

**YADKIN COUNTY BOARD OF COMMISSIONERS  
NOTICE OF MEETING**

Yadkin County Human Services Building  
217 East Willow Street, Yadkinville, NC 27055

**Monday, March 2, 2020**

**9:00am**

A G E N D A

*“The Yadkin County Board of Commissioners asks its members and citizens to conduct themselves in a respectful, courteous manner, both with the Board and fellow citizens. At any time, should any member of the Board or any citizen fail to observe this public charge, the Chairman will ask the offending person to leave the meeting until that individual regains personal control. Should decorum fail to be restored, the Chairman will recess the meeting until such time that a genuine commitment to the public charge is observed.*

*As a courtesy to others, please turn off cell phones during the meeting.”*

NO.	TIME	ITEM	PRESENTER	PAGE
I.		<u>Invocation</u>		
II.	9:00am	<u>Call to Order</u>	Vice Chairman Moxley	
III.	9:01am	<u>Pledge of Allegiance</u>	Vice Chairman Moxley	
IV.	9:05am	<u>Adjustments/Adoption of Agenda</u>	The Board	
V.	9:10am	<u>Public Comments</u> **Special Note: The public is asked to limit comments to no more than 5 minutes. Comments must be made in a civil and calm manner. There is a limit of no more than 2 speakers “for” and 2 speakers “against” any particular issue, but the issue must relate to matters that are within the authority or jurisdiction of the Board of Commissioners. Comments must be made to the Board as a whole and not towards Commissioners individually. Any issue requiring an actual vote of the Board may not be considered, at the earliest, until the next Regular Meeting. Finally, the Board may vote to amend these rules under unique circumstances.		
VI.	9:15am	<u>Approval of Minutes:</u> February 17, 2020 – Regular Session February 17, 2020 – Closed Session	The Board	4-10 11-14
VII.	9:20am	<u>Reports/Requests of the Board:</u> 1) Human Services Update.	Kim Harrell	15
VIII.	9:25am	<u>Consent Agenda:</u> 1) Budget Amendments for: a) Finance/Salaries. b) Finance/Insurance Payments.		16-23

## c) Solid Waste Professional Services.

- |    |  |         |
|----|--|---------|
| 2) | Approve Patient Fee and Collection Policy for the Human Services Agency.                                     | 24-41   |
| 3) | Approve EMPG Program Cost Report 2.  | 42-45   |
| 4) | Approve Duke Energy Contract for Security Lighting at Health Clinic/Hands of Hope Building.                  | 46-51   |
| 5) | Approve Piedmont Door Automation Contract for General Services.  | 52-59   |
| 6) | Approve Johnson Controls Contract for Security Equipment Installation for Sheriff's Administration Building. | 60-80   |
| 7) | Approve Republic Services Contract Amendment.  | 81-104  |
| 8) | Approve Sharp Contract Amendment to Replace DeLage Landen Funding Form with the TIAA Form.                   | 105-123 |

**IX. 9:30am Public Hearing/Action to Set Public Hearing:**

\*\* Special Note: Comments are limited to 15 minutes 'for' and 15 minutes 'against' any one issue with an additional 15 minutes for administrative discussion.

- 1) None.

**X. 9:30am Board Action:** County Manager, Lisa Hughes

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|----|---|---------------|---------|
| 1) | Adopt Resolution Declaring March 2020 Abandoned Cemeteries Month. | Andrew Mackie | 124-125 |
| 2) | Approve Payment of Prior Year Inmate Medical Invoices.            |               | 126     |

**XI. 9:40am Calendar Notes:**

- |    |   |     |
|----|---|-----|
| 1) | March 16, 2020 – Cooperative Extension Report to the People Dinner at 5:15pm.   | 127 |
| 2) | March 30, 2020 – Joint Meeting with the Board of Education in the Media Center of the Yadkin Early College. The meal will be served at 5:30pm and the meeting will start at 6:00pm. |     |
| 3) | April 10, 2020 – County Offices Closed for Good Friday.   |     |
| 4) | April 23, 2020 – Joint Meeting with the Human Services Advisory Committee.  |     |
| 5) | April 28, 2020 – NCACC District Meeting in Wilkes County at 5:00pm.   |     |

**XII. 9:45am Manager's Reports / Board Action:** County Manager, Lisa Hughes

- 1) None. 128

**XIII. 9:45am Manager's Budget Amendments & Contracts /** County Manager, Lisa Hughes

- No Action Required:** 129-130

- 1) Finance/Building Improvements Funds Transfer (\$205).
- 2) Water Funds Transfer (\$2,800).
- 3) Human Services/WIC Funds Transfer (\$4,330).
- 4) Soil & Water Funds Transfer (\$2,001)
- 5) Soil & Water Funds Transfer/No-Till Drills Funds Transfer (\$4,500).
- 6) Solid Waste Funds Transfer (\$3,000).
- 7) Finance/Audit Funds Transfer (\$4,850).

<b>XIV.</b>	9:50am	<b><u>Board Vacancies/Appointments:</u></b>	Clerk, Tanya Gentry
		1) There are Three Vacancies on the Joint Nursing Home Adult Care Home Committee.	
		2) Reappointment to Human Services Advisory Committee.	131

<b>XV.</b>	9:55am	<b><u>Commissioner Comments</u></b> (Commissioner Zachary went first last time)	The Board
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<b>XVI.</b>	10:00am	<b><u>Recess</u></b> <i>(Time may vary at discretion of Vice Chairman Moxley)</i>	
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**CLOSED SESSION**

Pursuant to NCGS 143-318.11(a)(1)(3)(4)(5)(6) to discuss Personnel Matters and to Protect Personnel Information that is Confidential under NCGS 153A-98, and to discuss the potential Location or Expansion of Industries or other Businesses in the County, to Establish the County's Negotiating Position for Acquiring Real Property and to Instruct the County Staff on that Position, and to have a Privileged Consultation with our County Attorney and Pursuant to NCGS 131E-97.3 to discuss Confidential Competitive Health Care Information.

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<b>XVII.</b>		<b><u>Adjournment</u></b>	
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**Special Note to the Public:** Any individual with a disability who wishes to attend or participate in the Commission meeting is asked to contact the Office of the Clerk to the Board or the County Manager at 336-679-4200 no later than 12:00 noon on the Friday prior to the Monday meeting so that adequate plans for accommodation can be arranged.

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Human Services/Tanya Gentry

**Request:**

Human Services Update.

**Background:**(Justification for request, please be specific)

Kim Harrell will be providing the Board with an update on Human Services.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

NA.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

NA.

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Administration / Tanya Gentry

**Request:**

Authorize the attached budget amendments.

**Background:**(Justification for request, please be specific)

The FY2019 Budget Ordinance was adopted by fund and department. The attached budget amendments are requested by the Departments.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

Varies depending upon the budget amendment.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

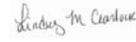
approve the attached budget amendments as presented.



## BUDGET AMENDMENT FORM

*(change in revenue and expenditure or transfers between departments or funds)*

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



Digitally signed by Lindsey Cealock  
DN: cn=Lindsey Cealock, o=Yavapai County, ou=Finance Department,  
email=lcealock@yavapaincountync.gov, c=US  
Date: 2020.02.24 09:39:50 -0500

**Finance Officer**

**DEPARTMENT:** Finance

**DEPARTMENT HEAD SIGNATURE:**



Digitally signed by Lindsey Cealock  
DN: cn=Lindsey Cealock, o=Yavapai County, ou=Finance Department,  
email=lcealock@yavapaincountync.gov, c=US  
Date: 2020.02.24 09:40:02 -0500

**DATE:** 02/24/2020

LINE ITEM	ACCOUNT NUMBER	REVISED BUDGET	INCREASE (DECREASE)	NEW BUDGET
Non Departmental - Insurance Payments	1044000-48500	0	7,567	7,567
Sheriff Vehicle Maintenance	1054310-53040	32,772	2,683	35,455
Public Buildings - Buildings and Grounds	1054260-53010	40,000	185	40,185
EMS Vehicle Maintenance	1054330-53040	40,000	4,699	44,699

**EXPLANATION:** Insurance payments received for Sheriff's Ford Explorer (vin #8977) involved in an accident, smoke damage in DSS bathroom due to the exhaust fan and the 2017 Chevy Ambulance (Vin# 5401) that was involved in an accident.

**This budget amendment has been approved by the appropriate Advisory Board.**

\_\_\_\_\_ **Yes**  
\_\_\_\_\_ **No**

**This instrument has been approved by the Board of Commissioners as requested.**

\_\_\_\_\_  
**Chairman**



## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Human Services Agency/Medical Clinic, February 17, 2020, Trish Belton

**Request:**

Request for approval of the Patient Fee and Collection Policy. Also, request for Chairman of the Board of Commissioners to sign approval.

**Background:**(Justification for request, please be specific)

Purpose of the Patient Fee and Collection Policy is to provide proper billing and collection of all patient fees. The Yadkin County Human Services Agency Medical Clinic provides services with regard to 42CFR59.5(a)4 Non-Discrimination of the Federal Register. Fees for the Human Services Agency/Medical Clinic services are authorized under NC130A-39 (g), provided that they are in accordance with a plan recommended by the Health Director and approved by the Board of Health and the County Commissioners and they are not otherwise prohibited by law. Fees are based on the cost of providing the service determined by using the guidance/template from the Medical Cost Settlement. Policy was updated to include collections and write-off language.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

Fees collected (generated through reimbursement) will be maintained in an identifiable line item in the Human Services Agency/Medical Clinic and County Finance Office. Yadkin County Human Services Agency Medical Clinic has the right to require "proof of income" with the exception of Communicable Disease Programs and State Supplied Immunizations. Medicaid Co-Pays will be charged for Adult Health Program and Adult Health Immunizations (exception Flu Shot) all other clinic programs are exempt from Co-Pays.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

Request for the Yadkin County Board of County Commissioners to approve the Yadkin County Human Services Agency Patient Fee and Collection Policy and for the Chairman of the Board of County Commissioners to sign the approved Policy.

<b>POLICY OF THE YADKIN COUNTY HUMAN SERVICES AGENCY</b> <b>P.O. BOX 548, YADKINVILLE, NC 27055</b>	
<b>TITLE Patient Fee and Collection</b>	
<b>POLICY TYPE</b> <input checked="" type="checkbox"/> Procedural <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Personnel <input checked="" type="checkbox"/> Administrative	
<b>PROGRAM Not Applicable</b>	
<b>POLICY DATES</b>	
Effective Date: 8/6/2013	
Revised Date: 4/19/2016 6/5/2017 4/5/2018 04/16/2019 02/03/2020	
Annual Review Date: 4/22/2017 6/5/2018 4/5/2019 04/05/2020	
<b>APPROVED BY:</b>	
Program Coordinator _____	Date _____
Program Supervisor: Administrative _____	Date _____
Human Services Director _____	Date _____
Chairman, Board of Yadkin County Board of Commissioners (If Applicable) _____	Date _____

**PURPOSE:** To ensure proper billing and collection of all patient fees.

**Policy** – Public health services are increasingly costly to provide. The Human Services Agency/Medical Clinic (Medical Clinic) serves the public interest best by assuring that all legally required public health services are furnished for all citizens and then providing as many recommended and public health services as it can for those citizens with greatest need.

The Yadkin County Human Services Agency Medical Clinic provides services with regard to 42CFR59.5(a)4 non-discrimination of the Federal Register.

