

# Board of Health Meeting October 21, 2025

The Public Health  
 Authority of Cabarrus  
 County Board Meeting  
 Agenda

October 21, 2025  
 5:30 pm

<b>A. CALL TO ORDER</b>	Chairperson Lara Pons, MD
<b>B. ADOPTION OF THE AGENDA</b> <i>Motion</i> October 21, 2025	Chairperson Lara Pons, MD
<b>C. APPROVAL OF THE MINUTES</b> <i>Motion</i> August 19, 2025 August 19, 2025 – Closed Session September 26, 2025 – Special Called Board Meeting	Chairperson Lara Pons, MD
<b>D. INFORMAL PUBLIC COMMENT</b>	
<b>E. RECOGNITIONS</b>	Gregory Keith Stewart Wellness Kitchen
<b>F. BOARD MEMBER INSTALLATION &amp; OATH OF OFFICE</b>	Alisha Richards, <i>Notary</i>  Reappointed: Daryle Adams, Ed.S
<b>G. REPORTS</b> <a href="#">Philanthropy Strategy</a>  <a href="#">Finance Committee Reports:</a> <a href="#">Financial Summary Report</a> <a href="#">CHA Snapshot</a>	Sarah Vingoe, <i>Development Officer</i> Candice Kane, <i>Cannon Foundation, Senior Trust Program Officer</i> Lilly Skok Bunch, <i>CapDev, Senior Counsel</i>  Sue Yates, <i>Chief Financial Officer</i>
<b>H. CONSENT AGENDA</b> <i>Motion</i> <a href="#">Budget Revisions</a> <a href="#">Finance Policies</a>	Chairperson Lara Pons, MD Sue Yates, <i>Chief Financial Officer</i> Sue Yates, <i>Chief Financial Officer</i>
<b>I. BUSINESS AGENDA</b> <a href="#">Strategic Plan Adoption</a> <i>Motion</i>  <a href="#">Cabarrus County Well-Being Strategy Introduction</a> <a href="#">Logically Contract, Information Technology Services</a> <i>Motion</i>	Chairperson Lara Pons, MD Kelly Weston & Laurie Abounader, <i>Centralina Regional Council</i> Asma Warrich, <i>PMQI Program Manager</i> Dr. Alicia Primus, <i>Community Impact Director</i> Ryan McGhee, <i>Information Technology Director</i>
<b>J. HEALTH DIRECTOR REMARKS</b>	Erin Shoe, MPH, <i>Health Director</i>
<b>K. ANNOUNCEMENTS</b>	Chairperson Lara Pons, MD
<b>L. CLOSED SESSION</b>	Chairperson Lara Pons, MD <b><i>Motion to enter into Closed Session pursuant to NCGS143-318.11(a)(6) to consider the qualifications, competence, performance, character, fitness, conditions or appointment, or conditions of initial employment of an individual public officer or employee or prospective public office or employee.</i></b>
<b>M. MOTION TO ADJOURN</b> <i>Motion</i>	Chairperson Lara Pons, MD



## B. ADOPTION OF THE AGENDA

*Chairperson Lara Pons, MD*



C. APPROVAL OF THE  
MINUTES

*Chairperson Lara Pons, MD*

August 19,2025

Regular Meeting

*[Click here to view minutes](#)*

August 19,2025

Closed Session

September 26,2025

Special Called Board Meeting

*[Click here to view minutes](#)*



## D. INFORMAL PUBLIC COMMENTS

*Chairperson Lara Pons, MD*



## E. RECOGNITIONS

*Chairperson Lara Pons, MD*

**SAVE THE DATE**  
**Tuesday, October 21, 2025**  
Drop in from 11:00am - 1:00pm



**Gregory Keith Stewart**  
**Wellness Kitchen Ribbon Cutting**

We will have light refreshments and time to fellowship and celebrate Greg.



**cha** CABARRUS HEALTH ALLIANCE

The graphic features a background of faint, light green line-art illustrations of various vegetables like onions, broccoli, and leafy greens. The text is centered and uses a mix of bold and regular fonts. The portrait of Gregory Keith Stewart is a square photograph showing him from the chest up, wearing glasses and a grey zip-up jacket.

Gregory Keith Stewart Wellness Kitchen



## F. BOARD MEMBER INSTALLATION AND OATH OF OFFICE

*Alisha Richards,  
Notary*

### Board Member Installation and Oath of Office:

- Daryle Adams, Ed.S, **Reappointed**



## G. REPORTS

### Reports:

#### **Philanthropy Strategy**

Sarah Vingoe, *Development Officer*

Candice Kane, *Cannon Foundation, Senior Trust Program Officer*

Lilly Skok Bunch, *CapDev, Senior Counsel*

#### **Finance Committee Reports**

- CHA Financial Summary
- CHA Snapshot

Sue Yates, *Chief Financial Officer*



## G. REPORTS

### **Philanthropy Strategy**

Sarah Vingoe, *Development Officer*

Candice Kane, *Cannon Foundation, Senior Trust Program Officer*

Lilly Skok Bunch, *CapDev, Senior Counsel*



# PRESENTATION TO

## Cabarrus Health Alliance

Building a Culture of Private Philanthropy  
Lilly Skok Bunch, CapDev

October 21, 2025



## Current State: Cabarrus Health Alliance

- ❖ CHA is generously funded by the County, State Grants and Fee for Service Revenue (Medicaid, private insurance etc.) but has limited private philanthropic support.
- ❖ Preventative care programs often go unfunded and there are few unrestricted funds available to start new programs quickly.
- ❖ CHA is not seen by the community as a repository for charitable donations – especially from individuals.
- ❖ Long-term relationships with corporate partners don't exist that provide ongoing revenue.



## Ideal State: Cabarrus Health Alliance

- ❖ Relationships provide ongoing private funding for innovative programs that are a hallmark of CHA.
- ❖ Private funding is available for preventative care programs, and staff have the ability to launch new programs that meet community need.
- ❖ CHA has diversified funding streams that allow responding to community needs quickly with unrestricted dollars available to invest.
- ❖ The community to see CHA and its programs as a “great investment” for private charitable dollars.



How do we expand and to whom?



# Sources of Giving: \$592.50 Billion in 2024

## Where did the charitable dollars go?

### Contributions by destination

percentage of the total contributions\* ←



↔ change in comparison to total raised in 2023

## Where did the generosity come from?

### Contributions by source

By percentage of the total

**66%** \$392.45 billion

### Giving by Individuals

↑ increased 8.2% from 2023

**19%** \$109.81 billion

### Giving by Foundations

↑ increased 2.4% from 2023

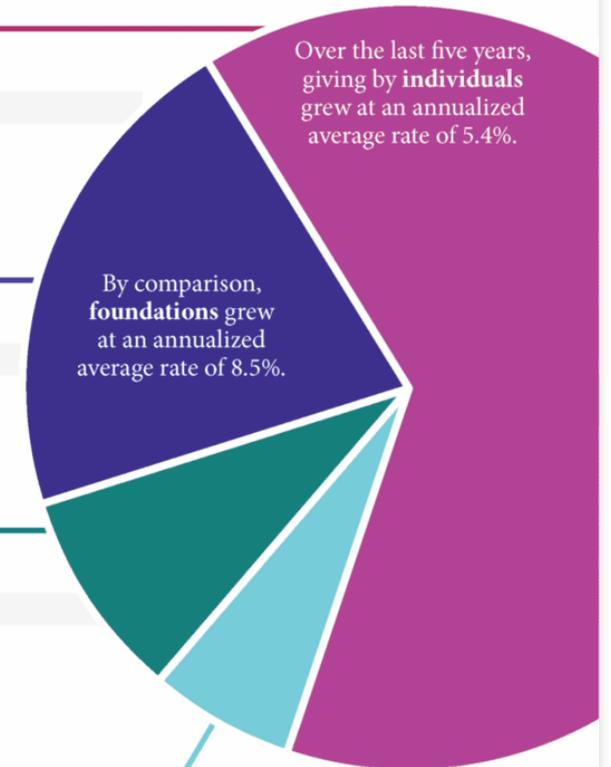
**8%** \$45.84 billion

### Giving by Bequest

↓ declined 1.6% from 2023

**7%** \$44.40 billion

### Giving by Corporations



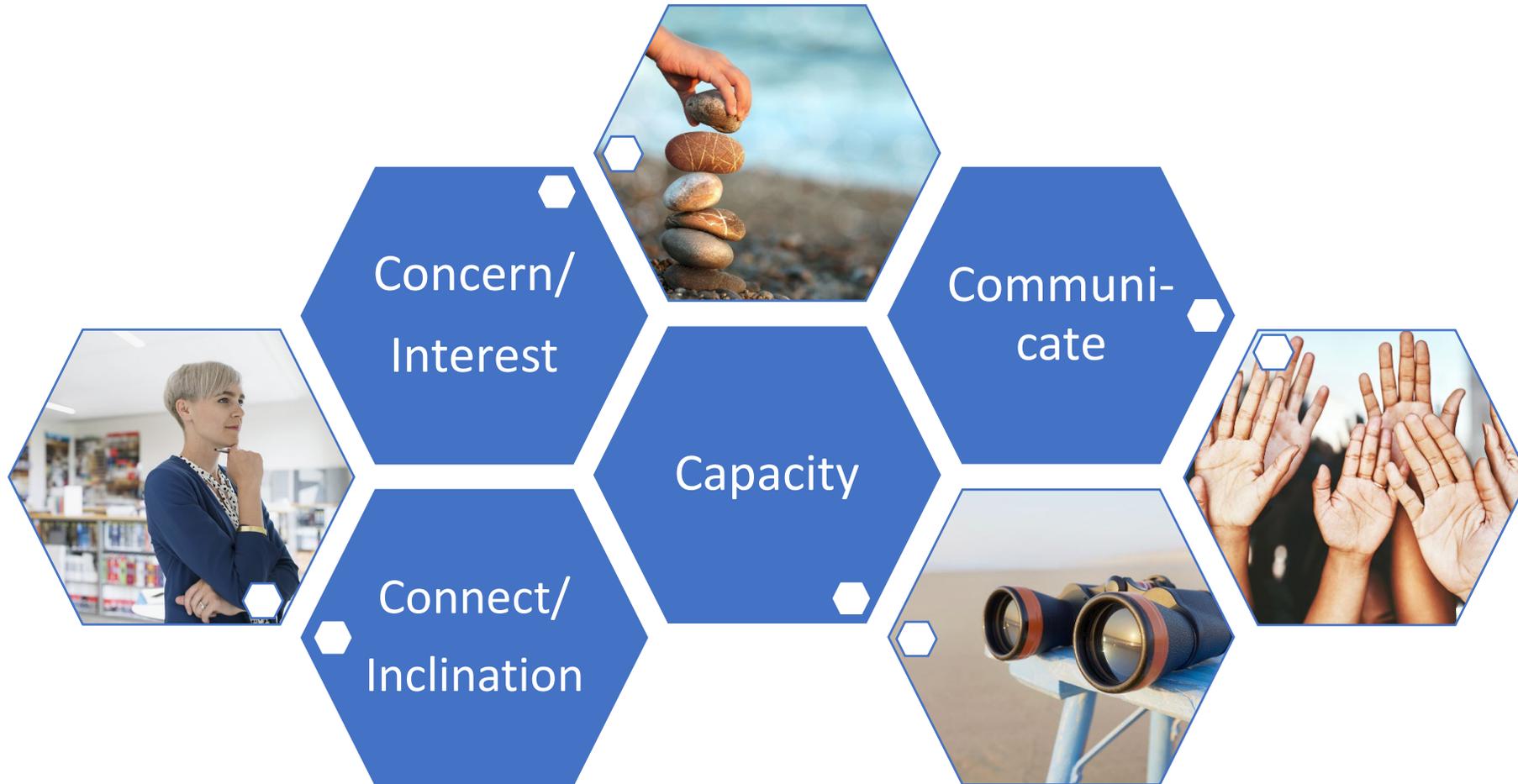


# Where to Find Supporters





# Who makes a potential supporter?





# Where do we go from here?

Making a case for private philanthropy



Identify stakeholders/prospects



Engage board in the work/Board serve as “connectors”



Host groups across communities/with board help!



