N.C Department of Health and Human Services
Division of Public Health
Environmental Health Section

15A NCAC 18A .2901(c)

Emergency Fee Disbursement Attestation

For Internal Use Only		
Date Received	:	
Received By:		
Approved	Denied	
State FY Impacted:		

County:			
I acal Haalth Dira	ctor:		
Local Health Dife	Ctor		
Choose One:	State of Emergency Declaration	EO Number:	
	Disaster Declaration		
	Special Event Designation		
,	emergency, or special event cause a di t to G.S. 130A-249 and 10A NCAC 4	sruption in routine inspection activities 5.0213?	
	Yes	No	
If yes, please prov	ide 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:	

Per 15A NCAC 18A .2901(c), both above questions must be answered "yes" to receive disbursement of funds based on rate of compliance from last state fiscal year. Please mail a copy of completed form to state Environmental Health Director at 5605 Six Forks Road, 1632 Mail Service Center, Raleigh, NC 27699-1632.