

HAYWOOD COUNTY  
BUDGET ORDINANCE AMENDMENT  
FISCAL YEAR 2022-23

PER: \_\_\_\_\_  
JNL: \_\_\_\_\_

Be it ordained by the Board of Commissioners of Haywood County that the following amendment be made to the budget ordinance for the fiscal year ending June 30, 2023.

Section 1. To amend the General Fund, the expenditures are to be charged as follows:

Department	Account Number	Current Budget	Increase (Decrease)	Amended Budget
115110 Public Health				
Salaries & Wages Regular	115110-512100	1,946,866	53,000	1,999,866
Social Security Contrib	115110-518100	150,154	4,055	154,209
Retirement Contrib	115110-518200	229,194	6,048	235,242
401K Co Contrib	115110-518204	57,684	1,590	59,274
Hospitalization	115110-518300	638,252	5,996	644,248
Life Insurance	115110-518900	1,706	46	1,752
				-
115151 Community Health				
Special Program Materials	115151-523100-21CDC	-	5,000	5,000

This amendment will result in net increase/(decrease) of \$75,735 in the expenditures of the General Fund.

To provide the additional revenue for the above amendment, the following revenues will be increased as the money has been received:

Revenue	Account Number	Current Budget	Increase (Decrease)	Amended Budget
110050 Restricted Intergovernmental				
Revenue	110050-451260-21CDC	-	75,735	75,735
				-
				-
				-

Section 2. Copies of this budget amendment shall be delivered to the Budget Officer and the Finance Officer for their direction.

Adopted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chairman  
Haywood County Board of Commissioners

ATTEST:

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

**Explanation:**  
Agreement Addendum 716 CDC COVID-19 Vaccination Program was issued by NC Division of Public Health, Women's and Children's Health Section/Immunization Branch to continue activities that focus on removing the barriers to accessing vaccine, increasing vaccine confidence, coordination COVID-19 vaccine services, and expanding the COVID-19 vaccination program. Funds will be used for personnel costs of nurses and related COVID-19 staff as well as Personal Protective Equipment (PPE) and related supplies for operation of Public Health's vaccine clinic.

# Division of Public Health Agreement Addendum FY 22-23

Page 1 of 8

Haywood County Health & Human Services Agency  
**Local Health Department Legal Name**

716 CDC COVID-19 Vaccination Program  
**Activity Number and Description**

06/01/2022 – 05/31/2023  
**Service Period**

07/01/2022 – 06/30/2023  
**Payment Period**

- Original Agreement Addendum  
 Agreement Addendum Revision # \_\_\_\_\_

Women's and Children's Health Section /  
Immunization Branch  
**DPH Section / Branch Name**

Wendy Holmes, 919-707-5551  
wendy.holmes@dhhs.nc.gov  
**DPH Program Contact**  
(name, phone number, and email)

**DPH Program Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(only required for a negotiable Agreement Addendum)

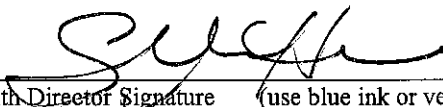
## I. **Background:**

As part of the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260) and the American Rescue Plan Act of 2021 (P.L. 117-2), North Carolina received supplemental funding to assist the local health departments with coronavirus vaccine activities to support broad-based distribution, access, and vaccine coverage. Specifically, this supplement funding will be used to ensure greater equity and access to the COVID-19 vaccine by those disproportionately affected by COVID-19.

Local health departments are to focus on the work of removing barriers and expanding their COVID-19 vaccination programs. The maintenance of on-site, satellite, temporary or off-site COVID-19 vaccination clinics must adhere to cold-chain procedures in accordance with the vaccine manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. Priority must be given to activities focused on the hard-to-reach, high-risk, underserved populations and increasing vaccine confidence to increase community vaccine coverage. Vaccine hesitancy is a complex matter that involves various factors, such as confidence, complacency, and convenience.

## II. **Purpose:**

The Local Health Department (LHD) is to continue activities that focus on removing the barriers to accessing vaccine, increasing vaccine confidence, coordinating COVID-19 vaccine services, and expanding its COVID-19 vaccination program, with an emphasis on reaching high-risk and underserved populations, including racial and ethnic minorities, and all others disproportionately affected by COVID-19.

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

08/09/2022  
Date

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

LHD program contact name:

Sarah Henderson

Phone and email address:

(928)356-2244 sarah.henderson@haywood  
countync.gov

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

Template rev. August 2021

To reduce the spread of the SARS-CoV-2 virus and its variants, and bring an end to this pandemic, we need to vaccinate as many people as possible, as soon as possible. Planning and response require close collaboration among public and private sector partners, public health emergency response and emergency management, healthcare organizations, and healthcare industry groups within the community. A key component is community sustainability so that the LHD is prepared for a possible COVID-19 booster vaccination program and is prepared to implement influenza vaccination both seasonally and as part of pandemic preparedness.

