

# Division of Public Health

## Agreement Addendum

### FY 19-20

Buncombe County Health and Human Services, Department of Health  
**Local Health Department Legal Name**

Epidemiology / PH Preparedness & Response  
**DPH Section / Branch Name**

619 COVID-19 Crisis Response  
**Activity Number and Description**

Wayne Mixon, (919) 546-1831  
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**DPH Program Contact**  
 (name, phone number, and email)

01/20/2020 – 05/31/2020  
**Service Period**

**DPH Program Signature** **Date**  
 (only required for a negotiable agreement addendum)

02/01/2020 – 06/30/2020  
**Payment Period**

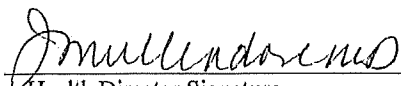
- Original Agreement Addendum**  
 **Agreement Addendum Revision #** \_\_\_\_\_

**I. Background:**

On March 6, 2020, the President of the United States signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) (Coronavirus Supplemental). This Act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19).

To support governmental public health emergency response to COVID-19, the Centers for Disease Control and Prevention (CDC) has activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response ([www.cdc.gov/phpr/readiness/funding-crisis.htm](http://www.cdc.gov/phpr/readiness/funding-crisis.htm)). CDC is awarding funding, totaling \$569,822,380, under Components A and B to eligible jurisdictions that are on the approved but unfunded (ABU) list for CDC-RFA-TP18-1802 to provide resources to prevent, prepare for, and respond to COVID-19. This funding is intended for state, local, territorial, and tribal health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. These funds are in addition to funds CDC previously awarded to select jurisdictions for COVID-19 response activities.

The Division of Public Health (DPH), Public Health Preparedness & Response (PHP&R) Branch, is making an allocation of these funds available to all local health departments through the “CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding” to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.



Health Director Signature

(use blue ink)

4/14/2020

Date

Local Health Department to complete:  
 (If follow-up information is needed by DPH)

LHD program contact name: \_\_\_\_\_  
 Phone number with area code: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Fletcher Tove

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

## II. Purpose:

This Activity is for the Local Health Department to work to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19) by carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

## III. Scope of Work and Deliverables:

All of the activities the Local Health Department performs under this Agreement Addenda shall be informed by the NC DHHS COVID-19 Guidance for Health Care Providers and Local Health Departments.<sup>1</sup> The Local Health Department (LHD) shall:

1. Implement and scale-up **laboratory testing and data collection to enable identification and tracking of COVID-19 cases** in the community with emphasis placed on priority populations as defined in NC DHHS guidance<sup>2</sup> to include health care workers, first responders, persons in high-risk congregate settings, and persons at a higher risk of severe illness, and immediate implementation of real-time reporting to PHP&R. This shall be accomplished by conducting one or more of the following activities:
  - a. Expand testing access in the community with a focus on persons who may expose vulnerable people.
  - b. Conducting surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death.
  - c. Conducting surveillance to monitor virologic and disease activity in the community and healthcare settings, with emphasis on expanding contact tracing for high risk populations using traditional and non-traditional methods.
  - d. Implementing routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements.
  - e. Establishing or enhancing core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, and reporting.
  - f. Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g., school closures and cancellation of mass gatherings).
  - g. Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g., shortages of personal protective equipment).
2. Write a brief **COVID-19 community intervention implementation plan** and upload it by May 31, 2020 to the COVID-19/Agreement Addendum/County Submissions/CountyName folder at <https://ncconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx>. The naming convention for this plan shall be, "CountyName-Community Plan" (for example: Wake-Community Plan).

