



**ROWAN COUNTY COMMISSION AGENDA**  
**May 6, 2019 - 3:00 PM**  
**J. Newton Cohen, Sr. Room**  
**J. Newton Cohen, Sr. Rowan County Administration Building**  
**130 West Innes Street, Salisbury, NC 28144**

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Call to Order

Invocation

Provided By: Chaplain Michael Taylor

Pledge of Allegiance

Consider Additions to the Agenda

Consider Deletions From the Agenda

Consider Approval of the Agenda

*Board members are asked to voluntarily inform the Board if any matter on the agenda might present a conflict of interest or might require the member to be excused from voting.*

- Consider Approval of the Minutes: April 15, 2019

**1 Consider Approval of Consent Agenda**

- A. Request To Accept Grant Award From The Blanche & Julian Robertson Family Foundation
- B. Ambulance Franchise Application
- C. Proclamation for Hurricane Preparedness Week
- D. Cooperative Extension / Robertson Foundation Grant
- E. Secondary Road Abandonment Request
- F. Request to Set a Public Hearing to Consider CDBG application
- G. WIC Program Applying for Grant to Open Second Location
- H. Revised Interlocal Agreement With City of Kannapolis
- I. Contract for Tax Foreclosures

**2 Public Comment Period**

- 3 Consider Permit to Exceed Noise Ordinance requests (PE 01-19); David & Shelly Velazquez
- 4 Rural Broadband Task Force Update
- 5 Budget Amendments
- 6 Board Appointments
- 7 Adjournment

*Citizens with disabilities requiring special needs to access the services or public meetings of Rowan County Government should contact the County Manager's Office three days prior to the meeting by calling (704) 216-8180.*

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Carolyn Barger, Clerk to the Board  
**DATE:** April 18, 2019  
**SUBJECT:** Consider Approval of the Minutes: April 15, 2019

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**ATTACHMENTS:**

**Description**

April 15, 2019 Minutes

**Upload Date**

4/18/2019

**Type**

Cover Memo

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



Aaron Church, County Manager  
Carolyn Barger, Clerk to the Board  
John W. Dees, II, 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 MEETING OF THE ROWAN COUNTY BOARD OF COMMISSIONERS**

**April 15, 2019 – 6:00 PM**

**J. NEWTON COHEN, SR. ROOM**

**J. NEWTON COHEN, SR. ROWAN COUNTY ADMINISTRATION BUILDING**

Present: Greg Edds, Chairman  
Jim Greene, Vice-Chairman  
Mike Caskey, Member  
Craig Pierce, Member

Absent: Judy Klusman, Member

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

Chairman Edds convened the meeting at 6:00 p.m.

Chaplain Michael Taylor provided the Invocation.

Chairman Edds led the Pledge of Allegiance.

#### **CONSIDER ADDITIONS TO THE AGENDA**

Chairman Edds added the appointment of three (3) applicants to the Board of Equalization and Review to the Consent Agenda as item G. The applicants were David Roueche, Jerry Spry and Walter Wall.

#### **CONSIDER DELETIONS FROM THE AGENDA**

There were no deletions from the agenda.

#### **CONSIDER APPROVAL OF THE AGENDA**

Commissioner Pierce moved, Commissioner Greene seconded and the vote to approve the agenda passed unanimously (4-0).

#### **CONSIDER APPROVAL OF THE MINUTES**

Commissioner Greene moved, Commissioner Pierce seconded and the vote to approve the minutes of the April 1, 2019 Commission Meeting passed unanimously (4-0).

### **1. CONSIDER APPROVAL OF CONSENT AGENDA**

Commissioner Pierce moved approval of the Consent Agenda as amended. The motion was seconded by Commissioner Greene and passed unanimously (4-0).

The Consent Agenda consisted of the following:

- A. Tax Refunds for Approval
- B. Emergency Management Preparedness Grants Applications
- C. SWRCC Site Selection Study Southern Rowan
- D. Library Chiller Replacement
- E. Permission To Accept The Blanche and Julian Robertson Family Foundation Grant Funds
- F. Proclamation for Relay for Life
- G. Appointment of David Roueche, Jerry Spry and Walter Wall to the Board of Equalization and Review (addition to the agenda).

### **2. PUBLIC COMMENT PERIOD**

Chairman Edds opened the Public Comment Period to receive comments from any citizens wishing to address the Board. With no one coming forward, Chairman Edds closed the Public Comment Period.

### **3. PUBLIC HEARING & EXECUTIVE SUMMARY PRESENTATION – PROJECT SPECIAL**

Scott Shelton, Vice President of Operations for the Economic Development Commission, provided a power point as he presented the Economic Impact Analysis for the potential expansion of Project Special (Project) in Rowan County.

Ms. Shelton said the company behind the Project was an advanced manufacturer that had been a valued employer in the County for years. The company had an international presence and currently employed a large number of people in the community.

The parent company was considering an expansion and investment in new equipment that would allow it to bring new and improved products to market and increase their competitiveness worldwide.

The Project's facility in Rowan was under consideration for the new investment, along with other company facilities in Texas and in Europe. If Rowan was chosen, the company would add 35 new jobs by the end of 2020 and would pay an average annual salary of \$41,000 with benefits.

The company would invest approximately \$18 million into the chosen location through new construction, improvements to the existing facility and major equipment upgrades. The majority of these improvements would be completed by the end of 2020.

Mr. Shelton discussed the requested assistance through the County's adopted Investment Grant Program. Mr. Shelton said the Company was requesting a Level 1 Grant. During the five (5) incentivized years, it was projected the County would collect \$516,750 in revenue and provide incentive grants totaling \$387,563. The County would retain \$129,187 of revenue during the incentive term.

With regards to termination in Article IV of the Agreement, County Attorney Jay Dees clarified that if the Company ceased operations or eliminated the majority of its workforce (51% reduction in a twelve (12) month span) the Agreement would be terminated and the Company would be required to repay all grant proceeds provided during the thirty-six (36) months prior to the cessation or reduction.

Chairman Edds opened the public hearing to receive citizen input regarding Project Special. With no one coming forward, Chairman Edds closed the public hearing.

Commissioner Pierce moved, Commissioner Greene seconded and the vote to approve the incentive for Project Special as requested passed unanimously (4-0).

#### **4. PROCLAMATION FOR LAW ENFORCEMENT WEEK**

Commissioner Caskey read the Proclamation for Law Enforcement Week as submitted by Chaplain Michael Taylor as follows:

WHEREAS, in 1962, President John F. Kennedy signed a Presidential Proclamation that set aside May 15<sup>th</sup> as National Peace Officers' Memorial Day and the week of May 13-19 as National Police Week; and

WHEREAS, the members of all the law enforcements agencies in Rowan County play an essential role in safeguarding the rights and freedoms of all our citizens; and

WHEREAS, it is important that all citizens know and understand the duties, responsibilities, hazards and sacrifices of their law enforcement agencies; and

WHEREAS, members of our law enforcement agencies recognize their duty to serve the people by safeguarding life and property, by protecting them against violence and disorder, and by protecting the innocent against deception and the weak against oppression; and

WHEREAS, law enforcement officers, past and present, have faithfully and loyally rendered a dedicated service to this County and have established for themselves an enviable and enduring reputation to preserving the rights and security of all citizens.

THEREFORE BE IT PROCLAIMED that the Rowan County Board of Commissioners does hereby proclaim May 12-18, 2019 as LAW ENFORCEMENT WEEK.

NOW, THEREFORE BE IT FURTHER PROCLAIMED that the Rowan County Board of Commissioners calls upon all citizens of Rowan County to observe May 15, 2019 as PEACE OFFICERS' MEMORIAL DAY in honor of those law enforcement officers who, through their courageous deeds, have made the ultimate sacrifice in service to their community or have become disabled in the performance of duty, and let us recognize and pay respect to the survivors of our fallen heroes.

Commissioner Caskey moved, Commissioner Pierce seconded and the vote to approve the Proclamation as read passed unanimously (4-0).

#### **5. PROCLAMATION TO ESTABLISH MAY AS SHIELD-A-BADGE WITH PRAYER AWARENESS MONTH**

Chairman Edds read a Proclamation submitted by Chaplain Michael Taylor to Establish May As Shield-A-Badge With Prayer Awareness Month as follows:

WHEREAS, the Shield-A-Badge With Prayer program works to affirm the commitment of Rowan County Law Enforcement Officers and encourages citizen awareness and appreciation for these officers; and

WHEREAS, the program invites citizens to commit to pray for an officer every day for one year and to send birthday cards and notes of thanks to these officers; and

WHEREAS, through the generosity of individuals, businesses and churches that have donated services and fundraisers, 10,000 Bibles, 3,700 Shield-A-Badge Bible Promise Books and 11,000 New Testaments have been purchased to be given away; and

WHEREAS, the Shield-A-Badge With Prayer program began in 1995 in Rowan County, by Chaplain Michael Taylor and has begun to expand statewide, reaching out to other counties, municipalities, colleges, hospitals, correctional facilities, 911 communicators, probations officers, animal control officers, state highway patrol troopers, fire departments, Clerk of Court employees, magistrates, judges, District Attorney's Office, County Commissioners, sheriffs, and attorneys; and

WHEREAS, through the dedication and travels of Chaplain Taylor, counties from across the state are receiving encouragement and training for chaplains.

NOW, THEREFORE BE IT PROCLAIMED that the Rowan County Board of Commissioners does hereby establish the month of May as Shield-A-Badge With Prayer Awareness Month.

Chairman Edds expressed appreciation for Chaplain Taylor and his representation of the community. Commissioner Edds then moved approval of the Proclamation to establish May as Shield a Badge With Prayer Month. The motion was seconded by Commissioner Pierce and passed unanimously (4-0).

Chaplain Taylor announced there would be a Law Enforcement Memorial Service held on May 15, 2019 at First Presbyterian Church. The service was to remember those in law enforcement who had lost their lives in North Carolina over the past year. Chaplain Taylor said it was also a time to lift up the families of those who had given the ultimate sacrifice.

In closing, Chaplain Taylor said he had special place in his heart for law enforcement officers and he thanked God for answered prayers in protecting the officers.

## **6. INMATE HEALTHCARE SERVICES PROVIDER**

Purchasing Agent David Sifford reported that after due advertisement, proposals to administer inmate healthcare services at the Rowan County Detention Center were received and opened. Greg Hannold, Captain of the Rowan County Detention Center, also came forward to discuss the healthcare providers and services for inmates.

According to the memorandum in the agenda packet, six (6) proposals were received from: VialCore Health Strategies, Southern Health Partners, Mediko, Wellpath, Reserve Health and Correctional Medical Care. VitalCore Health Strategies submitted the lowest bid but was considered non-responsive because it did not meet the minimum experience requirement. The second lowest bid of \$693,544 was submitted by Souther Health Partners, our current provider. The Sheriff's Office has requested the company not be selected due to dissatisfaction with the current service provided. Mediko, Wellpath, Reserve Health and Correctional Medical Care submitted bids with first year costs of \$727,895, \$950,662, \$1,230,000 and \$1,701,715 respectively.

It was the recommendation of the Sheriff's Office and the Finance Department that a three-year contract be awarded to Mediko to provide inmate healthcare services at the

Rowan County Detention Center beginning July 1, 2019 at an estimated first year cost of \$727,895.

Captain Hannold said the owner of Mediko, Dr. Ofogh, along with a company representative, were present to answer any questions the Board might have. Captain Hannold continued by discussing the jail's population and reporting as to how current healthcare was provided to the inmates. Captain Hannold said staff was dissatisfied with the current healthcare provider.

Mr. Church noted last year's medical services were approximately \$490,000 and a 46% increase was anticipated for the upcoming year.

In response to an inquiry from Chairman Edds, Mr. Church confirmed the County was required to provide medical care for each inmate in the jail.

Captain Hannold mentioned the savings provided by the Pretrial Release Program and the cooperation of the District Attorney, Judges, etc. concerning the early release of those who qualified for Pretrial Release.

Captain Hannold reported the Detention Center did not provide narcotics or mental health coverage. Captain Hannold discussed how inmates with mental health issues were treated and added that the County provided a mobile crisis service for inmates with suicide indicators.

Dr. Ofogh came forward and provided the background history of Mediko. Dr. Ofogh continued by reviewing the proposed inmate medical services for the County.

A lengthy discussion with questions from the Board followed the presentation.

Chairman Edds thanked Dr. Ofogh and Captain Hannold for their time.

Commissioner Caskey moved, Commissioner Pierce seconded and the vote to award a three-year contract to Mediko (at the estimated cost of \$727,895) passed unanimously (4-0).

## **7. FINANCIAL REPORT**

Assistant County Manager/Finance Director Leslie Heidrick reviewed several financial graphs depicting the following information:

- Annual Cumulative Revenue Comparisons as of March 2019 - \$113,166,173
- Annual Cumulative Expenditure Comparisons as of March 2019 - \$102,893,757
- Annual Cumulative Current Year Property Tax Comparisons as of February 2019 - \$75,652,057
- Annual Cumulative Sales Tax Comparisons as of December in FY 2019 - \$13,645,515

- Monthly Sales Tax Comparisons as of December in FY 2019 - \$2,584,579

### **8. CONSIDER APPROVAL OF BUDGET AMENDMENTS**

Finance Director Leslie Heidrick presented the following budget amendments for the Board's consideration:

- Health Department - To fund budget accounts for Maternal Health per Agreement Addendum - \$6,350
- Sheriff – Recognize funds received from NCDOJ via SCAAP Grant and budget to proper expense accounts for use - \$7,913
- Social Services – Expenditure/Revenue revisions based on Funding Authorizations from the State. Funding Authorizations reflect the actual amount received and may increase or decrease original budget estimate - \$20,335
- Finance – Budget additional Airport fuel revenue and expense - \$40,000

Commissioner Pierce moved approval of the budget amendments as presented. The motion was seconded by Commissioner Greene and passed unanimously (4-0).

### **9. REPORTS**

The Community Child Protection Team Annual 2018 Annual Report was provided in the agenda packet for the Board's review and approval.

Commissioner Pierce moved, Commissioner Greene seconded and the vote to accept and approve the report passed unanimously (4-0).

### **10. ADJOURNMENT**

There being no further business to come before the Board, Commissioner Greene moved to adjourn at 7:11 p.m. The motion was seconded by Commissioner Pierce and passed unanimously.

Respectfully Submitted,

Carolyn Barger, MMC, NCMCC  
Clerk to the Board

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Cari Price  
**DATE:** April 8, 2019  
**SUBJECT:** Request To Accept Grant Award From The Blanche & Julian Robertson Family Foundation

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**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Application	4/8/2019	Cover Memo
Award Letter	4/8/2019	Cover Memo



## Application Summary of : Rowan County | Price, Cari

Program Name :G.R.E.A.T. Summer Camp

### Organization Information

<b>Organization Information</b>	
*Organization Name:	Rowan County Government
<b>Mailing address:</b>	
*Street Address	130 West Innes Street, Suite 210
*City:	Salisbury
*State:	North Carolina
*Zip:	28144
*Telephone:	704-216-8199
Fax:	
Web Address:	130 West Innes Street
<b>Application Contact Information</b>	
*Salutation:	Mrs.
*Contact First Name:	Cari
*Contact Last Name:	Price
*Title:	Assistant to the County Manager/Grant Writer
*Telephone:	704-216-8199
*Email Address:	cari.price@rowancountync.gov
*Is the contact person listed above also the Executive Director?	No
*Executive Director First Name:	Aaron
*Executive Director Last Name:	Church
<b>Organization Status</b>	
*Is the organization a tax exempt charitable organization 501(c)3:	No
<b>Is your organization a:</b>	
*Government tax-exempt unit:	No
*Religious organization:	No
*Affiliated with tax-exempt organization:	No
*Accredited educational Institution:	No
*Is the organization an affiliate of the United	No

Way?	
*What are the current Assets of the organization?	75,106,000
*Does your organization conduct an audit?	Yes
*What is your most recent audit date?	6/30/2018
*What is your annual operating budget?	152,399,000
*List your income from the previous fiscal year:	\$143,086,000
*List your expenses from the previous fiscal year:	\$142,751,000

### Project Request Information

<b>Project Request Information</b>	
*Project Title:	G.R.E.A.T. Summer Camp
*Grant request amount:	\$6,350
*Total Project Budget :	\$14,600
*Start date:	6/10/2019
*Completion date:	6/21/2019
*Provide a brief project summary ( <i>Max words 50</i> ):	This is a free summer camp, staffed by law enforcement officers, designed to offer positive activities for rising sixth, seventh, and eighth grade students helping them to develop positive relationships with law enforcement.
*Describe your proposal in detail: ( <i>include objectives, background of project, demonstration of need and how funds will be used</i> )? ( <i>Max words 500</i> )	The camp will take place in two sessions beginning June 10, 2019 and ending on June 21, 2019 and target approximately 75 students. Rowan County Law Enforcement professionals will deliver a structured curriculum, supervise daily field trips, and plan an end of camp closing event with an awards ceremony for the campers. Funds will be used to offset in-kind donations and assist in providing transportation, snacks, field trip cost, and items for the closing event.
*What funds from other sources have been received or are under consideration for this project? List sources and amounts.	1. Personnel Cost- \$8,000 donated 2. Cost of Meals- donated
*Are you willing to make this grant application a Challenge Grant (where by no funds from The BJRFF, Inc. will be disbursed until funds are secured from other sources and approved by The BJRFF Board)? List sources and amounts.	No.
*What percentage of your annual budget is spent in Rowan County?	100%
*What percentage of your Grant project budget will be spent in Rowan County?	100%
*Will local vendors be used for the project?	Yes

*How many people do you employ?	1228
*What percentage of your employees live in Rowan County?	76%
*How many people will be impacted by your project?	75
*What is a measurable result you expect to accomplish with this grant? Please be specific in your reply.	At least 75 middle school students will engage in positive youth development activities for one week in the summer.
*Do you have another measurable result you expect to accomplish with this grant?	Yes
*Result 2:	Each participant will have a positive interaction with at least one law enforcement officer during camp.
*Do you have another measurable result you expect to accomplish with this grant?	Yes
*Result 3:	Each participant will attend at least three offsite trips.
*How do you plan to fund this project in the future? Explain your sustainability plan (Max words 100):	The project will continue to be funded by grants through various foundations, community sponsors and individual donors.

## Organization Overview

Organization Overview	
*Organization mission:	Rowan County provides visionary leadership for a healthy, safe, vibrant community through economic prosperity and ethical and responsible fiscal decision-making in the least intrusive manner.
*What is the geographic service area being served, such as neighborhood, county-wide, Salisbury area, etc.? (50 words max)	We are serving the Rowan County area.
*Organization core services (100 words max):	The Rowan County Government has many core services to provide to our community. Those services include Culture and Recreation, Human Resources, Economic and Physical Development, Environmental Protection, Transportation, Public Safety, and General Government.
*Address the qualifications of the organization and the person or persons who will lead this project:	Master Deputy William R. Walker founded this camp and led the camp for five years. Master Deputy Walker is a seasoned Deputy and School Resource Officer who has proven to be committed to helping youth succeed.
*Do you need licensing, zoning, or other regulatory approval to conduct the project?	No
*Have you received a grant from The Blanche and Julian Robertson Family Foundation in the last 3 years?	Yes
*Year:	2018
*Grant amount:	\$5,000

*Project:	G.R.E.A.T. Summer Camp
*Add another Grant year?	Yes
*year:	2017
*Grant amount:	\$5,000
*Project:	G.R.E.A.T. Summer Camp
*Add another Grant year?	No
<b>Project Impact</b>	
*What is the main area of impact for your grant? Choose one:	Children/Youth and Families

### Attachments

<b>Attachments</b>	
<b>Please upload the following documentation in support of your application:</b>	
*Current list of Board of Directors or Board of Trustee: <i>(Please identify Gender &amp; Race)</i>	<a href="#">Rowan County Board of Commissioners.pdf</a>
*Recent 990 Form or financial report:	<a href="#">Recent 990 or Financial Report Explanation.pdf</a>
*IRS 501 (c) 3 or appropriate tax determination status letter:	<a href="#">Tax determination status letter.pdf</a>
*Project budget:	<a href="#">2019 Project Budget.pdf</a>
*Organization's annual budget for current fiscal year, including income and expenses:	<a href="#">2019 General Budget.pdf</a>
*Organization's annual budget for the previous year, including income and expenses:	<a href="#">2018 Budget.pdf</a>
Please submit any pictures that correlate with your project:	<a href="#">2017 Camp Photos.pdf</a>

### Certification

<b>Certification</b>	
*Do you certify that this application has been reviewed by the organization's governing body and chief executive officer and approved for submission, all information provided is accurate to the best of your knowledge and the project and schedule as presented will be addressed:	Yes
*Signature of Representative requesting grant:	Cari Price 2/18/2019 11:13 AM

### Award Agreement

**PROVISIONS & CONDITIONS**

1. The grant recipient agrees to expend the funds only for the purposes as stated in the grant application and in accordance with Section 501(C) 3, Section 4945, and other applicable provisions of the Internal Revenue Service Code.
2. The grantee will submit a Grant Status Report to the Foundation as soon as practical after the close of the grant period or when the funded project has been completed.
3. Directors and staff of the Foundation may monitor and conduct an evaluation of the grantee through a site visit and/or review of files and financial records relating to the grant or tax status. The grantee would agree to provide full and complete access upon a reasonable and timely request.
4. The Foundation requires immediate notification of any change in the grantee's Lead Management and/or Federal tax status before or during the period in which the grant funds are being spent.
5. Grant payments may be discontinued, modified, or withheld if, in the sole judgment of the Foundation, such action is necessary to comply with the law.
6. Any portion of the grant funds not used in accordance with these terms and conditions, or in agreement with the original grant application, must be repaid to the Foundation. No funds from this grant will be used to support propaganda, influence legislation or the outcome of any specific public election, or to support voter registration activities.
7. Grant funds must be requested and used within one year from the date of award or the grant is null and void.

This organization accepts full responsibility for any funds received and will abide by The Blanche & Julian Robertson Family Foundation's Grant Provisions & Conditions.

\*Provisions & Conditions Understood:

\*By:

\*Date:

You must return to the dashboard after completing this section and click the Accept button to finalize the completion of the Award Acceptance.

<https://blanchejulianrobertsonfamilyfoundation.communityforce.com>

Document Title	Question	Date Uploaded
<a href="#">2019 General Budget.pdf</a>	ATAnnual budget for current fiscal year	1/30/2019 10:37 AM
<a href="#">2018 Budget.pdf</a>	ATAnnual budget for the previous year	1/30/2019 10:37 AM
<a href="#">Tax determination status letter.pdf</a>	ATappropriate tax determination status	1/30/2019 10:37 AM
<a href="#">Rowan County Board of Commissioners.pdf</a>	ATCurrent list of Board of Directors	1/30/2019 9:30 AM
<a href="#">2017 Camp Photos.pdf</a>	ATPlease submit any pictures	1/30/2019 10:44 AM
<a href="#">2019 Project Budget.pdf</a>	ATProject budget	1/30/2019 10:43 AM
<a href="#">Recent 990 or Financial Report Explanation.pdf</a>	ATRecent 990 Form	2/18/2019 11:12 AM



## Price, Cari A

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**From:** Application Administrator[Do Not Reply] <admin@communityforce.com>  
**Sent:** Friday, April 05, 2019 2:08 PM  
**To:** Price, Cari A  
**Subject:** BJRFF Award Notification

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

Dear Cari Price:

The Blanche & Julian Robertson Family Foundation is pleased to inform you that it has approved a grant of \$5,000.00 in support of G.R.E.A.T. Summer Camp. This award is subject to the completion of the Award Agreement Section of your application, that affirms your agreement with the following:

### GRANT PROVISIONS & CONDITIONS

1. The grant recipient agrees to expend the funds only for the purposes as stated in the grant application and in accordance with Section 501(C) 3, Section 4945, and other applicable provisions of the Internal Revenue Service Code.
2. The grantee will submit a Grant Status Report to the Foundation as soon as practical after the close of the grant period or when the funded project has been completed. If planning on applying for a grant in 2020, all Grant Status Reports must be turned in by December 31, 2019.
3. Directors and staff of the Foundation may monitor and conduct an evaluation of the grantee through a site visit and/or review of files and financial records relating to the grant or tax status. The grantee would agree to provide full and complete access upon a reasonable and timely request.
4. The Foundation requires immediate notification of any change in the grantee's Lead Management and/or Federal tax status before or during the period in which the grant funds are being spent.
5. Grant payments may be discontinued, modified, or withheld if, in the sole judgment of the Foundation, such action is necessary to comply with the law.
6. Any portion of the grant funds not used in accordance with these terms and conditions, or in agreement with the original grant application, must be repaid to the Foundation. No funds from this grant will be used to support propaganda, influence legislation or the outcome of any specific public election, or to support voter registration activities.
7. Grant funds must be requested and used within one year from the date of award or the grant is null and void.

