ROWAN COUNTY

DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: Budget Officer				
FROM: Finance				
EXPLANATION IN DETAIL: BUDGET INFORMATION:		recognize Salisbury Rowan Com Cooperative Ext 4H Program - P		Teresa Sharpless 1/3/2023
ACCOUNT TITLE	R/E	ACCOUNT #	INCREASE	DECREASE
4-H Revenue - Cooperative Ext	R	1144955-449003-30010	7,000	4.5.00100.000
4-H Expense - Cooperative Ext	E	1154955-583073-30010	7,000	- West
	\rightarrow			
	\rightarrow			
			-	
DEPARTMENT HEAD		COUNTY MANAGER	ACCOUNT	ING USE ONLY
Approved:	Ард	proved:	Budget Revision #	06-753
Disapproved:	Dis	approved:	Date Posted:	
Amended:	Am	ended:	Group Number:	
_{Date:} Jan 3, 2023		e:	Posted by:	
Signature:		nature:	Approved by:	

Ang-Lyan Meontaon Anna K.Burrgaine

Sharpless, Teresa F.

From:

Albertson, Amy-Lynn

Sent:

Tuesday, January 3, 2023 11:12 AM

To:

Sharpless, Teresa F.

Subject:

Re: 4-H money coming in; please update me as received

Teresa- Although the total project was for \$12,366, the grant received was for \$7,000.00. We will not need a match from to county to complete the project. We will get the funds from other sources or complete the project within the \$7000.00 budget.

Thank you,

Amy-Lynn Albertson

**

Amy-Lynn Albertson County Extension Director Rowan County Center N.C. Cooperative Extension

704-216-8970 (c) 336-225-3114 rowan.ces.ncsu.edu

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From: Sharpless, Teresa F. <Teresa.Sharpless@rowancountync.gov>

Date: Thursday, December 29, 2022 at 8:55 AM

To: Albertson, Amy-Lynn <Amy-Lynn.Albertson@rowancountync.gov>
Subject: FW: 4-H money coming in; please update me as received

Good morning Amy-Lynn,

I am working on the BA to go along with the attached grant and I have a question. The grant application states that the project cost is \$12,366 but the amount awarded is \$7,000. Are you wanting to request to the BOC that the county match funds for this project/grant? If so I need to include that in the BA.

Thanks so much.

Teresa

ReWAN CeUNTY

ReWAN Teresa Sharpless | Accountant II

Rowan County Finance Department 130 West Innes Street, Salisbury, NC 28144

NORTH CAROLINA [p] 704.216.8173

Be an original

Rowan County

Applicant View

Applicant Summary

Organization Status Search

Please search for your organization's legal name and current status by following these steps:Click on the data entry field that says "Select", and begin typing the organization name in the box that appears.As you type, the list of organizations will narrow, and you can select your organization from the list. Search tip: If your organization's name includes an "and" or "&", try interchanging these if you are having difficulty finding your organization. If your organization is found in the list, please select the name. The current due diligence status will appear - either Due Diligence Complete or Requires Fiscal Sponsor.If your organization does not appear, please select Organization Not Found from the top of the dropdown list. A status of Due Diligence Required will appear. Note: If you have received a grant from the Foundation in the past but do not find your name, due diligence renewal may be required. The Foundation will begin required due diligence processes once an application is fully submitted.

*Organization legal name / Status: Rowan County - [130 West Innes Street, Salisbury, NC, 28144]Due Diligence Approval Completed

Organization Information

Please re-enter the organization's legal name below, and enter the current mailing and contact information.

*Organization legal name:	Rowan County
Organization AKA or DBA name:	Rowan County 4-H
*Mailing address:	2727 Old Concord Road
Mailing address line 2:	Suite A
*Mailing city:	Salisbury
*Mailing state:	North Carolina
*Mailing county:	Rowan County
*Mailing zip:	28146
*Organization phone:	704-216-8970
Organization web address:	rowan.ces.ncsu.edu
Application Contact Information	
*Salutation:	Mrs.
*Contact first name:	Laura
*Contact last name:	Allen
*Contact title:	Rowan County 4-H Agent
*Contact telephone number:	704-216-8970
*Contact email address:	lahoffne@ncsu.edu
*Is the contact person listed above also the executive director of the organization?	No
*Salutation:	Ms.
*Executive director first name:	Amy-Lynn
*Executive director last name:	Albertson
Supplemental Information	

Rowan County

*EIN (please type in the following 56-6000336

format: XX-XXXXXXX):

Organization Overview

Organization Overview *Organization mission:

4-H is a youth organization that empowers youths to reach their full potential while working in partnership with caring adults. 4-H provides pathways for youths to view learning as relevant to the world around them and to connect with their communities. 4-H strives to produce transformational experiences for youths by designing and implementing educational programs that blend high content opportunities and high context environments. 4-H focuses on youth development practices which recognize the worth and dignity of every individual, and the belief that the development of life skills enables young people to become caring, coping, competent, and contributing citizen leaders.

Rowan County

*Organization core services: (100 word max.)

- -Community Based Youth Educational Programs: focusing on current and emerging youth needs, strengthening life skills, encouraging volunteerism, growing youth/adult partnerships and being inclusive of all audiences.
- -High Quality Delivery Modes: impacting youth through research and best practice based curricula and learning styles that are experiential and engaging.
- -Personal Growth and Development: promoting lifelong learning in youth, volunteers and professionals resulting in highly-motivated, well-trained visionary and competent individuals.
- -Partnerships and Resource Development: exemplifying good resource stewardship and strategic thinking and building effective partnerships.
- -Volunteer Engagement and Development: recruit, retain and support diverse youth and adult volunteers

*Please provide the estimated number of volunteers for your organization (specific to your local unit, if applicable). 43

Rowan County

*Please provide a brief description as to how you engage volunteers to further your mission.

Youth-adult partnerships are integral to 4-H and represent one of the core values of our programs. Rowan County is fortunate to currently have 43 adult volunteers who work with 4-H'ers. These adults are registered, background checked and trained adults. We also have additional volunteers through schools and other Extension programs (such as Master Gardeners) who assist youths in learning, even though they are not official 4-H volunteers. I am in frequent contact with my 4-H volunteers and provide at least one annual training for my volunteers. A 4-H volunteer can have many roles. Many of my 4-H volunteers work directly with one of the five 4-H clubs that we currently have in Rowan County. These volunteers are club leaders or club assistants who work directly with youths at least once each month (often more) to focus on specific learning topics, skill development, leadership, citizenship, and/or community service. I also have volunteers who may not help directly with a 4-H club, but assist in other ways: judging 4-H projects/events, helping with program fundraisers, advertising 4-H programs, assisting with office work, teaching workshops, etc. These volunteers are an extension of our program, allowing the 4-H program to thrive and reach more youths than I could physically reach alone as the 4-H Agent. These volunteers provide a positive, fulfilling learning experience for our youths, are experts in their fields of knowledge, and provide opportunities for 4-H'ers to grow and develop life skills so that they can be productive members of society.

Rowan County

When submitting demographic information please be sure to fill out all fields. Enter "0" for percentage fields that do not apply to your organization, all fields should total 100%. Please respond to the questions to the best of your ability and "approximates" or estimates are acceptable.

Service Population - Use the following percentage fields to describe the overall population your organization serves by race/ethnicity:

Click here if your organization does not collect this information on your service population:

The second of th	
*Asian	.96
*Black or African American	16.24
*Hispanic or Latino	13.1
*Native American/Alaskan	1.37
*Native Hawaiian/Pacific Islander	.2
*White, non-Hispanic	55.33
*Not listed above	12.8
*Click "Calculate" to confirm your population percentages total 100.	100.00

Board of Directors - Use the following percentage fields to describe the race/ethnicity composition of your organization's current Board of Directors:

*Asian	0
*Black or African American	33.3
*Hispanic or Latino	0
*Native American/Alaskan	0
*Native Hawaiian or Other Pacific Islander	0
*White, non-Hispanic	66.7
*Not listed above	0
Click "Calculate" to confirm your Board of Directors percentages	100.00

Board of Directors - Use the following percentage fields to describe the gender composition of your organization's current Board of Directors:

*Female	100
*Male	0
*Non-binary	0
*Click "Calculate" to confirm your	100.00

Board of Directors percentages total 100.

total 100.

Rowan County

*How does your organization go about building racially and culturally diverse representation within your board? Please explain. (150 word max)

Rowan County 4-H doesn't have a "Board of Directors"; however, there is a Rowan County 4-H Advisory Board. The 4-H Advisory Board members are directly asked to be on the board. This board is small with 3 members on a 3 year rotation. Before a member rotates off, the board helps suggest local community citizens who would be a good fit for the board, and then the 4-H Agent begins asking. We seek to find community members who may or may not have a direct connection to 4-H or Cooperative Extension, but can help assess community needs for youth and be a resource to our board and the 4-H program. We do not discriminate based on gender, race, background, etc. Though these folks may not themselves be diverse in their gender. race, etc, they often work for or represent areas that include diverse audiences (school system, public library, etc).