Fees are a means to help distribute services to citizens of the County and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Human Services Agency/Medical Clinic services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health Director and approved by the Yadkin County Board of Commissioners acting as the Board of Health, and 2) they are not otherwise prohibited by law. Fees are based on the cost of providing the service.

Fees collected (generated through reimbursement) will be recorded in an identifiable line item in the County's Financial System and in Human Services Agency/Medical Clinic.

Yadkin County Human Services Agency Medical Clinic has the right to require “proof of income” when determining eligibility for all programs, with the exception of Communicable Disease programs and state supplied Immunizations, however administration charges for state supplied may apply (see Immunizations).

Medicaid Co-pays: The Yadkin County Human Services Agency Medical Clinic will charge Medicaid Copays for Adult Health Program and Adult Health Immunizations (exception: flu shot copays are not collected). Other clinic programs are exempt from collecting any Medicaid copays. Private Insurance Copays are not exempt from collection and are expected at the time services are rendered (except for the Family Planning Program (see below)).

### **Procedure(s):**

**Identification** – It is considered “best practice” for each person presenting for services to establish identity either with a birth certificate, driver’s license, military I.D., or Passport, Visa, or green card, etc. The Yadkin County Human Services Agency/Medical Clinic may not require a client to present identification that includes a picture of the client for at least immunization, pregnancy prevention, sexually transmitted disease and communicable disease services (Consolidated Agreement, B, 11). If client refuses to present photo ID, follow Identity policy.

### **DETERMINING GROSS INCOME**

**Gross income** is the total of all cash income before deductions for income taxes, employee’s social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses.

1. Alimony
2. Bank Statement (examples: Social Security or Disability direct deposits)
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Disability
7. Dividends
8. Employment Security Commission (example: North Carolina Unemployment)
9. Income Tax Return (annual, not quarterly)
10. Letter of Verification from Employer
11. Military Earnings Statement
12. Pensions
13. Social Security
14. SSI
15. Tips
16. Employer check with business information on the check (not a personal check)

## **Exceptions**

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low Income Energy Assistance Act
4. the value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. For Medicaid/Insurance clients who do not wish to provide income: household members will be added and income will become \$1,000,000 and a sliding fee of 100% will be assessed.
6. If patient is a confidential patient and elects to not provide household information they are entered as a household of one and income will be decided by program requirements.

**No client will be refused services when presenting for care based on lack of documentation, however each client will be billed at 100% until proof of income and family size is provided to the Clinic. Exception: Family Planning and Child Health clients will have 30 days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 30 days then the charge stands at 100% for that visit.**

**DETERMINING FAMILY SIZE-must provide household members regardless of income provided.**

**A family** is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group support only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size.

Examples:

1. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child.
2. A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family. Self-supporting students maintaining a separate residence would be a separate economic unit.
3. An individual or family in an institution is considered a separate economic unit.
4. If a patient requests “confidential services”, regardless of age, the agency should consider them a family unit of one based on their income.
5. If a Family Planning patient presents for a service and is considered to be a minor, interview questions may include the following:, 1) Ask the patient if their parents are aware of their visit? 2) Ask if “both” parents are aware of their visit, since sometimes the

mother may be present with the patient, however, the father may not be aware of the visit. 3) Ask if you can send a bill to the home, to both parents. 4) If the patient states both parents are aware and it is not a confidential visit, you should treat as such.

### **Computation of income\***

#### Regular Income Formula:

The patient's income will be determined by the following:

Income will be based on a twelve (12) month period. If the patient is working the day they present for a service, income will be calculated weekly, bi-weekly, monthly or annually, depending on the documentation provided. If the patient is unemployed the day they present for their service, their "employment only" income will be calculated at zero (0), however the patient should be required to provide "their mechanism", in regards to their paying for food, clothing, shelter, utility bills, etc. Refer to "sources of income" counted and apply all sources, as appropriate. "Regular contributions received from other sources outside of the home" is most often considered one of those sources. If the patient is receiving unemployment or other "sources" of income, as designated above, all of those sources should be counted.

#### Unemployment or Irregular Income Formula:

- Six months formula
- Wage earners unemployed at time of application
- Unemployed any time during previous 12 months
- Example: Unemployed today
- Income determined six months back
- Income determined six months forward
- Total = 12 months of income

A copy of the Financial Eligibility Determination shall be maintained for future reference. The number in the household, annual gross income and percentage of pay should be reflected on the financial documentation. The documentation shall be signed and dated by the interviewer and patient. Use of electronic signatures is acceptable.

Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the "actual date" of service. If there has been a change or it is time for their annual review the income determination process should take place.

Patient fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to determine fees. All third-party providers are billed where applicable.

Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning and Child Health Clients copay may not exceed the amount they would have paid for services based on sliding fee scale.

Income information reported during the financial eligibility screening for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report.

### **CHILD HEALTH/HEALTH CHECK**

Well-Child exams conducted by an (appropriate provider); exam includes medical, social, development, nutritional history, lab work, and physical exam.

Primary Care (Child Health) for sick children provided by an (appropriate provider).

Eligibility: Yadkin County resident; birth to 20 years; sliding fee scale; Insurance; Medicaid

Health Check Program will be used for established patients who were enrolled in the Health Check Program and will be for payments only; all new patients will be enrolled in the Child Health Program.

### **COMMUNICABLE DISEASE CONTROL**

This Program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.

Eligibility: No residency requirements. Medicaid and/or Third Party Insurance can be billed with client consent, no fees charged to the client for these services as stated in Program Rules.

### **FAMILY PLANNING OR WOMEN'S HEALTH SERVICES**

Clinic designed to assist men and women of reproductive capabilities in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by an (appropriate provider).

Eligibility: Men or Women of childbearing capability regardless of residency; sliding fee scale, Medicaid, Insurance

The following shall apply to Family Planning patients:

- (1) If a patient is considered to be "confidential" this will be documented in Patagonia (current EHR system), as well as on the client's physical chart. In EHR the "no snail mail" box will be flagged and the best method of contact will be documented in the demographics section.

- (2) The sliding fee scale, used for Family Planning patients will reflect 101%- 250%. For persons whose income exceeds 250% of Federal Poverty Level, charges must be made in accordance with a schedule of fees designed to recover the reusable cost of providing the services (42 CFR 59.5 (a)(8)).
- (3) The use of “NC Debt Setoff is acceptable for collecting past due amounts for Family Planning patients. Exception: Confidential Family Planning clients may not be submitted to NC Debt Setoff.
- (4) Bills/receipts given to clients at the time of service show total charges, as well as any allowable discounts
- (5) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third party agreement
- (6) Encounter will be stamped confidential and each EMR encounter will be checked as “confidential” by the nurse at each visit.

### **OTHER SERVICES**

Only those services approved by the Head of Local Technical Assistance & Training Branch may be identified as Other Services (e.g. TB skin test; blood testing for work; etc.)

Eligibility: Fees are a flat rate and vary. Payment is expected at time of service.

### **MATERNAL HEALTH**

Prenatal care for eligible pregnant women.

Eligibility: Yadkin County residents. Sliding fee scale; Medicaid or potentially Medicaid eligible, Insurance

### **IMMUNIZATIONS**

Private and State supplied vaccines.

Eligibility: No residency requirements.

VFC (Vaccines for Children) available based on eligibility determined by Immunization Policy. There will be no charge for state supplied vaccines, however administration charges may apply based on current fee schedule. Client or Parent/Guardian of client may provide proof of income to determine eligibility for a reduced cost based on the sliding scale fee 100-200%.

Those who do not qualify for state supplied vaccines will be offered private pay vaccines as available through the Medical Clinic. Insurance, Adult Medicaid, or Private pay will be accepted. Sliding scale fee discounts are not available for private pay vaccines. Cost will be determined through current fee schedule.

## **ADULT HEALTH**

### Primary Care:

- a. Client must be currently enrolled in another clinic
- b. Income will be assessed with a minimum fee of 60% being billed
- c. Balances greater than \$200 require approval from Administrative Officer, Assistant Director or Director.

### Flat Rate Services (fees approved by Yadkin County Board of Commissioners)

- a. Limited Employment (Work Physical)
- b. Limited Foster Care
- c. Department of Transportation (DOT)
- d. Department of Corrections (DOC)
- e. College
- f. Basic Law Enforcement Training (BLET)

## **OUTSIDE LAB SERVICES**

Patients may be charged for any STD lab that the patient requests that is not offered through the NC State Lab for Public Health. If the NC State Lab of Public Health does not provide a test, insurance can be billed with the patient's consent and patients without insurance or who do not want to file with their insurance can choose to pay out of pocket.

## **Billing & Revenue**

In accordance with G.S. 130-A-39(g), which allows local Human Services Agency/Medical Clinics to implement a fee for services rendered the Yadkin County Human Services Agency Medical Clinic, with the approval of the Yadkin County Board of Commissioners, the governing body will implement specific fees for services and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual patient pay. The Clinic will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

### **Yadkin County Human Services Agency Medical Clinic will use the following Federal Poverty Scale for programs that charge fees:**

Family Planning – 101-250% Federal Poverty Scale

Child Health – 100-200%

Maternal Health – 100-200%

Adult Health – 60% minimum

Primary Care – 60% minimum for Adult Health and 100-200% Child Health Primary Care

Other Services – N/A

### **Direct Patient Charges**

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
2. No patient charges shall be assessed when income falls below 100% of Federal Poverty Guidelines.
3. There shall be a consistent applied method of “aging” accounts.
4. No one shall be denied services based solely on the inability to pay.
5. Patients shall be given a receipt each time a payment is collected
6. Donations shall be accepted from any patient regardless of income status as long as they are truly voluntary. The patient account will not be reduced due to a donation. There shall be no “schedule of donations”, bills for donations, or implied or overt coercion.
7. Provider will use best efforts to continue to provide services to patients at or below 150 % of Federal Poverty Level.

### **Fee Policy:**

#### **Fees:**

1. Annually the Administrative Officer with assistance from the Assistant Director will review Clinic Fees.
2. Fees will be calculated based on cost using the following:
  - a. Outside labs will be based on the cost charged for the lab from the Outside Lab
  - b. Vaccines will be based on 340b cost for purchase of vaccines
  - c. Birth Control will be based on 340b cost for purchase of various Birth Control methods
  - d. All other clinic fees will be based on cost to provide the service (including but not limited to supply cost, staff cost, overhead, etc.)

#### **Approval:**

- a. Annual Fee Schedule will be submitted for approval to the Yadkin County Board of Commissioners.

#### **Collection:**

1. Charges in all programs will be determined by a fee scale based on Federal Poverty (with the exception of “flat fee” services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each patient. Staff will be responsible for documentation of financial eligibility in Patagonia Health. Patients without required verification will be expected to pay full charge until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance greater than \$200 remains, a payment agreement will be mailed along with their billing statement (see Appendix B- Sample Payment Agreement)
  - a. If a payment agreement is entered into payment arrangements are expected as agreed upon.
  - b. After the second month of a missed payment a copy of the agreement will be mailed along with the client statement.

