

15A NCAC 18A .2901(c)

Emergency Fee Disbursement Attestation

For Internal Use Only

Date Received: _____

Received By: _____

Approved **Denied**

State FY Impacted: _____

County: _____

Local Health Director: _____

Choose One: **State of Emergency Declaration** **EO Number:** _____

Disaster Declaration

Special Event Designation

Did the disaster, emergency, or special event cause a disruption in routine inspection activities required pursuant to G.S. 130A-249 and 10A NCAC 46 .0213?

Yes

No

If yes, please provide explanation:

Will the loss of funds due to decreased rate of compliance result in financial hardship to the local health department's environmental health program?

Yes

No

If yes, please provide explanation:

I hereby attest that all above information is true, accurate and complete.

Signature: _____

Date: _____