### III. Scope of Work and Deliverables:

The LHD shall:

1. Vaccinate eligible populations in accordance with all requirements and the most current official CDC/HHS recommendations for COVID-19 Vaccines as published as in the Morbidity and Mortality Weekly Report (MMWR) and comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 Vaccine.
2. Ensure designated healthcare professionals receive the training needed to ensure COVID-19 vaccines are stored, handled, prepared, and administered correctly. Training must be ongoing as new COVID-19 vaccines become available and as recommendations evolve when we learn more about the vaccines and how to improve the vaccination process. Those requirements include:
  - a. COVID-19 vaccine management
  - b. Storage and handling procedures
  - c. Vaccine preparation and administration
  - d. Documentation and record keeping
  - e. Proper procedures for facilitating vaccine transfers between providers, and
  - f. Reporting requirements as required by NC DHHS/DPH and the CDC.
3. Identify community vaccination partners (e.g., pediatricians, pharmacies, occupational health settings, schools, and other physician offices) to combine efforts and implement strategies to vaccinate all eligible populations with a focus on providing vaccines to eligible children and adolescents under 18 years of age and on providing COVID-19 boosters. Efforts and strategies are to include family-friendly events, school-based vaccination, and ensure equitable access.
4. Conduct vaccination clinics that are open to the public. These clinics may be provisionally located at walk-through sites (churches, community centers, outdoor tents) or other settings such as mobile, curbside, or drive-through sites.
5. Ensure safe implementation of on-site, satellite, temporary, off-site, or other alternative vaccination clinics. Follow CDC guidance for planning vaccination clinics that includes clinical considerations such as social distancing, responding to medical emergencies, vaccine storage, handling, administration, and documentation (<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>). Large-scale clinics, such as those held in arenas or stadiums require added logistical and technical considerations. Partners may need to be engaged to accomplish aspects of the local plan, such as National Guard, local law enforcement, local emergency management, local hospitals, and pharmacies.
6. Adjust clinic plans to accommodate a variety of scenarios due to vaccine hesitancy and no-show rates. Vaccine hesitancy includes many factors such as a lack of vaccine confidence, complacency

about the virus, and the inconvenience of obtaining a vaccine. Focus activities to establish and build trust among hard-to-reach, high-risk, and underserved populations.

7. Educate the public and community at large on the benefits of receiving the COVID-19 vaccine and disseminate standardized information to the public and providers within the LHD's county or district. Foster trust in conversations with the public to address specific topics on vaccine hesitancy. Enhance existing community partnerships to assist in vaccination promotion. These partnerships may include a variety of community and faith-based organizations to reach hesitant at-risk populations, such as churches, barber shops, community health centers, refugee serving organizations, homeless shelters, jails/prisons, factories such as meat processing plants, other essential businesses, and migrant farms.
8. Estimate the resources needed to support COVID-19 vaccine administration and outreach activities and hire or reassign staff additional personnel to support these functions.
9. Procure supplies for the vaccination clinics, as needed. Examples of supplies to obtain include those items necessary to protect both staff and patients from COVID-19, such as:
  - a. Hand sanitizer with at least 60% alcohol for hand hygiene
  - b. Clinic sanitizing wipes and cleaning tools to allow for frequent cleaning of the clinic area
  - c. Mask/face coverings for patients who do not have a mask
  - d. Signage, tape, ropes, and cones for clinic workflow to encourage physical distancing and efficient one-way flow through the vaccination process
  - e. Thermometers for checking each patient's temperature before entering the clinic
10. Store vaccine in proper vaccine storage equipment (e.g., refrigerators, freezers, portable storage units), and use CDC-approved digital data loggers for temperature monitoring of vaccine storage and handling units used for COVID-19 vaccine.
11. Follow relevant CDC vaccine transport requirements to prepare COVID-19 vaccines for transport from the LHD to off-site clinics. COVID-19 vaccine products are temperature-sensitive and must be stored and handled correctly to ensure efficacy and maximize shelf life. Proper storage and handling practices are critical to minimize vaccine loss and limit the risk of administering COVID-19 vaccine with reduced effectiveness.
12. Follow CDC's and COVID-19 vaccine manufacturer's cold chain storage and handling requirements.
13. Complete Attachments A and B with the signed Agreement Addendum:
  - a. Attachment A  
Budget Statement for the FY 2022-2023 Planned Use of Federal COVID-19 Vaccination Funds. It should list the expected expenses by category, including the dollar amount and a brief justification. This Budget Statement is not required if the LHD is not receiving funds under this Agreement Addendum.
  - b. Attachment B  
Services Statement for the FY 2022-2023 Planned Use of Federal COVID-19 Vaccination Funds. It should:
    1. Explain, in detail, how this funding will be used to develop and implement local solutions to plan and implement on-site, satellite, temporary, or off-site vaccination COVID-19