ASK



# What we all can do!

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- ❖ Share CHA's impact through storytelling
  - ❖ Share gratitude with stakeholders and supporters
  - ❖ Create a vision for CHA's future
    - ❖ Connect CHA staff with stakeholders
    - ❖ Make a gift that makes sense for you to CHA before the end of the year



## Next Steps

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- ❖ Review the Case for Support and offer advice
- ❖ Review the Stakeholder list and note where you can be a connector
- ❖ Consider making an end of year donation of any amount to support CHA and *share your passion with others.*



**Thank you** Cabarrus Health Alliance

Q&A and Discussion



## G. REPORTS

### **Finance Committee Reports**

- CHA Financial Summary
- CHA Snapshot

*Sue Yates, Chief Financial Officer*

# Financial Summary Report

Reviewed and  
recommended for  
approval by Finance  
Committee: 10/14/2025

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY FINANCIAL SUMMARY REPORT					Fiscal Year 2025 2 Months ending August 31, 2025 Target Percentage 16.67% Modified Accrual			
REVENUES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	Fiscal Year 2026	Fiscal Year 2026	ACTUAL	Year to Date %
	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	ORIGINAL BUDGET	BUDGET	08/31/25	COLLECTED
INTERGOVERNMENTAL REVENUES	\$ 24,443,947	\$ 28,216,196	\$ 24,550,592	\$ 25,599,140	\$ 24,583,856	\$ 24,611,424	\$ 2,985,067	12.13%
MEDICAID COST SETTLEMENT	\$ 3,098,145	\$ 2,118,045	\$ 3,740,447	\$ 4,577,929	\$ 4,187,526	\$ 4,187,526	\$ 697,921	16.67%
MANAGED CARE QUARTERLY PAYMENT	\$ -	\$ 529,831	\$ 450,509	\$ 432,498	\$ 564,901	\$ 564,901	\$ 697,921	123.55%
PERMITS & FEES	\$ 340,160	\$ 363,658	\$ 298,053	\$ 326,185	\$ 338,849	\$ 338,849	\$ 40,335	11.90%
SALES & SERVICES	\$ 1,541,742	\$ 1,243,433	\$ 1,177,936	\$ 1,201,564	\$ 1,745,426	\$ 1,745,426	\$ 193,578	11.09%
INVESTMENT EARNINGS	\$ 15,223	\$ 298,825	\$ 362,632	\$ 359,956	\$ 235,000	\$ 235,000	\$ 74,174	31.56%
MISCELLANEOUS	\$ 67,453	\$ 78,531	\$ 53,715	\$ 70,119	\$ 40,817	\$ 40,817	\$ 5,157	12.63%
CONTRIBUTIONS & PRIVATE GRANTS	\$ 579,848	\$ 1,476,544	\$ 1,595,583	\$ 3,958,869	\$ 1,750,127	\$ 2,383,127	\$ 165,804	6.95%
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	\$ 4,857,446	\$ 4,857,446	\$ -	0.00%
<b>TOTAL</b>	<b>\$ 30,086,519</b>	<b>\$ 34,323,063</b>	<b>\$ 32,229,467</b>	<b>\$ 36,526,260</b>	<b>\$ 38,303,948</b>	<b>\$ 38,964,516</b>	<b>\$ 4,859,756</b>	<b>12.47%</b>
EXPENDITURES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	Fiscal Year 2026	Fiscal Year 2026	ACTUAL	Y-T-D %
	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	\$ 45,838	ORIGINAL BUDGET	BUDGET	08/31/25	SPENT
ENVIRONMENTAL HEALTH	\$ 1,429,941	\$ 1,735,411	\$ 1,712,590	\$ 1,905,268	\$ 2,086,162	\$ 2,097,317	\$ 296,592	14.14%
INFORMATION TECHNOLOGY SYSTEMS	\$ 1,158,973	\$ 1,092,401	\$ 1,054,304	\$ 940,765	\$ 1,219,977	\$ 1,219,977	\$ 203,280	16.66%
GENERAL ADMINISTRATION	\$ 3,235,818	\$ 4,665,661	\$ 4,307,096	\$ 7,765,538	\$ 9,047,704	\$ 9,680,704	\$ 1,226,259	12.67%
FAMILY CARE COORDINATION	\$ 1,251,648	\$ 1,582,220	\$ 1,341,827	\$ 1,519,929	\$ 1,567,780	\$ 1,570,523	\$ 195,446	12.44%
SCHOOL HEALTH	\$ 6,979,729	\$ 7,392,127	\$ 4,838,775	\$ 5,335,494	\$ 5,582,196	\$ 5,582,196	\$ 491,063	8.80%
COMMUNITY IMPACT	\$ 2,502,914	\$ 3,199,702	\$ 3,474,876	\$ 4,556,845	\$ 3,293,977	\$ 3,293,977	\$ 422,611	12.83%
DENTAL HEALTH	\$ 3,708,063	\$ 4,015,567	\$ 5,180,045	\$ 5,859,187	\$ 6,678,331	\$ 6,677,001	\$ 726,850	10.89%
VITAL RECORDS	\$ 70,154	\$ 72,346	\$ 78,036	\$ 79,245	\$ 84,046	\$ 84,046	\$ 5,329	6.34%
COMMUNICABLE DISEASE	\$ 4,145,338	\$ 5,158,646	\$ 4,228,051	\$ 2,057,475	\$ 1,927,896	\$ 1,927,896	\$ 289,170	15.00%
CLINICAL SERVICES	\$ 3,816,726	\$ 3,594,777	\$ 2,924,908	\$ 2,915,664	\$ 3,837,376	\$ 3,852,376	\$ 480,902	11.96%
BEHAVIORAL HEALTH	\$ 147,966	\$ 807,960	\$ 1,636,290	\$ 1,767,898	\$ 2,058,696	\$ 2,058,696	\$ 281,775	13.69%
WOMEN, INFANTS, CHILDREN	\$ 811,156	\$ 880,309	\$ 928,672	\$ 900,683	\$ 919,807	\$ 919,807	\$ 107,154	11.65%
<b>TOTAL</b>	<b>\$ 29,258,426</b>	<b>\$ 34,197,127</b>	<b>\$ 31,705,471</b>	<b>\$ 35,603,991</b>	<b>\$ 38,303,948</b>	<b>\$ 38,964,516</b>	<b>\$ 4,706,432</b>	<b>12.08%</b>
<b>FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 828,093</b>	<b>\$ 125,936</b>	<b>\$ 523,996</b>	<b>\$ 922,269</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 153,324</b>	

# Snapshot

Reviewed and  
recommended for  
approval by Finance  
Committee: 10/14/2025

Cabarrus Health Alliance Snapshot				
August 31, 2025				
Target Percentage 16.67%				
Modified Accrual				
	Budget	Actual	YTD Percentage	Comments
<b>Environmental Health</b>				
Revenue	2,097,317	333,102	15.88%	
Expense	2,097,317	296,592	14.14%	
<b>Information Technology</b>				
Revenue	841,967	140,328	16.67%	
Expense	1,219,977	203,280	16.66%	
<b>General Administration</b>				
Revenue	8,793,713	1,163,127	13.23%	
Expense	9,680,704	1,226,259	12.67%	
<b>Family Care Coordination</b>				
Revenue	1,570,523	234,715	14.95%	
Expense	1,570,523	195,446	12.44%	
<b>School Health</b>				
Revenue	5,582,196	484,618	8.68%	
Expense	5,582,196	491,063	8.80%	
<b>Community Impact</b>				
Revenue	3,237,271	418,837	12.94%	
Expense	3,293,977	422,611	12.83%	
<b>Dental Health</b>				
Revenue	8,118,131	1,081,211	13.32%	
Expense	6,677,001	726,850	10.89%	
<b>Vital Records</b>				
Revenue	83,060	13,843	16.67%	
Expense	84,046	5,329	6.34%	
<b>Communicable Disease</b>				
Revenue	1,927,896	256,403	13.30%	
Expense	1,927,896	289,170	15.00%	
<b>Clinical Services</b>				
Revenue	3,852,376	336,042	8.72%	
Expense	3,852,376	460,902	11.96%	
<b>Behavioral Health</b>				
Revenue	2,058,696	265,175	12.88%	
Expense	2,058,696	281,775	13.69%	
<b>Women, Infants, and Children</b>				
Revenue	801,370	102,864	12.84%	
Expense	919,807	107,154	11.65%	
Green - Revenues are greater than expenses or percentage is within 5% points				
Yellow - Revenues are less than expenses when not anticipated and percentage variance is between 6% and 15%				
Red - Revenues are less than expenses when not anticipated and percentage variance is greater than 16%				



## H. CONSENT AGENDA

*Chairperson Lara Pons, MD*

- **Budget Revisions**
- **Finance Policies**

*Sue Yates, Chief Financial Officer*



## H. CONSENT AGENDA

### **Budget Revisions**

Sue Yates, *Chief Financial Officer*

*[Click here to view](#)*



# Budget Revisions

Reviewed and recommended for approval by Finance Committee: 10/14/2025

Summary	Amount Increase or (Decrease)
<b>Behavioral Health: Child Therapist</b> <ul style="list-style-type: none"> <li>Cabarrus County Opioid Settlement Funds received for Child Therapist</li> </ul>	\$59,679
<b>Behavioral Health: OSSUN (Opioid Settlement Funds – Implementation of Opioid Abatement Strategies: Addressing the needs of pregnant or parenting women and their families, including babies with Neonatal Abstinence Syndrome)</b> <ul style="list-style-type: none"> <li>Fiscal Year 2025 carryover for the Opioid Settlement OSSUN Grant</li> </ul>	\$59,273
<b>Behavioral Health: OSMAT (Opioid Settlement Funds – Implementation of Opioid Abatement Strategies: Evidence Based Addiction Treatment)</b> <ul style="list-style-type: none"> <li>Fiscal Year 2025 carryover from Cabarrus County Opioid Settlement Fund for OSMAT Grant</li> </ul>	\$165,392
<b>Community Impact: Lifestyle Medicine</b> <ul style="list-style-type: none"> <li>Reduce Lifestyle Medicine budget due to Fiscal Year 2025 carryover</li> </ul>	\$(135)
<b>Community Impact: Lifestyle Medicine</b> <ul style="list-style-type: none"> <li>Fiscal Year 2025 carryover for the Lifestyle Medicine Extension Grant</li> </ul>	\$34,839
<b>Community Impact: Elevate Grant</b> <ul style="list-style-type: none"> <li>Fiscal Year 2025 carryover for the Elevate Grant</li> </ul>	\$10,334
<b>Community Impact: Community Health Worker Grant</b> <ul style="list-style-type: none"> <li>Fiscal Year carryover for the Center for Disease Control – Community Health Worker Grant</li> </ul>	\$10,334
<b>Women, Infants, &amp; Children: Funding</b> <ul style="list-style-type: none"> <li>Increase in Women, Infants, &amp; Children funding due to increase caseload</li> </ul>	\$81,379



## H. CONSENT AGENDA

### **Finance Policies**

Sue Yates, *Chief Financial Officer*

*[Click here to view](#)*

# Finance Policies

Summary	
<b>Finance:</b> Conflict of Interest Policy – American Rescue Plan Act of 2021	No changes
<b>Finance:</b> Allowable Costs and Costs Principles Policy	No changes
<b>Finance:</b> Eligible Use Policy – American Rescue Plan Act of 2021	No changes
<b>Finance:</b> Non-Discriminations Policy – American Rescue Plan Act of 2021	No changes
<b>Finance:</b> Subscription-Based Technology Arrangements	No changes



**Strategic Plan Adoption *Motion***

Kelly Weston & Laurie Abounader, *Centralina Regional Council*  
Asma Warrich, *PMQI Program Manager*

**Cabarrus County Well-Being Strategy Introduction**

Dr. Alicia Primus, *Community Impact Director*

**Logically Contract, Information Technology Services *Motion***

Ryan McGhee, *Chief Technology Officer*

I. BUSINESS AGENDA

*Chairperson Lara Pons, MD*



## I. BUSINESS AGENDA

### Strategic Plan Adoption *Motion*

Kelly Weston & Laurie Abounader, *Centralina Regional Council*

Asma Warrich, *PMQI Program Manager*



**CENTRALINA**  
REGIONAL COUNCIL

# **Cabarrus Health Alliance Strategic Planning Process**

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*Board Presentation  
October 21, 2025*



# **Overview: Strategic Planning Process**

# What is a Strategic Plan?

**It's a management tool that outlines:**

- Where an organization is going in the future (vision)
- Goals and actions needed to make progress (blueprint)
- How it will know if it is successful (accountability)



# Why Strategic Planning Matters

- Sets clear direction for Board and Administration
- “North Star” to guide decision making
- Shapes public spending and fiscal policy
- Ties together previous plans and studies
- Builds public trust and transparency
- Motivates employees



# Strategic Plan Elements

Phase 1

**Foundation:** Mission, Vision, Values

**Goals:** Achieves the Vision

**Objectives:** Achieves the Goals

Phase 2

**Annual Tactics:** Completed each year

**Core Services:** Alignment of core services

**Monitoring and Evaluation Plan**



# CHA Strategic Planning Process Phases

## Phase 1: Foundations

October 2023 – January 2024

### Deliverables

- Mission
- Vision
- Values

*Approved by Board in January 2024*

## Phase 2: Goal & Objective Development

February 2025 – October 2025

### Deliverables

- Goals
- Objectives
- Tactics
- Monitoring and Evaluation Plan

*Presented for Board Approval*



# Phase 1

## Outcomes & Deliverables

### Our Mission

To improve individual and community health through services, education, and collaborative action.