Leadership/Management Team - Use the following percentage fields to describe the race/ethnicity composition of your organization's current Leadership Team (Executive Director, CEO, Department Lead or higher):

Click here if your organization does not have a leadership/management team:

Leadership Team percentages

total 100.

reader or in printering entrette touting	
*Asian	0
*Black or African American	0
*Hispanic or Latino	0
*Native American/Alaskan	0
*Native Hawaiian or Other Pacific Islander	0
*White, non-Hispanic	100
*Not listed above	0
Click "Calculate" to confirm your	100.00

Leadership/Management Team - Use the following percentage fields to describe the gender composition of your organization's current leadership team:

*Female	100
*Male	0
*Non-binary	0

Rowan County

	TOPECATION AND ADVISOR ADVISOR AND ADVISOR ADVISOR AND ADVISOR ADVISOR AND ADVISOR ADVISOR AND ADVISOR AND ADVISOR AND ADVISOR ADVISOR ADVISOR AND ADVISOR ADVISOR AND ADVISOR
*Click "Calculate" to confirm your Leadership Team gender percentages total 100.	100.00
*What is the race/ethnicity of your current or acting Executive Director, CEO or President? Select all that apply.	White
*What is the gender of your current or acting Executive Director, CEO or President?	Female
Staff - Use the following percentagorganization's current staff:	ge fields to describe the race/ethnicity composition of your
Click here if your organization does not have staff:	
*Asian	0
*Black or African American	0
*Hispanic or Latino	0
*Native American/Alaskan	0
*Native Hawaiian or Other Pacific Islander	0
*White, non-Hispanic	100
*Not listed above	0
Click "Calculate" to confirm your staff percentages total 100.	100.00
Staff - Use the following percentagorganization's current staff:	ge fields to describe the gender composition of your
*Female	0
*Male	100
*Non-binary	0
*Click "Calculate" to confirm your staff gender percentages total 100.	100.00
Project Description	

*Project/program title: (8 word max.)	Winged Wonders 4-H Curriculum in the Schools
*Please select the primary investment area that your project will address (if needed, see list of descriptions for assistance):	Youth Development

Rowan County

*Brief project summary: (50 word max.)

The 4-H Winged Wonders butterfly program would allow for the purchase of butterfly kits and 4-H curriculum to be used in Rowan County classrooms. The study of butterflies provides a rich context for youth exploring concepts of life cycles, structures and functions of living things and ecosystems.

*What is the geographic service area being served, such as neighborhood, county-wide, etc.?

Rowan County 4-H serves Rowan County youths ages 5-18 (as of January 1). We have five 4-H clubs that meet across the county. 4-H programs are offered at the county level and open to all Rowan youths. We also work with public, private, charter and home schools in Rowan County.

If your program was specifically designed to serve a certain population, please indicate below (Check all that apply):

*Age group:

Children - Elementary School (5 - 10 yrs)

*Gender:

Not Gender Specific

*Race/Ethnicity:

Not Race/Ethnicity Specific

*Other populations:

N/A

If you would like to provide additional information concerning the intended audience/constituents of your project, please do so here:

This program will be implemented in the Rowan-Salisbury School System, as well as private, charter, and home schools in our county. The target audience is Kindergarten classrooms, though homeschool families may include different grade levels. The teachers will be trained on the curriculum and the supplies associated with this program so they can supplement their classroom instruction in a hands-on way. This will allow 4-H to extend their reach into schools/communities in which we do not already have a strong presence and to reach a more diverse population in our county.

Rowan County

*Detail the project timeline. Include key milestones and dates, where applicable. (150 word max.)

This project will be implemented annually as long as materials are in good condition.

January-February: Program advertised to Kindergarten teachers in the public, private, and charter schools of Rowan County. Registration due.

March: Registered teachers trained to implement program. Teachers pick up all supplies and curriculum.

March-April/May: Program implementation in Kindergarten classrooms. Release of butterflies.

April/May: All borrowed items returned to office.

April/May: Supplies cleaned, organized and stored.

August: Program advertised to homeschool families.

September: Registered homeschool families trained to implement program. Families pick up all supplies and curriculum.

September/October/November: Program implementation with homeschool families. Release of butterflies.

Rowan County

October/November: All borrowed items returned to office.

October/November: Supplies cleaned, organized and stored.

Rowan County

*Describe your project expenses in detail. (200 word max.)

The butterfly sanctuary is where the life cycle of the butterflies takes place. Larvae will be purchased to begin the life cycle. The plastic dishes and dish scrubbers serve as butterfly feeding stations. The 205 page 4-H curriculum will be professionally printed and spiral bound to increase its longevity for future usage. Flashcards (included with the curriculum) will be professionally printed to increase longevity. The spray bottles, magnifying lenses, and safety pins will help teachers care for their butterflies and provide hands-on opportunities for students. The books budgeted will add a literacy component to this program.

50 kits will be created and used twice annually. The total costs reflects the purchase of 50 of the needed items, unless stated otherwise in the "expense item" column. Larvae expenses are calculated for both Spring and Fall 2023. One extra copy of the 4-H curriculum is included for the 4-H Agent to use while assisting teachers in implementation. Each classroom will receive 2 sets of each of the flashcards.

Materials will be reused each year, except for the larvae. Larvae will be purchased but through other methods (other grants, local donors, etc) during future years of this program.

Rowan County

*What makes your organization unique and effective, as compared with other organizations working in your geographic area with similar populations? What is your organization doing to limit duplication or overlapping services? (200 word max.)

4-H is unique in the fact that we are leveraging existing standards of learning and overlaying them with an agricultural and environmental lens through projects like this butterfly program, Because 4-H is the youth development component of Cooperative Extension, we are a part of the land-grant university system. Land grant universities, such as NC State University and NC A&T State University, are research-based institutions. The various 4-H curriculums available take university research and translate it in a way that it can be used by teachers in a classroom setting to supplement their curriculum in a hands-on way. 4-H curriculum engages students and enhances instruction while still aligning to the course of study and the standards that teachers must follow. 4-H curriculum can also be used for nonclassroom programs and projects through 4-H, as implemented by the 4-H Agent, 4-H volunteers, or 4-H families. 4-H is set apart because of our access and implementation of research-based information from the land-grant universities.

*Do you need licensing, zoning or No other regulatory approval to conduct the project?

*Is your organization working in partnership with one or more organizations?

No

Results Description

Rowan County

*What results are you committed to achieving during the grant period? What metrics will you use to evaluate whether your project is successful? (100 word max.)

The results that we are committed to achieving through this project include:

- -promoting agricultural literacy in the classroom
- enhancement of STEM skills in youth participants (identification/correlation, critical thinking, problem solving, etc.)
- increased positive science attitude in youth participants

The 4-H Winged Wonders curriculum includes pre and post tests that can be given to students to help us measure learning and growth. The curriculum also includes active assessments that can help assess student learning and growth during the project as well.

*How many participants will you serve?

950 85%

*What percentage of participants do you expect to achieve the results (enter a value up to 100% include the percentage sign in your response)?

*Explain how you arrived at the numbers above (50 word max.):

This program includes 4-H curriculum created with research-based information and translated for classroom use. The engaging nature of this program allows children to understand and get excited about the standards this curriculum addresses. I anticipate that a majority of students will achieve the results because this program makes learning fun!

Rowan County

*Who is leading this initiative and what are their qualifications? What factors in their leadership most predict success? (100 word max.)

Laura Allen, Rowan County 4-H Agent, will lead this project. Her role is to lead and manage the entire 4-H program in Rowan County, Laura has a bachelor's degree in Agricultural Education with a minor in Animal Science and a master's degree in Agricultural Education. She had nearly 10 years of experience as an agriculture teacher/FFA advisor in the Rowan-Salisbury School System before joining NC Cooperative Extension in May 2018 as Rowan County's 4-H Agent. She has over 14 years of experience in youth education and curriculum implementation.

*What have you achieved in the past three years that contributes to your organization's success? (100 word max.)

In 2019, I received a grant to purchase incubators and supplies to revamp the 4-H Embryology program in Rowan County for 2nd grade classrooms and homeschool families. In Spring 2022, I offered 3 cycles of Embryology. A total of 34 teachers were trained & implemented this program (it would have been 59 teachers but one cycle was canceled due to Avian Influenza). Within two completed cycles, 833 students were impacted by this program. 4-H Winged Wonders would be organized similarly to 4-H Embryology. The success of the 4-H Embryology program is indicative of the future success of 4-H Winged Wonders!

Financials and Project Budget

Financials

*Annual operating budget:

\$10,000.00

*Please attach your organization's Current Rowan County 4-H revenue.expenses.pdf annual budget for the current fiscal year, including income and expenses. Please DO NOT attach budgets larger than 5 pages.

Rowan County

*Please attach your organization's Previous Year Rowan County 4-H revenue.expenses.pdf annual budget for the previous year, including income and expenses. Please DO NOT attach budgets larger than 5 pages.

*Net assets of organization (as

\$0.00

reported on 990):

*Does your organization conduct Yes an audit?

*What is the most recent audit

1/28/2022

date?

Project Budget

Please use the budget template provided below to detail your proposed project expenses. The following are instructions to assist you with submitting your budget: Download and read the Project Budget Instructions before completing a budget template. Once you have read the instructions, download the project budget template. Complete the budget template as instructed. Save the budget template as a PDF, no other file types will be accepted. Review the PDF document, ensuring all cells and information can be read and understood. Upload the completed PDF file to your application.