- c. After the third month of a missed payment a copy of the Debt Set Off letter will be mailed along with the client statement
  - d. After the fourth month of a missed payment client will be turned over to the NC Debt Set Off Program.
  - e. After six months of no activity accounts may be turned over to the Yadkin County Tax Office (if applicable) to assist with qualifying for the NC Debt Set Off Program.
  - f. Any account not qualifying for the NC Debt Set Off Program will receive a yearly statement.
4. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
  5. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.
  6. All staff members involved in fee services shall consistently follow the established guidelines for fee collection through the policy and procedure statements addressed in this document, and shall hold all client information confidential.
  7. Client will be given a receipt each time a payment is collected.
  8. The Accounts Receivable System will be balanced on a daily basis (see Appendix E-Cash Handling Policy)
  9. Emergency services will never be denied.
  10. Any client who requests that their charge(s) be waived for good cause will be referred to the Human Services Director or their Designee. The Director or Designee will upon request submit documentation to the Clerk to the Yadkin County Board of Commissioners for submission to the Yadkin County Board of Commissioners to consider waiving charge(s).
  11. Any client requesting that their charge(s) be waived by the Board of Yadkin County Board of Commissioners will be notified of the decision of the Board of Yadkin County Board of Commissioners via letter as well as a notation made in the client's EHR.
  12. After ten years of attempting to collect a debt the Medical Clinic will submit to the Yadkin County Finance Officer a list of debt to be considered by the Yadkin County Board of Commissioners for write-off.
  13. Yearly in December, Administrative Support Specialist will process any account with no activity for six months and not eligible for NC Debt Set-Off will be turned over to the Yadkin County Tax Office. The list of clients will be notified yearly of their balance with the Yadkin County Medical Clinic until such time they become eligible for the write off process.
  14. Effective January 1, 2020 Vaccine Administration Fee for Non-Medicaid, VFC-Eligible Children after the date of Service may be issued only one (1) single bill to the patient's parent(s) and/or legal guardian(s) within 90 days of administering the vaccine(s). Vaccine Administration Fees will not be eligible for Debt Set-Off or Collections. Providers cannot bill the parent(s) and/or legal guardian(s) if they are unable to pay the vaccine administration fee at the time of the visit. Provider must waive the administration fee for vaccine if the VFC-eligible child's parent is unable to pay the administration fee.

## **Billing Insurance**

If a patient has any form of third-party reimbursement, that payer must be billed (required if the agency is “in network”, otherwise optional), unless confidentiality is a barrier\*. Medicaid will be billed as the payer of last resort.

Patients should be made aware that they will be responsible for any balance remaining after the insurance claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges (applied to sliding fee scale).

Insurance and Medicaid Patients will have Insurance as Primary Payor and Medicaid as Secondary.

Medicaid only Patients will have Medicaid as Primary Payor and Self Pay as Secondary.

Insurance only Patient will have Insurance as Primary Payor and Self Pay as Secondary.

*\*The confidential patient may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality.*

## **Billing Procedures:**

The following information should be obtained from client in order to file an insurance claim (front and back of insurance card will be copied and maintained in client’s medical record):

- Insurance company name
- Policy number
- Policyholder’s name and date of birth
- Insurance company address and telephone number
- Verification that client is covered by the policy
- Whether or not the coverage is an HMO or prepaid plan
- Any known waiting period requirements or benefits exclusions
- Whether or not there are any out-of-network benefits.

Client will electronically sign a consent allowing the Human Services Agency/Medical Clinic to file insurance and a copy of the insurance card will be scanned at that time into the client’s medical record.

Clients or the accompanying parent/guardian of an emancipated minor with appropriate insurance benefits, who receive public health services, will be given the opportunity to choose whether or not to have insurance filed in order to avoid breach of confidentiality.

Medicaid will be billed as the payor of last resort. Verification that client is covered by Medicaid will be done at time of visit. The Human Services Agency/Medical Clinic will bill Medicaid and accept payment in full.

Claims to insurance companies and Medicaid will reflect total charges without applying any discounts.

Claims are filed electronically using Patagonia Health.

Payments are posted electronically / manually to client accounts. If applicable, secondary insurance is filed.

Denials are researched using the Remittance Advice (RA) for Medicaid and EOB's for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (Unless it as for a non-covered service that the client was made aware of prior to the service being rendered.)

### **340B Drug Charges/Billing**

Agency will follow 340B Program Policy and Guidelines:

- Agency will adhere to State Medicaid requirements for the prevention of duplicate discounts, including multiple State Medicaid Agencies (if applicable)
- To assure the accuracy of Medicaid and Non-Medicaid Drugs:
  - Provider/Nurse will note on patient encounter when a 340B drug/contraceptive is given. Patient(s) receiving 340B drug/contraceptive(s) will not be charged more than agency cost for 340B drugs/contraceptives.
  - Medicaid patients will not receive 340B Birth Control Pills, Provider must write a prescription for Medicaid Patients receiving Birth Control Pills.
  - Patients receiving Physician Administered drugs will be noted on Patient Encounter Form and will be billed according to Medicaid Billing Guidelines
- All Agency NPI Numbers that will be used as "Carve-In" will be provided in the Medicaid Exclusion File for each registered site
- Any Agency Provider not registered to use as a "Carve-In" will not use 340b drugs for Medicaid Patients
- Billing audit(s) will be conducted to review proper 340b Billing Policy and Procedures were followed.
- Also, billing audit will confirm that 340B modifier(s) were correctly billed to all Medicaid Patients receiving 340b drugs/contraceptives.

### **Bad Debt/NC Debt Set-Off**

- (1) The "Bad Debt Write-Off" method of aging accounts will be strictly followed.
  - a. The Administrative Support Specialist will process the NC Debt Set Off list utilizing current EHR system report.

- b. The Administrative Support Specialist will flag for Debt Set Off and write off to Debt Set Off in EHR System following the rules and guidelines set by the NC Debt Set off program.
- c. NC Debt Set Off report will be sent to the tax office for processing to NC Debt Set Off Program.
- d. Any payments made by the patient will be posted as a patient Debt Set Off Collection Payment and the Tax Office will be notified to update the client's debt set off balance.
- e. Debt Set Off Payment will be posted as NC Cash Garnishment Collection Payment.
- f. For accounts that meet the County Bad Debt Write Off criteria (following County policy) the Administrative Support Specialist will submit accounts to the Administrative Officer, Assistant Director and Director, and County Finance Office for recommendation to the Board of Commissioners. Bad debts will not be written off until the approval of the Board of Commissioners has been acquired. Board of Commissioner minutes will serve as documentation that the write-offs have been approved.
- g. Once approved by the Board of Commissioners, the Administrative Support Specialist may write off all approved accounts in current EHR system to "Bad Debt Write Off" which will remove the balance from the patient ledger.

### **No Mail Policy for Confidential Patients**

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting—**"Confidential", the EHR will be flagged for "No Snail Mail" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL"**.
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any patient that requests "NO MAIL".

(On letterhead, in English and Spanish and given separately to clients)

**Yadkin County Medical Clinic  
Payment Agreement**

In accordance with the policy of the Medical Clinic, payment is due when a service is rendered. However, we realize that there are times when an individual does not have the total amount of money owed to the clinic; therefore, this written agreement is established as a method of adopting a payment plan for those clients who have an outstanding balance.

Patient Label
---------------

I, \_\_\_\_\_, agree to establish a payment plan for my account and to the stipulations herein stated:

x \_\_\_\_\_ My account balance is \$ \_\_\_\_\_

x \_\_\_\_\_ I will pay the amount of \$ \_\_\_\_\_ on my bill

x \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_

I understand that the Yadkin County Human Services Agency Medical Clinic cannot operate efficiently without me adhering to the agreement as stated above. I further state that my options were explained to me and I fully understand.

I understand that I am responsible for any balance left owing if my insurance company should not pay the bill in full and that it will be based on my sliding fee scale status.

This is a binding agreement by signatures of both parties.

I understand that failure to comply with this agreement will greatly affect the overall operations of the Medical Clinic and may result in my debt being referred to NC Debt Setoff for collection...

Signature of Client x \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

**Clínica Medica del Condado de Yadkin**  
**Acuerdo de Pago**

De acuerdo con la póliza de la Clínica Médica, el pago se debe cuando se rinde un servicio. Sin embargo, reconocemos que hay ocasiones cuando un individuo no tiene la cantidad completa del dinero que se debe a la clínica; entonces, este acuerdo escrito está establecido como un método de adoptar un plan de pago para los clientes que tienen deuda vigente.

Patient Label
---------------

Yo, \_\_\_\_\_, estoy de acuerdo a establecer un plan de pago para mi cuenta y a las estipulaciones delineadas aquí:

x \_\_\_\_\_ El restante de mi cuenta es \$ \_\_\_\_\_

x \_\_\_\_\_ Pagaré la cantidad de \$ \_\_\_\_\_ para mi factura

x \_\_\_\_\_ Mensualmente \_\_\_\_\_  
Semanalmente \_\_\_\_\_ Quincenalmente \_\_\_\_\_

Yo entiendo que la Clínica Médica de la Agencia de Servicios Humanos del Condado de Yadkin no puede funcionar eficazmente sin que yo me adhiera al acuerdo mencionado arriba. Además declaro que se me explicaron mis opciones y entiendo completamente.

Yo entiendo que soy responsable por cualquier deuda que deba si mi compañía de seguridad no pagara toda la factura completamente y que esa se basará según la cantidad de mis ingresos.

Por las firmas de ambos, este es un acuerdo obligatorio.

Yo entiendo que fallar de cumplir con este acuerdo afectará de gran manera las operaciones del Clínica Médica y podrá resultar en que mi deuda sea enviada para colección al NC Debt Setoff...

Firma de Cliente x \_\_\_\_\_  
Date \_\_\_\_\_

Firma de Testigo \_\_\_\_\_  
Date \_\_\_\_\_

**\*NOTICE OF DEBT OWED TO THE YADKIN COUNTY MEDICAL CLINIC\***

**Date:**

**Dear: Patient, Parent or Guardian**

**Our records indicate that you owe the Yadkin County Medical Clinic for unpaid medical bills. As authorized by N.C.G.S. Chapter 105-A the Set-off Debt Collection Act, the Yadkin County Medical Clinic intends to submit the enclosed bill(s) to the N.C. Department of Revenue for collection by applying the debt against any income tax refund in excess of \$50.00 or any lottery winnings over \$600.00 you may be entitled to. Also, be further advised that in accordance with the Act, a legislated \$15.00 clearing house fee is added to each debt, and additional \$5.00 fee added by the Lottery for each lottery Set-off.**

**You have the right to contest this action by filing a written request for a hearing with the Hearing Officer, Trish Belton, Administrative Officer, PO Box 548, Yadkinville, NC 27055. Your request must be filed no later than 30 days from the postmarked date of this letter.**

**Failure to pay this bill in full or to request a hearing within the 30 day time limit will result in the setoff process being started with the Department of Revenue.**

**Sincerely,**

**Yadkin County Medical Clinic  
Billing Office**

**\*AVISO DE LA DEUDA CON LA CLINICA MEDICA DEL CONDADO DE YADKIN \***

FECHA:

Estimados: Paciente, Padre o Tutor

Nuestros registros indican que usted le debe a la Clínica Medica del Condado de Yadkin de facturas médicas sin pagar. Según lo autorizado por N.C.G.S. Capítulo 105-A de la deuda La Ley de colección, el Departamento de Salud de Yadkin tiene previsto presentar el proyecto de ley adjunto (s) al Departamento de NC de ingresos para la recogida mediante la aplicación de la deuda en contra de cualquier reembolso de impuestos en exceso de \$ 50.00 o cualquier premio de lotería más \$ 600.00 que usted puede tener derecho. Además, se informó que, de conformidad con la ley, el cobro de asistencia local de \$ 15 se añadirá a esta cuenta si se somete a la compensación y un cobro adicional de \$5.00 si el dinero se colecta de algún premio de lotería.

