

**TENTATIVE AGENDA & MEETING NOTICE
BOARD OF COUNTY COMMISSIONERS**

**TUESDAY, OCTOBER 17, 2017
5:30 P.M.**

**WATAUGA COUNTY ADMINISTRATION BUILDING
COMMISSIONERS' BOARD ROOM**

TIME	#	TOPIC	PRESENTER	PAGE
5:30	1	CALL REGULAR MEETING TO ORDER		
	2	APPROVAL OF MINUTES: October 3, 2017, Regular Meeting October 3, 2017, Closed Session		1
	3	APPROVAL OF THE OCTOBER 17, 2017, AGENDA		7
5:35	4	WATAUGA MEDICS MATTERS A. Services Update B. Ambulance Services Contract Renewal	MR. CRAIG SULLIVAN	9 19
5:40	5	SOIL AND WATER FUNDING ACCEPTANCE REQUEST	MS. JANIE POE	29
5:45	6	PROJECT ON AGING ANNUAL REPORT	MS. ANGIE BOITNOTTE	55
5:50	7	COMMUNICATIONS AND EMERGENCY SERVICES MATTERS A. Proposed Radio Equipment Purchase B. Proposed CodeRed Emergency Notification Network Contract	MR. JEFF VIRGINIA	63 67
5:55	8	BID AWARD REQUEST FOR INSTALLATION OF WAREHOUSE CEILING AT WINKLERS CREEK FACILITY	MR. ROBERT MARSH	73
6:00	9	TAX MATTERS A. Monthly Collections Report B. Refunds & Releases	MR. LARRY WARREN	77 79
6:05	10	FINANCE MATTERS A. Budget Amendments B. Proposed Inmate Catastrophic Insurance Contract C. Proposed Telephone Equipment Upgrade	MS. MARGARET PIERCE	99 101 105
6:10	11	MISCELLANEOUS ADMINISTRATIVE MATTERS A. Out-of-State Travel Request for Finance B. November Meeting Schedule C. Recommended Contract Awards for Employee Medical, Dental, and Life Insurance D. Boards and Commissions E. Announcements	MR. DERON GEOUQUE	107 115 117 121 123
6:15	12	PUBLIC COMMENT		126
7:15	13	BREAK		126
7:20	14	CLOSED SESSION Attorney/Client Matters – G. S. 143-318.11(a)(3)		126
7:30	15	ADJOURN		

AGENDA ITEM 2:

APPROVAL OF MINUTES:

October 3, 2017, Regular Meeting

October 3, 2017, Closed Session

DRAFT**MINUTES****WATAUGA COUNTY BOARD OF COMMISSIONERS
TUESDAY, OCTOBER 3, 2017**

The Watauga County Board of Commissioners held a regular meeting, as scheduled, on Tuesday, October 3, 2017, at 8:30 A.M. in the Commissioners' Board Room of the Watauga County Administration Building, Boone, North Carolina.

PRESENT: John Welch, Chairman
Billy Kennedy, Vice-Chairman
Perry Yates, Commissioner
Anthony di Santi, County Attorney
Deron Geouque, County Manager
Anita J. Fogle, Clerk to the Board

[Clerk's Note: Commissioner Hodges and Commissioner Turnbow were not in attendance.]

Chairman Welch called the meeting to order at 8:31 A.M.

Commissioner Yates opened with prayer and Vice-Chairman Kennedy led the Pledge of Allegiance.

APPROVAL OF MINUTES

Chairman Welch called for additions and/or corrections to the September 19, 2017, regular and closed session minutes.

Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to approve the September 19, 2017, regular meeting minutes as presented.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to approve the September 19, 2017, closed session minutes as presented.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

APPROVAL OF AGENDA

Chairman Welch called for additions and/or corrections to the October 3, 2017, agenda.

Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to approve the October 3, 2017, agenda as presented.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

PROPOSED IMPROVEMENTS TO THE OLD HWY 421 AND HWY 421 INTERSECTION

Mr. Cullie Tarleton, North Carolina Department of Transportation (NCDOT) Division 11 Board member, stated that he had approached the Secretary of Transportation and requested discretionary funds to be used to provide advanced flashing arrows and to redesign the signal heads at the intersection of the Old Hwy 421 and Hwy 421 near Food Lion. At a previous Board meeting, staff was requested to contact NCDOT regarding potential improvements to the intersection to reduce the dangers experienced by motorists. The County Manager contacted Mr. Mike Pettyjohn, Division 11 Engineer, who stated that NCDOT had a project awaiting approval to add advanced flashing arrows on Old 421 and in the median of US 421 and that they were also redesigning the signal so that the signal heads will be closer to the stop bars. In addition, the Commissioners submitted the intersection as a transportation project to the High Country RPO to be scored for possible inclusion in the next State Transportation Improvement Plan (STIP) as NCDOT staff's preliminary analysis was that an overpass would be the most effective long-term solution in addressing the issues at the intersection. The Board showed support for the overpass. This report was for information only and, therefore, no action was taken.

WATAUGA COUNTY SCHOOL SYSTEM MATTERS

- A. Superintendent Update*
- B. Lottery Funds Request*

Dr. Scott Elliott, Watauga County Schools Superintendent, provided an update and requested funds from the Education Lottery and CIP Reserve Funds. Dr. Elliott stated that the recent joint facilities meeting went well and invited Board members to visit the County's schools. Enrollment is up by 137 students over last year some of which are attributed to dual-enrolled home school children. The graduation rate was 91.2% which is well above the State average. Dr. Elliott requested a total amount of \$937,300, broken down as follows: \$820,000 from the CIP Reserve for mobile units, sealant for the track at Watauga High School, one-to-one devices, classroom projectors, vehicle replacements, and activity bus replacements; \$117,300 from the North Carolina State Education Lottery for lead paint abatement, to correct flooding issues, and carpet and tile replacement.

Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to approve the request of \$117,300 from the Public School Building Capital Fund (Lottery Distribution) and \$820,000 from the County CIP Reserve.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

BLOWING ROCK FIRE AND RESCUE STATION 3 DISTRICT MAP REQUEST

Chief Kent Graham, representing Blowing Rock Fire and Rescue (BRFR), presented a resolution and map approving BRFR Station #3 and its insurance district. Blowing Rock Fire and Rescue has recently completed the sub-station to improve services to the Aho area. The resolution is required to gain final approval from the State.

Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to resolve that the Watauga County Board of Commissioners approve the six (6) mile boundary lines of Blowing Rock Station #3 Fire Insurance District in accordance with the maps and description filed this date with the Board of County Commissioners and recorded in the minutes:

TO BE TYPED IN MINUTE BOOK

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

REQUEST TO ACCEPT ADULT SERVICES COALITION GRANT FUNDS

Ms. Angie Boitnotte, Project on Aging Director, requested permission to apply for a grant from the Adult Services Coalition of Watauga County. The purpose of the grant is to purchase items to be used in making emergency preparedness kits for older adults.

Commissioner Yates, seconded by Vice-Chairman Kennedy, moved to authorize the application for the grant in the amount of \$1,000 to the Adult Services Coalition of Watauga County as presented by Ms. Boitnotte.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

REQUEST FOR ASSISTANCE WITH CONSTRUCTION OF GUY FORD ROAD ACCESS

County Manager Geouque stated that, at a previous meeting, the Board authorized staff to apply for a \$100,000 Recreational Trails Program grant for the Guy Ford Road access. The County has been notified that the grant request was denied. Currently, the County is awaiting a decision on \$50,000 in Tennessee Valley Authority funds and will be attempting to confirm a \$75,000 tentative commitment from the Watauga County Tourism Development Authority (TDA) on October 5. The County has been awarded \$50,000 from the General Assembly. The County Manager stated that Mr. Joe Furman has requested to utilize County forces to offset the \$100,000 that was not granted for grading and possible construction of the retaining wall. In order to do this, the Board would need to exempt the project per NC General Statute 143-135. Bids will be solicited for work not performed by the County.

Commissioner Yates, seconded by Vice-Chairman Kennedy, moved to exempt the Guy Ford Road Access project per NCGS 143-135 and authorize County forces to be utilized for the project.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

BUDGET AMENDMENTS

Ms. Margaret Pierce, Finance Director, reviewed the following budget amendments:

Account #	Description	Debit	Credit
103300-332004	SHIIP Grant		\$2,492
105550-449901	SHIIP Grant Expenses	\$2,492	

The amendment recognized the acceptance of the State Health Insurance Information Program (SHIIP) funds for which no match was required.

103839-384000	Donations		\$2,400
104310-429002	Drug Dog Expenses	\$2,400	

The amendment recognized the acceptance of a donation from the Boone Area Chamber of Commerce for the Sheriff's Office to purchase vests for the three K-9s.

Commissioner Yates, seconded by Vice-Chairman Kennedy, moved to approve the budget amendments as presented by Ms. Pierce.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

MISCELLANEOUS ADMINISTRATIVE MATTERS

A. Out-of-State Travel Request – Parks and Recreation

County Manager Geouque stated that Ms. Keron Poteat, Recreation Specialist II, had requested authorization to travel to Hilton Head, SC, for the Special Olympics North America Tennis Championships. The County Manager stated that Board action was required to authorize the out-of-state travel.

Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to approve the out-of-state travel for Ms. Keron Poteat as presented.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

B. Announcements

County Manager Geouque announced that the Grand Opening for Beech Mountain's Water Treatment Plant will be held on October 6, 2017, from 11:00 A.M. to 1:00 P.M. at 1331 Pine Ridge Road, Beech Mountain.

PUBLIC COMMENT

There was no public comment.

CLOSED SESSION

At 9:06 A.M., Vice-Chairman Kennedy, seconded by Commissioner Yates, moved to enter Closed Session to discuss Attorney/Client Matters, per G. S. 143-318.11(a)(3).

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

Commissioner Yates, seconded by Vice-Chairman Kennedy, moved to resume the open meeting at 9:43 A.M.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

ADJOURN

Commissioner Yates, seconded by Vice-Chairman Kennedy, moved to adjourn the meeting at 9:43 A.M.

VOTE: Aye-3(Welch, Kennedy, Yates)
Nay-0
Absent-2(Hodges, Turnbow)

John Welch, Chairman

ATTEST: Anita J. Fogle, Clerk to the Board

AGENDA ITEM 3:

APPROVAL OF THE OCTOBER 17, 2017, AGENDA

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AGENDA ITEM 4:

WATAUGA MEDICS MATTERS

A. Services Update

MANAGER'S COMMENTS:

Mr. Craig Sullivan, Watauga Medics, will review the quarterly report for Watauga Medics and update the Board regarding the impact of the new western ambulance base. Also, Mr. Sullivan will discuss possible options for the placement of an ambulance crew at the Blowing Rock Fire Station to analyze the viability and potential impact on the overall system.

Staff will request direction from the Board regarding the options put forth by staff and Mr. Sullivan.

July, August and Sept. 2017**Total Number of calls, No transports, And Type of Traffic
Used During Response.**

Month	Total Number of Calls	Not Transported	Number Disp. Emergency	Number Disp. Routine or Other
July	487	114	205	282
August	504	129	196	308
September	563	169	247	316
Total	1,554	412	648	906

**DOAs, patients transported emergency,
and the number of patients transported routine.**

Month	Total # of Patients Transported	Transported Emergency	Transported Routine	DOAs
July	373	76	297	6
August	375	63	312	3
September	394	62	332	3
Total	1,142	201	941	12

**Total Number of Out-of-County Transports
by Emergency and Routine.**

Month	Total Out-of-County Transports	Out-of-County Emergency Transports	Out-of-County Routine Transports	Number of Scene Flights
July	33	6	27	4
August	33	4	29	2
September	43	12	31	1
Total	109	22	87	7

July, August and Sept. 2017

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Number of calls responded to by Base:

Month:	Base 1:	Base 2:	Base 3:	total
July	226	193	68	487
August	278	178	56	512
Sept.	323	180	52	555
total	827	551	176	1,554

Number of Calls Dispatched by Time of Day.

Time of Day	July	August	September	Total
00:00 – 01:00	13	17	18	48
01:00 – 02:00	14	12	15	41
02:00 – 03:00	14	18	16	48
03:00 – 04:00	12	8	15	35
04:00 – 05:00	9	3	6	18
05:00 – 06:00	10	10	9	29
06:00 – 07:00	12	9	8	29
07:00 – 08:00	15	12	14	41
08:00 – 09:00	16	17	21	54
09:00 – 10:00	25	21	28	74
10:00 – 11:00	22	27	31	80
11:00 – 12:00	34	34	33	101
12:00 – 13:00	28	22	35	85
13:00 – 14:00	30	38	35	103
14:00 – 15:00	24	28	40	92
15:00 – 16:00	22	37	49	108
16:00 – 17:00	39	36	24	99
17:00 – 18:00	22	21	30	73
18:00 – 19:00	23	23	28	74
19:00 – 20:00	23	27	27	77
20:00 – 21:00	22	19	15	56
21:00 – 22:00	22	22	27	71
22:00 – 23:00	23	21	14	58
23:00 – 24:00	13	22	25	60
Totals	487	504	563	1,554

July, August and Sept. 2017
Location of all Emergency Calls Originating More than
Five Miles from the Base.