This plan shall describe how the LHD will achieve the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts. The LHD shall use its

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<sup>1</sup> <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#all-guidance-for-health-care-providers-and-local-health-departments>

<sup>2</sup> <https://files.nc.gov/ncdhhs/documents/files/covid-19/COVID-19-Provider-Guidance-Final.pdf>

current Pan Flu Plan as a template and create a COVID-19 Community Intervention Implementation Plan that shall address how the LHD will accomplish the following tasks, with emphasis on addressing high-risk congregate settings such as long-term care facilities, homeless shelters, correctional facilities, and migrant farmworker camps:

- a. Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities.
  - b. Plan and adapt for disruption caused by community spread and implement interventions to prevent further spread.
  - c. Ensure healthcare system response is an integrated part of community interventions.
  - d. Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.
3. Summarize the LHD's COVID-19 community intervention implementation plan into a **COVID-19 community intervention executive summary** and upload it by May 31, 2020 to the COVID-19/Agreement Addendum/County Submissions/CountyName folder at <https://nconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx>. The naming convention for this executive summary shall be, "CountyName-Executive Summary" (For example: Wake-Executive Summary).

This executive summary shall describe a brief statement of the problems or proposals covered, background information, analysis and conclusions regarding how the LHD will meet the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

4. **Identify and address additional response needs through one or more of the allowable activities** from the list of Domains and Categories below, with examples of such activities provided in Appendix 2 of the attached "CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public health Crisis Response, COVID-19 Crisis Response Cooperative Agreement - Components A and B Supplemental Funding Interim Guidance" document dated March 15, 2020 ("CDC Interim Guidance document"):
- a. Domain 1: Incident Management for Early Crisis Response.
    - i. Emergency Operations and Coordination
    - ii. Responder Safety and Health
    - iii. Identification of Vulnerable Populations
  - b. Domain 2: Jurisdictional Recovery.
  - c. Domain 3: Information Management.
    - i. Information Sharing, with emphasis on infection control policies and proper use of personal protective equipment (PPE)
    - ii. Emergency Public Information and Warning and Risk Communication, with emphasis on expanding communications and public education campaigns including digital platforms and call lines
  - d. Domain 4: Countermeasures and Mitigation.
    - i. Nonpharmaceutical Interventions
    - ii. Quarantine and Isolation Support, with emphasis on isolation and quarantine of identified cases in high risk populations
    - iii. Distribution and Use of Medical Materiel

- e. Domain 5: Surge Management.
  - i. Surge Staffing
  - ii. Public Health Coordination with Healthcare Systems
  - iii. Infection Control
- f. Domain 6: Biosurveillance.
  - i. Public Health Surveillance and Real-time Reporting
  - ii. Public Health Laboratory Testing, Equipment, Supplies and Shipping
  - iii. Data Management

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

The Local Health Department shall:

1. Provide data as requested by PHP&R that supports reporting the performance measures and deliverables from the CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement - Components A and B Supplemental Funding. The CDC will determine the essential data elements by April 15, 2020. Upon receiving this information from the CDC, PHP&R will communicate it to the LHDs via email with delivery/read verification.
2. Submit the following updates and reports to PHP&R:
  - a. Monthly updates to the COVID TP18-1802 Awardee Spend Plan (Excel spreadsheet).
    - i. These updates are to be uploaded in the COVID-19/Agreement Addendum/County Submissions/CountyName folder, located at <https://ncconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx> at no later than thirty days after each month ends. The naming convention for these files shall be, "CountyName-MonthOfReport Spend Plan" (for example: Wake-April Spend Plan).
    - ii. This spreadsheet is available for download and it resides in the COVID-19/Agreement Addendum folder of the Preparedness Coordinator forum, located at: <https://ncconnect.sharepoint.com/sites/phpr/SitePages/PCForums.aspx>
  - b. Monthly Expenditure Monitoring Reports (EMRs) are due via email ([phpr.sgm@dhhs.nc.gov](mailto:phpr.sgm@dhhs.nc.gov)) to the PHP&R Program Manager no later than thirty days after the month ends.
3. Provide all plans and documents for review by PHP&R staff when requested. Plans and other documents must be consistent with state and federal requirements and must be specific to your local public health area.