Please log in to the Grant Database to fill out the the Award Agreement to the foregoing provisions and conditions. **Funds will be disbursed ONLY upon completion of the REQUEST FUNDS Section stating that the project or program is ready to begin. Any grant not funded and its project/program not begun one year after the award is made will be declared null and void unless otherwise arranged with the Foundation.**

Very truly yours,

Margaret Kluttz  
Chairman of the Board

<https://blanchejulianrobertsonfamilyfoundation.communityforce.com>

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Chris Soliz, Chief of Emergency Services  
**DATE:** April 10, 2019  
**SUBJECT:** Ambulance Franchise Application

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The Emergency Services Department, EMS Division, has received and verified an application for an ambulance franchise to be operated by American Trans Med Incorporated. All County and State standards have been met by the applicant. Additionally, the applicant has offered ALS EMS back-up, event standbys, disaster response and other EMS System participation.

The Emergency Services Department respectfully recommends approval of the Franchise Application for American Trans Med Incorporated.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
American Trans Med Franchise Application	4/10/2019	Exhibit



*Be an original.*

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

[p] 704-216-8900

[f] 704-216-8921

## **MEMORANDUM**

**To:** Chirs Soliz, Chief  
**From:** Lennie Cooper, EMS Division Chief  
**Subject:** Ambulance Franchise Application  
**Date:** April 10, 2019

While attending the NC Association of EMS Administrators Conference in early March I had the opportunity to have a short, introductory conversation with Greg Kirby from American Trans Med Incorporated. Mr. Kirby is the President and CEO of this regional ambulance service based in Gaffney South Carolina. On March 21, 2019 we had a follow up meeting to discuss their interest in submitting a Franchise Application.

Mr. Kirby has expressed an interest in expanding American Trans Med into the Rowan County market. I explained the application process and the “needs based” approach to franchise approvals. Mr. Kirby in turn described the value that his company could bring to Rowan County its citizens and visitors.

Novant Health Rowan Medical Center has difficulty in getting discharged patients that require ambulance transportation out of their facility. I have worked with them for years searching for a long term solution. To date those solutions have not be sustainable. Mr. Kirby believes that his company can provide the sustainable solution for the facility. In addition, he is offering ALS EMS back-up, event standbys, disaster response and other EMS System participation.

Currently American Trans Med is contracted by Cabarrus County EMS for non-emergency services. Additionally, they are contractors for Med-Center Air, providing wheelchair services. I am confident that neither of these agencies would maintain these relationships unless their performance was exemplary.

All feedback that I can find on the company is positive. They exhibit a strong commitment to service and professionalism that mirrors our own. I am recommending that we grant the franchise as requested. I have attached the Franchise Application for your review and placement on the BOC agenda for May 6, 2019.

# *American TransMed, Inc.*

---

April 1, 2019

Mr. Lennie Cooper  
EMS Director  
Rowan County EMS  
2727 Old Concord Rd.  
Salisbury, NC 28146

Mr. Cooper

Thank you for allowing American Transmed, Inc. to submit the following franchise application to provide ambulance services in Rowan County. We feel that American Transmed can demonstrate our professional approach to the timely delivery of non emergency & emergency patients in the Rowan County area.

American Transmed would like to provide a resource to Rowan County EMS by supporting at stand-by events, sporting activities, non emergency transports, disasters, multiple patient accidents, and primary Ambulance backup. We are very active with FEMA during nation wide disasters, resulting as one of the first ambulance companies notified and deployed. Since we are a regional company we can deploy many ambulances in times of need to multiple patient accidents.

Initially, we will operate from our Cabarrus location but within 90 days of approval we will locate a base within Rowan County. We plan to provide service twenty four hours a day seven days a week.

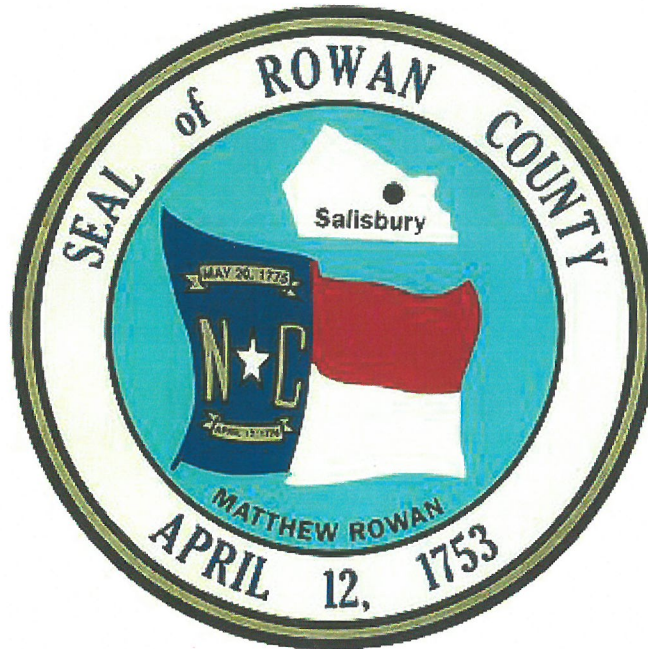
Our past endeavors have shown time and time again that the application of sound practices to serve our patients needs have reaped not only a strong professional relationship with the medical community, but more importantly ensured the well being of each patient and peace of mind of their families. We are looking forward to the commencement of our new relationship and hope it will actively promote the image of a full service ambulance provider that serves its patients with compassion.

Please feel free to contact me at 864-303-2700 if you have any questions or concerns that need to be addressed in the franchise application.



Greg B. Kirby, CEO  
American Transmed, Inc.

# County of Rowan



## Department of Emergency Services EMS Division



**Application for Ambulance Franchise**

The following instructions should assist you in completing the Rowan County Emergency Services' EMS System "Application for Ambulance Franchise". Fill in all appropriate fields with current information. Fields that are not applicable to this application shall have "N/A" inserted.

1. Section I must be filled out for all Ambulance Franchise applications and modifications. This page is formatted to be completed electronically and saved for future use.
2. For Franchise renewal, only SECTION I and the signature/acknowledgment page is required.
3. For Modifications, Section II is required in addition to Section I and the signature/acknowledgment page.
4. Franchise modifications retain the expiration date of the original application.
5. The document shall be completed electronically, printed upon completion and submitted with original signatures.
6. If any of the below information has changed, please update in North Carolina Office of Emergency Services CIS data base prior to submission and highlight below what is new.

While numerous changes to the Franchise Agency Provider's operation require only notification to the Rowan County EMS System and the North Carolina Office of Emergency Medical Service, certain changes will require a Franchise Modification.

Changes requiring local and State notification but not requiring a modification include:

- Agency contact information
- Annual continuing medical education training plans
- Personnel rosters
- Vehicle changes, additions or deletions

Changes requiring an Application for Ambulance Franchise Modification include:

- Provider Name
- Level of Service
- Location changes, additions or deletions
- Agency Type
- Response Level
- Additional Services provided

## SECTION I: PROVIDER INFORMATION

**NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER.** <sup>1</sup> Attach a certified copy of any assumed name certificate or articles of incorporation.

Name: American TransMed, Inc.

Address: 133 Caggiano Drive

City: Gaffney

State: SC

Zip: 29341

Phone: 888-826-0911 Fax Number: 864-487-1400 Email Address: gkirby@americantransmed.com

Pager: N/A

Mobile: 864-303-2700

**NAME UNDER WHICH SERVICE WILL OPERATE:** <sup>2</sup> American TransMed

**NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER:** Provider # 5811199 License # 1572

**LEVEL OF SERVICE TO BE PROVIDED:**<sup>3,4</sup> ☐ CONVALESCENT ☐ EMT-B ☐ EMT-I ☐ XEMT-P

**PROVIDE A BRIEF DESCRIPTION OF THE ORGANIZATIONS TRAINING AND EXPERIENCE IN THE CARE AND TRANSPORTATION OF PATIENTS.**<sup>5</sup> Include a copy of your annual continuing medical education plan and a current roster from the North Carolina Office of Emergency Services CIS data base. (Character Limit 1750)

American TransMed, Inc has been providing ambulance and wheelchair transportation since 1998. We currently have three offices in SC where we hold an advanced life support provider's license and one office in NC. We are the franchised non-emergency Basic Life Support ambulance provider for Cabarrus County NC, and we are also contracted with Med Center Air as their back up wheelchair transportation provider. Our continuing education in NC is currently completed through Cabarrus EMS. Our continuing education in SC is completed in house through our SC DHEC EMS approved continuing education program. SC is a National Registry state so we follow their education guidelines in SC.

**DESCRIBE THE NUMBER AND TYPE OF VEHICLES OPERATED BY THE PROVIDER. INCLUDE THE DATE OF THE LAST OEMS INSPECTION AND ITS EXPIRATION.**<sup>6</sup> Attach a current vehicle list from the from the North Carolina Office of Emergency Medical Services CIS data base. If more than 2 vehicles are operated, contact the Emergency Services Office for an amended application.

Unit #: 3342 Make: Ford Model: Econoline Year: 2014

VIN: 1FDSS3ELXEDB14946 Permit: NC002733 Inspection Date: 8/2017 Expiration: 8/31/2019

Unit #: 3343 Make: Ford Model: Econoline Year: 2014

VIN: 1FDSS3ELXEDB14963 Permit: NC002733 Inspection Date: 8/2017 Expiration: 8/31/2019

See attached list for addition units

**LIST THE LOCATION AND DESCRIPTION OF LOCATION/LOCATIONS FROM WHICH THE PROVIDER INTENDS TO OPERATE INCLUDING A DESCRIPTION OF THE RESPONSE DISTRICT<sup>7</sup> AND HOURS OF OPERATION<sup>8</sup>.** If more than 2 locations are intended, contact the Emergency Services Office for an amended application. Include a copy of your agency's listing from the North Carolina Office of Emergency Services CIS data base.

Location Name: Cabarrus Office

Physical Address: 9592 Rocky River Road

City: Charlotte State: NC Zip Code: 28215

Mailing Address: P.O. Box 2101

City: Gaffney State: SC Zip Code: 29342

Phone Number: 888-826-0911

Location Hours of Operation: 24hrs Location Days of Operation: 7 days per week

Location Name:

Physical Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation:

Location Days of Operation:

**INDICATE SERVICES CURRENTLY PROVIDED BY THE APPLICANT. ADDITION OR DELETION OF SERVICES REQUIRES AN APPLICATION FOR FRANCHISE MODIFICATION.<sup>9</sup>**

**AGENCY TYPE:** Check One

☐ Public      x Private

**RESPONSE LEVEL:** Check One

☐ Primary Emergency Response (receives assignments from ROWAN Telecommunications via radio dispatch)

x Primary Non-Emergency Response (schedules/arranges calls through a third-party call center)

**ADDITIONAL SERVICES PROVIDED:** Check all that apply

X Event Standby

x Transportation of members/employees

x EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

## SECTION II: FRANCHISE MODIFICATION

### NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. <sup>1</sup>

Name:

Address:

City: State: Zip:

Phone: Fax Number: Email Address:

Pager: Mobile:

### NAME UNDER WHICH SERVICE WILL OPERATE: <sup>2</sup>

### NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER:

LEVEL OF SERVICE TO BE PROVIDED:<sup>3,4</sup> ☐ CONVALESCENT ☐ EMT-B ☐ EMT-I ☐ EMT-P

### FOR ADDITIONS OR DELETIONS, PROVIDE INFORMATION BELOW FOR THE AFFECTED LOCATION(S).

☐ ADD ☐ DELETE

Location Name:

Physical Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation: Location Days of Operation:

### INDICATE SERVICES PROPOSED BY THE APPLICANT AS A PART OF THIS APPLICATION FOR FRANCHISE MODIFICATION. <sup>9</sup>

#### AGENCY TYPE: Check One

☐ Public ☐ Private

#### RESPONSE LEVEL: Check One

☐ Primary Emergency Response (receives assignments from ROWAN via radio dispatch)

☐ Primary Non-Emergency Response (schedules/arranges calls through a third-party call center)

**ADDITIONAL SERVICES PROVIDED:** Check all that apply

- ☐ Event Standby
- ☐ Transportation of members/employees
- ☐ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

**DOCUMENT CHECKLIST:** Please be certain that all of the documents listed are included with your application.

- x Certified copy of "Assumed Name Certificate" or Articles of Incorporation.
- x Annual Continuing Medical Education Training Plan
- x Current employee/member roster printed from the North Carolina Office of Emergency Services CIS data base
- x Current vehicle listing printed from the North Carolina Office of Emergency Services CIS data base
- x Current Station listing printed from the North Carolina Office of Emergency Services CIS data base

**FOR MODIFICATION APPLICANTS: (include applicable documents listed below)**

- ☐ Certified copy of the UPDATED "Assumed Name Certificate" or Articles of Incorporation.
- ☐ UPDATED employee/member roster printed from the North Carolina Office of Emergency Services CIS data base
- ☐ UPDATED vehicle listing printed from the North Carolina Office of Emergency Services CIS data base
- ☐ UPDATED station listing printed from the North Carolina Office of Emergency Services CIS data base
1. 4-28.(1) of the codified Rowan County Ambulance Ordinance
  2. 4-28.(2) of the codified Rowan County Ambulance Ordinance
  3. 4-29.(a) of the codified Rowan County Ambulance Ordinance
  4. Level of Service indicated must be maintained for all hours of operation and must be the current level of service provided . Requests to modify level of service are found in Section II, Modifications.
  5. 4-28.(3) of the codified Rowan County Ambulance Ordinance
  6. 4-28.(4) of the codified Rowan County Ambulance Ordinance
  7. 4-28.(5) of the codified Rowan County Ambulance Ordinance
  8. 4-28.(6) of the codified Rowan County Ambulance Ordinance
  9. 4-28.(6) of the codified Rowan County Ambulance Ordinance

**SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Rowan County Department of Emergency Services  
2727 Old Concord Road, Suite E  
Salisbury, NC 28146

Attn: Frank Thomason, Chief

This application shall be filled out and submitted to the Rowan County Department of Emergency Services. Upon receipt, the County may request other documentation as needed to judge the ability of the applicant to provide the service(s) or justify the need for such service(s) requested by this application.

Franchises will be in effect for a term of three (3) years. All franchises are renewed simultaneously. An agency requesting a new franchise or modification will be required to renew in synchronization with other agencies.

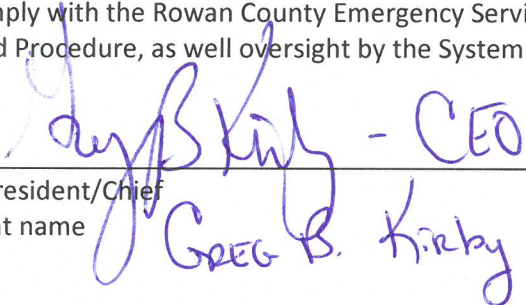
It is the responsibility of the franchise to provide, at all times specified in the franchise, the degree and level of service outlined in this application. This includes but is not limited to, maintaining all appropriate State certifications for vehicle and personnel. Additionally, a minimum number of eight (8) active members credentialed at the level of service indicated, must be represented on the roster to maintain the franchise certificate.

Under normal circumstances the franchise may be terminated by either party with ninety (90) days prior written notice.

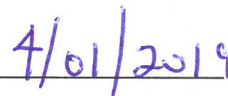
I, the undersigned, have reviewed this Application for Ambulance Franchise. I fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

I, the undersigned, acknowledge that pursuant to 10A NCAC 13P.0401 Components of Medical Oversight for EMS Systems, franchise agencies receive direction and oversight from the Rowan County EMS System. All franchise agencies must comply with the Rowan County Emergency Services EMS Divisions' EMS System Plan with regard to EMS Protocol, Policy and Procedure, as well oversight by the System Medical Director(s) and administrators.

Owner/President/Chief  
Type/print name

 - CEO  
GREG B. Kirby

Date

 4/01/2019

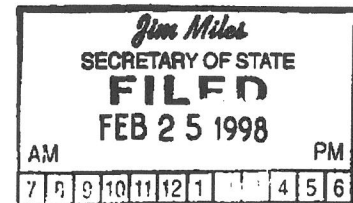
CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Mar 27 2019

REFERENCE ID: 309601

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

## ARTICLES OF INCORPORATION



*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the proposed corporation is American TransMed, Inc. The initial registered office of the corporation is

1252 Overbrook Drive, Suite 11

Street	&	Number
<u>Gaffney</u>		<u>29341</u>
City	County	Zip Code
	<u>Cherokee</u>	

and the initial registered agent at such address is  
Greg B. Kirby

3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:

- a. ☒ The corporation is authorized to issue a single class of shares, and the total number of shares authorized is 100,000.
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)): \_\_\_\_\_

5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See §33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):

CERTIFIED TO BE A TRUE AND CORRECT COPY

AS TAKEN FROM AND COMPARED WITH THE

6. The name and address and signature of each incorporator  
ORIGINAL ON FILE IN THIS OFFICE  
is as follows (only one is required):

Mar 27 2019

REFERENCE ID: 30960

Name

Address

Signature

Marie R. Ferguson

P.O. Drawer 10648

Greenville, SC 29603

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

7. I, B. Joel Stoudenmire, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date February 24, 1998

*B. Joel Stoudenmire*  
(Signature)

B. Joel Stoudenmire

(Type or Print Name)

Address P.O. Drawer 10648Greenville, SC 29603

# *The State of South Carolina*



## *Office of Secretary of State Jim Miles* **Certificate of Existence**

**I, Jim Miles, Secretary of State of South Carolina Hereby certify that:**

***AMERICAN TRANSMED, INC.,***

a corporation duly organized under the laws of the State of South Carolina on **February 25th, 1998**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of February, 1998.

A handwritten signature in cursive script, reading 'Jim Miles', written over a horizontal line.

Jim Miles, Secretary of State



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### AMERICAN TRANSMED, INC.

a corporation organized under the laws of South Carolina was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 24th day of January, 2002.


I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has not been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of March, 2019.

*Elaine F. Marshall*



Scan to verify online.

	Continuing Education Plan – Period 1/1/16 to 12/31/19 (Advanced and Basic Level)		
Standard Operating Guide Appendix A	Effective 01/01/13	Revised 11/06/15	EMS Director Alan Thompson

**Intent**

EMS Professional Development is a life-long process of learning. The intent of the Cabarrus EMS Education Plan is to provide quality basic and advanced level continuing education to medical providers within the Cabarrus EMS system. The plan is developed with consideration given to the needs of adult learners and the need to vary delivery styles, method, and content.

**Authority**

By regulatory authority of 10ANCAC 13P.0504 (GS 131-159(a); 143-508(d)(3)), the attached system educational plan is submitted in compliance with NCOEMS requirements with adoption of the National Standard Curriculum for Advanced Refresher and National Highway Traffic Safety Administration for advanced continuing education. The training program as submitted meets the requirements of

aforementioned agencies. All course objectives are referenced to the National Standard Refresher Curriculum.

#### **Entry Requirements**

Students are required to maintain the appropriate NC EMS credential or appropriate medical license. A variety of training topics will be presented that may provide benefit for the following providers: EMD, EMR, EMT, AEMT, Paramedic, NP, MICN, PA, and MD. Students are required to have completed a minimum of high school or GED education prior to attendance. Students attending this program must also be registered with Rowan Cabarrus Community College in order to receive educational credit.

#### **Educational Institution**

The Cabarrus County EMS System has established a partnership with Rowan Cabarrus Community College to serve as the basic and advanced educational institution. Rowan Cabarrus Community College provides the advanced education for advanced life support providers. Records for advanced education are maintained locally and with Rowan Cabarrus Community College. The college also provides basic education for basic life support providers to include volunteer and paid medical responders and EMT. The records for basic life support provider education are maintained with Rowan Cabarrus Community College.

#### **Training and Credentialing**

Provider training and credentialing remain the responsibility of the individual. Individuals are required to attend the necessary training to maintain eligibility of credential. Failure to maintain credential and required training will be addressed as appropriate.

#### **Course Objectives**

All standardized courses will utilize the objectives established by the National Standard Refresher Course. Specialty courses will be presented with locally written objectives.

### **Key Contacts**

Educational Medical Advisor:

Dr. Craig Corey, MD, FACEP, DMAT  
Board Certified Emergency Medicine, NCEMS Medical Director Course  
[ermdcraig@aol.com](mailto:ermdcraig@aol.com), 704/783-3804

EMS Director:

Alan Thompson, NRP, TEMS, BS, Level II Instructor Coordinator, EM IV  
[dathompson@cabarruscounty.us](mailto:dathompson@cabarruscounty.us), 704/920-2601

System Education Coordinator:

Justin Brines, NRP, TEMS, BS, Level II EMS Instructor/Coordinator  
[jrbrines@cabarruscounty.us](mailto:jrbrines@cabarruscounty.us), 704/920-2608

Educational Institution Director:

Roger McDaniel, EMT  
[roger.mcdaniel@rccc.edu](mailto:roger.mcdaniel@rccc.edu), 704/216-3501

EMS Nurse Liaison:

Courtney Almond, RN  
[courtney.almond@carolinashealthcare.org](mailto:courtney.almond@carolinashealthcare.org)

EMS Driver Education Program:

Chris Love, EMT-P, BS, NAPD, VFIS

[cjlove@cabarruscounty.us](mailto:cjlove@cabarruscounty.us), 704/920-2602

EMS Field Training Officers

~~Sheldon Crouse, NRP, AAS~~

~~Mark Kirk, NRP, AAS, Level II EMS Instructor~~

~~Jeff Penninger, EMT-P, CCEMT-P, Level I EMS Instructor~~

~~James Marshall, NRP, BS~~

~~Kyle Kiziah, EMT-P~~

~~Chris Mills, NRP, BS~~

### **Training Standard/Requirement**

Each Cabarrus EMS provider is required to meet the annual training standard and maintain eligibility of credential. Those required to meet the standards are Cabarrus EMS full time, part time, attached for training, and all advanced level providers in the county. Providers are required to obtain a minimum of 36 hour training annually, attend mandated training sessions, and maintain required certifications/credentials. A minimum of 24 hours training annually must be directly related to patient care. A maximum of 8 hours annually will be awarded for clinical performance.

Basic level providers not employed by Cabarrus EMS are required to meet the education and credentialing standards established by Rowan Cabarrus Community College.

### **Required Certifications and Credentials**

Providers must maintain the following certifications and credentials

- 1) NC EMS credential – All levels
- 2) Advanced Cardiac Life Support (ACLS) – Paramedics only
- 3) Pediatric Advanced Life Support (PALS or PEPP) – Paramedics only
- 4) AHA Cardiopulmonary Resuscitation (CPR) – All levels
- 5) International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS).  
Paramedics only

### **Training Topics /Hour Requirements**

All providers (basic and advanced) must complete training with the noted minimum hour requirement in the areas identified below over the course of credential period. The standards must be met to maintain eligibility for re-credentialing. Providers must complete each of the modules hour requirements Providers who complete the National Standard Curriculum DOT Refresher course during the certification period will be exempt from the module hour requirement and subsequently must only meet the mandatory training requirements, yearly hour requirement, and maintain appropriate certifications.

Module I:	Airway Ventilation	4.0 hours
Module II:	Cardiovascular	8.0 hours
Module III:	Medical	8.0 hours
Module IV:	Trauma	6.0 hours
Module V:	Pediatrics	8.0 hours
Module VI:	Other Recommended Content	16.0 hours
Miscellaneous:	Reviews, testing, scope of practice, other	22.0 hours

Mandatory training topics that must be met include the following:

Hazardous Materials Review	Annually
Infectious Disease Education	Annually

Emergency Driver Training	Annually
Scope of Practice	Annually
ACLS, PALS, ITLS	Certification required for paramedic level
CPR	Certification required for all levels

Training courses for ACLS, PALS, ITLS, and CPR will be offered locally at appropriate intervals. Employees are not required to attend the courses and may attend the courses at alternate sites provided no lapse in certification occurs. Employees attending courses at alternate sites that were previously offered within the system will do so in an off-duty capacity (without compensation) and will be responsible for course fees and time off. All employees are required to obtain and maintain National Incident Management System (NIMS) compliance.

#### **Method of Delivery**

Educational delivery will vary based upon topic, staffing demand, and instructor availability. The method of delivery most effective for the topic will be utilized. Methods of delivery may include the following:

- 1) Didactic – Traditional classroom
- 2) Skills – Skills training, scope of practice testing
- 3) Distributive – On-line/distance education, video, teleconference
- 4) Clinical – Field, emergency department, operating room rotation, communications
- 5) Outside Education – Training received outside of Cabarrus EMS training program
- 6) On-duty training – Delivered by Field Training Officers

#### **Training Schedules**

Traditional class room/training courses are generally scheduled once per quarter (8 hours per session). Times and dates may vary based upon the course and availability of instructor. On-line educational courses are generally scheduled throughout the year with notification via email of availability.