### Our Vision

We envision a thriving community where people make healthy choices in healthy environments.

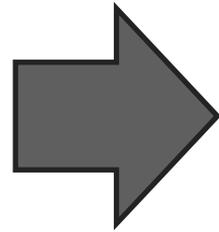
### Our Values



# Phase 2 Process Flow

## Process Launch and Current State Assessment:

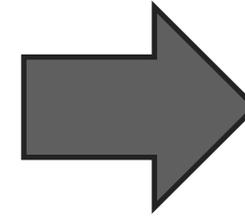
*What are we today?  
How do we achieve our vision and mission?*



## Goal Setting

## Objective Development

## Evaluation



## Draft Plan

- **Leadership Team and Staff Voice Briefing** - 3/5
- **Board Briefing** - 3/18
- **Stakeholder Focus Groups** (External - 3/26, 3/27)
- **Employee Survey** (Internal)

- **Joint Work Session #1** – Goals (Internal Focus – 4/29)
- **Joint Work Session #2** – Goals (External Focus – 5/12)
- Pulse Check Survey
- **Joint Work Session #3** – Objective Development - 6/10
- **Joint Work Session #4** – Objective Refinement and Evaluation Approaches - 7/15

- **PMT Work Session** – Review Final Content - 7/29
- **Board Briefing and Plan Approval** – 10/21

# Current State Assessment

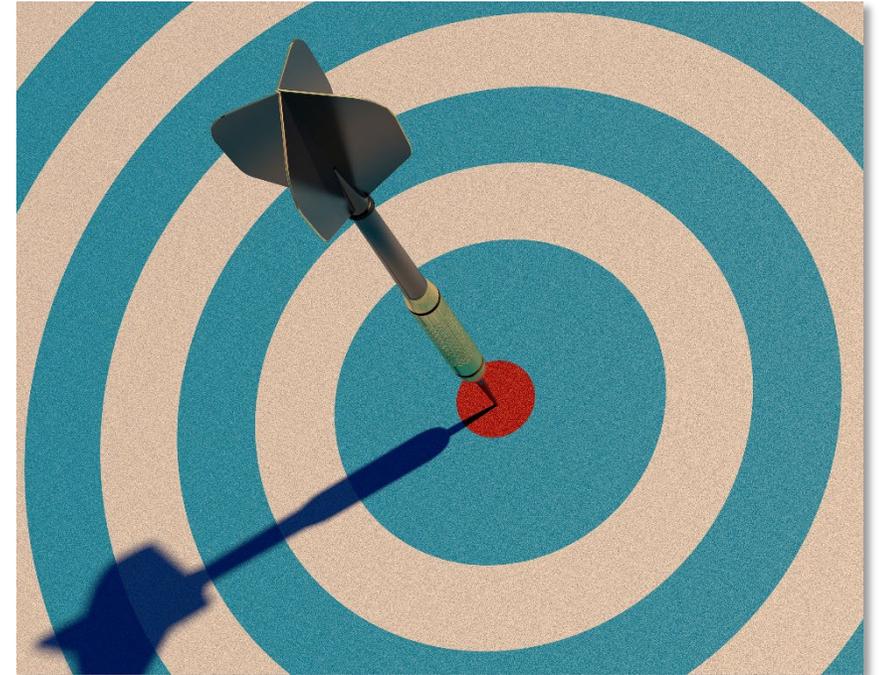
## Key Themes

### *What We Heard Across Internal & External Stakeholder Groups*

- **Access to services:** Need for addressing barriers to ensure equitable service delivery
- **Communication:** Potential for improving communication to help increase community awareness of CHA programs and services
- **Community engagement:** Effectively engaging the community to help combat misinformation and increase organizational visibility

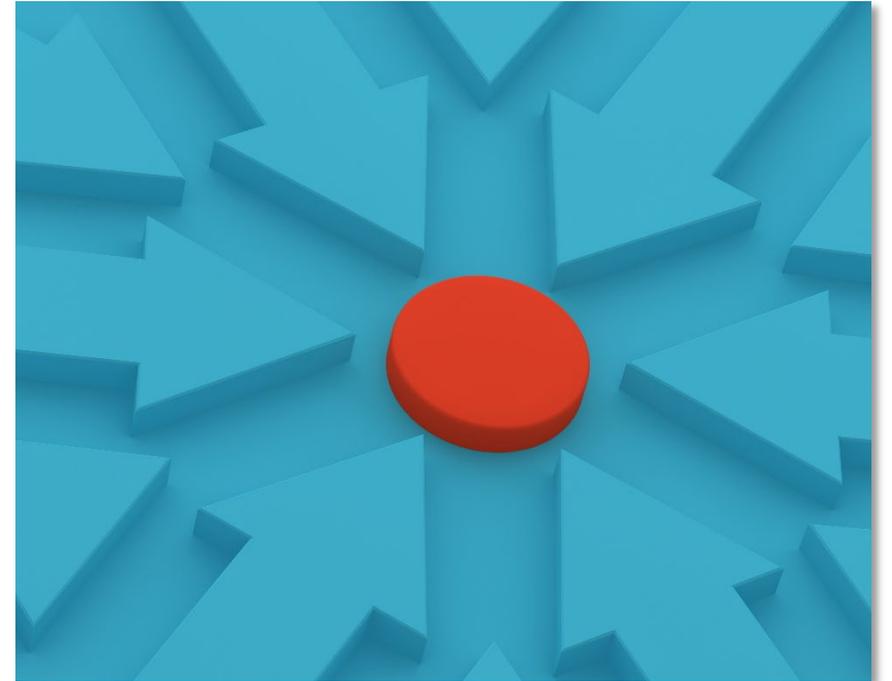
# From Assessment to Goal-Setting

- Built on insights from the Current State Assessment
- Five goal themes emerged that reflected shared priorities and focus areas
- Centralina drafted preliminary goal language for the Leadership Team to develop further
- Pulse check survey gathered feedback on draft goals
- Project Management Team refined the goals



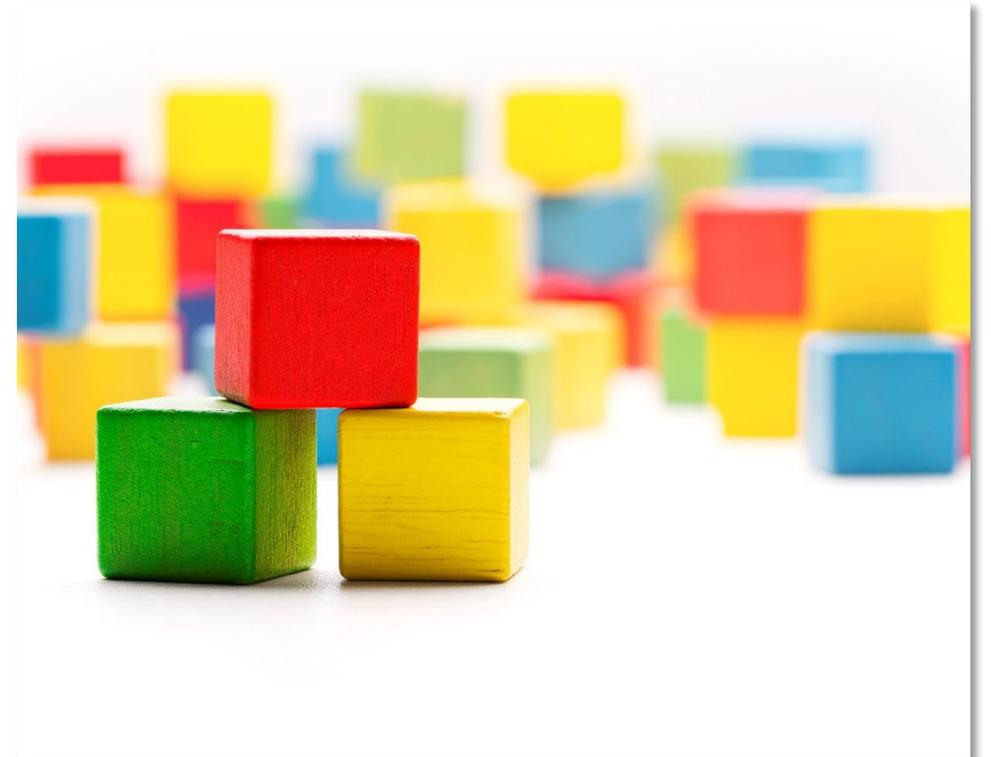
# From Goal-Setting to Developing Objectives

- Defined a desired future state and identified what CHA could achieve over the next 5 years
- Leadership Team prioritized desired outcomes for each goal area
- Project Management Team and members of the Leadership Team finalized four goals along with supporting objectives and tactics



# Laying the Groundwork for Plan Implementation

- Regular schedule for monitoring plan progress
- Dashboards, scorecards and other tools to track objectives and tactics
- Organization-wide communication – town halls, newsletters, emails, meetings, Board updates



# What Makes This Strategic Plan Strong

## Valued Employee Engagement

- All levels of the organization had an opportunity to provide input

## Collaboration-Driven Planning

- Leaders from across departments worked together to think strategically and align around focus areas

## Diverse Perspectives Represented

- Voices from staff, leadership, and community partners shaped the actions outlined in the plan

# Bringing the Plan to Life

With a clear vision in place, CHA is poised to take strategic action to achieve meaningful community impact



# THANK YOU

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Michelle Nance [mnance@centralina.org](mailto:mnance@centralina.org) *(retired)*

Laurie Abounader [labounader@centralina.org](mailto:labounader@centralina.org)

Kelly Weston [kweston@centralina.org](mailto:kweston@centralina.org)

Kasia Thompson [kthompson@centralina.org](mailto:kthompson@centralina.org)

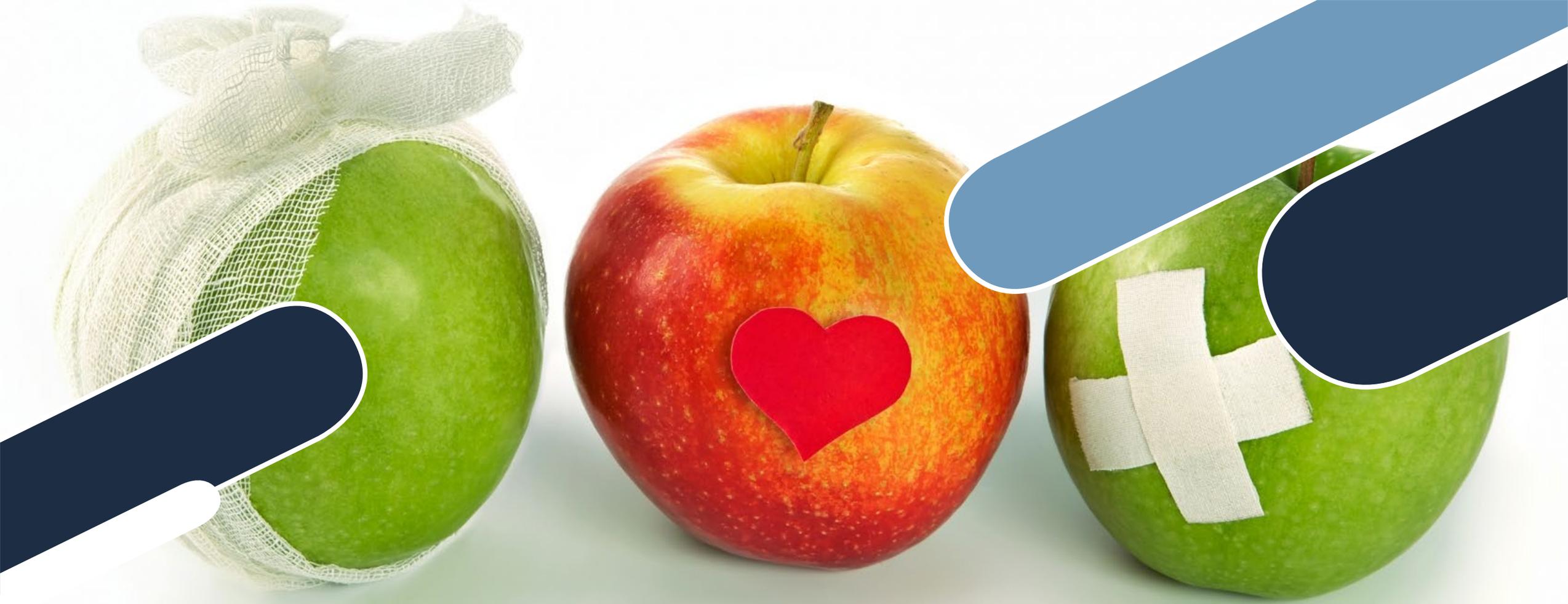


# The Public Health Authority of Cabarrus County

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Strategic Plan  
Fiscal Years  
2026-2029