Month	Calls	BDFD	BFD	BRFD	CCFD	DGFD	MCFD	FFD	SDFD	SFD	SSFD	ZFD	Fall Creek	Other
July	487	12	286	72	24	18	19	28	1	5	3	11	5	3
August	504	5	332	51	27	17	25	28	2	5	1	11	1	5
September	563	10	386	51	17	17	19	28	0	8	2	14	3	0
Total	1,554	27	1004	174	68	52	63	84	3	18	6	36	9	8

Response Times

Response Time	July	August	September	Total
00:00 - 04:59	46	46	74	166
05:00 - 07:59	50	44	61	155
08:00 - 08:59	12	9	15	36
09:00 - 09:59	11	6	10	27
10:00 - 11:59	20	15	18	53
12:00 - 14:59	16	21	18	55
15:00 - 16:59	7	6	5	18
17:00 - 17:59	5	6	3	14
18:00 - 19:59	4	7	8	19
20:00 - 29:59	9	13	9	31
30:00 - 1:29:59		2	1	3
Total Responses	180	175	222	577
	0:08:34	0:09:11	0:07:37	0:08:27

Avg. Response time for 3rd. Quarter of 2017: **8:27**

July, August and Sept. 2017

Ambulances

Unit #	Type	Year model	VIN
Medic 1	chevy type 1 4x4	2016	1GB3KZC83GF165100
Medic 2	Chevy Type III	2010	1GB6G2B6XA1119242
Medic 3	Chevy Type III G4500	2015	1GB6G5CL8F1112450
Medic 5	Chevy type I 4x4	2014	1GB3KOC80EF117935
Medic 6	Chevy Type II (Medix)	2012	1GBZGUCG3C1141635
Medic 7	Chevy 3500 Type I 4x4	2010	1GB6K0B67AF112531
Medic 8	Chevy Type III	2012	1GB3G2CL8C1104765
Medic 9	Ford gas Type II	2012	1GBZGUCL0B1189203

Cardiac Monitors

1	Zoll M series 12 lead EKG/Bi-physic Defibrilator	1	Zoll AED
		4	zoll x series
5	Zoll E series 12 lead EKG cardiac monitors		

Communications

9	99 channel Kenwood 100 watt moble radio	7	TK 290 Kenwood Portables
2	Base stations	6	Motorola MT1500 Portables
1	Repeater system for WMI channel	3	motorola xpr 7550

July, August and Sept. 2017

Training Equipment

1	Laredal IV Torso	1	Vascular system chart
1	Skillmeter Resusci-annie	1	Respiratory system chart
2	Resusci-Junior	1	Overhead 3M projector
3	Intubation Manikins	1	Pressure IV bag
4	Junior intubation manikin	6	CPR manikins for classes
5	Regular Resusci-annies	1	Sony Video camera
1	IV arm start kit	1	OB/GYN pregnancy simulator
1	ALS resusci-baby	3	Portable suction units
9	Regular resusci-babies	1	Armstrong patient simulator
1	OB Manikin	1	vasisims patient simulator
1	Chest decompression manikin	1	Video adapter
1	Crich manikin	1	Airway management kit
2	ALS rhythm generator	3	Resuscitator kits
2	JVC VCR's	1	Projection Screen
1	19in. color TV	1	National Registry software for EMT-P
2	Airway manikins		
1	Complete model of the heart		Multiple training videos.
1	Complete skeleton		Multiple books and manuals for training.
1	Torso model		Misc. disposable supplies used for training.
1	Laerdal head suction model		

July, August and Sept. 2017

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Name, Position, and Level of certification

	Name	Position	Level of Certification
1	Craig Sullivan	Director	EMT-Paramedic
2	Matt Walker	Assistant Director	EMT-Paramedic
3	Mary Masters	Shift Supervisor	EMT-Paramedic
4	Kevin Norris	Shift Supervisor	EMT-Paramedic
5	Mike Edmisten	Shift Supervisor	EMT-Paramedic
6	JessicaWagner	Full-time	EMT-Paramedic
7	Adam Miller	Full-time	EMT-Paramedic
8	Chad Foster	Full-time	EMT-Paramedic
9	Jack Reedy	Full-time	EMT-Paramedic
10	Chad Moore	Full-time	EMT-Paramedic
11	Mark Cook	Full-time	EMT-Paramedic
12	Ryan Kissel	Full-time	EMT-Paramedic
13	Conrad Poe	Full-time	EMT-Paramedic
14	Karen Holt	Full-time	EMT-Paramedic
15	Pete Pickering	Full-time	EMT-Paramedic
16	Veronica Shelton	Full-time	EMT-Basic
17	Brandon Patrick	Full-time	EMT-Paramedic
18	Nate McCoy	Full-time	EMT-Paramedic
19	John Whitner	Full-time	EMT-Paramedic
20	Darlene Hicks	Full-time	Clerical/Office
21	Amber Jackson	Full-time	Clerical/Office
22	Greg Bryant	Full-time	EMT- Paramedic
23	Ethan Todd	Full-time	EMT-Paramedic
24	Brad Chenausky	Part-time	EMT-Paramedic
25	Mary Beth Walker	Part-time	EMT-Paramedic
26	George Durfor	Part-time	EMT-Paramedic
27	Patrick Strickland	Part-time	EMT-Paramedic
28	Angie Norris	Part-time	EMT-Basic
29	Josh Poe	Part-time	EMT-Basic
30	Jarrold Plumley	Part-time	EMT-Paramedic
31	Juan Bowen	Part-time	EMT-Paramedic
32	Dakota Wilson	Part-time	EMT-Basic
33	Jarrold Absher	Part-time	EMT-Paramedic
34	Morgan Reed	Part-time	EMT-Basic
35	Poppy Wilson	Part-time	EMT-Basic
36	Angela Bowen	part-time	EMT-Basic
37	Randy Collins	Part-time	EMT-Intermediate
38	Graham Neville	Part-time	EMT-Paramedic
39	Amy Norwood	Part-time	EMT-Paramedic
39	Gary Harmon	Part-time	EMT-Paramedic
39	Alec Jacobson	Part-time	EMT-Basic

Response times by District:

July		
District	Emergency Calls	Avg. Response Time:
BDFD	7	0:16:37
BFD	107	0:06:14
BRFD	31	0:11:08
CCFD	12	0:07:51
DGFD	11	0:10:42
FFD	10	0:12:47
MCFD	6	0:09:42
SSFD	1	0:10:46
SHFD	2	0:20:37
ZFD	6	0:11:01

July, August and Sept. 2017

August		
District	Emergency Calls	Avg. Response Time:
BDFD	2	0:14:06
BFD	110	0:06:27
BRFD	21	0:11:55
CCFD	11	0:11:32
DGFD	11	0:17:06
FFD	8	0:12:56
MCFD	13	0:14:39
SSFD	1	0:24:03
SHFD	3	0:22:19
ZFD	3	0:08:13

District	Emergency Calls	Avg. Response Time:
BDFD	15	0:17:11
BFD	238	0:07:38
BRFD	63	0:10:35
CCFD	34	0:09:22
DGFD	30	0:12:53
FFD	33	0:13:17
MCFD	29	0:12:08
SSFD	2	0:17:24
SHFD	11	0:20:13
ZFD	16	0:10:14

September		
District	Emergency Calls	Avg. Response Time:
BDFD	6	0:20:50
BFD	149	0:05:01
BRFD	21	0:10:14
CCFD	11	0:08:43
DGFD	8	0:10:51
FFD	15	0:14:09
MCFD	10	0:12:04
SSFD	0	
SHFD	6	0:17:43
ZFD	7	0:11:27

**Response time Stats before and after
Base 3:**

(Before base 3:)

Overall Response times for 2016: 9:52

Overall Response times for 2015: 9:49

Overall Response times since Feb. 2017: 8:29

Response times for Cove Creek:

2015 15:05

2016 12:33

2nd. Quarter 2017: 9:14

3rd. Quarter 2017: 9:22

Beaver Dam Response Times:

2015 22:05

2016 0:25:32

2nd. Quarter 2017: 0:15:17

3rd. Quarter 2017: 0:17:11

Zionville Response times

2015 12:46

2016 15:04

2nd. Quarter 2017: 15:17

3rd. Quarter 2017: 17:11

Blowing Rock Response times:

2015 12:43

2016 12:35

2nd. Quarter 2017: 12:05

3rd. Quarter 2017: 10:35

Boone Response Times:

2015 6:12

2016 6:06

2nd. Quarter 2017: 5:50

3rd. Quarter 2017: 7:38

**From Feb 2017 till the end of the third
quarter WMI has responded to 445
calls from Base 3.**

July, August and Sept. 2017

How does this quarter compare the same quarter in other years

Total Number of calls For Quarter	Quarter and Year	Number of Calls for Quarter	Change	
	3rd. Quarter 2012	1,305	*	*
3rd. Quarter 2013	1,212	-93	-8%	
3rd. Quarter 2014	1,375	163	12%	
3rd. Quarter 2015	1,551	176	11%	
3rd. Quarter 2016	1,606	55	3%	
3rd. Quarter 2017	1,554	-52	-3%	
Total Number of Transports for Quarter	Quarter and Year	Number for Quarter	Change	
	3rd. Quarter 2012	974	*	*
3rd. Quarter 2013	943	-31	-3%	
3rd. Quarter 2014	1,012	69	7%	
3rd. Quarter 2015	1,113	101	9%	
3rd. Quarter 2016	1,328	215	16%	
3rd. Quarter 2017	1,142	-186	-16%	
Out of County Transports for Quarter	Quarter and Year	Number for Quarter	Change	
	3rd. Quarter 2012	186	*	*
3rd. Quarter 2013	137	-49	-36%	
3rd. Quarter 2014	166	29	17%	
3rd. Quarter 2015	174	8	5%	
3rd. Quarter 2016	200	26	13%	
3rd. Quarter 2017	109	-91	-83%	

How does this year compare to other years

Total Number of calls Year to Date:	Year to date	Number of Calls Year to date	Change	
	2012	3,494	*	*
2013	3,471	-23	-1%	
2014	3,725	254	7%	
2015	4,097	372	9%	
2016	4,301	204	5%	
2017	4,490	189	4%	
Total Number of Transports for Year to date:	Year to date	Number Year to date	Change	
	2012	2,719	*	*
2013	2,816	97	3%	
2014	2,853	37	1%	
2015	3,142	289	9%	
2016	3,608	466	13%	
2017	3,330	-278	-8%	
Total Number of Out of County Transports Year to Date:	Year to date	Number Year to date	Change	
	2012	417	*	*
2013	375	-42	-11%	
2014	409	34	8%	
2015	487	78	16%	
2016	531	44	8%	
2017	452	-79	-17%	

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AGENDA ITEM 4:**WATAUGA MEDICS MATTERS*****B. Ambulance Services Contract Renewal*****MANAGER'S COMMENTS:**

The Board approved the addition of a twelve (12) hour ambulance crew for Fiscal Year 2018. In conjunction with the additional crew, staff negotiated a waiver of the CPI escalator for 2018. The proposed contract reflects the additional twelve (12) hour crew and the waiving of the CPI escalator for 2018. The contract has an effective date of January 1, 2018 and runs through December 31, 2025.

North Carolina General Statute 153A-46 requires a grant, renewal, extension, or amendment of any franchise to be passed at two regular meetings of the Board of Commissioners before it may be adopted. As this is the first reading, no action is required at this time and the contract will be presented to the Board at the November 21, 2017 meeting for adoption.

STATE OF NORTH CAROLINA
 COUNTY OF WATAUGA

AMBULANCE FRANCHISE AGREEMENT

THIS AMBULANCE FRANCHISE AGREEMENT (hereinafter "Agreement). Is made and entered onto this the 1st. day of ~~July 2015~~ January 2018 by and between **WATAUGA COUNTY**, a body politic, organized and existing under and by virtue of the laws of the State of North Carolina (hereinafter the County'), and **WATAUGA MEDICS, INC.**, a North Carolina corporation, (hereinafter "Franchisee").