Click the link below to review the project budget instructions:

Click the link below to download a copy of the Project Budget Template: Note: Keep a copy of your proposed budget for your records. It is helpful if you need to resubmit or make changes throughout the grant program.

*Upload completed project budget Rowan County 4-H Final Grant Budget.pdf

*Total project budget:

\$12,366.00

*Grant request amount:

\$12,366.00

Your grant request should not exceed \$10,000, please update your request amount.

*If you were to receive partial funding, how would this impact your ability to accomplish your goals? (100 word max.)

Partial funding would limit the amount of supplies that I could purchase, which would limit the amount of teachers that could utilize the program annually in their classrooms. This would reduce the overall impact of agricultural literacy, development of STEM skills, and science self-efficacy in students because less students would have this program available to them. It may also mean that there is not enough funding to purchase all of the supplies necessary for teachers to fully implement the program.

Submittal Page

Certification

Rowan County

*Do you certify that the executive Yes director and board of directors have approved submittal of this grant request?

*Do you certify that all Yes information provided is accurate to the best of your knowledge and the project and schedule as presented will be adhered to?

*Title of representative requesting 4-H Agent

*Signature of representative

Laura Allen 9/1/2022 4:46:02 PM

requesting grant:

To submit your application, return to your dashboard and click the "Final Review and Submit" button located at the upper-right corner. No additions or corrections to the application are allowed once it has been submitted.

Award Agreement

The following program/project has been approved for funding:

*Project/program title: (8 word max.)

Winged Wonders 4-H Curriculum in the Schools

*Brief project summary: (50 word

max.)

The 4-H Winged Wonders butterfly program would allow for the purchase of butterfly kits and 4-H curriculum to be used in Rowan County classrooms. The study of butterflies provides a rich context for youth exploring concepts of life cycles, structures and functions of living things and ecosystems.

Rowan County

Grant TermsGrant funds are to be used only as stated in the following terms and conditions: This grant is being made for the specific project and / or components of the project outlined in the grant proposal. If any changes to the project are needed, contact Foundation staff to discuss amendments, reallocations, and to obtain approval to proceed prior to implementing any changes or expending any funds. If awarded general operating support, the funds must be used for the operations of the Grantee organization. Payment will be scheduled upon your acceptance of the grant including agreement to all terms and / or conditions. Submittal of this award section signifies your acceptance. The deadline for this section is four weeks after the email notification of award. If this section is not completed within the time allowed, the grant will be forfeited. Grants are one year in duration. To the extent it is required and indicated in Conditions below, the Grantee agrees to submit the online evaluation report describing the project and an explanation of how the funds were spent. Failure to submit a complete evaluation report by the stated deadline may make the organization ineligible to receive a grant from the same program in future years. Based on annual reporting calendars with clients and volunteers, the evaluation report is due 9 months after the grant award date, unless otherwise stated. All grant recipients have one year to complete the grant and if funds are not expended when the report is submitted at 9 months, an additional report may be required. Failure to submit follow up evaluation report(s) by the stated deadline(s) may make the organization ineligible to receive a grant from the same program in future years. If the Grantee does not complete the funded project within one year, the Grantee must submit a written request for an extension. The Foundation will notify the Grantee of the decision regarding the extension. The Foundation reserves the right to conduct an independent evaluation of your project and a verification of grant expenditures. The Grantee agrees to provide the information necessary to complete such an evaluation. Failure to submit requested information in a timely fashion may obligate the Grantee to refund the grant. The Foundation recognizes grant circumstances may change over the life of a grant which will require you to either apply for a grant extension or reallocation. Should your project change in scope, please notify The Foundation as soon as possible with any reallocation requests. Please note, any reallocation request must be approved. Failure to notify The Foundation of reallocation request may result in forfeiting any or all funds. The Foundation is not responsible for any actions of the Grantee, and furthermore, the Grantee agrees to indemnify, defend and hold harmless the Foundation, its agents and employees, and the Trustees/Board from any liability, loss, cost, injury, damage or other expense that may be incurred by the Grantee or claimed by any third person against it as a result of funding of the project or any action or non-action taken in connection with the project, only in the manner and to the extent provided by North Carolina law.

Grant Conditions

*Additional award contingencies:

N/A

If you are required to submit additional information to meet contingencies listed above, please include attachments here. Files must be uploaded in PDF format on 8.5" x 11" paper with a portrait orientation.

Additional attachments can be included here.

Grant Award Information

Award Amount:

2022 Salisbury-Rowan Community Foundation Grant Cycle Awarded On 11-29-2022, \$7,000

Post Grant Evaluation Final Report is due by Noon on Friday, August 11, 2023.

Award Acceptance

Rowan County

Please sign below indicating your organization's intended acceptance or decline of grant funds. Organizations intending to accept this award must complete this section or grant funds will be forfeited. Your acceptance of this grant includes agreement to all terms and/or conditions. Note: Accepting or declining your grant award is a two-step process. You must complete this section AND select the Accept or Decline button located in the upper-right corner of your dashboard.

*Do you certify that the executive Yes director accepts this grant and all terms and conditions as stated above?

*Title of representative accepting 4-H Agent grant:

*Signature of representative accepting grant award:

Laura Allen 12/5/2022 2:54:43 PM

To officially accept this grant, click "Save and Return" to the Applicant Dashboard and select the "Accept" button located in the upper-right corner.

Should you need additional information, please contact Tiara Miles, Board & Specialist, at tmiles@fftc.org or 704.973.4506.

Program Grant Evaluation Report

Should you need additional information, please contact Tiara Miles, Board & Dard & Specialist, at tmiles@fftc.org or 704.973.4506.

*Which of the following statements applies to your organization?

Rowan County



Org code: Object code: Project code:	1144955 449003	CE-OTHER PR 4-H GENERAL	OG REVENU REVENUE	IES			e: f tus: getary:	A
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04 -1.	170.00		.00		.00			.00
05 -2,	900.00		.00		.00			.00
06 -1,	052.00		.00		.00			.00
07	110.00		.00		.00			.00
08 -1,	937.25		.00		.00			.00
09 -3,	115.00		.00		.00			.00
10 -1,	895.00		.00		.00			.00
11 -8,	753.73		.00		.00			.00
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Encumb-Last Yr		00						
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Estim-Actual		-5,000.00	MANAGER PRESENT				-5,000.0	10
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Rowan County



Org code: Object code: Project code:	1154955 583073	CE-OTHER PRO 4-H GENERAL		ENSES	Type: E Status: Budgetary:	A
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Full descript Reference Acc	ion: 4-H t:	GENERAL EXPE	YSE	Short Auto-e	desc: 4-H GEN ncumber? (Y/N)	RE N
03 04 05 06 07 08 09 10 11 12	ACTUAL .00 .00 4,156.44 475.41 138.72 2,963.31 1,246.49 61.66 825.98 878.24 2,953.28 16.21 1,096.49 9,979.14	4,100 -4,100 2,429	ANCE .00 0.00 0.00 .00 .00 .00 .00 .00 .00	AMOUNTS BUD TRANSFER .00 5,000.00 15,981.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	15,000 15,981	00 00 00 00 00 00 00 00 00 00 00 00
Actual (Memo) Encumbrances Requisitions Total Available Budg Percent Used Inceptn to SOY Encumb-Last Yr Actual-Last Yr Estim-Actual	get	24.791.37	Origina Budget T Budget T Carry Fo Carry Fo Revised	AMOUNTS Budget Franfr In Franfr Out Vod Budget Vod Bud Tfr Budget Orig Bud Revsd Bud	THIRT BADELO	000000000000000000000000000000000000000

Rowan County



11 bookshipp		LAST YEAR M	ONTHLY	AMOUNTS		
PER	ACTUAL	ENCUMBRA		BUDGET		
00	.00		.00	-00		
01	.00		.00	-5,000.00		
02	.00		.00	-00		
03	-550.00 -4,350.00 -3,430.00		.00	10,000.00		
04	-4,350.00		.00	.00		
05			.00	.00		
06	210.00		.00	.00		
07	-954.00		.00	.00		
08	-840.00	0	.00	.00		
09	-100.00 -2,946.00 -1,956.00	i i	00	.00		
10	-2,946.00		00	.00		
11	-1,956.00		00	.00		
12	-900.00		00	.00		
13	.00		00	.00		
Tot:	-15,816.00		00	5,000.00		
2024	Actual Closed @ YE Encumbrance Memo Bal Actual	- PRIOR YEARS	TOTA	L AMOUNTS		
2021	Actual	-15,816.00	2021	Orig Budget		5.000.00
2021	Closed @ YE	-15,816.00	2021	Bud Tfr In		00
2021	Encumbrance	.00	2021	Bud Tfr Out	10	000 000
2021	Memo Bal	-15,816.00	2021	C Fwd Budget		00
2020	Actual	-13,636.59	2021	Revsd Budget		000 000
2019	Actual	-15,543.62			3	,,000.00
2018	Actual	-10,378.47	2020	Orig Budget	_1	000 000
2017	Actual	-17,347.41	2020	Revsd Budget	_ 1	000.00
2016	Actual	-15,636.56	2019	Orig Budget	_ 6	000.00
2015	Actual	-16,453.39	2019	Revsd Budget	-10	000.00
2014	Actual	-20,660.22			-	,000.00
2013	Actual	-13,674.35	2021		0.00	
2012	Actual	.00	2020		0.00	
			2019		0.00	
DEG	2022	FUTURE Y	EAR AN	MOUNTS		
PER						
00	7 500 00	2023 DEPART	MENT	100	.00	.00
02	-7,500.00	2023 MANAGE	R	3	.00	.00
03	.00	2023 PRESEN	I .	-7,500	.00	.00
04	.00	2023 COMMIS	SION		00	.00
05	.00	2023 APPROV	ED	-7,500.	00	.00
	.00	2023 Revise	d	-7,500 -7,500 -7,500	00	
06 07	.00	2024 Estima	te	(VI) PO16330	00	.00
08	.00	2025 Estima	te		00	.00
	.00	2026 Estimat	te		00	.00
09	, 00	2027 Estimat	te		00	.00
10 11	.00	2022	-			.00
12	-00	2023 Memo Ba	17	-946.	00	
13	.00	2023 Encumbi	ance		00	
Tot:	7 500 00	2023 Requist	tion		00	
1.67	-7,500.00					

