

Division of Public Health

Agreement Addendum

FY 25-26

Master

Local Health Department Legal Name

110 General Aid-to-Counties

Activity Number and Description

06/01/2025 – 05/31/2026

Service Period

07/01/2025 – 06/30/2026

Payment Period

- Original Agreement Addendum
 Agreement Addendum Revision # _____

Local and Community Support /
Local Technical Assistance & Training

DPH Section / Branch Name

Susan H. Little, 919-215-4471

susan.little@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

(only required for a negotiable Agreement Addendum)

Date

I. Background:

This funding is the only recurring unrestricted state funding for local health departments that they may use for locally determined needs or purposes. The General Aid-to-Counties Activity was begun in the early 1970s with a fiscal year allocation of slightly less than \$5 million. The total allocation for FY 2025-26 is \$11,306,871.

The funding provided by this Activity is to support the delivery of the **10 Essential Public Health Services¹**, the core functions of public health, and the specific health needs or health status indicators selected by each local health department.

II. Purpose:

This Agreement Addendum enhances the Local Health Department's ability to deliver the essential services that it should provide to those living in the community it serves and to meet locally determined needs for which there is no or not enough categorical funding.

The North Carolina General Statute § 130A-1.1(b)² states: a local health department shall ensure that the following 10 Essential Public Health Services are available and accessible to the population in each county served by the local health department:

1. Monitoring health status to identify community health problems.
2. Diagnosing and investigating health hazards in the community.

¹ <https://publichealth.nc.gov/mission.htm>

² https://www.ncleg.net/enactedlegislation/statutes/pdf/bychapter/chapter_130a.pdf

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete: _____ LHD program contact name: _____
[For DPH to contact in case _____
follow-up information is needed.] Phone and email address: _____

3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health care services and ensuring the provision of health care when otherwise unavailable.
8. Ensuring a competent public health workforce and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Conducting research.

III. **Scope of Work and Deliverables:**

These funds may be used for any public health program or purpose, any locally identified need or current health status data, and to support the delivery of the 10 Essential Public Health Services. The Local Health Department **must report at the end of the fiscal year** how the funds were spent related to the 10 Essential Public Health Services and locally determined needs. These funds may NOT be used to supplant the Local Health Department's current state, federal, or local funding.

To qualify for these funds, the Local Health Department must:

1. Have a Permanent or Interim Health Director per NC GS § 130A-40.³ If that Health Director has never previously served in that role in North Carolina, that Health Director must participate in the *Orientation for New Local Health Directors* coordinated by the North Carolina Association of Local Health Directors.
2. Be accredited by the North Carolina Local Health Department Accreditation Board, and
3. Employ a public health nurse leader or leaders to meet the expectations for the administration of nursing service as set forth in 21 NCAC 36.0224(j).

To improve communication between Local Health Department leadership and Division of Public Health leadership, local health department governance structure and contact information for key leadership staff is required to be submitted annually to the Local Technical Assistance and Training Branch (LTAT) Branch Head using the Smartsheet dashboard. This information includes:

- Agency's legal name
- Address of record
- Governance Structure
- Name and contact information for:
 - Health Director
 - Senior Public Health Nurse Leader
 - Finance Officer

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

1. **Performance Measures**

- a. **Measure #1:** The Local Health Department shall provide information on how the funds were allocated among the 10 Essential Public Health Services and provide at least one example of the impact these funds had on the health of its community.

³ https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_130A/GS_130A-40.pdf

- b. **Measure #2:** The Local Health Department shall provide local health department updates on governance and leadership staff annually.

2. Reporting Requirements

Complete the following reports via the Smartsheet dashboard⁴ by **June 30, 2026**:

- a. **Essential Services Report:** The information reported must reflect the work performed during the service period of this Agreement Addendum, June 1, 2025, through May 31, 2026.
- b. **Key Leadership Staff Report:** The annual report provides governance and leadership information current on the day the report is completed.

3. Reporting Required Subcontract Information

In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for every subcontract receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.

This information is not to be returned with the signed Agreement Addendum (AA) but is to be provided to DPH when the entities are known by the LHD.

- a. Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor") or a pass-through entity ("Subrecipient").
1. Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA's reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.)
 2. Subrecipients of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

The following information must be submitted via Smartsheet for review prior to the entity being awarded a contract or agreement from the LHD:

- Organization or Individual's Name (if an individual, include the person's title)
- EIN or Tax ID
- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

V. Performance Monitoring and Quality Assurance:

The LTAT Branch Head will monitor performance by reviewing the Essential Services report and Key Leadership Staff report. If additional information is required, a phone conference will be conducted.

⁴ <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>

VI. Funding Guidelines or Restrictions:

1. **Federal Funding Requirements:** where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (AA).
 - a. **Requirements for Pass-through Entities:** In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
 1. **Definition:** A FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.
 2. **Frequency:** An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
 - b. **Required Reporting Certifications:** Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”