#### **Distributive Education**

Some educational offerings as noted on attached training schedule are presented in an on-line/distance education format. This is accomplished using the Rowan Cabarrus Community College “Blackboard” platform and EMS Toolkit. The intent of this program is to improve efficiency, quality, and availability of EMS education through the use of technology. The program allows users to take educational sessions at a self-pace to increase the likelihood of content mastery. Appropriate textbooks are maintained at respective course locations and access to the instructor is available by phone and email. The program reduces the time required for medics to attend training on their “off days” by enabling them to take sessions while working. On-line education traditionally requires greater focus, comprehension, and discipline than traditional classroom based topics. The program also allows for the delivery of optional modules for those seeking out additional training. The program is designed to supplement traditional EMS educational practice and does not replace learning opportunities in traditional settings, skills, or clinical performance. The course is administered through Rowan Cabarrus Community College on the “blackboard” platform with each student receiving log-in and student identification numbers. The content and delivery of the material is managed by approved Cabarrus EMS training personnel. Students receive continuing education credit from Rowan Cabarrus Community College upon completion of each course. Grades and participation may be accessed at any time by the System Education Coordinator. Assignment of course hours is at the discretion of course designer with approval of the System Educational Coordinator and the college. Students are expected to take the on-line education courses in the prescribed manner after reviewing the appropriate course material. Statistics tracking is enabled that alerts instructor if student fails to review material prior to taking course related test. Students are required to review material, review chapter in assigned text book, participate in discussion boards if required and then take the course test. Students are allowed two opportunities to successfully pass the test and must receive a minimum of 80% to receive course credit. Academic honesty standards are in place with Rowan Cabarrus Community College and will be enforced.

Additionally, Cabarrus EMS maintains a library of videos such as Pulse, 24/7, and Airway Cam that are available as supplements for traditional training. The videos may also be utilized for those seeking additional training, however, may not be utilized to meet the annual minimum training hour requirement.

Cabarrus EMS recognizes distributive training credit received elsewhere from agencies such as the Emergency Management Training Institute and will credit recommended hours; however, credits may not be applied to the initial 36 hour requirement.

### **Outside Training**

Those receiving training outside of scheduled Cabarrus EMS training may receive credit for training if a signed "outside training verification form" is submitted and approved.

Instructors may receive credit for hours taught at the appropriate credential level when providing a copy of the syllabus and "outside training verification form."

### **Professional Development**

Each provider is encouraged to maintain constant efforts to improve professionally and advance in the field of emergency medical care. Providers are encouraged to obtain college degrees in EMS or related field and the National Registry certification. Tuition assistance is available to employees from the county for college level EMS courses pertinent to position. Additional educational assistance for non-curriculum courses may be available at times. Efforts may be made to send employees to supervisory development courses as requested and contingent upon funding. All Field Training Officers and above will be sent to the EMS Management Training Institute for training.

### **Scope of Practice**

Providers (BLS, ALS) will be evaluated annually on the following scope of practice scenarios: 1) Chest pain 2) Cardiac arrest 3) Altered mental status/syncope/seizure 4) Dyspnea 5) Musculoskeletal 6) Spinal injury 7) Systemic allergic reaction 8) Childbirth. All skills approved for use within the Cabarrus EMS system will be assessed during the scope of practice assessment utilizing locally designed score sheets and criteria listed in the Cabarrus EMS system protocols. Alternatively, credit may be given through discretion after the direct observation of a skill by an approved trainer during a patient contact.

### **Instructor Approval/Scheduling**

The System Education Coordinator will schedule instructors and approve objectives for the course in accordance with the National Standard Curriculum. Instructor qualifications will be verified by the System Educational Coordinator and Medical Director. EMS instructors are required to meet the standards of the NC Office of EMS and the EMS Educational Plan of Rowan Cabarrus Community College. Routinely used EMS instructors must maintain appropriate Level I or Level II credential and undergo educational scope of practice evaluation in accordance with the NC Office of EMS.

### **Comprehension**

Course material will be presented in the most appropriate manner to increase the likelihood of mastery and comprehension. Students successfully complete training modules when they have received/reviewed material, performed appropriate skills, and complete post course examination with a minimum of 80% score.

### **Training Record Maintenance**

Cabarrus EMS - Training records of Cabarrus EMS employees and those attached to Cabarrus EMS for training are maintained by the System Education Coordinator using electronic storage in addition to paper copies in individual training files. Electronic data is secured with limited access and is saved to a server daily. Rosters are submitted to Rowan Cabarrus Community College for verification and storage. Training records will be maintained for the current period of credential. Advanced and basic education is required.

Harrisburg Fire Rescue – Training records are maintained by the agency EMS coordinator and must be available for inspections. Rowan Cabarrus Community College also provides storage of the agency training records. Advanced and basic education is required.

CHS-Northeast Special Events – Training records are maintained by the agency program coordinator and must be available for inspection. Training records are verified by the agency and the Medical Director. Basic education is required.

Paid/Volunteer Medical Responder/EMT: Training records are maintained by individual agency training officer and must be available for inspection. Rowan Cabarrus Community College provides the primary storage of training records for BLS education. Basic education is required.

### **Training Program Evaluation**

Annually, the training program is reviewed by the EMS Quality Management Committee, System Education Coordinator, and the Medical Director. Additionally, each provider is given the opportunity to provide annual feedback utilizing a questionnaire in regards to adequacy of training program. The information is utilized in conjunction with issues identified through quality management/performance improvement to develop future educational programs.

### **On-Duty Training**

On-duty training is provided on occasion to Cabarrus EMS providers by EMS Field Training Officers. The intent of the training program is to provide additional training on areas identified through quality management and process improvement procedures. Topics will vary and include skills review, case review, and items identified through quality management.

### **Upgrades**

Personnel advancing their level of credential will be required to complete a full scope of practice exam, oral boards, and protocol test prior to approval for practice at the new level. A scope of practice as part of the initial education program may substitute for the required scope of practice exam.

### **Data**

Data from peer review (field training officer program), quality management committee, stroke program, cardiac program, trauma outcomes, and reporting software (EPCR) is utilized to determine the need for education and protocol development as well as trending of potential care issues. Patient outcomes of stroke, cardiac, and trauma are followed closely with outcomes being utilized to develop procedure and general clinical guidelines. Daily, general audits are performed on 10% of all calls. Additionally, focused audits are performed on all calls with “audit triggers” and on calls identified through general audit with potential areas for improvement. Individuals with trending in protocol violations or patient care issues may be placed with field training officers for training and remediation.

### **Medical Director Education**

The Staff Development Coordinator at CMC-Northeast is responsible for the monitoring of the 20 educational hours required of the Medical Director by the NC Office of EMS. Cabarrus EMS may provide assistance through scheduling and funds in some instance for education. Potentially available local medical director continuing education includes ACLS, PALS, ITLS, AHLS, ASLS, EMS Today, and EMS Administrator Conference. Medical Director is required to complete and maintain requirements of the NCEP Medical Director Course.

### **Clinical**

Clinical education is a required component of the continuing education plan. Each provider is required a minimum of four hours annually in clinical education. A maximum of eight hours clinical annually will be credited to the required 36 hour requirement for training. Approved clinical sites include the following: Field (EMS), emergency department, operating room, cardiac catheterization, labor and delivery, coronary care, and intensive care. Additionally, clinical may be performed in the Emergency Medical Dispatch center. The facility, student, and educational experience are evaluated utilizing a clinical experience form.

Required clinical performance:

- Administrative staff: 4 hours annually field (EMS) time  
 Field staff: 4 hours annually operating room airway rotation

General Clinical Objectives

Hospital:

- Observe and participate in all aspects of emergency care with emphasis on history taking, assessment, and clinical decision making
- Observe and participate in basic and advanced level of procedures consistent with current scope of practice
- Provide assistance to clinical provider staff as appropriate
- Observe procedures which exceed scope of practice
- Clinical monitored by Nurse Preceptor

Field:

- Observe and participate in all aspects of emergency medical response
- Participate in basic and advanced level of practice and procedure consistent with current scope of practice.
- Provide assistance to EMS crew as appropriate
- Observe procedures which exceed scope of practice
- Clinical monitored by EMS Field Training Officer

Communications:

- Observe Emergency Medical Dispatchers receiving calls and providing pre-arrival instruction
- Obtain familiarity with communications center operations
- Maintain operational security in regards to release of information.
- Clinical monitored by Communications Supervisor

**Re-credentialing of Personnel**

The following requirements must be met for provider to be eligible for re-credentialing:

**Cabarrus EMS & Advanced Level Providers**

1. Provider is required to attain 36 hours training annually over four year credential period (24 hours annually must be medically related)
2. Provider is required to maintain required certifications (ACLS, PALS, ITLS, CPR) as appropriate
3. Provider is required to attend required clinical experience
4. Provider is required to attend all mandatory training sessions
5. Provider is required to meet minimum content hours of required topics
6. Provider is required to complete scope of practice testing at credential level annually.
7. Provider is required to complete annual protocol competency test achieving a minimum score of 80%. Remediation – Providers will receive two opportunities to successfully pass the test. Failure to successfully pass the test on second attempt will result in provider being placed with field training officer for remediation. A third substandard score may result in “temporary suspension of certification” by the Medical Director pending formal administrative review.

8. Contingent upon meeting requirements, an education verification form will be completed and submitted to Rowan Cabarrus Community College for re-credentialing application in the CIS system.

**Volunteer/Paid Basic Level Providers**

- 1) Complete requirements established by Rowan Cabarrus Community College
- 2) Provide education and scope of practice verification to teaching institution
- 3) Contact EMS Education Coordinator at Rowan Cabarrus Community College for re-credentialing application in CIS system.

**Cabarrus County EMS Continuing Education  
2016**

Date	Topic	Module	Hours	Instructor	Location	Comment
January 13, 2016	ACLS/PALS	Cardiology Pediatric	4 4	TBA	CEMS	Required
Feb 2, 2016 or Feb 9, 2016	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 2 2 1 1	TBA  CARES?	CEMS	<b>Mandatory</b>
February 17, 2016	CPR	Cardiology	3	TBA	CEMS	Required

March 2016	Infection Control	Medical	3	TBA	Online	<b>Mandatory</b>
March 11 <sup>th</sup> , 12 <sup>th</sup> 2016	ITLS/PHTLS	Trauma	16	TBA	CEMS	Required
April 5, 2016 or April 12, 2016	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
June 2016	Hazardous Materials Review	Other	3	TBA	Online	<b>Mandatory</b>
June 2016	72 hour DOT Refresher	Various	72	TBA	Online	
July 2016	Pediatrics	Pediatrics	3	TBA	Online	
August 9, 2016 or August 16, 2016	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
September 14, 2016	ACLS/PALS	Cardiology Pediatrics	4 4	TBA	CEMS	Required
October 2016	Trauma	Trauma	3	TBA	Online	
November 8, 2016 or November 15, 2016	Admin Airway Cardiology EVOC	Admin Airway Cardiology EVOC	1 1 1 5	TBA	CEMS	<b>Mandatory</b>
December 7, 2016	CPR	Cardiology	3	TBA	CEMS	Required
December 1 or December 2	Scope of Practice & Skills Check-off	Testing	3		CEMS	Required
2016	Case Studies	Various	4	TBA	Online	

**Cabarrus County EMS Continuing Education  
2017**

Date	Topic	Module	Hours	Instructor	Location	Comment
January 2017	ACLS/PALS	Cardiology Pediatric	4 4	TBA	CEMS	Required
February 2017	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 2 2 1 1	TBA	CEMS	<b>Mandatory</b>

February 2017	CPR	Cardiology	3	TBA	CEMS	Required
March 2017	Infection Control	Medical	3	TBA	Online	<b>Mandatory</b>
March 2017	ITLS/PHTLS	Trauma	8	TBA	CEMS	Required
April 2017	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
June 2017	Hazardous Materials Review	Other	3	TBA	Online	<b>Mandatory</b>
June 2017	72 hour DOT Refresher	Various	72	TBA	Online	
July 2017	Pediatrics	Pediatrics	3	TBA	Online	
August 2017	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
September 2017	ACLS/PALS	Cardiology Pediatrics	4 4	TBA	CEMS	Required
October 2017	Trauma	Trauma	3	TBA	Online	
November 2017	Admin Airway Cardiology EVOC	Admin Airway Cardiology EVOC	1 1 1 5	TBA	CEMS	<b>Mandatory</b>
December 2017	CPR	Cardiology	3	TBA	CEMS	Required
December 2017	Scope of Practice & Skills Check-off	Testing	3		CEMS	Required
2017	Case Studies	Various	4	TBA	Online	

**Cabarrus County EMS Continuing Education  
2018**

Date	Topic	Module	Hours	Instructor	Location	Comment
January 2018	ACLS/PALS	Cardiology Pediatric	4 4	TBA	CEMS	Required
February 2018	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 2 2 1 1	TBA	CEMS	<b>Mandatory</b>

February 2018	CPR	Cardiology	3	TBA	CEMS	Required
March 2018	Infection Control	Medical	3	TBA	Online	<b>Mandatory</b>
March 2018	ITLS/PHTLS	Trauma	8	TBA	CEMS	Required
April 2018	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
June 2018	Hazardous Materials Review	Other	3	TBA	Online	<b>Mandatory</b>
June 2018	72 hour DOT Refresher	Other	72	TBA	Online	
July 2018	Pediatrics	Pediatrics	3	TBA	Online	
August 2018	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
September 2018	ACLS/PALS	Cardiology Pediatrics	4 4	TBA	CEMS	Required
October 2018	Trauma	Trauma	3	TBA	Online	
November 2018	Admin Airway Cardiology EVOC	Admin Airway Cardiology EVOC	1 1 1 5	TBA	CEMS	<b>Mandatory</b>
December 2018	CPR	Cardiology	3	TBA	CEMS	Required
December 2018	Scope of Practice & Skills Check-off	Testing	3		CEMS	Required
2018	Case Studies	Various	4	TBA	Online	

**Cabarrus County EMS Continuing Education  
2019**

Date	Topic	Module	Hours	Instructor	Location	Comment
January 2019	ACLS/PALS	Cardiology Pediatric	4 4	TBA	CEMS	Required
February 2019	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 2 2 1 1	TBA	CEMS	<b>Mandatory</b>

February 2019	CPR	Cardiology	3	TBA	CEMS	Required
March 2019	Infection Control	Medical	3	TBA	Online	<b>Mandatory</b>
March 2019	ITLS/PHTLS	Trauma	8	TBA	CEMS	Required
April 2019	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
June 2019	Hazardous Materials Review	Other	3	TBA	Online	<b>Mandatory</b>
June 2019	72 hour DOT Refresher	Various	72	TBA	Online	
July 2019	Pediatrics	Pediatrics	3	TBA	Online	
August 2019	Admin Airway Cardiology Medical Trauma Pediatrics	Admin Airway Cardiology Medical Trauma Pediatrics	1 1 1 2 1 2	TBA	CEMS	<b>Mandatory</b>
September 2019	ACLS/PALS	Cardiology Pediatrics	4 4	TBA	CEMS	Required
October 2019	Trauma	Trauma	3	TBA	Online	
November 2019	Admin Airway Cardiology EVOC	Admin Airway Cardiology EVOC	1 1 1 5	TBA	CEMS	<b>Mandatory</b>
December 2019	CPR	Cardiology	3	TBA	CEMS	Required
December 2019	Scope of Practice & Skills Check-off	Testing	3		CEMS	Required
2019	Case Studies	Various	4	TBA	Online	

**Technical  
Scope of Practice Examination  
Basic and Advanced Provider**

**Technical Scope of Practice Performance Evaluations**

The rules of the NC Medical Care Commission (10A NCAC 13P) require successful completion of a technical scope of practice performance evaluation as a condition to attaining and renewing an EMS credential and for completing the orientation and approval requirements for MICN, EMS-NP, and EMS-PA personnel. The scope of practice evaluation is considered part of the educational or quality management program (TSOPPEG, NCOEMS, Feb 2004).

Personnel may complete the scope of practice evaluation through the EMS quality management program (documentation of appropriate care to one of the required scenarios) or through actual performance of the evaluation (scenario based with equipment and teaching aids).

**Initial Credentialing Requirements for EMR, EMT, AEMT, Paramedic, and EMD**

The scope of practice evaluation is based on the educational objectives consistent with the level of application. The evaluation must be completed successfully for course completion. Evaluation must be conducted under the direction of a Level II EMS Instructor.

**Renewal of Credentials for EMR, EMT, AEMT, Paramedic, and EMD**

The scope of practice evaluation must be completed annually in the certification period based on the educational objectives consistent with the level of credential for Cabarrus EMS, Specialty Care Transport, and Harrisburg Rescue personnel. Evaluation must be conducted under the direction of a Level II EMS Instructor. The EMD evaluation will be conducted by evaluation of call into PSAP for appropriate assignment of priority.

**MICN, EMS-NP, and EMS-PA**

Personnel designated into specialty positions such as MICN, EMS-NP, and EMS-PA by the System Medical Director are required to complete the scope of practice evaluation as part of the initial designation process. The evaluation may be repeated at intervals designated by the System Medical Director. The evaluation must be conducted under the direction of a Level II EMS Instructor or System Medical Director.

**Upgrades**

Personnel advancing their level of credential will be required to complete a full scope of practice exam, oral boards, and protocol test prior to approval for practice at the new level.

**Scope of Practice Evaluation Objectives**

- Demonstrate principles of assessment based management
- Perform appropriate assessment
- Implement appropriate assessment plan
- Effectively choreograph the EMS response
- Verbalize or document possible illnesses, injuries, etiologies, and outcomes
- Correctly perform or delegate interventions
- Correctly package patient for transport
- Present cases clearly verbally or in writing
- Successfully work as a team member

**Required Documentation/Evaluation Score Sheet**

An evaluation/score sheet must be used that thoroughly assesses the ability to meet the objectives. The document becomes a permanent part of the student record for initial credentialing. The document must be maintained for the period of credentialing for those in the renewal process.

**Required Minimum Performance Evaluation by Level**

MR	EMT	EMT	EMT	MICN	EMD
		I	P	NP	

				PA		
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	Chest pain
		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	Cardiac arrest
		<u>X</u>	<u>X</u>	<u>X</u>		Altered mental status
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>		<u>X</u>	Dyspnea
<u>X</u>	<u>X</u>					Musculoskeletal
<u>X</u>	<u>X</u>					Spinal injury
		<u>X</u>	<u>X</u>	<u>X</u>		Systemic allergic reaction
					<u>X</u>	Childbirth

\*With the exception of MICN, EMS-NP, EMS-PA, and EMD personnel, at least one of the required performance evaluations must be performed on a pediatric scenario. Additional skills may be added depending upon system needs.

*(This form is to be used for training courses that are greater than 24 hours in duration where time off is granted for attendance)*

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

Class or Course Requested: \_\_\_\_\_

Total hours of course: \_\_\_\_\_

Description of class or course:

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Summary of how this applies to or benefits you in your assigned duties:

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#### **Acknowledgement of understanding**

Article III, Section 15 of the *Cabarrus County Personnel Ordinance* allows for the following: "County provided job related training may require an agreement for continued employment after completion or reimbursement for County incurred expenses".

I, \_\_\_\_\_ (name, printed), acknowledge and understand that by receiving time off and/or tuition payment for the requested course, I am required to continue County employment for a minimum of 12 months following the completion date of the course. Failure to meet this requirement will result in the reimbursed amount (monetary and/or leave) being deducted from my final compensation or collected from me by the County.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **CABARRUS EMS OUTSIDE TRAINING VERIFICATION**

**NAME OF STUDENT:** \_\_\_\_\_ **BADGE #:** \_\_\_\_\_

TOPIC: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIMES: \_\_\_\_\_

TYPE: *EMS RESCUE ADMINISTRATIVE VIDEO (attach outline) OTHER*

NAME OF TEACHING INSTITUTION: \_\_\_\_\_

INSTRUCTOR SIGNATURE: \_\_\_\_\_

OEMS APPROVED COURSE: *YES NO*

TOTAL CONTACT HOURS: \_\_\_\_\_

INSTRUCTORS ONLY (if you served as instructor, attach outline with dates taught and list OEMS approval #) \_\_\_\_\_

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**ADMINISTRATIVE USE (copy to employee)**

DATE TURNED IN: \_\_\_\_\_ NAME RECEIVING FORM: \_\_\_\_\_

TOPIC: \_\_\_\_\_ TOTAL CONTACT HOURS: \_\_\_\_\_

*Revised date 11-20-08*

**Cabarrus County EMS  
Employee Education Verification**

Name \_\_\_\_\_ Badge \_\_\_\_\_

Date of Recertification \_\_\_\_\_ Level \_\_\_\_\_  
 State ID Number (P number) \_\_\_\_\_

Module /Topic	Required Hours per topic in 4 year period	Hours Obtained/Date	x
Module 1: Airway/Ventilation	4		
Module 2: Cardiovascular	8		
Module 3: Medical	8		
Module 4: Trauma	6		
Module 5: Pediatrics	8		
Module 6: Other Recommended Area	16		
Miscellaneous/Preparatory	22		

Hour totals	Required	Obtained
Year 1	36	
Year 2	36	
Year 3	36	
Year 4	36	

\*Patient assessment is integrated into each module

Required Certification	Expiration	x
ACLS(P only) & CPR		
ITLS (P only)		
PALS (P only))		
Infection Control & Driving		
Scope of Practice		
Clinical (4 hrs annually in ER, OR, or Cath Lab)		

Employee Review: \_\_\_\_\_ Date: \_\_\_\_\_  
 Training Officer Review: \_\_\_\_\_ Date: \_\_\_\_\_

#### Technical Scope of Practice Evaluation

Station:

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Certification: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Skill	Pass/Fail	Comment
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Effective choreograph the EMS response		
Performs thorough assessment		
SAMPLE		
Verbalize possible illness, injury, etiologies (field impression)		
Determines correct interventions		
Correctly performs or delegates required tasks		
Clearly presents case		
Demonstrates ability to work as a team member		

\* Utilize skill sheets in the attached appendix as a guide for evaluation of specific skills.

Disposition (circle one):

Excellent      Above Average      Average      Remediation Required

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CABARRUS EMS CLINICAL PERFORMANCE

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Certification: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Certification: \_\_\_\_\_

Area:            Field            ER            OR            Cath Lab            other \_\_\_\_\_

Skills/clinical performed

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Overall Performance: Above Average            Average            Below Average

Preceptor comments:

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Student Comments:

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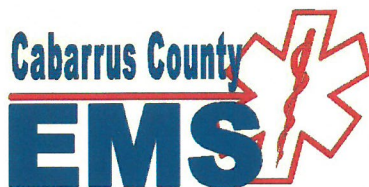
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Student Signature: \_\_\_\_\_

Training Officer Signature: \_\_\_\_\_



### Paramedic Credential Agreement

This agreement acknowledges I understand a condition of my employment in accepting a full time position with Cabarrus County EMS is that I must obtain a North Carolina Paramedic Credential within eighteen months of my hire date. I understand Cabarrus County EMS will provide training time off from my scheduled work hours not to exceed twelve hours weekly in support of this educational requirement. I understand actual class and clinical time will not be compensated for pay.


I understand Cabarrus County EMS will make available or purchase books for the actual Paramedic class to include Paramedic, ACLS, PALS, and ITLS. I understand if books are purchased or provided by Cabarrus EMS, they will remain the property of Cabarrus EMS for future use. Given the interest of the employer and relationship established to support the employee's educational success, I understand Cabarrus EMS shall be permitted to receive educational progress information from the educational institution and employee when requested.

I understand the EMS Paramedic Credential is the responsibility of the employee. I understand the employee is expected to represent Cabarrus EMS in a competent and professional manner. I understand failure to obtain the credential in the specified time or failure to comply with this agreement will result in disciplinary action up to and including separation from employment from Cabarrus County EMS.

Article III, Section 15 of the *Cabarrus County Personnel Ordinance* allows for the following: "County provided job related training may require an agreement for continued employment after completion or reimbursement for County incurred expenses". I acknowledge and understand that by receiving time off and/or tuition payment for the requested course, I am required to continue County employment for a minimum of 12 months following the completion date of the course. Failure to meet this requirement will result in the reimbursed amount (monetary and/or leave) being deducted from my final compensation or collected from me by the County.

Employee Signature / Date: \_\_\_\_\_

Supervisor Signature / Date: \_\_\_\_\_

	Field Training Officer Program		
SOG Appendix B	Implemented 7/1/01	Revised 2/22/17	EMS Director Alan Thompson

**Scope**

The Field Training Officer Program is a multi-functional component of the EMS training team. It is a field level extension of the training department. It is designed to establish uniform quality assurance standards, provide training, ongoing program development, initial training, remedial training, and other duties as deemed necessary. Cabarrus EMS has excelled in many areas of the EMS community with the most obvious being patient care and training. It is the responsibility of Cabarrus County EMS to provide quality training, orientation, and a continuous quality assurance plan in an effort to maintain the highest standard of care.