Rowan County



PER 00 .00 01 .00 02 193.56 03 .00 04 885.46 05 3.555.30 06 570.55 07 950.00 08 122.36 09 37.74 10 364.34 11 201.42 12 231.83 13 .00 Tot: 7,112.56	LAST YEAR MONTHUE ENCUMBRANCE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	BUDGET .00 5,000.00 20,777.00 1,500.00 .00 .00 .00 .00	
2021 Actual 2021 Closed @ YE 2021 Encumbrance 2021 Memo Bal 2020 Actual 2019 Actual 2018 Actual 2017 Actual 2016 Actual 2015 Actual 2014 Actual 2013 Actual 2013 Actual 2012 Actual	PRIOR YEARS TOT 7,112.56 202 7,112.56 202 202 14,499.69 202 12,758.98 13,280.62 202 13,321.15 202 18,059.20 201 17,545.86 201 17,163.38 37,588.35 202 201 201 201 201 201 201 201 201 201	AL AMOUNTS	5,000.00 27,277.00 -5,000.00 27,277.00 5,000.00 22,077.00 5,000.00 19,293.00
PER 2023 BUDGET 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2023 DEPARTMENT 2023 MANAGER 2023 PRESENT 2023 COMMISSION 2023 APPROVED 2023 Revised 2024 Estimate 2025 Estimate 2026 Estimate 2027 Estimate 2027 Estimate 2028 Memo Bal 2023 Encumbrance 2023 Requisition	BUDGET 10,000.00 10,000.00 10,000.00 10,000.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00

Rowan County

Project Budget Template

Rowan County 4-H

SECTI	ONO	NE: PROJECTED INCOM	E
Funding Sources		Amount	Are Funds Requested or Committed?
Salisbury-Rowan Community Foundation Grant	\$	12,366.00	Requested
	\$	\$	
	\$		
	\$,	
	5	100	
	5		
	\$		
	\$		
Total Income	\$	12,366,00	
SECTIO	N TWO	: PROJECTED EXPENS	ES
Expense Item		Amount	Amount from This Grant Program
Carolina Butterfly Sanctuary x 50	\$	1,375.00	\$ 1,375.00
larvae (50 classrooms x 2 cycles=100 sets)	S	1,699.00	\$ 1,699,00
Feeding Stations: 50 dishes & 50 sponges	\$	91.00	\$ 91,00
Printed & bound 4-H curriculum x 51	\$	2,601.00	\$ 2,601,00
Flashcards (waterproof paper) 2 setsX100 ea.	\$	4,600.00	\$ 4,600.00
water bottles, magnifying lenses, safety pins	\$	750.00	\$ 750.00
3 butterfly related children's books x 50	\$	1,250.00	\$ 1,250.00
	\$		\$.
Total Expenses		12,366.00	\$ 12,366,00

Note: The total income (B14) must match the total expenses (B26).

If necessary, please include any clarifying information about the project budget.

Items in cells 18-22 are necessary for program to begin implementation. Curriculum and flashcards will be professionally printed for quality copies that will last. Totals are figured for creating 50 kits. Kit items would be reused annually, except for the larvae. Cells 23 & 24 would have to be teacher provided if not funded. Books added for literacy.

Note: The Foundation recognities constructed may charge over the life of a great. Therefore, extrapated deviations from any line item of this budget requires a required for realiseation of funds. Please submit realiseation requests in setting to the Foundation for approval prior to aperioting transfer funds.

BA-06-753 - BOC 01-17

Final Audit Report

2023-01-04

Created:

2023-01-03

Bv:

Teresa Sharpless (teresa sharpless@rowancountync.gov)

Status:

Signed

Transaction ID:

CBJCHBCAABAAWdwVbcnTJUtDCTZbfJQ1sELGZ8G5UbUi

"BA-06-753 - BOC 01-17" History

- Document created by Teresa Sharpless (teresa.sharpless@rowancountync.gov) 2023-01-03 - 5:38:00 PM GMT- IP address: 24.123.188.14
- Document emailed to Amy Albertson (amy-lynn.albertson@rowancountync.gov) for signature 2023-01-03 5:39:10 PM GMT
- Email viewed by Amy Albertson (amy-lynn.albertson@rowancountync.gov) 2023-01-03 - 9:23:00 PM GMT- IP address: 104.47.56.254
- Document e-signed by Amy Albertson (amy-lynn.albertson@rowancountync.gov)

 Signature Date: 2023-01-03 9:23:12 PM GMT Time Source: server- IP address: 24.123,188,15
- Document emailed to Anna Bumgarner (anna.bumgarner@rowancountync.gov) for signature 2023-01-03 9:23:13 PM GMT
- Document e-signed by Anna Bumgamer (anna.bumgamer@rowancountync.gov) Signature Date: 2023-01-04 - 5:55:23 PM GMT - Time Source: server- IP address: 24.123.188.14
- Agreement completed. 2023-01-04 - 5:55:23 PM GMT

ROWAN COUNTY

DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: Budget Officer				
FROM: Finance				
EXPLANATION IN DETAIL:	To n	ove funds to cover repairs o	n Animal Shelter Incineration	
			Prepared by:	Teresa Sharpless
			Date:	1/4/2023
BUDGET INFORMATION:				
ACCOUNT TITLE	R/E	ACCOUNT #	INCREASE	DECREASE
Consulting Services	E	1154112-532017		5,500
R&M : Equipment	E	1156430-543015	5,500	
DEPARTMENT HEAD		COUNTY MANAGER	ACCOUNT	NG USE ONLY
Approved:	Appro	oved:	Budget Revision #	7-051
Disapproved:	Disap	proved:	Date Posted:	
Amended:	Amer	ded:	Group Number:	
Date: Jan 4, 2023	1000000	invite-	Posted by:	
Signature:	Signa	ture		
anne R. Burngaine			Approved by:	

Rowan County

G/L ACCOUNT - MASTER INQUIRY

Org code: Object code: Project code:		GENERAL GOVE CONSULTING S		XPENSES	Type: E Status: A Budgetary: Y
Fund Function Sub Function Department Division Program Activity Type	41 on 4100 4112 0000	ENERAL FUND GENERAL GOV OTHER GENER GENERAL GOV NON DIVISIO NON PROGRAM NON ACTIVIT EXPENDITURE	AL GOVER ERNMENT N	NMENT	
Full descript Reference Acc		ULTING SERVIC	ES		desc: CONSULTING cumber? (Y/N) N
		CURRENT YEAR	MONTHLY	AMOUNTS	
PER	ACTUAL	ENCUMBRA		BUD TRANSFER	BUDGET
00	.00		.00	41,616.59	191,616.59 440,181.00 -106,376.59
02	.00	47,453 20,000 -17,325 -553	.00	440,181.00	440.181.00
03	7,325.18	-17,325	.19	-106.376.59	-106,376.59
04	553.82	-553	.82		-4,290.00
05	.00	2 052	.00	.00	.00
06 07	15,400.00	-2,057 -15,400	.50	.00	.00
08	.00	-13,400	.00	.00	.00
09	.00		.00	.00	.00
10	.00		.00	.00	.00
11	.00		.00	.00	.00
12 13	.00		.00	.00	.00
	37,336.50	32,117	.33	371,125.00	521,125.00
		- CURRENT YEA	R TOTAL	AMOUNTS	
Actual (Memo))	37,336.50	Origina	1 Budget	150,000.00 442,507.00 -112,998.59
Encumbrances		32,117.33	Budget	Tranfr In	-112 008 50
Requisitions Total		69.453.83	Carry F	wd Rudget	41,616.59
Available Bud	iget	451,671.17	Carry F	wd Budget wd Bud Tfr	.00
Percent Used		13.33	Revised	Budget	521,125.00
Inceptn to so	Y	.00		Orig Bud Revsd Bud	.00
Encumb-Last Y		41,616.59	DEPARTM	ENT	150,000.00
Actual-Last Y	r	.00	MANAGER		.00
Estim-Actual		600,037.59			150,000.00
		.00	COMMISS APPROVE		150,000.00
			ALC: UNK NO		130,000,00