Usted tiene derecho a oponerse a esta acción mediante la presentación de una solicitud escrita para una audiencia con el Oficial de Audiencias, Trish Belton, Oficial Administrativo, P.O. BOX 548, Yadkinville, NC 27055. Su solicitud debe ser presentada a más tardar 30 días desde la fecha de envío de esta carta.

Si usted no paga esta deuda en total o solicita una audiencia en el plazo de 30 días su cuenta se mandara al proceso de compensación con el Departamento de Hacienda.

Sinceramente,  
Oficina de Facturación del Departamento de Salud del condado de Yadkin

*Levels of Decision-Making*

<b>Level of Decision-Making</b>	<b>Topic Of Approval</b>
<b>YCMC Program Coordinator</b>	Program-specific policies
<b>YCMC Program Supervisor</b>	Program-specific policies, clinical and medical programs, local rules and ordinances, fiscal administration, personnel and administrative issues
<b>YCMC Medical Director</b>	Clinical and medical-specific programs
<b>YCHSA Human Services Director</b>	Program-specific policies, clinical and medical programs, local rules and ordinances, fiscal administration, personnel and administrative issues, Human Services Advisory Board, Board of Yadkin County Board of Commissioners
<b>YC Attorney</b>	Local rules and ordinances
<b>YC Consolidated Human Service Advisory Committee</b>	Provide input and recommendations to Human Services Director. Serves in an advisory capacity in regards to policy, procedure, rule/ordinance compliance, and fiscal/budgetary issues
<b>YC Board of Yadkin County Board of Commissioners</b>	Fiscal administration, local rules and ordinances, policy oversight, personnel and administrative oversight

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Emergency Services / 2/24/2020 / Keith Vestal

**Request:**

The approval of the Emergency Management Performance Grant Program Cost Report.

**Background:**(Justification for request, please be specific)

The EMPG is a grant paid to the county for performing tasks to better the counties position in handling disasters and mitigating the effects of those disasters. This grant helps to offset the cost of disaster planning.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

Funds from this grant are budgeted for in this current budgets revenues.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

To approve the EMPG Cost Report 2 and allow the County Manager and the Finance Officer to sign it.

**YADKIN COUNTY CONTRACT CONTROL & LEGAL REVIEW FORM**

DATE: 2/24/2020

Public Copy

**SECTION 1**

DEPARTMENT: Emergency Services/EM BUDGET CODE: 1044330-42610

VENDOR NAME: NC DPS POC: Joel Wood PHONE: 919-575-4122

VENDOR MAIL ADDRESS: 4236 Mail Service Center

TOWN, STATE AND ZIP: Raleigh, NC 27699-4236 VENDOR ID: \_\_\_\_\_

CONTRACT TERM: 1 (# of years) CONTRACT AMOUNT: -\$ 18,279.03 MUNIS CONTRACT NO: \_\_\_\_\_

NEW CONTRACT  CONTRACT RENEWAL  AMENDMENT TO CONTRACT

<b>DEPARTMENT COMPLETES</b>	<b>DETAILS or QUESTIONS:</b> This is the EMPG Cost Report 2. Payment for the optional deliverables.	<b>DEPARTMENT COMPLETES</b>
	Department Head Signature → <u>Keith W. Vestal</u> <small>Digitally signed by Keith W. Vestal          DN: cn=Keith W. Vestal, o=Yadkin County, ou=Emergency Services, email=kevestal@yadkincountync.gov, c=US          Date: 2020.02.24 06:58:20 -0500</small>	

<b>SECTION 2 - COUNTY MANAGER REVIEW</b>		
<b>MANAGER COMPLETES</b>	County Manager's Signature → <u>Lisa L. Hughes</u> <small>Digitally signed by Lisa L. Hughes          DN: cn=Lisa L. Hughes, o=County of Yadkin, ou=County Manager, email=lhughes@yadkincountync.gov, c=US          Date: 2020.02.24 10:59:20 -0500</small>	<b>MANAGER COMPLETES</b>

**SECTION 3 - LEGAL REVIEW (only required if contract exceeds \$5,000 or terms are longer than 12 months.)**

<b>CLERK COMPLETES</b>	LEGAL TASK ORDER #: <u>1331</u> TITLE: <u>EMPG</u> <u>Tanya Gentry</u> CLERK TO THE BOARD Signature <small>Digitally signed by Tanya Gentry          DN: cn=Tanya Gentry, o=Yadkin County, ou=Administration, email=tgentry@yadkincountync.gov, c=US          Date: 2020.02.24 11:56:22 -0500</small>	<b>CLERK COMPLETES</b>
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**SECTION 4 - Contract Control Form (ROUTING ORDER) I - ATTORNEY, II - INSURANCE, III - IT, IV - FINANCE, V - CLERK TO BOARD**

**I. ATTORNEY**  
 This contract has been reviewed through the legal review process and approved by the Attorney.  
 ATTORNEY SIGNATURE: [Signature] DATE: 2-24-20

**II. INSURANCE**  
 No Insurance Required      Certificate attached and approved      Hold contract pending receipt of certificate of insurance  
 INSURANCE CONSULTANT SIGNATURE: Mark R. Brandon DATE: 02/25/2020

**III. INFORMATION TECHNOLOGY**  
 This document has been reviewed and approved by the IT Director as to technical content.  
 IT DIRECTOR SIGNATURE: Dale Ring DATE: \_\_\_\_\_  
Digitally signed by Dale Ring  
 DN: cn=Dale Ring, o=Yadkin County, ou=Information Technology, email=dring@yadkincountync.gov, c=US  
 Date: 2020.02.25 11:10:23 -0500

**IV. FINANCE OFFICER**

YES     NO    Sufficient funds are available in the proper category to pay for this expenditure.  
 YES     NO    This contract is conditional upon appropriation by the BOC for sufficient funds  
 YES     NO    A budget amendment is attached as required for approval of this agreement.

NOTES: Revenue only

*This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act*

FINANCE OFFICER SIGNATURE: [Signature] DATE: \_\_\_\_\_  
Digitally signed by Lindsey Cearlock  
 DN: cn=Lindsey Cearlock, o=Yadkin County, ou=Finance Department, email=lcearlock@yadkincountync.gov, c=US  
 Date: 2020.02.25 12:14:44 -0500

**V. CLERK TO BOARD**  
 This document has been reviewed and approved by the Board of Commissioner and/or County Manager  
 APPROVED BY THE BOC  YES  NO DATE: \_\_\_\_\_  
 Document Fully Executed, Scanned and Posted on the County Website DATE: \_\_\_\_\_  
 CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Public Buildings 2/24/20 Dwayne Stanley

**Request:**

Request to approve 3 year Contract with Duke Energy Corporation.

**Background:**(Justification for request, please be specific)

Yadkin County currently leases the New Health Department / HOH Facility. Public Buildings cleans this building early in the morning before anyone gets to work and certain times of the year it is dark when they get there. The parking lot for this facility has little or no lighting which is a security and safety issue. This Contract will provide appropriate lighting needed for this facility.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

These services will be paid out of annual budget appropriations for the Public Buildings Department.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

... approve the 3 year Contract with Duke Energy Corporation.

**YADKIN COUNTY CONTRACT CONTROL & LEGAL REVIEW FORM**

DATE: 2/14/20

Public Copy

**SECTION 1**

DEPARTMENT: PUBLIC BUILDINGS BUDGET CODE: 1054260-54300

VENDOR NAME: DUKE ENERGY POC: JOSE VALLES PHONE: 336-466-4182

VENDOR MAIL ADDRESS: PO BOX 70516

TOWN, STATE AND ZIP: CHARLOTTE NC 28272 VENDOR ID: 43

CONTRACT TERM: 3 (# of years) CONTRACT AMOUNT: \$ 1,700.00 MUNIS CONTRACT NO:

NEW CONTRACT  CONTRACT RENEWAL  AMENDMENT TO CONTRACT

DEPARTMENT COMPLETES	<b>DETAILS or QUESTIONS:</b>		DEPARTMENT COMPLETES
	INSTALL NEW SECURITY LIGHTING AT THE NEW HEALTH/HOH FACILITY		
Department Head Signature	→	Dwayne Stanley <small>Digitally signed by Dwayne Stanley DN: cn=Dwayne Stanley, o=Yadkin County, ou=Management, email=dstanley@yadkincountync.gov, c=US Date: 2020.02.18 07:51:40 -0500</small>	

MANAGER COMPLETES	County Manager's Signature	→	Lisa L. Hughes <small>Digitally signed by Lisa L. Hughes DN: cn=Lisa L. Hughes, o=County of Yadkin, ou=County Manager, email=llhughes@yadkincountync.gov, c=US Date: 2020.02.18 09:09:12 -0500</small>	MANAGER COMPLETES
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**SECTION 3 - LEGAL REVIEW (only required if contract exceeds \$5,000 or terms are longer than 12 months.)**

CLERK COMPLETES	LEGAL TASK ORDER #: <u>1329</u>	Tanya Gentry <small>Digitally signed by Tanya Gentry DN: cn=Tanya Gentry, o=Yadkin County, ou=Administration, email=tgentry@yadkincountync.gov, c=US Date: 2020.02.18 09:24:41 -0500</small>	CLERK COMPLETES
	TITLE: <u>Duke Energy</u>	CLERK TO THE BOARD Signature	

**SECTION 4 - Contract Control Form (ROUTING ORDER) I - ATTORNEY, II - INSURANCE, III - IT, IV - FINANCE, V - CLERK TO BOARD**

**I. ATTORNEY**  
This contract has been reviewed through the legal review process and approved by the Attorney.

ATTORNEY SIGNATURE: [Signature] DATE: 2-18-20

**II. INSURANCE**

No Insurance Required  Certificate attached and approved  Hold contract pending receipt of certificate of insurance

INSURANCE CONSULTANT SIGNATURE: Mark R. Brandon DATE: 02/18/2020

**III. INFORMATION TECHNOLOGY**  
This document has been reviewed and approved by the IT Director as to technical content.

IT DIRECTOR SIGNATURE: Dale Ring  
Digitally signed by Dale Ring  
DN: cn=Dale Ring, o=Yadkin County, ou=Information Technology, email=dring@yadkincountync.gov, c=US  
Date: 2020.02.18 16:11:05 -0500 DATE: \_\_\_\_\_

**IV. FINANCE OFFICER**

YES  NO Sufficient funds are available in the proper category to pay for this expenditure.  
 YES  NO This contract is conditional upon appropriation by the BOC for sufficient funds  
 YES  NO A budget amendment is attached as required for approval of this agreement.

NOTES:

*This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act*

FINANCE OFFICER SIGNATURE: [Signature] DATE: \_\_\_\_\_  
Digitally signed by Lindsey Coakley  
DN: cn=Lindsey Coakley, o=Yadkin County, ou=Finance Department,  
email=lcoakley@yadkincountync.gov, c=US  
Date: 2020.02.18 16:51:30 -0500

**V. CLERK TO BOARD**  
This document has been reviewed and approved by the Board of Commissioner and/or County Manager

APPROVED BY THE BOC  YES  NO DATE: \_\_\_\_\_

Document Fully Executed, Scanned and Posted on the County Website DATE: \_\_\_\_\_

CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Public Buildings 2/24/20 Dwayne Stanley

**Request:**

Request to approve the 5 year General Service Contract with Piedmont Door Automation, LLC.