- vaccination clinics. If the LHD is not receiving funds under this Agreement Addendum, the LHD shall write "No funds received under this Agreement Addendum" for its response to Attachment B's item 1.
2. Include information on how the LHD implements its COVID-19 immunization services within the community.
  3. State how the COVID-19 vaccination services are adapted both to include those populations at an increased risk of complications from COVID-19. Examples include:
    - a. Mobile vaccine clinics that travel to hard-to-reach communities and alternative locations to provide vaccines
    - b. Drive-through or curbside vaccination clinics
    - c. Pop-up clinics at various community settings, such as COVID-19 testing sites, school nutrition sites, construction sites, migrant farm worksites, processing plants, churches, parking lots
    - d. Immunization clinics to reach jails, homeless shelters, or other community organizations.
  4. Include a description of enhanced outreach activities for the hard-to-reach, high-risk, underserved populations, increasing vaccine confidence and how community partners are to be included in the outreach.

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

##### 1. Performance Measures

- a. Report vaccine administration data on all vaccine recipients via the CVMS or other designated reporting mechanism as directed by the CDC COVID-19 Vaccination Program Agreement.
- b. Track and report COVID-19 vaccine transfers and vaccine wastage/spoilage occurrences according to the NC DHHS/DPH guidelines.
- c. Ensure designated staff receive training on COVID-19 vaccine administration, management, inventory, and reporting requirements as required by CDC and NC DHHS/DPH.

##### 2. Reporting Requirements

Complete the following reports via the Smartsheet dashboard, which can be accessed at <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>. All of the due dates for these reports are posted on the Smartsheet dashboard.

- a. **Monthly Financial Reports:** These monthly financial reports will report on the prior month. The first financial report is for June 2022 and is due by July 22, 2022. Monthly Financial Reports are not required if the LHD is not receiving funds under this Agreement Addendum.
- b. **Quarterly Program Reports:** These quarterly program reports will report on the prior quarter. The first program report is to report for April–June 2022 and is due by August 1, 2022. The quarterly periods for these program reports are defined as:

April - June 2022\*

*\*April-June 2022 data are from services provided under the Agreement Addendum for state fiscal year 2022.*

July - September 2022

October - December 2022

January - March 2023

**V. Performance Monitoring and Quality Assurance:**

1. The Immunization Branch will monitor this Activity through review of reports, vaccine immunization data, and reporting data in CVMS or other designated reporting mechanism. Technical consultation to support LHDs in meeting these objectives will be provided as needed.
2. The Immunization Branch will monitor the LHD via either an in-person visit or a virtual visit.
3. If a CAP is needed, the LHD program monitor shall make every effort to work with the LHD on strategies to resolve issues and follow corrective action plans. If the plans are not followed and the LHD remains out of compliance after intervention and resources from DPH, the Agreement Addendum may be terminated, or funding may be reduced.

**VI. Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: Requirements for pass-through entities: In compliance with *2 CFR §200.331 – Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. The LHD must submit its planned expenditures by completing the Attachment A, Budget Statement, which is to include the dollar amount and a budget justification statement for each budget category. This Budget Statement is **not** required if the LHD is not receiving funds under this Agreement Addendum.
3. It is typically CDC's policy that the use of appropriated funds, including gift funds to purchase promotional items, is prohibited unless it is an absolute necessity to support the Local Health Department's COVID mission. Such prohibited promotional items include but are not limited to plaques, clothing, and commemorative items such as pens, mugs, cups, folders, folios, lanyards, and conference bags. In general, such items or tokens to be given to individuals are considered personal gifts for which appropriated funds may not be expended even when these items contain educational or promotional information.
4. Requests for exceptions to this policy must be submitted in writing to the Immunization Branch which will confer with the CDC to see if it is an acceptable use of funds.
5. These funds may be used for the printing of immunization educational materials. However, these materials may not be printed on a gift item, as described in Paragraph 2 above without prior CDC authorization. Requests for exceptions to this requirement must be submitted in writing to the Immunization Branch which will confer with the CDC to see if it is an acceptable use of funds.

6. Costs associated with food and meals are NOT permitted.
7. Attachment A provides a table containing a detailed, item-by-item list of allowable uses of federal Immunization Program funds per funding category (RCC and FRC funding codes). Expenses (listed in the table's left-most column) which are allowable are so indicated by the presence of an "X" in the corresponding funding category columns. (Blank cells indicate expenditures which are NOT allowed in that funding category.)
8. The table in Attachment B "FY 2022-2023 Planned Use of Federal Immunization Program Funds" is to be completed by itemizing the anticipated budgetary expenditures by category for this service period and is to be returned with this signed Agreement Addendum.