Rowan County

G/L ACCOUNT - MASTER INQUIRY

Org code: Object code: Project code:	543015	ANIMAL SHELT R&M - EQUIPM	ER EXPEN	NDITURES	Type: E Status: A Budgetary: Y
Fund Function Sub Function Department Division Program Activity Type	42 on 4264	PUBLIC SAFE ANIMAL SERV ANIMAL SERV ANIMAL SHEL NON PROGRAM NON ACTIVIT EXPENDITURE	CIES CIES TER		
Full descript Reference Acc	tion: R&M :t:	:EQUIPMENT			desc: R&M EQUIP cumber? (Y/N) N
		- CURRENT YEAR	MONTHLY	AMOUNTS	
PER	ACTUAL	ENCUMBRA		BUD TRANSFER	BUDGET
00	.00		.00	.00	.00
01	290.00		.00	.00	1,000.00
02	161.98	1,795	.00	1,500.00	
03	250.00		.00	.00	.00
04	-250.00		.00	.00	.00
05	.00		.00	.00	.00
06	.00	. 705	.00	.00	.00
07	1,795.00	-1,795		.00	.00
08	.00		.00	.00	.00
09	.00		.00	.00	.00
10	.00		.00	.00	.00
11	.00		.00	.00	.00
12 13	.00		.00	.00	.00
	2,246.98		.00	.00	.00
IUC.	2,240.90		.00	1,500.00	2,500.00
		CURRENT YEA	R TOTAL	AMOUNTS	1,000.00 1,500.00 .00
Actual (Memo)	1	2,246.98	Origina	1 Budget	1,000.00
Encumbrances		.00	Budget	Tranfr In	1,500.00
Requisitions		.00	Budget	Tranfr Out wd Budget	.00
IDTAI		2,246.98	Carry F	wd Budget	.00
Available Bud	iget	253.02	Carry F	wd Bud Tfr	.00
Percent Used		89.88	Revised	Budget	2,500.00
Inceptn to SC	Y	-00	Inceptr Inceptr	Orig Bud Revsd Bud	.00
Encumb-Last Y		.00	DEPARTM	IENT	1,000.00
Actual-Last Y	r	.00			.00
Estim-Actual		2,500.00	PRESENT		1,000.00
		.00	COMMISS		.00
			APPROVE	D .	1,000.00

ROWAN COUNTY

AGREEMENT FOR SERVICES

NORTH CAROLINA

This Agreement is made and entered into between Rowan County, North Carolina ("County") and BURNZ-WELL, Inc ("Provider").

WHEREAS, the County and the Provider wish to enter into a contract under which the Provider will provide certain specified services and/or materials to the County in exchange for payment. NOW, THEREFORE, in consideration of the mutual covenants, promises, terms, conditions, and agreements herein, the County and the Provider agree as follows:

- 1. Services To Be Performed. The Provider agrees to perform the services and to provide the materials (all collectively called the "Services") for the County as described in Section A of the attached Exhibit A (the "Contract Specifications"), which is incorporated into this Agreement by reference as if it were fully set forth herein. The Provider warrants that all materials it provides shall be of good quality and shall meet industry standards and the County's expectations and approval, and the Provider warrants that it shall perform all Services in a good and workmanlike manner, in accordance with industry standards and the County's expectations, and to the County's full satisfaction.
- Term. The term of this Agreement shall be as provided in Section B of the attached Exhibit A, the Contract Specifications.
- 3. Payment. In accordance with Section C of the attached Exhibit A, the Contract Specifications, the County agrees to pay the Provider for Services satisfactorily performed in accordance with this Agreement. The County shall pay each properly submitted invoice within thirty (30) days of its submission. Each invoice shall document, to the County's satisfaction, the work performed and the basis for the amount of payment sought. If the Provider fails to perform in accordance with this Agreement, the County may, without penalty, withhold any payment(s) associated with Services not properly performed until and unless the Provider completes or corrects its performance, as applicable. The County's remedies under this Agreement are not exclusive and are in addition to all other rights and remedies provided by law.
- 4. Non-waiver. If the County at any time does not require the Provider to satisfy any of the Provider's obligations under this Agreement, or if the County fails at any time to exercise any right or privilege granted to it by this Agreement, that shall not waive or limit the County's ability to require the Provider to satisfy those obligations in the future or the County's ability to enforce its rights or privileges in the future. If the County waives any breach of this Agreement by the Provider, which shall not be deemed a waiver of any later breach by the Provider, nor shall it be deemed a waiver of this section of the Agreement.
- 5. Independent Contractor. For purposes of this Agreement, the Provider at all times shall be considered an independent contractor, and the County shall not be deemed the employer of the Provider or of any of the Provider's agents or employees, nor shall the County be responsible for the actions or omissions of the Provider or its agents and employees. For purposes of this

Agreement, the Provider and its agents and employees shall not be deemed an employee of the County for any purpose, including (by example only and not for purposes of limitation) federal or state income taxation, unemployment benefits, or worker's compensation benefits.

- 6. <u>Insurance</u>. For the term of this Agreement, the Provider shall maintain at its sole expense the insurance specified in Section E of the attached Exhibit A, the Contract Specifications. All insurance policies shall be issued by a company authorized to issue insurance in the State of North Carolina. Before beginning to perform under this Agreement, the Provider shall provide the County with a certificate of insurance showing that all insurance required by this Agreement is in effect, and the Provider shall keep that certificate current by submitting to the County updated certificates as the Provider's insurance policies are renewed or otherwise modified. The County shall be named as an additional insured. The Provider shall notify the County immediately if any insurance required by this Agreement will be or has been cancelled or not renewed or if the amount of coverage of any such insurance will be or has been reduced.
- 7. <u>Indemnity.</u> The Provider agrees that it shall defend, indemnify, and hold harmless the County and its officials, employees, and agents from and against any and all losses, liabilities, claims, demands, suits, costs, damages, or expenses (including reasonable attorneys' fees) arising from or related to this Agreement and/or the Services, including (by example only and not for purposes of limitation) those for bodily injury, death, or property damage. The Provider's obligations under this section shall survive termination of this Agreement.
- Termination. Notwithstanding any other provision of this Agreement (including any provision in the attached Exhibit A), this Agreement may be terminated at any time by mutual written agreement of the County and the Provider, or it may be terminated by the County upon ten (10) days' written notice to the Provider. Ten days' written notice for termination by the County is not required if the County is terminating because the Provider has breached the Agreement. Further this agreement includes the following Non-appropriation Clause: Provider acknowledges that Rowan County is a governmental entity, and the contract validity is based upon the availability of public funding under the authority of its statutory mandate. In the event that public funds are unavailable and not appropriated for the performance of Rowan County's obligations under this contract, then this contract shall automatically expire without penalty to Rowan County thirty (30) days after written notice to Provider of the unavailability and non-appropriation of public funds. It is expressly agreed that Rowan County shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this contract, but only as an emergency fiscal measure during a substantial fiscal crisis, which affects generally its governmental operations. In the event of a change in Rowan County's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects Rowan County's authority to continue its obligations under this contract, then this contract shall automatically terminate without penalty to Rowan County upon written notice to Provider of such limitation or change in Rowan County's legal authority.
- 9. Entire Agreement. This Agreement (including the attached Exhibit A, the Contract Specifications) constitutes the complete and entire Agreement between the County and the Provider concerning the subject matter of the Agreement and supersedes any and all prior agreements, discussions, understandings, promises, or representations concerning that subject

matter. This Agreement may be modified only by a writing signed by both the County and the Provider.

- 10. Governing Law and Forum for Disputes. This Agreement shall be governed by the laws of the State of North Carolina without regard to North Carolina's choice of law provisions. Any lawsuit or other legal proceeding concerning this Agreement and/or the Services must be filed in Rowan County, North Carolina, unless it is properly filed in federal court, in which case it must be filed in the federal District Court for the Middle District of North Carolina.
- Severance Clause. If any part of this Agreement is deemed unenforceable by a court of competent jurisdiction, then that part shall be enforced to the greatest extent legally possible, and the rest of this Agreement will remain in full force and effect.
- 12. <u>Compliance With Laws.</u> The Provider acknowledges and agrees that it will perform all Services and will satisfy all of its obligations under this Agreement in full compliance with all applicable federal, state, and local laws and regulations.
- 13. <u>Records.</u> All materials, reports, etc. generated pursuant to this Agreement shall at all times remain the property of Rowan County, with copies of all such materials, reports, etc. being provided to Rowan County in a timely manner. It is further understood that some materials may be subject to NC Public Records laws, and any request for documents pursuant to such shall be processed through Rowan County prior to their release.
- 14. Repair of Damages. The Provider shall promptly and fully repair any damages that it or its employees or agents cause to the County's property. Alternatively, the County may choose in its discretion to require the Provider to fully compensate the County for any such damages rather than have the Provider repair them.
- 15. <u>Titles and Headings</u>. Titles and headings used in this Agreement are for convenience only and do not limit or modify the language within each section of this Agreement.
- Non-Assignment. The Provider may not assign its rights or obligations under this Agreement, nor may it sub-contract any part of this Agreement, without written approval from the County.
- 17. Notices. Any notice or communication to the County or the Provider for purposes of this Agreement shall be delivered or shall be deposited in the United States Mail, first class, addressed to the addressee in Section E of the attached Exhibit A, the Contract Specifications.
- Number and gender. This Agreement's use of singular, plural, masculine, feminine, and neuter pronouns shall include the others as the context may require.
- 19. Exhibit A. To the extent of a conflict between the above language of this Agreement and the attached Exhibit A (the Contract Specifications), the above language of this Agreement will control.