**Background:**(Justification for request, please be specific)

The Yadkin County Medical Facility currently has several electric sliding doors which requires repair from time to time. Yadkin County does not have a Contract in place that covers any maintenance services on doors such as these. This Contract will assure that when service are needed, they can done in a timely manner.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

These services will be paid out of annual budget appropriations for the Public Buildings Department.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

... approve the General Service Contract with Piedmont Door Automation.

**YADKIN COUNTY CONTRACT CONTROL & LEGAL REVIEW FORM**

DATE: 2/21/20 Public Copy

**SECTION 1**

DEPARTMENT: PUBLIC BUILDINGS BUDGET CODE: VARIES

VENDOR NAME: PIEDMONT DOOR AUTOMATION, LLC POC: SUE EDMONDS PHONE: 336-643-3999

VENDOR MAIL ADDRESS: 628 GRIFFITH ROAD STE. G

TOWN, STATE AND ZIP: CHARLOTTE, NC 28217 VENDOR ID: 2097

CONTRACT TERM: 5 (# of years) CONTRACT AMOUNT: \$ 15,000.00 MUNIS CONTRACT NO:

NEW CONTRACT  CONTRACT RENEWAL  AMENDMENT TO CONTRACT

DEPARTMENT COMPLETES **DETAILS or QUESTIONS:**  
USED FOR ELECTRIC DOOR SERVICE  
Department Head Signature → Dwayne Stanley  
Digitally signed by Dwayne Stanley  
DN: cn=Dwayne Stanley, o=Yadkin County,  
ou=Management, email=dstanley@yadkincountync.gov, c=US  
Date: 2020.02.24 09:13:43 -05'00'

SECTION 2 - COUNTY MANAGER REVIEW  
MANAGER COMPLETES County Manager's Signature → Lisa L. Hughes  
Digitally signed by Lisa L. Hughes  
DN: cn=Lisa L. Hughes, o=County of Yadkin,  
ou=County Manager,  
email=lhughes@yadkincountync.gov, c=US  
Date: 2020.02.24 10:54:40 -05'00' MANAGER COMPLETES

SECTION 3 - LEGAL REVIEW (only required if contract exceeds \$5,000 or terms are longer than 12 months.)  
CLERK COMPLETES LEGAL TASK ORDER #: 1330 Tanya Gentry  
TITLE: Piedmont Door CLERK TO THE BOARD Signature  
Digitally signed by Tanya Gentry  
DN: cn=Tanya Gentry, o=Yadkin County, ou=Administration,  
email=tgentry@yadkincountync.gov, c=US  
Date: 2020.02.24 11:03:33 -05'00' CLERK COMPLETES

**SECTION 4 - Contract Control Form (ROUTING ORDER) I - ATTORNEY, II - INSURANCE, III - IT, IV - FINANCE, V - CLERK TO BOARD**

**I. ATTORNEY**  
This contract has been reviewed through the legal review process and approved by the Attorney.  
ATTORNEY SIGNATURE: [Signature] DATE: 2-24-20

**II. INSURANCE**  
No Insurance Required  Certificate attached and approved Hold contract pending receipt of certificate of insurance  
INSURANCE CONSULTANT SIGNATURE: Mark R. Brandon DATE: 02/25/2020

**III. INFORMATION TECHNOLOGY**  
This document has been reviewed and approved by the IT Director as to technical content.  
IT DIRECTOR SIGNATURE: Dale Ring DATE: \_\_\_\_\_  
Digitally signed by Dale Ring  
DN: cn=Dale Ring, o=Yadkin County, ou=Information  
Technology, email=dring@yadkincountync.gov, c=US  
Date: 2020.02.25 11:12:02 -05'00'

**IV. FINANCE OFFICER**  
 YES  NO Sufficient funds are available in the proper category to pay for this expenditure.  
 YES  NO This contract is conditional upon appropriation by the BOC for sufficient funds  
 YES  NO A budget amendment is attached as required for approval of this agreement.  
NOTES: Requires a purchase order

*This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act*  
FINANCE OFFICER SIGNATURE: [Signature] DATE: \_\_\_\_\_  
Digitally signed by Lindsey Cearlock  
DN: cn=Lindsey Cearlock, o=Yadkin County, ou=Finance Department,  
email=lcearlock@yadkincountync.gov, c=US  
Date: 2020.02.25 12:17:26 -05'00'

**V. CLERK TO BOARD**  
This document has been reviewed and approved by the Board of Commissioner and/or County Manager  
APPROVED BY THE BOC  YES  NO DATE: \_\_\_\_\_  
Document Fully Executed, Scanned and Posted on the County Website DATE: \_\_\_\_\_  
CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**YADKIN COUNTY**  
**NORTH CAROLINA**

**AGREEMENT FOR GENERAL SERVICES**  
(Munis Contract Number)

This Agreement is made and entered into this 21 day of FEBRUARY, 2020  
("Effective Date") between Yadkin County, North Carolina ("County") and  
PIEDMONT DOOR AUTOMATION, LLC ("Provider").

WHEREAS, the County and the Provider wish to enter into a contract under which the Provider will provide certain specified services and/or materials to the County in exchange for payment. NOW, THEREFORE, in consideration of the mutual covenants, promises, terms, conditions, and agreements herein, the County and the Provider agree as follows:

1. **Services To Be Performed.** The Provider agrees to perform the services and to provide the materials (all collectively called the "Services") for the County as authorized by the County Manager. Provider acknowledges that this Agreement does not guarantee that the County will assign the Provider any work; however, that the County from time to time may request the Provider to perform services for Yadkin County.

The Provider warrants that all materials it provides shall be of good quality and shall meet industry standards and the County's expectations and approval, and the Provider warrants that it shall perform all Services in a good and workmanlike manner, in accordance with industry standards and the County's expectations, and to the County's full satisfaction.

For the County to be liable for paying for any Services provided under this Agreement, the requested Services (along with Provider's cost estimate and a list of the number and types of equipment to be used) must be approved in writing before any work is performed.

In performing services under this Agreement, Provider shall comply with all County instructions and with any plans or specifications provided by the County. The compensation to be provided to Provider pursuant to Item 3 of this Contract, shall be deemed to fully compensate Provider for the Services and for all costs and expenses incurred by Provider, including (by example only) equipment costs, fuel, and labor costs.

Any work performed by Provider for the County or at the County's request while this Agreement is in effect will be governed by this Agreement unless the County and the Provider have signed another written contract to govern that work.

2. **Term.** The term of this Agreement shall remain in effect until it terminates on MARCH 1, 2025.

3. **Payment to the Provider.** For each request for service made by the County, the County shall pay the Provider at an agreed upon amount approved in writing and signed before any work is performed. Each Service provided shall be known as a PURCHASE ORDER. Each purchase order shall have an amount NOT TO EXCEED. The County shall in no event be required to pay any amount beyond that specified in a written task.

**Notwithstanding any other provision of this Agreement, in no event shall the total amount paid by the County under this Agreement exceed Fifteen Thousand Dollars (\$15,000.00) in any single fiscal year (which runs from July 1 through June 30). Any services that exceed \$15,000 must be approved in a separate contract by the Yadkin County Board of Commissioners.**

In accordance with Item 3, Payment to the Provider, the County agrees to pay the Provider for Services satisfactorily performed in accordance with this Agreement. The County shall pay each properly submitted invoice within thirty (30) days of its submission. Each invoice shall document, to the County's satisfaction, the work performed and the basis for the amount of payment sought. If the Provider fails to perform in accordance with this Agreement, the County may, without penalty, withhold any payment(s) associated with Services not properly performed until and unless the Provider completes or corrects its performance, as applicable. The County's remedies under this Agreement are not exclusive and are in addition to all other rights and remedies provided by law.

4. **E-Verify.** North Carolina General Statutes prohibit counties from entering into contracts with contractors and subcontractors under the formal bid process and/or proposals who have not complied with the requirement of Article 2 of Chapter 64 of the NC General Statutes. Said Article 2 of Chapter 64 states *The prohibition applies to all contracts subject to G.S. 143-129, which are purchase contracts with an estimated cost of \$90,000 or more, and construction or repair contracts with an estimated cost of \$500,000 or more. GS 143-129 applies to virtually all public entities, including cities, counties, local school boards, water and sewer authorities, and other special purpose local government districts and authorities.* The Contractor must submit the E-Verify Affidavit with bid proposals and/or contracts as required by NC General Statutes.

5. **Non-waiver.** If the County at any time does not require the Provider to satisfy any of the Provider's obligations under this Agreement, or if the County fails at any time to exercise any right or privilege granted to it by this Agreement, that shall not waive or limit the County's ability to require the Provider to satisfy those obligations in the future or the County's ability to enforce its rights or privileges in the future. If the County waives any breach of this Agreement by the Provider that shall not be deemed a waiver of any later breach by the Provider, nor shall it be deemed a waiver of this section of the Agreement.

6. **Independent Contractor.** For purposes of this Agreement, the Provider at all times shall be considered an independent contractor, and the County shall not be deemed the employer of the Provider or of any of the Provider's agents or employees, nor shall the County be responsible for the actions or omissions of the Provider or its agents and employees. For purposes of this Agreement, the Provider and its agents and employees shall not be deemed an employee of the County for any purpose, including (by example only and not for purposes of limitation) federal or state income taxation, unemployment benefits, or worker's compensation benefits.

7. **Insurance.** During this Agreement's term, the Provider shall maintain at its sole expense all insurances as set out in this section. All insurance policies shall be issued by a company authorized to issue insurance in the State of North Carolina. Before beginning to perform under this Agreement, the Provider shall provide the County with a certificate of insurance showing that all insurance required by this Agreement is in effect, and the Provider shall keep that certificate current by submitting to the County updated certificates as the Provider's insurance policies are renewed or otherwise modified. The Provider shall notify the County immediately if any insurance required by this Agreement will be or has been cancelled or not renewed or if the amount of coverage of any such insurance will be or has been reduced.

The Provider shall maintain worker's compensation insurance as required by North Carolina law to cover all of the Provider's employees engaged in any work under the Agreement.

The Provider shall also maintain the following insurance to cover its performance under this Agreement during the Agreement's term:

- General commercial liability in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate.
- Workers' Compensation in the amount of \$500,000 employer's liability.
- Automobile liability covering all owned, hired, and non-owned vehicles used in connection with this Agreement. The minimum combined single limit shall be \$1,000,000 for bodily injury and property damage; and \$1,000,000 uninsured/underinsured motorist coverage.

8. **Indemnity.** The Provider agrees that it shall defend, indemnify, and hold harmless the County and its officials, employees, and agents from and against any and all losses, liabilities, claims, demands, suits, costs, damages, or expenses (including reasonable attorneys' fees) arising from or related to this Agreement and/or the Services, including (by example only and not for purposes of limitation) those for bodily injury, death, or property damage. The Provider's obligations under this section shall survive termination of this Agreement.

9. **Termination.** Notwithstanding any other provision of this Agreement, this Agreement may be terminated at any time by mutual written agreement of the County and the Provider, or it may be terminated by the County upon ten (10) days' written notice to the Provider. Ten days' written notice for termination by the County is not required if the County is terminating because the Provider has breached the Agreement.