**Attachment A****Budget Statement — FY 2022-2023 Planned Use of Federal COVID-19 Vaccination Funds**

Provide this Budget Statement to assist with preparing anticipated expenditures for reporting that follow federal grants policies and CDC award requirements based on allowable expenditures. Return this completed Attachment A with the signed Agreement Addendum. This Budget Statement is **not** required if the LHD is not receiving funds under this Agreement Addendum.

Instructions: Include list of expected expenses related to enhance COVID-19 vaccination coverage activities, including the dollar amount and a brief justification.

<b>Object Class Category / Expenses Funding Codes COVID-19 Vaccination Program: 1331-629B -4Q</b>	<b>Amount</b>	<b>Budget Item Justification Statement</b>
Personnel (Salary / Wages)	\$53,000.00	Nursing and related CV19 staff for Vaccine Clinic.
Fringe	\$17,735.00	Social Security, Medicare, Retirement, Health Insurance, other benefits.
Travel		
Equipment		
Supplies	\$5,000.00	PPE's for staff and public, masks including N95, air purifier filters, hand sanitizers, wipes, gloves, and supplies for Vaccine Clinic set-up and/or operating.
Other / Miscellaneous		



**Attachment B****Services Statement — FY 2022-2023 Planned Use of Federal COVID-19 Vaccination Funds**

Provide this Services Statement to assist with preparing anticipated expenditures for reporting that follow federal grants policies and CDC award requirements based on allowable expenditures. Return this completed Attachment B with the signed Agreement Addendum. Use additional pages as needed.

1. Explain, in detail, how this funding will be used to develop and implement local solutions to plan and implement on-site, satellite, temporary, or off-site vaccination COVID-19 vaccination clinics.

This funding will be used to staff vaccination clinics in our agency. The funding will be used to cover any additional part-time temporary hires to assist with data entry both in the office and at vaccination events, scheduling, and other data/logistical factors involved with events. Funding will also be used for temporary part-time staff with appropriate credentials to assist with administering vaccines at vaccine clinics, should the need arise.

2. Include information on how the LHD implements its COVID-19 immunization services within the community.

Haywood County Health and Human Services Agency currently offers COVID-19 vaccines to residents ages 4 months +, Monday - Friday from 0800 - 1700 and will continue to do so for the unforeseeable future. We have worked with Emergency Management to provide vaccines at community events, festivals, food drives, and church events. We partnered with EMS, law enforcement, and Haywood Regional MC to conduct large scale vaccine clinics. In addition, we have and will continue to work with the Haywood Co. Sheriff's Office to vaccinate inmates within the detention center.

3. State how the COVID-19 vaccination services are adapted both to include those populations at an increased risk of complications from COVID-19. Examples include:

- a. Mobile vaccine clinics that travel to hard-to-reach communities and alternative locations to provide vaccines.
- b. Drive-through or curbside vaccination clinics
- c. Pop-up clinics at various community settings, such as COVID-19 testing sites, school nutrition sites, construction sites, migrant farm worksites, processing plants, churches, parking lots
- d. Immunization clinics to reach jails, homeless shelters, or other community organizations.

- A. At church events, festivals, and food distribution events.
- B. At locations such as Haywood Community College, Haywood County Fairgrounds, and Canton First Baptist Church.
- C. Pop-up clinics at various community settings including migrant farm work-sites, Evergreen (paper mill), churches, and food distribution events.
- D. Immunization clinics in homeless shelters and within the Haywood County Detention Center.

4. Include a description of enhanced outreach activities for the hard-to-reach, high-risk, underserved populations, increasing vaccine confidence and how community partners are to be included in the outreach.

We have published information about vaccine locations on our website, Facebook page, Instagram, through local press and news outlets, and via news interviews to reach community partners and organizations who serve specific underserved and marginalized populations. We continue to provide community partners with Spanish-language information flyers. Our Spanish-speaking staff are with Vecinos to reach the migrant farm worker population and we've conducted clinics targeting the Latinx and African-American populations. Our Medical Director continues to present a weekly COVID update on social media (Facebook, Instagram, YouTube).