IN WITNESS WHEREOF, the County and the Provider have caused this Agreement to be executed as of the Effective Date.

THE COUNTY	THE PROVIDER
BY:	BY:
Name: Jody Farrow-Bennett	Name:
Title: Purchasing Director	Title:

EXHIBIT A

CONTRACT SPECIFICATIONS

Services To Be Performed By The Provider.

Diagnose and repair problems with Crawford C1000H Incineration Equipment due to flameout and potential explosive reignition issues with the equipment. Quoted pricing does not include parts. If parts are required there is a 15% discount on parts and a year of 24/7 phone support with the service call for the year.

Term of the Agreement.

The agreement shall be good for 60 days with the understanding that service will be provided at earliest possible date after January 1, 2023.

C. Payment to the Provider.

Estimated service fee is not to exceed \$4,500.00 but does not include parts. Total job, not to exceed \$5,500.00 without prior approval.

- D. <u>E-Verify.</u> North Carolina General Statutes prohibit counties from entering into contract with contractors and subcontractors who have not complied with the requirement of Article 2 of Chapter 64 of the NC General Statutes. When required by law, the Contractor must submit the E-Verify Affidavit with bid proposals and/or contracts.
- E. <u>Insurance.</u> During this Agreement's term, the Provider shall maintain worker's compensation insurance as required by North Carolina law to cover all of the Provider's employees engaged in any work under the Agreement. The Provider shall also maintain the following insurance to cover its performance under this Agreement during the Agreement's term:
 - General commercial liability in the amount of \$500,000 per occurrence / \$1,000,000 aggregate with County listed as additional insured.
 - Workers' Compensation in the amount of \$500,000 employer's liability
 - Automobile liability covering all owned, hired, and non-owned vehicles used in connection with this Agreement. The minimum combined single limit shall be \$1,000,000 for bodily injury and property damage; and, \$1,000,000 uninsured/underinsured motorist coverage.

Burnz-Well, Inc.
Kevin Willett, President
33218 Walnut Creek Rd.
Magnolia, TX 77355
281-356-1211
he date signed and hereby acknowledged a
THE PROVIDER
DV.
BY:
Name:
Name:
Name:

THE PROVIDER

E.

Contact Information.

THE COUNTY

BA-07-051 - BOC 01-17

Final Audit Report 2023-01-04

Created: 2023-01-04

By: Teresa Sharpless (teresa.sharpless@rowancountync.gov)

Signed Status:

Transaction ID: CBJCHBCAABAA-GbSVqkAlLVyL3QDhhs06WoSDXx_z9N9

"BA-07-051 - BOC 01-17" History

- Document created by Teresa Sharpless (teresa.sharpless@rowancountync.gov) 2023-01-04 - 3:03:13 PM GMT- IP address: 24.123.188.14
- Document emailed to Anna Bumgarner (anna.bumgarner@rowancountync.gov) for signature 2023-01-04 - 3:04:29 PM GMT
- Document e-signed by Anna Bumgarner (anna.bumgarner@rowancountync.gov) Signature Date: 2023-01-04 - 5:56:08 PM GMT - Time Source: server- IP address: 24.123.188.14
- Agreement completed. 2023-01-04 - 5:56:08 PM GMT

ROWAN COUNTY

DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: Budget Officer				
FROM: Finance				
EXPLANATION IN DETAIL:	To re	ecognize Duke Energy Foundation	Grant for Emergency P	reparedness
			Prepared by: Date:	Teresa Sharpless
BUDGET INFORMATION:				
ACCOUNT TITLE	R/E	ACCOUNT #	INCREASE	DECREASE
Misc Donations	R	1144330-464900	25,000	
Grant Expenditures	E	1154330-585000 - 43348	25,000	
	-			
DEPARTMENT HEAD		COUNTY MANAGER	ACCOUN	ITING USE ONLY
			THE STREET, SALES	
Approved:	Appr	oved:	Budget Revision #	07-058
Disapproved:	Disap	proved:	Date Posted:	
Amended:	Amer	nded:	Group Number:	
_{Date:} Jan 4, 2023			S. S	
Date:	Date		Posted by:	
Signature:	Signa	ture:		
Allen Creece			Approved by:	

anne KBurngairen



ROWAN COUNTY 2727 OLD CONCORD ROAD SUITE E

SALISBURY, NC 28144

Dear Community Partner,

It's an honor to be a part of the many programs and organizations that make our community such a vibrant place to live and work. At Duke Energy, we know that the investment we make today can make a difference for years to come. We are proud to inform you that your organization has been awarded a grant from The Duke Energy Foundation.

Enclosed please find a check in the amount of \$25,000.00 for EMERGENCY PREPAREDNESS on behalf of Duke Energy. This is a restricted contribution for purposes outlined in your grant application (Request ID: 78024787). Any funds not used or committed for the specified purpose of the grant or not used or committed within any time limit specified in the grant request must be returned to the Foundation. The Duke Energy Foundation or Duke Energy may not receive goods or services in exchange for this funding.

Duke Energy recognizes that the organization may like to promote the grant. The following link has been provided for your convenience to assist in obtaining the Duke Energy logo:

www.duke-energy.com/LogoRequest

We wish you much success in the execution of the project you will be supporting through this grant.

Sincerely,

Katherine Neebe President, Duke Energy Foundation



The Duke Energy Foundation Wells Fargo, N.A. P.O. Box 1007

67-776-532

12457

Charlotte, NC 28202

VOID AFTER 180 DAYS

Date: 12/19/2022

Amount: \$25,000.00

PAY

TWENTY-FIVE THOUSAND AND XX/100 DOLLARS

TO THE ORDER OF

ROWAN COUNTY

AUTHORIZED SIGNATURE

Sharpless, Teresa F.

From:

Bevis, Lisa F

Sent:

Wednesday, January 4, 2023 10:55 AM

To:

Kitalong-Will, Ann M; Brown, TJ

Cc:

Boyd, Leslie H: Cress, Allen; Sharpless, Teresa F.

Subject:

RE: Duke Energy Foundation Grant Check

Leslie,

Can you scan a copy of the letter to Ann, please?

Teresa,

Can you assist with a BA, please?

Thanks.

Lisa

From: Kitalong-Will, Ann M < Ann. Kitalong-Will@rowancountync.gov>

Sent: Wednesday, January 4, 2023 10:50 AM

To: Brown, TJ <TJ.Brown@rowancountync.gov>; Bevis, Lisa F <Lisa.Bevis@rowancountync.gov>

Cc: Boyd, Leslie H < Leslie.Boyd@rowancountync.gov>; Cress, Allen < Allen.Cress@rowancountync.gov>

Subject: Re: Duke Energy Foundation Grant Check

TJ is correct, this has not been budgeted yet. Could you please scan a copy of the letter to me? Thanks.

Ann

From: Brown, TJ < TJ. Brown@rowancountync.gov>

Date: Friday, December 30, 2022 at 12:09 PM

To: Bevis, Lisa F <Lisa.Bevis@rowancountync.gov>

Cc: Boyd, Leslie H < Leslie Boydgerowancountyne gov>, Kitalong-Will, Ann M < Ann. Kitalong-

Willig-rowancountync.gov>, Cress, Allen < Allen Cressgerowancountync.gov>

Subject: Re: Duke Energy Foundation Grant Check

To my knowledge, it has not been budgeted and will need a BA. I believe Ann would be able to confirm for us when she gets back. Is it possible that we could do 1154330-585000-project line?

Thanks.



Be an original.

TJ Brown | Deputy Chief

Emergency Services

EMS & Fire Division

2727 Old Concord Rd, Salisbury, NC, 28146-8388

9-1-1 & FM Division

1090 Corporate Center Dr, Salisbury, NC, 28146-8626

[p] 704 216-8918 [c] 704-798-3881 [f] 704-216-7994

www.rowancountync.gov/es

"The single biggest problem with communication is the Illusion that it has taken place". George Bernard Shaw. "Do you want to know who you are? Don't ask, Act! Action will deline use and define you." Themas Johnson.

DISCLARAGER:

This document/entail may contain PEES REVIEW information that is protected by NC General Statue 131E-107(b). It is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged,

repficients are consistent of the consistency and started each in the constitution and reference and the consistency depend on a state of the consistency depend on the constitution of th

From: Lisa Bevis < Lisa Bevis arrowancountyne pay>
Date: Thursday, December 29, 2022 at 4:43 PM
To: TJ Brown < TJ Brown errowancountyne gov>

Cc: "Boyd, Leslie H" < Leslie Boydigirowancountync.gov>
Subject: FW: Duke Energy Foundation Grant Check

TJ.

Where do you want the expense that this is for, budgeted? Or has it been budgeted?

Lisa

From: Bevis, Lisa F

Sent: Thursday, December 29, 2022 4:41 PM

To: Boyd, Leslie H < Leslie Boydgrowancountyne gey>

Cc: Brown, TJ < ij.hrowngrowanemattyne.gov>
Subject: RE: Duke Energy Foundation Grant Check

1144330-464900.