**Thank you to our CHA Board  
Member Representatives!**

**Daryle and Cecilia**

# Evolution of CHA Goals At-a-Glance

	Goals Suggested by Centralina Based on Staff/Stakeholder Input	Leadership Teams Homework to Refine and Present Goals	Additional Refinement Based on Staff Survey and Work Session #3 Feedback	Additional Refinement as a Result of Objective Development	Revisions suggested by Project Management and Leadership	Final Changes by Leadership Team at Work Session #4
Date	April 29, 2025	May 12, 2025	June 10, 2025	June-July 2025	July 14, 2025	July 15, 2025
Goal 1 Community Health	Advance community health by using data-driven strategies to inform policies, programs and resource allocation.	Advance <b>the health of our</b> community health by using data-driven strategies to inform policies, programs and resource allocation.	<b>Improve community health</b> by using <b>evidence-based</b> strategies to inform policies, programs and resource allocation.	<b>Promote better health outcomes by using data-driven approaches to shape policies, design programs, and allocate resources.</b>	Promote better health outcomes by using data-driven, <b>evidence-based</b> approaches to shape policies, design programs, and allocate resources <b>effectively</b> .	<b>Goal 1 Community Health</b> Promote better health outcomes by using data-driven approaches to shape policies, design programs, and allocate resources.
Goal 2 Collaboration & Partnerships	Strengthen collaborations and partnerships across sectors to align resources, share knowledge and collectively address public health priorities.	<b>Enhance</b> collaborations and partnerships across sectors to align resources, share knowledge, and collectively address <b>community needs</b> .	Enhance collaborations and partnerships across sectors to align resources, share knowledge and collectively address <b>public health priorities</b> .	<b>Advance multi-sector partnerships to support resource alignment, knowledge sharing, and to support a unified response to public health needs.</b>	Advance multi-sector partnerships to support resource alignment, knowledge sharing, and to support a unified response to public health needs.	<b>Goal 2 Collaboration &amp; Partnerships</b> Advance multi-sector partnerships to support resource alignment, knowledge sharing, and to support a unified response to public health needs.

# Evolution of CHA Goals At-a-Glance

	Goals Suggested by Centralina Based on Staff/Stakeholder Input	Leadership Teams Homework to Refine and Present Goals	Additional Refinement Based on Staff Survey and Work Session #3 Feedback	Additional Refinement as a Result of Objective Development	Revisions suggested by Project Management and Leadership	Final Changes by Leadership Team at Work Session #4
Date	April 29, 2025	May 12, 2025	June 10, 2025	June-July 2025	July 14, 2025	July 15, 2025
Goal 3 Engagement & Education	Enhance community engagement and provide accessible, responsive public health education to empower individuals and communities in making informed health choices.	Enhance community engagement and provide accessible, responsive public health education to <b>combat misinformation, promote health literacy and</b> empower individuals and communities in making informed health choices.	<b>Promote</b> community engagement and provide accurate, accessible, responsive public health education to promote health literacy and empower individuals and communities in making informed health choices.	<i>Goals 3 and 4 Combined Into Engagement &amp; Communication Goal</i>		
Goal 4 Communication	Strengthen communication for the public, community partners and internal teams to support trust, collaboration and informed decision-making. Note: could fit under Engagement & Education goal	Strengthen communication for the public, community partners and internal teams to support <b>access, trust and collaboration.</b> <del>and informed decision-making.</del>	Strengthen communication for the public, community partners and internal teams to support trust, collaboration and <b>informed decision-making.</b>	<i>Goals 3 and 4 Combined into Engagement &amp; Communication Goal</i>		

# Evolution of CHA Goals At-a-Glance

	Goals Suggested by Centralina Based on Staff/Stakeholder Input	Leadership Teams Homework to Refine and Present Goals	Additional Refinement Based on Staff Survey and Work Session #3 Feedback	Additional Refinement as a Result of Objective Development	Revisions suggested by Project Management and Leadership	Final Changes by Leadership Team at Work Session #4
Date	April 29, 2025	May 12, 2025	June 10, 2025	June-July 2025	July 14, 2025	July 15, 2025
<b>Goals 3 and 4 Combined Into Engagement &amp; Communication Goal</b>				Goal 3 <b>Engagement &amp; Communication</b> Strengthen engagement and communication with the community and partners to provide accurate, accessible, and responsive public health education to increase health literacy, and empower individuals and communities to make healthy choices	Enhance engagement and communication to deliver accurate, accessible public health education that promote health literacy and empowers informed decision-making.	Goal 3 <b>Engagement &amp; Communication</b> Enhance engagement and communication to deliver accurate, accessible public health education.

# Evolution of CHA Goals At-a-Glance

	Goals Suggested by Centralina Based on Staff/Stakeholder Input	Leadership Teams Homework to Refine and Present Goals	Additional Refinement Based on Staff Survey and Work Session #3 Feedback	Additional Refinement as a Result of Objective Development	Revisions suggested by Project Management and Leadership	Final Changes by Leadership Team at Work Session #4
Date	April 29, 2025	May 12, 2025	June 10, 2025	June-July 2025	July 14, 2025	July 15, 2025
<b>Goal 5 CHA as Organization of Choice</b>	Develop and retain a stable, satisfied and high-performing workforce by fostering a supportive environment that promotes well-being, professional growth and operational excellence.	Develop and retain a <del>stable, satisfied</del> <b>committed</b> and high-performing workforce by fostering a supportive environment that promotes well-being, professional growth and operational excellence.	Develop and retain a committed and high-performing workforce by fostering a supportive environment that promotes well-being, professional growth and operational excellence.	Develop and retain a committed and high-performing workforce by fostering a supportive environment that promotes well-being, professional growth and operational excellence.	<b>Cultivate</b> and retain a <b>motivated</b> workforce <b>through a positive environment</b> that <b>supports wellness</b> , professional growth, and <b>high standards of performance</b> .	<b>Goal 4 CHA as Organization of Choice</b> Cultivate and retain a motivated workforce through a positive environment that supports <b>employee well-being</b> , professional growth, and high standards of performance.

# CHA Strategic Planning Goals & Strategies



## Goal 1

### Community Health:

Promote better health outcomes by using data-driven approaches to shape policies, design programs, and allocate resources.

**Strategy A:** Optimize service delivery to better meet community needs.

**Strategy B:** Elevate public health on the policy agenda through targeted advocacy and resource mobilization.

**Strategy C:** Improve how data is shared and leveraged to drive action.

## Goal 2

### Collaboration & Partnerships:

Advance multi-sector partnerships to support resource alignment, knowledge sharing, and to support a unified response to public health needs.

**Strategy A:** Develop strategic collaborations to increase partner capacity and facilitate resource sharing within the community.

**Strategy B:** Coordinate internal teams and external partners to support cohesive collaboration.

## Goal 3

**Engagement & Communication:** Enhance engagement and communication to deliver accurate, accessible public health education.

**Strategy A:** Expand engagement efforts to promote programs and services to a broader audience.

**Strategy B:** Foster transparent and effective communication with partners and the public.

## Goal 4

**CHA as a Workplace of Choice:** Cultivate and retain a motivated workforce through a positive environment that supports employee well-being, professional growth, and high standards of performance.

**Strategy A:** Promote initiatives that drive operational excellence.

**Strategy B:** Sustain high levels of employee satisfaction and retention.

**Strategy C:** Nurture staff and foster employee skill development and growth

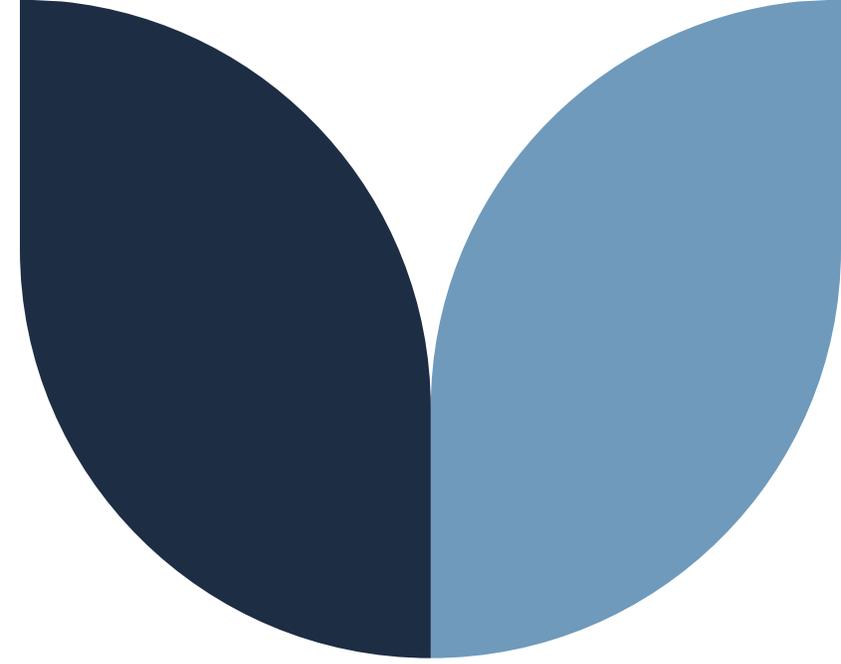
**Strategy D:** Cultivate a workplace culture rooted in engagement and compassion



## I. BUSINESS AGENDA

### **Cabarrus County Well-Being Strategy Introduction**

Dr. Alicia Primus, *Community Impact Director*



# T.H.R.I.V.E.

## *Our 10 Year Wellbeing Plan*

Dr. Alicia Primus, Community Impact Director



CABARRUS  
HEALTH  
ALLIANCE

# THRIVE

T – Teach healthy habits

H – Harvest partnerships

R – Reduce chronic disease risk factors

I – Improve local practices, policies, and environments

V – Value community voice

E – Empower students and families

# Establishing Our Why

Chronic disease continues to be a leading cause of death in Cabarrus County and in the United States. With concerted effort to prevent and manage chronic disease through lifestyle and policy, systems and environmental change, we can improve quality of life for Cabarrus residents and patrons.