Activity 716	AA	1331 629B 4Q	Total Allocated	1331 6315 LD	Total Allocated	1331 6315 LD	Total Allocated	1331 639B P7	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31		06/01-05/31		07/01-05/31		06/01-05/31			
Payment Period		07/01-06/30		07/01-06/30		08/01-06/30		07/01-06/30			
01 Alamance	* 0	0	\$0.00	93,377	\$0.00	0	\$0.00	0	\$0.00	93,377	93,377
D1 Albemarle	* 0	0	\$0.00	988,618	\$0.00	0	\$0.00	0	\$0.00	988,618	988,618
02 Alexander	* 0	0	\$0.00	43,099	\$0.00	0	\$0.00	0	\$0.00	43,099	43,099
04 Anson	* 0	0	\$0.00	50,225	\$0.00	0	\$0.00	0	\$0.00	50,225	50,225
D2 Appalachian	* 0	0	\$0.00	145,512	\$0.00	0	\$0.00	0	\$0.00	145,512	145,512
07 Beaufort	* 0	0	\$0.00	188,996	\$0.00	0	\$0.00	0	\$0.00	188,996	188,996
09 Bladen	* 0	0	\$0.00	215,977	\$0.00	0	\$0.00	0	\$0.00	215,977	215,977
10 Brunswick	* 0	0	\$0.00	104,944	\$0.00	0	\$0.00	0	\$0.00	104,944	104,944
11 Buncombe	* 0	0	\$0.00	388,445	\$0.00	0	\$0.00	0	\$0.00	388,445	388,445
12 Burke	* 0	0	\$0.00	273,215	\$0.00	0	\$0.00	0	\$0.00	273,215	273,215
13 Cabarrus	* 0	0	\$0.00	349,073	\$0.00	0	\$0.00	0	\$0.00	349,073	349,073
14 Caldwell	* 0	0	\$0.00	101,411	\$0.00	0	\$0.00	0	\$0.00	101,411	101,411
16 Carteret	* 0	0	\$0.00	125,182	\$0.00	0	\$0.00	0	\$0.00	125,182	125,182
17 Caswell	* 0	0	\$0.00	169,179	\$0.00	0	\$0.00	0	\$0.00	169,179	169,179
18 Catawba	* 0	0	\$0.00	221,196	\$0.00	0	\$0.00	0	\$0.00	221,196	221,196
19 Chatham	* 0	0	\$0.00	119,512	\$0.00	0	\$0.00	0	\$0.00	119,512	119,512
20 Cherokee	* 0	0	\$0.00	41,516	\$0.00	0	\$0.00	0	\$0.00	41,516	41,516
22 Clay	* 0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
23 Cleveland	* 0	0	\$0.00	233,960	\$0.00	0	\$0.00	0	\$0.00	233,960	233,960
24 Columbus	* 0	0	\$0.00	223,180	\$0.00	0	\$0.00	0	\$0.00	223,180	223,180
25 Craven	* 0	0	\$0.00	273,695	\$0.00	0	\$0.00	0	\$0.00	273,695	273,695
26 Cumberland	* 0	0	\$0.00	320,012	\$0.00	0	\$0.00	0	\$0.00	320,012	320,012
28 Dare	* 0	0	\$0.00	34,229	\$0.00	0	\$0.00	0	\$0.00	34,229	34,229
29 Davidson	* 0	0	\$0.00	271,627	\$0.00	0	\$0.00	0	\$0.00	271,627	271,627
30 Davie	* 0	0	\$0.00	112,374	\$0.00	0	\$0.00	0	\$0.00	112,374	112,374
31 Duplin	* 0	0	\$0.00	299,150	\$0.00	0	\$0.00	0	\$0.00	299,150	299,150
32 Durham	* 0	0	\$0.00	514,327	\$0.00	0	\$0.00	0	\$0.00	514,327	514,327
33 Edgecombe	* 0	0	\$0.00	265,704	\$0.00	0	\$0.00	0	\$0.00	265,704	265,704
D7 Foothills	* 0	0	\$0.00	179,037	\$0.00	0	\$0.00	0	\$0.00	179,037	179,037
34 Forsyth	* 0	0	\$0.00	580,856	\$0.00	0	\$0.00	0	\$0.00	580,856	580,856
35 Franklin	* 0	0	\$0.00	185,126	\$0.00	0	\$0.00	0	\$0.00	185,126	185,126
36 Gaston	* 0	0	\$0.00	366,128	\$0.00	0	\$0.00	0	\$0.00	366,128	366,128
38 Graham	* 0	0	\$0.00	13,195	\$0.00	0	\$0.00	0	\$0.00	13,195	13,195
D3 Gran-Vance	* 0	0	\$0.00	302,932	\$0.00	0	\$0.00	0	\$0.00	302,932	302,932
40 Greene	* 0	0	\$0.00	261,741	\$0.00	0	\$0.00	0	\$0.00	261,741	261,741
41 Guilford	* 0	0	\$0.00	654,318	\$0.00	0	\$0.00	0	\$0.00	654,318	654,318
42 Halifax	* 0	0	\$0.00	38,383	\$0.00	0	\$0.00	0	\$0.00	38,383	38,383
43 Harnett	* 0	0	\$0.00	299,331	\$0.00	0	\$0.00	0	\$0.00	299,331	299,331
44 Haywood	* 0	0	\$0.00	75,735	\$0.00	0	\$0.00	0	\$0.00	75,735	75,735
45 Henderson	* 0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
47 Hoke	* 0	0	\$0.00	201,751	\$0.00	0	\$0.00	0	\$0.00	201,751	201,751
48 Hyde	* 0	0	\$0.00	166,168	\$0.00	0	\$0.00	0	\$0.00	166,168	166,168
49 Iredell	* 0	0	\$0.00	225,221	\$0.00	0	\$0.00	0	\$0.00	225,221	225,221
50 Jackson	* 0	0	\$0.00	143,402	\$0.00	0	\$0.00	0	\$0.00	143,402	143,402
51 Johnston	* 0	0	\$0.00	99,741	\$0.00	0	\$0.00	0	\$0.00	99,741	99,741
52 Jones	* 0	0	\$0.00	152,053	\$0.00	0	\$0.00	0	\$0.00	152,053	152,053
53 Lee	* 0	0	\$0.00	190,978	\$0.00	0	\$0.00	0	\$0.00	190,978	190,978
54 Lenoir	* 0	0	\$0.00	290,930	\$0.00	0	\$0.00	0	\$0.00	290,930	290,930
55 Lincoln	* 0	0	\$0.00	139,729	\$0.00	0	\$0.00	0	\$0.00	139,729	139,729
56 Macon	* 0	0	\$0.00	36,131	\$0.00	0	\$0.00	0	\$0.00	36,131	36,131
57 Madison	* 0	0	\$0.00	75,757	\$0.00	0	\$0.00	0	\$0.00	75,757	75,757