TJ, FYI. Lisa

From: Boyd, Leslie H < Leslie Boydig-rowancountyne gos>

Sent: Thursday, December 29, 2022 4:07 PM

To: Bevis, Lisa F < Lisa Revise row and on the agree >
Subject: FW: Duke Energy Foundation Grant Check

HI Lisa,

Do you know where to post this payment? I e-mailed Ann Kitalong-Will and Allen Cress yesterday. Ann is off until next week and Allen has not responded.

Leslie

From: Boyd, Leslie H

Sent: Wednesday, December 28, 2022 12:46 PM

To: Kitalong-Will, Ann M < Ann. Kitalong-Willigrov, ancountym, gov>; Cress, Allen < Allen Cressgrowansountym, gov>

Subject: Duke Energy Foundation Grant Check

Good Afternoon,

We received a check in Finance from the Duke Energy Foundation for \$25,000.00. According to the attached letter, the check is for Emergency Preparedness. The grant request ID is 78024787. Do either of you know which account this money should be applied to?

BA-07-058 - BOC 01-17

Final Audit Report

2023-01-04

Created: 2023-01-04

Teresa Sharpless (teresa sharpless@rowancountync.gov) By:

Signed Status:

Transaction ID: CBJCHBCAABAAODwsXJ6_CyLZQq47BaF7_v0XBrgX88Kr

"BA-07-058 - BOC 01-17" History

- Document created by Teresa Sharpless (teresa.sharpless@rowancountync.gov) 2023-01-04 - 4:23:54 PM GMT- IP address: 24.123.188.14
- Document emailed to Allen Cress (allen.cress@rowancountync.gov) for signature 2023-01-04 - 4:25:31 PM GMT
- Email viewed by Allen Cress (allen.cress@rowancountync.gov) 2023-01-04 - 5:08:06 PM GMT- IP address: 104.47.56.254
- Document e-signed by Allen Cress (allen.cress@rowancountync.gov) Signature Date: 2023-01-04 - 5:09:42 PM GMT - Time Source: server- IP address: 98.101.38.114
- Document emailed to Anna Bumgarner (anna.bumgarner@rowancountync.gov) for signature 2023-01-04 - 5:09:43 PM GMT
- Document e-signed by Anna Bumgamer (anna.bumgamer@rowancountync.gov) Signature Date: 2023-01-04 - 5:58:13 PM GMT - Time Source: server- IP address: 24.123.188.14
- Agreement completed. 2023-01-04 - 5:58:13 PM GMT

ROWAN COUNTY

		ROWAN COUNTY					
	DEPARTMENTAL REQUEST FOR BUDGET ACTION						
TO: BOC							
FROM: Finance							
EXPLANATION IN DETAIL:	Funding from the NC Depart Prepared by: Date:	Teresa Sharpless 1/6/2023					
BUDGET INFORMATION:	For		Marks and Supple				
ACCOUNT TITLE	R/E	ACCOUNT #	INCREASE	DECREASE			
State Funding - Non-Grant	R	1145010-434026	239,621				
Soil & Water - Easment Monitoring	E	1155010-583004	239,621				
	-						
			+				
				V I I I I I I I I			
			+				

DEPARTMENT HEAD	COUNTY MANAGER	ACCOUNTING USE ONLY
Approved: Disapproved: Amended: Date: Jan 6, 2023	Approved: Disapproved: Amended: Date:	Budget Revision # 07-121 Date Posted: Group Number: Posted by:
Signature: Anne R.Bumgaine	Signature:	Approved by:

Greg Edds, Chairman Im Greene, Vice-Chairman Mike Caskey Judy Klusman Craig Pierce



Auton Church, County Manager Carolyn Barger, Clerk to the Board John W. Dees, H. County Attorney

Rowan County Board of Commissioners

130 West Innes Street · Salisbury, NC 28144 Telephone 704-216-8180 · Fax 704-216-8195

MINUTES OF THE VIRTUAL MEETING OF THE ROWAN COUNTY BOARD OF COMMISSIONERS April 6, 2020 – 3:00 PM

PLEASE NOTE: DUE TO THE CORONAVIRUS PANDEMIC
THE MEETING WAS HELD BY REMOTE PARTICIPATION FOR THE BOARD OF
COMMISSIONERS, STAFF AND THE PUBLIC

Commissioners Participating:

Greg Edds, Chairman Jim Greene, Vice-Chairman Mike Caskey, Member Judy Klusman, Member Craig Pierce, Member

County Manager Aaron Church, Clerk to the Board Carolyn Barger, County Attorney Jay Dees and Assistant County Manager/Finance Director Leslie Heidrick also participated.

Chairman Edds convened the meeting at 3:00 p.m.

Chaplain Michael Taylor provided the Invocation.

Chairman Edds led the Pledge of Allegiance.

CONSIDER ADDITIONS TO THE AGENDA

- Commissioner Pierce requested to add a discussion regarding the County's longterm spending. Chairman Edds added the issue as agenda item #6a.
- Chairman Edds added a request from the Soil and Water Conservation District regarding conservation easements to the agenda as item #6b.

CONSIDER DELETIONS FROM THE AGENDA

There were no deletions from the agenda.

Commissioner Klusman suggested the motion be amended to include allowing the use of the County's employer identification number with in-kind help through Mr. Sloop and the County Attorney.

Both Chairman Edds were agreeable to the suggestion and upon being put to a vote, the motion as amended passed unanimously.

7. CONSIDER APPROVAL OF BOARD APPOINTMENTS FRANKLIN VOLUNTEER FIRE DEPARTMENT FIRE COMMISSIONERS

R. Mark Sokolowski applied for reappointment for a two (2) year term that will expire on April 30, 2022.

Gary Ingram and Mark Monroe applied for two seats that will become vacant on April 30, 2020. If approved, the terms for both would expire April 30, 2022.

Commissioner Pierce moved the reappointment of Mr. Sokolowski and the appointment of Mr. Ingram and Mr. Monroe. The motion was seconded by Commissioner Caskey and passed unanimously.

JUVENILE CRIME PREVENTION COUNCIL

Stephen Johnson applied to fill the remainder of an open seat for the General Public on the Juvenile Crime Prevention Council. The term will expire June 30, 2020 at which time Mr. Johnson would be eligible to be considered for reappointment.

Commissioner Klusman moved the appointment of Mr. Johnson followed by a second from Commissioner Pierce. The motion carried unanimously.

NURSING HOME ADVISORY COMMITTEE

Melissa Pierce submitted an application; however, she was not eligible for reappointment unless the Board considered waiving the term limits in the Resolution that governs the advisory board appointment process.

If approved, Ms. Pierce's term would expire February 28, 2023.

Commissioner Klusman moved to waive the term limits of Ms. Pierce. The motion was seconded by Commissioner Caskey and passed unanimously.

Commissioner Klusman moved to reappoint Ms. Pierce followed by a second from Commissioner Caskey. The motion carried unanimously.

ECONOMIC DEVELOPMENT COMMISSION

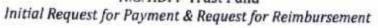
Dari Caldwell and Denise Agner Hallett applied for reappointment. If approved, their terms would expire December 31, 2022.



1. Project Information

N.C. Department of Agriculture & Consumer Services

N.C. ADFP Trust Fund





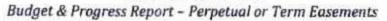
See back for instructions.

promote and a second					
ADFP Trackin	g Number: ADM-ADFP	-20-201	Date of Report: 12/	16/22	
Grantee: Rowa	n County Soil and Wat	er Conservation	n Dietrict	10/22	
Project Title: (Correll Farm +/-150 Ac	rec Pernetual	Concernation France		
Tax ID Numbe	r: 56-6000336	res i el petual	Conservation Easemen	it .	
	iod Start Date: 11/1/2	20	Project Start & End	Dates: 10/1	/20 to 9/30/
Contract Numi	ber: 21-003-4003	44	Reporting Period E	nd Date: 4/3	0/23
Contract Num	The state of the s		Request Number: 1		
	Type of Request (c	heck one): 🗵	Initial Partial	Final	_
	12				
II. Initial Reque	st for Payment				
Grantees may re	equest no more than \$25	5,000 for the in	itial payment. If the tot	al award am	ount is lose th
or canal co at 11	ov.ov, no more than 90	1% of the total	arant amount may he r	requireted for	initial marrows
a. mireca will be	required to submit cop	ies of invoices	with documentation of	naument with	anu avarter
or seint-annual t	Juaget reports.		in a deamentation by p	odyment with	any quarter
Total Request	for Initial Payment: \$	25,000,00			
	Jacoba V	20,000.00			
II. Summary of	Expenditures (Attach	conine of inv	.lone on .et		
Budget Item #	Budget Category	Amount	ices or other types of		ments).
	Britanipory		Total Evene ditures auto	Totals	_
		\$0.00	Total Expenditures prior request:	r to this	\$0.00
		\$0.00	Total Expenditures for ti	hir convect.	
		\$0.00	Total Expenditures to da	its request:	\$0.00
		\$0.00	Total Match prior to this	request-	\$0.00
		\$0.00	Cash Match for this requ	est:	\$0.00
		\$0.00	In-kind dollar value for t	his request.	\$0.00
		\$0.00	Total Match for this requ	est:	\$0.00
Total Aprn C	The state of the s	\$0.00	Total Match to date:		\$0.00
Total ADEP Expend	litures for this request:	\$0.00			140.00
V. Signatures					
Certification: / ce	ertify that this information	n is correct and	based on generally accen	ted accounting	standania
				tained in our f	iles for future
Ton milition Dist	raid ast total government	blading requir	ements on projects).		
Authorized Repr	resentative:	1	elephone Number: -	1011 211	Comil
	20			104-216	-8174
lame: Anna	RBungarner	E	mail Address:		
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ADEP Truck En	and Hea Online				
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pproval by Budge	et Officer:	Ap	proval by Office Manag	ger:	
ate:					
		I Da	te:		



N.C. Department of Agriculture & Consumer Services

N.C. ADFP Trust Fund





See back for instructions.

