenings have begun at both Cabarrus County Schools and Kannapolis City Schools, and Pre-Kindergartens throughout the county. Of the 1114 students screened, 29.6% have untreated decay. This represents another large increase for incoming kindergarteners.
- Dental Health welcomed two new part-time dentists during September, Dr. Sharma and Dr. Patel, as well as a new public health dental hygienist during August.
- A new position, Dental Patient Navigator, was filled with a bilingual dental staff member. The Patient Navigator will collaborate with Community Health Workers, Care Coordinators and other departments within CHA to connect high-risk, high-need dental patients with the resources they need.

## **School Health**

- School Health welcomed seven new nurses during September. There are currently four vacant schools. One nurse is slated to begin at the end of October and another at the end of November.
- Nurses have been busy reviewing student health history forms, monitoring and tracking immunization and health assessment compliance, linking families to resources to avoid student exclusion from school for failure to provide proof of up-to-date vaccine records and physical exams required by NC law, developing individual health plans for students, supporting new members of our team, and helping to cover vacant school nurse positions.
- The School Health Admin team has helped to cover the vacancies, participated in the interview process, scheduled and taught multiple orientation sessions, while trying to support our team and ensure we are providing quality School Health services.
- In collaboration with internal and external partners, members of the School Health Admin team helped to plan and staff a community-based vaccine and health assessment clinic at Kannapolis Middle School in September.

## **Behavioral Health (BH)**

- BH is excited to announce that Kristin Klingsmith has accepted the position of BH Operations manager.
- The SUN Project was awarded 1 million dollars. \$236,100 of those funds will come directly to CHA to support 2 positions, trauma-informed training and support for the SUN clinic staff.
- The LiVe Well Counseling center has completed agreements with both KCS and CCS to provide school-based therapy to un/under-insured students with mental health concerns impacting their school attendance, behavior and/or performance.

## **COVID Response/CD Integration Team**

- Fully staffed and all new staff have been trained in the NC COVID surveillance system, and are now in the process of training in NCEDSS
- Integration Team provided flu vaccine for staff at Concord Dental on 10/6 & 10/7.

### **Community COVID Response**

- Recovery and Resilience – 3 meetings remain, focusing on finalizing recommendation document for sharing with local leaders and the community
- Facilitating additional school-aged focus groups to provide broader feedback to school leaders and district student support/services staff
- The COVID Call Center is transitioning to a general Call Center to support the agency's strategic priority to create a Centralized Services Center.

### **Healthy Living Programs**

- Healthy Living hosted the first community event in partnership with RAO Community Health.
- Brought on an FTE Lifestyle Medicine Coordinator
- Healthy Living kicks off CHA walking challenge 10/10/22

### **Environmental Health**

- Participated in a two-month Vector borne Disease Surveillance system testing for arboviral activity in NC with the Entomology department at the State Lab (specifically West Nile Virus and Eastern Equine Encephalitis). No infections were found in the mosquito samples submitted for Cabarrus.
- Maintaining a two-to-three-week turnaround time for On-site appointments
- Three staff in training for their authorizations in their respective programs; on target for all to be authorized by Jan 1, 2023.
- Only one revocation of permit for a food vendor at the Roval Race (10/8 weekend) at CMS

### **Healthy Cabarrus**

- Conducted 8 housing strategy meetings to prioritize community intervention across the housing spectrum: homeownership, rental housing, emergency/transitional, land/infrastructure, etc.
- Presented Community Health Improvement Plans Clear Impact software to the Duke Endowment, NC Institute of Medicine and NC Association of County Commissioners.

## **Equity**

- *NC Behavioral Health Equity Initiative* - In the new round of this grant, we will build on connections with healthcare community leaders to improve access to preventative care for the Latino population that is undocumented or uninsured. Through advocacy strategies, CHA and El Puente will develop a policy adoption model to create or change healthcare providers' policies or practices to be able to serve more Latino patients who cannot otherwise afford care.

## **Communications and Marketing**

- Two press releases disseminated: Dr. Elly Steel Glasko Smith-Kline award, Drug Free Communities 5-year funding announcement
- CHA Welcome Book has been translated into Spanish - In 2020, a "Welcome Book" was created in an attempt to help with cross referrals among programs and departments at CHA. Through grant funding, the 61-page booklet has been translated and is now available in Spanish.
- Agency wide - Marketing Training will roll out to employees by December 1. This will enable all employees to receive the same information on marketing policy and protocol. Training will go over general marketing information and resources available to programs and employees

## **Substance Use**

- The Substance Use Prevention and Harm Reduction team will be transitioning to the Behavioral Health Department under Sonja Bohannon-Thacker. Kristin Klingsmith will transition to the Behavioral Health Operations Manager position with a plan to hire a new Substance Use Program Manager and Substance Use Program Coordinator by January.
- Staff have been asked to participate in the newly established state-wide Naloxone Advisory Board formed by UNC to address racial disparities in naloxone access with a specific focus on Black and American Indian populations. Money earned (\$2000/year) for participation on the board will be given to the harm reduction wellness program.
- Peer support meets regularly with individuals in the jail on Mondays to assist with a successful post release. Peer support has participated and provided education to over 3 CIT classes. The peers continue to build partnerships with community organizations.

### **Community Health/Social Determinants of Health (Family Care Coordination)**

- The Community Health Workers have been attending many community events and health fairs including several Back-to-School Kick-offs, Charlotte Pride, Corning Health Fair, Mammogram clinics at the Community Free Clinic, and the C.A.R.E Village at the Boys & Girls Club.
- The Social Determinants of Health Accelerator Leadership Team finalized their Action Plan which focused on the need for Financial Literacy and Health Literacy goals. Continued funding opportunities will be explored to provide continuation for some of the goals which require funding.
- During the Elevate Learning Collaborative's (LC) September meeting, Systems Change Intervention approaches were discussed. Small breakout groups by service sector, Public Health, School Systems, and Youth-Serving Organizations, brainstormed system and policy changes that could be implemented to increase physical activity or improve health disparities in teen pregnancy and STI rates among youth. During the LC's October meeting, the team will participate in a research-based framework, Developmental Assets workshop.

### **Performance/Quality Improvement and Accreditation:**

- The Accreditation Coordinator has continued to upload activities onto the state dashboard to meet the November 1st deadline for North Carolina Local Health Department Accreditation. The site visit date has been set for March 2nd, 2023. Two or three Board of Health members will be interviewed during the in-person site visit in 2023.
- The SDOH screener is going through a final revision and then the recommended programs/departments will be able to begin administering. The screener is available in both Spanish and English. We are currently in discussion with Atrium Health for a FindHelp BAA.
- The PMQI team is reorganizing public facing scorecards to align with population health themes as opposed to departments and programs.
- Epidemiology: Several dashboards including Census and Housing Affordability have been completed. The Vital Statistics dashboard is currently being designed and populated.

### **Regional Workforce Development Updates**

- Large communication project underway aimed at recruitment efforts and educating the community on the full public health picture, 'we're more than just COVID'
- The region is working with UNCC on Wastewater Surveillance
- 50 Region IV staff completed a two-week intensive Management & Supervision training course.

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#1

Date: 10/25/22

Amount: \$ 42,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Year 2 of the NC Behavioral Health Equity Initiative Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6851-223	Wake Forest School of Medicine	\$ -	\$ 42,000	\$ -	\$ 42,000
00295845-9102-223	Part Time > 1000 Hrs-NCBHEI	\$ -	\$ 12,500	\$ -	\$ 12,500
00295845-9201-223	Social Security-NCBHEI	\$ -	\$ 774	\$ -	\$ 774
00295845-9202-223	Medicare-NCBHEI	\$ -	\$ 174	\$ -	\$ 174
00295845-9205-223	Group Hospital Ins-NCBHEI	\$ -	\$ 2,960	\$ -	\$ 2,960
00295845-9210-223	Retirement-NCBHEI	\$ -	\$ 1,509	\$ -	\$ 1,509
00295845-9230-223	Workers' Comp-NCBHEI	\$ -	\$ 72	\$ -	\$ 72
00295845-9640-223	Insurance & Bonds-NCBHEI	\$ -	\$ 150	\$ -	\$ 150
00295845-9659-223	Unemployment Compensation	\$ -	\$ 50	\$ -	\$ 50
00295845-9301-223	Office Supplies-NCBHEI	\$ -	\$ 720	\$ -	\$ 720
00295845-9320-223	Printing & Binding	\$ -	\$ 360	\$ -	\$ 360
00295845-9331-223	Minor Office Equip-NCBHEI	\$ -	\$ 2,000	\$ -	\$ 2,000
00295845-9355-223	Other Operation Costs	\$ -	\$ 11,100	\$ -	\$ 11,100
00295845-9447-223	Contracted Services-NCBHEI	\$ -	\$ 3,000	\$ -	\$ 3,000
00295845-9611-223	Mileage-NCBHEI	\$ -	\$ 1,500	\$ -	\$ 1,500
00295845-9635-223	Training & Education-NCBHEI	\$ -	\$ 1,313	\$ -	\$ 1,313
00295845-9355-223A	Other Operation Costs-NCBHEIIn	\$ -	\$ 3,818	\$ -	\$ 3,818

### Finance Office Use Only

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#2

Date: 10/25/22

Amount: \$ 11,500

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional funding to support the Positive Parenting Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265832-6250-186	DHHS-NC Div of SS	\$ 140,000	\$ 11,500	\$ -	\$ 151,500
00295832-9407-186	Social Security-PosParentProg	\$ 3,385	\$ 11,500	\$ -	\$ 14,885

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#3

Date: 10/25/22

Amount: \$ 7,749

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional funding for the CD Covid Vaccination Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50716	CHA Grant-CDCCVP	\$ 485,183	\$ 7,749	\$ -	\$ 492,932
00295865-9355-50716	Other Operation Costs-CDCCVP	10,000	\$ 16,582	\$ -	\$ 26,582
00295865-9101-50716	Salaries & Wages-CDCVacProgram	315,546	\$ -	\$ 8,833	\$ 306,713

### Finance Office Use Only

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#4

Date: 10/25/22

Amount: \$ 190,348

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional funding for the Regional Prevention Support Team.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50545	CHA Grant-EDRegSupportTeam	\$ 569,674	\$ 190,348	\$ -	\$ 760,022
00295865-9101-50545	Salaries & Wages-EDRegSupTeam	374,807	\$ 23,800	\$ -	\$ 398,607
00295865-9201-50545	Social Security-EDRST	23,238	\$ 4,000	\$ -	\$ 27,238
00295865-9202-50545	Medicare-EDRST	\$ 5,435	\$ 2,000	\$ -	\$ 7,435
00295865-9205-50545	Group Hospital Ins-EDRST	\$ 51,472	\$ 7,500	\$ -	\$ 58,972
00295865-9206-50545	HRA-EDRST	\$ 9,240	\$ 3,500	\$ -	\$ 12,740
00295865-9210-50545	Retirement-EDRST	\$ 45,352	\$ 5,000	\$ -	\$ 50,352
00295865-9211-50545	401K Match-EDRST	\$ 7,496	\$ 1,000	\$ -	\$ 8,496
00295865-9230-50545	Workers' Compensation-EDRST	\$ 2,249	\$ 500	\$ -	\$ 2,749
00295865-9640-50545	Insurance & Bonds-EDRST	\$ 4,685	\$ 1,500	\$ -	\$ 6,185
00295865-9659-50545	Unemployment Comp-EDRST	\$ 700	\$ 1,200	\$ -	\$ 1,900
00295865-9301-50545	Office Supplies-EDRST	\$ 4,800	\$ 16,348	\$ -	\$ 21,148
00295865-9320-50545	Printing & Binding-EDRST	\$ 5,000	\$ 30,000	\$ -	\$ 35,000
00295865-9355-50545	Other Operation Costs-EDRST	\$ 12,315	\$ 50,000	\$ -	\$ 62,315
00295865-9611-50545	Mileage-EDRST	\$ 16,000	\$ 34,000	\$ -	\$ 50,000
00295865-9630-50545	Dues & Subscriptions	\$ 1,500	\$ 6,000	\$ -	\$ 7,500
00295865-9635-50545	Training & Education-EDRST	\$ 2,000	\$ 4,000	\$ -	\$ 6,000