WHEREAS, effective October 4, 1999, the Watauga County Board of Commissioners, by authority contained in NC.G.S, 153A-250, adopted titled Watauga County Ambulance Franchise Ordinance' (hereinafter "the Ordinance")' and

WHEREAS, County and Franchisee executed an Ambulance Franchise Agreement dated November 16, 2004 pursuant to the Watauga County Ambulance Franchise Ordinance, pursuant to the authority granted to the County by NCGS 153-250; and

WHEREAS, pursuant to said Ordinance, the County issued a Request For Proposal (hereinafter "the RFP") soliciting bids and specifying certain minimum conditions of any franchise to be issued pursuant thereto; and

WHEREAS, Craig J. Sullivan on behalf of Watauga Medics, Inc. submitted a written bid entitled *Bid Proposal for Watauga County Ambulance Service*' (hereinafter the Bid") pursuant to said RFP; and

WHEREAS, the County, at its November 1, 2004 meeting resolved to accept the Bid Option 3-1 contained in said bid, to wit: that the bidder will provide service (as further specified below) with the County to provide an annual subsidy of as set forth below in monthly installment;

WHEREAS, at the February 20, 2007, meeting of the Watauga County Board of County Commissioners, The County agreed to amend the agreement to clarify and restated the subsidy payment that were paid or are to be paid pursuant to the agreement; and

WHEREAS, the parties have discussed an extension of the agreement between the County and Franchisee in an effort to lock-in costs to the County and allow for the Franchisee to expand his operations to improve services in Watauga County.

NOW, THEREFORE, in consideration of the premises and the mutual benefits and obligations set forth below, the County and the Franchisee agree as follows:

1. The County does hereby grant unto Franchisee a non-exclusive franchise for the operation of an ambulance service for the provision of emergency and non-emergency medical transport services, in accordance with the Ordinance, the RFP, the bid and this Agreement for a period of seven years.

2. This franchise may not be sold, assigned or transferred nor may it in any way vest in any person, firm or corporation, other than the Franchisee and any such sale, transfer or assignment shall cause this franchise to terminate immediately, at the opinion of Watauga County.

3. Any change in legal or equitable ownership of Franchisee its corporate shares, or any of its equipment shall immediately terminate the Franchise, at the option of Watauga County.

4. The initial term of the Franchise shall be from 12:00 AM. on January 1, ~~2014~~ 2018 and through and including the 31st day of December, ~~2020~~2025. Either party, for any reason, may with or without cause terminate this agreement and the Franchise upon one hundred eighty (180) calendar days written notice to the other party, unless sooner terminated for reasons set forth in the Ordinance or by agreement of the parties hereto.

5. At the end of the aforesaid term, unless the parties agree otherwise in writing or either party has given notice of termination as aforesaid, the Franchise and all of the terms of this Agreement (subject to any amendments as may be entered into) shall be automatically renewed for continuing one year terms.

6. The Franchise shall provide all personnel, vehicles, supplies and equipment to provide all emergency and non-emergency ambulance service necessary in all parts of Watauga County on a 24 hour per day, 7 day per week basis, at not less than an EMT-Paramedic level of service (except so long as an agreement for such acceptable to the County is in place, the Franchise may provide ambulance service to the Flat Springs area of Avery County in exchange for Avery County's providing pursuant to agreement with Franchise ambulance service to the Town of Beech Mountain in Watauga County. It is understood that each ambulance transport that occurs in Avery county as the result of the above agreement allows the franchisee to bill the patient and to bill the County an additional \$500.00) Each ambulance of the Franchisee shall be available to render assistance to all portions of Watauga County.

7. Franchisee shall keep ~~(2)~~ (23) two-wheel drive ambulances and (2) four-wheel drive ambulances fully equipped, licensed and available for emergency and non-emergency service at all times, subject to routine maintenance down time. ~~As of January 1, 2014,~~ Franchisee shall keep three of the ambulances manned and available on a 24 hour per day, 7 day per week basis and a ~~third~~ fourth manned and available nine hours per day, Monday through Saturday (6) days per week. Beginning January 1, 2018 an additional ambulance operating 12 hours per day will also be manned and available 7 days per week. Totaling 5 ambulance operating during peak time hours and reducing to 3 ambulances manned and available during non peak times. Not less than two (2) ambulances will be kept within the County at all times for services pursuant to this Agreement, one of which will be manned and the other of which will be manned or will

have personnel on call for immediate service. Each ambulance necessary to meet the foregoing requirements shall have less than 50,000 miles on it at the time initially put in service by Franchisee. The Franchisee will immediately notify the county in writing of any additions or deletions to its inventory of operational ambulances.

8. The Franchisee shall maintain not less than two ~~(23)~~ bases, ~~(2) the first~~ of which will be provided by the County as set forth below. The Franchisee must bear all responsibility for finding other station(s) and the costs associated with acquiring, equipping, and maintaining such.

9. Franchisee's first base of operations will be located at the facilities owned by the County at 921 West King Street, Boone, North Carolina 28607, or such other location as may be provided by the County. The County will make available, at no charge to Franchisee, said the facilities currently located at 921 West King Street, Boone, North Carolina 28607, specifically consisting of 5,263 square feet, including a garage, offices, sleeping area and a training room. The County shall provide property and casualty hazard insurance for the structure at said location. The Franchisee must bear all utilities, maintenance, medical supplies, equipment and other necessary expenses associated with said facilities provided by the County. Franchisee's obligation to provide maintenance to the structure shall be limited to repairs of ordinary wear and tear to the reasonable satisfaction of the County. Franchisee's two propane heaters and the lift located in the bay area of the building shall remain the property of Franchisee, so long as Franchisee repairs any damage to the building caused by their removal.

10. The County will provide a second base of operations ~~upon completion~~, on the western end of the County to be located at ~~US Hwy 193-421 &~~ US Hwy 321 North, Vilas, North Carolina 28692 with similar arrangement as above.

11. The Franchisee shall maintain a ~~second-3rd~~ base to be located at 133 Longvue Dr. Boone North Carolina and the Franchisee shall be solely responsible for providing all things necessary for operations of the service at the ~~second-third~~^{3rd} base. Franchisee shall be solely responsible for providing all things necessary for operation of the service at the ~~second-third~~^{3rd} base, including but not limited to the building, utilities, maintenance, medical supplies, equipment and necessary operational expenses associated with the facilities.

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12. Each ambulance used by Franchisee must be in compliance with all applicable Federal, State, and local laws relating to personnel, health, safety, equipment, vehicle design, and sanitation. Franchisee shall keep the County provided with a copy of the current State certification for each ambulance owned or operated by Franchisee.

13. The Franchisee shall be responsible for all future capital purchase and all operational, including (but not limited to) salaries, employee benefits and expenses, insurance, mobile operational costs, and all other fees, expenses, and charges necessary to remain in compliance with the County's ordinance and the franchise granted to the Franchisee.

14. The Franchisee shall provide the county with a list of all of its equipment which is in service, on not less than an annual basis, and the Franchisee shall assure that all of its equipment in use will be removed from service once it becomes obsolete or needs to be replaced due to normal wear and tear.

15. Each ambulance of Franchisee shall be equipped with a ~~an~~ multi-channel radios capable of talking to dispatch centers and other agencies~~eight (8) channel VHF radio~~. Frequencies shall be assigned by the Communications Center designated by the County. Franchisee shall relay all ambulance movements to the Communications Center designated by the County, via two-way radio.

16. The Franchisee shall assure that its EMS personnel have access to operational Franchisee-issued pagers, or other communication devices along with accurate phone lists are on file to notify said personnel if the regular squads of the Franchisee are unable to handle the volume of calls that may come in from time to time.

17. The Franchisee shall at all times meet the following performance standards:

- a. The average emergency response time for an ambulance, calculated on a Monthly basis, shall not exceed ten minutes.
- b. The Franchisee shall place no required ambulance in service for initial operation that has more than 50,000 miles.

18. The Franchisee shall not allow any paramedic to practice in Watauga County until he or she has passed an oral examination given by a panel approved by the Medical Director along with any other reasonable standards as set forth by the Medical Director. It will be the responsibility of the County to coordinate with the Franchisee to ensure a qualified Medical Director remains active in the system.

19. The Franchisee shall enter into and assure the existence of mutual aid agreements with ambulance services in counties adjoining Watauga County to provide assistance in the event of disaster or other special need, said agreements to be at the sole expense of the Franchisee. Additionally, the Franchisee shall implement and keep in place a Reserve Program, creating a county-wide manpower bank to be available in the event of a disaster or other special need. All training will be open to Reserves and any other individuals with NC Basic ~~Certification~~Credential, or higher, who also meet Franchisees other reasonably developed standards. The Franchisee shall make all reasonable efforts to provide "ride time" to said reserves, to keep their skills current.

20. Franchisee shall enter into mutual aid agreements to have and make available assistance of and to all volunteer rescue squads in the County when requested by the County, the Franchisee or the volunteer rescue squads.

21. The Franchisee shall make its resources available to Watauga County Emergency Management Office during its emergency activities, and during any declared State of Emergency shall work in conjunction with the Emergency Operations Center.

22. The Franchisee shall oversee a First Responder program, which the Franchisee assist the local fire departments with the needs of the program. The Franchisee shall assist in the development and implementation of operating guidelines for the program, and shall restock the supplies (not to include capital equipment or any drugs such as epi pens) used in the services of the First Responder program. Further, the Franchisee shall coordinate continuing education requests and other training for all First Responders, as appropriate, All of the foregoing shall be provided to the program and First Responders at no cost to the First Responders or their sponsoring agency or agencies, all with no additional cost to the County.

23. The Franchisee shall operate on a fee for services basis, and shall only issue the following charges (when incurred) at the following rates, which are hereby approved by the County:

- a. Rates for BLS calls: \$300.00
- b. Rates for ALS calls: (non-emergency) \$325.00
(Emergency) \$415.00
ALS II: \$550.00
- c. Charge per mile: \$9.~~5000~~
- d. Waiting time per hour (after first hour) \$25.00
- e. No transport calls:

A charge of \$50.00 is authorized for no transport calls when Franchisee responds to assist patients who just need assistance or patients who have initiated a 911 call and have changed their mind once Franchisee arrived. No charge under this subsection may be assessed when a 911 call is made by a bystander without the request of the injured party.

No other fees, expenses, or charges may be made without prior Resolution of the County’s Board of Commissioners approving such. *It will be acceptable as the allowable rates for service as set forth each year by Medicare, Medicaid and Private insurance are adjusted to make minor changes in charges to maximize the reimbursement rates available with the County Managers approval.*

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24. The Franchisee shall be responsible for billing and collection of its fees, charges and expenses. The Franchisee must submit for payment from, third party payers and accept assignment of Medicare and Medicaid Franchisee shall maintain accurate records of all charges and reimbursements from Medicare and other sources of all charges pursuant to the forgoing authorized increases, and shall compile and maintain such information in a form useful to the County, which information shall be shared from time to time with the County, as the County may desire.

25. Franchisee shall maintain all records required by Sect XII of the Ordinance and shall submit to the County by the 15th. of the month following each quarter a data sheet containing all of the information specified in subsection f of said Section of the Ordinance. The Franchisee shall submit an annual report containing all of the information required by said Section and further specified by subsection g of said Section by the 15th. day of the month following the last quarter of each year. The Franchisee shall maintain the aforesaid records in an organized fashion, and allow the county full access to said information as the County deems appropriate. By the 15th. of May of each year, the Franchisee shall submit to the County manager a budget of how it intends to spend the County's funds in the upcoming fiscal year, and within ninety (90) days of the end of the Franchisee's fiscal year, the Franchisee shall furnish the County a full and complete certified audit of Franchisee's operations conducting by a CPA in accordance with generally accepted auditing standards of Franchisees's operations, which shall include a fully audited financial statement of the Franchisee. The Franchisees fiscal year shall be from 1 January to 31 December of each year.

26. Each year, Franchisee shall provide the County a detailed explanation of its billing policies, sufficient to allow County to fully understand the billing methods and practices of the Franchisee.

27. Franchisee shall fully allow the County to inspect all records, premises and equipment of the Franchisee at any time in order to confirm and insure compliance with the ordinance and the franchise granted herein.