D4 M-T-W	* 0	0	\$0.00	293,387	\$0.00	0	\$0.00	0	\$0.00	293,387	293,387
60 Mecklenburg	* 0	0	\$0.00	1,433,634	\$0.00	0	\$0.00	0	\$0.00	1,433,634	1,433,634
62 Montgomery	* 0	0	\$0.00	202,624	\$0.00	0	\$0.00	0	\$0.00	202,624	202,624
63 Moore	* 0	0	\$0.00	62,062	\$0.00	0	\$0.00	0	\$0.00	62,062	62,062
64 Nash	* 0	0	\$0.00	250,617	\$0.00	0	\$0.00	0	\$0.00	250,617	250,617
65 New Hanover	* 0	0	\$0.00	244,168	\$0.00	0	\$0.00	0	\$0.00	244,168	244,168
66 Northampton	* 0	0	\$0.00	170,894	\$0.00	0	\$0.00	0	\$0.00	170,894	170,894
67 Onslow	* 0	0	\$0.00	312,685	\$0.00	0	\$0.00	0	\$0.00	312,685	312,685
68 Orange	* 0	0	\$0.00	42,308	\$0.00	0	\$0.00	0	\$0.00	42,308	42,308
69 Pamlico	* 0	0	\$0.00	30,044	\$0.00	0	\$0.00	0	\$0.00	30,044	30,044
71 Pender	* 0	0	\$0.00	141,970	\$0.00	0	\$0.00	0	\$0.00	141,970	141,970
73 Person	* 0	0	\$0.00	96,959	\$0.00	0	\$0.00	0	\$0.00	96,959	96,959
74 Pitt	* 0	0	\$0.00	352,244	\$0.00	0	\$0.00	0	\$0.00	352,244	352,244
75 Polk	* 0	0	\$0.00	67,091	\$0.00	0	\$0.00	0	\$0.00	67,091	67,091
76 Randolph	* 0	0	\$0.00	248,645	\$0.00	0	\$0.00	0	\$0.00	248,645	248,645
77 Richmond	* 0	0	\$0.00	275,413	\$0.00	0	\$0.00	0	\$0.00	275,413	275,413
78 Robeson	* 0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
79 Rockingham	* 0	0	\$0.00	204,379	\$0.00	0	\$0.00	0	\$0.00	204,379	204,379
80 Rowan	* 0	0	\$0.00	307,539	\$0.00	0	\$0.00	0	\$0.00	307,539	307,539
82 Sampson	* 0	0	\$0.00	186,469	\$0.00	0	\$0.00	0	\$0.00	186,469	186,469
83 Scotland	* 0	0	\$0.00	225,588	\$0.00	0	\$0.00	0	\$0.00	225,588	225,588
84 Stanly	* 0	0	\$0.00	108,296	\$0.00	0	\$0.00	0	\$0.00	108,296	108,296
85 Stokes	* 0	0	\$0.00	81,062	\$0.00	0	\$0.00	0	\$0.00	81,062	81,062
86 Surry	* 0	0	\$0.00	127,870	\$0.00	0	\$0.00	0	\$0.00	127,870	127,870
87 Swain	* 0	0	\$0.00	26,975	\$0.00	0	\$0.00	0	\$0.00	26,975	26,975
D6 Toe River	* 0	0	\$0.00	91,183	\$0.00	0	\$0.00	0	\$0.00	91,183	91,183
88 Transylvania	* 0	0	\$0.00	55,594	\$0.00	0	\$0.00	0	\$0.00	55,594	55,594
90 Union	* 0	0	\$0.00	335,968	\$0.00	0	\$0.00	0	\$0.00	335,968	335,968
92 Wake	* 0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
93 Warren	* 0	0	\$0.00	142,679	\$0.00	0	\$0.00	0	\$0.00	142,679	142,679
96 Wayne	* 0	0	\$0.00	283,414	\$0.00	0	\$0.00	0	\$0.00	283,414	283,414
97 Wilkes	* 0	0	\$0.00	133,102	\$0.00	0	\$0.00	0	\$0.00	133,102	133,102
98 Wilson	* 0	0	\$0.00	249,035	\$0.00	0	\$0.00	0	\$0.00	249,035	249,035
99 Yadkin	* 0	0	\$0.00	119,721	\$0.00	0	\$0.00	0	\$0.00	119,721	119,721
00 Yancey	* 0	0	\$0.00	0	\$0.00	44,911	\$0.00	0	\$0.00	44,911	44,911
Totals		0	0	17,749,997	0	44,911	0	0	0	17,794,908	17,794,908