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#5

Date: 10/25/22

Amount: \$ 350,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for County ARPA funding for the Mobile Unit.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6903-919	Cabarrus County ARPA Funding-Mobile Unit	\$ -	\$ 350,000	\$ -	\$ 350,000
00295815-9860-919	Equipment & Furniture - CARPA Mobile Unit	\$ -	\$ 350,000	\$ -	\$ 350,000

### Finance Office Use Only

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#6

Date: 10/25/22

Amount: \$ \_\_\_\_\_ (3,518)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To reduce budget for Kannapolis City Schools - School Safety Grant due to more funds expended in FY22.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6676-378	SchoolSafetyGrant-KCS	\$ 8,000	-	\$ 3,518	\$ 4,482
00295845-9447-378	Contracted Services-SSG-KCS	\$ 8,000	-	\$ 3,518	\$ 4,482

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#7

Date: 10/25/22

Amount: \$ 38,512

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional WIC funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265880-6200-54030	CHA Grant - WICCS	\$ 352,871	\$ 27,862	\$ -	\$ 380,733
00295880-9301-54030	Office Supplies-WIC CS	\$ 1,000	\$ 1,000	\$ -	\$ 2,000
00295880-9331-54030	MinorOffEquip-WICCS	2,000	\$ 5,860	\$ -	\$ 7,860
00295880-9355-54030	Other Operation Costs-CS	\$ 2,000	\$ 12,000	\$ -	\$ 14,000
00295880-9360-54030	Medical Supplies	\$ 1,200	\$ 4,000	\$ -	\$ 5,200
00295880-9447-54030	Contracted Services-WICCS	\$ 25,448	\$ 3,000	\$ -	\$ 28,448
00295880-9860-54030	Equipment & Furniture-WICCS	\$ -	\$ 6,227	\$ -	\$ 6,227
00295880-9101-54030	Salaries & Wages - WICCS	\$ 166,743	\$ -	\$ 4,225	\$ 162,518
00265880-6200-54040	CHA Grant - WICNE	\$ 232,316	\$ -	\$ 7,000	\$ 225,316
00295880-9101-54040	Salaries & Wages - WICNE	\$ 119,099	\$ -	\$ 7,000	\$ 112,099
00265880-6200-54090	CHA Grant - WICBF	\$ 54,939	\$ 17,650	\$ -	\$ 72,589
00295880-9101-54090	Salaries & Wages - WICBF	\$ 33,951	\$ 15,900	\$ -	\$ 49,851
00295880-9305-54090	Breast Feeding Grant Expense	\$ 2,500	\$ 1,750	\$ -	\$ 4,250

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#8

Date: 10/25/22

Amount: \$ 754,030

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for County funding for employee bonus - COVID response.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6904-41100	Contribution from Cabarrus Cty	\$ 2,140,353	\$ 754,030	\$ -	\$ 2,894,383
00295815-9101-41100	Salaries & Wages - Admin Aid	\$ 385,711	\$ 512,500	\$ -	\$ 898,211
00295815-9102-41100	Part Time > 1000 Hours - Adm A	1,000	\$ 113,250	\$ -	\$ 114,250
00295815-9103-41100	Part Time < 1000 Hours - Adm A	\$ 500	\$ 3,500	\$ -	\$ 4,000
00295815-9104-41100	Temporary - Part & Full Admin	\$ -	\$ 1,250	\$ -	\$ 1,250
00295815-9201-41100	Social Security - Admin Aid	\$ 33,558	\$ 38,484	\$ -	\$ 72,042
00295815-9202-41100	Medicare - Admin Aid	\$ 7,848	\$ 9,143	\$ -	\$ 16,991
00295815-9210-41100	Retirement - Admin Aid	\$ 65,492	\$ 75,903	\$ -	\$ 141,395

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#9

Date: 10/25/22

Amount: \$ 40,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for County ARPA funding for School Health.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265840-6903-918	Cabarrus County ARP Funding-SH	\$ -	\$ 40,000	\$ -	\$ 40,000
00295840-9447-918	Outsourced Services	\$ -	\$ 40,000	\$ -	\$ 40,000

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#10

Date: 10/25/22

Amount: \$ 26,400

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for change in process for soil evaluation applications

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6508-47510	Environmental Health Fees	\$ 235,784	\$ 26,400	\$ -	\$ 262,184
00295805-9570-47510	Srvc Contracts-Env Hlth Gran	\$ 206	\$ 26,400	\$ -	\$ 26,606

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_



**CONFLICT OF INTEREST POLICY**

**APPLICABLE TO CONTRACTS AND SUBAWARDS OF CABARRUS HEALTH ALLIANCE  
SUPPORTED BY FEDERAL FINANCIAL ASSISTANCE**

\* \* \* \* \*

**I. Scope of Policy**

- a. Purpose of Policy. This Conflict of Interest Policy establishes conflict of interest standards that (1) apply when Cabarrus Health Alliance (“CHA” or “Unit”) enters into a Contract (as defined in Section II hereof) or makes a Subaward (as defined in Section II hereof), and (2) meet or exceed the requirements of North Carolina law and 2 C.F.R. § 200.318(c).
- b. Application of Policy. This Policy shall apply when CHA (1) enters into a Contract to be funded, in part or in whole, by Federal Financial Assistance to which 2 C.F.R. § 200.318(c) applies, or (2) makes any Subaward to be funded by Federal Financial Assistance to which 2 C.F.R. § 200.318(c) applies. If a federal statute, regulation, or the terms of a financial assistance agreement applicable to a particular form of Federal Financial Assistance conflicts with any provision of this Policy, such federal statute, regulation, or terms of the financial assistance agreement shall govern.

**II. Definitions**

Capitalized terms used in this Policy shall have the meanings ascribed thereto in this Section II: Any capitalized term used in this Policy but not defined in this Section II shall have the meaning set forth in 2 C.F.R. § 200.1.

- a. “*COI Point of Contact*” means the individual identified in Section III(a) of this Policy.
- b. “*Contract*” means, for the purpose of Federal Financial Assistance, a legal instrument by which CHA purchases property or services needed to carry out a program or project under a Federal award.
- c. “*Contractor*” means an entity or individual that receives a Contract.
- d. “*Covered Individual*” means a Public Officer, employee, or agent of CHA.
- e. “*Covered Nonprofit Organization*” means a nonprofit corporation, organization, or association, incorporated or otherwise, that is organized or operating in the State of North Carolina primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes, excluding any board, entity, or other organization created by the State of North Carolina or any political subdivision of the State (including CHA).
- f. “*Direct Benefit*” means, with respect to a Public Officer or employee of CHA, or the spouse of any such Public Officer or employee of CHA, (i) having a ten percent (10%) ownership interest or other interest in a Contract or Subaward; (ii) deriving any income or commission



directly from a Contract or Subaward; or (iii) acquiring property under a Contract or Subaward.

- g. “*Federal Financial Assistance*” means Federal financial assistance that CHA receives or administers in the form of grants, cooperative agreements, non-cash contributions or donations of property (including donated surplus property), direct appropriations, food commodities, and other Federal financial assistance (except that the term does not include loans, loan guarantees, interest subsidies, or insurance).
- h. “*Governing Board*” means the Public Health Authority Board of Commissioners of CHA.
- i. “*Immediate Family Member*” means, with respect to any Covered Individual, (i) a spouse, and parents thereof, (ii) a child, and parent thereof, (iii) a parent, and spouse thereof, (iv) a sibling, and spouse thereof, (v) a grandparent and grandchild, and spouses thereof, (vi) domestic partners and parents thereof, including domestic partners of any individual in (ii) through (v) of this definition; and (vii) any individual related by blood or affinity whose close association with the Covered Individual is the equivalent of a family relationship.
- j. “*Involved in Making or Administering*” means (i) with respect to a Public Official or employee, (a) overseeing the performance of a Contract or Subaward or having authority to make decisions regarding a Contract or Subaward or to interpret a Contract or Subaward, or (b) participating in the development of specifications or terms or in the preparation or award of a Contract or Subaward, (ii) only with respect to a Public Official, being a member of a board, commission, or other body of which the Public Official is a member, taking action on the Contract or Subaward, whether or not the Public Official actually participates in that action.
- k. “*Pass-Through Entity*” means a non-Federal entity that provides a Subaward to a Subrecipient to carry out part of a Federal program.
- l. “*Public Officer*” means an individual who is elected or appointed to serve or represent CHA (including, without limitation, any member of the Governing Board), other than an employee or independent contractor of the CHA.
- m. “*Recipient*” means an entity, usually but not limited to a non-Federal entity, that receives a Federal award directly from a Federal awarding agency. The term does not include Subrecipients or individuals that are beneficiaries of the award.
- n. “*Related Party*” means (i) an Immediate Family Member of a Covered Individual, (ii) a partner of a Covered Individual, or (iii) a current or potential employer (other than CHA) of a Covered Individual, of a partner of a Covered Individual, or of an Immediate Family Member of a Covered Individual.



- o. “*Subaward*” means an award provided by a Pass-Through Entity to carry out part of a Federal award received by the Pass-Through Entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program.
- p. “*Subcontract*” means mean any agreement entered into by a Subcontractor to furnish supplies or services for the performance of a Contract or a Subcontract. It includes, but is not limited to, purchase orders, and changes and modifications to purchase orders.
- q. “*Subcontractor*” means an entity that receives a Subcontract.
- r. “*Subrecipient*” means an entity, usually but not limited to a non-Federal entity, that receives a subaward from a Pass-Through Entity to carry out part of a Federal award; but does not include an individual that is a beneficiary of such award. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.
- s. “*Unit*” has the meaning specified in Section I hereof.

### III. COI Point of Contact.

- a. Appointment of COI Point of Contact. Public Health Director or designee shall have primary responsibility for managing the disclosure and resolution of potential or actual conflicts of interest arising under this Policy. In the event that the Public Health Director or designee is unable to serve in such capacity, the Deputy Public Health Director shall assume responsibility for managing the disclosure and resolution of conflicts of interest arising under this Policy. The individual with responsibility for managing the disclosure and resolution of potential or actual conflicts of interest under this Section III(a) shall be known as the “*COI Point of Contact*”.
- b. Distribution of Policy. The COI Point of Contact shall ensure that each Covered Individual receives a copy of this Policy.

### IV. Conflict of Interest Standards in Contracts and Subawards

- a. North Carolina Law. North Carolina law restricts the behavior of Public Officials and employees of CHA involved in contracting on behalf of CHA. CHA shall conduct the selection, award, and administration of Contracts and Subawards in accordance with the prohibitions imposed by the North Carolina General Statutes and restated in this Section III.
  - i. G.S. § 14-234(a)(1). A Public Officer or employee of CHA Involved in Making or Administering a Contract or Subaward on behalf of CHA shall not derive a Direct Benefit from such a Contract or Subaward.
  - ii. G.S. § 14-234(a)(3). No Public Officer or employee of CHA may solicit or receive any gift, favor, reward, service, or promise of reward, including but not limited to



a promise of future employment, in exchange for recommending, influencing, or attempting to influence the award of a Contract or Subaward by CHA.

- iii. G.S. § 14-234.3. If a member of the Governing Board of CHA serves as a director, officer, or governing board member of a Covered Nonprofit Organization, such member shall not (1) deliberate or vote on a Contract or Subaward between CHA and the Covered Nonprofit Corporation, (2) attempt to influence any other person who deliberates or votes on a Contract or Subaward between CHA and the Covered Nonprofit Corporation, or (3) solicit or receive any gift, favor, reward, service, or promise of future employment, in exchange for recommending or attempting to influence the award of a Contract or Subaward to the Covered Nonprofit Organization.
- iv. G.S. § 14-234.1. A Public Officer or employee of CHA shall not, in contemplation of official action by the Public Officer or employee, or in reliance on information which was made known to the public official or employee and which has not been made public, (1) acquire a pecuniary interest in any property, transaction, or enterprise or gain any pecuniary benefit which may be affected by such information or other information, or (2) intentionally aid another in violating the provisions of this section.

b. Federal Standards.