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

PHP&R will provide technical support to the Local Health Department to meet the required and allowable activities defined in the CDC Interim Guidance document. Templates and best practices will be provided as needed on an ongoing basis. PHP&R staff will maintain open communication with the Local Health Department and will therefore, receive and respond to all questions related to the COVID-19 Crisis Response Cooperative Agreement.

PHP&R's Subrecipient Grants Monitor or PHP&R Program Manager's designee will review reports and may schedule and conduct on-site visits with the Local Health Department to assess compliance with CDC grant and Agreement Addendum requirements, financials, and/or provide consultative assistance.

Inadequate performance on the part of the Local Health Department directly impacts the capacity of North Carolina's ability in overall preparedness. In the event that performance is deemed inadequate or non-compliant, PHP&R reserves the right to identify the county as "high risk," which may result in a reduction or suspension of funds.

While not necessarily an indicator of inadequate performance, a Local Health Department's inability to spend allocated funds will result in an assessment and potential recall of funds for re-allocation to other local health departments.

## VI. **Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with *2 CFR §200.331 – Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. Unallowable costs:
  - a. Research
  - b. Clinical care except as provided above in connection with Domain 4 activities.
  - c. Publicity and propaganda (lobbying). Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - i. publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - ii. the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

Detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients can be found under Additional Requirement 12: [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)
  - d. All unallowable costs cited in CDC-RFA-TP18-1802 remain in effect, unless specifically amended in the CDC Interim Guidance document, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
3. PHP&R will distribute funds to the Local Health Department in amounts based on a formula developed to maximize COVID-19 prevention and mitigation actions to protect the citizens of North Carolina. Funds will be distributed through the Controller's Office based on standard DPH procedures. It is anticipated that the level of funding provided through this Agreement Addendum

will not be enough to support all of the activities that a Local Health Department will undertake and that other resources may be necessary to meet the requirements.

4. Overlap in Projects, Budget Items, or Commitment of Effort
  - a. Funds cannot be used to supplant existing federal funds awarded by other federal sources.
  - b. Funds cannot be used to match funding on other federal awards.
5. PHP&R reserves the right to review any expenditure that is not in line with the purpose and scope of the funding source. After review of the expenditure PHP&R may reject the expenditure and then require the Local Health Department to further justify or to pay back the expense.

**FY20 Activity:** 619 COVID-19 Crisis Response

**Supplement 1**

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

CFDA #: 93.354	Federal awd date: 3/16/20	Is award R&D? no	FAIN: NU90TP922104	Total amount of fed awd: \$ 13,820,615
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CFDA name: Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Fed award project description: North Carolina's Cooperative Agreement for Emergency Response: Public Health Crisis Response	Fed awarding agency: DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a	%