#### **Program Objectives**

- Provide uniform method of remediation
- Provide consistent Quality Assurance
- Maintain statistical data in support of QA program
- Provide consistent means of skills training
- Provide means to conduct assessment centers for hire/promotion
- Research, develop, implementation of protocols and skills
- Conduct annual employee scope of practice evaluations
- Mentoring of new employees and students
- Modeling effective behavior and work practice

#### **Administration**

Field Training Officers function as an augmentation of existing training program. Quality Management and training issues that progress to administrative issues will enter the management team via report to the shift supervisor and/or specialty services supervisor from the FTO. The specialty services supervisor must notify the EMS Assistant Director. .

#### **Quality Issues identified by FTO will be addressed as follows:**

- Identify Quality Management (QA) issue
- Speak with employee
- If problem exists, forward to specialty service supervisor in writing for administrative action in accordance with QA infraction levels if indicated. This concern will also be noted on the weekly report if employee is currently assigned to the FTO program.
- Copy of the QA investigation and disposition will be forwarded to EMS Assistant Director. A copy will be placed in the training file.
- Responsibility of discipline will remain with management.
- The assistant director will act as focus to ensure uniform handling of patient care issues by supervisors.
- All involved in the process are held to standards of confidentiality.

#### **Qualifications/Designation of the Field Training Officer**

The EMS Field Training Officer works closely with the medical director, management, and employees to review and update patient care protocols, identify department training needs, determine individual performance deficiencies, provide remedial and refresher training, and assure quality care is provided. Field Training Officers may also participate in EMS assessment centers. The EMS Director will appoint the Field Training Officers (FTO). This will occur after candidates complete a job based assessment center. The FTO will function as a Master Paramedic under the direction of the shift supervisor in addition to their duties as FTO. The FTO

will be evaluated on a continuous basis by the management and the medical director. Employees may be relieved of FTO duties for substandard performance, inappropriate work ethic, or other reasons as defined by management team. The Field Training Officer will be designated as a Sergeant and wear corresponding collar rank insignia. **Qualifications (See County Job Posting and EMS Professional Development Criteria)**

#### **Field Training Officer Job Responsibilities**

- Research, development and implementation of protocols and skills.
- Participate in EMS assessment centers in support of hiring and promotion if required
- Provide continuous Quality Assurance.
- Evaluate new products and techniques.
- Assist with monthly and annual training as required.
- Conduct new employee orientation.
- Participate in research and study projects.
- Perform duties as a Master Paramedic.
- Provide remedial training.
- In conjunction with the supervisor, ensure employee compliance of patient care protocols and quality assurance issues.
- Attend scheduled FTO meetings.
- Attend quarterly QMC meetings on rotational basis.
- Conduct monthly on duty skills training when required.
- Deliver employee development programs.
- Other duties as deemed appropriate by management team.

#### **Orientation-Remediation-Advancement**

- All new field employees will be assigned to an FTO.
- During the training period, the FTO will explain daily operations, paperwork, computer entry, SOG, protocols, area familiarization, equipment familiarization, driving, and communications.
- While riding as a third person, the new employee **shall be precepted by the FTO rather than partner.**
- The FTO will review vehicle operation with the employee to include driving skills, backing, braking, patient transport, and vehicle characteristics. Complete vehicle operation checklist with employee.
- A written report of performance should be submitted to the Specialty Services Supervisor for placement in file. The precept time may be extended at the request of the FTO, Supervisor, Specialty Services Supervisor, Assistant Director, or Director.
- Employees may be assigned to FTO program at the discretion of the Medical Director or EMS Management for quality management and improvement purposes.
- Employees assigned to the FTO program for remediation should be provided written notice of issues to be addressed and expectations. Employees should also receive written notice officially removing them from the program after

requirements are met. Focused remediation should occur daily with those assigned and documented.

- If employee is assigned for remediation or orientation, weekly reports will be completed by the FTO and submitted to the EMS Specialty Services Supervisor.
- The FTO's may also evaluate employees prior to being released to the Senior Paramedic position. A written recommendation should be made to the supervisor for approval.

### **Field Training**

During the time the FTO rides with employees, the FTO will evaluate the following areas:

- Knowledge of SOG
- Knowledge of protocols
- Documentation skills
- Data entry
- Scene judgment and patient care
- Interaction with patients
- Professional bearing
- Driving skills
- Care, use and knowledge of equipment
- Working relationships
- Knowledge of equipment

### **Evaluation of Program Participants**

The FTO will submit a written evaluation weekly to the Specialty Services Supervisor through the EMS Supervisor regarding employee performance as assigned to the FTO program

### **Meetings / Trainings**

FTO meetings and on-duty training are scheduled as indicated.

## **Cabarrus County Emergency Medical Services Field Training or Preceptor Performance Evaluation**

**Candidate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FTO:** \_\_\_\_\_ **Certification:** \_\_\_\_\_

**Shift:** \_\_\_\_\_ **Station:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Rating Scale:** 1-3 Unsatisfactory/Improvement required  
 4-6 Satisfactory/Meets normal job requirements  
 7-9 Superior/Exceeds normal job requirements

1. \_\_\_\_ General appearance
2. \_\_\_\_ Knowledge of standard operating guidelines
3. \_\_\_\_ Knowledge of patient care protocols
4. \_\_\_\_ Documentation skills, data entry, and electronic reporting
5. \_\_\_\_ Scene judgment and control
6. \_\_\_\_ Attitude towards job
7. \_\_\_\_ Driving skills
8. \_\_\_\_ Care, use, knowledge of equipment
9. \_\_\_\_ Working relationships
10. \_\_\_\_ Dependability
11. \_\_\_\_ Acceptance of constructive feedback
- \_\_\_\_ Total Score

Comments:

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Candidate Signature: \_\_\_\_\_ FTO Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Specialty Services Supervisor: \_\_\_\_\_

**CABARRUS EMS**  
 Quality Management Report

**\*\*To be completed if Quality Management issue is identified**

Date of Review: \_\_\_\_\_ Field Training Officer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Badge: \_\_\_\_\_ Shift: \_\_\_\_\_

Date of Call: \_\_\_\_\_ Call Location: \_\_\_\_\_

Call #: \_\_\_\_\_


Description of issue:

Action taken:

Disposition:

Reviewing signature: \_\_\_\_\_

Forward to Assistant Director

	EMS Preceptor Program		
SOG Appendix C	Implemented 3/1/16	Revised 2/22/17	EMS Director Alan Thompson

**Cabarrus County Emergency Medical Services Clinical Preceptor Program**

*South Carolina Department of Health & Environmental Control  
Bureau of Emergency Medical Services*

*This is to certify that authorization is hereby granted to*

**American Transmed Inc.**

Institution #211

*To conduct a South Carolina approved  
Continuing Education Program*

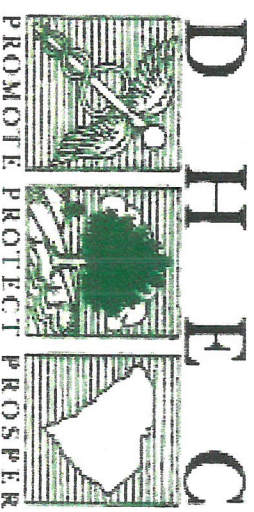
*Issued on this date March 4, 2016*

*In accordance with established Bureau of EMS policy*

This authorization will expire March 31, 2020



Arnold Alier, EDD, NRP, NCEE  
Director of EMS  
SC DHEC – Bureau of EMS



Muhammad Munir Abdul Kareem P123811	'EMS Techr Emergency Medical Technician	1/31/2022 'Part Time Paid Employee'
Brittany Alexander P082644	'EMS Techr Emergency Medical Technician	9/30/2019 'Full Time Paid Employee'
Tanna J Amentler SC039602 P509605	'EMS Techr Emergency Medical Technician	3/31/2020 'Part Time Paid Employee'
Adrienne Faith Ames P099170 SC033132	'EMS Techr Emergency Medical Technician	9/30/2022 'Part Time Paid Employee'
Stephanie W. Bagwell P103149 SC008069	'EMS Techr Paramedic	11/30/2019 'Full Time Paid Employee'
Demetrius J Barner P109652	'EMS Techr Emergency Medical Technician	12/31/2019 'Part Time Paid Employee'
Josie C Beck P119461	'EMS Techr Emergency Medical Technician	9/30/2021 'Part Time Paid Employee'
Tammy Renee Bishop P050329 SC007172	'EMS Techr Emergency Medical Technician	10/31/2020 'Full Time Paid Employee'
Jasmine Blowe P508141	'EMS Techr Emergency Medical Technician	11/30/2022 'Part Time Paid Employee'
Caitlin Lora Bowman SC500361 P506377	'EMS Techr Emergency Medical Technician	3/31/2020 'Part Time Paid Employee'
Jesse A. Bradley III SC039082 P505637	'EMS Techr Emergency Medical Technician	3/31/2020 'Full Time Paid Employee'
Robert Doyle Brown P033754 SC007814	'Training Paramedic	2/28/2023 'Full Time
Kayla Danae Bruce P502978	'EMS Techr Emergency Medical Technician	6/30/2022 'Part Time Paid Employee'
Heather Carrel P099890	'EMS Techr Emergency Medical Technician	12/31/2020 'Full Time Paid Employee'
Brenda M Chong Perez P117911	'EMS Techr Emergency Medical Technician	12/31/2020 'Full Time Paid Employee'
Crystal Darlene Coleman P120816	'EMS Techr Emergency Medical Technician	9/30/2021 'Part Time Paid Employee'
Chad M Crump P017972	'EMS Techr Paramedic	6/30/2020 'Part Time Paid Employee'
Sean Daley P125362	'EMS Techr Emergency Medical Technician	4/30/2022 'Full Time Paid Employee'
Stacey Lee Davis P116299	'EMS Techr Emergency Medical Technician	12/31/2020 'Full Time Paid Employee'
Alfred Lee Doss P114530	'EMS Techr Emergency Medical Technician	6/30/2020 'Part Time Paid Employee'
Steven D Etheredge P071901 SC031616	'EMS Techr Emergency Medical Technician	6/30/2019 'Full Time Paid Employee'
Amanda C. Evans SC039353 P505642	'EMS Techr Emergency Medical Technician	12/31/2020 'Full Time Paid Employee'
Bailey Alexander Fiedorowicz P508175	'EMS Techr Emergency Medical Technician	3/31/2020 'Part Time Paid Employee'
Chadrick J Fisher P122770	'EMS Techr Emergency Medical Technician	1/31/2022 'Part Time Paid Employee'
Jennifer Leigh Fowler P083098 SC024838	'EMS Techr Emergency Medical Technician	11/30/2019 'Full Time Paid Employee'
Ronnie Bruce Fowler Jr P076033 SC011412	'EMS Techr Paramedic	1/31/2022 'Part Time Paid Employee'
Nathaniel Gordon P117988	'EMS Techr Emergency Medical Technician	9/30/2021 'Full Time Paid Employee'
Larry P. Gregory SC010710 P513728	'EMS Techr Emergency Medical Technician	5/31/2020 'Full Time Paid Employee'
ELIZABETH A HINSON P125365	'EMS Techr Emergency Medical Technician	1/31/2023 'Part Time Paid Employee'
Brian Hamilton SC025875 P121407	'EMS Techr Emergency Medical Technician	2/28/2021 'Full Time Paid Employee'
Leigh Harris SC036219 P510007	'EMS Techr Emergency Medical Technician	3/31/2020 'Part Time Paid Employee'
Glorie M Hartsell P122651	'EMS Techr Emergency Medical Technician	12/15/2021 'Part Time Paid Employee'
Lauren E Hensley P122672	'EMS Techr Emergency Medical Technician	12/15/2021 'Part Time Paid Employee'
Chad R. Horton SC007046 P118944	'EMS Techr Paramedic	7/31/2021 'Full Time Paid Employee'

Geary Jason Jolley SC032786 P119405	'EMS Techr Emergency Medical Technician	9/30/2019	'Full Time Paid Employee'
Greg B Kirby P001292	'Agency Primary Contact'		
Thompson Neal Lanning P122605	'EMS Techr Emergency Medical Technician	8/31/2021	'Part Time Paid Employee'
Michael B. Lawson P059616 SC006897	'Director'		
Sean Christopher Leighton P503839	'EMS Techr Emergency Medical Technician	3/31/2022	'Part Time Paid Employee'
Alvaro G Lopez P110824	'EMS Techr Emergency Medical Technician	2/29/2020	'Full Time Paid Employee'
Sierra T Lowery P121969	'EMS Techr Emergency Medical Technician	7/31/2021	'Full Time Paid Employee'
Victoria P Marks P020506 SC039519	'EMS Techr Emergency Medical Technician	2/28/2022	'Full Time Paid Employee'
Robert Stuart McCallum P036422 SC013076	'EMS Techr EMT-Paramedic	7/31/2019	'Part Time Paid Employee'
Isamar Ivette Miranda P102031 SC028800	'EMS Techr Emergency Medical Technician	5/31/2022	'Full Time Paid Employee'
Todd Wesley Morris P033838 SC008552	'EMS EMT-Paramedic	1/31/2018	'Full Time
Christian Nicole Murillo P118752	'EMS Techr Emergency Medical Technician	8/31/2021	'Part Time Paid Employee'
Jennifer Aree Myers P016177	'EMS Techr Emergency Medical Technician	6/30/2020	'Part Time Paid Employee'
Mckenzie Gold Norton P509045	'EMS Techr Emergency Medical Technician	12/31/2022	'Part Time Paid Employee'
Kimberly Ann Osborne P076282 SC010398	'EMS Techr Paramedic	12/31/2021	'Full Time Paid Employee'
Molly Parks SC039599 P513102	'EMS Techr Emergency Medical Technician	3/31/2021	'Part Time Paid Employee'
Elizabeth E Perez P121991	'EMS Techr Emergency Medical Technician	7/31/2025	'Part Time Paid Employee'
Jasmine N Price P119825 SC041020	'EMS Techr Emergency Medical Technician	8/31/2021	'Full Time Paid Employee'
Andrew Robert Ross P021261 SC004510	'EMS Techr Paramedic	9/30/2019	'Full Time Paid Employee'
Christopher Rothmeyer P102282	'EMS Techr Emergency Medical Technician	6/30/2020	'Full Time Paid Employee'
Abhuimhen Gabriel Saiki P507937	'EMS Techr Emergency Medical Technician	7/31/2022	'Part Time Paid Employee'
Nicole Marie Stanton SC025937 P513096	'EMS Techr Emergency Medical Technician	3/31/2023	'Part Time Paid Employee'
Michael Andrew Stennett P502992 SC510094	'EMS Techr Emergency Medical Technician	6/30/2022	'Part Time Paid Employee'
Keenan N Summers SC039917 P508666	'EMS Techr Emergency Medical Technician	4/30/2021	'Part Time Paid Employee'
Agatha Onkgopotse Talahumbu P115141	'EMS Techr Emergency Medical Technician	8/31/2020	'Part Time Paid Employee'
William B Tartton Jr P086714	'EMS Techr Paramedic	4/30/2022	'Part Time Paid Employee'
Charles D'Juan Turner P123634	'EMS Techr Emergency Medical Technician	1/31/2022	'Part Time Paid Employee'
Kerry M Turner SC040827 P507625	'EMS Techr Emergency Medical Technician	1/31/2022	'Part Time Paid Employee'

1FDSS3ELXEDB14946	2014	3342 In Service
1FDSS3ELXEDB14963	2014	3343 In Service
1FDYR2XM8GKA54521	2016	3344 In Service
1FDYR2XM8GKB48176	2016	3345 In Service
1FDYR2XMXGKB48177	2016	3346 In Service
1GBHG3965711251032	2007	3331 In Service
WD3PE7CCA5461287	2010	3332 In Service
WD3PE7CCOB5604856	2011	3337 In Service

## Station: Corporate Office



### General Information

**Name:** Corporate Office

**Physical Address:**

133 Caggiano Drive  
Gaffney, SC 29341

**Work Number:** (888) 826-0911

**Status:**

### Primary Information

**Agency:** American Transmed, Inc.

**ID Number:**

**Longitude:**

**Latitude:**

Station: American Transmed, Inc.



### General Information

**Name:** American Transmed, Inc.

**Physical Address:**

9592 Rocky River Road  
Harrisburg, NC 28215

**Work Number:** (888) 826-0911

**Status:**

### Primary Information

**Agency:** American Transmed, Inc.

**ID Number:**

**Longitude:**

**Latitude:**

# State of North Carolina

Office of Emergency  
Medical Services



Medical Care  
Commission

Department of Health and Human Services  
Division of Health Service Regulation

*Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.*

**AMERICAN TRANSMED, INC.**  
is hereby issued an

**EMS Agency License**

*This License, Number 1572, expires the last day of August, 2021*

Office of Emergency  
Medical Services



Medical Care  
Commission

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> <b>47 Airpark Court (29607)</b> <b>P.O. Box 27149</b> <b>Greenville, SC 29616-2149</b>		<b>CONTACT NAME:</b> SC Certificate Team <b>PHONE (A/C, No, Ext):</b> 864 297-4444 <b>FAX (A/C, No):</b> 888-751-3014 <b>E-MAIL ADDRESS:</b> SCcertificates@mcgriffinsurance.com															
<b>INSURED</b> <b>American TransMed, Inc.</b> <b>Palmetto Transport, LLC</b> <b>PO Box 2101</b> <b>Gaffney, SC 29342</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ProAssurance Specialty Insurance Co Inc</td> <td>10179</td> </tr> <tr> <td>INSURER B : AXIS Surplus Insurance Company</td> <td>26620</td> </tr> <tr> <td>INSURER C : Key Risk Insurance Company</td> <td>10885</td> </tr> <tr> <td>INSURER D : Continental Western Insurance Co</td> <td>10804</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ProAssurance Specialty Insurance Co Inc	10179	INSURER B : AXIS Surplus Insurance Company	26620	INSURER C : Key Risk Insurance Company	10885	INSURER D : Continental Western Insurance Co	10804	INSURER E :		INSURER F :	
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INSURER F :																	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded:1,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AFC9606618	05/01/2018	05/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CNA429376343	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			EAU787150012018	05/01/2018	05/01/2019	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	KEY0137493	08/01/2018	08/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<b>Professional Liab</b> <b>Abuse/Molestation</b>			AFC9606618	05/01/2018	05/01/2019	\$1,000,000 Per Claim \$3,000,000 Aggregate
				AFC9606618	05/01/2018	05/01/2019	\$1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*Roger Shiflett and Greg Kirby are excluded from Workers Compensation coverage.

**CERTIFICATE HOLDER****CANCELLATION**

**Rowan County**  
**130 W. Innes Street**  
**Salisbury, NC 28144**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*John T. Cook, Jr.*

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**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Chris Soliz, Chief of Emergency Services  
**DATE:** April 17, 2019  
**SUBJECT:** Proclamation for Hurricane Preparedness Week

---

**ATTACHMENTS:**

**Description**

Proclamation

**Upload Date**

4/17/2019

**Type**

Cover Memo

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



Aaron Church, County Manager  
Carolyn Barger, Clerk to the Board  
John W. Dees, II, County Attorney

## Rowan County Board of Commissioners

130 West Innes Street • Salisbury, NC 28144  
Telephone 704-216-8180 • FAX 704-216-8195

### PROCLAMATION for HURRICANE PREPAREDNESS WEEK

**WHEREAS**, hurricanes and tropical systems have impacted every North Carolina county with disastrous results; *and*

**WHEREAS**, North Carolina is repeatedly one of the leading states nationally for overall damage from hurricanes; *and*

**WHEREAS**, hurricanes and tropical storms can cause life-threatening hazards such as flooding, storm surge, destructive winds, tornadoes and landslides; *and*

**WHEREAS**, flooding claims lives every year, usually when motorists attempt to drive through flooded roadways, *and*

**WHEREAS**, insurance companies suggest residents review and update their homeowners or renters insurance policy to ensure it includes coverage for flooding, accidental damage and natural disasters; *and*

**WHEREAS**, people are less likely to be injured when they have prepared ahead of time and know what to do when a hurricane threatens; *and*

**WHEREAS**, people should prepare their personal emergency supply kit to use at home or during an evacuation with enough food and water to sustain the members of their household for three days or longer, and should know their evacuation routes and comply with local and state authorities when asked to evacuate; *and*

**WHEREAS**, the ReadyROWAN.org and ReadyNC.org web site and mobile application are available to help people make emergency preparedness plans and provide current weather and traffic conditions; *and*

**WHEREAS**, the National Weather Service, local and state government officials all work together before and during a hurricane or tropical storm to reduce the dangers posed to lives and property and provide a quick, effective response to these storms; *and*

**WHEREAS**, the observance of Hurricane Preparedness Week by Rowan County residents provides better protection from the dangers of hurricanes and tropical storms.

Equal Opportunity Employer



***NOW THEREFORE THE ROWAN COUNTY BOARD OF COMMISSIONERS DOES  
HEREBY PROCLAIM*** the week of May 5-11, 2019, as

**“HURRICANE PREPAREDNESS WEEK”**

in Rowan County and encourages all county residents to plan and prepare by assembling their personal emergency supply kits and updating their emergency plans.

This the 6<sup>th</sup> day of May, 2019.

---

Gregory C. Edds, Chairman

ATTEST:

---

Carolyn Barger, MMC, NCMCC  
Clerk to the Board

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Amy-Lynn Albertson  
**DATE:** 4/18/2019  
**SUBJECT:** Cooperative Extension / Robertson Foundation Grant

---

The Rowan County 4H Program would like to accept a grant of \$1500.00 from the Blanche and Julian Robertson Foundation. The funds will be used to purchase new incubators, and other supplies for the Embryology program. Embryology includes curriculum for 2nd and 7th grade science objectives. In 2019, forty classes of RSSS, private, charter and homeschool students learned about the life cycle and development of chickens. This program fits 2nd and 7th essential standards. The incubators we have now are 10 years old and need to be replaced, this grant will help us replace them.

**ATTACHMENTS:**

**Description**

**Upload Date**

**Type**

No Attachments Available

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

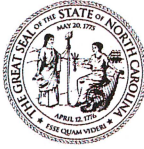
**MEMO TO COMMISSIONERS:**

**FROM:** Chris Corriher, NCDOT District Engineer  
**DATE:** April 24, 2019  
**SUBJECT:** Secondary Road Abandonment Request

---

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
NCDOT Correspondence	4/24/2019	Cover Memo
DOT Abandonment Form	4/24/2019	Cover Memo



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION

ROY COOPER  
GOVERNOR

JAMES H. TROGDON, III  
SECRETARY

April 24, 2019

Rowan County Board of County Commissioners

SUBJECT: Request for Abandonment

Carolyn Barger  
Clerk to Board of County Commissioners  
130 W Innes Street  
Salisbury, NC 28144

Rowan County Board of Commissioners:

I am attaching a location map and petition requesting that the last 0.218 miles of SR 2182 – Unnamed I-85 Service Road, in Salisbury Township, be abandoned from the State Secondary Road System.

We have investigated this request and found that this road meets NCDOT requirements for abandonment. We would, therefore, appreciate it very much if you would have the County Commissioners act on this request and forward to us the proper abandonment form for our further handling.

Thanking you in advance for your assistance in this matter, and if I may be of further assistance, please advise.

Thank you,

A handwritten signature in blue ink that reads "Chris T. Corriher".