28. In providing ambulance service as described herein the Franchisee shall comply with all laws of the United States, the State of North Carolina and the County of Watauga, including rules and regulations promulgated by the Medical Care Commission and the NC Medical Board, and resolutions and ordinances of the Watauga County Board of Commissioners. Further, the Franchisee shall abide by all applicable US and North Carolina Labor laws, including, but not limited to, Occupational Safety and Health regulations, Fair Labor Standards Act and the Americans with Disabilities Act and regulations pursuant thereto. The County shall have the right to inspect all records pertaining to these labor laws and ensure compliance by the Franchisee. The Franchisee shall maintain records on all employee training conducted pursuant to Occupational Safety and Health regulations and shall make these available to the County upon request

29. Franchisee shall maintain in place an escrow account, a surety bond, an irrevocable letter of credit, or other guarantee or undertaking satisfactory to the County attorney, in an amount equal to the amount of the contract subsidy applicable to any one hundred eighty (180) day period following the date such obligation may arise to assure payment to the County for any liability of the Franchisee to the County arising out of this Agreement, of the Ordinance, or of Franchisee's operation, and to pay for any substitute performance the County may cause to be provided upon Franchisees default in performance hereunder or under the Ordinance.

30. The Franchisee agrees and acknowledges that the above-referenced facilities of the County located at 921 West King Street, Boone, North Carolina are fully adequate facilities for the housing of their base operation at said location.

31. For the period of this agreement, the County shall prepay to Franchisee an annual subsidy in monthly installments as follows:

- ~~July 1, 2015 – Dec. 31, 2015 – \$951,885.84 + CPI Waived~~
- ~~Jan. 1, 2016 – Dec. 31, 2016 – Previous Years Amount + CPI adjustment~~
- Jan. 1, 2017 – Dec. 31, 2017 \$968,258.28
~~Previous Years Amount + CPI adjustment~~
- Jan. 1, 2018 – Dec. 31, 2018 ~~Previous Years Amount + CPI adjustment~~ \$1,188,258.28
(Increase for additional 12 hour crew. CPI adjustment will be waived)
- Jan. 1, 2019 - Dec. 31, 2019 Previous Years Amount + CPI adjustment
- Jan. 1, 2020 – Dec. 31, 2020 Previous Years Amount + CPI adjustment
- Jan. 1, 2021 – Dec. 31, 2021 Previous Years Amount + CPI adjustment
- Jan. 1, 2022- Dec. 31, 2022 Previous Years Amount + CPI adjustment
- Jan. 1, 2023- Dec. 31, 2023 Previous Years Amount + CPI adjustment
- Jan. 1, 2024 - Dec. 31, 2024 Previous Years Amount + CPI adjustment
- Jan. 1, 2025 – Dec. 31, 2025 Previous Years Amount + CPI adjustment

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This amount to be adjusted by the CPI as explained below. Each year thereafter the previous years amount will be adjusted as explained below.

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- a. 60 percent of the adjustment shall reflect the annual increase or decrease of the Consumer Price Index (CPI), South Urban Size C, as published by the US Department of Labor, Bureau of Labor Statistics.
- b. 20 percent of the adjustment shall reflect the annual increase or decrease of the CPI, Medical Care Services as published by the US Department of Labor, Bureau of Labor Statistics.
- c. 20 percent of the adjustment shall reflect the annual increase or decrease of the CPI, Transportation, as published by the US Department of Labor, Bureau of Labor Statistics.

In the event the CPI components produce a negative adjustment once totaled, the Subsidy amount will not be adjusted. In the event the CPI components produce a percentage greater than 6% up to 10% (For example, if the CPI escalator is computer at 7.4% the annual increase would be 6.7% or 6% + .50 x 1.4% = 6.7%. Any amount over 10% will not be considered for adjustment ie the maximum adjustment will be 8% or 6% + .50% x 4= 8%).

32. The County will calculate the adjustment based upon the most recent November annual report of Franchisee as compared to the report of the previous November. (For example, the January 1, 2015 adjustment will reflect the CPI changes between November 2013 and November 2014.)

33. Franchisee shall at all times during the existence of the Franchise, keep in full force and effect the insurance coverage as required by Section X of the Ordinance entitled "Insurance" and all insurance required by law, including liability insurance on its vehicles and workers' compensation coverage for its personnel. Franchisee shall provide proof of coverage to the county and to assure that each insurance policy contains provisions that assure that the County receives at least 90 days prior notice from each carrier of any lapses, cancellations, denials, changes or limitations in coverage. The County shall be shown as an additional insured on all of Franchisee's liability insurance.

34. The Franchisee shall indemnify and hold harmless the County and its officers and employees from and against all suits, actions, liability, claims, demands, judgments, recoveries or expenses, including court costs and attorney's fees, against or incurred by the County on account of or in any way connected with or arising from any claim of injury, loss or damage which arises out of or is in any manner connected with Franchisee's operations; including, but not limited to any claim or injury, loss or damage, suit, action, liability, claim, demand, judgment, recovery, or expense caused or alleged to be caused in whole or in part by any negligent act, omission, error, professional error, mistake, accident or other fault of the Franchisee, any subcontractor of the Franchisee, or an officer, employee or agent of the Franchisee.

35. Franchisee is to provide ambulance service as an independent contractor and neither Franchisee nor any of its personnel shall be an employee, agent or representative of the County in any way.

36. The Franchisee and its agents, contractors and subcontractors shall not discriminate on the basis of race, color, creed, national origin, ancestry, age, sex, religion or disability in any policy or practice and Franchisee shall assure that any agreements or practices it enters into or engages in expressly provide for such nondiscrimination.

37. This Agreement is entered into pursuant to the RFP which Franchisee acknowledges; to the Ordinance and all amendments as may be made thereto, which Franchisee is and will remain familiar with and agrees to fully abide by; to the bid by Watauga Medics, Inc., and to the County's resolutions of November 1, 2004 accepting said bid. Except to the extent this Agreement imposes standards above the minimum standards specified in the Ordinance, in the event of any inconsistency among or between the foregoing, the Ordinance shall control and as between this Agreement and the RFP, the Bid, and the Resolution, this Agreement shall control, but all of the terms of the aforesaid documents not inconsistent with the other documents shall remain in and have full force and effect.

38. Should any portion of this Agreement be ruled or determined invalid, such invalidity shall not effect the enforceability of the remaining portions hereof. This Agreement shall not be amended or modified except in writing. signed by all parties hereto, with the County's consent to such modification to be only by prior resolution of its Board of Commissioners.

IN TESTIMONY WHEREOF, the said parties hereto have hereunto caused this instrument to be signed in their names by their duly authorized officers.

WATAUGA COUNTY

By: _____

Chairman- Watauga County

Board of Commissioners

WATAUGA MEDICS INC.

by: _____

President

Attest: _____

Clerk to the Board

Corporate Secretary

AGENDA ITEM 5:

SOIL AND WATER FUNDING ACCEPTANCE REQUEST

MANAGER'S COMMENTS:

Ms. Janie Poe, Watauga Soil and Water, will present the 2017-2020 technical assistance grant which funds a portion of the Soil and Water Conservation Tech position. The grant is for \$28,487 and is budgeted in the Fiscal Year 2017-2018 budget.

Board approval is requested to accept the grant.



Steve Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services

N. David Smith
Chief Deputy Commissioner

October 6, 2017

Ms. Janie Poe
Watauga Soil & Water Conservation District
814 West King Street Suite 216
Boone, NC 28607

NOTIFICATION OF FUNDING OFFER

Dear Ms. Poe:

On behalf of Commissioner Steve Troxler and the North Carolina Department of Agriculture and Consumer Services – Division of Soil & Water Conservation, I am pleased to inform you that **\$28,487.00** has been approved for District Matching Funds and Technical Assistance.

Two original contract packets must be completed and returned to the NCDA&CS, making sure that the contracts and certain forms have been signed, dated, and witnessed, as applicable, before they are returned to the address provided below. By completing these documents, you are agreeing to the specific stipulations, the general terms and conditions and specific reporting requirements. Please return the two completed packets to:

David B. Williams, Deputy Director
NC Department of Agriculture & Consumer Services, Division of Soil & Water Conservation
1614 Mail Service Center
Raleigh, NC 27699-1614

All authorized representative signatures must be in blue ink. Use the Contract Check Off List to ensure all attachments are included and are in the correct order for each contract packet.

One fully executed, original contract will be returned to you for your records. If you have any questions about your contract or any of the forms contained in your offer packet, please call David Williams at 919-715-6103, or feel free to send an email to David.B.Williams@ncagr.gov.

I would like to take this opportunity to thank you for your efforts to protect the soil and water resources of our state.

Sincerely,

N. David Smith
Chief Deputy Commissioner

Enclosures

cc: Kathryn L. Caler, M.L.S., Grants & Contracts Administrator

Email: David.Smith@ncagr.gov
1001 Mail Service Center, Raleigh, North Carolina, 27699-1001
(919) 707-3033 • Fax (919) 715-0026
An Equal Opportunity Affirmative Action Employer



NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Steven W. Troxler, Commissioner

Contract Check Off List for Grantee (Government/University)

INSTRUCTIONS: Check the "Yes" boxes in the left column for the document titles that are being returned with the two signed, dated and witnessed copies of the contract, with signatures in blue ink. Be sure to include all the other documents specified in your contract package. If "No" has been checked off for you, that document is not required for this grant program or project.

GRANTEE ORGANIZATION NAME: Watauga Soil & Water Conservation District

PROJECT TITLE/NAME: District Master Agreement

CONTRACT #: 18-024-4114

<i>GO Entities Only Check One Box</i>		<i>Document Title</i>	<i>Department Use – Documents Attached or On File</i>		<i>Grants and Contracts- Documents Attached or On File</i>	
Yes	No		Yes	No	Yes	No
		Contractual "Check Off List for Grantee				
		Contract Cover (To be signed, dated & witnessed)				
		Attachment A – General Terms and Conditions – Government/University				
		Attachment B – Scope of Work (includes Timeline and Line Item Budget)				
		Attachment C – Certifications and Assurances Section				
		Attachment D – NC OpenBook Supplemental Information				
		Attachment E – Signature Card				
		Attachment F – W-9 Tax Information				
		Attachment G – Vendor Electronic Payment Form				

STATE OF NORTH CAROLINA
COUNTY OF WAKE



Departmental Use Only

CENTER: 1611-3701
ACCOUNT: 536967
AMOUNT: \$3,600.00

CENTER: 2710
ACCOUNT: 536502
AMOUNT: \$24,887.00

**North Carolina Department of Agriculture and Consumer Services
Division of Soil and Water Conservation**

District Master Agreement – Government

CONTRACT # 18-024-4114

This Contract is made and entered into by and between the **North Carolina Department of Agriculture and Consumer Services, Division of Soil and Water Conservation**, (the "Agency") and the Watauga Soil and Water Conservation District, (the "Grantee"), and referred to collectively as the "Parties." The Grantee's federal tax identification number is 56-6001816 and is physically located in Watauga County, and is further located at 814 West King Street Suite 216, Boone, NC 28607.

The purpose of this Contract is to establish the procedures for the Agency to provide district matching funds and support for technical assistance to the Grantee. This Contract is funded by State appropriations. Funds awarded under this Contract must be used for the purpose for which they are intended.

The Grantee's fiscal year ends June 30.

Contract Documents:

This Contract consists of the Contract and its attachments, all of which are identified by name as follows:

1. This Contract
2. General Terms and Conditions (Attachment A)
3. Scope of Work, including Timeline, Line Item Budget and Budget Narrative (Attachment B)
4. Certifications and Assurances Section (Attachment C)
5. NC Openbook Supplemental Information (Attachment D)
6. Signature Card (Attachment E)
7. W-9 Tax Information (Attachment F)
8. Vendor Electronic Payment Form (Attachment G)

These documents constitute the entire Contract between the Parties and supersede all prior oral or written statements or contracts.

I. Precedence Among Contract Documents:

In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple

Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

II. Effective Period:

This Contract shall be effective on the 1st day of July, 2017, and shall terminate on the 30th day of June, 2020 with the option to extend, if mutually agreed upon, through a written amendment as provided for in the General Terms and Conditions as described in Attachment A.

III. Grantee's Duties:

The Grantee hereby agrees to perform, in a manner satisfactory to the Agency and in accordance with the policies and rules of the Soil and Water Conservation Commission (the "Commission"), services described in Attachment B, Scope of Work.

Work to be performed under this Contract may be performed by employees of the District.

The District shall not substitute key personnel assigned to the performance of this Contract without prior written approval by the Contract Administrator.

IV. Agency's Duties:

The Agency shall pay the Grantee in the manner and in the amounts specified in the Contract Documents. The total amount paid by the Agency to the Grantee under this Contract shall not exceed **\$28,487.00**.

This amount consists of: \$28,487.00 in State funds.