Sign and Date - DPH Program Administrator <i>Haley Shigas</i> 08/05/2022	Sign and Date - DPH Section Chief <i>Mac Kemer for Zack Moore</i> 08/05/22
Sign and Date - DPH Budget Office - ATC Coordinator <i>Sam Ruffin</i> 8/5/22	Sign and Date - DPH Budget Officer <i>S. Kralik</i> 8/5/2022

**FY23 - FAS** Activity Nbr + Name: **716 CDC COVID-19 Vaccination Program**  
 federal award supplement FAS Number + Reason: **1 This FAS is accompanying an AA+BE or an AA Revision+BE Revision.**  
 CFDA Nbr + Name: **93.269 CDC COVID-19 Vaccination Program**  
 Is award R&D?: **no** FAIN: **NH23IP922624** IDC rate: **n/a** Fed awd total amt: \$ **17,794,907**

Fed award project description: **Program is to support efforts to plan, develop, and maintain COVID-19 vaccination efforts.**

Fed awd date + awarding agency: **07-01-22 HHS, Centers for Disease Control and Prevention**

Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity	Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	MBM7W225N3W8	\$ 93,377	\$ 93,377	Jackson	X7YmWY6ZP574	\$ 143,402	\$ 143,402
Albemarle	WAAV551PNMK3	\$ 988,618	\$ 988,618	Johnston	SYGAGEFDHYR7	\$ 99,741	\$ 99,741
Alexander	XVEEJSNY7UX9	\$ 43,099	\$ 43,099	Jones	HE3NNUE27M7	\$ 152,051	\$ 152,051
Anson	PK8UYTSNJCC3	\$ 50,225	\$ 50,225	Lee	F6A8UC99JWJ5	\$ 190,978	\$ 190,978
Appalachian	CD7BFHB8W539	\$ 145,512	\$ 145,512	Lenoir	QKUFL37VPGH6	\$ 290,930	\$ 290,930
Beaufort	RN1SXF4LXN6	\$ 188,996	\$ 188,996	Lincoln	UGGQGS5K6GJ5	\$ 139,729	\$ 139,729
Bladen	TLCTJWDJH1H9	\$ 215,977	\$ 215,977	Macon	LLP3BC6N2LL3	\$ 36,131	\$ 36,131
Brunswick	MJBMXLN9NJT5	\$ 104,944	\$ 104,944	Madison	YQ96F8BJYTJ9	\$ 75,757	\$ 75,757
Buncombe	W5TCDKMLHE69	\$ 388,445	\$ 388,445	MTW	ZKK5GNRNBBY6	\$ 293,387	\$ 293,387
Burke	G855APCNL591	\$ 273,215	\$ 273,215	Mecklenburg	EZ15XL6BMM68	\$ 1,433,634	\$ 1,433,634
Cabarrus	RDXNEJKJFU7	\$ 349,073	\$ 349,073	Montgomery	E78ZAJM3BFL3	\$ 202,624	\$ 202,624
Caldwell	HL4FGNJNGE97	\$ 101,411	\$ 101,411	Moore	HFNSK95FS7Z8	\$ 62,062	\$ 62,062
Carteret	UC6WJ2MQMJS8	\$ 125,182	\$ 125,182	Nash	NF58K566HQM7	\$ 250,617	\$ 250,617
Caswell	JDJ7Y7CGYC86	\$ 169,179	\$ 169,179	New Hanover	F7TLT2GMEJE1	\$ 244,168	\$ 244,168
Catawba	GYUNA9W1NFM1	\$ 221,196	\$ 221,196	Northampton	CRA2KCAL8BA4	\$ 170,894	\$ 170,894