10. **Entire Agreement.** This Agreement (including any attached Exhibits) constitute the complete and entire Agreement between the County and the Provider concerning the subject matter of the Agreement and supersedes any and all prior agreements, discussions, understandings, promises, or representations concerning that subject matter. This Agreement may be modified only by a writing signed by both the County and the Provider.

11. **Governing Law and Forum for Disputes.** This Agreement shall be governed by the laws of the State of North Carolina without regard to North Carolina's choice of law provisions. Any lawsuit or other legal proceeding concerning this Agreement and/or the Services must be filed in Yadkin County, North Carolina, unless it is properly filed in Federal Court, in which case it must be filed in the Federal District Court for the Middle District of North Carolina.

12. **Severance Clause.** If any part of this Agreement is deemed unenforceable by a court of competent jurisdiction, then that part shall be enforced to the greatest extent legally possible, and the rest of this Agreement will remain in full force and effect.

13. **Compliance With Laws.** The Provider acknowledges and agrees that it will perform all Services and will satisfy all of its obligations under this Agreement in full compliance with all applicable federal, state, and local laws and regulations.

14. **Repair of Damages.** The Provider shall promptly and fully repair any damages that it or its employees or agents cause to the County's property. Alternatively, the County may choose in its discretion to require the Provider to fully compensate the County for any such damages rather than have the Provider repair them.

15. **Titles and Headings.** Titles and headings used in this Agreement are for convenience only and do not limit or modify the language within each section of this Agreement.

16. **Non-Assignment.** The Provider may not assign its rights or obligations under this Agreement, nor may it sub-contract any part of this Agreement, without written approval from the County.

17. **Notices.** Any notice or communication to the County or the Provider for purposes of this Agreement shall be delivered or shall be deposited in the United States Mail, first class, addressed to the addressee below:

THE COUNTY

THE PROVIDER

YADKIN COUNTY  
PO BOX 220  
YADKINVILLE NC 27055  
DWAYNE STANLEY  
336-341-0528

PIEDMONT DOOR AUTOMATION, LLC  
628 GRIFFITH ROAD STE. G  
CHARLOTTE, NC 28217  
SUE EDMONDS  
336-643-3999

18. **Number and gender.** This Agreement's use of singular, plural, masculine, feminine, and neuter pronouns shall include the others as the context may require.

19. **Exhibits.** To the extent of a conflict between the above language of this Agreement and any attachments, the above language of this Agreement will control.

IN WITNESS WHEREOF, the County and the Provider have caused this Agreement to be executed as of the Effective Date.

THE COUNTY

THE PROVIDER

BY: \_\_\_\_\_

BY: Terry Arnold

Name: Lisa Hughes

Name: Terry Arnold

Title: County Manager

Title: Branch Mgr

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

  
Digitally signed by Lindsey Cearlock  
DN: cn=Lindsey Cearlock, o=Yadkin County, ou=Finance  
Department, email=lcearlock@yadkincountync.gov, c=US  
Date: 2020.02.25 12:17:47 -0500  
\_\_\_\_\_  
Yadkin County Finance Officer

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Sheriff / 02-25-2020 / L.Nations

**Request:**

To approve the Johnson Controls LP contract

**Background:**(Justification for request, please be specific)

Johnson Controls offers advanced building and security management systems, providing far greater control over building protection and performance. We currently have security controls in the OLD Sheriff's Office Building and want to integrate this feature into the NEW Sheriff's Office Building Project.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

Contract cost budgeted for and approved in the Building Project for the NEW Sheriff's Office Building in the Manager's Budget FY2020.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

Make a motion authorizing acceptance of the Johnson Controls LP contract and authorizing the County Manager to approve and enforce the Johnson Controls LP contract.

YADKIN COUNTY CONTRACT CONTROL & LEGAL REVIEW FORM

DATE: 02/10/2020

SECTION 1

DEPARTMENT: Sheriff BUDGET CODE: 4054961-51542

VENDOR NAME: Johnson Controls POC: Roy Dixon PHONE: (336) 293-1239

VENDOR MAIL ADDRESS: 969 Pinebrook Knolls Drive

TOWN, STATE AND ZIP: Winston-Salem, NC 27105 VENDOR ID: 1658

CONTRACT TERM: 1 (# of years) CONTRACT AMOUNT: \$30,959.09 MUNIS CONTRACT NO:

NEW CONTRACT [checked] CONTRACT RENEWAL AMENDMENT TO CONTRACT

DEPARTMENT COMPLETES DETAILS or QUESTIONS: SECURITY EQUIPMENT AND INSTALLATION - SHERIFF'S OFFICE BUILDING PROJECT DEPARTMENT COMPLETES Department Head Signature [Signature]

SECTION 2 - COUNTY MANAGER REVIEW MANAGER COMPLETES County Manager's Signature [Signature] Digitally signed by Lisa L. Hughes DN: cn=Lisa L. Hughes, o=County of Yadkin, ou=County Manager, email=llhughes@yadkincountync.gov, c=US Date: 2020.02.10 17:15:35 -05'00'

SECTION 3 - LEGAL REVIEW (only required if contract exceeds \$5,000 or terms are longer than 12 months.)

CLERK COMPLETES LEGAL TASK ORDER #: 1327 TITLE: Johnson Controls Tanya Gentry CLERK TO THE BOARD Signature Digitally signed by Tanya Gentry DN: cn=Tanya Gentry, o=Yadkin County, ou=Administration, email=tgentry@yadkincountync.gov, c=US Date: 2020.02.11 07:00:30 -05'00'

SECTION 4 - Contract Control Form (ROUTING ORDER) I - ATTORNEY, II - INSURANCE, III - IT, IV - FINANCE, V - CLERK TO BOARD

I. ATTORNEY This contract has been reviewed through the legal review process and approved by the Attorney. ATTORNEY SIGNATURE: [Signature] DATE: 2-11-20

II. INSURANCE No Insurance Required [checked] Certificate attached and approved Hold contract pending receipt of certificate of insurance INSURANCE CONSULTANT SIGNATURE: Mark R. Brandon DATE: 02/11/2020

III. INFORMATION TECHNOLOGY This document has been reviewed and approved by the IT Director as to technical content. IT DIRECTOR SIGNATURE: Dale Ring Digitally signed by Dale Ring DN: cn=Dale Ring, o=Yadkin County, ou=Information Technology, email=dring@yadkincountync.gov, c=US Date: 2020.02.12 08:27:00 -05'00'

IV. FINANCE OFFICER YES NO Sufficient funds are available in the proper category to pay for this expenditure. YES NO This contract is conditional upon appropriation by the BOC for sufficient funds. YES NO A budget amendment is attached as required for approval of this agreement. NOTES:

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act FINANCE OFFICER SIGNATURE: Lindsey M. Carlock Digitally signed by Lindsey Carlock DN: cn=Lindsey Carlock, o=Yadkin County, ou=Finance Department, email=lcarlock@yadkincountync.gov, c=US Date: 2020.02.12 08:46:49 -05'00'

V. CLERK TO BOARD This document has been reviewed and approved by the Board of Commissioner and/or County Manager APPROVED BY THE BOC YES NO DATE: Document Fully Executed, Scanned and Posted on the County Website DATE: CLERK SIGNATURE: DATE:

**YADKIN COUNTY**  
**NORTH CAROLINA**

**AGREEMENT FOR SERVICES**  
(*Munis Contract Number*) \_\_\_\_\_

This Agreement is made and entered into this 10th day of February, 2020  
("Effective Date") between Yadkin County, North Carolina ("County") and  
Johnson Controls Security Solutions LLC ("Johnson Controls") ("Provider").

WHEREAS, the County and the Provider wish to enter into a contract under which the Provider will provide certain specified services and/or materials to the County in exchange for payment. NOW, THEREFORE, in consideration of the mutual covenants, promises, terms, conditions, and agreements herein, the County and the Provider agree as follows:

1. **Services To Be Performed.** The Provider agrees to perform the services and to provide the materials (all collectively called the "Services") for the County as authorized by the County Manager. Provider acknowledges that this Agreement does not guarantee that the County will assign the Provider any work; however, that the County from time to time may request the Provider to perform services for Yadkin County.

The Provider warrants that all materials it provides shall be of good quality and shall meet industry standards and the County's expectations and approval, and the Provider warrants that it shall perform all Services in a good and workmanlike manner, in accordance with industry standards and the County's expectations, and to the County's full satisfaction.

See "Exhibit A" attached hereto and incorporated as if fully setout herein. "Exhibit A" lists in detail the scope of services to be provided under this contract. Any changes to "Exhibit A" must be approved by the County Manager, in writing, prior to the service being provided.

2. **Term of the Agreement.** (Check the one provision that applies.)

This Agreement shall end on \_\_\_\_\_, 20\_\_\_\_.

This Agreement shall continue until the Provider has completed the Services to the County's satisfaction.

This Agreement shall continue until terminated in accordance with Section 8 of the Agreement.

3. **Payment to the Provider.**

- The County shall pay the Provider \$\_\_\_\_\_ every \_\_\_\_\_.
- The County shall pay the Provider a total not to exceed the amount of \$ \$ 30,959.09 for all Services performed under this Agreement. The Provider will invoice the County for Services as they are performed, but no more frequently than monthly.

In accordance with Item 3, Payment to the Provider, the County agrees to pay the Provider for Services satisfactorily performed in accordance with this Agreement. The County shall pay each properly submitted invoice within thirty (30) days of its submission. Each invoice shall document, to the County's satisfaction, the work performed and the basis for the amount of payment sought. If the Provider fails to perform in accordance with this Agreement, the County may, without penalty, withhold any payment(s) associated with Services not properly performed until and unless the Provider completes or corrects its performance, as applicable. The County's remedies under this Agreement are not exclusive and are in addition to all other rights and remedies provided by law.

4. **E-Verify.** North Carolina General Statutes prohibit counties from entering into contracts with contractors and subcontractors under the formal bid process and/or proposals who have not complied with the requirement of Article 2 of Chapter 64 of the NC General Statutes. Said Article 2 of Chapter 64 states *The prohibition applies to all contracts subject to G.S. 143-129, which are purchase contracts with an estimated cost of \$90,000 or more, and construction or repair contracts with an estimated cost of \$500,000 or more. GS 143-129 applies to virtually all public entities, including cities, counties, local school boards, water and sewer authorities, and other special purpose local government districts and authorities.* The Contractor must submit the E-Verify Affidavit with bid proposals and/or contracts as required by NC General Statutes.

5. **Non-waiver.** If the County at any time does not require the Provider to satisfy any of the Provider's obligations under this Agreement, or if the County fails at any time to exercise any right or privilege granted to it by this Agreement, that shall not waive or limit the County's ability to require the Provider to satisfy those obligations in the future or the County's ability to enforce its rights or privileges in the future. If the County waives any breach of this Agreement by the Provider that shall not be deemed a waiver of any later breach by the Provider, nor shall it be deemed a waiver of this section of the Agreement.

6. **Independent Contractor.** For purposes of this Agreement, the Provider at all times shall be considered an independent contractor, and the County shall not be deemed the employer of the Provider or of any of the Provider's agents or employees, nor shall the County be responsible for the actions or omissions of the Provider or its agents and employees. For purposes of this Agreement, the Provider and its agents and employees shall not be deemed an employee of the County for any purpose, including (by example only and not for purposes of limitation) federal or state income taxation, unemployment benefits, or worker's compensation benefits.