The Grantee's matching requirement is **\$28,487.00**, which consists of:

In Kind	\$
Cash	
Cash and In-kind	\$
Cash and/or In-kind	\$28,487.00
Other/Specify	\$

The total Contract amount is **\$56,974.00**.

V. Conflict of Interest Policy:

Any district receiving funding for an employee through this Contract shall have in place a secondary employment policy that protects the District, its employees, the County, the Agency, and the Commission from any actual, potential or perceived conflict of interest. Such policy shall be in accordance with the Commission Guidelines on Secondary Employment found at http://www.ncagr.gov/SWC/costshareprograms/documents/secondary_employment_district_employee.pdf

Any Grantee that receives funding for an employee through this Contract shall submit to the Agency by January 15, 2018 and annually thereafter a secondary employment form for each employee funded through this Contract. The Grantee shall submit an updated form along with its quarterly progress reports if the secondary employment or other potential conflicts of interest of a funded employee arise after the initial submission.

VI. Statement of No Overdue Tax Debts:

The Agency has determined that Grantee is a government agency and is not subject to N.C.G.S. § 143C-6-23(c). Therefore, the Grantee is not required to file a Statement of No Overdue Tax Debts with the Agency prior to disbursement of funds.

VII. Reversion of Unexpended Funds:

Allocations not dispersed under this Contract shall revert to the Agency upon the Contract's expiration or termination.

VIII. Reporting Requirements:Quarterly Progress Reports:

The Grantee shall submit quarterly progress reports to the Agency, with each report due on or before the 15th day of, October, January, and April and the 30th day of June continuing until the project is complete. The quarterly progress report is required even if no activity has occurred for the quarter and no reimbursement is requested for the quarter. Failure to provide quarterly reports constitutes a breach of contract and may result in funding being withheld or termination of the contract.

IX. Payment Provisions:

Upon execution of this Contract the Grantee shall submit to the Agency Contract Administrator a completed Request for Payment form, to be provided by the Agency. All Request for Payment forms should be received no more than quarterly, with an invoice showing expenditures and matching funds, if applicable, for the current period and cumulatively for the entire project, in addition to deliverables provided by the Grantee, subject to approval by the Agency. Upon approval by the Agency, payment may be made within 30 days. All payments are subject to the availability of funds.

The Grantee agrees to provide information required by the Agency to comply with the procedures for disbursement of funds under this Contract and maintain reports and accounting records, including but not limited to receipts and invoices that support the allowable expenditure of State funds.

The parties to the Contract further agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon the Grantee complying with all of the terms set forth in this Contract and performing the services specified in Attachment B in a satisfactory manner. It will be the responsibility of the Agency to determine if the Grantee is complying with the Contract and performing the services specified in Attachment B in a satisfactory manner. Failure to comply with the terms of the Contract and/or failure to perform services in a satisfactory manner may result in funding being withheld or immediate termination of the Contract.

Payment shall be made in accordance with the Contract Documents and limited to the amounts in the Scope of Work, Attachment B.

Eligible expenditures for payment must be within the effective period noted in the Contract. Reimbursement may not be considered prior to the submission and final execution of the Contract.

All matching funds, including in-kind and cash, must be spent concurrently with funds provided by the Contract. Both types of matching funds expended shall be accounted for on the quarterly invoices.

Indirect costs are not allowable expenditures under this Contract.

X. Contract Administrators:

All notices permitted or required to be given by one party to the other and all questions about the Contract from one Party to the other shall be addressed and delivered to the other party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the parties' respective initial Contract Administrator are set out below. Either party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other party.

For the Agency:

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
David B. Williams, Deputy Director Division of Soil & Water Conservation 1614 Mail Service Center Raleigh, NC 27699-1614 Telephone: 919-715-6103 Email: David.B.Williams@ncagr.gov	David B. Williams, Deputy Director Division of Soil & Water Conservation 512 N. Salisbury Street, Room 417D Raleigh, NC 27604-1170

For the Grantee:

GRANTEE CONTRACT ADMINISTRATOR	DISTRICT KEY PERSONNEL
Janie Poe, Administrative Assistant/ Education Coordinator Watauga SWCD 814 West King Street Suite 216 Boone, NC 28607 Telephone: 828-265-8007 Fax: 828-265-8006 Email: janie.poe@watgov.org	Specified in Strategy Plan

XI. Supplementation of Expenditure of Public Funds:

The Grantee assures that funds received pursuant to this Contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Grantee otherwise expends for activities involved with specialty services and related programs. Funds received under this Contract shall be used to provide additional public funding for such services. The funds shall not be used to reduce the Grantee's total expenditure of other public funds for such services.

XII. Disbursements:

As a condition of this Contract, the Grantee acknowledges and agrees to make disbursements of funds provided under this Contract in accordance with the following requirements:

- a. Will implement or already have implemented adequate internal controls over disbursements;

- b. Pre-audit all invoices presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- c. Assure adequate control of signature stamps/plates; and
- d. Assure adequate control of negotiable instruments; and
- e. Have procedures in place to ensure that account balance is solvent and to reconcile the account monthly.

XIII. Outsourcing:

The Grantee certifies that it has identified to the Agency all jobs related to the Contract that have been outsourced to other countries, if any. The Grantee further agrees that it will not outsource any such jobs during the term of this Contract without providing prior written notice to the Agency.

XIV. N.C.G.S. § 133-32 and Executive Order 24:

N.C.G.S. § 133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State employee of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement or Contract, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employee of your organization.

XV. Designation of Payees:

As many soil and water conservation districts have entered into prior agreements with other governmental entities to administer all or a portion of their budget it is necessary to specify the payee for each activity described in the Scope of Work, Attachment B. Upon approval by the Agency of the required request for payment forms and supporting documentation, payments shall be issued to designated payees as follows:

Activity	Payee Name	Payee Fed Tax ID
District Matching Funds	Watauga County	56-6001816
Technical Assistance Salary and Benefits Funds	Watauga County	56-6001816
Technical Assistance Operating Funds	Watauga County	56-6001816

XVI. Signature Warranty:

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract.

IN WITNESS WHEREOF, the Grantee and the Agency execute this Contract in **two (2)** originals, one (1) of which is retained by the Grantee and one (1) which is retained by the Agency.

Grantee: Watauga Soil and Water Conservation District

Signature of Authorized Representative Date

Printed Name Title

Witness:

Signature Date

Printed Name Title



North Carolina Department of Agriculture and Consumer Services

Signature of Authorized Representative Date

N. David Smith, Chief Deputy Commissioner

PUBLIC SECTOR CONTRACTS (Including Local Governments)**General Terms and Conditions****DEFINITIONS**

Unless indicated otherwise from the context, the following terms shall have the following meanings in this Contract. All definitions are from 9 NCAC 3M.0102 unless otherwise noted. If the rule or statute that is the source of the definition is changed by the adopting authority, the change shall be incorporated herein:

- (1) "Agency" (as used in the context of the definitions below) shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subagency of government. For other purposes in this Contract, "Agency" shall mean the entity identified as one of the parties hereto.
- (2) "Audit" means an examination of records or financial accounts to verify their accuracy.
- (3) "Certification of Compliance" means a report provided by the Agency to the Office of the State Auditor that states that the Grantee has met the reporting requirements established by this Subchapter and included a statement of certification by the Agency and copies of the submitted grantee reporting package.
- (4) "Compliance Supplement" refers to the North Carolina State Compliance Supplement, maintained by the State and Local Government Finance Agency within the North Carolina Department of State Treasurer that has been developed in cooperation with agencies to assist the local auditor in identifying program compliance requirements and audit procedures for testing those requirements.
- (5) "Contract" means a legal instrument that is used to reflect a relationship between the agency, grantee, and subgrantee.
- (6) "Fiscal Year" means the annual operating year of the non-State entity.
- (7) "Financial Assistance" means assistance that non-State entities receive or administer in the form of grants, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other assistance. Financial assistance does not include amounts received as reimbursement for services rendered to individuals for Medicare and Medicaid patient services.
- (8) "Financial Statement" means a report providing financial statistics relative to a given part of an organization's operations or status.
- (9) "Grant" means financial assistance provided by an agency, grantee, or subgrantee to carry out activities whereby the grantor anticipates no programmatic involvement with the grantee or subgrantee during the performance of the grant.
- (10) "Grantee" has the meaning in G.S. 143C-6-23(a)(2): a non-State entity that receives a grant of State funds from a State agency, department, or institution but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission. For other purposes in this Contract, "Grantee" shall mean the entity identified as one of the parties hereto.
- (11) "Grantor" means an entity that provides resources, generally financial, to another entity in order to achieve a specified goal or objective.
- (12) "Non-State Entity" has the meaning in N.C.G.S. 143C-1-1(d)(18): Any of the following that is not a State agency: an individual, a firm, a partnership, an association, a county, a corporation, or any other organization acting as a unit. The term includes a unit of local government and public authority.
- (13) "Public Authority" has the meaning in N.C.G.S. 143C-1-1(d)(22): A municipal corporation that is not a unit of local government or a local governmental authority, board, commission, council, or agency that (i) is not a municipal corporation and (ii) operates on an area, regional, or multiunit basis, and the budgeting and accounting systems of which are not fully a part of the budgeting and accounting systems of a unit of local government.
- (14) "Single Audit" means an audit that includes an examination of an organization's financial statements, internal controls, and compliance with the requirements of federal or State awards.
- (15) "Special Appropriation" means a legislative act authorizing the expenditure of a designated amount of public funds for a specific purpose.
- (16) "State Funds" means any funds appropriated by the North Carolina General Assembly or collected by the State of North Carolina. State funds include federal

PUBLIC SECTOR CONTRACTS (Including Local Governments)

financial assistance received by the State and transferred or disbursed to non-State entities. Both federal and State funds maintain their identity as they are subgranted to other organizations. Pursuant to N.C.G.S. 143C-6-23(a)(1), the terms "State grant funds" and "State grants" do not include any payment made by the Medicaid program, the Teachers' and State Employees' Comprehensive Major Medical Plan, or other similar medical programs.

- (17) "Subgrantee" has the meaning in G.S. 143C-6-23(a)(3): a non-State entity that receives a grant of State funds from a grantee or from another subgrantee but does not include any non-State entity subject to the audit and other reporting requirements of the Local Government Commission.
- (18) "Unit of Local Government" has the meaning in G.S. 143C-1-1(d)(29): A municipal corporation that has the power to levy taxes, including a consolidated city-county as defined by G.S. 160B-2(1), and all boards, agencies, commissions, authorities, and institutions thereof that are not municipal corporations.

Relationships of the Parties

Independent Contractor: The Grantee is and shall be deemed to be an independent Contractor in the performance of this Contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Grantee represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Agency.

Subcontracting: The Grantee shall not subcontract any of the work contemplated under this Contract without prior written approval from the Agency. Any approved subcontract shall be subject to all conditions of this Contract. Only the subcontractors or subgrantees specified in the Contract documents are to be considered approved upon award of the Contract. The Agency shall not be obligated to pay for any work performed by any unapproved subcontractor or subgrantee. The Grantee shall be responsible for the performance of all of its subgrantees and shall not be relieved of any of the duties and responsibilities of this Contract.

Subgrantees: The Grantee has the responsibility to ensure that all subgrantees, if any, provide all information necessary to permit the Grantee to comply with the standards set forth in this Contract.

Assignment: No assignment of the Grantee's obligations or the Grantee's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may:

- (a) Forward the Grantee's payment check(s) directly to any person or entity designated by the Grantee, or
- (b) Include any person or entity designated by Grantee as a joint payee on the Grantee's payment check(s).

In no event shall such approval and action obligate the State to anyone other than the Grantee and the Grantee shall remain responsible for fulfillment of all Contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this Contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Agency and the named Grantee. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Agency and Grantee that any such person or entity, other than the Agency or the Grantee, receiving services or benefits under this Contract shall be deemed an incidental beneficiary only.

Indemnity

Indemnification: The Grantee agrees to indemnify and hold harmless the Agency, including any of its Divisions, and any of its officers, agents and employees, from liability of any kind, and from any claims of third parties arising out of any act or omission of the Contractor in connection with the performance of this Contract to the extent permitted by law.

Default and Termination

Termination by Mutual Consent: The Parties may terminate this Contract by mutual consent with 60 days notice to the other party, or as otherwise provided by law.

Termination for Cause: If, through any cause, the Grantee shall fail to fulfill its obligations under this Contract in a timely and proper manner, the Agency shall have the right to terminate this Contract by giving written notice to the Grantee and specifying the effective date thereof.

In that event, all finished or unfinished deliverable items prepared by the Grantee under this Contract

PUBLIC SECTOR CONTRACTS (Including Local Governments)

shall, at the option of the Agency, become its property and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made.