Chatham	KE57QE2GV5F1	\$ 119,512	\$ 119,512	Onslow	EGE7NBXW5JS6	\$ 312,686	\$ 312,686
Cherokee	DCEGK6HA11M5	\$ 41,516	\$ 41,516	Orange	GGFMCW9XDA53	\$ 42,308	\$ 42,308
Clay	HYKLQVNWLXK7	\$ -	\$ -	Pamlico	FT59QFEAU344	\$ 30,044	\$ 30,044
Cleveland	UWMUYMPVL483	\$ 233,960	\$ 233,960	Pender	T11BE678U9P5	\$ 141,970	\$ 141,970
Columbus	V1UAJ4L87WQ7	\$ 223,180	\$ 223,180	Person	FQ8LFJGMABJ4	\$ 96,959	\$ 96,959
Craven	LTZ2U8LZQ214	\$ 273,695	\$ 273,695	Pitt	VZNPMLCFT5R6	\$ 352,244	\$ 352,244
Cumberland	HALND8WJ3GW4	\$ 320,012	\$ 320,012	Polk	QZ6BZPGLX4Y9	\$ 67,091	\$ 67,091
Dare	ELV6JGB11QK6	\$ 34,229	\$ 34,229	Randolph	T3BUM1CVS9N5	\$ 248,645	\$ 248,645
Davidson	C9P5MDJCKY7	\$ 271,627	\$ 271,627	Richmond	Q63FZNTJM3M4	\$ 275,413	\$ 275,413
Davie	L8WBGLHZV239	\$ 112,374	\$ 112,374	Robeson	LKBEJQFLAAK5	\$ -	\$ -
Duplin	KZN4GK5262K3	\$ 299,150	\$ 299,150	Rockingham	KGCCCHJJZZ43	\$ 204,379	\$ 204,379
Durham	LJ5BA6U2HLM7	\$ 514,327	\$ 514,327	Rowan	GCB7UCV96NW6	\$ 307,539	\$ 307,539
Edgecombe	MAN4LX44AD17	\$ 265,704	\$ 265,704	Sampson	WRT9CSK1KJY5	\$ 186,469	\$ 186,469
Foothills	NGTEF2MQ8LL4	\$ 179,037	\$ 179,037	Scotland	FNVTCUQGCHM5	\$ 225,588	\$ 225,588
Forsyth	V6BGVQ67YPY5	\$ 580,856	\$ 580,856	Stanly	U86MZUYP7C5	\$ 108,296	\$ 108,296
Franklin	FFKTRQCNN143	\$ 185,126	\$ 185,126	Stokes	W41TRA3NUNS1	\$ 81,062	\$ 81,062
Gaston	QKY9R8A8D5J6	\$ 366,128	\$ 366,128	Surry	FMWCTM24C9J8	\$ 127,870	\$ 127,870
Graham	L8MAVKQJTYN7	\$ 13,195	\$ 13,195	Swain	TAE3M92L4QR4	\$ 26,975	\$ 26,975
Granv-Vance	MGQJKK22EJB3	\$ 302,932	\$ 302,932	Toe River	JUA6GAUQ9UM1	\$ 91,183	\$ 91,183
Greene	VCU5LD71N9U3	\$ 261,741	\$ 261,741	Transylvania	W51VGHGM8945	\$ 55,594	\$ 55,594
Guilford	YBEQWGFJPMJ3	\$ 654,318	\$ 654,318	Union	LHMKBD4AGRJ5	\$ 335,968	\$ 335,968
Halifax	MRL8MYNJ3Y5	\$ 38,383	\$ 38,383	Wake	FTJ2WJPLWMJ3	\$ -	\$ -
Harnett	JBDC9V41BX7	\$ 299,331	\$ 299,331	Warren	TLNAU5CNHSU5	\$ 142,679	\$ 142,679
Haywood	DQHZEVAV95G5	\$ 75,735	\$ 75,735	Wayne	DACFHCLQKMS1	\$ 283,414	\$ 283,414
Henderson	TG5AR81JLFQ5	\$ -	\$ -	Wilkes	M14KKHY2NNR3	\$ 133,102	\$ 133,102
Hoke	C1GWSADARX51	\$ 201,751	\$ 201,751	Wilson	ME2DJHMYWG55	\$ 249,035	\$ 249,035
Hyde	T2RSYN36NN64	\$ 166,168	\$ 166,168	Yadkin	PLCDT7JFA8B1	\$ 119,721	\$ 119,721
Iredell	XTNRLKJLA4S9	\$ 225,221	\$ 225,221	Yancey	M4SJK9AKVEZ8	\$ 44,911	\$ 44,911