Chris T. Corriher, P.E.  
District Engineer  
Division 9, District 1

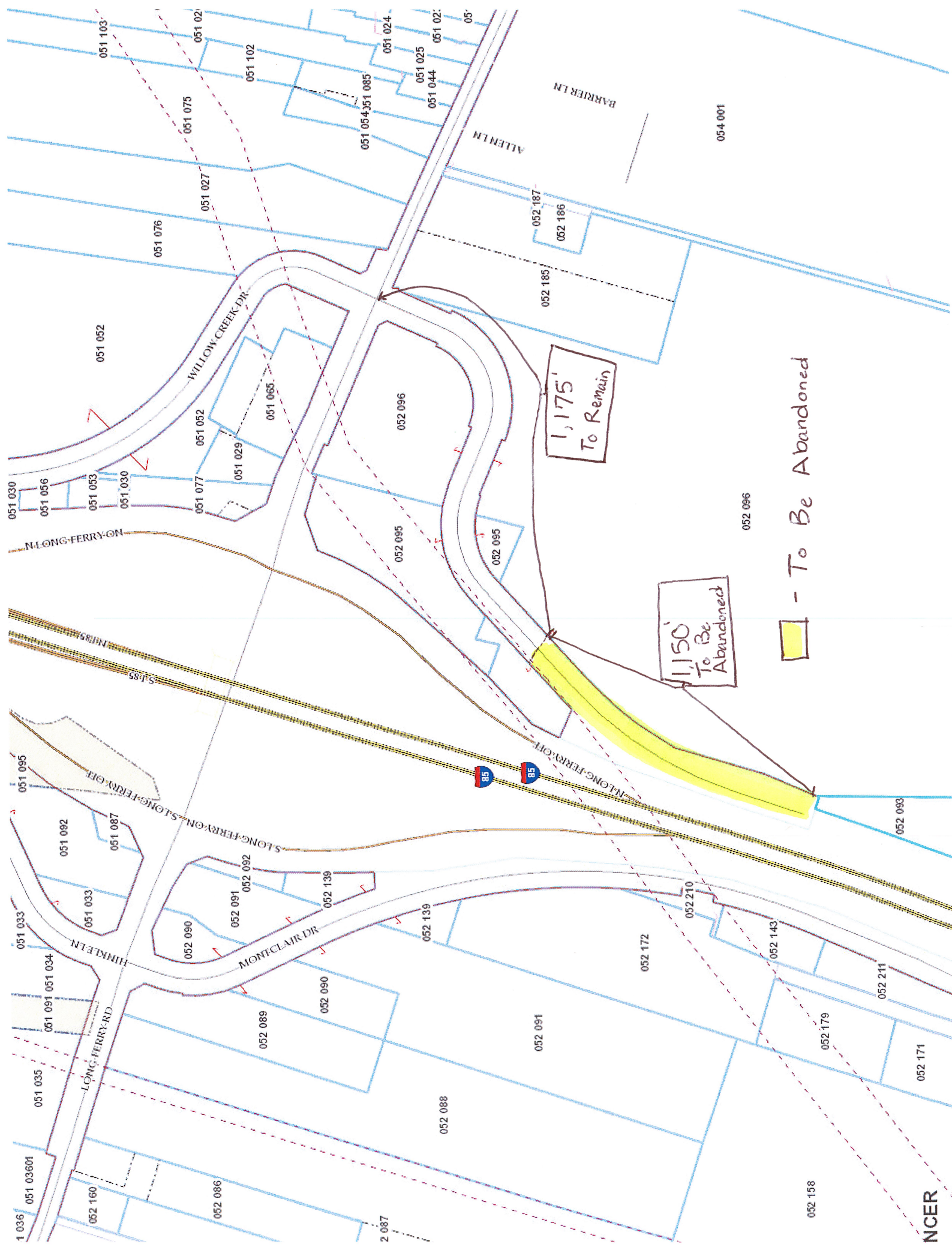
CTC: etg

*Mailing Address:*  
NC DEPARTMENT OF TRANSPORTATION  
DIVISION 9/ DISTRICT 1  
4770 SOUTH MAIN STREET  
SALISBURY, NC 28147

*Telephone:* (704) 630 3200  
*Fax:* (704) 639-7566  
*Customer Service:* 1-877-368-4968

*Website:* [www.ncdot.gov](http://www.ncdot.gov)

*Location:*  
4770 SOUTH MAIN STREET  
SALISBURY, NC 28147



**North Carolina Department of Transportation  
Division of Highways  
Abandonment Petition**

North Carolina

County of Rowan

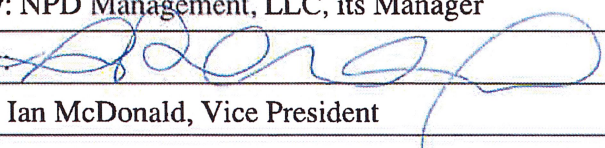
Petition request for the abandonment of Secondary Road SR 2182 (unnamed\*) from the State.

Maintained System

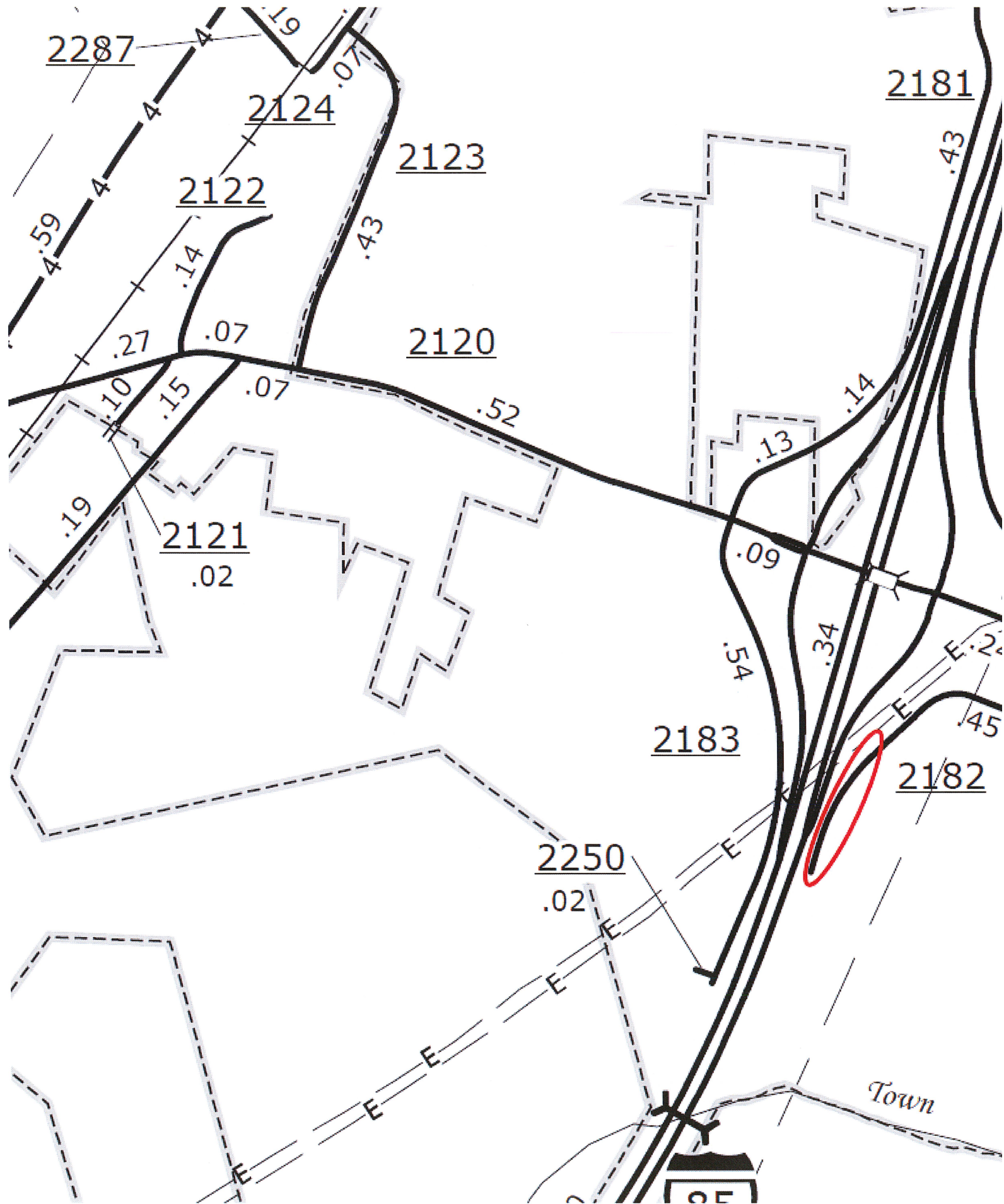
\*Note: the unnamed road is associated with NCDOT Project # 8.1631511.

We the under signed, being all of the property owners on Secondary Road SR 2182 (unnamed\*)  
in Rowan County do hereby request the Division of Highways of the Department of  
Transportation to abandon the road from the State Maintained System.

**PROPERTY OWNERS**

<u>Name</u>	<u>Address</u>
Parcel 052-096 – Deed Book 1326 Page Number 24	4825 NW 41st Street, Suite 500
Parcel 052-093 – Deed Book 1326 Page Number 23	Riverside, MO 64150
NP Salisbury Industrial, LLC, a Missouri limited liability company	
By: NPD Management, LLC, its Manager	
By: 	
Ian McDonald, Vice President	

Contact: Caleb Moore





April 19, 2019

Chris T. Corriher, PE  
District Engineer  
Division 9, District 1  
C/O Joshua McMahan  
4770 South Main Street  
Salisbury, NC 28147

Re: **Secondary Road Abandonment- I-85 Access Road (SR 2182) Rowan County**

Dear Chris:

Thank you for meeting us on site to discuss the proposed +/- 690,000 S.F. warehouse facility and associated Transportation/Traffic requirements. On behalf of our client, Kimley-Horn and Associates, Inc. is providing the subject abandonment petition (SR-3) for the proposed abandonment of 1,150' of SR 2182 or the I-85 Service Road to the west of the property and along the East side of I 85. The remaining 1,175' of the Road is proposed to remain on the NCDOT System for Maintenance and terminate as a "cul d sac", suitable for accommodating WB 67 trucks. We have attached the proposed Site Plans and Survey for your reference.

NorthPoint development AKA: NP Salisbury Industrial, LLC a Missouri limited liability company has closed on the property and is now the owner of the adjacent parcels associated with this request. If you have questions or require additional information, please advise.

Very truly yours,

KIMLEY-HORN AND ASSOCIATES, INC.

A handwritten signature in black ink, appearing to read "Joe Wilson".

By: Joe Wilson, PE  
Project Engineer

A handwritten signature in blue ink, appearing to read "R. Blake Day".

R. Blake Day, PE  
Project Engineer

Attachments: Proposed Plans  
Proposed Right Turn Lane Plans  
ALTA w/ topo

**NORTH CAROLINA STATE DEPARTMENT OF TRANSPORTATION**  
**REQUEST FOR ABANDONMENT FROM STATE MAINTAINED SECONDARY**  
**ROAD SYSTEM**

North Carolina  
County of **ROWAN**

Road Description: **SR 2182 – Unnamed I-85 Service Road, located in Salisbury Township, the last 0.218 miles to be abandoned**

**WHEREAS**, the attached petition has been filed with the Board of County Commissioners of the County of **ROWAN** requesting that the above described road, the location of which has been indicated on the attached map, be abandoned from the Secondary Road System; and

**WHEREAS**, the Board of County Commissioners is of the opinion that the above described road should be abandoned from the Secondary Road System, if the abandonment is in the best interest of the public and of the Division of Highways of the Department of Transportation and Highway Safety.

**NOW, THEREFORE**, be it resolved by the Board of County Commissioners of the County of **ROWAN** that the Division of Highways is hereby requested to review the above described road, and to abandon the road from the Secondary Road System if it is in the best interest of the public and the Division of Highways.

**CERTIFICATE**

The foregoing resolution was duly adopted by the Board of Commissioners of the County of **ROWAN** at a meeting on the **6<sup>th</sup> day of May 2019** and appears in the minutes of the said Commission.

**WITNESS** my hand and official seal this the **6<sup>th</sup> day of May 2019**.

**(SEAL)**

\_\_\_\_\_  
Clerk to the Board of Commissioners  
County of **ROWAN**

PLEASE NOTE:

Forward direct with request to the Division Engineer, Division of Highways

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Scott Shelton, Vice-President, Economic Development Commission  
**DATE:** April 26, 2019  
**SUBJECT:** Request to Set a Public Hearing to Consider CDBG application

---

On April 18th, the North Carolina Rural Infrastructure Authority approved up to \$1.5 million dollars in Community Development Block Grant (CDBG) funding for Rowan County to build a sewer line to serve Chewy's new facility at the Trevey Site. Salisbury-Rowan Utilities estimates the total cost of this project not to exceed \$1.5 million dollars.

Although the CDBG funds have been approved to pay for this project, Rowan County will still need to formally apply for the grant. Before the formal application can be submitted, the County is required to hold a public hearing to receive public input.

The Rowan EDC requests that the Board of Commissioners schedule a public hearing on May 20th to discuss the formal submittal of a CDBG grant application to extend sewer to the Trevey Site for the Chewy project.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Memo - Request to Set Public Hearing	4/26/2019	Cover Memo
Public Hearing Notice	4/26/2019	Cover Memo

*Be an original.*

Date: April 26, 2019  
To: Greg Edds, Chairman  
Cc: Aaron Church, County Manager  
Carolyn Barger, Clerk to the Board  
From: Scott Shelton, Vice President  
Re: *Request to Set a Public Hearing to Consider CDBG application*

---

Dear Chairman Edds,

As you will recall, the Board of Commissioners held a public hearing on September 17<sup>th</sup> regarding the potential submittal of a Community Development Block Grant (CDBG) application to the North Carolina Department of Commerce.

This public hearing was required prior to making any application for CDBG funding so that citizens could provide input as to what economic development grant initiatives should be pursued. The input from the hearing should be incorporated into the County's consideration and possible submission of future CDBG applications.

On April 18<sup>th</sup>, one day after Chewy announced plans to build a 700,000 square foot fulfillment center on the Trevey Site and bring 1,200 jobs to our community, the North Carolina Rural Infrastructure Authority (RIA) approved up to \$1.5 million dollars in CDBG funding for Rowan County to build a sewer line to serve the new facility. Salisbury-Rowan Utilities has studied the site and recommends running an approximately 16" gravity sewer line under Interstate 85. Salisbury-Rowan Utilities estimates the total cost of this project not to exceed \$1.5 million dollars.

The CDBG program requires a 25% local match, which would be up to \$375,000. The RIA has determined that the 'Level 2' incentive grant and equipment grant previously approved by the Commissioners for Chewy satisfy the local match requirements and no additional funding will be required by them.

Although the CDBG funds have been approved to pay for this project, Rowan County will still need to formally apply for the grant. Before the formal application can be submitted, the County is required to hold a second public hearing. The purpose of this hearing is to identify the CDBG grant for a specific project (Chewy) and receive public input.

The Rowan EDC requests that the Board of Commissioners schedule a public hearing on May 20<sup>th</sup> to discuss the formal submittal of a CDBG grant application for the Chewy project and receive public input. Please do not hesitate to contact me with any questions you may have, and thank you for considering this request.

Yours truly,

*Scott Shelton*

Scott Shelton  
Vice President

Run this ad in the **NON-LEGAL** section of the local newspaper  
**between now and May 9, 2019.**

**Obtain an Affidavit of Publication for both this and the first Public Hearing from  
the newspaper**

**ROWAN COUNTY  
NOTICE OF PUBLIC HEARING**

Rowan County is preparing an application to the North Carolina Department of Commerce for a Community Development Block Grant (CDBG) for Economic Development. The application will request \$1,500,000 in CDBG funds.

The County intends to construct a 4,000 linear foot, 16-inch gravity sewer extension to serve Chewy, Inc. Chewy plans to construct a 700,000 square foot warehouse and distribution center at an estimated cost of \$40 million with another \$15 million for machinery and equipment. Project costs will include \$1,475,000 for sewer and \$25,000 for project administration. The project will result in the creation of approximately 385 full time jobs in the first two years with at least 60% of the jobs being held by persons of low and moderate income. The facility will eventually employ 1,200 people.

Rowan County will conduct a Public Hearing on Monday, May 20, 2019 at 6:00 PM, in the J. Newton Cohen, Sr. Room, second floor, Rowan County Administration Building, 130 W. Innes Street, Salisbury NC. The purpose of the Hearing is to obtain citizens input into the identification of economic needs and desired economic development activities. The input from the Hearing will be incorporated into the County's consideration and submission of a CDBG application to the Department of Commerce. Written comments received prior to the opening of the Public Hearing will be considered and may be sent to Aaron Church, County Manager, 130 West Innes Street, Salisbury, NC 28144.

This information is available in Spanish or any other language upon request. Please contact Kelly Natoli at 704-216-8105 or Ed Muire at 704-216-8599 for accommodations for this request.

Esta información está disponible en español o en cualquier otro idioma bajo petición. Póngase en contacto con Kelly Natoli at 704-216-8105 or Ed Muire at 704-216-8599 de alojamiento para esta solicitud.

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Nina Oliver, Public Health Director  
**DATE:** 4-26-2019  
**SUBJECT:** WIC Program Applying for Grant to Open Second Location

---

The Rowan County Health Department WIC Program would like to apply to a Novant Health's Social Responsibility Environment Investment Priority Cycle grant. WIC stands for Women, Infants, and Children. The grant would help to support opening a second WIC location in Rowan County.

We respectfully ask the BOC to approve the Rowan County Health Department to apply for the Novant Health's Social Responsibility Environment Investment Priority Cycle grant for funding to start a second WIC location at the West End Plaza. The total funding being requested from the grant is \$24,921.02 and is due Tuesday May 14<sup>th</sup> 2019.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Novant Health Grant to Benefit the WIC Program	4/26/2019	Cover Memo

To: Rowan County Board of Commissioners  
From: Nina Oliver, Public Health Director  
Shanelle Wilkey, WIC Director  
Date: April 23, 2019  
Re: Applying for a Novant Health Grant to Benefit the WIC Program

Situation:

The Rowan County Health Department WIC Program would like to apply to a Novant Health's Social Responsibility Environment Investment Priority Cycle grant. WIC stands for Women, Infants, and Children. The grant would help to support opening a second WIC location in Rowan County.

Background:

The WIC Program is designed to provide food to low-income pregnant, breastfeeding and postpartum women and their infants and children until the age of five, and offer a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC provides quality, cost-effective care to thousands of families across North Carolina. Evidence demonstrates that women who participate in WIC have improved pregnancy outcomes, resulting in healthier babies. There are numerous benefits to women, infants and children who participate in WIC. Some of these benefits include:

- **WIC reduces infant mortality.** WIC connects pregnant women to prenatal care, provides nutritious foods and encourages health-promoting behaviors. These factors are linked to positive birth outcomes (USDA, 2012).

- **WIC saves public health care dollars.** Women who participate in WIC are less likely to have pre-term or low-birth weight babies, contributing to healthier babies and reduced medical costs (Institute of Medicine, 2006).

- **WIC improves children's health.** Children who participate in WIC are more likely to receive regular preventive health services and are better immunized than other low-income children who do not participate in WIC (USDA, 2012).

- **WIC improves infant feeding practices and diet quality.** WIC promotes and supports breastfeeding as the optimal infant feeding choice. In addition, revisions to the WIC Food Package have resulted in increased intake of fruits, vegetables, whole grains and low-fat dairy among WIC participants (USDA, 2012; Center on Budget and Policy Priorities, 2015).

- **WIC supports cognitive development.** Research shows that WIC services can mitigate the harmful effects of poor nutrition during critical periods of growth and development, leading to lifelong cognitive gains (USDA, 2012).

- **WIC enhances community food environments.** Revisions to the WIC Food Package, and thus changes in the foods available at WIC-authorized stores, have increased the availability of healthy foods for all individuals living in low-income communities (USDA, 2015).

Assessment:

We would like to hold the second WIC clinic at the West End Plaza. The clinic would be offered twice a month on the first and third Thursday of every month. The funds would be used to support the start up

costs associated with implementing a second WIC clinic in Rowan County. The location would allow citizens greater access to food and nutrition information, and breastfeeding assistance. The area served would be the Northwest part of Rowan County which includes Cleveland and Woodleaf. These locations do not fall on the Rowan County Transit bus line and also have a high concentration of poverty and unemployment.

The Novant Health Social Responsibility Grant funds will be used to support start up costs associated with establishing a second WIC clinic in Rowan County. No additional staff would be needed for the second location. Current WIC staff will be rotated. There are 3 OA IVs and 3 Nutritionists that certify clients. Two of each will be sent to West End Plaza two times per month and the remainder of staff would stay at the main site to see a few scheduled clients and walk-ins. That will be their place of work for the day so there will be no travel related expenses. The WIC Director and WIC Office Supervisor will monitor each clinic. A requirement of the WIC Program is to assess hemoglobin levels on clients so therefore the lab supplies would allow us to perform this task. Another requirement of the WIC Program is to obtain anthropometric data so having the measuring equipment would support this need as well. The budget and items necessary are below.

We have worked with Rowan County IT on equipment quotes and start up costs. Rowan County IT will work with us and assist us to set the second location up and support it.

The following would be items we would purchase if we are awarded the funds from the Novant Health grant:

**Work Stations (4 total)**

- 4 Dell Desktop Computers: \$2400 (\$600 each)
- 4 Mitel VoIP Phones: \$1200 (\$300 each)
- 1 Table: \$150
- 4 desks: \$1,700
- 4 staff chairs: \$400
- 8 Chairs without arms: \$700
- 4 chairs with arms: \$850

*Total: \$7,400*

**Networking items**

- Fiber run: \$6000
- Rack and fiber enclosure: \$1500
- UPS: \$1000
- Network Switch: \$3800
- Wireless access point: \$700
- Network runs: \$1300

*Total: \$14,300*

**Office Supplies**

- A single networked printer/copier: \$40 (no upfront cost associated, just cost per copy)
- Lock Box for eWIC Cards: \$38.58

*Total: \$78.58*

**Lab Supplies:**

- HB 201+ Analyzer: \$400 plus HB 201+ Cuvettes 4x50: \$168/unit x 6 units: \$1,008 plus Shipping and handling: \$40 = \$1,448.00
- Gloves: \$76.16 (1 case)
- Band-aids: \$60.12 (1 case)
- Alcohol Pads: \$48.26 (1 case)
- Lancets: \$14.69 (1 box)
- Gauze Pads: \$54.28 (1 case)
- Wipes: \$90.01 (1 case)
- 1 qt. Biohazard containers: \$19.19 (6 pack)

*Total: \$1,810.71*

**Measuring Equipment:**

- Digital Scales-adult: \$288
- Digital Scales-infant: \$388
- Stadiometer: \$221
- Recumbent Length board: \$221
- Table paper: \$38.25 (1 case)

*Total: \$1,156.25*

**Advertisement**

- Price: 1,000 flyers....\$164.00 plus \$11.48 NC Sales Tax = \$175.48 total  
     Item: WIC Program Flyers  
     Size: 8.5" X 11"  
     Stock: 70 lb. white text  
     Ink: Full color – prints one side – no bleeds  
     Copy: Customers will provide trouble-free digital file in .pdf

*Total: \$175.48*

**Total Grant Request: \$24,921.02**

**Recommendation:**

We respectfully ask the BOC to approve the Rowan County Health Department to apply for the Novant Health's Social Responsibility Environment Investment Priority Cycle grant for funding to start a second WIC location at the West End Plaza. The total funding being requested from the grant is \$24,921.02 and is due Tuesday May 14<sup>th</sup> 2019.

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** County Manager Aaron Church  
**DATE:** April 29, 2019  
**SUBJECT:** Revised Interlocal Agreement With City of Kannapolis

---

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Revised Interlocal Agreement	4/29/2019	Cover Memo

---

**INTERLOCAL AGREEMENT**  
**BETWEEN**  
**CITY OF KANNAPOLIS, NORTH CAROLINA**  
**AND**  
**ROWAN COUNTY, NORTH CAROLINA**

Dated as of May 10, 2019

*Old Beatty Ford Road Interchange Project*

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## INTERLOCAL AGREEMENT

This **INTERLOCAL AGREEMENT** ( "*Agreement*" or "*Interlocal Agreement*" ), made and entered into this the 10th day of May, 2019, between the City of Kannapolis, North Carolina, a municipal corporation created and existing under the laws of the State of North Carolina (the "*City*") and the County of Rowan, North Carolina (the "*County*" ), a political subdivision created and existing under the laws of the State of North Carolina;

### WITNESSETH:

*WHEREAS*, the City and County equally desire to facilitate the private development of land adjacent and in close proximity to a new Interstate 85 interchange at Old Beatty Ford Road in southern Rowan County approximately one mile from the primary corporate limits of the City; and

*WHEREAS*, the City and County have collectively determined that there are numerous benefits that will come from public investment of potable water and sanitary sewer extensions (the "*Infrastructure Extension Project*") to this interchange including but not limited to long-term tax base growth, improved economic conditions in southern Rowan County, additional sales tax generation and job creation; and

*WHEREAS*, the City intends to extend potable water lines and sanitary sewer lines and related components to an approximately 318 acre site contemplated for a private development investment (the "*High Bridge Site*"); and

*WHEREAS*, more specifically, Louisiana-based Commercial Properties Realty Trust ("*Developer*") has secured the rights to purchase the High Bridge Site and has expressed to the City and County its intent to develop the property for a multitude of residential and non-residential purposes contingent upon the successful implementation of a plan for the Infrastructure Extension Project; and

*WHEREAS*, on August 15, 2011 the City and County entered into an Interlocal Agreement ("*Stadium Property Transfer Agreement*") which provided that the City would purchase the current minor league baseball stadium and approximately 55.68 acres (the "*Stadium Property*") from Rowan County for \$3,000,000, including certain down payment requirements and 48 annual payments of \$62,500; and

*WHEREAS*, the City currently owes the County \$2,687,500 on its obligations in accordance the Stadium Property Transfer Agreement; and

*WHEREAS*, under Article 20 of Chapter 160A of the North Carolina General Statutes, as amended (the "*Interlocal Act*" ), municipalities and counties are authorized to enter into interlocal cooperation undertakings with other local governments for the joint exercise of any power, function, public enterprise, right, privilege, or immunity of local governments in North Carolina;

*WHEREAS*, as permitted by the Interlocal Act, the County desires to provide assistance to the City for the funding of the Infrastructure Extension Project by participating in both direct funding and by releasing the City of certain obligations of the Stadium Property Transfer Agreement, subject to the limitations, restrictions and conditions set forth in this Interlocal Agreement; and

*NOW, THEREFORE*, in consideration of the foregoing, the City and the County desire to provide in this Interlocal Agreement for the basis on which the County Contribution will be made, the City and the County do hereby covenant, promise, agree and represent as follows:

## **ARTICLE I**

### **GENERAL PROVISIONS**

**SECTION 1.1 Purpose of the Interlocal Agreement.** This Interlocal Agreement is being entered into as a means for the County to provide financial assistance to the City in funding the Infrastructure Extension Project by making a payment to the City of \$1,000,000 (“Cash Contribution”) and by releasing the City from its debt obligations described in Section 2.3 of the Stadium Property Transfer Agreement.