Notwithstanding the foregoing provision, the Grantee shall not be relieved of liability to the Agency for damages sustained by the Agency by virtue of the Grantee's breach of this agreement, and the Agency may withhold any payment due the Grantee for the purpose of setoff until such time as the exact amount of damages due the Agency from such breach can be determined. The filing of a petition for bankruptcy by the Grantee shall be an act of default under this Contract.

Waiver of Default: Waiver by the Agency of any default or breach in compliance with the terms of this Contract by the Grantee shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this Contract unless stated to be such in writing, signed by an authorized representative of the Agency and the Grantee and attached to the Contract.

Availability of Funds: The parties to this Contract agree and understand that the payment of the sums specified in this Contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Agency.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this Contract are the exclusive property of the Agency. The Grantee shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

Compliance with Laws: The Grantee shall comply with all laws, ordinances, codes, rules, regulations,

and licensing requirements that are applicable to the conduct of its business, including those of federal, State, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Grantee shall take affirmative action in complying with all federal and State statutes and all applicable requirements concerning fair employment of people with disabilities, and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, sex, national origin or disability. For additional information see Title VI of the Civil Rights Act of 1964 (42 U.S.C., 2000d, 2000e-16), Title XI of the Education amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686), and section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).

Executive Order 24: In accordance with Executive Order 24, issued by Governor Perdue, and N.C.G.S. § 133-32, a vendor or contractor (i.e. architect, bidder, contractor, construction manager, design professional, engineer, landlord, offeror, seller, subcontractor, supplier, vendor, or grantee), is prohibited from making gifts or giving favors to any employee of the Agency of Agriculture and Consumer Services. This prohibition covers those vendors, contractors, and/or grantees who:

- (a) have a Contract with a governmental Agency; or
- (b) have performed under such a Contract within the past year; or
- (c) anticipate bidding on such a Contract in the future.

For additional information regarding the specific requirements and exemptions, vendors, contractors, and/or grantees are encouraged to review Executive Order 24 and N.C.G.S. § 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Grantee under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Agency. The Grantee acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this Contract.

Oversight

Access to Persons and Records: The State Auditor and the using agency's internal auditors shall have

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access to persons and records as a result of all Contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7 and Session Law 2010-194, Section 21 (i.e., the State Auditors and internal auditors may audit the records of the contractor during the term of the Contract to verify accounts and data affecting fees or performance).

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Agency. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the Contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later.

Miscellaneous

Choice of Law: The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, are governed by the laws of North Carolina. The Grantee, by signing this Contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this Contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters whether sounding in Contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this Contract.

Care of Property: The Grantee agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this Contract and will reimburse the

Agency for loss of, or damage to, such property. At the termination of this Contract, the Grantee shall contact the Agency for instructions as to the disposition of such property and shall comply with these instructions.

Amendment: This Contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Agency and the Grantee.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this Contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this Contract shall remain in full force and effect.

Travel Expenses: Reimbursement to the Grantee for travel mileage, meals, lodging and other travel expenses incurred in the performance of this Contract shall be reasonable and supported by documentation. State rates shall be used. International travel shall not be reimbursed under this Contract.

Sales/Use Tax Refunds: If eligible, the Grantee and all subgrantees shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this Contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Grantee shall not use the award of this Contract as a part of any news release or commercial advertising.

Indirect Costs Policy: The Agency has adopted a "Zero" policy that indirect costs are unallowable expenditures in all State funded grant applications and/or grant guidance, informational or directional documents.

Allowable Uses of State Funds: Expenditures of State funds by any grantee shall be in accordance with the Cost Principles outlined in the Office of Management and Budget (OMB) CFR Title 2, Part 200 Uniform Administrative Requirements, as applicable. If the grant funding includes federal sources, the grantee shall ensure adherence to the cost principles established by the Federal Office of Management and Budget. [09 NCAC 03M.020]

Attachment B

Scope of Work and Payment Provisions

The Watauga Soil & Water Conservation District will complete the following activities and supply the following deliverables:

1. District Matching Funds – Funds for district operating support are allocated to each county equally, subject to that District’s documentation that matching funds equal to or exceeding the allocated amount are available for match. To be eligible to receive matching funds the Grantee shall:
 - a. Submit by March 31 of each fiscal year an ‘Application for Matching Funds for Soil & Water Conservation Districts’ showing the amount of matching funds requested by the Grantee and documenting the source and amount of matching funds provided by the Grantee. The Grantee shall not count as match the funds that were allocated by the Commission for technical assistance cost share nor those local funds pledged to match technical assistance cost share. **Matching Funds not requested by March 31 shall be unencumbered from this Contract.**
 - b. Submit to the Agency minutes of all district board meetings held during the term of the Contract.

2. Cost Share Technical Assistance – cost share funds for technical assistance positions are allocated to districts by the Commission and through the Agency in accordance with its rules and procedure, 02 NCAC 59D .0106 and 02 NCAC 59H .0106(b). To be eligible to receive technical assistance cost share, the Grantee shall:
 - a. Submit by June 1 of each fiscal year, the District Strategy Plan for cost share programs for the upcoming fiscal year, including a request for technical assistance funds. The request for technical assistance funds should include staff name, title and email address for each position proposed for cost sharing.
 - b. Implement cost share program activities in the District, pursuant to Commission rules and policies. A district position funded through this Contract may work on other activities, but the position must contribute at least 1,040 hours annually per FTE to providing technical assistance or cost share program implementation. Positions cost shared at less than 1 FTE, shall contribute a pro-rated number of hours for the same purposes. All activities must be documented with a monthly activities tracking form which shall be submitted quarterly on or before October 15, January 15, April 15, and June 30.
 - c. Submit a Request for Payment of Technical Assistance Form at least annually and no more frequently than quarterly documenting actual expenditures for salary, benefits, and operating expenses by the Grantee in support of the technical assistance position(s) approved by the Commission and listed in the Contract Budget. Any technical assistance funds encumbered for the current fiscal year that are not requested by the Grantee on or before June 30 of that fiscal year shall be unencumbered from this Contract.

- d. Work with the technical supervisor to develop and upload an Individual Development Plan in AgLearn by June 30, 2018 for each for each employee funded through this Contract.
- e. Have in place a secondary employment policy consistent with the Commission's Guidelines on Secondary Employment and shall submit an annual Secondary Employment Form for each employee funded through this Contract. The initial Secondary Employment Form shall be submitted annually on or before October 15 of each year. The Grantee shall submit an updated form along with its quarterly Request for Payment of Technical Assistance if the secondary employment or other potential conflicts of interest of a funded employee arise after the initial submission.

CONTRACT BUDGET

The following budget reflects the maximum authorized payment for each activity described in the scope of work.

Activity 1: District Matching Funds

Fiscal Year	Maximum Amount Awarded	District Match Requirement
2017-18	\$3,600.00	\$3,600.00
2018-19		
2019-20		

Activity 2: Cost Share Technical Assistance

Position 1:	FTE: 1.00	Maximum Allocation		District Match Requirement
Fiscal Year	Purpose	Recurring	Non-recurring	
2017-18	Salary/Benefits	\$23,837.00		\$24,887.00
	Operating Exp.	\$1,050.00		
2018-19	Salary/Benefits			\$0
	Operating Exp.	\$0		
2019-20	Salary/Benefits			\$0
	Operating Exp.	\$0		

Position 2:	FTE:	Maximum Allocation		District Match Requirement
Fiscal Year	Purpose	Recurring	Non-recurring	
2017-18	Salary/Benefits			\$000.00
	Operating Exp.	\$0		
2018-19	Salary/Benefits			\$0
	Operating Exp.	\$0		
2019-20	Salary/Benefits			\$0
	Operating Exp.	\$0		

Certifications and Assurances

CERTIFICATIONS REGARDING LOBBYING, NONPROCUREMENT, DEBARMENT, SUSPENSION AND DRUG-FREE WORKPLACE

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Signature of this form provides for compliance with certification requirements under 2 CFR, Subtitle B, Chapter IV, Part 417, "Nonprocurement Debarment and Suspension," Part 418, "New Restrictions on Lobbying," and Part 421, "Requirements for Drug-Free Workplace (Financial Assistance)," and 2 CFR Part 180. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Agriculture & Consumer Services determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by authority: 31 U.S.C. 1352 and U.S.C. 301 and implemented at 2 CFR Part 180, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 2 CFR Section 418.110, the applicant certifies that to the best of their knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

2. NONPROCUREMENT DEBARMENT AND SUSPENSION

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 180 and 2CFR Part 417, for prospective participants in primary covered transactions, as defined at 2 CFR 180.435 and Subpart C, 417.332, the applicant certifies that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 2. (a) (b) of this certification.
- d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default.
- e) Agree to include a term or condition in lower tier covered transactions requiring lower tier participants to comply with subpart C of the OMB guidance in 2 CFR part 180, as supplemented by subpart C of Part 417.

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this certification.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182, Subparts B, and C, for grantees:

The applicant certifies that it will:

- a) Make a good faith effort, on a continuing basis, to maintain a drug-free workplace. You must agree to do so as a condition for receiving any award covered by this part.
- b) Publish a drug-free workplace statement and establish a drug-free awareness program for your employees (see Sections 182.205 through 182.220); and
- c) Take actions concerning employees who are convicted of violating drug statutes in the workplace (see Section 182.225), including notification to any Federal agency on whose award the convicted employee was working and within 30 days take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended; or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- d) You must identify all known workplaces under your Federal awards (see Section 182.230).

The grantee must provide the location site(s) for the performance of work done in connection with the specific grant.

Place(s) of Performance (Street address, city, county, state, zip code)

_____	_____
_____	_____
_____	_____

DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 2 CFR Part 182:

- A. As a condition of the grant, I certify that I will comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 421, which adopts the Government-wide implementation (2 CFR part 182) of sec. 5152-5158 of the Drug Free Workplace Act of 1988 (Pub.L100-690, Title V, Subtitle D; 41 U.S.C. 701-707).

B. I agree to notify the agency as required by 2 CFR 182.300(b) of any conviction for a criminal drug offense within ten days.

Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the Grantee, I hereby certify and state to the best of my knowledge and belief, that the Grantee will comply with the above certifications.

Grantee Organization Name

Signature of Authorized Representative Date

Printed Name of Authorized Representative Title

NC OpenBook Supplemental Information

Instructions: Complete the information below and return it to the Contract Administrator identified in your original contract. This information must be submitted as part of your contract. If you have questions, please contact the Contract Administrator or the Alternate Contact as reflected in your contract.

DUNS Number: _____
 Contract Number: _____ Amendment Number: _____
 Grantee Name: _____
 TAX ID Number: _____
 Fiscal Year Ends: _____

1. Brief Description and Background/History of your Organization.

Be sure to include the number of years in existence, number of employees, mission and goals of your organization.

2. Current project timeline: Begin _____ End _____

3. Expected outcomes and specific deliverables.

(Example: Expected Outcome: Aquaculture operation will remain in business. Deliverable: Healthy food made available for human consumption.)

4. The Grantee's WEB URL: _____

5. * Grantee County of Residence: _____ Congressional District#: _____
 (CONGRESSIONAL DISTRICT # MUST BE IDENTIFIED)

6. **County of Benefit: Single County: Yes No County Name: _____
 Statewide: Yes No
 Regional: Yes No

7. If the answer to question number 6 is more than one county or "Regional", list the counties receiving benefit.

*Grantee County of Residence: County in which grantee is located.

**County of Benefit: List only county or counties in which funding will be spent and/or food commodities will be received.