- i. Prohibited Conflicts of Interest in Contracting. Without limiting any specific prohibition set forth in Section IV(a), a Covered Individual may not participate in the selection, award, or administration of a Contract or Subaward if such Covered Individual has a real or apparent conflict of interest.

- 1. Real Conflict of Interest. A real conflict of interest shall exist when the Covered Individual or any Related Party has a financial or other interest in or a tangible personal benefit from a firm considered for a Contract or Subaward. Exhibit A attached hereto provides a non-exhaustive list of examples of (i) financial or other interests in a firm considered for a Contract or Subaward, and (ii) tangible personal benefits from a firm considered for a Contract or Subaward.

- 2. Apparent Conflict of Interest. An apparent conflict of interest shall exist where a real conflict of interest may not exist under Section IV(b)(i)(1), but where a reasonable person with knowledge of the relevant facts would find that an existing situation or relationship creates the appearance that a Covered Individual or any Related Party has a financial or other interest in or a tangible personal benefit from a firm considered for a Contract or Subaward.

- ii. Identification and Management of Conflicts of Interest.

1. Duty to Disclose and Disclosure Forms

- a. Each Covered Individual expected to be or actually involved in the selection, award, or administration of a Contract or Subaward has an ongoing duty to disclose to the COI Point of Contact potential real or apparent conflicts of interest arising under this Policy.
- b. Prior to CHA's award of a Contract or Subaward, the COI Point of Contact shall advise Covered Individuals expected to be involved in the selection, award, or administration of the Contract or Subaward of such duty and shall complete Exhibit B.
- c. If the value of a proposed Contract or Subaward exceeds \$250,000, the COI Point of Contact shall collect a Conflict of Interest Disclosure Form contained in Exhibit C (for Contracts) and Exhibit E (for Subawards) from each Covered Individual and file such Conflict of Interest Disclosure Form in records of CHA.

2. Identification Prior to Award of Contract or Subaward.

- a. Prior to CHA's award of a Contract or Subaward, the COI Point of Contact shall complete the appropriate Compliance Checklist contained in Exhibit B (for Contracts) and Exhibit D (for Subawards) attached hereto and file such Compliance Checklist in the records of CHA.

3. Management Prior to Award of Contract or Subaward

- a. If, after completing the Compliance Checklist, the COI Point of Contact identifies a potential real or apparent conflict of interest relating to a proposed Contract or Subaward, the COI Point of Contact shall disclose such finding in writing to the Public Health Director or designee and to each member of the Governing Board. If the Governing Board desires to enter into the proposed Contract or Subaward despite the identification by the COI Point of Contact of a potential real or apparent conflict of interest, it may either:
  - i. accept the finding of the COI Point of Contact and direct the COI Point of Contact to obtain authorization to enter into the Contract or Subaward from (a) if CHA is a Recipient of Federal Financial Assistance, the Federal awarding agency with appropriate mitigation measures, or (b) if CHA is a Subrecipient of Federal Financial



Assistance, from the Pass-Through Entity that provided a Subaward to CHA; or

- ii. reject the finding of the COI Point of Contact and enter into the Contract or Subaward. In rejecting any finding of the COI Point of Contact, the Governing Board shall in writing document a justification supporting such rejection.

- b. If the COI Point of Contact does not identify a potential real or apparent conflict of interest relating to a proposed Contract or Subaward, CHA may enter into the Contract or Subaward in accordance with CHA's purchasing or subaward policy.

4. Identification After Award of Contract or Subaward.

- a. If the COI Point of Contact discovers that a real or apparent conflict of interest has arisen after CHA has entered into a Contract or Subaward, the COI Point of Contact shall, as soon as possible, disclose such finding to the Human Resources Director or designee and to each member of the Governing Board. Upon discovery of such a real or apparent conflict of interest, CHA shall cease all payments under the relevant Contract or Subaward until the conflict of interest has been resolved.

5. Management After Award of Contract or Subaward.

- a. Following the receipt of such disclosure of a potential real or apparent conflict of interest pursuant to Section IV(b)(ii)(4), the Governing Board may reject the finding of the COI Point of Contact by documenting in writing a justification supporting such rejection. If the Governing Board fails to reject the finding of the COI Point of Contact within 15 days of receipt, the COI Point of Contact shall:
  - i. if CHA is a Recipient of Federal Financial Assistance funding the Contract or Subaward, disclose the conflict to the Federal awarding agency providing such Federal Financial Assistance in accordance with 2 C.F.R. § 200.112 and/or applicable regulations of the agency, or
  - ii. if CHA is a Subrecipient of Federal Financial Assistance, disclose the conflict to the Pass-Through Entity providing a Subaward to CHA in accordance with 2 C.F.R. §



200.112 and applicable regulations of the Federal awarding agency and the Pass-Through Entity.

V. **Oversight of Subrecipient’s Conflict of Interest Standards**

- a. **Subrecipients of CHA Must Adopt Conflict of Interest Policy.** Prior to CHA’s execution of any Subaward for which CHA serves as a Pass-Through Entity, the COI Point of Contact shall ensure that the proposed Subrecipient of Federal Financial Assistance has adopted a conflict of interest policy that satisfies the requirements of 2 C.F.R. § 200.318(c)(1), 2 C.F.R. § 200.318(c)(2), and all other applicable federal regulations.
- b. **Obligation to Disclose Subrecipient Conflicts of Interest.** The COI Point of Contact shall ensure that the legal agreement under which CHA makes a Subaward to a Subrecipient shall require such Subrecipient to disclose to the COI Point of Contact any potential real or apparent conflicts of interest that the Subrecipient identifies. Upon receipt of such disclosure, the COI Point of Contact shall disclose such information to the Federal awarding agency that funded the Subaward in accordance with that agency’s disclosure policy.

VI. **Gift Standards**

- a. **Federal Standard.** Subject to the exceptions set forth in Section VI(b), a Covered Individual may not solicit or accept gratuities, favors, or anything of monetary value from a Contractor or a Subcontractor.
- b. **Exception.** Notwithstanding Section VI(a), a Covered Individual may accept an unsolicited gift from a Contractor or Subcontractor of one or more types specified below if the gift has an aggregate market value of \$20 or less per source per occasion, provided that the aggregate market value of all gifts received by the Covered Individual pursuant to this Section VI(b) does not exceed \$50 in a calendar year:
  - i. honorariums for participating in meetings;
  - ii. advertising items or souvenirs of nominal value; or
  - iii. meals furnished at banquets.
- c. **Internal Reporting.** A Covered Individual shall report any gift accepted under Section VI(b) to the COI Point of Contact. If required by regulation of a Federal awarding agency, the COI Point of Contact shall report such gifts to the Federal awarding agency or a Pass-Through Entity for which the CHA is a Subrecipient.

VII. **Violations of Policy**



- a. Disciplinary Actions for Covered Individuals. Any Covered Individual that fails to disclose a real, apparent, or potential real or apparent conflict of interest arising with respect to the Covered Individual or Related Party may be subject to disciplinary action, including, but not limited to, an employee’s termination or suspension of employment with or without pay, the consideration or adoption of a resolution of censure of a Public Official by the Governing Board, or termination of an agent’s contract with CHA.
- b. Disciplinary Actions for Contractors and Subcontractors. CHA shall terminate any Contract with a Contractor or Subcontractor that violates any provision of this Policy.
- c. Protections for Whistleblowers. In accordance with 41 U.S.C. § 4712, CHA shall not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant: (i) a member of Congress or a representative of a committee of Congress; (ii) an Inspector General; (iii) the Government Accountability Office; (iv) a Treasury or other federal agency employee responsible for grant oversight or management; (v) an authorized official of the Department of Justice or other law enforcement agency; (vi) a court or grand jury; or (vii) a management official or other employee of CHA, a Contractor, or Subcontractor who has the responsibility to investigate, discover, or address misconduct.

\* \* \* \* \*

Adopted this the [ ] day of [ ], [ ].



**EXHIBIT A**

Examples

<b><i>Potential Examples of a “Financial or Other Interest” in a Firm or Organization Considered for a Contract or Subaward</i></b>	<b><i>Potential Examples of a “Tangible Personal Benefit” From a Firm or Organization Considered for a Contract or Subaward</i></b>
<p>Direct or indirect equity interest in a firm or organization considered for a Contract or Subaward, which may include:</p> <ul style="list-style-type: none"> <li>- Stock in a corporation.</li> <li>- Membership interest in a limited liability company.</li> <li>- Partnership interest in a general or limited partnership.</li> <li>- Any right to control the firm or organization’s affairs. For example, a controlling equity interest in an entity that controls or has the right to control a firm considered for a contract.</li> <li>- Option to purchase any equity interest in a firm or organization.</li> </ul>	<p>Opportunity to be employed by the firm considered for a contract, an affiliate of that firm, or any other firm with a relationship with the firm considered for a Contract.</p> <p>A position as a director or officer of the firm or organization, even if uncompensated.</p>
<p>Holder of any debt owed by a firm considered for a Contract or Subaward, which may include:</p> <ul style="list-style-type: none"> <li>- Secured debt (e.g., debt backed by an asset of the firm (like a firm’s building or equipment))</li> <li>- Unsecured debt (e.g., a promissory note evidencing a promise to repay a loan). <ul style="list-style-type: none"> <li>o Holder of a judgment against the firm.</li> </ul> </li> </ul>	<p>A referral of business from a firm considered for a Contract or Subaward.</p>
<p>Supplier or contractor to a firm or organization considered for a Contract or Subaward.</p>	<p>Political or social influence (e.g., a promise of appointment to a local office or position on a public board or private board).</p>



## **EXHIBIT B**

### **COMPLIANCE CHECKLIST FOR OVERSIGHT OF CONTRACT CONFLICTS OF INTEREST**

The Cabarrus Health Alliance (“CHA”) has adopted a Conflict of Interest Policy (“Policy”) that governs CHA’s expenditure of Federal Financial Assistance (as defined in Section II of the Policy). The Policy designates the Public Health Director or its designee as the “COI Point of Contact.” The Policy requires the COI Point of Contact to complete this Compliance Checklist to identify potential real or apparent conflicts of interest in connection with proposed Contracts (as defined in Section II) and file the Checklist in the records of the CHA.

#### **Instructions for Completion**

1. The COI Point of Contact shall complete Steps 1 through 5 of the Checklist below.
2. If the value of the proposed Contract exceeds \$250,000, the COI Point of Contact shall collect a Conflict of Interest Disclosure Form from each Covered Individual.
3. If the COI Point of Contact identifies a potential real or apparent conflict of interest after completing this Compliance Checklist, the COI Point of Contact shall report such potential conflict of interest to Human Resources and to each member of the Governing Board.

#### **Definitions.**

1. *Covered Individual.* Each person identified in Section 1 of this Checklist is a “Covered Individual” for purposes of this Compliance Checklist and the Policy.
2. *Immediate Family Member* means, with respect to any Covered Individual, (i) a spouse, and parents thereof, (ii) a child, and parent thereof, (iii) a parent, and spouse thereof, (iv) a sibling, and spouse thereof, (v) a grandparent and grandchild, and spouses thereof, (vi) domestic partners and parents thereof, including domestic partners of any individual in (ii) through (v) of this definition; and (vii) any individual related by blood or affinity whose close association with the Covered Individual is the equivalent of a family relationship.
3. *Related Party* means (i) an Immediate Family Member of a Covered Individual, (ii) a partner of a Covered Individual, or (iii) a current or potential employer (other than CHA) of a Covered Individual, of a partner of a Covered Individual, or of an Immediate Family Member of a Covered Individual.