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	128,163	128,163	Jackson	019728518	70,554	70,554
Albemarle	130537822	125,566	125,566	Johnston	097599104	143,714	143,714
Alexander	030495105	67,966	67,966	Jones	095116935	54,783	54,783
Anson	847163029	61,862	61,862	Lee	067439703	78,555	78,555
Appalachian	780131541	95,074	95,074	Lenoir	042789748	76,669	76,669
Beaufort	091567776	72,269	72,269	Lincoln	086869336	89,753	89,753
Bladen	084171628	66,214	66,214	Macon	070626825	66,934	66,934
Brunswick	091571349	114,310	114,310	Madison	831052873	60,489	60,489
Buncombe	879203560	172,455	172,455	MTW	087204173	68,611	68,611
Burke	883321205	92,873	92,873	Mecklenburg	074498353	560,503	560,503
Cabarrus	143408289	148,104	148,104	Montgomery	025384603	62,956	62,956
Caldwell	948113402	89,069	89,069	Moore	050988146	96,620	96,620
Carteret	058735804	83,161	83,161	Nash	050425677	97,714	97,714
Caswell	077846053	61,107	61,107	New Hanover	040029563	158,938	158,938
Catawba	083677138	124,338	124,338	Northampton	097594477	59,671	59,671
Chatham	131356607	84,834	84,834	Onslow	172663270	143,221	143,221
Cherokee	130705072	63,732	63,732	Orange	139209659	118,283	118,283
Clay	145058231	55,468	55,468	Pamlico	097600456	56,266	56,266
Cleveland	879924850	96,503	96,503	Pender	100955413	79,161	79,161
Columbus	040040016	76,466	76,466	Person	091563718	68,860	68,860
Craven	091564294	98,592	98,592	Pitt	080889694	133,699	133,699
Cumberland	123914376	205,618	205,618	Polk	079067930	60,101	60,101
Dare	082358631	67,354	67,354	Randolph	027873132	117,585	117,585
Davidson	077839744	128,846	128,846	Richmond	070621339	71,201	71,201
Davie	076526651	70,158	70,158	Robeson	082367871	111,728	111,728
Duplin	095124798	78,037	78,037	Rockingham	077847143	93,034	93,034
Durham	088564075	195,954	195,954	Rowan	074494014	116,514	116,514
Edgecombe	093125375	74,731	74,731	RPM	782359004	0	0
Foothills	782359004	103,846	103,846	Sampson	825573975	80,061	80,061
Forsyth	105316439	226,512	226,512	Scotland	091564146	66,766	66,766
Franklin	084168632	81,902	81,902	Stanly	131060829	79,705	79,705
Gaston	071062186	153,665	153,665	Stokes	085442705	71,798	71,798
Graham	020952383	54,074	54,074	Surry	077821858	84,350	84,350
Granville-Vance	063347626	99,938	99,938	Swain	146437553	56,774	56,774
Greene	091564591	59,862	59,862	Toe River	113345201	74,267	74,267
Gulford	071563613	300,641	300,641	Transylvania	030494215	66,471	66,471
Halifax	014305957	74,181	74,181	Union	079051637	159,040	159,040
Harnett	091565986	112,466	112,466	Wake	019625961	551,988	551,988
Haywood	070620232	79,475	79,475	Warren	030239953	59,512	59,512
Henderson	085021470	104,813	104,813	Wayne	040036170	108,493	108,493
Hoke	091563643	75,326	75,326	Wilkes	067439950	82,793	82,793
Hyde	832526243	52,439	52,439	Wilson	075585695	88,439	88,439
Iredell	074504507	133,835	133,835	Yadkin	089910624	67,871	67,871

DPH-Aid-To-Counties

For Fiscal Year: 19/20

Budgetary Estimate Number : 0

Activity 619	AA	1264 2680 CP	Proposed Total	New Total
Service Period		01/20-06/30 <i>5/31</i>		
Payment Period		02/20-07/31 <i>6/30</i>		
01 Alamance	* 1	128,163	128,163	128,163
D1 Albemarle	* 1	125,566	125,566	125,566
02 Alexander	* 1	67,966	67,966	67,966
04 Anson	* 1	61,862	61,862	61,862
D2 Appalachian	* 1	95,074	95,074	95,074
07 Beaufort	* 1	72,269	72,269	72,269
09 Bladen	* 1	66,214	66,214	66,214
10 Brunswick	* 1	114,310	114,310	114,310
11 Buncombe	* 1	172,455	172,455	172,455
12 Burke	* 1	92,873	92,873	92,873
13 Cabarrus	* 1	148,104	148,104	148,104
14 Caldwell	* 1	89,069	89,069	89,069
16 Carteret	* 1	83,161	83,161	83,161
17 Caswell	* 1	61,107	61,107	61,107
18 Catawba	* 1	124,338	124,338	124,338
19 Chatham	* 1	84,834	84,834	84,834
20 Cherokee	* 1	63,732	63,732	63,732
22 Clay	* 1	55,468	55,468	55,468
23 Cleveland	* 1	96,503	96,503	96,503
24 Columbus	* 1	76,466	76,466	76,466
25 Craven	* 1	98,592	98,592	98,592
26 Cumberland	* 1	205,618	205,618	205,618
28 Dare	* 1	67,354	67,354	67,354
29 Davidson	* 1	128,846	128,846	128,846
30 Davle	* 1	70,158	70,158	70,158
31 Duplin	* 1	78,037	78,037	78,037
32 Durham	* 1	195,954	195,954	195,954
33 Edgecombe	* 1	74,731	74,731	74,731
D7 Foothills	* 1	103,846	103,846	103,846
34 Forsyth	* 1	226,512	226,512	226,512
35 Franklin	* 1	81,902	81,902	81,902
36 Gaston	* 1	153,665	153,665	153,665
38 Graham	* 1	54,074	54,074	54,074
D3 Gran-Vance	* 1	99,938	99,938	99,938
40 Greene	* 1	59,862	59,862	59,862
41 Guilford	* 1	300,641	300,641	300,641
42 Halifax	* 1	74,181	74,181	74,181
43 Harnett	* 1	112,466	112,466	112,466
44 Haywood	* 1	79,475	79,475	79,475
45 Henderson	* 1	104,813	104,813	104,813
46 Hertford	* 1	0	0	0
47 Hoke	* 1	75,326	75,326	75,326
48 Hyde	* 1	52,439	52,439	52,439
49 Iredell	* 1	133,835	133,835	133,835
50 Jackson	* 1	70,554	70,554	70,554