7. **Insurance.** During this Agreement's term, the Provider shall maintain at its sole expense all insurances as set out in this section. All insurance policies shall be issued by a company authorized to issue insurance in the State of North Carolina. Before beginning to perform under this Agreement, the Provider shall provide the County with a certificate of insurance showing that all insurance required by this Agreement is in effect, and the Provider shall keep that certificate current by submitting to the County updated certificates as the Provider's insurance policies are renewed or otherwise modified. The Provider shall notify the County immediately if any insurance required by this Agreement will be or has been cancelled or not renewed or if the amount of coverage of any such insurance will be or has been reduced.

The Provider shall maintain worker's compensation insurance as required by North Carolina law to cover all of the Provider's employees engaged in any work under the Agreement.

The Provider shall also maintain the following insurance to cover its performance under this Agreement during the Agreement's term:

- General commercial liability in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate.
- Workers' Compensation in the amount of \$500,000 employer's liability.
- Automobile liability covering all owned, hired, and non-owned vehicles used in connection with this Agreement. The minimum combined single limit shall be \$1,000,000 for bodily injury and property damage; and \$1,000,000 uninsured/underinsured motorist coverage.

8. **Indemnity.** The Provider agrees that it shall defend, indemnify, and hold harmless the County and its officials, employees, and agents from and against any and all losses, liabilities, claims, demands, suits, costs, damages, or expenses (including reasonable attorneys' fees) arising from or related to this Agreement and/or the Services, including (by example only and not for purposes of limitation) those for bodily injury, death, or property damage. The Provider's obligations under this section shall survive termination of this Agreement.

9. **Termination.** Notwithstanding any other provision of this Agreement, this Agreement may be terminated at any time by mutual written agreement of the County and the Provider, or it may be terminated by the County upon ten (10) days' written notice to the Provider. Ten days' written notice for termination by the County is not required if the County is terminating because the Provider has breached the Agreement.

10. **Entire Agreement.** This Agreement (including any attached Exhibits) constitute the complete and entire Agreement between the County and the Provider concerning the subject matter of the Agreement and supersedes any and all prior agreements, discussions, understandings, promises, or representations concerning that subject matter. This Agreement may be modified only by a writing signed by both the County and the Provider.

11. **Governing Law and Forum for Disputes.** This Agreement shall be governed by the laws of the State of North Carolina without regard to North Carolina’s choice of law provisions. Any lawsuit or other legal proceeding concerning this Agreement and/or the Services must be filed in Yadkin County, North Carolina, unless it is properly filed in Federal Court, in which case it must be filed in the Federal District Court for the Middle District of North Carolina.

12. **Severance Clause.** If any part of this Agreement is deemed unenforceable by a court of competent jurisdiction, then that part shall be enforced to the greatest extent legally possible, and the rest of this Agreement will remain in full force and effect.

13. **Compliance With Laws.** The Provider acknowledges and agrees that it will perform all Services and will satisfy all of its obligations under this Agreement in full compliance with all applicable federal, state, and local laws and regulations.

14. **Repair of Damages.** The Provider shall promptly and fully repair any damages that it or its employees or agents cause to the County’s property. Alternatively, the County may choose in its discretion to require the Provider to fully compensate the County for any such damages rather than have the Provider repair them.

15. **Titles and Headings.** Titles and headings used in this Agreement are for convenience only and do not limit or modify the language within each section of this Agreement.

16. **Non-Assignment.** The Provider may not assign its rights or obligations under this Agreement, nor may it sub-contract any part of this Agreement, without written approval from the County.

17. **Notices.** Any notice or communication to the County or the Provider for purposes of this Agreement shall be delivered or shall be deposited in the United States Mail, first class, addressed to the addressee below:

THE COUNTY

THE PROVIDER

Yadkin County  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Johnson Controls Security Solutions LLC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. **Number and gender.** This Agreement’s use of singular, plural, masculine, feminine, and neuter pronouns shall include the others as the context may require.

19. **Exhibits.** To the extent of a conflict between the above language of this Agreement and any attachments, the above language of this Agreement will control.

IN WITNESS WHEREOF, the County and the Provider have caused this Agreement to be executed as of the Effective Date.

THE COUNTY

THE PROVIDER

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Name: Lisa Hughes

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

Title: County Manager

Title: \_\_\_\_\_

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



Digitally signed by Lindsey Cearlock  
DN: cn=Lindsey Cearlock, o=Yadkin County, ou=Finance  
Department, email=lsc@co.yadkinnc.gov, c=US  
Date: 2020.02.12 08:40:16 -05'07'

\_\_\_\_\_  
Yadkin County Finance Officer

EXHIBIT A

TO AGREEMENT TO SERVICES

Below is a detailed listing of the scope of services to be provided under this contract. Any changes to "Exhibit A" must be approved by the County Manager, in writing, prior to the service being provided. (The detailed listing of the scope of services may also be described on one or more sheets attached hereto and incorporated herein, but each must be signed by the Provider and the County.)

See Attached:

- \*Johnson Controls Security Solutions LLC - Commercial Sales Agreement
- \*Johnson Controls Security Solutions LLC - COI

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Solid Waste/ 2-10-2020/ Drew Hinkle

**Request:**

approve the Contract Amendment with Republic Services of North Carolina LLC.

**Background:**(Justification for request, please be specific)

Several items have been added to amend the contract. Each of the compactors may be fitted with a chute. If they are fitted the total cost will be \$2062.50 for all chutes and installation. We are changing the billing method to "on call" for front end loaders still at the sites.

Due to the use of the front end loaders and need for them during peak times, we are increasing the not to exceed amount each year by \$50,000. This will ensure service over the busier times of the year is covered within this contract.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

A one time payment of \$2062.50 will be for all the chutes. An increase of the not to exceed price of \$50,000 per year over the term of the contract will be implemented (increase from \$350,000 to \$400,000 per year).

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

approve the Contract Amendment with Republic Services of North Carolina LLC for Solid Waste Collection Services

**YADKIN COUNTY CONTRACT CONTROL & LEGAL REVIEW FORM**

DATE: 2/14/2010 Public Copy

**SECTION 1**

DEPARTMENT: Solid Waste BUDGET CODE: 604710-51500

VENDOR NAME: Republic Services of North Carolina LLC POC: Tony Krasienko PHONE: 336-251-3569

VENDOR MAIL ADDRESS: 2875 Lowery St

TOWN, STATE AND ZIP: Winston Salem, NC 27101 VENDOR ID: 8893

CONTRACT TERM: 5 (# of years) CONTRACT AMOUNT: \$ 2,002,062.50 MUNIS CONTRACT NO:

NEW CONTRACT  CONTRACT RENEWAL  AMENDMENT TO CONTRACT

<b>DEPARTMENT COMPLETES</b>	<b>DETAILS or QUESTIONS:</b> Amendment for addition of potential chutes to the compactors, on call scheduling for front end loaders and increase of \$50,000 per year for not to exceed cost based on volume of Solid Waste.	<b>DEPARTMENT COMPLETES</b>
	Department Head Signature → <u>Drew Hinkle</u> <small>Digitally signed by Drew Hinkle DN: cn=Drew Hinkle, o=Yadkin County, ou=Assistant County Manager, email=dhinkle@yadkincountync.gov, c=US Date: 2020.02.24 10:10:10 -05'00'</small>	

**SECTION 2 - COUNTY MANAGER REVIEW**

<b>MANAGER COMPLETES</b>	County Manager's Signature → <u>Lisa L. Hughes</u> <small>Digitally signed by Lisa L. Hughes DN: cn=Lisa L. Hughes, o=County of Yadkin, ou=County Manager, email=lhughes@yadkincountync.gov, c=US Date: 2020.02.24 13:52:54 -05'00'</small>	<b>MANAGER COMPLETES</b>
--------------------------	--	--------------------------

**SECTION 3 - LEGAL REVIEW (only required if contract exceeds \$5,000 or terms are longer than 12 months.)**

<b>CLERK COMPLETES</b>	LEGAL TASK ORDER #: <u>1332</u> TITLE: <u>Republic Services Amend</u>	<b>CLERK COMPLETES</b>
	<u>Tanya Gentry</u> CLERK TO THE BOARD Signature <small>Digitally signed by Tanya Gentry DN: cn=Tanya Gentry, o=Yadkin County, ou=Administration, email=tgentry@yadkincountync.gov, c=US Date: 2020.02.24 13:57:43 -05'00'</small>	

**SECTION 4 - Contract Control Form (ROUTING ORDER) I - ATTORNEY, II - INSURANCE, III - IT, IV - FINANCE, V - CLERK TO BOARD**

**I. ATTORNEY**  
This contract has been reviewed through the legal review process and approved by the Attorney.

ATTORNEY SIGNATURE: Edward Howell DATE: 2-24-20

**II. INSURANCE**

No Insurance Required  Certificate attached and approved  Hold contract pending receipt of certificate of insurance

INSURANCE CONSULTANT SIGNATURE: Mark R. Brandon DATE: 02/25/2020

**III. INFORMATION TECHNOLOGY**  
This document has been reviewed and approved by the IT Director as to technical content.

IT DIRECTOR SIGNATURE: Dale Ring DATE: \_\_\_\_\_  
Digitally signed by Dale Ring  
DN: cn=Dale Ring, o=Yadkin County, ou=Information Technology, email=dring@yadkincountync.gov, c=US  
Date: 2020.02.25 11:13:37 -05'00'

**IV. FINANCE OFFICER**

YES  NO Sufficient funds are available in the proper category to pay for this expenditure.  
 YES  NO This contract is conditional upon appropriation by the BOC for sufficient funds  
 YES  NO A budget amendment is attached as required for approval of this agreement.

NOTES:

*This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act*

FINANCE OFFICER SIGNATURE: Lindsey M. Cearlock DATE: \_\_\_\_\_  
Digitally signed by Lindsey Cearlock  
DN: cn=Lindsey Cearlock, o=Yadkin County, ou=Finance Department, email=lcearlock@yadkincountync.gov, c=US  
Date: 2020.02.25 12:20:03 -05'00'

**V. CLERK TO BOARD**  
This document has been reviewed and approved by the Board of Commissioner and/or County Manager

APPROVED BY THE BOC  YES  NO DATE: \_\_\_\_\_

Document Fully Executed, Scanned and Posted on the County Website DATE: \_\_\_\_\_

CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COUNTY OF YADKIN  
STATE OF NORTH CAROLINA**

**AMENDMENT TO STANDARD  
SERVICES AGREEMENT**

THIS Amendment is made and entered into this the \_\_\_ day of \_\_\_\_\_, 2020 ("Effective Date") between the County of Yadkin, North Carolina ("COUNTY") and Republic Services of North Carolina, LLC, d/b/a Republic Waste Services of Winston Salem/ Republic Waste Services ("PROVIDER").

WHEREAS, the County and the Provider entered into a Standard Services Agreement on the 3<sup>rd</sup> day of June 2019, under which the Provider, provides solid waste collection for the County; and,

WHEREAS, the County wishes to possibly modify five compactors with the addition of a chute system, paying the Provider a onetime payment of \$2062.50 (plus tax) for chute modification and installation on all compactors; and,

WHEREAS, the County wishes to utilize County owned 6yd bins at each site with a compactor as load backup for heavy traffic and if the compactor becomes full or has a technical issue; and,

WHEREAS, the County wishes to use the 6yd bins in an "on call" method for pickup and billing by the Provider; and,

WHEREAS, the County wishes to modify the not to exceed price of the contract from \$350,000 per year to \$400,000 per year over the term of the contract; and,

WHEREAS, all other terms and conditions set forth in the original contract shall remain in effect for the duration of the contract.