Step			
1	Identify the proposed Contract, counterparty, and the subject of the Contract.	<u>Name of Contract:</u> <hr/> <u>Name of Counterparty</u> <hr/> <u>Subject of Contract:</u> <hr/>	
2	Identify all individuals involved in the selection, award, or administration of the Contract. These individuals are “Covered Individuals”. Ensure that each Covered Individual has been provided with a copy of the Conflict of Interest Policy.		
	<u><i>Public Officials</i></u>	<u><i>Employees</i></u>	<u><i>Agents</i></u>
3	Identify whether any Covered Individual has a (i) financial or other interest in, or (ii) tangible personal benefit from the firm considered for a Contract. [If the estimated Contract amount exceeds \$250,000, ensure that each Covered Individual files a Conflict of Interest Disclosure Form with the COI Point of Contact.]		
<b>Any identified interest in Step 3 is a potential “real” conflict of interest.</b>	<u><i>Public Officials</i></u>	<u><i>Employees</i></u>	<u><i>Agents</i></u>
4	Identify whether any Related Party has a (i) financial or other interest in or (ii) tangible personal benefit from the firm considered from a Contract. If the estimated Contract amount exceeds \$250,000, ensure that each Covered Individual files a Conflict of Interest Disclosure Form with the COI Point of Contact.		
	<u><i>Public Officials – Related Party</i></u>	<u><i>Employees – Related Party</i></u>	<u><i>Agents – Related Party</i></u>



<p><b>Any identified interest in Step 4 is a potential “real” conflict of interest.</b></p>			
<p><b>5</b></p>	<p>Identify whether a reasonable person with knowledge of the relevant facts would find that an existing situation or relationship creates the <i>appearance</i> that a Covered Individual or any Related Party has a financial or other interest in or a tangible personal benefit from a firm considered for a Contract? If yes, explain.</p>		
<p><b>Any identified interest in Step 5 is a potential “apparent” conflict of interest.</b></p>	<p><b><u>Public Officials</u></b></p>	<p><b><u>Employees</u></b></p>	<p><b><u>Agents</u></b></p>

COI Point of Contact: \_\_\_\_\_

Signature of COI Point of Contact: \_\_\_\_\_

Date of Completion: \_\_\_\_\_



**EXHIBIT C**

**CONTRACT CONFLICT OF INTEREST DISCLOSURE FORM**

**FOR OFFICIALS, EMPLOYEES, AND AGENTS**

The Cabarrus Health Alliance (“CHA”) has adopted a Conflict of Interest Policy (“Policy”) that governs CHA’s expenditure of Federal Financial Assistance (as defined in Section II of the Policy). The Policy designates the Public Health Director or its designee as the “COI Point of Contact.”

The COI Point of Contact has identified you as an official, employee, or agent of CHA that may be involved in the selection, award, or administration of the following contract: \_\_\_\_\_ (the “Contract”). To safeguard CHA’s expenditure of Federal Financial Assistance, the COI Point of Contact has requested that you identify any potential real or apparent conflicts of interest in the Firm considered for the award of a Contract. Using Exhibit A to the Policy as a guide, please answer the following questions:

---

1. Do you have a financial or other interest in a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

2. Will you receive any tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

3. For purposes of Question 3(a) and 3(b), your “Immediate Family Members” include: (i) your spouse and their parents, (ii) your child, (iii) your parent and any spouse of your parent, (iv) your sibling and any spouse of your sibling, (v) your grandparents or grandchildren, and the spouses of each, (vi) any domestic partner of any individual in (ii) through (v) of this definition; and (vii) any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

a. Do you have an Immediate Family Member with a financial or other interest in a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:



- 
- b. Do you have an Immediate Family Member that will receive a tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

4. Do you have any other partner with a financial or other interest in a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- 
5. Will any other partner of yours receive any tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- 
6. Does your current or potential employer (other than CHA) have a financial or other interest in a firm considered for this Contract or will such current or potential employer receive a tangible personal benefit from this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

7. Benefits to Employers

- a. Does a current or potential employer (other than CHA) of any of your Immediate Family Members have a financial or other interest in a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- 
- b. Will a current or potential employer (other than CHA) of any of your Immediate Family Members receive a tangible personal benefit from this Contract?



Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

- c. Does a current or potential employer (other than CHA) of any partner of yours have a financial or other interest in a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

- d. Will a current or potential employer (other than CHA) of any partner of yours receive a tangible personal benefit from this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

8. Does any existing situation or relationship create the *appearance* that you have a financial or other interest in a firm considered for this Contract or will receive a tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

9. Does any existing situation or relationship create the *appearance* that any Immediate Family Member of yours has a financial or other interest in a firm considered for this Contract or will receive a tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

10. Does any existing situation or relationship create the *appearance* that your current or potential employer (other than CHA) has a financial or other interest in a firm considered for this Contract or will receive a tangible personal benefit from a firm considered for this Contract?



Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

11. Does any existing situation or relationship create the appearance that any current or potential employer (other than CHA) of any of your Immediate Family Members has a financial or other interest in a firm considered for this Contract or will receive a tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

12. Does any existing situation or relationship create the appearance that any current or potential employer (other than CHA) of any other partner has a financial or other interest in a firm considered for this Contract or will receive a tangible personal benefit from a firm considered for this Contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

\*\*\*\*\*

Sign Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Date of Completion: \_\_\_\_\_

\*\*\*\*\*



**EXHIBIT D**

**COMPLIANCE CHECKLIST FOR SUBAWARD OVERSIGHT**

The Cabarrus Health Alliance (“CHA”) has adopted a Conflict of Interest Policy (“Policy”) that governs CHA’s expenditure of Federal Financial Assistance (as defined in Section II of the Policy). The Policy designates the Public Health Director or its designee as the “COI Point of Contact.” The Policy requires the COI Point of Contact to complete this Compliance Checklist to identify potential real or apparent conflicts of interest in connection with proposed Subawards (as defined in Section II) and file the Checklist in the records of CHA.

**Instructions for Completion**

1. The COI Point of Contact shall complete Steps 1 through 5 of the Checklist below.
2. If the value of the proposed Subaward exceeds \$250,000, the COI Point of Contact shall collect a Conflict of Interest Disclosure Form from each Covered Individual.
3. If the COI Point of Contact identifies a potential real or apparent conflict of interest after completing this Compliance Checklist, the COI Point of Contact shall report such potential conflict of interest to the Human Resources Director and to each member of the Governing Board.

**Definitions.**

1. *Covered Individual.* Each person identified in Section 1 of this Checklist is a “Covered Individual” for purposes of this Compliance Checklist and the Policy.
2. *Immediate Family Member* means, with respect to any Covered Individual, (i) a spouse, and parents thereof, (ii) a child, and parent thereof, (iii) a parent, and spouse thereof, (iv) a sibling, and spouse thereof, (v) a grandparent and grandchild, and spouses thereof, (vi) domestic partners and parents thereof, including domestic partners of any individual in (ii) through (v) of this definition; and (vii) any individual related by blood or affinity whose close association with the Covered Individual is the equivalent of a family relationship.
3. *Related Party* means (i) an Immediate Family Member of a Covered Individual, (ii) a partner of a Covered Individual, or (iii) a current or potential employer (other than CHA) of a Covered Individual, of a partner of a Covered Individual, or of an Immediate Family Member of a Covered Individual.



Step			
1	Identify the proposed Subaward, Subrecipient, and the subject of the Subaward.	<u>Name of Contract:</u> <hr/> <u>Name of Counterparty</u> <hr/> <u>Subject of Subaward:</u> <hr/>	
2	Identify all individuals involved in the selection, award, or administration of the Subaward. These individuals are “Covered Individuals”. Ensure that each Covered Individual has been provided with a copy of the Conflict of Interest Policy.		
	<u><i>Public Officials</i></u>	<u><i>Employees</i></u>	<u><i>Agents</i></u>
3	Identify whether any Covered Individual has a (i) financial or other interest in, or (ii) tangible personal benefit from the firm considered for a Subaward. [If the estimated Subaward amount exceeds \$100,000, ensure that each Covered Individual files a Conflict of Interest Disclosure Form with the COI Point of Contact.]		
<b>Any identified interest in Step 3 is a potential “real” conflict of interest.</b>	<u><i>Public Officials</i></u>	<u><i>Employees</i></u>	<u><i>Agents</i></u>
4	Identify whether any Related Party has a (i) financial or other interest in or (ii) tangible personal benefit from the firm considered from a Subaward. If the estimated Subaward amount exceeds \$100,000, ensure that each Covered Individual files a Conflict of Interest Disclosure Form with the COI Point of Contact.]		



<b>Any identified interest in Step 4 is a potential “real” conflict of interest.</b>	<u><i>Public Officials – Related Party</i></u>	<u><i>Employees – Related Party</i></u>	<u><i>Agents – Related Party</i></u>
5	Identify whether a reasonable person with knowledge of the relevant facts would find that an existing situation or relationship creates the <i>appearance</i> that a Covered Individual or any Related Party has a financial or other interest in or a tangible personal benefit from a firm considered for a Subaward? If yes, explain.		
<b>Any identified interest in Step 5 is a potential “apparent” conflict of interest.</b>	<u><i>Public Officials</i></u>	<u><i>Employees</i></u>	<u><i>Agents</i></u>

COI Point of Contact: \_\_\_\_\_

Signature of COI Point of Contact: \_\_\_\_\_

Date of Completion: \_\_\_\_\_



**EXHIBIT E**

**SUBAWARD CONFLICT OF INTEREST DISCLOSURE FORM  
FOR OFFICIALS, EMPLOYEES, AND AGENTS**

The Cabarrus Health Alliance (“CHA”) has adopted a Conflict of Interest Policy (“Policy”) that governs CHA’s expenditure of Federal Financial Assistance (as defined in Section II of the Policy). The Policy designates the Public Health Director or its designee as the COI Point of Contact.

The COI Point of Contact has identified you as an official, employee, or agent of CHA that may be involved in the selection, award, or administration of the following subaward: \_\_\_\_\_ (the “Subaward”). To safeguard CHA’s expenditure of Federal Financial Assistance, the COI Point of Contact has requested that you identify any potential real or apparent conflicts of interest in the Firm considered for the award of a Subaward. Using the Exhibit A to the Policy as a guide, please answer the following questions:

---

1. Do you have a financial or other interest in a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

2. Will you receive any tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

3. For purposes of Question 3(a) and 3(b), your “Immediate Family Members” include: (i) your spouse and their parents, (ii) your child, (iii) your parent and any spouse of your parent, (iv) your sibling and any spouse of your sibling, (v) your grandparents or grandchildren, and the spouses of each, (vi) any domestic partner of any individual in (ii) through (v) of this definition; and (vii) any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

a. Do you have an Immediate Family Member with a financial or other interest in a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- b. Do you have an Immediate Family Member that will receive a tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

4. Do you have any other partner with a financial or other interest in a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- 
5. Will any other partner of yours receive any tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- 
6. Does your current or potential employer (other than CHA) have a financial or other interest in a firm considered for this Subaward or will such current or potential employer receive a tangible personal benefit from this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

7. Benefits to Employers

- a. Does a current or potential employer (other than CHA) of any of your Immediate Family Members have a financial or other interest in a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

- 
- b. Will a current or potential employer (other than CHA) of any of your Immediate Family Members receive a tangible personal benefit from this Subaward?



Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

- c. Does a current or potential employer (other than CHA) of any partner of yours have a financial or other interest in a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

- d. Will a current or potential employer (other than CHA) of any partner of yours receive a tangible personal benefit from this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

8. Does any existing situation or relationship create the *appearance* that you have a financial or other interest in a firm considered for this Subaward or will receive a tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

9. Does any existing situation or relationship create the *appearance* that any Immediate Family Member of yours has a financial or other interest in a firm considered for this Subaward or will receive a tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

---

10. Does any existing situation or relationship create the *appearance* that your current or potential employer (other than CHA) has a financial or other interest in a firm considered for this Subaward or will receive a tangible personal benefit from a firm considered for this Subaward?



Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

11. Does any existing situation or relationship create the appearance that any current or potential employer (other than CHA) of any of your Immediate Family Members has a financial or other interest in a firm considered for this Subaward or will receive a tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

12. Does any existing situation or relationship create the appearance that any current or potential employer (other than CHA) of any other partner has a financial or other interest in a firm considered for this Subaward or will receive a tangible personal benefit from a firm considered for this Subaward?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure: \_\_\_\_\_

If the answer is Yes or Unsure, please explain:

\_\_\_\_\_

\* \* \* \* \*

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

\* \* \* \* \*



## **ALLOWABLE COSTS AND COSTS PRINCIPLES POLICY**

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE(S):** October 25, 2022

**DATE OF LAST REVIEW:**

**WHEREAS** Cabarrus Health Alliance (“CHA”) has received an allocation of funds from the Coronavirus State and Local Fiscal Recovery Funds of H.R. 1319 American Rescue Plan Act of 2021 (ARP/CSLFRF) (“ARP/CSLFRF Funds”); and

**WHEREAS** the ARP/CSLFRF Funds may be used for projects within these categories, to the extent authorized by state law.

1. Support public health expenditures, by funding COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff;
2. Address negative economic impacts caused by the public health emergency, including economic harms to households, small businesses, impacted industries, and the public sector;
3. Replace lost public sector revenue, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic;
4. Provide premium pay for essential workers, offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors; and,
5. Invest in water, sewer, and broadband infrastructure, making necessary investments to improve access to clean drinking water, support vital wastewater and stormwater infrastructure, and to expand access to broadband internet; and

**WHEREAS** the ARP/CSLFRF Funds are subject to the provisions of the federal Uniform Grant Guidance, 2 CFR Sect. 200 (“UG”), as provided in the Assistance Listing; and

**WHEREAS** the Compliance and Reporting Guidance for the State and Local Fiscal Recovery Funds provides, in relevant part:

**Allowable Costs/Cost Principles.** As outlined in the UG at 2 CFR Part 200, Subpart E regarding Cost Principles, allowable costs are based on the premise that a recipient is responsible for the effective administration of Federal awards, application of sound management practices, and administration of Federal funds in a manner consistent with the



program objectives and terms and conditions of the award. Recipients must implement robust internal controls and effective monitoring to ensure compliance with the Cost Principles, which are important for building trust and accountability.

ARP/CSLFRF Funds may be, but are not required to be, used along with other funding sources for a given project. Note that ARP/CSLFRF Funds may not be used for a non-Federal cost share or match where prohibited by other Federal programs, e.g., funds may not be used for the State share for Medicaid.

Treasury's Interim Final Rule and guidance and the UG outline the types of costs that are allowable, including certain audit costs. For example, per 2 CFR 200.425, a reasonable proportionate share of the costs of audits required by the Single Audit Act Amendments of 1996 are allowable; however, costs for audits that were not performed in accordance with 2 CFR Part 200, Subpart F are not allowable. Please see 2 CFR Part 200, Subpart E regarding the Cost Principles for more information.

- a. Administrative costs: Recipients may use funds for administering the ARP/CSLFRF program, including costs of consultants to support effective management and oversight, including consultation for ensuring compliance with legal, regulatory, and other requirements. Further, costs must be reasonable and allocable as outlined in 2 CFR 200.404 and 2 CFR 200.405. Pursuant to the ARP/CSLFRF Award Terms and Conditions, recipients are permitted to charge both direct and indirect costs to their ARP/CSLFRF award as administrative costs. Direct costs are those that are identified specifically as costs of implementing the ARP/CSLFRF program objectives, such as contract support, materials, and supplies for a project. Indirect costs are general overhead costs of an organization where a portion of such costs are allocable to the ARP/CSLFRF award such as the cost of facilities or administrative functions like a director's office. Each category of cost should be treated consistently in like circumstances as direct or indirect, and recipients may not charge the same administrative costs to both direct and indirect cost categories, or to other programs. If a recipient has a current Negotiated Indirect Costs Rate Agreement (NICRA) established with a Federal cognizant agency responsible for reviewing, negotiating, and approving cost allocation plans or indirect cost proposals, then the recipient may use its current NICRA. Alternatively, if the recipient does not have a NICRA, the recipient may elect to use the de minimis rate of 10 percent of the modified total direct costs pursuant to 2 CFR 200.414(f).
- b. Salaries and Expenses: In general, certain employees' wages, salaries, and covered benefits are an eligible use of ARP/CSLFRF Funds; and



**WHEREAS** Subpart E of the UG dictates allowable costs and cost principles for expenditure of ARP/CSLFRF Funds; and

**WHEREAS** Subpart E of the UG (specifically, 200.400) states that:

The application of these cost principles is based on the fundamental premises that:

- (a) The non-Federal entity is responsible for the efficient and effective administration of the Federal award through the application of sound management practices.
- (b) The non-Federal entity assumes responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.
- (c) The non-Federal entity, in recognition of its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the Federal award.
- (d) The application of these cost principles should require no significant changes in the internal accounting policies and practices of the non-Federal entity. However, the accounting practices of the non-Federal entity must be consistent with these cost principles and support the accumulation of costs as required by the principles, and must provide for adequate documentation to support costs charged to the Federal award.
- (e) In reviewing, negotiating and approving cost allocation plans or indirect cost proposals, the cognizant agency for indirect costs should generally assure that the non-Federal entity is applying these cost accounting principles on a consistent basis during their review and negotiation of indirect cost proposals. Where wide variations exist in the treatment of a given cost item by the non-Federal entity, the reasonableness and equity of such treatments should be fully considered.
- (f) For non-Federal entities that educate and engage students in research, the dual role of students as both trainees and employees (including pre- and post-doctoral staff) contributing to the completion of Federal awards for research must be recognized in the application of these principles.
- (g) The non-Federal entity may not earn or keep any profit resulting from Federal financial assistance, unless explicitly authorized by the terms and conditions of the Federal award;

**BE IT RESOLVED** that the governing board of CHA hereby adopts and enacts the following UG Cost Principles Policy for the expenditure of ARP/CSLFRF Funds.



## ALLOWABLE COSTS AND COSTS PRINCIPLES POLICY

### 1. ALLOWABLE COSTS AND COSTS PRINCIPLES POLICY OVERVIEW

Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, commonly called Uniform Guidance (UG), specifically Subpart E, defines those items of cost that are allowable, and which are unallowable. The tests of allowability under these principles are: (a) the costs must be reasonable; (b) they must be allocable to eligible projects under the Coronavirus State and Local Fiscal Recovery Funds of H.R. 1319 American Rescue Plan Act of 2021 ARP/CSLFRF; (c) they must be given consistent treatment through application of those generally accepted accounting principles appropriate to the circumstances; and (d) they must conform to any limitations or exclusions set forth in these principles or in the ARP/CSLFRF grant award as to types or amounts of cost items. Unallowable items fall into two categories: expenses which are by their nature unallowable (e.g., alcohol), and unallowable activities (e.g., fund raising).

CHA shall adhere to all applicable cost principles governing the use of federal grants. This policy addresses the proper classification of both direct and indirect charges to ARP/CSLFRF funded projects and enacts procedures to ensure that proposed and actual expenditures are consistent with the ARP/CSLFRF grant award terms and all applicable federal regulations in the UG.

Responsibility for following these guidelines lies with the CHA Public Health Director or Chief Finance Officer or designee, who are charged with the administration and financial oversight of the ARP/CSLFRF Funds. Further, all CHA employees and officials who are involved in obligating, administering, expending, or monitoring ARP/CSLFRF grant funded projects should be well versed with the categories of costs that are generally allowable and unallowable. Questions on the allowability of costs should be directed to CHA Public Health Director or Chief Finance Officer or designee. As questions on allowability of certain costs may require interpretation and judgment, CHA personnel are encouraged to ask for assistance in making those determinations.

### GENERAL COST ALLOWABILITY CRITERIA

All costs expended using ARP/CSLFRF Funds must meet the following general criteria:

#### 1. Be necessary and reasonable for the proper and efficient performance and administration of the grant program.

A cost must be *necessary* to achieve a project object. When determining whether a cost is necessary, consideration may be given to:

- Whether the cost is needed for the proper and efficient performance of the grant project.
- Whether the cost is identified in the approved project budget or application.
- Whether the cost aligns with identified needs based on results and findings from a needs assessment.



- Whether the cost addresses project goals and objectives and is based on program data.

A cost is *reasonable* if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision to incur the cost was made. For example, reasonable means that sound business practices were followed, and purchases were comparable to market prices. When determining reasonableness of a cost, consideration must be given to:

- Whether the cost is a type generally recognized as ordinary and necessary for the operation of CHA or the proper and efficient performance of the federal award.
- The restraints or requirements imposed by factors, such as: sound business practices; arm's-length bargaining; federal, state, and other laws and regulations; and terms and conditions of the ARP/CSLFRF award.
- Market prices for comparable goods or services for the geographic area.
- Whether individuals concerned acted with prudence in the circumstances considering their responsibilities to CHA, its employees, the public at large, and the federal government.
- Whether CHA significantly deviates from its established practices and policies regarding the incurrence of costs, which may unjustifiably increase the ARP/CSLFRF award's cost.

- 2. Be allocable to the ARP/CSLFRF federal award.** A cost is allocable to the ARP/CSLFRF award if the goods or services involved are chargeable or assignable to the ARP/CSLFRF award in accordance with the relative benefit received. This means that the ARP/CSLFRF grant program derived a benefit in proportion to the funds charged to the program. *For example, if 50 percent of a local government program officer's salary is paid with grant funds, then the local government must document that the program officer spent at least 50 percent of his/her time on the grant program.*

If a cost benefits two or more projects or activities in proportions that can be determined without undue effort or cost, the cost must be allocated to the projects based on the proportional benefit. If a cost benefits two or more projects or activities in proportions that cannot be determined because of the interrelationship of the work involved, then the costs may be allocated or transferred to benefitted projects on any reasonable documented basis. Where the purchase of equipment or other capital asset is specifically authorized by the ARP/CSLFRF award, the costs are assignable to the Federal award regardless of the use that may be made of the equipment or other capital asset involved when no longer needed for the purpose for which it was originally required.

- 3. Be authorized and not prohibited under state or local laws or regulations.**



4. **Conform to any limitations or exclusions set forth in the principles, federal laws, ARP/CSLFRF award terms, and other governing regulations as to types or amounts of cost items.**
5. **Be consistent with policies, regulations, and procedures that apply uniformly to both the ARP/CSLFRF federal award and other activities of CHA.**
6. **Be accorded consistent treatment.** A cost MAY NOT be assigned to a federal award as a direct cost and also be charged to a federal award as an indirect cost. And a cost must be treated consistently for both federal award and non-federal award expenditures.
7. **Be determined in accordance with generally accepted accounting principles (GAAP), unless provided otherwise in the UG.**
8. **Be net of all applicable credits.** The term “applicable credits” refers to those receipts or reduction of expenditures that operate to offset or reduce expense items allocable to the federal award. Typical examples of such transactions are purchase discounts; rebates or allowances; recoveries or indemnities on losses; and adjustments of overpayments or erroneous charges. To the extent that such credits accruing to and received by the local government related to the federal award, they shall be credited to the ARP/CSLFRF award, either as a cost reduction or a cash refund, as appropriate and consistent with the award terms.
9. **Be adequately documented.**
10. **Be incurred during the approved ARP/SCLFRF Award Period.**
11. **Not be included as a cost or used to meet cost sharing or matching requirement of any other federally financed program in either the current or a paid period.**

#### **SELECTED ITEMS OF COST**

The UG examines the allowability of fifty-five (55) specific cost items (commonly referred to as Selected Items of Cost) at 2 CFR § 200.420-.475.

CHA’s Public Health Director or Chief Finance Officer or designee is responsible for determining cost allowability must be familiar with the Selected Items of Cost. CHA must follow the applicable regulations when charging these specific expenditures to the ARP/CSLFRF grant. CHA’s Public Health Director or Chief Finance Officer or designee will check costs against the selected items of cost requirements to ensure the cost is allowable and that all process and documentation requirements are followed. In addition, State laws, CHA regulations, and program-specific rules may deem a cost as unallowable, and the CHA Public Health Director or Chief Finance Officer or designee must follow those non-federal rules as well.