**SECTION 1.2 Duration of the Interlocal Agreement.** This Interlocal Agreement shall be effective immediately upon its execution by both parties and shall remain in effect until all payment obligations hereunder are satisfied or until it is replaced by a subsequent agreement or terminated by agreement of the parties.

**SECTION 1.3 City Annexation.** This Interlocal Agreement in its entirety is subject to and contingent upon the annexation of the High Bridge Site into the City of Kannapolis by the North Carolina General Assembly or by other lawful means on or before June 1, 2019. Rowan County will publicly support (via resolution or other method acceptable to the City) the City’s pursuit of municipal annexation of the High Bridge Site.

## **ARTICLE II**

### **COUNTY CONTRIBUTIONS AND RESPONSIBILITIES**

**SECTION 2.1 Funding Commitment.** The County shall remit to the City one-half of the Cash Contribution within 60 days following execution of the Development Agreement described in Section 3.2, and the remaining one-half shall be paid upon delivery of an executed copy of the Engineer of Record Certificate of Project Completion for the Infrastructure Extension Project.

**SECTION 2.2 Use of Cash Contribution.** The City shall apply the Cash Contribution to pay direct costs of designing and constructing the Infrastructure Extension Project.

**SECTION 2.3 Release of City Debt Obligations.** As additional consideration for this Agreement and to further support the Infrastructure Extension Project, Rowan County will release the City from its remaining debt obligations described in Section 2.1 of the Stadium Property Transfer Agreement (the “Stadium Debt Release”). The Stadium Debt Release shall be executed and recorded upon delivery of an executed copy of the Engineer of Record Certificate

of Project Completion for the Infrastructure Extension, subject however, to the provisions of Section 2.4 hereinafter.

**SECTION 2.4 Excess Proceeds from Sale of the Stadium Property.** Any proceeds up to \$3,750,000 from the future sale of the Stadium Property shall accrue entirely to the City. Any proceeds greater than \$3,750,000 (*“Excess Proceeds”*) will be shared equally between the City and County. Further, the County will commit its share of the Excess Proceeds to match any incentives or other public investments by the City for the purposes of facilitating private sector development of the High Bridge Site as described in Section 2.6 hereinafter. The parties agree to execute and record any document necessary to perfect this obligation.

**SECTION 2.5 Release of City Debt Obligations.** The contributions described in Section 1.1 and this Article II shall constitute Rowan County’s only financial obligation to this Interlocal Agreement except as provided in 2.6 hereinafter.

**SECTION 2.6 Future Tax Incentives.** County agrees to participate consistent with its adopted policies with the City to provide tax or other financial incentives that are deemed by the parties necessary to attract specific quantities and qualities of job and tax base generating investments on the High Bridge Site. The Excess Proceeds described in Section 2.4 herein above, if any, shall be used, in part, for this purpose. In the event the parties agree that such incentives are desirable and appropriate, the parties shall enter into an agreement at that time further defining respective contributions and responsibilities.

### **ARTICLE III CITY RESPONSIBILITIES**

**SECTION 3.1 City to Financing, Design and Construct.** The City and County acknowledge that the County contributions are intended to assist the City in the funding of the Infrastructure Extension Project. The City shall be solely responsible for the financing, design and construction of the Infrastructure Extension Project. Except as otherwise described herein, the City assumes all risk and responsibilities related to its implementation.

**SECTION 3.2 Development Agreement.** Within 90 days from and after execution of this Interlocal Agreement, it is the intent of the City to negotiate and execute a Development Agreement and/or Utility Extension Agreement (*“Development Agreement”*) with the Developer. The County will not be a party to the proposed Development Agreement. Notwithstanding this intent, in the event a Development Agreement is not executed between the City and the Developer within 180 days from and after the execution of this Agreement, this Agreement is voidable by the County and the County shall have no further obligations to the City under this Interlocal Agreement.

**SECTION 3.3 Clawbacks.** It is the City’s intent to negotiate as part of the Development Agreement certain provisions that establish minimum tax value increase

benchmarks tied to a repayment schedule by the Developer of part of the utility costs. The City intends to require provisions relating to the potential cancellation, recoupment, rescission, payback or similar clawback procedures in the event the Developer fails to achieve the benchmarks. In the event clawback funds are collected it is intended that such funds shall be shared with the County on a pro-rata share of contributions and obligations to Infrastructure Extension Project.

## **ARTICLE IV MISCELLANEOUS**

**SECTION 4.1** Notices. All notices, demands or requests required or permitted to be given pursuant to this Interlocal Agreement shall be given in writing and shall be deemed to have been properly given or served and shall be effective upon being deposited in the United States mail, postage prepaid, sent to the respective address as follows:

As to the City:           City of Kannapolis  
                                  401 Laureate Way  
                                  Kannapolis, NC 28081  
                                  Attention: City Manager

As to the County:       Rowan County  
                                  130 West Innes Street  
                                  Salisbury, NC 28144  
                                  Attention: County Manager

Any party may, however, at any time, change its address for notification purposes by giving to the other parties a notice in the manner herein provided stating the change and setting forth the new address.

**SECTION 4.2** Headings. The headings appearing in this Interlocal Agreement are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or intent of any article, section or paragraph of this Interlocal Agreement.

**SECTION 4.3** Counterparts. This Interlocal Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. The signature of any party to any counterpart may be appended to any other counterpart.

**SECTION 4.4** Modification. No change or modification of, or waiver under, this Interlocal Agreement shall be valid unless it is in writing and signed by duly authorized representatives of the City and the County.

**SECTION 4.5** Time is of the Essence. Time is of the essence as to all parts of this Interlocal Agreement.

**SECTION 4.6** Rules of Construction. Unless the context otherwise indicates:

- (a) Word importing the singular shall include the plural and vice versa, and words importing the masculine gender shall include the feminine and neuter genders as well.
- (b) All references to Articles or Sections are references to Articles or Sections of this Agreement.
- (c) All references to a “party” or the “parties” are to the parties to this Agreement.
- (d) The headings herein are solely for convenience of reference and shall not constitute a part of this Agreement nor shall they affect its meaning, construction or effect.

**SECTION 4.7 Additional Parties.** The parties agree that other units of local government(s) may be allowed to join in this effort and become a party to this Agreement, when the entry of such other units of local government(s) will further this effort to accomplish the goals of this Agreement. Any local government seeking to be allowed to participate in this effort, and to be a party to this Agreement, shall be subject to the unanimous approval of the then existing parties.

**SECTION 4.8 Nature of Obligation of the Parties.** No provision of this Agreement shall be construed or interpreted as creating a pledge of the faith and credit of a party to this Agreement within the meaning of any constitutional debt limitation. No provision of this Agreement shall be construed or interpreted neither as delegating governmental powers nor as a donation or a lending of the credit of any party to this Agreement within the meaning of the State Constitution.

**SECTION 4.9 Severability.** If any provision of this Agreement shall be determined to be unenforceable, such unenforceability shall not affect any other provision of this Agreement.

**SECTION 4.10 Entire Agreement; Amendments.** This Agreement constitutes the entire agreement between the parties, and shall not be modified except in writing signed by all the parties.

**SECTION 4.11 Binding Effect.** Subject to the specific provisions of this Agreement, this Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties and their respective successors and assigns.

**SECTION 4.12 Liability of Officers and Agents.** No officer, agent or employee of any party shall be subject to any personal liability or accountability by reason of the execution of this

Agreement or any other documents related to the transactions contemplated hereby. Such officers, agents, or employees shall be deemed to execute such documents in their official capacities only, and not in their individual capacities. This Section shall not relieve any such officer, agent or employee from the performance of any official duty provided by law.

[THE REMAINING PORTION OF THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY]

**IN WITNESS WHEREOF**, the parties hereto have caused this Interlocal Agreement to be duly executed and delivered as of the day and year first above written.

CITY OF KANNAPOLIS, NORTH CAROLINA

By: \_\_\_\_\_  
City Manager

Attest: \_\_\_\_\_  
City Clerk

**[SEAL]**

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Finance Officer  
City of Kannapolis, North Carolina

[SIGNATURE PAGE TO THE INTERLOCAL AGREEMENT BETWEEN  
CITY OF KANNAPOLIS, NORTH CAROLINA AND COUNTY OF ROWAN, NORTH CAROLINA]

[SIGNATURES CONTINUED ON THE FOLLOWING PAGE]

ROWAN COUNTY, NORTH CAROLINA

By: \_\_\_\_\_  
County Manager

Attest: \_\_\_\_\_  
Clerk to the Board of Commissioners

[SEAL]

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Finance Officer  
County of Rowan, North Carolina

[SIGNATURE PAGE TO THE INTERLOCAL AGREEMENT BETWEEN  
CITY OF KANNAPOLIS, NORTH CAROLINA AND COUNTY OF ROWAN, NORTH CAROLINA]

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** KR Byrd, Tax Administrator  
**DATE:** 04/26/19  
**SUBJECT:** Contract for Tax Foreclosures

---

Attached is the Service Agreement with Kania Law Firm P.A. and the Rowan County Tax Administration Department. The agreement should have little to no fiscal impact as the cost are deferred to each individual account. The agreement will help in processing delinquent accounts. As agreed the BOC will get an update of the impact every 6 months or as they may request.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Service Agreement	4/29/2019	Backup Material

NORTH CAROLINA

ROWAN COUNTY

**AGREEMENT**

THIS AGREEMENT, made on December \_\_\_\_, 2018, by **The Kania Law Firm, P.A.** (Firm), and **Rowan County** , (Client).

**WITNESSETH:**

WHEREAS, The Firm has been in operation since 1985, and specializes in default services for lenders, tax assessors and creditors, including foreclosure, collections, forbearance agreements, creditor bankruptcy representation, and deeds-in-lieu, in addition to other specialties including residential and commercial real estate, and real estate litigation; and Whereas, the Client desires to make use of the Firm's knowledge and expertise in the enforcement of its tax liens on real properties located in Rowan County, North Carolina; and Whereas, the Firm is willing to provide such services to the Client, upon the terms and conditions set out in this Agreement.

Therefore, the Firm and Client hereby agree as follows:

1. **Scope of Work**. The Firm shall initiate and complete judicial foreclosures on behalf of Client in accordance with N.C.G.S. §105-374 for files as may be forwarded to Firm by Client. This work may also include the collection of taxes by Client on behalf of municipalities within Rowan County, and the Firm shall give equal priority to and efforts toward the collection of such municipal taxes.

In the event of any appeal from the judgment entered by District or Superior Court to the NC Court of Appeals, the Firm will assist Client in procuring counsel to handle such appeals, as the Firm does not engage in appeals work.

Contested hearings, as well as post-judgment motions, shall be handled by the Firm as part of its contract work, with no additional compensation due to the Firm unless billable time for work on contested hearings or post-judgment motions exceeds 15 hours.

Motions for relief in bankruptcy requested by Client shall be billed on a case-by-case basis on terms acceptable to both parties.

The Firm shall whenever possible and in a manner consistent with the requirements of N.C.G.S. §105-374, join multiple parcels in the same foreclosure action in order to minimize costs incurred by the Client as well as facilitate simultaneous sales of related properties.

2. **Timelines**. For any such files referred to Firm, the Firm shall adhere to the following performance schedules:

a. Demand Letters: The Firm shall send an initial demand letter to the owner as indicated by the Client's tax records within 10 days of referral of the file to the Firm. The cure period specified by the demand letter shall be for a period established by Client.

b. Title Search: The Firm shall conduct a title search on the property and complete the title search within 45 days, unless unusual circumstances with the title are present.

In the event the Firm is unable to complete the title search within 45 days due to special circumstances (such as difficulty of title, or prevalence of numerous estates in the chain of title), the Firm shall notify the Client of the special circumstances and the need for additional time to complete the search.

The Firm shall conduct a minimum 10 year search on all titles, or a full one-link search from the vesting deed into the current owner of record to the present, whichever is longer.

c. Complaint Draft: The Firm shall submit a draft complaint to Client for verification no later than 20 days after completion of the title search.

d. Complaint Filing: The Firm shall file the verified complaint with the Court of appropriate jurisdiction within 10 days of receipt of the verified complaint from Client.

e. Guardian ad Litem: In the event the Firm determines that it will be necessary for the Court to appoint a Guardian ad Litem to represent defendants who are either unknown or legally incompetent, the Firm shall notify the Client of such need before incurring any costs on behalf of the Client.

f. Sales: Upon obtaining an order from the court authorizing foreclosure sale of the property, the Firm shall notify Client that the property is ready for sale within 15 days of entry of the order.

3. **Payments Received from Taxpayers.** The Firm shall direct any taxpayer to remit payments for taxes and fees directly to the Firm. Payments received by the Firm shall be routed as follows:

a. Payments in Full: Payments received by the Firm representing full payment for taxes, collection costs and fees shall immediately be deposited to the Firm's Trust Account. Within 7 days of such funds being cleared for withdrawal by the bank, the Firm shall remit full payment to the Client for all delinquent taxes due.

b. Partial Payments: Any partial payment received by the Firm which is insufficient to pay all delinquent taxes, collection costs and fees due shall immediately be returned to the taxpayer with an explanation that nothing less than payment in full can be accepted by the Firm.

c. **Forbearance Agreements:** The Firm may negotiate Forbearance Agreements with taxpayers on behalf of the Client, unless otherwise prohibited by Client. As referenced in this Agreement, a Forbearance Agreement is a written agreement with the taxpayer or owner that permits the taxpayer to make monthly payments on their tax obligations owing to Rowan County over a period of time (not to exceed 8 months), with any foreclosure action against the taxpayer stayed as long as the taxpayer is current on his payments due under the Forbearance Agreement. Prior to the dismissal of any tax foreclosure action against the taxpayer, the Forbearance Agreement shall stipulate that all delinquent taxes, accrued interest, attorney's fees and costs must be paid in full.

The Client shall not be responsible for paying any associated fees or costs of a Forbearance Agreement.

4. **Monthly Reports.** The Firm shall provide the Client a monthly report, on or around the 1<sup>st</sup> of every month, which lists all active files referred to the Firm by Client, as well as a progress timeline which indicates to Client the current stage of each of the files.

5. **Points of Contact.** The Firm will notify the Client of the specific Attorney and Paralegal assigned to each referred file.

6. **Professional Liability Insurance.** The Firm shall maintain at all times a professional liability insurance policy which insures all attorneys of the Firm who conduct work on behalf of the Client, with a minimum \$2,000,000.00 coverage per claim and \$2,000,000.00 aggregate coverage. The Firm shall provide the Client a copy of such insurance, at the request of Client.

7. **Conflict of Interest.** The Firm shall conduct a conflicts check for any file referred to the Firm by Client. In the unlikely event a conflict is found, the Firm shall resolve this conflict in a manner that permits continued representation of the Client.

The Firm does occasionally represent residents of Rowan County in matters of real estate closings. In the rare instance where conflicts exist, this would occur due to the simultaneous representation of the taxpayer in a real estate transaction and representation of the Client in a tax collection matter, and in such cases, the Firm will either obtain a waiver from the taxpayer or withdraw from representation of the taxpayer in the real estate matter.

8. **Pre-Foreclosure Research of Defendant Parties.** Prior to the filing of any foreclosure action with the Court, the Firm shall conduct the following research on all defendant parties:

a. **PACER Search:** In the event it is found that a necessary defendant party is in bankruptcy, the Firm shall immediately notify the Client of the bankruptcy and place a file hold on the matter until the bankruptcy stay order has been lifted as to that defendant.

b. SCRA Search: The Firm shall review the records on file with the Department of Defense to insure that no necessary defendant party is currently on active military duty. In the event a necessary defendant party is found to be on active duty, the Firm shall not file the foreclosure complaint with the Court until authorized by the Client.

9. **Payment of Fees; Reimbursement of Costs.** The Firm shall advance all necessary costs including, but not limited to, court filing fees, service fees, motion fees, guardian ad litem fees, legal notice publication fees, advertising fees, and recording fees.

The Firm shall charge the Client legal fees in accordance with the fee schedule attached as EXHIBIT A and incorporated by reference. The Firm shall charge such fees only for work actually performed by the Firm.

The Firm shall not charge the Client any fees in excess of the fees as set out in EXHIBIT A, unless prior written consent from the Client is obtained.

The Fees set out in EXHIBIT A for judgments shall be deemed to include any additional work that may be required in an action due to issues that may be contested by a taxpayer. No additional fees shall be paid by the Client in order to defend against claims asserted by a taxpayer either in District or Superior Court.

The Firm shall be entitled to payment of all costs advanced, and all earned fees, as follows:

- a. Upon completion of the foreclosure sale and recordation of the Commissioner's deed; or
- b. If the matter is stayed due to a Chapter 11, 12 or 13 bankruptcy filing by a defendant prior to completion of the sale, the Client shall include any accrued costs and fees in a Proof of Claim filed with the Bankruptcy Court, and the Firm shall be paid by the Client as funds are received from the Bankruptcy Trustee; or
- c. If the matter is placed on hold by the Client for any other reason prior to completion of the foreclosure sale, the Firm shall be entitled to payment after the file has been on hold more than 6 months.
- d. The Firm may appoint a Commissioner from any licensed attorney with the Firm, in order to conduct the foreclosure sale and, subject to Court approval, the Commissioner may charge a Commissioner's fee not in excess of 5% of the sales price; Provided, that the Client shall not be responsible for the payment of any such commission, and that the Firm shall submit a request for payment of a commission to the Court only upon the sale of the property to a third-party bidder.

In the event the County elects to accept title from a tax foreclosure sale as the winning bidder, no commission shall be charged, and the County shall pay the expenses associated with a Commissioner's sale such as preparation of the Notice of

Sale, the Motion and Order to Confirm, the Commissioner's Deed, and the Final Report in accordance with the fee schedule as shown on EXHIBIT A.

Notwithstanding anything to the contrary in this Agreement, the Firm shall recover all fees and costs incurred in any completed foreclosure action solely from the sales proceeds of the foreclosure sale. In the event the sale is not completed, or Client elects to take title to any foreclosed property in lieu of a sale to a 3<sup>rd</sup> party bidder, Client shall pay the legal fees and costs in accordance with the fees shown on EXHIBIT A, unless otherwise approved by Client, in advance and in writing.

10. **Representations.** The Firm makes the following representations:

- a. All Attorneys who will work on files referred to the Firm will be members in good standing with the North Carolina State Bar at all times.
- b. The Firm has developed disaster recovery protocols, and has a remote server with remote access capability with backup data secured offsite, in the event of natural or man-made disaster.
- c. The Firm has attorneys who have been admitted to practice before the Western District of North Carolina, permitting bankruptcy representation in that district.
- d. Neither the Firm nor any of its principals has been involved in any bankruptcy filing or proceeding, other than as counsel for a client.

11. **Client Not Obligated to Refer Files.** Nothing herein shall obligate the Client to send the Firm any referrals. The Client shall retain the sole discretion to assign as little or as many files to the Firm that it deems advisable.

12. **Recall of files by Client.** Client may, at any time and at its sole discretion, direct the Firm to immediately cease work on any file for any reason, and at whatever stage of litigation, and the Firm in such cases shall immediately cease work. If directed to do so, the Firm will return any and all documentation concerning the file to Client.

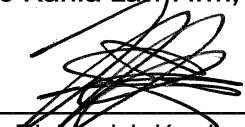
13. **Termination.** This Agreement may be terminated by either party upon 60 days written notice to the other party.

14. **Indemnification.** The Firm will at all times hereafter save harmless and keep indemnified Client, from and against all losses, costs, expenses and damages which may be incurred by or by reason of any action or proceeding which shall or may be brought and instituted by the Firm against a taxpayer, for or in respect of any action filed by the Firm for tax foreclosure pursuant to N.C.G.S. §105-374 et seq., including but not limited to court costs, attorney fees, or any other miscellaneous costs incurred in such a defense; provided, that such losses, costs, expenses and damages incurred by Client are the result of the Firm's failure to follow the requirements set out in N.C.G.S. §105-374 et seq. for prosecution of a tax foreclosure action.

SIGNED:

The Kania Law Firm, P.A.

Rowan County Tax Department

  
\_\_\_\_\_  
By: Richard J. Kania, Managing Partner

\_\_\_\_\_

This instrument has been pre-audited in the manner required by the local government Budget Fiscal Control Act.

Attested: \_\_\_\_\_

Name:

Title: \_\_\_\_\_ County Manager/Finance Director

# EXHIBIT A



THE KANIA LAW FIRM, P.A.

600-A Centrepark Drive  
Asheville, North Carolina 28805  
Phone: 828.252.8010  
Facsimile: 828.252.8760

## FEE SCHEDULE

Listed below are some of the standard attorney's fees charged to clients by The Kania Law Firm for a tax foreclosure action under G.S. §105-374 and other related services up to the holding of the sale (please note that costs of sale, advertising fees, court costs, service fees and filing fees charged by the Court are not included):

- |   |                    |
|---|--------------------|
| • Demand/Pre-Foreclosure Letter:  | \$ 65.00           |
| • Demand letter w/o Foreclosure referral:   | \$100.00           |
| • Title Search (per tax parcel & chain of title):@  | \$350.00           |
| • Title Update  | \$ 85.00           |
| • Preparation of Complaint:   | \$400.00           |
| • Filing of Complaint w/Summonses   | \$250.00           |
| • Service by Publication*   | \$125.00           |
| • Motion for Guardian ad Litem*   | \$150.00           |
| • Default Judgment for Foreclosure  | \$350.00           |
| • Notice of Sale  | \$150.00           |
| • Motion and Order to Confirm   | \$ 75.00           |
| • Commissioner's Deed   | \$ 85.00           |
| • Final Report  | \$150.00           |
| • Forbearance Agreement (w/County approval) *   | \$450.00           |
| • Skip traces<br>(for defendants who cannot either be located or are<br>avoiding service) | \$20.00 to \$60.00 |
| • Copies/faxes: No charge   |                    |

## BANKRUPTCY

- |  |          |
|--|----------|
| • Filing Proof of Claims               | \$250.00 |
| • Monitoring status of Bankruptcy Case | \$350.00 |

## MISCELLANEOUS SERVICES

- |                         |          |
|-------------------------|----------|
| • Hourly rate-Attorney  | \$200.00 |
| • Hourly rate-Paralegal | \$100.00 |

\*\*\* When required-not required in all actions

@@@ Excessively Extensive or complicated titles may carry additional charges

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Shane Stewart, Assistant Planning Director  
**DATE:** April 17, 2019  
**SUBJECT:** Consider Permit to Exceed Noise Ordinance requests (PE 01-19); David & Shelly Velazquez

---

David and Shelly Velazquez are requesting a permit to exceed the noise ordinance for two (2) events on their property known as *Capullo Ranch* located at 1025 Barringer Road Salisbury further referenced as Tax Parcels 454-006 and 023. The first event would be a “St. Jude Horse Trail Ride” around the Velazquez property on Saturday, May 11<sup>th</sup> featuring refreshments and live music at the barn between the hours of 2:00 PM and 11:00 PM (rain date May 18<sup>th</sup>). The second event is for “Bull riding, live music, and refreshments” on the back of the property on Saturday, May 25<sup>th</sup> with live music between the hours of 4:00 PM and 11:00 PM (rain date June 2<sup>nd</sup>).