Signature Card



CONTRACT & FINANCIAL DOCUMENTS

<p>INSTRUCTIONS: Please read and fill in the required information to the right of each field where applicable. Provide the requested printed and written signatures (in Blue Ink) of agency representatives in the designated areas. In the event the affixed signature(s) are no longer valid, a revised form must be submitted prior to processing any contractual documents or submitting "Request for Payments" or any other financial documents.</p>	
<p>SECTION I.</p>	
Date:	
Legal Applicant Organization/Agency Name:	
Federal Tax Identification Number:	
<p>SECTION II.</p>	
<p>Certification: By affixing my signature below, I certify that person(s) identified are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments." I understand the legal implications of any and all misrepresentation, which include but are not limited to defrauding the State of North Carolina, and certify that the person signing below has full authority to execute this Agreement on behalf of the named organization.</p>	
<p>GOVERNMENTAL ENTITIES</p>	
<p>Authorized Governmental Official</p>	<p>Chief Fiscal Officer</p>
Print Name & Title:	Print Name & Title:
Signature:	Signature:

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Office of the State Controller

Return to: OSC Support Services Center
 Address: 1410 Mail Service Center
 Raleigh, NC 27699-1410
 Email: osc.support.services@osc.nc.gov
 Telephone: 919-707-0795
 Fax: 919-981-5561



Vendor Electronic Payment Form

101717 BCC Meeting

- New Add Request
- Change/Update Existing Account
- Inactivate Existing Account

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks, rather than by check. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

TAX ID # or SSN	<input type="text"/>						
PAYEE NAME	<input type="text"/>						
ADDRESS	NAME						
(AS PRINTED ON YOUR INVOICE)	<input type="text"/>				<input type="text"/>		
	STREET				SUITE/ROOM #		
	<input type="text"/>				<input type="text"/>	<input type="text"/>	
CONTACT	CITY				STATE	ZIP CODE	
	<input type="text"/>				<input type="text"/>		
	NAME & TITLE				PHONE NUMBER		

NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:	<input type="text"/>														
NAME ON ACCOUNT:	<input type="text"/>														
NEW ROUTING NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW ACCOUNT NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings														
REMIT E-MAIL ADDRESS	<input type="text"/>														

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	<input type="text"/>														
NAME ON ACCOUNT:	<input type="text"/>														
ROUTING NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings														
REMIT ADDRESS	<input type="text"/>														

ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

<input type="checkbox"/>	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). By signing form, you are affirming that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
<input type="checkbox"/>	I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.
<input type="checkbox"/>	I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead signed by a bank representative.
SIGNATURE:	
DATE:	

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AGENDA ITEM 6:

PROJECT ON AGING ANNUAL REPORT

MANAGER'S COMMENTS:

Ms. Angie Boitnotte, Project on Aging Director, will submit the Fiscal Year 2017 annual comprehensive evaluation of the agency's operations and policies as required by the NC Division of Health Service Regulation.

Board action is requested to accept the annual report.



Watauga County Project on Aging

132 Poplar Grove Connector, Suite A • Boone, North Carolina 28607

Website: www.wataugacounty.org/aging angie.boitnotte@watgov.org

Telephone 828-265-8090 Fax 828-264-2060 TTY 1-800-735-2962 Voice 1-800-735-8262 or 711

MEMORANDUM

TO: Deron Geouque, County Manager

FROM: Angie Boitnotte, Director

DATE: October 6, 2017

SUBJ: Request for Board of Commissioners' Consideration: Project on Aging Annual Report

The NC Division of Health Service Regulation requires the Project on Aging to conduct an annual comprehensive evaluation of agency operations and policies which must be presented to the Board of County Commissioners. The attached annual report addresses statistical information as to clients, services, and revenues as required by licensure standards.

I plan to be present for discussion and questions.

**PROGRAM EVALUATION
NCDHSR LICENSURE REQUIREMENTS**

As required by the NC Division of Health Service Regulation, the Project on Aging Director must conduct an annual comprehensive evaluation of agency operations and policies. The evaluation shall assure the appropriateness and quality of the agency's services with findings used to verify policy implementation, to identify problems, and to establish problem resolution and policy revision as necessary.

An overall policy and administration review was conducted on the following areas: scope of services offered, arrangements for services with other agencies or individuals, admission and discharge policies, supervision and plan of care, emergency care, service records, personnel qualifications, and program evaluation.

The attached annual report addresses statistical information regarding: number of clients receiving each service; number of visits or hours for each service; client outcomes; adequacy of staff to meet client needs; numbers and reasons for non-acceptance of clients; and reasons for discharge.

**WATAUGA COUNTY PROJECT ON AGING
FY 17 ANNUAL REPORT
JULY 1, 2016 – JUNE 30, 2017**

FY 17 Budget

Budgeted Amount	\$ 1,271,729
Expenditures	<u>1,183,031 (93%)</u>
Balance (under)	\$ 88,698 (7%)

FY 17 Revenue

Medicaid	\$ 91,210	} \$452,743
DSS Contract	11,498	
Donations/Fees	21,855	
HCCBG, State funds, NSIP	288,348	
E & D Transportation	20,943	
State Senior Center Allocation	14,501	
SHIP Grant	4,388	
Watauga County ¹	\$ 730,288	
Total Revenue	\$1,183,031	

1 \$34,200 minimum match was required for federal and state grants.

CAP/DA MEDICAID:

The Community Alternatives Program for Disabled Adults (CAP/DA and CAP/CHOICE) provided services to 37 Medicaid clients who were certified as medically eligible to enter a nursing home but who preferred to stay at home. Medicaid funds received are based on billable services to CAP/DA and CAP/CHOICE clients and are as follows:

	<u>NUMBER SERVED</u>	<u>AMOUNT BILLED</u>
Home Delivered Meals	1,043 meals	\$ 3,118.57
Case Management	1,358.25 hours	76,822.62
Waiver Supplies	26 clients	<u>11,836.97</u>
Total		\$ 91,778.16 (\$91,209.57 or 99.4% collected)

D.S.S. CONTRACT

The Project on Aging contracts with the Watauga County Department of Social Services to provide in-home aide services to disabled adults between the ages of 18 and 60, who have physical and/or mental disabilities.

961.5 Hours

\$11,497.50

HOME AND COMMUNITY CARE BLOCK GRANT

The Home and Community Care Block Grant consists of Federal Older Americans Act funds, required State match, and additional State legislative allocations. The United States Department of Agriculture reimburses .60 per meal through a program called Nutritional Services Incentive Program (NSIP) for each eligible meal served.

In-Home Aide Level I	\$93,465
In-Home Aide Level II	\$31,257
Home Delivered Meals	79,319
Congregate Meals	44,444
NSIP	24,068
Transportation	<u>15,795</u>
Total	\$288,348

SERVICES SUMMARY**SERVICES DELIVERED / CLIENTS SERVED**

(Funding sources – County, HCCBG, Medicaid, DSS Contract, E&D)

DESCRIPTION	UNITS SERVED	# of CLIENTS
Congregate Meals	14,668	381
Home Delivered Meals	17,604	127
CAP Home Delivered Meals	1,043	8
Transportation (HCCBG / E & D)	4,997	70
In-Home Aide Level I	8,101	150
In-Home Aide Level II	3,146	64
Respite Level II	904	15
DSS In-Home Aide	962	17
Medical Loan Closet	--	214

STAFF SUMMARY

The following staff worked in providing In-Home Services during FY 17:

- 8 In-Home Aides
- 1 In-Home Aide Supervisor
- 1 Home Delivered Meals Coordinator
- 1.5 CAP Case Managers
- .5 RN Case Manager

CLIENT OUTCOMES

86 clients receiving in-home services were discontinued in FY 17 for the following reasons:

- 27 Services not needed (improved, no longer qualified, client request)
- 18 Placed in a LTC Facility
- 17 Death
- 15 Hired Caregiver / Private Home Care / Hospice Care
- 3 Moved out of County
- 3 Placed on CAP/DA or CAP/CHOICE Services
- 3 Off Over 30+ Days

NON-ACCEPTANCE of CLIENTS

44 clients were referred for services in FY 17 who were not placed on service roles.

CAP – 14

- 5 Declined services
- 4 Other services in place; CAP not needed
- 2 No return calls
- 2 Medicaid issues (eligibility, deductable, estate recovery)
- 1 Placed in nursing facility / chose to stay in nursing facility

In-Home Aide – 30

- 12 Declined services
- 7 Needs met through other services/support
- 4 Not eligible
- 3 Nursing Facility
- 2 Deceased
- 1 No response from client
- 1 Hospice

CLIENT DEMOGRAPHICS

During FY 17, more females than males were served through the In-Home Services programs; 69% of the clients were female, and 31% of the clients were male. Forty two percent (42%) of the In-Home Services clients served were classified as economically needy, while 100% of in-home clients were classified as at-risk or high-risk for being placed in a facility or not being able to remain in their own homes. The majority of the clients served were over the age of 75 (64%) while 91% were over the age of 60.

SENIOR CENTER REPORT

The mission of the Lois E. Harrill Senior Center and the Western Watauga Community Center is to create an environment that encourages independence in older adults and promotes their active participation in all aspects of their lives.

The Senior Centers continue to grow with many activities being requested especially in the areas of wellness/fitness and computers. The Lois E. Harrill Senior Center partnered with Appalachian State University to offer RHOC (Rural Health Outreach Collaborative), a program that provides clinical assessments in general health status, physical activities, activities of daily living, mental acuity/cognition, nutrition, mental/behavioral health and social environment support. SHIIP volunteers continue to go out into the community to assist with enrolling new Medicare clients into prescription drug plans and have also helped many apply for extra help, thus lowering the cost of their monthly premiums. During FY17, the SHIIP volunteers and staff assisted 434 Medicare recipients with Medicare questions, prescription drug plans and supplements.

LOIS E. HARRILL SENIOR CENTER

Congregate Participants	233
AARP Tax Assistance	153
ASU Interns / Research Projects / Volunteers / etc.	72
Center Classes, Activities and Services	2,350
Newsletter	500

WESTERN WATAUGA COMMUNITY CENTER

Congregate Participants	171
AARP Tax Assistance	71
ASU Interns / Research Projects / Volunteers / etc.	92
Center Classes, Activities and Services	681
Community Center	4,847
Parking/Ground Use	840

NARRATIVE SUMMARY

The Project on Aging's revenues were more than projected during FY 17, while expenditures were less than projected. We also maintained a Medicaid revenue collection rate of 99.4%.

Services were delivered below the prior year's level in Home Delivered Meals; 18,647 (-2,631) Home Delivered Meals were delivered to 135 frail adults (-16). We served 135 more CAP meals and 2,766 less HCCBG meals. We did not serve meals six (6) days during FY 17 due to inclement weather. Emergency meals were provided to cover those days.

Services were delivered above the prior year's level for In-Home Aide Services; 13,113 hours (+87) of In-Home Aide Services were delivered to 246 frail adults (+42).

During FY 17, the Home Delivered Meals program averaged 84 clients at any given time with an average of 1 on the waiting list. The In-Home Aide program averaged 155 clients and 19 on the waiting list, with more than 6 current clients who are eligible for and need additional service. The CAP program maintained an average caseload of 31 clients with no waiting list during FY 17.

The Project on Aging continues to serve as the focal point for Aging Services in Watauga County. The agency encourages independence and promotes wellness by providing supportive services to the County's older adults thereby helping to prevent premature institutionalization. The Project on Aging will continue to focus on providing services to the frailest, oldest, and poorest residents. Currently, by census projection, there are 8,000+ residents in Watauga County over the age of 60. As the at-home population becomes older and frailer with more acute needs for services, the demand for services will continue to increase. The Project on Aging continues to maximize its efforts in service delivery and utilized more than 300 volunteers in the delivery of services during FY17.

AGENDA ITEM 7:**COMMUNICATIONS AND EMERGENCY SERVICES MATTERS*****A. Proposed Radio Equipment Purchase*****MANAGER'S COMMENTS:**

Mr. Jeff Virginia, Emergency Services Director, will request Board approval to purchase new control radios for the communications center. The current radios have reached their end of life and are in need of replacement. The radios are utilized to communicate with Watauga Medics and Sheriff's Office. In addition, the backup radio consolette has reached its end of life also. The unit is used to communicate with all emergency services. Lastly, three (3) Viper consolettes are in need of replacement.

The total cost of the replacements is \$66,636 of which \$5,628.25 is 911 eligible for reimbursement. The total amount has been budgeted and included in the Fiscal Year 2017-2018 Budget.

Board authorization is required to purchase the detailed equipment from Motorola Solutions in the amount of \$66,636.



WATAUGA COUNTY

101717 BCC Meeting

Department of Communications & Emergency Services

184 Hodges Gap Road Suite D ♦ Boone, North Carolina 28607 Phone (828) 264-3761

FAX (828) 265-7617

Jeff Virginia-Director

Email: Jeff.Virginia@watgov.org

October 4, 2017

MEMORANDUM

To: Watauga County Board of Commissioners
From: Jeff Virginia
Ref: Radio equipment purchase request
Cc: Deron Geouque

The equipment that is being requested to purchase is for the Communications Center, it will replace the current dispatch radios that will have reached their end of life on January 1, 2018. These control radios are used to communicate with Watauga Medics, Sheriff's Office on both Sheriff's channel 1 and 3 west. The Back-up radio consolette that is used to communicate with all agencies has also reached its end of life; this is used if and when the radio consoles fail. The VHF consolette is a 911 board approved expense and can be paid for out of our 911 fund allocation.