Exhibit A identifies and summarizes the Selected Items of Cost.



## **DIRECT AND INDIRECT COSTS**

Allowable and allocable costs must be appropriately classified as direct or indirect charges. It is essential that each item of cost be treated consistently in like circumstances either as a direct or an indirect cost.

*Direct costs* are expenses that are specifically associated with a particular ARP/CSLFRF-eligible project and that can be directly assigned to such activities relatively easily with a high degree of accuracy. Common examples of direct costs include salary and fringe benefits of personnel directly involved in undertaking an eligible project, equipment and supplies for the project, subcontracted service provider, or other materials consumed or expended in the performance of a grant-eligible project.

*Indirect costs* are (1) costs incurred for a common or joint purpose benefitting more than one ARP/CSLFRF-eligible project, and (2) not readily assignable to the project specifically benefited, without effort disproportionate to the results achieved. They are expenses that benefit more than one project or even more than one federal grant. Common examples of indirect costs include utilities, local telephone charges, shared office supplies, administrative or secretarial salaries.

For indirect costs, the CHA may charge a 10 percent de minimis rate of modified total direct costs (MTDC). According to UG Section 200.68 MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance the subawards under the award). MTDC EXCLUDES equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000.

## **SPECIAL PROVISIONS FOR STATE AND LOCAL GOVERNMENTS**

There are some special provisions of the UG that apply only to states, local governments, and Indian Tribes.

### **§ 200.444 General costs of government.**

**(a)** For states, local governments, and Indian Tribes, the general costs of government are unallowable (except as provided in § 200.475). Unallowable costs include:

- (1)** Salaries and expenses of the Office of the Governor of a state or the chief executive of a local government or the chief executive of an Indian tribe;
- (2)** Salaries and other expenses of a state legislature, tribal council, or similar local governmental body, such as a county supervisor, city council, school board, etc., whether incurred for purposes of legislation or executive direction;
- (3)** Costs of the judicial branch of a government;



(4) Costs of prosecutorial activities unless treated as a direct cost to a specific program if authorized by statute or regulation (however, this does not preclude the allowability of other legal activities of the Attorney General as described in § 200.435); and

(5) Costs of other general types of government services normally provided to the general public, such as fire and police, unless provided for as a direct cost under a program statute or regulation.

(b) For Indian tribes and Councils of Governments (COGs) (see definition for *Local government* in § 200.1 of this part), up to 50% of salaries and expenses directly attributable to managing and operating Federal programs by the chief executive and his or her staff can be included in the indirect cost calculation without documentation.

#### **§ 200.416 COST ALLOCATION PLANS AND INDIRECT COST PROPOSALS.**

(a) For states, local governments and Indian tribes, certain services, such as motor pools, computer centers, purchasing, accounting, etc., are provided to operating agencies on a centralized basis. Since Federal awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process.

(b) Individual operating agencies (governmental department or agency), normally charge Federal awards for indirect costs through an indirect cost rate. A separate indirect cost rate(s) proposal for each operating agency is usually necessary to claim indirect costs under Federal awards. Indirect costs include:

(1) The indirect costs originating in each department or agency of the governmental unit carrying out Federal awards and

(2) The costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

(c) The requirements for development and submission of cost allocation plans (for central service costs and public assistance programs) and indirect cost rate proposals are contained in appendices V, VI and VII to this part.

#### **§ 200.417 INTERAGENCY SERVICE.**

The cost of services provided by one agency to another within the governmental unit may include allowable direct costs of the service plus a pro-rated share of indirect costs. A standard indirect cost allowance equal to ten percent of the direct salary and wage cost of providing the service (excluding overtime, shift premiums, and fringe benefits) may be used in lieu of determining the actual indirect costs of the service. These services do not



include centralized services included in central service cost allocation plans as described in Appendix V to Part 200.

## **COST ALLOWABILITY REVIEW PROCESS**

### **PREAPPROVAL COST ALLOWABILITY REVIEW**

Before an ARP/CSLFRF-funded project is authorized, the CHA Public Health Director or Chief Finance Officer or designee must review the proposed cost items within an estimated project budget to determine whether they are allowable and allocable and whether cost items will be charged as direct or indirect expenses. This review will occur concurrently with the review of project eligibility and *before* obligating or expending any ARP/CSLFRF Funds.

- CHA personnel must submit proposed ARP/CSLFRF projects to CHA Public Health Director or Chief Finance Officer or designee for review. In addition to other required information, all proposed project submissions must delineate estimated costs by cost item.
- Along with a general review of project eligibility and conformance with other governing board management directives, if required, the CHA Public Health Director or Chief Finance Officer or designee must review estimated costs for specific allowable cost requirements, budget parameters, indirect rates, fringe benefit rates, and those activities/costs that require pre-approval by the US Treasury.
- If a proposed project includes a request for an unallowable cost, the CHA Public Health Director or Chief Finance Officer or designee will return the proposal to the requesting party for review and, if practicable, resubmission with corrected cost items.
- Once a proposed project budget is pre-approved by the CHA Public Health Director or Chief Finance Officer or designee the CHA personnel responsible for implementing the project must conform actual obligations and expenditures to the pre-approved project budget.

### **POST-EXPENDITURE COST ALLOWABILITY REVIEW**

Once an expenditure is incurred related to an eligible project, and an invoice or other demand for payment is submitted to the CHA, the CHA Public Health Director or Chief Finance Officer or designee must perform a second review to ensure that actual expenditures comprise allowable costs.

- All invoices or other demands for payment must include a breakdown by cost item. The cost items should mirror those presented in the proposed budget for the project. If an invoice or other demand for payment does not include a breakdown by cost item, the CHA Public Health Director or Chief Finance Officer or designee will return the invoice to the project manager and/or vendor, contractor, or subrecipient for correction.



- The CHA Public Health Director or Chief Finance Officer or designee must review the individual cost items listed on the invoice or other demand for payment to determine their allowability and allocability.
- If all cost items are deemed allowable and properly allocable, the CHA Public Health Director or Chief Finance Officer or designee must proceed through the CHA's normal disbursement process.
- If any cost item is deemed unallowable, the CHA Public Health Director or Chief Finance Officer or designee will notify the project management and/or vendor, contractor, or subrecipient that a portion of the invoice or other demand for payment will not be paid with ARP/CSLFRF Funds. The CHA Public Health Director or Chief Finance Officer or designee may in their discretion, and consistent with this policy, allow an invoice or other demand for payment to be resubmitted with a revised cost allocation. If the CHA remains legally obligated by contract or otherwise to pay the disallowed cost item, it must identify other CHA funds to cover the disbursement. CHA's governing board must approve any allocation of other funds for this purpose.
- The CHA Public Health Director or Chief Finance Officer or designee must retain appropriate documentation of budgeted cost items per project and actual obligations and expenditures of cost items per project.

### **COST TRANSFERS**

Any costs charged to the ARP/CSLFRF federal award that do not meet the allowable cost criteria must be removed from the award account and charged to an account that does not require adherence to federal UG or other applicable guidelines.

Failure to adequately follow this policy and related procedures could result in questioned costs, audit findings, potential repayment of disallowed costs and discontinuance of funding.



**EXHIBIT A**

Selected Items of Cost	Uniform Guidance General Reference	Allowability
Advertising and public relations costs	2 CFR § 200.421	Allowable with restrictions
Advisory councils	2 CFR § 200.422	Allowable with restrictions
Alcoholic beverages	2 CFR § 200.423	Unallowable
Alumni/ae activities	2 CFR § 200.424	Not specifically addressed
Audit services	2 CFR § 200.425	Allowable with restrictions
Bad debts	2 CFR § 200.426	Unallowable
Bonding costs	2 CFR § 200.427	Allowable with restrictions
Collection of improper payments	2 CFR § 200.428	Allowable
Commencement and convocation costs	2 CFR § 200.429	Not specifically addressed
Compensation – personal services	2 CFR § 200.430	Allowable with restrictions; Special conditions apply (e.g., § 200.430(i)(5))
Compensation – fringe benefits	2 CFR § 200.431	Allowable with restrictions
Conferences	2 CFR § 200.432	Allowable with restrictions
Contingency provisions	2 CFR § 200.433	Unallowable with exceptions
Contributions and donations	2 CFR § 200.434	Unallowable (made by non-federal entity); not reimbursable but value may be used as cost sharing or matching (made to non-federal entity)

Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements	2 CFR § 200.435	Allowable with restrictions
Depreciation	2 CFR § 200.436	Allowable with qualifications
Employee health and welfare costs	2 CFR § 200.437	Allowable with restrictions
Entertainment costs	2 CFR § 200.438	Unallowable with exceptions
Equipment and other capital expenditures	2 CFR § 200.439	Allowability based on specific requirement
Exchange rates	2 CFR § 200.440	Allowable with restrictions
Fines, penalties, damages and other settlements	2 CFR § 200.441	Unallowable with exceptions
Fund raising and investment management costs	2 CFR § 200.442	Unallowable with exceptions
Gains and losses on disposition of depreciable assets	2 CFR § 200.443	Allowable with restrictions
General costs of government	2 CFR § 200.444	Unallowable with exceptions
Goods and services for personal use	2 CFR § 200.445	Unallowable (goods/services); allowable (housing) with restrictions
Idle facilities and idle capacity	2 CFR § 200.446	Idle facilities - unallowable with exceptions; Idle capacity - allowable with restrictions
Insurance and indemnification	2 CFR § 200.447	Allowable with restrictions
Intellectual property	2 CFR § 200.448	Allowable with restrictions
Interest	2 CFR § 200.449	Allowable with restrictions

Lobbying	2 CFR § 200.450	Unallowable
Losses on other awards or contracts	2 CFR § 200.451	Unallowable (however, they are required to be included in the indirect cost rate base for allocation of indirect costs)
Maintenance and repair costs	2 CFR § 200.452	Allowable with restrictions
Materials and supplies costs, including costs of computing devices	2 CFR § 200.453	Allowable with restrictions
Memberships, subscriptions, and professional activity costs	2 CFR § 200.454	Allowable with restrictions; unallowable for lobbying organizations
Organization costs	2 CFR § 200.455	Unallowable except federal prior approval
Participant support costs	2 CFR § 200.456	Allowable with prior approval of the federal awarding agency
Plant and security costs	2 CFR § 200.457	Allowable; capital expenditures are subject to § 200.439
Pre-award costs	2 CFR § 200.458	Allowable if consistent with other allowabilities and with prior approval of the federal awarding agency
Professional services costs	2 CFR § 200.459	Allowable with restrictions
Proposal costs	2 CFR § 200.460	Allowable with restrictions
Publication and printing costs	2 CFR § 200.461	Allowable with restrictions
Rearrangement and reconversion costs	2 CFR § 200.462	Allowable (ordinary and normal)
Recruiting costs	2 CFR § 200.463	Allowable with restrictions
Relocation costs of employees	2 CFR § 200.464	Allowable with restrictions

Rental costs of real property and equipment	2 CFR § 200.465	Allowable with restrictions
Scholarships and student aid costs	2 CFR § 200.466	Not specifically addressed
Selling and marketing costs	2 CFR § 200.467	Unallowable with exceptions
Specialized service facilities	2 CFR § 200.468	Allowable with restrictions
Student activity costs	2 CFR § 200.469	Unallowable unless specifically provided for in the federal award
Taxes (including Value Added Tax)	2 CFR § 200.470	Allowable with restrictions
Termination costs	2 CFR § 200.471	Allowable with restrictions
Training and education costs	2 CFR § 200.472	Allowable for employee development
Transportation costs	2 CFR § 200.473	Allowable with restrictions
Travel costs	2 CFR § 200.474	Allowable with restrictions
Trustees	2 CFR § 200.475	Not specifically addressed



## **ELIGIBLE USE POLICY**

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE(S):** October 25, 2022

### **DATE OF LAST REVIEW:**

**WHEREAS** Cabarrus Health Alliance (“CHA”) has received an allocation of funds from the Coronavirus State and Local Fiscal Recovery Funds of H.R. 1319 American Rescue Plan Act of 2021 (ARP/CSLFRF) (“ARP/CSLFRF Funds”); and

**WHEREAS** US Treasury is responsible for implementing ARP/CSLFRF and has enacted a Final Rule outlining eligible projects; and

**WHEREAS** the ARP/CSLFRF Funds may be used for projects within these categories, to the extent authorized by state law.