**\*\*Note the St. Jude email references a May 4th event prior to the owners knowing the event could not be considered by the BOC in time and therefore was changed to May 11th.\*\***

This request does not require a public hearing but public comment on the request is part of the process. Staff notified 17 adjoining property owners and 19 residences in the adjacent manufactured home park and posted a sign on the property regarding meeting. Due to the first event requested, staff was unable to request the May 20th meeting.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Staff Report	4/17/2019	Exhibit
GIS Map / Site Plan	4/17/2019	Exhibit
Horse Trail Ride Event Memo	4/17/2019	Exhibit
Bull Riding Event Memo	4/17/2019	Exhibit
St. Jude Email	4/17/2019	Exhibit
Applications	4/17/2019	Exhibit



Rowan County Department of Planning & Development  
402 North Main Street – Suite 204 – Salisbury, NC 28144  
Phone: (704) 216-8588 – Fax: (704) 216-7986  
[www.rowancountync.gov/planning](http://www.rowancountync.gov/planning)

## MEMORANDUM

TO: Rowan County Board of Commissioners  
FROM: Shane Stewart, Assistant Planning Director  
DATE: April 17, 2019  
RE: **PE 01-19**

### **SUGGESTED BOARD OF COMMISSIONERS ACTION**

- ☐ Receive staff report    ☐ Receive public comments  
☐ Discuss request    ☐ Approve / Deny / Table **PE 01-19**

### **REQUEST**

David and Shelly Velazquez are requesting a permit to exceed the noise ordinance for two (2) events on their property known as *Capullo Ranch* located at 1025 Barringer Road Salisbury further referenced as Tax Parcels 454-006 and 023. The first event would be a “St. Jude Horse Trail Ride” around the Velazquez property on Saturday, May 11<sup>th</sup> featuring refreshments and live music at the barn between the hours of 2:00 PM and 11:00 PM (rain date May 18<sup>th</sup>). The second event is for “Bull riding, live music, and refreshments” on the back of the property on Saturday, May 25<sup>th</sup> with live music between the hours of 4:00 PM and 11:00 PM (rain date June 2<sup>nd</sup>).

According to Section 14-10 of the Noise Ordinance, *“It shall be unlawful for any person, group, event or business to play, use or otherwise operate any sound amplification equipment (to include radio, tape player, stereos, etc.) emitting sound that is unreasonable, frequent and continued with such volume at any time on any given day of the week, in a manner which may annoy or disturb the quiet, comfort or repose of the general public. This provision is applicable when the source of the noise is plainly audible to the responding law enforcement officer at a distance of one hundred (100) feet.”*

However, Section 14-12 provides an opportunity to exceed the amplified sound standards in the form of a “permit to exceed” when the event is open to the public.

## APPLICATION REVIEW

As provided in Section 14-12 (c) of the Rowan County Noise Ordinance, the following criteria shall be considered in issuing or denying an application for a permit to exceed:

1. The timeliness of the application.

*Finding:* Planning Staff received the application and additional material on April 11<sup>th</sup> and 16<sup>th</sup> in advance for consideration on May 6<sup>th</sup>. Adjoining property notices were mailed on April 17<sup>th</sup> for the BOC meeting.

2. The nature of the requested activity.

*Finding:* The horse trail ride has been described as a leisure trail ride over the 90 acre Velazquez property followed by live music in the existing barn at 1025 Barringer Rd. According to the owners, they have recently closed the rear of the barn and added insulation to reduce noise levels. The applicant stated visitors will be “welcome to bring their own adult beverages” to the event (see enclosed map).

The bull riding event will be held at the back of the property in a similar manner as previous events and offer “food, refreshments including beer, and live music”. According to the applicant, private security personnel (most likely 6) will be hired along with off-duty sheriff deputies (number determined by sheriff department) similar to their event on July 2, 2016.

3. Previous experience with the applicant.

*Finding:* Both the Sheriff and Planning Department have received noise complaints on the applicant’s property. While there may be others, staff is aware of one noise ordinance violation issued on 11/29/15 to Mr. Velazquez, which was prior to his first request for a permit to exceed the noise ordinance (**PE 01-16**). On June 6, 2016, the BOC approved the request for an event on Saturday July 2, 2016.

Staff obtained 911 call data from the Telecommunications Department from January 1, 2015 to April 16, 2019 to indicate the volume of calls at this location before and after the first permit to exceed was considered (see below table). Over this 4 + year period, neighbors have complained concerning site activity coded by 911 staff as “Noise, Party, or Nuisance” based on the description provided (Note: amplified sound may not be the basis of noise complaints in all cases). Since **PE 01-16** was approved, 911 staff received calls regarding ten (10) separate instances related to noise.

Staff emailed the Sheriff's Department for any comments regarding their experiences at this location but did not receive a response prior to this memo. Staff will inform the BOC of any comments received at the May 6<sup>th</sup> meeting.

<b>E 911 Calls January 1 2015 to April 16, 2019</b>			
<b>Call Type</b>	<b>Date</b>	<b>Time</b>	<b>Day</b>
NOISE	June 6, 2015	9:31 PM	Saturday
NOISE	August 9, 2015	6:29 PM	Sunday
OTHER	August 10, 2015	7:12 PM	Monday
NOISE	November 3, 2015	4:57 PM	Tuesday
NOISE	November 3, 2015	5:33 PM	Tuesday
NOISE	November 9, 2015	7:06 PM	Monday
NOISE	November 29, 2015	10:37 AM	Sunday
OTHER	March 7, 2016	2:25 PM	Monday
OTHER	July 22, 2017	12:25 PM	Saturday
NOISE	September 2, 2017	7:36 PM	Saturday
PARTY	September 2, 2017	7:57 PM	Saturday
PARTY	September 2, 2017	8:20 PM	Saturday
PARTY	September 2, 2017	9:19 PM	Saturday
OTHER	November 27, 2017	6:05 PM	Monday
OTHER	December 18, 2017	2:02 PM	Monday
OTHER	February 1, 2018	5:11 PM	Thursday
NOISE	September 2, 2018	7:11 PM	Sunday
NOISE	October 20, 2018	8:39 PM	Saturday
PARTY	October 20, 2018	11:18 PM	Saturday
NOISE	October 27, 2018	5:36 PM	Saturday
NOISE	October 27, 2018	8:07 PM	Saturday
NUISANCE	October 28, 2018	2:48 PM	Sunday
PARTY	November 11, 2018	4:44 PM	Sunday
OTHER	December 15, 2018	6:08 PM	Saturday
NOISE	January 26, 2019	11:52 AM	Saturday
OTHER	February 10, 2019	11:52 AM	Sunday
NOISE	February 16, 2019	5:55 PM	Saturday
NOISE	March 2, 2019	8:26 PM	Saturday
NOISE	March 17, 2019	5:17 PM	Sunday
NOISE	March 17, 2019	6:37 PM	Sunday

4. The time of the event.

*Finding:* The events will take place May 11<sup>th</sup> from 2:00 PM until 11:00 PM and May 25<sup>th</sup> from 4:00 PM until 11:00 PM.

5. Other activities in the vicinity of the proposed event.

*Finding:* None to knowledge.

6. Frequency of the event.

*Finding:* Unknown. The owners have hosted several “events” over the past few years but have only requested (2) permits to exceed the noise ordinance.

7. Cultural or social benefits of the proposed event.

*Finding:* According to the applicant, each event is expected to generate 100 to 150 attendees with a portion of the trail ride proceeds going to St. Jude (see enclosed). Parking will be provided on-site with approximately eight (8) portable toilet facilities for the attendees (see map). Although not stated, staff would assume the event would include other miscellaneous activities for children and attendees.

8. The effect of the activity on any adjacent residential area.

*Finding:* The existing driveway has been approved by NCDOT, suggesting the location is safe for visitors and passersby. From past experience, most complaints originate from residences along Barringer / Lowder Rd and the adjacent Graham Manufacture Home Park, which is less than 200 feet from the barn where live music is often played. See section 3 above.

9. Previous violations, if any, by the applicant.

*Finding:* See section 3 above.

10. Adjoining property owners surrounding the location are notified by the Planning Department or applicant at least seventy-two (72) hours prior to consideration by the Board of Commissioners.

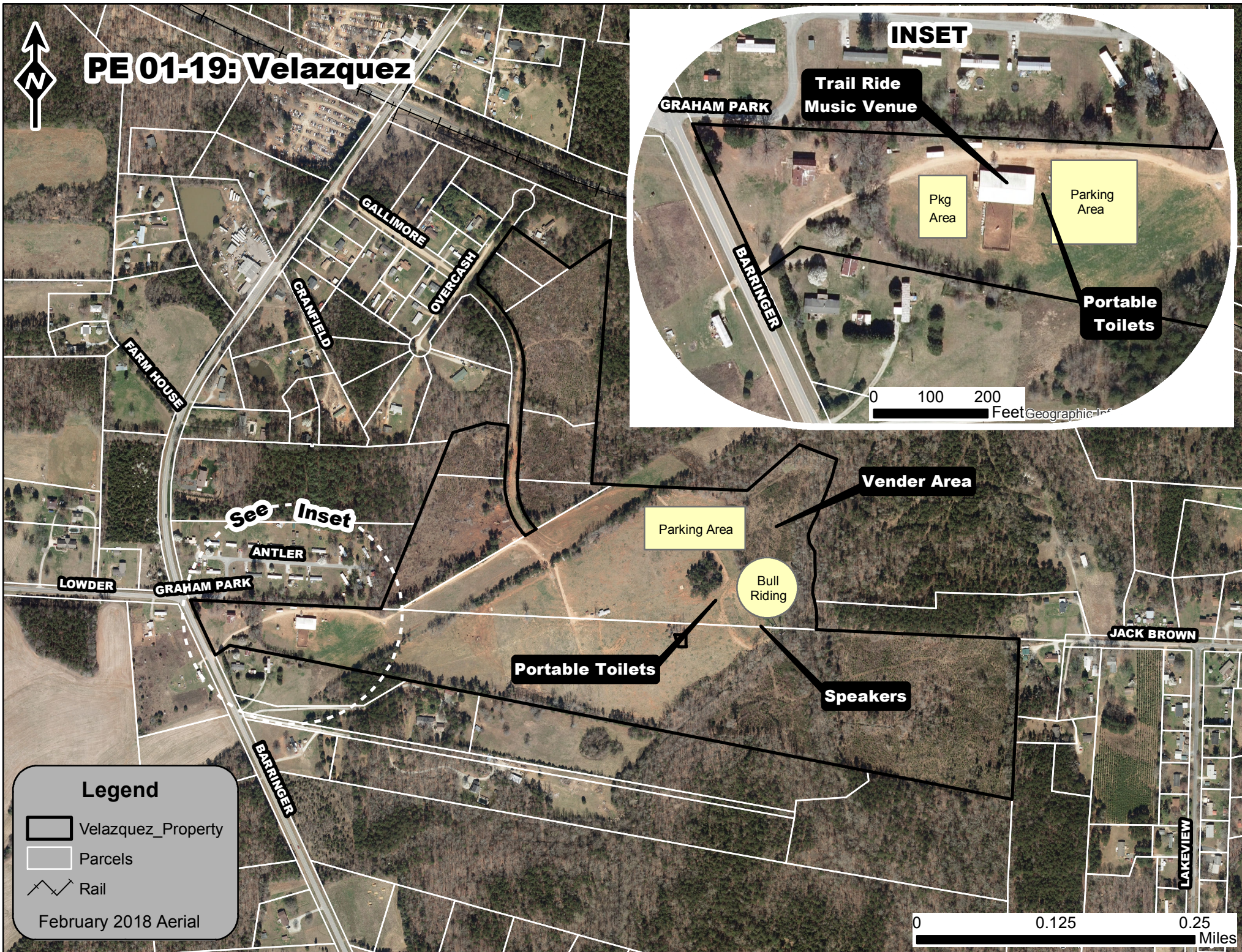
*Finding:* Staff mailed notice to the adjoining property owners on April 17, 2019.

**STAFF COMMENTS**

Based on the application date, staff was unable to request a 3<sup>rd</sup> Monday 6:00 PM BOC meeting. Should anyone contact staff with concerns / comments that are unable to attend the meeting, we will record their comments and provide at the May 6<sup>th</sup> meeting. We will also inform the applicant to deliver any future applications in time to ensure an evening meeting.



# PE 01-19: Velazquez



## CAPULLO RANCH

---

1025 Barringer rd  
Salisbury nc 28147  
704-956-8584  
Capulloranch@gmail.com

To whom it may concern:

We would like to be a part in helping our community as much as possible.  
Since our facility is a barn which was in need of making some improvements,  
To avoid any inconveniences to our neighbors from the events we have at the barn.  
We have closed the rear of the building and we have installed 2" sheet insulation in the whole barn  
including the roof and we are putting a layer of wood over the insulation to further seal it,  
And we have poured concrete on the floor.  
We have also spoke to some of the neighbors that were open to conversation about  
the issues with the events and we are trying to make the changes as needed.  
We are looking forward to trying to help the community as well as the farm.

At the trail ride there will be refreshments, live band and people will be welcome to bring there  
Own adult beverages.  
We have also in the past helped do a trail ride for the help ministries of rowan county  
And we are open to helping other organizations in the community.  
Also the request has been made to change the date to the 11 of may due to permit request.

Sincerely  
David & Shelly Velazquez  
Capullo ranch



1025 barringer rd  
Salisbury nc  
28147  
704-956-8584  
Capulloranch@gmail.com

To: Whom it may concern

We are looking forward to seeking an approval to exceed noise permit

As we have done in the past with the same set up in the same location.

The event will be in the rear of the property, set up in a hollow ,

The speakers will be facing the trees that are on my property which extends 43 acres the  
Parcel numbers are 454 006 and 454 023

There will be port a johns, private security and we will hire sheriff presence as well.

There will be food ,refreshments , live music and alcohol (beer)

With required permits in place and the entrance has been D.O.T. approved.

Thank you in advance and we look forward to continue helping the community.

David & Shelly Velazquez

Capullo Ranch



David Velazquez <capulloranch@gmail.com>

## You're leading a St. Jude team

1 message

St. Jude Children's Research Hospital <events@stjude.org>  
Reply-To: "St. Jude Children's Research Hospital" <events@stjude.org>  
To: David Velazquez <capulloranch@gmail.com>

Sat, Mar 30, 2019 at 12:53 PM



## EVENTS FOR ST. JUDE

Dear David,

You're set up to lead a Horse trail ride and festival for St. Jude team.

Log in to the event management center where you can manage participants, update your event's information and much more.

Because of leaders like you, families never receive a bill from St. Jude for treatment, travel, housing or food — because all a family should worry about is helping their child live.

For more complete instructions, please see our coordinator's resource guide

Thanks,  
Your Friends at St. Jude

Your event management center: [http://fundraising.stjude.org/site/TREM?tr.emgmt=em\\_event\\_center&fr\\_id=108421](http://fundraising.stjude.org/site/TREM?tr.emgmt=em_event_center&fr_id=108421)

Username: capulloranch

Create your password here: set password

### Event Details

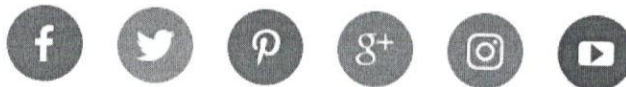
Event Horse trail ride and festival  
Event date May 4, 2019

### Event Location

1025 barringer rd  
Salisbury, NC 28147

### Login Information

Event management center URL [http://fundraising.stjude.org/site/TREM?tr.emgmt=em\\_event\\_center&fr\\_id=108421](http://fundraising.stjude.org/site/TREM?tr.emgmt=em_event_center&fr_id=108421)  
Username capulloranch  
Password set password





Rowan County Department of  
Planning & Development  
402 N. Main Street Ste 204  
Salisbury, NC 28144  
Phone (704) 216-8588  
Fax (704) 638-3130  
www.rowancountync.gov

Case # PE 01-19  
Date Filed 4/11/19  
Received By SAs  
Amount Paid \$50.00 cash  
Office Use Only

**PERMIT TO EXCEED NOISE ORDINANCE APPLICATION**

**OWNERSHIP INFORMATION:**

Name: DAVID & Shelly Velazquez  
Signature: [Signature]  
Phone: 704-956-8584 Email: Svelazquez958@gmail.com  
Address: 1025 Barringer Rd.  
Salisbury NC 28147

**APPLICANT / AGENT INFORMATION:**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DETAILS:**

Tax Parcel: 454 006 Size (sq.ft. or acres): 43.75 Acres  
Location of Event: Near Barn  
Current Land Use: Agri? Farm & Forestry Zoning District: Rowan

**PURPOSE:**

State Purpose of Request:

St. Jude Horse Trail Ride Fundraiser  
with Refreshments and live music

Date(s) of event: May 11, 2019 Begin Time: 2:00pm End Time: 10:00pm  
Anticipated Number of Attendees: 100


SITE PLAN:

Applicant must attach a site plan depicting property lines, location of loudspeakers or other sound producing devices, driveway(s), parking areas, restroom facilities, and any other information necessary to evaluate the request.

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**OFFICIAL USE ONLY**

1. Signature of Coordinator:  2. Board of Commissioners Meeting: 05/06/19 3. Notifications Mailed: 04/17/19 4. Property Posted: 04/17/19 5. Board of Commissioners Action: Approved ☐ Denied ☐ 6. Date Applicant Notified:      /      /     

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Rowan County Department of  
Planning & Development  
402 N. Main Street Ste 204  
Salisbury, NC 28144  
Phone (704) 216-8588  
Fax (704) 638-3130  
www.rowancountync.gov

Case # PE 01-19  
Date Filed 4/11/19  
Received By SAB  
Amount Paid \$50.00 cash

Office Use Only

**PERMIT TO EXCEED NOISE ORDINANCE APPLICATION**

**OWNERSHIP INFORMATION:**

Name: David + Shelly Velazquez  
Signature: [Signature]  
Phone: 704-956-8584 Email: Svelazquez958@gmail.com  
Address: 1025 Barringer Rd.  
Salisbury NC 28137

**APPLICANT / AGENT INFORMATION:**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DETAILS:**

Tax Parcel: 454-006 Size (sq.ft. or acres): 43.75 Acres  
Location of Event: Back of Property where other events been Held  
Current Land Use: Agri. Farm + Forestry Zoning District: Rowan

**PURPOSE:**

State Purpose of Request:

Bull Riding Live Music + Refreshments

Date(s) of event: May 25 2019 Begin Time: 4:00pm End Time: 11:00pm  
Anticipated Number of Attendees: 150


SITE PLAN:

Applicant must attach a site plan depicting property lines, location of loudspeakers or other sound producing devices, driveway(s), parking areas, restroom facilities, and any other information necessary to evaluate the request.

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**OFFICIAL USE ONLY**

1. Signature of Coordinator:  2. Board of Commissioners Meeting: 05/06/19 3. Notifications Mailed: 04/17/19 4. Property Posted: 04/17/19 5. Board of Commissioners Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_ 6. Date Applicant Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Randy J. Cress, CIO  
**DATE:** April 26, 2019  
**SUBJECT:** Rural Broadband Task Force Update

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The Rural Broadband Task Force has worked over the last year to conduct a survey, review unserved and underserved areas within the County to identify key areas of focus for building partnerships with private sector broadband providers to build out and enhance service. This update will provide a review of this effort for the Board of Commissioners and also allow for the presentation of a developed partnership with Open Broadband, LLC to assist with a USDA Grant Opportunity. The board will hear from this new private sector provider and how they are looking to provide coverage to one of our key identified region in the Scotch Irish community with federal grant assistance.

Review the update and provide guidance on future focus for the Rural Broadband Task Force.

Review the presentation from OpenBroadband and hear of any partnership requests solicited for fixed wireless broadband build out in Rowan County.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
No Attachments Available		

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Finance Department  
**DATE:** April 29, 2019  
**SUBJECT:** Budget Amendments

---

Please see the attached budget amendments.

Please approve the attached budget amendments.

**ATTACHMENTS:**

<b>Description</b>	<b>Upload Date</b>	<b>Type</b>
Budget Amendments	4/29/2019	Budget Amendment

## DEPARTMENTAL REQUEST FOR BUDGET ACTION

ACCOUNT TITLE		ACCOUNT #	INCREASE	DECREASE
EM State Grant	R	1144330-434073	2,899	
Grant Expenditures	E	1154330-585000	2,899	
DEPARTMENT HEAD		COUNTY MANAGER	ACCOUNTING USE ONLY	
Approved: <u>✓</u>		Approved: _____	Budget Revision # <u>10-189</u>	
Disapproved: _____		Disapproved: _____	Date Posted: _____	
Amended: _____		Amended: _____	Group Number: _____	
Date: <u>4/11/19</u>		Date: _____	Posted by: _____	
Signature: <u>R. Heidrick</u>		Signature: _____	Approved by: _____	



# North Carolina Department of Public Safety

## Emergency Management

Roy Cooper, Governor  
Erik A. Hooks, Secretary

Michael A. Sprayberry, Director

### Emergency Management Performance Grant (EMPG)

Fiscal Year 2018

### GRANT AWARD AND MEMORANDUM OF AGREEMENT AMENDMENT

<b>Subrecipient:</b>	Rowan County Emergency Services	<b>CFDA number:</b>	97.042
<b>DUNS number:</b>	074494014	<b>Federal/State Base amount:</b>	\$35,000.00
<b>Federal ID number:</b>	56-6000336	<b>Federal/State Optional amount:</b>	\$17,899.12
<b>Account:</b>	1901-1500-8016-3HD8	<b>SATCOM deductions:</b>	\$0.00
<b>Date of Award:</b>	(See MOA for Effective Date)	<b>Total grant amount:</b>	\$52,899.12

THIS AMENDMENT TO THE GRANT AWARD AND MEMORANDUM OF AGREEMENT is entered into by and between the State of North Carolina, Department of Public Safety, North Carolina Emergency Management, Raleigh, North Carolina (hereinafter referred to as the RECIPIENT), and

#### Rowan County Emergency Services

(hereinafter referred to as the SUBRECIPIENT).

#### WITNESSETH

That WHEREAS, on October 1, 2018 the parties entered into a Grant Award and Memorandum of Agreement wherein RECIPIENT provided funds from the U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), for FY 2018 Emergency Management Performance Grant Program Funding Award EMA-2018-EP-00005-18079.

And WHEREAS, the parties wish to modify the provisions of the prior Grant Award and Memorandum of Agreement by this amendment.

Therefore, in consideration of the payments that have already been made on the original Grant Award and Memorandum of Agreement and in further consideration of the promises and agreements that follow, the RECIPIENT and the SUBRECIPIENT do mutually agree that the prior Grant Award and Memorandum of Agreement of the parties is changed in the following respects only:

2018 EMPG Grant Award Amendment, page 1

**MAILING ADDRESS**  
4236 Mail Service Center  
Raleigh, NC 27699-4236  
www.ncem.org



An Equal Opportunity/Affirmative Action Employer

**OFFICE LOCATION:**  
1636 Gold Star Drive  
Raleigh, NC 27607-3371  
Telephone: (919) 825-2500  
Fax: (919) 825-2685

A Nationally Accredited Agency

Account Inquiry - Munis [Rowan County]

HOME

Accept Cancel Search Browse Query Builder Segment Find Add Update Global Duplicate Print Text file PDF Excel Word Email Attach Notes Audit Maplink Alerts

Confirm Search Actions Output Office Tools Detail Project Strings Months User Defined Fields Totals Menu Return

Account

Fund 1010 GEN FD Acct 1010-42-4243-4330-4330-0000-000-4-434073-

Org 1144330 ESADM REV Acct name EM STATE GRANT Account Notes

Object 434073 EM ST GRT Type Revenue Status Active

Project Rollup MultiYr Fund

4 Year Comparison History

Yr/Per 2019/09	Fiscal Year 2019	Fiscal Year 2018	Fiscal Year 2017	Fiscal Year 2020
Original Budget	-50,000.00	-50,000.00	-50,000.00	.00
Transfers In	.00	-3,017.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	-50,000.00	-53,017.00	-50,000.00	.00
Actual (Memo)	-35,000.00	-53,016.98	-52,958.50	.00
Encumbrances	.00	.00	.00	.00
Requisitions	.00			.00
Available	-15,000.00	-.02	2,958.50	.00
Percent used	70.00	100.00	105.92	.00

K

52,899.00 +

50,000.00 -

2,899.00 \*

[illegible]

[illegible]

[illegible]

## FY19 Activity: 151 Family Planning

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

CFDA #: 93.994 Federal awd date: 11/7/17 Is award R&amp;D? no FAIN: B04MC31506 Total amount of fed awd: \$ 3,229,426

CFDA Maternal and Children Health Services Block Grant  
name: to the StatesFed award  
project description: Maternal and Child Health Block Grant

Fed awarding agency: DHHS, Health Resources and Services Administration

Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity	Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	5,814	95,502	Jackson	019728518	15,450	60,121
Albemarle	130537822	11,574	241,170	Johnston	097599104	4,943	79,549
Alexander	030495105	2,329	36,469	Jones	095116935	0	23,390
Anson	847163029	6,386	42,205	Lee	067439703	5,005	49,365
Appalachian	780131541	0	93,876	Lenoir	042789748	0	59,161
Beaufort	091567776	5,504	49,372	Lincoln	086869336	539	40,740
Bladen	084171628	0	38,044	Macon	070626825	0	28,228
Brunswick	091571349	8,250	63,332	Madison	831052873	3,245	30,648
Buncombe	879203560	19,554	109,152	MTW	087204173	26,388	115,551
Burke	883321205	12,664	68,676	Mecklenburg	074498353	81,352	458,525
Cabarrus	143408289	7,110	82,095	Montgomery	025384603	0	31,047
Caldwell	948113402	10,389	66,903	Moore	050988146	18,444	72,434
Carteret	058735804	0	95,005	Nash	050425677	6,930	80,412
Caswell	077846053	0	29,859	New Hanover	040029563	9,018	83,828
Catawba	083677138	13,124	91,694	Northampton	097594477	16,091	48,735
Chatham	131356607	4,937	45,070	Onslow	172663270	17,593	129,206
Cherokee	130705072	0	27,236	Orange	139209659	20,905	100,099
Clay	145058231	5,447	25,914	Pamlico	097600456	10,282	34,274
Cleveland	879924850	8,727	81,677	Pender	100955413	0	42,306
Columbus	040040016	0	44,893	Person	091563718	3,214	42,256
Craven	091564294	19,307	99,793	Pitt	080889694	17,500	128,537
Cumberland	123914376	25,295	220,087	Randolph	027873132	15,996	94,532
Dare	082358631	1,719	28,713	Richmond	070621339	1,000	45,651
Davidson	077839744	4,000	79,278	Robeson	082367871	0	113,554
Davie	076526651	5,073	36,309	Rockingham	077847143	12,462	70,709
Duplin	095124798	0	55,346	Rowan	074494014	11,273	95,557
Durham	088564075	0	115,971	RPM	782359004	11,453	121,645
Edgecombe	093125375	25,741	94,366	Sampson	825573975	7,856	58,841
Forsyth	105316439	0	121,307	Scotland	091564146	5,763	50,202
Franklin	084168632	4,262	45,701	Stanly	131060829	0	41,096
Gaston	071062186	3,000	128,854	Stokes	085442705	9,558	47,417
Graham	020952383	0	20,745	Surry	077821858	0	41,937
Granville-Vance	063347626	0	83,380	Swain	146437553	0	27,839
Greece	091564591	6,740	38,910	Toe River	113345201	0	75,590
Guilford	071563613	63,356	257,958	Transylvania	030494215	7,804	36,562
Halifax	014305957	0	66,844	Union	079051637	5,072	80,927
Harnett	091565986	0	66,056	Wake	019625961	37,381	299,001
Haywood	070620232	19,733	60,099	Warren	030239953	0	31,739
Henderson	085021470	0	49,123	Wayne	040036170	0	87,406
Hertford	627320971	0	0	Wilkes	067439950	8,099	50,027
Hoke	091563643	0	43,561	Wilson	075585695	9,888	78,522
Hyde	832526243	8,085	29,206	Yadkin	089910624	2,240	32,080
Iredell	074504507	0	76,343				

# ROWAN COUNTY

## DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: BOARD OF COUNTY COMMISSIONERS

FROM: FINANCE

EXPLANATION IN DETAIL:

To bring the original FY 2019 budget for the Home and Community Care Block Grant to agree with the most recently revised funding plan.