IN WITNESS WHEREOF, the County and the Provider have caused this Amendment to be executed as of the Effective Date.

THE COUNTY  
By: \_\_\_\_\_ (seal)  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

THE PROVIDER  
By:  (seal)  
Name: Dennis Moriarty  
Title: General Manager

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



Digitally signed by Lindsey Caslock  
DN: cn=Lindsey Caslock, o=Fulton County, ou=Finance  
Department, email=Lcaslock@kypublicworks.gov, c=US  
Date: 2020.02.25 12:20:17 -0500

\_\_\_\_\_, Finance Officer

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Information Technology \ 2/26/2020 \ Dale Ring

**Request:**

Change Fiscal Funding form on existing Sharp contract replacing the DeLage Landen form with the TIAA form.

**Background:**(Justification for request, please be specific)

We are changing printer lease providers and TIAA requires a different form.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

Initial contract already approved, no change in budget.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

Please approve switching the Fiscal funding forms removing DeLage and replacing with TIAA and authorize the County Manager to sign, pending completion of the contract control form review process.

**YADKIN COUNTY CONTRACT CONTROL & LEGAL REVIEW FORM**

DATE: 1/24/2020

Public Copy

**SECTION 1**

DEPARTMENT: Information Technology BUDGET CODE: Various from different Departments

VENDOR NAME: Sharp Business Systems POC: Richard Shackelford PHONE: (336)-682-6731

VENDOR MAIL ADDRESS: 102 W 3rd St

TOWN, STATE AND ZIP: Winston-Salem, NC 27101 VENDOR ID: 1409

CONTRACT TERM: 5 (# of years) CONTRACT AMOUNT: \$ 44,328.60 MUNIS CONTRACT NO:

NEW CONTRACT  CONTRACT RENEWAL  AMENDMENT TO CONTRACT

DEPARTMENT COMPLETES  
**DETAILS or QUESTIONS:**  
Replace Fiscal funding agreement from Delage to TIAA on existing contract. No change in funding.  
Department Head Signature → Dale Ring  
Digitally signed by Dale Ring  
DN: cn=Dale Ring, o=Yadkin County,  
ou=Information Technology,  
email=dring@yadkincountync.gov, c=US  
Date: 2020.02.28 11:21:48 -0500

DEPARTMENT COMPLETES

**SECTION 2 - COUNTY MANAGER REVIEW**

MANAGER COMPLETES  
County Manager's Signature → \_\_\_\_\_

MANAGER COMPLETES

**SECTION 3 - LEGAL REVIEW (only required if contract exceeds \$5,000 or terms are longer than 12 months.)**

CLERK COMPLETES  
LEGAL TASK ORDER #: 1333  
TITLE: Sharp amendment  
Tanya Gentry  
CLERK TO THE BOARD Signature  
Digitally signed by Tanya Gentry  
DN: cn=Tanya Gentry, o=Yadkin County, ou=Administration,  
email=tgentry@yadkincountync.gov, c=US  
Date: 2020.02.27 12:54:32 -0500

CLERK COMPLETES

**SECTION 4 - Contract Control Form (ROUTING ORDER) I - ATTORNEY, II - INSURANCE, III - IT, IV - FINANCE, V - CLERK TO BOARD**

**I. ATTORNEY**  
This contract has been reviewed through the legal review process and approved by the Attorney.  
ATTORNEY SIGNATURE: *Edward Howell* DATE: 2-27-20

**II. INSURANCE**  
 No Insurance Required  Certificate attached and approved  Hold contract pending receipt of certificate of insurance  
INSURANCE CONSULTANT SIGNATURE: *Mark R. Brandon* DATE: 02/28/2020

**III. INFORMATION TECHNOLOGY**  
This document has been reviewed and approved by the IT Director as to technical content.  
IT DIRECTOR SIGNATURE: *Dale Ring* DATE: \_\_\_\_\_  
Digitally signed by Dale Ring  
DN: cn=Dale Ring, o=Yadkin County, ou=Information Technology, email=dring@yadkincountync.gov, c=US  
Date: 2020.02.28 11:22:05 -0500

**IV. FINANCE OFFICER**  
 YES  NO Sufficient funds are available in the proper category to pay for this expenditure.  
 YES  NO This contract is conditional upon appropriation by the BOC for sufficient funds  
 YES  NO A budget amendment is attached as required for approval of this agreement.  
NOTES:

*This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act*  
FINANCE OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**V. CLERK TO BOARD**  
This document has been reviewed and approved by the Board of Commissioner and/or County Manager  
APPROVED BY THE BOC  YES  NO DATE: \_\_\_\_\_  
Document Fully Executed, Scanned and Posted on the County Website DATE: \_\_\_\_\_  
CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Administration/Tanya Gentry

**Request:**

Adopt Resolution to Declare March 2020 Abandoned Cemeteries Awareness Month.

**Background:**(Justification for request, please be specific)

Andrew Mackie has requested the Board of Commissioners adopt a resolution to declare March as Abandoned Cemeteries Awareness Month.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

NA.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

adopt the Resolution to Declare March 2020 as Abandoned Cemeteries Awareness Month.

*Kevin Austin, Chairman of Board  
David Moxley, Vice Chairman  
Gilbert Hemric, Commissioner  
Frank Zachary, Commissioner  
Marion Welborn, Commissioner*

*Ed Powell, County Attorney  
Lisa Hughes, County Manager  
Tanya Gentry, Clerk to the Board*



**A RESOLUTION OF THE YADKIN COUNTY BOARD OF COMMISSIONERS  
TO DECLARE MARCH 2020  
ABANDONED CEMETERIES AWARENESS MONTH**

**WHEREAS**, the abandoned cemeteries of Yadkin County constitute a valuable part of the County's cultural heritage; and

**WHEREAS**, an abandoned cemetery is defined as not having had a burial in over 50 years, and there are approximately 600 abandoned cemeteries in Yadkin County; and

**WHEREAS**, the NC General Assembly has directed every county in North Carolina to assume responsibility for the protection of its abandoned cemeteries and to establish a record of said cemeteries in the Office of the Register of Deeds, which has been established in the Yadkin County Register of Deeds, and that each county should establish a cemetery maintenance fund in the Office of the Clerk of Court, which has been established in Yadkin County; and

**WHEREAS**, while some of these cemeteries in Yadkin County and surrounding counties are maintained by citizens, most of them are not maintained and are subject to desecration and destruction; and

**WHEREAS**, Carl C. Hoots made an initial survey of cemeteries in Yadkin County and published a record of the same in 1987, and the Yadkin County Historical Society, Inc. is now updating that work,

**NOW, THEREFORE, BE IT RESOLVED** that the abandoned cemeteries of Yadkin County constitute a valuable part of Yadkin County's cultural heritage; the maintenance of these cemeteries by citizens in and out of the County is appreciated, and the desecration and destruction of said cemeteries are deplorable and illegal; the efforts of Carl C. Hoots and the Yadkin County Historical Society, Inc. to locate these cemeteries and record them is appreciated, and property owners in the County are encouraged to record these cemeteries on the deeds of their properties.

**BE IT FURTHER RESOLVED** that March 2020 be declared Abandoned Cemetery Awareness Month in Yadkin County.

**Adopted by the Yadkin County Board of Commissioners on the 2<sup>nd</sup> day of March, 2020.**

\_\_\_\_\_  
David Moxley, Vice Chairman  
Yadkin County Board of Commissioners

ATTEST: \_\_\_\_\_

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Finance / February 24 2020/ Lindsey Cearlock

**Request:**

To approve payment of a prior year invoice in the amount of \$1,993.06

**Background:**(Justification for request, please be specific)

These invoice is for one inmate that has been confirmed in our custody by the Sheriff's Office. The provider (Wake Forest Baptist) resubmitted their claims and are now complaint with GS 153A-225.2, regarding the inmate medical charges. The charges originally totaled \$3,441 once resubmitted now total \$1993.06

Inmate #1:DOS 05/31: Charge \$175 Medicaid Rate \$40.13 Amount billed \$80.26  
DOS 06/05: Charge \$175 Medicaid Rate \$40.13 Amount billed \$80.26  
DOS 06/18: Charge \$175 Medicaid Rate \$40.13 Amount billed \$80.26  
DOS 06/18: Charge \$2916 Medicaid Rate \$876.14 Amount billed \$1752.25

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

Funds will be paid from current year funds (1054320-51520), there are sufficient funds available.

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

Approve payment of prior year invoices.

## Calendar Notes:

- 1) March 16, 2020 – Cooperative Extension Report to the People at 5:15pm.
- 2) March 30, 2020 – Joint Meeting with the Board of Education in the Media Center of the Yadkin Early College. The meal will be served at 5:30pm and the meeting will start at 6:00pm.
- 3) April 10, 2020 – County Offices Closed for Good Friday.
- 4) April 23, 2020 – Joint Meeting with the Human Services Advisory Committee.
- 5) April 28, 2020 – NCACC District Meeting in Wilkes County at 5:00pm.

**Manager's Reports /**  
**Board Action**

# **Manager's Budget Amendments**

## **& Contracts**

### **No Action Required**

**County Manager Fund Transfers**

Department	Purpose
Finance Bank Service Fees (205) Building Improvements 205	Transfer of funds needed to help cover the cost of replacing the HVAC unit at the Courthouse.
Water Gasoline/Diesel Fuel (600) Water Expense (2,200) Contracted Services 2,800	Transfer of funds needed to cover the cost of water taps for Highway 21
Human Services/WIC Client Services Salaries (4,330) Breastfeeding Salaries 4,330	Transfer of funds needed to cover the salary costs for the Breastfeeding program.
Soil & Water Supplies & Materials (1) Watershed Maintenance (2,000) Insurance & Bonding 1 Equipment Maintenance 2,000	Transfer of funds to cover insurance and equipment maintenance costs.
Soil & Water Equipment (4,500) No-Till Drill Maintenance 4,500	Transfer of funds needed to purchase supplies for the No-Till Drills.
Solid Waste Disposal Transfer Fee (3,000) Assessment Fees 3,000	Transfer of funds needed to pay for NCDEQ required additional testing of the Landfill.
Finance Unemployment Insurance (4,850) Annual Audit 4,850	Transfer of funds needed to pay for the pension audit Yadkin County was selected for.

## YADKIN COUNTY AGENDA ABSTRACT

**Department / Date Submitted to Clerk / Submitted by:**

Human Service Agency / 2-19-20 / Kim Harrell

**Request:**

To re-appoint Mrs. Joan Swaim, Citizen to the Human Services Advisory Committee.

**Background:**(Justification for request, please be specific)

Mrs. Swaim was appointed on 3/3/17 for a 3 year term. She has requested to be re-appointed for another 3 year term that will expire in 2023.

**Fiscal / Budgetary Effect:** (include financial impact on the current fiscal year budget, future years' budgets and increase/decrease from last fiscal year's amount)

N/A

**Motion:**(Please type a recommended motion for Board consideration)

Make a motion to...

The Yadkin County Board of Commissioners make a motion to re-appoint Mrs. Joan Swaim, Citizen Representative to the Yadkin County Human Services Advisory Committee for a three year term beginning 3/2/20 and ending 3/2/23.