# Focus Areas

- Chronic Disease Prevention and Risk Reduction (CDPRP)
- Chronic Disease Management (CDM)
- Access to Healthy Food
- Health Communications and Promotion (HCP)
- Policy, Research, and Advocacy

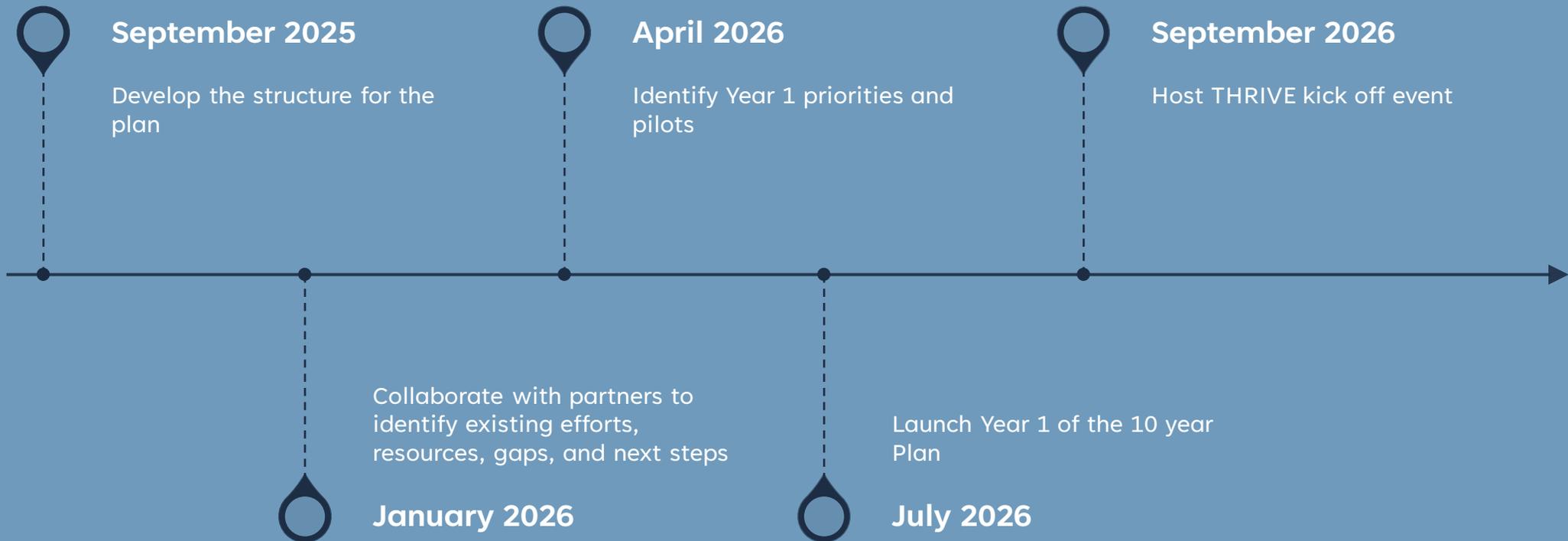




**LIFESTYLE MEDICINE FOCUSES ON 6 AREAS TO IMPROVE HEALTH**



# FY26 Timeline



# Thank you

Dr. Alicia Primus

[Alicia.Primus@cabarrushealth.org](mailto:Alicia.Primus@cabarrushealth.org)

980-565-8295

[www.cabarrushealth.org](http://www.cabarrushealth.org)



## I. BUSINESS AGENDA

### Logically Contract, Information Technology Services *Motion*

Ryan McGhee, *Chief Technology Officer*



# Cyber Security Services Contract

Ryan McGhee - October 2025



CABARRUS  
HEALTH  
ALLIANCE

# CHA Cyber Security Components

1. Networking
2. Firewall, web filtering, and VPN
3. Endpoint Detection and Response (EDR)
4. Extended Detection and Response (XDR)
5. Other software (RMM and MDM)
6. Cloud apps as a security enhancement
7. Policies: HIPAA Security, IT Policies, Annual Risk Assessment
8. Onboarding, Offboarding, and Authentication
9. Training and Education
10. Incident Response and COOP Plan



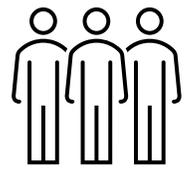
# Endpoint Detection and Response EDR

While the focus of antivirus solutions is on the (potentially malicious) files that are being introduced to the system, an EDR, in contrast, focuses on collecting data from the endpoint and examining that data for malicious or anomalous patterns in real time.

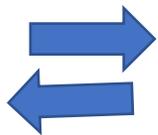


<https://www.sentinelone.com/platform/small-business/cybersecurity-tools-for-small-businesses-smb/>

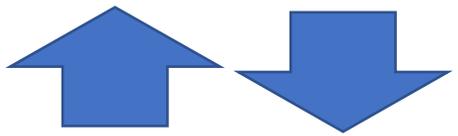




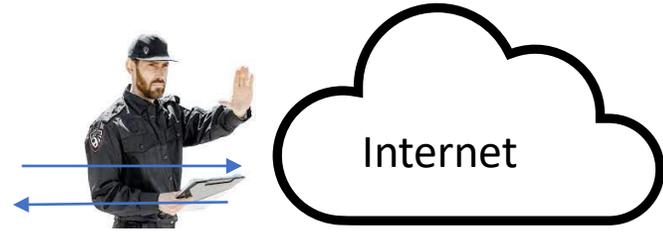
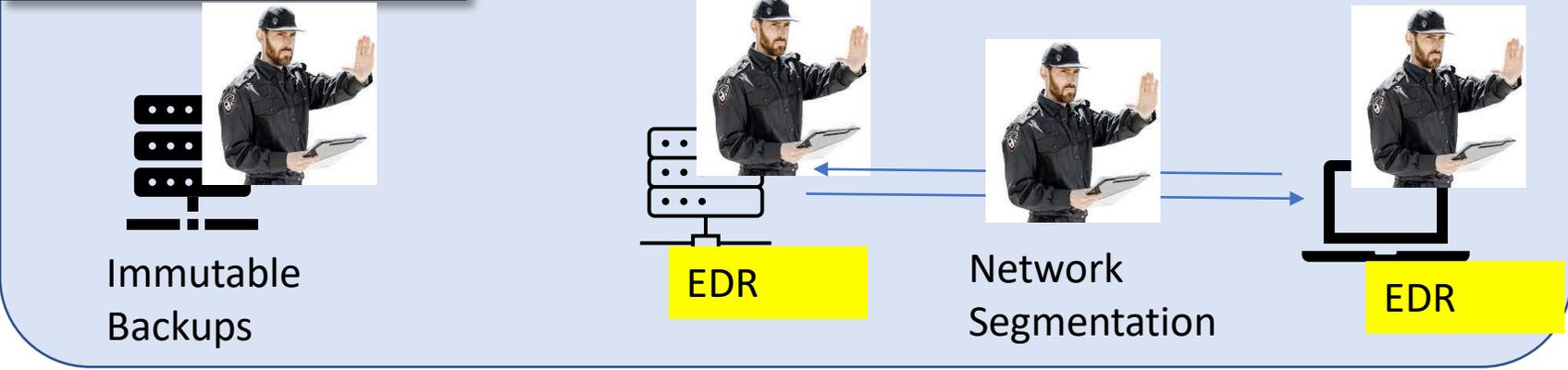
CHA IT



Extended Detection & Response (XDR)



**Cabarrus Health Alliance**



Next Gen Firewall

# Contract for Cyber Security Services (EDR, XDR, and Firewall Management)

In July 2022, we contracted with managed service provider, Logically, to provide EDR, XDR, and Firewall management services.

We're currently spending \$65,000 per year for these services and would like to continue as long as the vendor does a good job and the prices remain competitive.

We are asking the board to approve the 12-month renewal starting Jan. 1, 2026 which includes a 7% discount.





# J. HEALTH DIRECTOR REMARKS

*Erin Shoe, MPH*



## K. ANNOUNCEMENTS

*Chairperson Lara Pons, MD*



## L. CLOSED SESSION

*Chairperson Lara Pons, MD*

*Motion to Enter into Closed Session pursuant to NCGS 143-318.11 (a)(1) to prevent the disclosure of information that is privileged or confidential pursuant to North Carolina Law*



M. MOTION TO ADJOURN

*Chairperson Lara Pons, MD*



## Supplementary Documents Linked to Agenda Items



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
August 19, 2025

A regular meeting of The Public Health Authority Board was held on Tuesday, August 19, 2025.

Board members attended in-person at CHA.

*Members Present:* Lara Pons, MD, Chair  
Mark Spitzer, Vice-Chair  
Amy Jewell  
Kerry Dove  
Cecilia Plez  
Laura Lindsey  
Natasha Lipscomb  
Asha Rodriguez

*Members Absent:* Daryle Adams

*Staff Present:* Erin Shoe, Rolanda Patrick, Mariah Kendrick, April Sloop, Sue Yates, & Jessica Grant

*Guest and Members of the Public Present:* None

**CALL TO ORDER**

Chairperson Dr. Lara Pons called the meeting to order at 5:32pm.

**ADOPTION OF THE AGENDA**

Vice-Chair Mark Spitzer requested a motion to amend the agenda to add State Contract Utilization to the business agenda. Chairperson Dr. Lara Pons requested a motion to adopt the agenda with changes. Dr. Natasha Lipscomb moved. Laura Lindsey seconded. Motion and approval carried unanimously.

**APPROVAL OF THE MINUTES**

Chairperson Dr. Lara Pons requested a motion to approve the June 2025 minutes. Cecilia Plez moved. Amy Jewell seconded. Motion and approval carried unanimously.

**INFORMAL PUBLIC COMMENTS**

No public comments.

**BOARD MEMBER INSTALLATION & OATH OF OFFICE**

Dr. Kerry Dove & Asha Rodriguez took the Oath of Office as re-appointed Members to the Board of Commissioners. The Oath of Office was provided by Mariah Kendrick, Governance Program Manager.

## **REPORTS**

### Community Health Needs Assessment

Jessica Grant, Ed. D, Healthy Cabarrus Executive Director, presented the Community Health Needs Assessment (CHNA) Report. Jessica Grant provided an overview of the assessment process. The focus in the decision-making framework, include the 2025 Priority Needs:

- Behavioral Health
- Housing
- Transportation
- Early Childhood Education

Some feedback from Community Focus Groups on Behavioral Health were shared.

Jessica Grant reported that the number of emergency department visits for mental health conditions has increased since 2021.

- Since 2020, there has been an 11.6% increase in adults reporting 14 or more days of not having good mental health, in Cabarrus County
- 64% increase in emergency visits for self-inflicted injuries
- In 2024, 819 Cabarrus County Residents had 6,361 service encounters at Daymark Facility Based Crisis (FBC) locations – an average of 7.8 encounters per person
- Cabarrus County Schools reported 12,304 students received mental health services during the 2023-2024 school year. By the end of February 2025, that number reached 16,532 – a 35.4% increase.
- Qualified clinicians remain insufficient to meet the growing demand of mental health services
- The Regional Behavioral Health Center will address the necessary needs. But to prevent the reoccurring cycle of crisis – appropriate treatment and innovative approaches are required.

Homeless Indicators created by the Cabarrus County Homelessness Task Force from January to December 2024 were recorded as:

- There were 1,591 recorded evictions in 2024, averaging 133 per month, a 5% increase over 2023
- The Salvation Army served a total of 216 guests, received 3,292 requests for beds, and made 9,876 referrals for homeless services in quarter four of 2024. The number of guests served represents a 7% increase over quarter three of 2024.
- Opportunity House registered an average of 38 new clients per month – a 12% increase over 2023
- Cooperative Christian Ministry, received 602 applications for housing – a total of 1,500 people in housing crisis, at 2.5 per family. The number of applications increased by 13% over the same period in 2023.
- Cabarrus County and Kannapolis City Schools reported 751 students as homeless from August through December 2024, a 14% increase over the same period last year
- Help with Housing. Net received 341 unique applications in 2024. There were 901 people, including 417 children. The number of applications represents a 63% increase over 2023.
- The Cabarrus County Foster Care Program reported 157 youth in foster care. This represents a 16% decrease over 2023. Nine (9) youth aged out in 2024.

The number of households in Cabarrus County that are cost-burdened is 28%, the total of 21,797 households. Renters who have difficulty affording their homes is 51%, the total of 10, 655 households. Homeowners who have difficulty affording their homes is 19%, the total of 11,142 households. The average annual salaries include:

Teachers – \$57,930

Jessica Grant, stated we are currently working on Creating the report and sharing the results. Dr. Grant expressed gratitude in the power of working with the community strategically and creatively.

Vice-Chair Mark Spitzer invited Jessica Grant to present this information to the Kannapolis City Council. Mark Spitzer commended Jessica Grant on the work of the Assessment, and stated Jessica Grant did a great job documenting the process. Mark Spitzer acknowledged many Spanish speaking students do not feel they belong and that it is our responsibility of children to understand and prevent that experience from happening.

Jessica Grant emphasized the importance of adding community voice in the action planning process & the goal of providing a place at the table for the community.

Erin Shoe, Health Director, thanked Jessica Grant for her leadership as the Executive Director of Healthy Cabarrus. Erin Shoe stated they could not have asked for a better leader to fill this role.

Chairperson Dr. Lara Pons thanked Jessica Grant for the presentation and the hard work poured into creating an impactful Assessment. Chairperson Dr. Lara Pons shared experience as a Mt. Pleasant resident, of not having dependable access or resources of transportation. Chairperson Dr. Lara Pons expressed hope in finding a better solution for all residents.