Prepared by: Lisa Bevis

Date: 04/11/19

Reviewed: \_\_\_\_\_

BUDGET INFORMATION:

ACCOUNT TITLE		ACCOUNT #	INCREASE	DECREASE
HCCBG-Adult Day Care	R	33018-5315-431074-000		23,786
HCCBG-Adult Day Health	R	33018-5315-431075-000	10,283	
HCCBG-In Home Service	R	33018-5315-431078-000	44,045	
HCCBG-Adult Day Care Contract	E	33018-000-584008-000		15,005
HCCBG-In Home Aide Contract	E	33018-000-584004-000	48,939	
HCCBG-Congregate Meals	R	1145550-431076		24,126
HCCBG-Transportation	R	1145550-431080	5,400	
Fund Balance-Unrestricted	R	1145550-495000	2,061	
HCCBG-Transportation Contract	E	1155550-584009	6,750	
HCCBG-Grant Aging	E	1155550-585008		24,126
HCCBG-Grant Match	E	1155550-585010		2,681

DEPARTMENT HEAD		COUNTY MANAGER	ACCOUNTING USE ONLY
Approved: _____		Approved: _____	Budget Revision # <u>10-317</u>
Disapproved: _____		Disapproved: _____	Date Posted: _____
Amended: _____		Amended: _____	Group Number: _____
Date: _____		Date: _____	Posted by: _____
Signature: _____		Signature: _____	Approved by: _____

[illegible]

# ROWAN COUNTY

## DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Social Services

### EXPLANATION IN DETAIL:

The following expenditures and/or revenues are revised based on Funding Authorizations received from the State. Funding Authorizations reflect the actual amount we receive and may increase or decrease the original budget estimate.

Prepared by: Kelly Johnson  
Date: 4/3/2019

### BUDGET INFORMATION:

ACCOUNT TITLE	R/E	ACCOUNT #	INCREASE	DECREASE
SSBG Federal Government Grant	R	33018-5311-431000-000		\$73,774
Child Care Development (Admin)	R	33018-5316-431051-000		\$21,451
TANF to SSBG	R	33018-5311-431065-000	\$69,741	
SSBG Salaries	E	33018-001-510005-320		\$18,472
SSBG Health Insurance	E	33018-001-520005-320		\$3,140
SSBG Medicare Tax	E	33018-001-520010-320		\$268
SSBG Retirement	E	33018-001-520015-320		\$1,443
SSBG Social Security	E	33018-001-520020-320		\$1,145
Workers Compensation	E	33018-310-520026-100		\$462
SSBG 401K	E	33018-001-520030-320		\$554
LIEAP Payments	R	33018-5317-431070-000	123,818	\$123,818
LIEAP Payments	E	33018-352-593011-000	123,818	\$123,818
Crisis Intervention Payments	R	33018-5317-431069-000	123,818	\$123,818
Crisis Intervention Payments	E	33018-000-593010-000	123,818	\$123,818
Family Reunification	R	33018-5312-431045-000	2,120	\$2,120
Family Reunification	E	33018-004-533000-346	2,120	\$2,120
TANF CPS/FC Adopt	R	33018-5312-431062-000	\$11,982	
Children's Services Salaries	E	33018-001-510005-349	\$8,686	
Children's Services Health Insurance	E	33018-001-520005-349	\$1,476	
Children's Services Medicare Tax	E	33018-001-520010-349	\$126	
Children's Services Retirement	E	33018-001-520015-349	\$678	
Children's Services Social Security	E	33018-001-520020-349	\$538	
Workers Compensation	E	33018-310-520026-100	\$217	
Children's Services 401K	E	33018-001-520030-349	\$261	

DEPARTMENT HEAD	COUNTY MANAGER	ACCOUNTING USE ONLY
Approved: <u>X</u>	Approved: _____	Budget Revision # <u>10-436</u>
Disapproved: _____	Disapproved: _____	Date Posted: _____
Amended: _____	Amended: _____	Group Number: _____
Date: <u>4-12-19</u>	Date: _____	Posted by: _____
Signature: <u>[Signature]</u>	Signature: _____	Approved by: _____

## DEPARTMENTAL REQUEST FOR BUDGET ACTION

Prepared by: Christina Smith  
Date: 04/18/19  
Reviewed:

[illegible]

# ROWAN COUNTY

## DEPARTMENTAL REQUEST FOR BUDGET ACTION

TO: ROWAN COUNTY BOARD OF COMMISSIONERS

FROM: FINANCE

EXPLANATION IN DETAIL:

To budget additional revenues in the Risk Management Fund for an increase in workers' compensation claims expense

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

**BUDGET INFORMATION:**

Reviewed: \_\_\_\_\_

[illegible]

**ROWAN COUNTY**  
**A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144**  
**TELEPHONE: 704-216-8180 \* FAX: 704-216-8195**

**MEMO TO COMMISSIONERS:**

**FROM:** Carolyn Barger, Clerk to the Board  
**DATE:** April 29, 2019  
**SUBJECT:** Board Appointments

---

**ATTACHMENTS:**

**Description**

May Board Appointments

**Upload Date**

4/29/2019

**Type**

Cover Memo

**MONTHLY BOARD APPOINTMENTS**  
**May 6, 2019**  
**COMMISSION MEETING**

---

**BOARD OF SOCIAL SERVICES**

James B. Sides, Jr. applied for reappointment. The term would be for three (3) years beginning on July 1, 2019 and expiring June 30, 2022.

**ELLIS VFD FIRE COMMISSIONER**

Christopher Kleinsorge applied for a 2-year term that would be in effect from May 6, 2019 through April 30, 2021.

**ENOCHVILLE VFD BOARD OF TRUSTEES**

Mike Caskey applied for a two-year term, which would be effective May 6, 2019 through December 31, 2020.

**LIBERTY VFD BOARD OF TRUSTEES**

Jeffrey E. Miller applied for a term that would be effective May 6, 2019 through December 31, 2020.

**MOUNT MITCHELL VFD FIRE COMMISSIONERS**

There are three (3) vacancies. Michael L. Deal, Barbara J. Simmons, and Eddie Beaver, Jr. applied for two-year terms that would be effective through April 30, 2021.

**ROWAN TRANSIT SYSTEM ADVISORY COMMITTEE**

The Board is asked to accept the resignation of Michael Julian who resigned due to his work schedule not allowing him to attend the meetings.

**WOODLEAF VFD FIRE COMMISSIONERS**

There are three (3) vacancies. Sam Wetmore, Robert F. Turner and Wesley Hastings applied for two-year terms that would be effective through April 30, 2021.

Board	Role	Vacancies
Adult Care Home Advisory Committee	At Large	12
Board of Public Health	Optometrist	1
Board of Public Health	Veterinarian	1
Board of Public Health	Pharmacist	1
Cardinal Innovations Healthcare Solutions	Family Member	1
City of Salisbury Zoning - ETJ	At Large	2
City of Salisbury Zoning - ETJ	Alternate	2
Cleveland Community VFD Board of Trustees	At Large	1
Historic Landmarks Commission	At Large	1
Home and Community Care Block Grant Advisory Committee	Members of Region F Advisory Committee	1
Industrial Facilities and Pollution Control Finance Authority	At Large	3
Juvenile Crime Prevention Council	Chief of Police	1
Juvenile Crime Prevention Council	Substance Abuse Professional	1
Juvenile Crime Prevention Council	Faith Community	1
Juvenile Crime Prevention Council	County Commissioner	1
Nursing Home Advisory Committee	At Large	5
Region F Aging Advisory Committee	At Large	1
Town of Spencer Planning and Zoning Board Adjustment - ETJ	Alternate	1
Zoning Board of Adjustment	At Large	1

## Barger, Carolyn M

---

**From:** noreply@civicplus.com  
**Sent:** Tuesday, April 02, 2019 4:43 PM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "**Report Phish**" button.

### Advisory Board Application

#### ADVISORY BOARD APPLICATION

**\*\*THIS APPLICATION IS A PUBLIC RECORD AND MUST BE FULLY COMPLETED TO BE CONSIDERED\*\***

*If You Choose to Print & Mail The Application, Please Return To:*

Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
**Fax:** 704-216-8195 **Phone:** 704-216-8180

*The Rowan County Board of Commissioners appreciates your interest in serving on a Board or Commission. This application will provide general information to the Board when it considers appointments based on your individual interests to serve. Questions are asked regarding gender, occupation, and education in order to meet the County's statutory reporting requirements to the State of North Carolina.*

Applicant Name	James B. Sides, Jr.
Date of Application	4/2/2019
Address	150 Henkle Craig Farm Road
City	Salisbury
State	NC
Zip Code	28147
Home Phone	704-637-1297
Business Phone	Field not completed.
Cell Phone	704-467-5422

Fax Number	<i>Field not completed.</i>
Email Address	<u>jimsides8623@att.net</u>
Gender	Male
Education	West Rowan High School
Current Employer	<i>Field not completed.</i>
Occupation	Retired
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Department of Social Services Board
Business/Civic Experience and why you feel you are qualified for this appointment:	I have enjoyed serving on this Board for several years. I have a good working knowledge of the departmental operations and the responsibility of the Social Services Agency to the community it serves. I am also familiar with the Boards responsibility as it relates to the operations of the DSS Agency. I am eligible for reappointment to this Board for an additional 3 year term and am asking for your consideration.
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	<i>Field not completed.</i>
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	JBS

Email not displaying correctly? [View it in your browser.](#)

## Barger, Carolyn M

---

**From:** noreply@civicplus.com  
**Sent:** Wednesday, April 03, 2019 9:38 AM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

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### Advisory Board Application

#### ADVISORY BOARD APPLICATION

**\*\*THIS APPLICATION IS A PUBLIC RECORD AND MUST BE FULLY COMPLETED TO BE CONSIDERED\*\***

*If You Choose to Print & Mail The Application, Please Return To:*

Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
**Fax:** 704-216-8195 **Phone:** 704-216-8180

*The Rowan County Board of Commissioners appreciates your interest in serving on a Board or Commission. This application will provide general information to the Board when it considers appointments based on your individual interests to serve. Questions are asked regarding gender, occupation, and education in order to meet the County's statutory reporting requirements to the State of North Carolina.*

Applicant Name	Christopher Kleinsorge
Date of Application	4/3/2019
Address	110 Baymount Dr.
City	Salisbury
State	North Carolina
Zip Code	28144
Home Phone	530-355-2512
Business Phone	704-638-9000 EXT. 12524
Cell Phone	Field not completed.

Fax Number	<i>Field not completed.</i>
Email Address	<u>ckleinsor@aol.com</u>
Gender	Male
Education	College
Current Employer	W. G. Hefner VA Medical Center
Occupation	Lead Medical Support Assistant
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Ellis Fire Commisioner
Business/Civic Experience and why you feel you are qualified for this appointment:	I have spent the last 15 years in the Medical field and was raised in a medical/fire fighting house hold. I am currently 2 courses away from obtaining my bachelors in Health Care Administration and served 8 1/2 years as an Combat Medic in the U.S. Army. I was running my own business at the age of 21 prior to joining the Army.
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	<i>Field not completed.</i>
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	CJK

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## Barger, Carolyn M

---

**From:** noreply@civicplus.com  
**Sent:** Tuesday, April 02, 2019 11:11 AM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

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### Advisory Board Application

#### ADVISORY BOARD APPLICATION

**\*\*THIS APPLICATION IS A PUBLIC RECORD AND MUST BE FULLY COMPLETED TO BE CONSIDERED\*\***

*If You Choose to Print & Mail The Application, Please Return To:*

*Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
**Fax:** 704-216-8195 **Phone:** 704-216-8180*

*The Rowan County Board of Commissioners appreciates your interest in serving on a Board or Commission. This application will provide general information to the Board when it considers appointments based on your individual interests to serve. Questions are asked regarding gender, occupation, and education in order to meet the County's statutory reporting requirements to the State of North Carolina.*

Applicant Name	Mike Caskey
Date of Application	4/2/2019
Address	5819 Christy Circle
City	Kannapolis
State	NC
Zip Code	28081
Home Phone	7046409678
Business Phone	7046409678
Cell Phone	7046409678

Fax Number	<i>Field not completed.</i>
Email Address	<u>mcaskey@ctc.net</u>
Gender	Male
Education	BBA Catawba College, MBA Montreat College
Current Employer	City of Charlotte
Occupation	Police Officer
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Board of Trustees for Enochville VFD
Business/Civic Experience and why you feel you are qualified for this appointment:	County Commissioner, 12 years as Enochville Board of Directors
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	<i>Field not completed.</i>
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	MDC

Email not displaying correctly? [View it in your browser.](#)

## Barger, Carolyn M

---

**From:** noreply@civicplus.com  
**Sent:** Thursday, April 04, 2019 9:41 AM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

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### Advisory Board Application

#### ADVISORY BOARD APPLICATION

**\*\*THIS APPLICATION IS A PUBLIC RECORD AND MUST BE FULLY COMPLETED TO BE CONSIDERED\*\***

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*Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
Fax: 704-216-8195 Phone: 704-216-8180*

*The Rowan County Board of Commissioners appreciates your interest in serving on a Board or Commission. This application will provide general information to the Board when it considers appointments based on your individual interests to serve. Questions are asked regarding gender, occupation, and education in order to meet the County's statutory reporting requirements to the State of North Carolina.*

Applicant Name	Jeffrey E Miller
Date of Application	4/4/2019
Address	3008 Agner Rd
City	Salisbury
State	NC
Zip Code	28146
Home Phone	Field not completed.
Business Phone	Field not completed.
Cell Phone	Field not completed.

Fax Number	Field not completed.
Email Address	<u>jmilller5903@gmail.com</u>
Gender	Male
Education	Field not completed.
Current Employer	Field not completed.
Occupation	Field not completed.
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Relief Fund
Business/Civic Experience and why you feel you are qualified for this appointment:	Been a member of West Liberty Fire Dept. for over 24 years
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	Field not completed.
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	JEM

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Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
704-216-8180  
FAX: 704-216-8195

APPLICATION FOR NOMINATION TO COUNTY BOARDS AND COMMITTEES

\*\*This application is a public record and must be fully completed to be considered\*\*

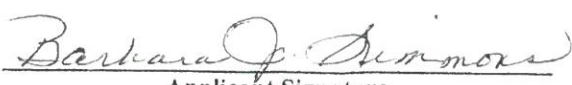
<u>NAME:</u> Michael L. Deal		<u>DATE:</u> 4-1-2019	
<u>ADDRESS:</u> 2295 China Grove Road.		<u>HOME AND/OR CELL PHONE:</u> 704 641-8132	
<u>CITY, STATE, ZIP:</u> China Grove, NC 28023		<u>COUNTY OF RESIDENCE:</u> Rowan	
<u>EMAIL ADDRESS:</u> Michael.Deal@Duke-energy.com		<u>WORK PHONE:</u> 980-875-3011	
<u>EDUCATION:</u> B.S. Degree Industrial Engineering Technology			
<u>CURRENT EMPLOYER:</u> Duke Energy		<u>OCCUPATION:</u> Mechanical Planner	
I AM INTERESTED IN THE FOLLOWING BOARD/COMMISSION: Mt. Mitchell VFD			
<u>RECENT COMMUNITY ACTIVITIES:</u> BSA Leader			
<u>WHY DO YOU FEEL YOU ARE QUALIFIED FOR THIS APPOINTMENT?</u> (ATTACH ADDITIONAL SHEETS IF NEEDED)			
<u>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</u> YES ___ NO <u>X</u>			
IF THE ANSWER IS YES ABOVE, PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY):			
I have reviewed the information contained in this application, and by signing below certify that the information is true and correct.			
<u>Michael L. Deal</u> Applicant Signature			



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APPLICATION FOR NOMINATION TO COUNTY BOARDS AND COMMITTEES

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<b>NAME:</b> Barbara J. Simmons	<b>DATE:</b> 4-6-2019
<b>ADDRESS:</b> 2830 China Grove Rd.	<b>HOME AND/OR CELL PHONE:</b> 704-933-3355
<b>CITY, STATE, ZIP:</b> Kannapolis, NC 28083	<b>COUNTY OF RESIDENCE:</b> Rowan
<b>EMAIL ADDRESS:</b> n/a	<b>WORK PHONE:</b> n/a
<b>EDUCATION:</b> High School Diploma	
<b>CURRENT EMPLOYER:</b> Retired	<b>OCCUPATION:</b> n/a
I AM INTERESTED IN THE FOLLOWING BOARD/COMMISSION: Mt. Mitchell VFD	
<b>RECENT COMMUNITY ACTIVITIES:</b> Assistant Treasurer at New Beginnings Community Worship Center.	
<b>WHY DO YOU FEEL YOU ARE QUALIFIED FOR THIS APPOINTMENT?</b> (ATTACH ADDITIONAL SHEETS IF NEEDED) Because I deal with Church monies and this is part of the financial budget for Mt. Mitchell fire department.	
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</b> YES ___ NO <input checked="" type="checkbox"/>	
<b>IF THE ANSWER IS YES ABOVE, PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY):</b>	
I have reviewed the information contained in this application, and by signing below certify that the information is true and correct.	
  Applicant Signature	



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APPLICATION FOR NOMINATION TO COUNTY BOARDS AND COMMITTEES

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<u>NAME:</u> Eddie Bearden JR		<u>DATE:</u> 4-11-19
<u>ADDRESS:</u> 240 Robin Rd.		<u>HOME AND/OR CELL PHONE:</u> 704-886-9617
<u>CITY, STATE, ZIP:</u> POC. Grove N.C. 28023		<u>COUNTY OF RESIDENCE:</u> Rowan
<u>EMAIL ADDRESS:</u> No		<u>WORK PHONE:</u> 704-857-5519
<u>EDUCATION:</u> 10 Grade		
<u>CURRENT EMPLOYER:</u> Frank/Carrihen		<u>OCCUPATION:</u>
I AM INTERESTED IN THE FOLLOWING BOARD/COMMISSION: Mt. Mitchell VFD		
<u>RECENT COMMUNITY ACTIVITIES:</u> ON Fire Dept for 22 years		
<u>WHY DO YOU FEEL YOU ARE QUALIFIED FOR THIS APPOINTMENT?</u> (ATTACH ADDITIONAL SHEETS IF NEEDED) Had Experience in Fire Dept. Business		
<u>HAVE YOU EVER BEEN CONVICTED OF A FELONY?</u> YES ___ NO <u>X</u>		
IF THE ANSWER IS YES ABOVE, PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY):		
I have reviewed the information contained in this application, and by signing below certify that the information is true and correct.		
<u>Eddie Bearden JR</u> Applicant Signature		

## Barger, Carolyn M

---

**From:** noreply@civicplus.com  
**Sent:** Tuesday, April 02, 2019 7:59 AM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

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### Advisory Board Application

#### ADVISORY BOARD APPLICATION

**\*\*THIS APPLICATION IS A PUBLIC RECORD AND MUST BE FULLY COMPLETED TO BE CONSIDERED\*\***

*If You Choose to Print & Mail The Application, Please Return To:*

Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
**Fax:** 704-216-8195 **Phone:** 704-216-8180

*The Rowan County Board of Commissioners appreciates your interest in serving on a Board or Commission. This application will provide general information to the Board when it considers appointments based on your individual interests to serve. Questions are asked regarding gender, occupation, and education in order to meet the County's statutory reporting requirements to the State of North Carolina.*

Applicant Name	Sam Wetmore
Date of Application	4/2/2019
Address	270 Wetmore rd
City	Woodleaf
State	NC
Zip Code	27054
Home Phone	704-270-2571
Business Phone	7042782571
Cell Phone	7042782571

Fax Number	<i>Field not completed.</i>
Email Address	<u>slwetmore@yahoo.com</u>
Gender	Male
Education	High School
Current Employer	RETIRED
Occupation	<i>Field not completed.</i>
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Woodleaf Fire
Business/Civic Experience and why you feel you are qualified for this appointment:	Over 25 years as volunteer fireman. 17+ at Wake New Hope in Raleigh and 10+ at Woodleaf FD
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	<i>Field not completed.</i>
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	SLW

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## Barger, Carolyn M

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**From:** noreply@civicplus.com  
**Sent:** Tuesday, April 02, 2019 7:34 AM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

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### Advisory Board Application

#### ADVISORY BOARD APPLICATION

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Salisbury, NC 28144  
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Applicant Name	Robert F. Turner
Date of Application	4/2/2019
Address	4830 NC 801
City	Woodleaf
State	North Carolina
Zip Code	27054
Home Phone	704 278-4984
Business Phone	Field not completed.
Cell Phone	704 213-6748

Fax Number	Field not completed.
Email Address	<u>Bob.turner52@gmail.com</u>
Gender	Male
Education	12+
Current Employer	Rowan EMS (Retired)
Occupation	Paramedic Battalion Chief
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Woodleaf Fire Commissioner
Business/Civic Experience and why you feel you are qualified for this appointment:	Have worked in Emergency Services my whole career.
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	Field not completed.
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	RFT

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## Barger, Carolyn M

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**From:** noreply@civicplus.com  
**Sent:** Friday, April 05, 2019 7:37 AM  
**To:** Barger, Carolyn M  
**Subject:** Online Form Submittal: Advisory Board Application

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### Advisory Board Application

#### ADVISORY BOARD APPLICATION

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Rowan County Board of Commissioners  
130 West Innes Street  
Salisbury, NC 28144  
**Fax:** 704-216-8195 **Phone:** 704-216-8180

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Applicant Name	Wesley Hastings
Date of Application	4/5/2019
Address	445 Hart Rd
City	Woodleaf
State	NC
Zip Code	27054
Home Phone	704-278-4999
Business Phone	Field not completed.
Cell Phone	704-640-1366

Fax Number	<i>Field not completed.</i>
Email Address	<u>wesleyhastings@yahoo.com</u>
Gender	Male
Education	High School
Current Employer	Freightliner
Occupation	Assembler
I am interested in the following Board/Commissions (if listing more than one board, please list in the priority of your interest):	Woodleaf Fire Commissioner
Business/Civic Experience and why you feel you are qualified for this appointment:	Former FD member
Do you reside within the boundaries of Rowan County:	Yes
Have you ever been convicted of a felony?	No
Explanation of Felony (if applicable)	<i>Field not completed.</i>
I have reviewed the information contained in this application, and by initialing below, certify the information is true and correct. Initials:	WGH

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