1. Support COVID-19 public health expenditures, by funding COVID-19 mitigation and prevention efforts, medical expenses, behavioral healthcare, preventing and responding to violence, and certain public health and safety staff;
2. Address negative economic impacts caused by the public health emergency, including economic harms to households, small businesses, non-profits, impacted industries, and the public sector;
3. Replace lost public sector revenue, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic;
4. Provide premium pay for essential workers, offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors; and,
5. Invest in water, sewer, and broadband infrastructure, making necessary investments to improve access to clean drinking water, support vital wastewater and stormwater infrastructure, and to expand access to broadband internet; and

**WHEREAS** the ARP/CSLFRF are subject to the provisions of the federal Uniform Grant Guidance, 2 CFR Part 200 (UG), as provided in the Assistance Listing; and

**WHEREAS** US Treasury has issued a Compliance and Reporting Guidance v.2.1 (November 15, 2021) dictating implementation of the ARP/CSLFRF award terms and compliance requirements; and

**WHEREAS** the Compliance and Reporting Guidance states on page 6 that



Per 2 CFR Part 200.303, your organization must develop and implement effective internal controls to ensure that funding decisions under the SLFRF award constitute eligible uses of funds, and document determinations.

**BE IT RESOLVED** that the CHA hereby adopts and enacts the following Eligibility Determination Policy for ARP/CSLFRF Funds.



## **ELIGIBILITY DETERMINATION POLICY FOR AMERICAN RESCUE PLAN ACT OF 2021 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS**

This policy defines the permissible and prohibited uses of the Coronavirus State and Local Fiscal Recovery Funds of H.R. 1319 American Rescue Plan Act of 2021 funds (“ARP/CSLFRF Funds”). It also outlines the procedures for determining how CHA will spend its ARP/CSLFRF Funds.

### **I. PERMISSIBLE USES OF ARP/CSLFRF FUNDS**

US Treasury issued its **Final Rule** regarding use of ARPA funds on January 6, 2022. The Final Rule is effective as of April 1, 2022. The Final Rule identifies permissible uses of ARP/CSLFRF Funds and certain limitations and process requirements. Local governments must allocate ARP/CSLFRF Funds no later than December 31, 2024 and disburse all funding no later than December 31, 2026. Failure of an entity to expend all ARP/CSLFRF Funds by December 31, 2026 will result in forfeiture of ARP/CSLFRF Funds.

ARP/CSLFRF Funds may be used for projects within the following categories of expenditures:

1. Support COVID-19 public health expenditures, by funding COVID-19 mitigation and prevention efforts, medical expenses, behavioral healthcare, preventing and responding to violence, and certain public health and safety staff;
2. Address negative economic impacts caused by the public health emergency, including economic harms to workers, households, small businesses, non-profits, impacted industries, and the public sector;
3. Replace lost public sector revenue, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic;
4. Provide premium pay for essential workers, offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors; and
5. Invest in water, sewer, and broadband infrastructure, making necessary investments to improve access to clean drinking water, support vital wastewater and stormwater infrastructure, and to expand access to broadband internet; and

### **II. PROHIBITED USES OF ARP/CSLFRF FUNDS**

The ARP/CSLFRF and US Treasury’s Final Rule prohibit certain uses of ARP/CSLFRF Funds. Specifically, ARP/CSLFRF Funds may not be used for projects within the following categories of expenditures:

1. To make a deposit into a pension fund that constitutes an extraordinary payment of an accrued, unfunded liability (Note that routine contributions as part of a payroll obligation for an eligible project are allowed.);



2. To borrow money or make debt service payments;
3. To replenish rainy day funds or fund other financial reserves;
4. To satisfy an obligation arising from a settlement agreement, judgment, consent decree, or judicially confirmed debt restructuring plan in a judicial, administrative, or regulatory proceeding (There is an exception to this prohibition if the settlement or judgment requires CHA to provide services to respond to the COVID-19 public health emergency or its negative economic impacts or to provide government services, then the costs of those otherwise ARP/CSLFRF-eligible projects are allowed.);
5. For a project that includes a term or condition that undermines efforts to stop the spread of COVID-19 or discourages compliance with recommendations and guidelines in CDC guidance for stopping the spread of COVID-19;
6. In violation of the conflict-of-interest requirements imposed by the award terms and 2 CFR 200.318(c).
7. For any expenditure that would violate other applicable federal, state, and local laws and regulations.

CHA, and any of its contractors or subrecipients, may not expend any ARP/CSLFRF Funds for these purposes.

### III. PROCEDURES FOR PROJECT APPROVAL

The following are procedures for ARP/CSLFRF project approvals. All CHA employees and officials must comply with these requirements.

1. Requests for ARP/CSLFRF Funds, must be made in writing and include all the following:
  - a. Brief description of the project
  - b. Identification of ARP/CSLFRF Expenditure Category (“EC”) (A list of ECs in in the Appendix to the US Treasury Compliance and Reporting Guidance.)
  - c. Required justifications for applicable projects, according to the requirements in the Final Rule. Employees or any applicant seeking ARPA/CSLFRF Funds should review the Final Rule and Final Rule Overview prior to submitting a proposal.
  - d. Proposed budget, broken down by cost item, in accordance with the CHA’s Allowable Cost Policy.
  - e. A project implementation plan and estimated implementation timeline (All ARP/CSLFRF Funds must be fully obligated by December 31, 2024, and fully expended by December 31, 2026.)
2. Requests for funding must be submitted to CHA Chief Finance Officer or designee for approval. All requests will be reviewed by CHA Chief Finance Officer or designee for ARP/CSLFRF compliance, allowable costs, and other financial review.
3. No ARP/CSLFRF Funds may be obligated or expended before final written approval by CHA Chief Finance Officer or designee
4. If a proposal does not meet the required criteria, it will be returned to the requesting party for revision and resubmittal.
5. Following approval, employees responsible for implementing the project must conform actual obligations and expenditures to the pre-approved project budget. Changes in project



budgets must be approved by CHA Chief Finance Officer or designee and may require a budget amendment before proceeding. Any delay in the projected project completion date shall be communicated to the CHA Chief Finance Officer or designee immediately.

6. The CHA Chief Finance Officer or designee must collect and document required information for each EC, for purposes of completing the required Project and Expenditure reports.
7. The CHA Chief Finance Officer or designee must maintain written project requests and approvals, all supporting documentation, and financial information at least until December 31, 2031.



## **NON-DISCRIMINATION POLICY**

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE(S):** October 25, 2022

**DATE OF LAST REVIEW:**

**WHEREAS**, Cabarrus Health Alliance (“CHA”) has received an allocation of funds from the “Coronavirus State Fiscal Recovery Fund” or “Coronavirus Local Fiscal Recovery Fund” (together “CSLFRF Funds”), established pursuant to Sections 602 and 603 of the Social Security Act, as added by Section 9901 of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 (the “ARP/CSLFRF award”).

**WHEREAS**, CSLFRF Funds are subject to the U.S. Department of Treasury (“Treasury”) regulations, including the Final Rule, the Award Terms and Conditions, and the Title VII implementing regulations at 31 C.F.R. Part 22.

**WHEREAS**, pursuant to the ARP/CSLFRF Award Terms and Conditions, and as a condition of receiving CSLFRF Funds, CHA agrees to follow all federal statutes and regulations prohibiting discrimination in its administration of CSLFRF under the terms and conditions of the ARP/CSLFRF award, including, without limitation, the following:

- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury’s implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin within programs or activities receiving federal financial assistance;
- ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
- iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury’s implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance; and
- v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.



**RESOLVED**, that the governing board of CHA hereby adopts and enacts the following nondiscrimination policy, which shall apply to the operations of any program, activity, or facility that is supported in whole, or in part, by expenditures CSLFRF pursuant to the ARP/CSLFRF award.

### **Nondiscrimination Policy Statement**

It is the policy of CHA to ensure that no person shall, on the ground of race, color, national origin (including limited English Proficiency), familial status, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity administered by CHA, including programs or activities that are funded in whole or part, with CSLFRF, which CHA received from the U.S. Department of Treasury (“Treasury”) pursuant to Sections 602 and 603 of the Social Security Act, as added by Section 9901 of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 (herein the “ARP/CSLFRF award”).

#### **I. Governing Statutory & Regulatory Authorities**

As required by the CSLFRF Award Terms and Conditions, CHA shall ensure that each “activity,” “facility,” or “program”<sup>1</sup> that is funded in whole, or in part, with CSLFRF and administered under the ARP/CSLFRF award, will be facilitated, operated, or conducted in compliance with the following federal statutes and federal regulations prohibiting discrimination. These include, but are not limited to, the following:

- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury’s implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance;
- ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
- iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance;

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<sup>1</sup> 22 C.F.R. § 22.3 defines “program” and “activity” as all operations of an entity, including local governments, that receive Federal financial assistance, and the departments, agencies, or special purpose districts of the local governments to which Federal financial assistance is distributed. “Federal financial assistance” includes, among other things, grants and loans of federal funds. “Facility” includes all or any part of structures, equipment, or other real or personal property or interests therein, and the provision of facilities includes the construction, expansion, renovation, remodeling, alteration, or acquisition of facilities.



- iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury’s implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age within programs or activities receiving federal financial assistance; and
- v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.

**II. Discriminatory Practices Prohibited in the Administration of the ARP/CSLFRF Award**

To ensure compliance with Title VII of the Civil Rights Act of 1964, and Title 31 Code of Federal Regulations, Part 22, the Civil Rights Restoration Act of 1987, and other pertinent nondiscrimination authorities, CHA shall prohibit, at a minimum, the following practices in its administration of CSLFRF pursuant to the ARP/CSLFRF award:

1. Denying to a person any service, financial aid, or other program benefit without good cause;
2. Providing to a person any service, financial aid, or another benefit which is different in quantity or quality, or is provided in a different manner, from that provided to others under the program.
3. Subjecting a person to segregation or separate treatment in any matter related to the receipt of any service, financial aid, or other benefit under the program;
4. Restricting a person in the enjoyment of any advantages, privileges, or other benefits enjoyed by others receiving any service, financial aid, or other benefit under the program;
5. Treating a person differently from others in determining whether that person satisfies any admission, enrollment, quota, eligibility, membership, or other requirement or condition which persons must meet to be provided any service, financial aid, or other benefit provided under the program;
6. Implementing different standards, criteria, or other requirements for admission, enrollment, or participation in planning, advisory, contractual, or other integral activities to the program;
7. Adopting methods of administration which, directly or through contractual relationships, would defeat or substantially impair the accomplishment of effective nondiscrimination;
8. Selecting a site or location of facilities with the purpose or effect of excluding persons from, denying them the benefits of, subjecting them to discrimination, or with the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of Title VI or related acts and regulations;
9. Discriminating against any person, either directly or through a contractual agreement, in any employment resulting from the program, a primary objective of which is to provide employment;



10. Committing acts of intimidation or retaliation, including threatening, coercing, or discriminating against any individual for the purpose of interfering with any right or privilege secured by any pertinent nondiscrimination law, or because an individual made a complaint, testified, assisted, or participated in an investigation, proceeding, or hearing.