#### Finance Committee Reports

Sue Yates, Chief Finance Officer, presented the following reports:

- CHA Financial Summary as of June 30, 2025. The summary includes revenues and expenditures, actuals for past and present fiscal year and the year-to-date collected percentages.
  - Reviewed and recommended for approval by Finance Committee on 8/12/2025
  - Net positive amount \$922,269. The original target was for \$909,000.
- CHA Snapshot as of June 30, 2025. The snapshot shows the budget, actuals, and year-to-date percentage collected for each department.
  - Reviewed and recommended for approval by Finance Committee 8/12/2025
  - Brown Mill Fund balance appropriation is included in the budget for General Administration
  - All departments are in 'the green' except Women, Infant & Children (WIC). WIC is yellow due to an expense exceeding revenues. There are no interruptions to WIC services due to agency funding.
  - Notes successful opening of Adult Primary Care

#### **CONSENT AGENDA**

##### Budget Revisions

Sue Yates presented an overview of the Budget Revisions. There are currently six (6) Budget Revisions. All were reviewed by the Executive and Finance Committee on 8/12/2025.

The Budget Revisions include the following:

- Brown Mill: Office Equipment & Furniture; \$60,000
  - To budget for the Cannon Grant received for the Brown Mill Upfit
- Finance; \$33,000

- To budget for the Hayes Charitable Trust funds received for contract with Capital Development (CapDev)
- Clinical: Child Fatality Case Reporting; \$2,743
  - To budget for the ARP Lead Agreement Addendum
- Environmental Health: ARP; \$11,155
  - To budget for the Child Fatality case reporting Agreement Addendum
- Clinical: SmartStart for Ultrasounds; \$15,000
  - To budget for the grant received from SmartStart for Ultrasounds
- Dental: Bilingual Dental Navigator; \$(1,330)
  - To adjust budget based on actuals for a two-year grant for Bilingual Dental Navigator

### Finance Policies

Sue Yates presented an overview of the Finance Policies. There are currently five (5) Finance Policies for review. All were reviewed by the Executive and Finance Committee on 8/12/2025.

- Finance: Program Income Policy
  - No changes; Program income is the gross income earned by CHA that is directly generated by supported activity or earned as a result of the ARP/CSLFRF Award during the period performance, which closes December 31, 2026.
- Finance: Program Management Policy
  - No changes; Details post award requirements related to property management of property acquired or updated in whole or in part, with Funds.
- Finance: Capital Assets Policy
  - No changes; To define the criteria for determining capital assets for CHA.
- Finance: CHA Financial Procedures Policy
  - New to CHA Board; Provides general information and guidelines to CHA staff on the financial principles of CHA.
- Information technology (IT): Mobile Phone Stipend Policy
  - Corrected spelling; Updated Standard CHA owned phone bullet points for clarification. The purpose of this policy is to establish guidance for determining eligibility and a process for receiving a mobile phone stipend for employees conducting CHA business on a personal device.

Chairperson Dr. Lara Pons requested a motion to approve the Budget Revisions & Finance Policies. Natasha Lipscomb moved. Asha Rodriguez seconded. Motion and approval carried unanimously.

### **BUSINESS AGENDA**

#### Annual Legal Training

William Isenhour, Partner with Johnston Allison Hord, provided the Board Action and Governance presentation. William has provided council to CHA since 2018. The *Annual Legal Training* agenda covered:

1. Board Meetings
  - a. Board Meetings Generally
    - i. Board Meetings are held on the third Tuesday of the month (with some exceptions) per the Meeting Schedule published by CHA
    - ii. Meetings are held at 5:30pm at CHA's offices

- iii. Members are expected to attend all Board meetings and actively participate to the meeting agenda
- b. Virtual vs. In-person Attendance
  - i. CHA Bylaws require meetings be held in person
  - ii. 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.
  - iii. 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.
    - 1. The NC School of Government is in the process of issuing a 3-part series in analyzing the legalities surrounding virtual vs. in-person meetings and what, if any, rules and approaches should be taken if a public body chooses to adopt a new hybrid approach to allow for virtual meetings now that the State of Emergency has been lifted.
  - iv. Our general recommendation is that Board members who must attend a meeting virtually may participate in discussions, but they cannot be counted for purposes of a quorum or for voting and taking action.
- c. Agenda Items for Board Meetings
  - i. While NC law does not require public bodies to have an agenda for meetings, if a public body chooses to prepare agendas, there are two requirements for such agendas:
    - 1. The agenda will include a public comment period
    - 2. The agenda for any special meetings state the purposes of that special meeting and limit all agenda items to those particular purposes.

Consent Agenda - 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.

- d. Order of Meetings
  - i. Quorum required for meetings
    - 1. Pursuant to CHA Bylaws, a quorum requires a majority of the Board members to be in attendance.
  - ii. Meetings are open to the public (unless in Closed Session)
  - iii. Meetings require proper voting
    - 1. All board members present must vote unless such member has been recused due to a conflict of interest.
- e. Closed Session
  - i. 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

- ii. 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:
    - 1. To prevent disclosure of confidential or privileged under law
    - 2. To consult with CHA's attorney to preserve attorney-client privilege
    - 3. To discuss personnel and other employment matters
  - iii. Closed Sessions must be properly called by a duly made and adopted motion during the open meeting session
  - iv. 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
2. Duties and Obligations of Board Members
- a. Fiduciary Duties of Board Members
    - i. The Duty of Care
      - 1. Board members must discharge their duties with the care an ordinary prudent person in a like position would exercise under similar circumstances
    - ii. The Duty of Loyalty
      - 1. Board members must act in the best interest of the mission – not for a board member's own advantage
    - iii. The Duty of Obedience
      - 1. Board members must be true to CHA's purpose, powers, and goals as stated in the Certificate of Incorporation and Bylaws of CHA.
  - b. Board Member Duty of Confidentiality
    - i. Board members, by the nature of their positions, are exposed to confidential information that should not be repeated or discussed except with those recognized by law as having a right to the information.
    - ii. Generally, Board members must respect all confidentiality of information that is privileged under applicable law and refrain from disclosure of matters discussed in closed session unless otherwise authorized by the Board.
    - iii. Board members have an absolute duty to maintain the confidentiality of record as required by law, including any and all personnel records that a Board member may review or come into contact.
    - iv. Additionally, any Board member who obtains access to any personal health information in his or her role as a Board member shall follow all CHA policies regarding such PHI fully in accordance with the Health Insurance Portability and Accountability Act ("HIPPA").
  - c. Legal Obligation of the Board to hire/fire/manage CHA Health Director
    - i. Per Article V of the CHA Bylaws, the Board shall employ a CEO to serve as the Public Health Director.
    - ii. It is the responsibility of the Board to supervise the Health Director to ensure that the Health Director is performing her functions and responsibilities as required under NCGS Chapter 130A, as set forth in the CHA Bylaws, and as otherwise defined by the Board.
    - iii. Should the Health Director not complete the functions and responsibilities required for the position, it is the responsibility of the Board to do such actions necessary, including firing of the Health Director, to ensure that those functions are properly conducted.



- **Board of Health Operating Procedures** – No changes to this policy. The purpose of this policy is to provide a set of rules and guidelines to ensure meetings are conducted effectively, decisions are made transparently, and board responsibilities are fulfilled.
- **Conflict of Interest Policy** – No changes to this policy. The purpose of this policy is to ensure effective promotion of public health, and has the authority to adopt rules necessary for that purpose.
- **Public Comments** – No changes to this policy. The purpose of this policy is to invite and reserve space at each meeting for the public to have an opportunity to provide public comment.

Chairperson Dr. Lara Pons requested a motion to approve the Annual Review – Board of Health Governing Documents. Asha Rodriguez moved. Amy Jewell seconded. Motion and approval carried unanimously.

#### School Health Software – Waiver of Competition

Sue Yates, Chief Financial Officer, shared the Professional Software for Nurses (PSNI) School Health EMR Utilization contract:

- **NCGS 143-129** requires a competitive solicitation process on goods or services over \$30,000
- **NCGS 143-129 (g)** allows for use of state and federal contract that has completed the competitive solicitation process via Waiver of Solicitation
- PSNI is a software that specializes in school nursing for comprehensive electronic medical records (EMR) to improve health outcomes through efficient health data recordings

**Term:** 9/1/2025 -8/31/2026 with possible renewal

**Estimated annual spend:** \$42,500/annually

The PSNI Contract will provide continuation of current technology programs.

Tammy Alexander, School Health Director, can be brought in to answer questions directly and provide more detailed information.

Chairperson Dr. Lara Pons requested a motion to approve School Health Software – Waiver of Competition. Dr. Natasha Lipscomb moved. Mark Spitzer seconded. Motion and approval carried unanimously.

#### State Contract Utilization Request

Sue Yates presented the State Contract Utilization for the Brown Mill Upfit:

- **NCGS 143-129** requires the competitive solicitation process on goods or services over \$30,000
- **NCGS 143-129 (g)** allows for use of state and federal contract that has completed the competitive solicitation process via Waiver of Solicitation
- **Furniture Contract 5610 via North Carolina Dept of Administration**
  - **Term Date:** 7/15/2024 – 7/14/2027
  - **Estimated Spend:** \$600,000.00

Chairperson Dr. Lara Pons requested a motion to approve the State Contract Utilization. Mark Spitzer moved. Kerry Dove seconded. Motion and approval carried unanimously.

## **HEALTH DIRECTOR REMARKS**

Erin Shoe shared the Health Director's Remarks.

1. School is back in session and our amazing School Nurses are busy with back-to-school activity!
2. Dr. Suda received an award from The Family Institute. He is one of six named to the 'Family of Champions.' He will be recognized at a luncheon at the Duke Endowment in September. This event brings individuals together from four (4) key sectors (Education, Public Health, Child Welfare and Community) to celebrate accomplishments and envision ways to disentangle their systems to work more effectively and empathetically for families.
3. Staff attended webinars last week to learn about cuts to Medicaid reimbursement in NC due to the adopted state budget. Our preliminary interpretation is a 3% rate reduction for most CHA services. Staff are awaiting more details for a full analysis.
4. The above-mentioned Medicaid reimbursement rate reductions are NOT the federal changes. Those are slated for 2026.
5. Sarah Vingoe and I met with Senator Budd and Senator Tillis' staff members last week to share the great work taking place at CHA.
6. Brown Mill is on time! We will set up tours again in late September.
7. In October, we will bring the proposal for architect services in Mt. Pleasant.

## **ANNOUNCEMENTS**

No announcements.

Chairperson Dr. Lara Pons requested a motion for a closed session. Asha Rodriguez moved. Amy Jewell seconded. Motion and approval carried unanimously. After a short intermission, the Board proceeded into the closed session.

## **MOTION TO ADJOURN**

No further business to come before the Board.

Chairperson Dr. Lara Pons requested a motion to adjourn the meeting. Amy Jewell moved. Cecilia Plez seconded. Motion and approval carried unanimously.

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Lara Pons, MD, Chair

Public Health Authority Board of Commissioners

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Minutes Taken by Mariah Kendrick

Governance Program Manager



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
September 26, 2025

A special called meeting of The Public Health Authority Board was held on Friday, September 26<sup>th</sup>, 2025.

Board members attended in-person at CHA.

*Members Present:*

- Lara Pons, MD, Chair
- Mark Spitzer, Vice-Chair
- Amy Jewell
- Kerry Dove
- Natasha Lipscomb
- Asha Rodriguez
- Daryle Adams

*Staff Present:* Erin Shoe, Rolanda Patrick, Mariah Kendrick, Sue Yates, Monica Shelley-Henson, Sarah Vingoe & Ryan McGhee

*Guest and Members of the Public Present:* None

**CALL TO ORDER**

Chairperson Dr. Lara Pons called the meeting to order at 12:40pm

**ADOPTION OF THE AGENDA**

Chairperson Dr. Lara Pons requested a motion to adopt the agenda. Dr. Natasha Lipscomb moved. Dr. Kerry Dove seconded. Motion and approval carried unanimously.

**BUSINESS AGENDA**

*Audio/ Visual Bid*

Ryan McGhee, Chief Information Technology Officer, presented the Audio/ Visual Bid for the CHA Brown Mill location.

The proposal included audio and visual needs for the multi-purpose rooms, and conference rooms. The multi-purpose rooms and conference rooms will be suitable for hybrid meetings and will carry the same features as the community rooms at CHA. Audio and visuals will also be used for the waiting room with four (4) tv's, the WIC consult room with six (6) tv's, the workout room with two (2) tv's, and the overhead paging system.

CHA received three bids:

Solutionz: \$498,377

Sharp USA: \$252,913

Unicom: \$721,395

Each bid received a thorough inspection of the products and services provided with careful consideration.

The recommendation was to award the bid to Sharp USA.

Chairperson Dr. Lara Pons, requested a motion to approve the bid to Sharp USA. Daryle Adams moved. Mark Spitzer seconded. Motion and approval carried unanimously.