W. C.	
ADFP Tracking Number: ADM-ADFP-20-201	Date of Report: 12/14/22
Grantee: Rowan County Soil and Water Conservation	
Project Title: Correll Farm +/-150 Acres Perpetual Co	
Tax ID Number: 56-6000336	Project Start & End Dates: 10/1/20 to 9/30/22
Reporting Period Start Date: 4/1/22	Reporting Period End Date: 9/30/22
Contract Number: 21-003-4003	

II. ADFP Funds Report

I. Project Information

Expenditure Categories	Initial Contract Budget Amount	Previously Reported Expenditures	Balance at Beginning of this Reporting Period	Expenditures for this Reporting Period	Ending Balance for this Reporting Period
211 Stewardship Endowment	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00
212 Survey	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$10,000.00
214 Baseline Documentation Report	\$2,900.00	\$0.00	\$2,900.00	\$0.00	\$2,900.00
215 Environmental Assessment / Audit	\$2,300.00	\$0.00	\$2,300.00	\$0.00	\$2,300.00
216 Legal Fees	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$3,500.00
217 Closing Costs	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00
220 Easement Purchase	\$214,921.00	\$0.00	\$214,921.00	\$0.00	\$214,921.00
Totals	\$239,621.00	\$0.00	\$239,621.00	\$0.00	\$239,621.00

III. Matching Funds Report

Total Match Prior to this Report: \$0.00

Expenditure Categories	Source of Funding	Amount of Match	Cash or In- Kind	Cost per unit & # of units	Description of Expenditures	Notes
204 Travel	SWCD	\$94.08	IK	\$0.56/168	7 trips to farm	CE consult
207 Personnel Administrative	SWCD	\$1,061.76	IK	\$25.28/42	42 hours	CE consult
		\$0.00				
		\$0.00				

Total Cash Match for this Report: \$0.00 Total In-Kind Match for this Report: \$1,155.84

Total Match for this Reporting Period: \$1,155.84 Total Match to Date: \$1,155.84

IV. Progress Report

Tasks Completed/Goals Achieved	ADFP Funding Used	Matching Funds Used	Total Funding Used
Surveyor contacted and on wait list	\$0.00	\$0.00	\$0.00
Appraisers contacted for availability	\$0.00	\$0.00	\$0.00
Conservation Plan assessment begun	\$0.00	\$0.00	\$0.00
Environmental Audit preliminary visit	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00

17. Signatures	
Certification: I certify that this information is correct of	and based on generally accepted accounting standards and principles.
Signature of Authorized Representative:	Date:
anna Lumquner	12-14-22

	April Control of	martin to the	A STATE OF	Acres 1	
For ADFP	Trust	Fund	Use	Only	÷

Approval by Budget Officer:

Approval by Office Manager:

BA-07-121 - BOC 01-17

Final Audit Report

2023-01-06

Created: 2023-01-06

By: Teresa Sharpless (teresa.sharpless@rowancountync.gov)

Status: Signed

Transaction ID: CBJCHBCAABAA3_Remsk2xJRCHb-8rQmQAyPgEgKsnZM2

"BA-07-121 - BOC 01-17" History

- Document created by Teresa Sharpless (teresa.sharpless@rowancountync.gov) 2023-01-06 - 2:44:18 PM GMT- IP address: 24.123.188.14
- Document emailed to Anna Bumgarner (anna.bumgarner@rowancountync.gov) for signature 2023-01-06 - 2:45:04 PM GMT
- Document e-signed by Anna Bumgamer (anna.bumgamer@rowancountync.gov) Signature Date: 2023-01-06 - 2:45:38 PM GMT - Time Source: server- IP address: 24.123.188.14
- Agreement completed. 2023-01-06 - 2:45:38 PM GMT

ROWAN COUNTY

DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: BOC				
FROM: Finance				
EXPLANATION IN DETAIL:	To mo	ve funds to Animal Services Em	nployee Retirement	
			Prepared by: Date:	Teresa Sharpless 1/6/2023
BUDGET INFORMATION: ACCOUNT TITLE	R/E	ACCOUNT #	INCREASE	DECREASE
Employee Retirements	E	1154112-582008	INCREASE	150
Employee Retirements	E	1156410-582008	150	250
Employee nethericits	-	1130410-382008	150	
	\rightarrow			
	15.7			
7				
			Maria Cara Cara Cara Cara Cara Cara Cara	
1/				
DEPARTMENT HEAD		COUNTY MANAGER	ACCOUNTIN	G USE ONLY
Approved:	Annro	red:	Budget Revision #	77-127
	rippide		buoget newsjon w	JI IST
Disapproved:	Disann	roved:	Date Posted:	
	S. Salaha	MARIO TO THE REAL PROPERTY OF THE PERTY OF T	Date i dived.	
Amended:	Amend	ied:	Group Number:	
_{Date:} Jan 6, 2023	Date:		Posted by:	
137.60 (72)				
Signature: Anna R.Burngaira	Signatu	ire.	Annual Control Control	
Unra Fa Diringaira			Approved by:	

Sharpless, Teresa F.

From:

Bumgarner, Anna R

Sent:

Friday, January 6, 2023 10:25 AM

To:

Sharpless, Teresa F.

Subject:

Fwd: Employee Retirement Account Funds

Can you help with this?

Get Outlook for iOS

From: Church, Aaron <Aaron.Church@rowancountync.gov>

Sent: Thursday, January 5, 2023 7:02:41 PM

To: Bumgarner, Anna R < Anna. Bumgarner@rowancountync.gov>

Subject: Fwd: Employee Retirement Account Funds

Can you please help with this?

Aaron Church Rowan County Manager 130 West Innes Street Salisbury, North Carolina 28144

Phone: 704-216-8180 Cell: 704-213-8369 Fax: 704-216-8195

Emails to and from this account are subject to the North Carolina Public Record Laws.

Begin forwarded message:

From: "Pannell, Maria R" < Maria. Pannell@rowancountync.gov>

Date: January 5, 2023 at 3:48:27 PM EST

To: "Church, Aaron" <Aaron.Church@rowancountync.gov>

Subject: Employee Retirement Account Funds

Good afternoon,

Back in December Bob mentioned a conversation that he had with you about \$150 set aside for a retirement celebration for him.

We used that money for the get together at the shelter (12/14), and I am working to process those receipts on my pcard statement.

Per Finance, I need to get an account name/number from you and then work on a budget amendment to shift those funds to a shelter account.

Could you send me that account name and number and I will begin putting the BA together?

Thanks so much and I hope you are having a wonderful afternoon, -Maria



Maria Pannell | Animal Services Director Rowan County Animal Services 160 Adoption Way, Salisbury, NC 28146 [p] 704-216-7770 www.rowancountync.gov

Rowan County

G/L ACCOUNT - MASTER INQUIRY

Org code: Object code: Project code:	582008			ERNMENT E			Type: Status: Budgetar	E y: A
Fund Function Sub Function Department Division Program Activity Type		GEN OTH GEN NON NON NON		ON (TY	NMENT			
Full descript Reference Acc		PLOYEE	RETIREME	ENTS			desc: EMPL cumber? (Y	
		CURE	ENT YEAR	MONTHLY	AMOUNTS	s		
PER	ACTUAL		ENCUMBRA		BUD TRA			BUDGET
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06	81.00			.00		.00		.00
07	.00			.00		.00		.00
08	.00			.00		.00		.00
09	.00			.00		.00		.00
10	.00			.00		.00		.00
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G/L ACCOUNT - MASTER INQUIRY

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2017 Actual		114 54	2021	Orio Budget		1 000.00
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^{**} END OF REPORT - Generated by Teresa F. Sharpless **

BA-07-127 - BOC 01-17

Final Audit Report

2023-01-06

Created: 2023-01-06

By: Teresa Sharpless (teresa.sharpless@rowancountync.gov)

Status: Signed

Transaction ID: CBJCHBCAABAAakICIFtp3gXDLd4Oo5w8P77iBbVh4s81

"BA-07-127 - BOC 01-17" History

- Document created by Teresa Sharpless (teresa.sharpless@rowancountync.gov) 2023-01-06 - 6:29:15 PM GMT- IP address: 24.123.188.14
- Document emailed to Anna Bumgarner (anna.bumgarner@rowancountync.gov) for signature 2023-01-06 6:29:57 PM GMT
- Document e-signed by Anna Bumgamer (anna.bumgamer@rowancountync.gov) Signature Date: 2023-01-06 - 7:31:43 PM GMT - Time Source: server- IP address: 24.123.188.14
- Agreement completed. 2023-01-06 - 7:31:43 PM GMT