51 Johnston	* 1	143,714	143,714	143,714
52 Jones	* 1	54,783	54,783	54,783
53 Lee	* 1	78,555	78,555	78,555
54 Lenoir	* 1	76,669	76,669	76,669
55 Lincoln	* 1	89,753	89,753	89,753
56 Macon	* 1	66,934	66,934	66,934
57 Madison	* 1	60,489	60,489	60,489
D4 M-T-W	* 1	68,611	68,611	68,611
60 Mecklenburg	* 1	560,503	560,503	560,503
62 Montgomery	* 1	62,956	62,956	62,956
63 Moore	* 1	96,620	96,620	96,620
64 Nash	* 1	94,714	94,714	94,714
65 New Hanover	* 1	158,938	158,938	158,938
66 Northampton	* 1	59,671	59,671	59,671
67 Onslow	* 1	143,221	143,221	143,221
68 Orange	* 1	118,283	118,283	118,283
69 Pamlico	* 1	56,266	56,266	56,266
71 Pender	* 1	79,161	79,161	79,161
73 Person	* 1	68,860	68,860	68,860
74 Pitt	* 1	133,699	133,699	133,699
75 Polk	* 1	60,101	60,101	60,101
76 Randolph	* 1	117,585	117,585	117,585
77 Richmond	* 1	71,201	71,201	71,201
78 Robeson	* 1	111,728	111,728	111,728
79 Rockingham	* 1	93,034	93,034	93,034
80 Rowan	* 1	116,514	116,514	116,514
D5 R-P-M	* 1	0	0	0
82 Sampson	* 1	80,061	80,061	80,061
83 Scotland	* 1	66,766	66,766	66,766
84 Stanly	* 1	79,705	79,705	79,705
85 Stokes	* 1	71,798	71,798	71,798
86 Surry	* 1	84,350	84,350	84,350
87 Swain	* 1	56,774	56,774	56,774
D6 Toe River	* 1	74,267	74,267	74,267
88 Transylvania	* 1	66,471	66,471	66,471
90 Union	* 1	159,040	159,040	159,040
92 Wake	* 1	551,988	551,988	551,988
93 Warren	* 1	59,412	59,412	59,412
96 Wayne	* 1	108,493	108,493	108,493
97 Wilkes	* 1	82,793	82,793	82,793
98 Wilson	* 1	88,439	88,439	88,439
99 Yadkin	* 1	67,871	67,871	67,871
Totals		9,123,144	9,123,144	9,123,144

Sign and Date - DPH Program Administrator <i>Wign M...</i> 4.6.2020	Sign and Date - DPH Section Chief <i>JMK</i> 4/6/20
Sign and Date - DPH Contracts Officer <i>...</i> 4/6/2020	Sign and Date - DPH Budget Officer <i>Patricia...</i> 04/06/2020