**MOTION TO ADJOURN**

No further business to come before the Board.

Chairperson Dr. Lara Pons requested a motion to adjourn the meeting. Mark Spitzer moved. Dr. Kerry Dove seconded. Motion and approval carried unanimously.

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Lara Pons, MD, Chair

Public Health Authority Board of Commissioners

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Minutes Taken by Mariah Kendrick

Governance Program Manager



## Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: October 21, 2025

Name of Item: Budget Revision Request

Submitted by: Sue K Yates

Expected Length of Presentation: 5 minutes

### Brief Summary:

Budget revisions are being requested due changes in revenues and expenses. These changes are due to either an increase or decrease in a funding source, new source of funding, or realignment of revenues and/or expenses.

### Requested Action:

#### Approval of budget revisions

1. Cabarrus County Opioid Settlement Funds received for Child Therapist. \$59,679
2. Reduce Lifestyle Medicine budget due to FY25 carryover. \$(135)
3. FY25 carryover from Cabarrus County Opioid Settlement Funds for OSMAT. \$165,392
4. FY25 carryover for the Elevate Grant. \$10,334
5. Increase in WIC funding due to increase in caseload. \$81,379
6. FY25 carryover for the CDC-Community Health Worker Grant. \$26,120
7. FY25 carryover for the Lifestyle Medicine Extension Grant. \$34,839
8. FY25 carryover for the Opioid Settlement OSSUN Grant. \$59,273

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

Yes, reviewed by the Finance Subcommittee.

### Items reviewed by:

Erin K Shoe, Health Director  
Sue K Yates, Chief Financial Officer

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#1

Date: 10/21/2025

Amount: \$ 59,679

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To budget for the Cabarrus County Opioid Settlement funds received for Child Therapist.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265877-6902-408	Cabarrus County - OSCT	\$ -	\$ 59,679	\$ -	\$ 59,679
00295877-9101-408	Salaries & Wages-OSCT	\$ -	\$ 37,550	\$ -	\$ 37,550
00295877-9201-408	Social Security-OSCT	\$ -	\$ 2,421	\$ -	\$ 2,421
00295877-9202-408	Medicare-OSCT	\$ -	\$ 569	\$ -	\$ 569
00295877-9205-408	Group Hospital Insurance-OSCT	\$ -	\$ 3,858	\$ -	\$ 3,858
00295877-9206-408	HRA-OSCT	\$ -	\$ 600	\$ -	\$ 600
00295877-9210-408	Retirement-OSCT	\$ -	\$ 5,611	\$ -	\$ 5,611
00295877-9211-408	401K Match-OSCT	\$ -	\$ 781	\$ -	\$ 781
00295877-9230-408	Workers' Compensation-OSCT	\$ -	\$ 234	\$ -	\$ 234
00295877-9640-408	Insurance & Bonds-OSCT	\$ -	\$ 605	\$ -	\$ 605
00295877-9659-408	Unemployment Comp-OSCT	\$ -	\$ 50	\$ -	\$ 50
00295877-9301-408	Office Supplies - OSCT	\$ -	\$ 100	\$ -	\$ 100
00295877-9320-408	Printing & Binding - OSCT	\$ -	\$ 50	\$ -	\$ 50
00295877-9331-408	Minor Office Equipment & Furn - OSCT	\$ -	\$ 1,500	\$ -	\$ 1,500
00295877-9355-408	Other Operational - OSCT	\$ -	\$ 350	\$ -	\$ 350
00295877-9611-408	Mileage - OSCT	\$ -	\$ 300	\$ -	\$ 300
00295877-9635-408	Training and Educations - OSCT	\$ -	\$ 5,100	\$ -	\$ 5,100

**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: 10/21/2025

Amount: \$ \_\_\_\_\_ (135)

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Reduce Lifestyle Medicine budget due to FY25 Carryover.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6343-347	NC Central University	\$ 14,390	\$ -	\$ 135	\$ 14,255
00295845-9102-347	PT> 1000 Hrs-LifestyleMed	\$ 9,158	\$ -	\$ 100	\$ 9,058
00295845-9205-347	GrpHospIns-LifestyleMed	\$ 1,999	\$ -	\$ 35	\$ 1,964

**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: 10/21/2025

Amount: \$ 165,392

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for additional FY25 carryover for Cabarrus county Grant funds - OSMAT.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265877-6902-412	CabCo Grant Funds-OSMAT	\$ 253,479	\$ 165,392	\$ -	\$ 418,871
00295877-9101-412	Salaries & Wages-OSMAT	\$ 116,801	\$ 45,760	\$ -	\$ 162,561
00295877-9201-412	Social Security-OSMAT	\$ 10,938	\$ 2,836	\$ -	\$ 13,774
00295877-9202-412	Medicare-OSMAT	\$ 2,558	\$ 664	\$ -	\$ 3,222
00295877-9205-412	Group Hospital Insurance-OSMAT	\$ 17,188	\$ 1,103	\$ -	\$ 18,291
00295877-9206-412	HRA - OSMAT	\$ 2,580	\$ 600	\$ -	\$ 3,180
00295877-9210-412	Retirement-OSMAT	\$ 16,808	\$ 6,576	\$ -	\$ 23,384
00295877-9211-412	401K Match-OSMAT	\$ 3,528	\$ 915	\$ -	\$ 4,443
00295877-9230-412	Workers' Compensation-OSMAT	\$ 1,059	\$ 275	\$ -	\$ 1,334
00295877-9640-412	Insurance & Bonds-OSMAT	\$ 2,646	\$ 709	\$ -	\$ 3,355
00295877-9659-412	Unemployment Comp - OSMAT	\$ 215	\$ 50	\$ -	\$ 265
00295877-9301-412	Office Supplies-OSMAT	\$ 456	\$ 544	\$ -	\$ 1,000
00295877-9320-412	Printing & Binding-OSMAT	\$ 100	\$ 200	\$ -	\$ 300
00295877-9352-412	Software - OSMAT	\$ -	\$ 1,400	\$ -	\$ 1,400
00295877-9355-412	Other Operation Costs-OSMAT	\$ -	\$ 10,000	\$ -	\$ 10,000
00295877-9356-412	Special Program Supplies-OSMAT	\$ -	\$ 62,072	\$ -	\$ 62,072
00295877-9360-412	Medical Supplies-OSMAT	\$ 1,080	\$ 15,000	\$ -	\$ 16,080
00295877-9365-412	Pharmacy-OSMAT	\$ -	\$ 8,000	\$ -	\$ 8,000
00295877-9420-412	Telecommunications-OSMAT	\$ 888	\$ 888	\$ -	\$ 1,776
00295877-9447-412	Outsourced Services-OSMAT	\$ 11,518	\$ 4,000	\$ -	\$ 15,518
00295877-9611-412	Mileage-OSMAT	\$ 500	\$ 1,600	\$ -	\$ 2,100
00295877-9630-412	Dues and Subscriptions-OSMAT	\$ -	\$ 1,200	\$ -	\$ 1,200
00295877-9635-412	Training & Education-OSMAT	\$ 5,000	\$ 1,000	\$ -	\$ 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

#4

Date: 10/21/2025

Amount: \$ 10,334

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for additional FY25 carryover for the Elevate Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6289-184	DHHS/OPA-Elevate	\$ 1,083,093	\$ 10,334	\$ -	\$ 1,093,427
00295845-9355-184	Other Operation Costs-Elevate	\$ 39,924	\$ 10,334	\$ -	\$ 50,258

**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: 10/21/2025

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for additional WIC Agreement Addendum Funding due to increase caseload.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265880-6200-54030	CHA Grant - WICCS	\$ 345,680	\$ 81,379	\$ -	\$ 427,059
00265880-6200-54150	CHA Grant-WICBFPC	\$ 65,000	\$ -	\$ 24,902	\$ 40,098
00265815-6901-41100	Fund Balance Appropriated	\$ 926,587	\$ -	\$ 56,477	\$ 870,110

### 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: 10/21/2025

Amount: \$ 26,120

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for FY25 CDC - Community Health Workers Carryover.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6293-371	HHS/CenterDiseaseControl-CHW	\$ -	\$ 26,120	\$ -	\$ 26,120
00295845-9101-371	Salaries & Wages-CHW	\$ -	\$ 2,637	\$ -	\$ 2,637
00295845-9201-371	Social Security-CHW	\$ -	\$ 163	\$ -	\$ 163
00295845-9202-371	Medicare-CHW	\$ -	\$ 39	\$ -	\$ 39
00295845-9205-371	Group Hospital Insurance-CHW	\$ -	\$ 456	\$ -	\$ 456
00295845-9206-371	HRA-CHW	\$ -	\$ 74	\$ -	\$ 74
00295845-9210-371	Retirement-CHW	\$ -	\$ 379	\$ -	\$ 379
00295845-9331-371	Minor Office Equip & Furn-CHW	\$ -	\$ 235	\$ -	\$ 235
00295845-9447-371	Outsourced Services-CHW	\$ -	\$ 20,000	\$ -	\$ 20,000
002958-45-9356-371A	Indirect - CHW	\$ -	\$ 2,137	\$ -	\$ 2,137

**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: 10/21/2025

Amount: \$ 34,839

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for FY25 Lifestyle Medicine Extension Grant Carryover.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6857-346	CarolinasCenter MedicalExcellIF	\$ -	\$ 34,839	\$ -	\$ 34,839
00295845-9320-346	Printing & Binding-LMEG	\$ -	\$ 20	\$ -	\$ 20
00295845-9356-346	Special Program Supplies-LMEG	\$ -	\$ 18,819	\$ -	\$ 18,819
00295845-9447-346	Outsourced Services-LMEG	\$ -	\$ 15,000	\$ -	\$ 15,000
00295845-9692-346	Public Relations-LMEG	\$ -	\$ 1,000	\$ -	\$ 1,000

**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

#8

Date: 10/21/2025

Amount: \$ 59,273

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: Budget for FY25 Opioid Settlement OSSUN Grant Carryover.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265877-6902-416	Cabarrus Cty Grant Funds OSSUN	\$ 285,664	\$ 59,273	\$ -	\$ 344,937
00295877-9101-416	Salaries & Wages-OS SUN	\$ 133,343	\$ 36,000	\$ -	\$ 169,343
00295877-9201-416	Social Security-OS SUN	\$ 8,267	\$ 2,232	\$ -	\$ 10,499
00295877-9202-416	Medicare-OS SUN	\$ 1,933	\$ 522	\$ -	\$ 2,455
00295877-9205-416	Group Hospital Insurance-OSSUN	\$ 17,668	\$ 5,097	\$ -	\$ 22,765
00295877-9206-416	HRA OS SUN	\$ 2,652	\$ 850	\$ -	\$ 3,502
00295877-9210-416	Retirement-OS SUN	\$ 19,188	\$ 5,173	\$ -	\$ 24,361
00295877-9211-416	401K Match-OS SUN	\$ 2,667	\$ 720	\$ -	\$ 3,387
00295877-9230-416	Workers' Compensation-OS SUN	\$ 800	\$ 216	\$ -	\$ 1,016
00295877-9640-416	Insurance & Bonds-OS SUN	\$ 2,000	\$ 558	\$ -	\$ 2,558
00295877-9659-416	Unemployment Comp-OS SUN	\$ 221	\$ 50	\$ -	\$ 271
00295877-9355-416	Other Operation Costs-OS SUN	\$ 225	\$ 8,125	\$ -	\$ 8,350
00295877-9365-416	Pharmacy-OS SUN	\$ 600	\$ 1,000	\$ -	\$ 1,600
00295877-9611-416	Mileage-OS SUN	\$ 200	\$ 200	\$ -	\$ 400
00295877-9630-416	Dues & Subscriptions	\$ -	\$ 673	\$ -	\$ 673
00295877-9635-416	Training & Education-OS SUN	\$ 5,520	\$ 2,630	\$ -	\$ 8,150
00295877-9356-416	Special Program Supplies-OSUN	\$ 4,600	\$ -	\$ 4,100	\$ 500
00295877-9360-416	Medical Supplies-OS SUN	\$ 1,080	\$ -	\$ 673	\$ 407

**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 Board Meeting Agenda Form

Meeting Date: October 21, 2025

Name of Item: Annual Finance Policy Review

Submitted by: Sue Yates

Expected Length of Presentation: 5 minutes

### **Brief Summary:**

Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary.