### **III. Reporting & Enforcement**

1. CHA shall cooperate in any enforcement or compliance review activities by the Department of the Treasury. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. CHA shall comply with information requests, on-site compliance reviews, and reporting requirements.
2. CHA shall maintain a complaint log and inform the Treasury of any complaints of discrimination on the grounds of race, color, or national origin (including limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, whether pending or completed, including the outcome. CHA shall inform the Treasury if it has received no complaints under Title VI.
3. Any person who believes they have been aggrieved by a discriminatory practice under Title VI has a right to file a formal complaint with the Treasury. Any such complaint must be in writing and filed with the Treasury's Title VI Coordinator within one hundred eighty (180) days following the date of the alleged discriminatory occurrence.
4. Any person who believes that because of that person's race, color, national origin, limited English proficiency, familial status, sex, age, religion, or disability that he/she/they have been discriminated against or unfairly treated by CHA in violation of this policy should contact the following office within 180 days from the date of the alleged discriminatory occurrence:

Cabarrus Health Alliance Public Health Director  
Cabarrus Health Alliance  
300 Mooresville Road  
Kannapolis, NC 28081



**RECORD RETENTION POLICY: DOCUMENTS CREATED OR MAINTAINED  
PURSUANT TO THE ARP/CSLFRF AWARD**

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE(S):** October 25, 2022

**DATE OF LAST REVIEW:**

**Retention of Records:** The Coronavirus Local Fiscal Recovery Funds (“CSLFRF”) Award Terms and Conditions and the Compliance and Reporting Guidance set forth the U.S. Department of Treasury’s (“Treasury”) record retention requirements for the ARP/CSLFRF award.

It is the policy of Cabarrus Health Alliance (“CHA”) to follow Treasury’s record retention requirements as it expends CSLFRF pursuant to the APR/CSLFRF award. Accordingly, the CHA agrees to the following:

- Retain all financial and programmatic records related to the use and expenditure of CSLFRF pursuant to the ARP/CSLFRF award for a period of five (5) years after all CLFRF funds have been expended or returned to Treasury, whichever is later.
- Retain records for real property and equipment acquired with CSLFRF for five years after final disposition.
- Ensure that the financial and programmatic records retained sufficiently evidence compliance with section 603(c) of the Social Security Act “ARPA,” Treasury’s regulations implementing that section, and guidance issued by Treasury regarding the foregoing.
- Allow the Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, the right of timely and unrestricted access to any records for the purpose of audits or other investigations.
- If any litigation, claim, or audit is started before the expiration of the 5-year period, the records will be retained until all litigation, claims, or audit findings involving the records have been resolved.

**Covered Records:** For purposes of this policy, records are information, regardless of physical form or characteristics, that are created, received, or retained that evidence the CHA’s expenditure of CSLFRF on eligible projects, programs, or activities pursuant to the ARP/CSLFRF award.



Records that shall be retained pursuant to this policy include, but are not limited to, the following:

- Financial statements and accounting records evidencing expenditures of CSLFRF for eligible projects, programs, or activities.
- Documentation of rationale to support a particular expenditure of CSLFRF (e.g., expenditure constitutes a general government service);
- Documentation of administrative costs charged to the ARP/CSLFRF award;
- Procurement documents evidencing the significant history of a procurement, including, at a minimum, the rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for contract cost or price;
- Subaward agreements and documentation of subrecipient monitoring;
- Documentation evidencing compliance with the Uniform Guidance property management standards set forth in 2 C.F.R. §§ 200.310-316 and 200.329;
- Personnel and payroll records for full-time and part-time employees compensated with CSLFRF, including time and effort reports; and
- Indirect cost rate proposals

**Storage:** CHA's records must be stored in a safe, secure, and accessible manner. Wherever practicable, such records should be collected, transmitted, and stored in open and machine-readable formats.

**Departmental Responsibilities:** Any department or unit of CHA, and its employees, who are responsible for creating or maintaining the covered documents in this policy shall comply with the terms of this policy. Failure to do so may subject CHA to civil and/or criminal liability. Any employee who fails to comply with the record retention requirements set forth herein may be subject to disciplinary sanctions, including suspension or termination.

The Public Health Director or designee is responsible for identifying the documents that CHA must or should retain and arrange for the proper storage and retrieval of records. The Public Health Director or designee shall also ensure that all personnel subject to the terms of this policy are aware of the record retention requirements set forth herein.

**Reporting Policy Violations:** CHA is committed to enforcing this policy as it applies to all forms of records. Any employee that suspects the terms of this policy have been violated shall report the incident immediately to that employee's supervisor. If an employee is not comfortable bringing the matter up with the supervisor, the employee may bring the matter to the attention of the Public Health Director or designee. CHA prohibits, any form of discipline, reprisal, intimidation, or retaliation for reporting incidents of inappropriate conduct of any kind, pursuing any record destruction claim, or cooperating in related investigations.

**Questions About the Policy:** Any questions about this policy should be referred to the Public Health Director or designee, who is in charge of administering, enforcing, and updating this policy.



## Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 10/25/22

Name of Item: Equity Coordinator Update

Submitted by: Keon Lewis

Expected Length of Presentation: 6 mins

<b>Brief Summary:</b>
An update will be shared from CHA's Equity Coordinator on the development of the Organizational Equity Action Plan along with brief updates about the launch of CHA's inaugural public health summit.

<b>Requested Action:</b>
Review and approve Organizational Equity Action Plan

<b>Previous Action/Discussion on this item? If yes, explain</b>
n/a

<b>Items reviewed by:</b>

# Organizational Equity Action Plan

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Equity Coordinator



CABARRUS  
HEALTH  
ALLIANCE



# Equity Assessment Timeline

AA 466 Advancing Equity  
Grant:

Required LHDs to assess their  
infrastructure's capacity

September 2021

APHA Toolkit:

Identified as the best format to  
model equity assessment after

November 2021

Assessment offered to  
CHA/Results analyzed for  
strengths and areas of  
improvement

December 2021- February 2022



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# APHA Equity Assessment

## 5 Assessment Categories

*Staff/Supervisors/Leadership assessed CHA on 4 Categories*

**Governance**

Mission Driven

Partnerships

Communications

Advocacy

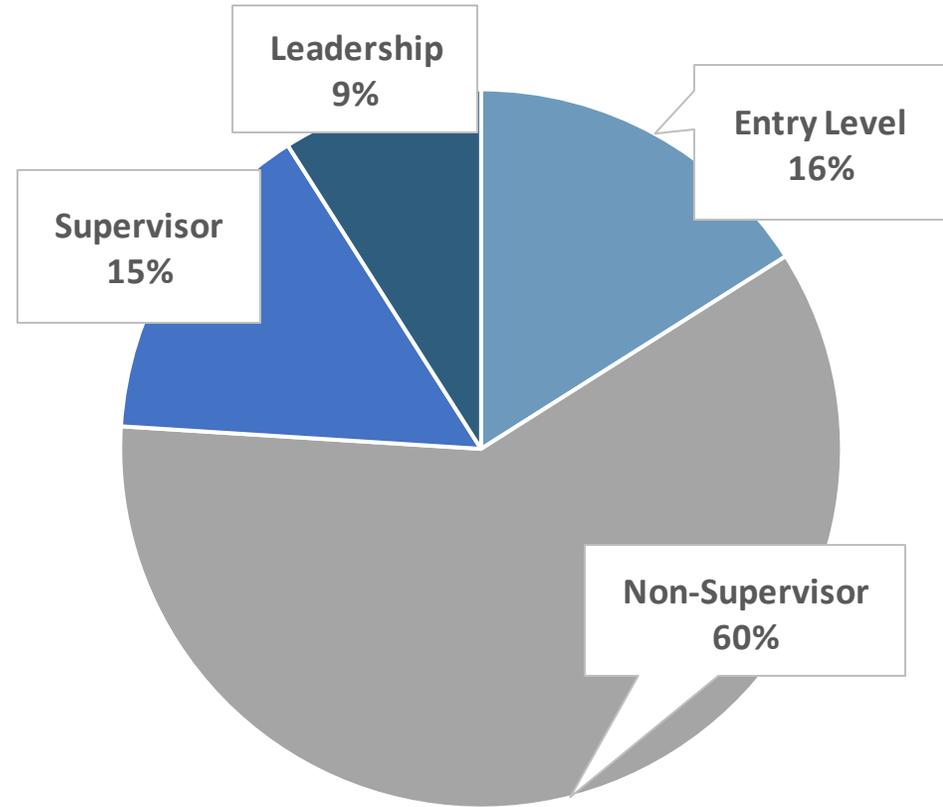


# Participation

**171 Responses**  
**61% of Total CHA Staff**



## Participant Makeup





CABARRUS  
HEALTH  
ALLIANCE

# Results

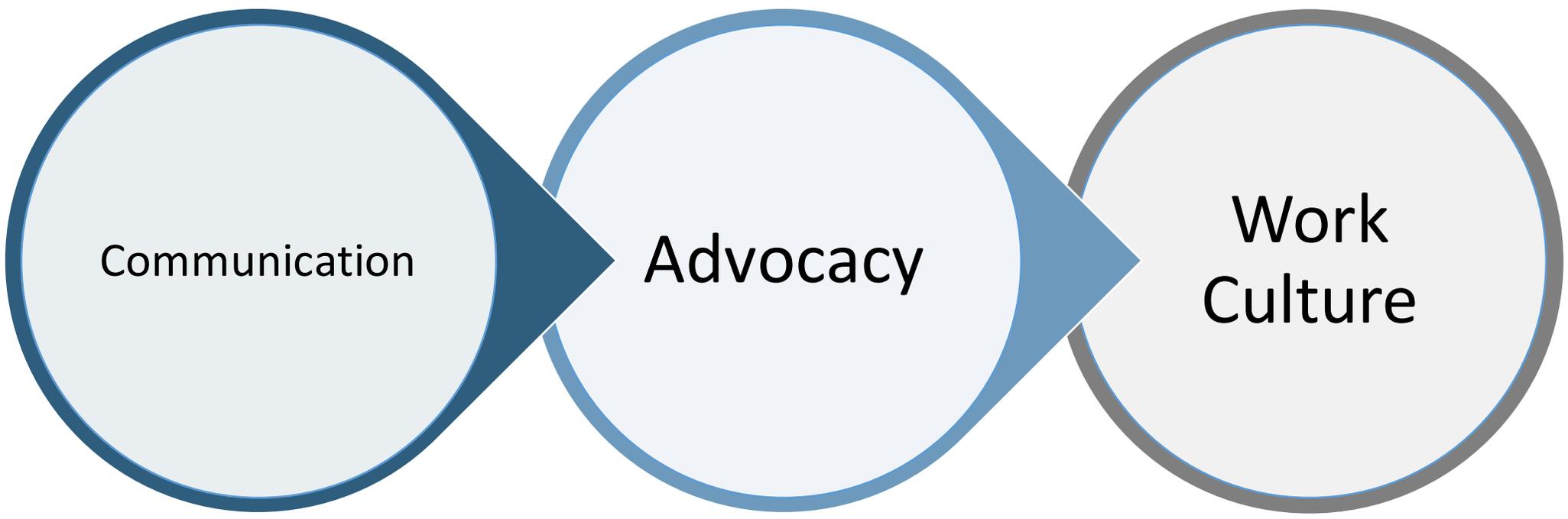
## *3 Highest Rated*





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# Results *Areas for Improvement*



Communication

Advocacy

Work  
Culture

## **Goal 1: Communication Practices**

Actions: Measure readability and develop campaign to market equity initiatives

## **Goal 2: Identify ways to promote community advocacy**

Actions: Policy + Ethics Committee collaboration and identify municipal leadership partner

## **Goal 3: Promote a culture of “Belonging”**

Actions: Expand DEI trainings, establish departmental platforms for safe sharing, enhanced leadership development

## **Goal 4: Track Organizational Equity Initiatives**

Actions: Align initiatives to four equity pillars, sustain internal/external equity councils, expand organizational contracts to minority, veteran and women owned vendors

## **Goal 5: Assess organizational program accessibility & quality of service**

Actions: determine organizational definition of equity, identify services underserved populations are missing, and identify tool to measure service quality

# Equity Pillars