### **Requested Action:**

To approve the following reviewed and revised policies:

- Conflict of Interest Policy-ARPA – no changes
- Allowable Costs and Costs Principles Policy – no changes
- Eligible Use Policy-ARPA – no changes
- Non-Discriminations Policy-ARPA – no changes
- Subscription-Based Technology Arrangements (SBITA) – no changes

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

Yes - The reviewed/revised policies were discussed & approved at the Finance Committee meeting.

### **Items reviewed by:**

Sue Yates, Chief Finance Officer  
Erin Shoe, Health Director  
Finance Subcommittee

**SUBJECT:** SBITA Policy

**EFFECTIVE DATE:** May 16, 2023

**REVISION DATE:**

**REVIEW DATE:** October 10, 2023; September 17, 2024, October 21,2025

**POLICY STATEMENT:**

Resolution To Establish Materiality Threshold for Recognition Of Subscription-Based Information Technology Arrangements (“SBITAs”) Under GASB Statement No. 96.

WHEREAS, General Accounting Standards Board (“GASB”) Statement No. 96 provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (“SBITAs”); and

WHEREAS, a SBITA is defined as a contract that conveys control of the right to use another party’s information technology (IT) software, alone or in combination with a tangible capital asset, as specified in the contract for a defined period of time (a “subscription term”); and

WHEREAS, under GASB Statement No. 96, a government entity generally should recognize a right-to-use subscription *asset*, and a corresponding subscription *liability*; and

WHEREAS, for certain IT subscriptions, either the initial price or present value of future subscription payments will be immaterial to the total value of the County’s SBITA assets and liabilities; and

WHEREAS, after review of the IT subscription contracts currently in place, Cabarrus Health Alliance staff believes that a materiality threshold of \$10,000.00 is reasonable with respect to compliance with GASB Statement No. 96, as that figure represents less than 1% of the current value of such contracts, and therefore recommends that the Board of Commissioners adopt that materiality threshold for GASB Statement No. 96 accounting purposes;

NOW, THERFORE, the Cabarrus Health Alliance Board of Health does hereby adopt \$10,000.00 as the materiality threshold for subscription-based information technology arrangements (SBITAs) when determining whether to recognize such subscriptions as assets and the cost related to same as liabilities in compliance with GASB Statement No. 96. The Board reserves the right to adjust this materiality threshold from time to time as may be needed or recommended for audit purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairman

**SUBJECT:** ARPA CONFLICT OF INTEREST POLICY

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE:**

**REVIEW DATE:** October 10, 2023; September 17, 2024, October 21, 2025

**POLICY STATEMENT:**

This Conflict-of-Interest Policy establishes conflict of interest standards that (1) apply when Cabarrus Health Alliance 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).

Application of Policy. This Policy shall apply when the Unit (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.

**I. 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 the Unit 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 the Unit.
- 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 the Unit).
- f. “*Direct Benefit*” means, with respect to a Public Officer or employee of the Unit, or the spouse of any such Public Officer or employee, (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 the Unit 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 Board of Health of the Unit.
- 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 the Unit (including, without limitation, any member of the Governing Board), other than an employee or independent contractor of the Unit.
- 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 the Unit) 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 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.

## **II. COI Point of Contact**

- a. Appointment of COI Point of Contact. Health Director or designee, an [employee] of the Unit, 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 Health Director or designee is unable to serve in such capacity, the Deputy 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.

## **III. Conflict of Interest Standards in Contracts and Subawards**

- a. North Carolina Law. North Carolina law restricts the behavior of Public Officials and employees of the Unit involved in contracting on behalf of the Unit. The Unit 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 the Unit Involved in Making or Administering a Contract or Subaward on behalf of the Unit 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 the Unit 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 the Unit.
  - iii. G.S. § 14-234.3. If a member of the Governing Board of the Unit 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 the Unit and the Covered Nonprofit Corporation, (2) attempt to influence any other person who deliberates or votes on a Contract or Subaward between the Unit 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 the Unit 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 the Unit'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.
- 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 the Unit.

2. Identification Prior to Award of Contract or Subaward.

- a. Prior to the Unit'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 the Unit.

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 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 Unit is a Recipient of Federal Financial Assistance, the Federal awarding agency with appropriate mitigation measures, or (b) if Unit is a Subrecipient of Federal Financial Assistance, from the Pass-Through Entity that provided a Subaward to Unit; 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, the Unit may enter into the Contract or Subaward in accordance with the Unit'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 the Unit 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, the Unit 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 Unit 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 Unit is a Subrecipient of Federal Financial Assistance, disclose the conflict to the Pass-Through Entity providing a Subaward to Unit in accordance with 2 C.F.R. § 200.112 and applicable regulations of the Federal awarding agency and the Pass-Through Entity.

#### **IV. Oversight of Subrecipient's Conflict of Interest Standards**

- a. Subrecipients of Unit Must Adopt Conflict of Interest Policy. Prior to the Unit's execution of any Subaward for which the Unit 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 the Unit 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.

## V. 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 Unit is a Subrecipient.

## VI. 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 the Unit.
- b. Disciplinary Actions for Contractors and Subcontractors. The Unit 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, the Unit 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; of (vii) a management official or other employee of the Unit, a Contractor, or Subcontractor who has the responsibility to investigate, discover, or address misconduct.

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Date

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Board Chairman

**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 an 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 (“*Unit*”) has adopted a Conflict of Interest Policy (“*Policy*”) that governs the Unit’s expenditure of Federal Financial Assistance (as defined in Section II of the Policy). The Policy designates the Health Director 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 Unit.

**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 the Unit) of a Covered Individual, of a partner of a Covered Individual, or of an Immediate Family Member of a Covered Individual.

<b>Step</b>			
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><b>Public Officials</b></u>	<u><b>Employees</b></u>	<u><b>Agents</b></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><b>Public Officials</b></u>	<u><b>Employees</b></u>	<u><b>Agents</b></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.		
<b>Any identified interest in Step 4 is a potential “real” conflict of interest.</b>	<u><b>Public Officials – Related Party</b></u>	<u><b>Employees – Related Party</b></u>	<u><b>Agents – Related Party</b></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 Contract? If yes, explain.		
Any identified interest in Step 5 is a potential “apparent” conflict of interest.	<u>Public Officials</u>	<u>Employees</u>	<u>Agents</u>

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

The COI Point of Contact has identified you as an official, employee, or agent of the Unit that may be involved in the selection, award, or administration of the following contract: \_\_\_\_\_ (the “Contract”). To safeguard the Unit’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 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 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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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 (“*Unit*”) has adopted a Conflict of Interest Policy (“*Policy*”) that governs the Unit’s expenditure of Federal Financial Assistance (as defined in Section II of the Policy). The Policy designates the Health Director 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 the Unit.

**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 the Unit) 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><b>Public Officials</b></u>	<u><b>Employees</b></u>	<u><b>Agents</b></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><b>Public Officials</b></u>	<u><b>Employees</b></u>	<u><b>Agents</b></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</b>	<u><b>Public Officials – Related Party</b></u>	<u><b>Employees – Related Party</b></u>	<u><b>Agents – Related Party</b></u>

<p><b>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 Subaward? 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 E**

**SUBAWARD CONFLICT OF INTEREST DISCLOSURE FORM**

**FOR OFFICIALS, EMPLOYEES, AND AGENTS**

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

The COI Point of Contact has identified you as an official, employee, or agent of the Unit that may be involved in the selection, award, or administration of the following subaward: \_\_\_\_\_ (the “Subaward”). To safeguard the Unit’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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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 the Unit) 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:

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10. Does any existing situation or relationship create the appearance that your current or potential employer (other than the Unit) 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:

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11. Does any existing situation or relationship create the appearance that any current or potential employer (other than the Unit) 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 the Unit) 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: \_\_\_\_\_

\* \* \* \* \*

**SUBJECT: ARPA ALLOWABLE COST AND COST PRINCIPLES POLICY****EFFECTIVE DATE:** October 25, 2022**REVISION DATE:** October 25, 2022**REVIEW DATE:** October 10, 2023; September 17, 2024, October 21, 2025**POLICY STATEMENT:**

**WHEREAS** the Cabarrus Health Alliance, 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); and

**WHEREAS** the 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 workers, 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 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 Uniform Guidance 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 Uniform Guidance outline the types of costs that are allowable, including certain audit costs. For example, per 2 CFR 200.425, a reasonably 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 SLFRF 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 SLFRF 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 award 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 Cabarrus Health Alliance hereby adopts and enacts the following US Cost Principles Policy for the expenditure of ARP/CSLFRF funds.

## **CHA 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).

Cabarrus Health Alliance 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 Health Director or Finance Officer or designees, who are charged with the administration and financial oversight of the ARP/CSLFRF. Further, all local government 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 Health Director or Finance Officer or designees. As questions on allowability of certain costs may require interpretation and judgment, local government 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 the Cabarrus Health Alliance 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 Cabarrus Health Alliance, its employees, the public at large, and the federal government.
- Whether Cabarrus Health Alliance 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, 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 Cabarrus Health Alliance.**
- 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 UGG.**

- 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.**

### **SELECTED ITEMS OF COST**

The UGG 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 Finance Officer or designee 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 financial personnel 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, Cabarrus Health Alliance regulations, and program-specific rules may deem a cost as unallowable, and CHA personnel 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 Cabarrus Health Alliance may charge a 10 percent de minimis rate of modified total direct costs (MTDC). According to UGG 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's Finance Director 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.

- Local government personnel must submit proposed ARP/CSLFRF projects to CHA Health Director 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 Health Director or designee and/or the CHA Finance Director 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 Executive or Finance Director 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 Finance Officer or designee the local government 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 local government, the CHA Finance Director 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 Finance Director will return the invoice to the project manager and/or vendor, contractor, or subrecipient for correction.
- The CHA Finance Director 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 Finance Director or designee must proceed through the local government's normal disbursement process.
- If any cost item is deemed unallowable, the CHA executive or Finance Director 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 Finance Director 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 local government remains legally obligated by contract or otherwise to pay the disallowed cost item, it must identify other local government funds to cover the disbursement. Cabarrus Health Alliance's governing board must approve any allocation of other funds for this purpose.
- The CHA Finance Officer 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 UGG 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.

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Date

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Board Chairman

**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	2 CFR § 200.435	Allowable with restrictions

infringements		
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

**SUBJECT: ARPA ELIGIBLE USE POLICY**

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE:** October 25, 2022

**REVIEW DATE:** October 10, 2023; September 17, 2024, October 21, 2025

**POLICY STATEMENT:**

**WHEREAS** the 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); and

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

**WHEREAS** the 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 Cabarrus Health Alliance 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 (ARP/CSLFRF) funds. It also outlines the procedures for determining how Cabarrus Health Alliance will spend its ARP/CSLFRF funds.

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

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. Until that date, a local government may proceed under the regulation promulgated by US Department of the Treasury in its **Interim Final Rule** or the Final Rule.) The Final Rule (and the Interim Final Rule) identify 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 funds by December 31, 2026 will result in forfeiture of ARPA 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 ARPA FUNDING**

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 restricting in a judicial, administrative, or regulatory proceeding (There is an exception to this prohibition if the settlement or judgment requires the Cabarrus Health Alliance 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 funding, must be made in writing and include all the following: Exhibit A and will include all of 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 funding 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 Finance Officer or designee for approval. All requests will be reviewed by CHA Finance Officer or designee for ARP/CSLFRF compliance and by CHA Finance Officer or designee for allowable costs and other financial review.
3. No ARP/CSLFRF may be obligated or expended before final written approval by CHA 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 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 Finance Director or designee immediately.
6. The CHA Finance Director or designee must collect and document required information for each EC, for purposes of completing the required Project and Expenditure reports. Such shall be completed and provided in the substantially the same form as the form attached herto as Exhibit B.
7. The CHA Health Director or designee must maintain written project requests and approvals, all supporting documentation, and financial information at least until December 31, 2031.

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Date

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Board Chairman

**SUBJECT:** ARPA NON-DISCRIMINATION POLICY

**EFFECTIVE DATE:** October 25, 2022

**REVISION DATE:** October 25, 2022

**REVIEW DATE:** October 10, 2023; September 17, 2024, October 21, 2025

**POLICY STATEMENT:**

**WHEREAS**, the 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 Cabarrus Health Alliance 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 Coronavirus State and Local Fiscal Recovery Funds ("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, Cabarrus Health Alliance 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;
- 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,

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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.

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, Cabarrus Health Alliance 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. The Cabarrus Health Alliance 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. The Cabarrus Health Alliance 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 Health Director  
Cabarrus Health Alliance  
300 Mooresville Road  
Kannapolis, NC 28081

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Date

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Board Chairman