There are 3 VIPER consolette's included that are needed to be able to dispatch, monitor and keep up with all of the agencies radio traffic within the county that are now using VIPER.

The total cost of this project is \$66,636.00 and was included in the 2017-2018 approved Communications budget.

I respectfully request the Watauga County Board of Commissioners to approve this request for the above listed equipment.



Quote Number: QU0000417431
Effective: 02 OCT 2017
Effective To: 01 DEC 2017

101717 BCC Meeting

Bill-To:
WATAUGA COUNTY
184 HODGES GAP RD BLDG D
BOONE, NC 28607
United States

Ultimate Destination:
WATAUGA COUNTY
184 HODGES GAP RD BLDG D
BOONE, NC 28607
United States

Attention:
Name: Jeff Virginia, Communications Director
Phone: 828-455-2904

Sales Contact:
Name: Randy Heaton MR
Email: rheaton@wirelessnc.com
Phone: 8284552904

Contract Number: NC STATE NON ARIBA -725G
Freight terms: FOB Destination
Payment terms: Net 30 Due

Item	Quantity	Nomenclature	Description	Your price	Extended Price
1	1	T8319A	SLR 8000 BASE RADIO	\$3,900.00	\$3,900.00
(Notes)Control station for dispatch (county fire) Tx 156,000 Rx 154.085					
1a	1	CA02965AA	ADD: VHF (136-174MHZ)	\$3,600.00	\$3,600.00
1b	1	CA02996AA	ADD: WIRELINE	\$400.00	\$400.00
1c	1	CA03000AA	ADD: BASE STATION OPERATION	-	-
1d	1	CA02995AA	ADD: ANTENNA RELAY	\$250.00	\$250.00
2	1	T8319A	SLR 8000 BASE RADIO	\$3,900.00	\$3,900.00
(Notes)Medics Tx 150.790 Rx 155.355					
2a	1	CA02965AA	ADD: VHF (136-174MHZ)	\$3,600.00	\$3,600.00
2b	1	CA02996AA	ADD: WIRELINE	\$400.00	\$400.00
2c	1	CA03000AA	ADD: BASE STATION OPERATION	-	-
2d	1	CA02995AA	ADD: ANTENNA RELAY	\$250.00	\$250.00
3	1	T8319A	SLR 8000 BASE RADIO	\$3,900.00	\$3,900.00
(Notes)Sheriff 1 Tx156.090 Rx 155.635					
3a	1	CA02965AA	ADD: VHF (136-174MHZ)	\$3,600.00	\$3,600.00
3b	1	CA02996AA	ADD: WIRELINE	\$400.00	\$400.00
3c	1	CA03000AA	ADD: BASE STATION OPERATION	-	-
3d	1	CA02995AA	ADD: ANTENNA RELAY	\$250.00	\$250.00
4	1	T8319A	SLR 8000 BASE RADIO	\$3,900.00	\$3,900.00
(Notes)Sheriff W Tx 154.0775 Rx 151.4675					
4a	1	CA02965AA	ADD: VHF (136-174MHZ)	\$3,600.00	\$3,600.00
4b	1	CA02996AA	ADD: WIRELINE	\$400.00	\$400.00
4c	1	CA03000AA	ADD: BASE STATION OPERATION	-	-
4d	1	CA02995AA	ADD: ANTENNA RELAY	\$250.00	\$250.00
5	1	L30KSS9PW1AN	APX CONSOLETTTE VHF	\$3,415.50	\$3,415.50
5a	1	G806BE	ADD: ASTRO DIGITAL CAI OPERATION	\$386.25	\$386.25
5b	1	G78AR	ADD: 3 YEAR SERVICE FROM THE START LITE	\$168.00	\$168.00
5c	1	L999AB	ADD: FULL FP W/05/KEYPAD/CLOCK/VU	\$591.75	\$591.75

Item	Quantity	Nomenclature	Description	Your price	Extended Price
5d	1	G90AC	ADD: NO MICROPHONE NEEDED	-	-
5e	1	CA01598AB	ADD: AC LINE CORD US	-	-
6	1	HKN6233A	ASSEMBLY,ACCESSORY,APX CONSOLETTTE RACK MOUNT TRAY HARDWARE KIT	\$150.00	\$150.00
(Notes)Boone fire 2 This is an Astro digital capable channel					
7	4075	SVC03SVC0124D	SUBSCRIBER INSTALL - CUST LOCATION	\$1.00	\$4,075.00
(Notes)Labor & engineering to replace & install allof the base radios quoted above					
8	3	L30URS9PW1AN	APX CONSOLETTTE 7/800	\$3,415.50	\$10,246.50
8a	3	G806BE	ADD: ASTRO DIGITAL CAI OPERATION	\$386.25	\$1,158.75
8b	3	G51AT	ENH: SMARTZONE OPERATION APX	\$1,125.00	\$3,375.00
8c	3	G361AH	ADD: P25 TRUNKING SOFTWARE	\$225.00	\$675.00
8d	3	L999AB	ADD: FULL FP W/05/KEYPAD/CLOCK/VU	\$591.75	\$1,775.25
8e	3	CA01598AB	ADD: AC LINE CORD US	-	-
8f	3	G78AR	ADD: 3 YEAR SERVICE FROM THE START LITE	\$168.00	\$504.00
9	3	HKN6233A	ASSEMBLY,ACCESSORY,APX CONSOLETTTE RACK MOUNT TRAY HARDWARE KIT	\$150.00	\$450.00
10	2365	SVC03SVC0124D	SUBSCRIBER INSTALL - CUST LOCATION	\$1.00	\$2,365.00
(Notes)New antenna system for VIPER Consollettes					
11	4700	SVC03SVC0124D	SUBSCRIBER INSTALL - CUST LOCATION	\$1.00	\$4,700.00
(Notes)Labor & engineering to install above consollettes & new antenna systems					

Total Quote in USD

\$66,636.00

PO Issued to Motorola Solutions Inc. must:

- >Be a valid Purchase Order (PO)/Contract/Notice to Proceed on Company Letterhead. Note: Purchase Requisitions cannot be accepted
- >Have a PO Number/Contract Number & Date
- >Identify "Motorola Solutions Inc." as the Vendor
- >Have Payment Terms or Contract Number
- >Be issued in the Legal Entity's Name
- >Include a Bill-To Address with a Contact Name and Phone Number
- >Include a Ship-To Address with a Contact Name and Phone Number
- >Include an Ultimate Address (only if different than the Ship-To)
- >Be Greater than or Equal to the Value of the Order
- >Be in a Non-Editable Format
- >Identify Tax Exemption Status (where applicable)
- >Include a Signature (as Required)

AGENDA ITEM 7:

COMMUNICATIONS AND EMERGENCY SERVICES MATTERS

B. Proposed CodeRed Emergency Notification Network Contract

MANAGER'S COMMENTS:

Mr. Virginia will review the telephone notification system used by the County and furnished by CodeRed. The amount is \$9,500 per year and includes 75,000 minutes. Adequate funds are available in the Fiscal Year 2017-2018 budget.

Board approval is requested to continue contracting with CodeRed for the County's telephone notification system in the amount of \$9,500 for 75,000 minutes.



WATAUGA COUNTY

101717 BCC Meeting

Department of Communications & Emergency Services

184 Hodges Gap Road Suite D ♦ Boone, North Carolina 28607 Phone (828) 264-3761

FAX (828) 265-7617

Jeff Virginia-Director

Email: Jeff.Virginia@watgov.org

October 10, 2017

MEMORANDUM

To: Watauga County Board of Commissioners
From: Jeff Virginia
Ref: CodeRed Emergency Notification Network Contract
Cc: Deron Geouque

Communications and Emergency Services for the past several months have done a comparison on emergency notification systems. We compared services, costs and ease of use between CodeRed, Hyper Reach and Everbridge. An email inquiry was done with the North Carolina Sheriff's Association with several Sheriff's Offices responding with the company that they used which were even across the three that we had looked at.

Watauga County has used CodeRed for numerous years and the Fire Marshal requested that we look into a system that was somewhat easier to use. After reviewing web demonstrations and speaking with vendors although CodeRed was somewhat more complicated to use he decided to stay with CodeRed and to use some of their online training that is included in their package. Watauga County has a large up to date data base with CodeRed that would be hard to duplicate again in a short time.

The cost of this service was included in the 2017-18 approved budget.

I respectfully request that this proposal be accepted for a one year term of 75,000 minutes for the CodeRed emergency notification system





Proposal submitted to Watauga County, NC

10/10/17

SARAH DIBENEDETTO CLIENT SUCCESS REPRESENTATIVE

sarah.dibenedetto@onsolve.com 

Office 866 939 0911 

780 West Granada Blvd 
Ormond Beach, FL 32174

onsolve.com 



Live client support

Available 24/7/365, OnSolve's Client Support Team is staffed by poised individuals thoroughly trained on all aspects of the CodeRED system. In addition to handling inbound inquiries, the team monitors system activity as well as weather and other news feeds to stay on top of developing situations, and when appropriate, they reach out to clients to provide suggestions and support for system use.



CodeRED Launcher App

With the CodeRED Launcher, you can quickly and efficiently alert CodeRED subscribers located in or near your defined warning area. From any smartphone device or tablet connected to the Internet, create and send emergency messages to residents and visitors simultaneously. Geo-targeted messages are delivered to a precise location or within a specified radius, to ensure that the right people receive the information they need to take immediate action and remain safe.

CodeRED Mobile Alert app

This latest innovation in the public safety arena answers the question asked by many Emergency Managers nationwide – “How do we communicate with people in our jurisdiction who do not reside here?” The answer is by using a location-based method to deliver CodeRED initiated messages. The CodeRED Mobile Alert app is geo-aware and sends push notifications to a subscriber's device when alerts are issued for the geographical area they are in. This advanced technology enables local officials to reach those passing through their jurisdiction and also helps to protect citizens when traveling outside their local coverage area in any community that uses CodeRED.



Mapping

CodeRED utilizes ESRI mapping as a foundation and has created area selection tools that range from polygons to simple paint brush tools, allowing users to quickly become familiar with the map's features. OnSolve hosts all components of the mapping interface, relying on no third-party providers. OnSolve includes local mapping with the license of CodeRED and additionally, has the ability to provide custom maps using client supplied GIS layers, or by integrating client supplied street layer mapping to the ESRI foundation. With CodeRED there is no requirement for client communities to purchase GIS software and also there is no need to utilize internal resources to host, maintain, or update maps.





COST PROPOSAL (PRICING GOOD FOR 90 DAYS FROM 10/10/2017)

The Web-based CodeRED® service, from OnSolve was designed specifically to enable clients to rapidly record, send and track personalized voice, email, text and social media messages. Keep staff and residents safe and informed with the CodeRED system. Quickly notify staff of time critical information, emergencies and day-to-day operations updates. Send targeted emergency and community notifications to mobile subscribers located in specific geographic areas within your jurisdiction.

A one (1) year license includes 24/7/365 uninterrupted CodeRED system access and the following:

- **SYSTEM PLAN OPTIONS**- to use for **Emergency Notifications** {missing person, Emergency Preparedness, Emergency Evacuation Notices, outages, Boil water notices, Weather Alerts, Road Closures, Criminal Activity, Armed Suspect, etc.} **and General (non-emergency) Notifications** {Community Outreach, meetings, Staff Notifications, Internally for departments, Festivals/ Fairs, Building closures, etc.}
- **Unlimited text, email and social media messaging**
- **Unlimited Pass codes/ Users for the System**
- **Unlimited amount of Contact Groups**
- **Includes National Data, provided by OnSolve – (18,950 phone records)** this is a **managed data service**, which means it is supplied and updated quarterly by our in-house GIS team. It is an initial residential and business calling database that consists of publically and commercially available information acquired by private vendors that OnSolve contracts with. They collect data from methods like surveys, national white and yellow page listings, state and federal public records, new home buyer information, deeds, records filed, secretary of state records, credit files, etc.
- **Integration and geo-coding of customer supplied data** (911 data, utility data, etc.)
- **OnSolve standard Esri-based mapping and geo-coding** with integration of client-supplied GIS data sets.
- **Live 24/7/365 dedicated client and technical support team**, Initial training and monthly refresher trainings. No third party vendors are used.
- **Triple redundant infrastructure**
- **Ability to quickly alert and inform residents, staff and other internal teams** with reliable message delivery
- **Universal ANI® technology** for streamlined call-backs and relief of inbound calling pressure during an emergency event
- **Complimentary system time for testing and training**
- **Design and hosting of custom Web page for community enrollment: CNE (Community Notification Enrollment) link.** You have **3,653 resident phone numbers opted in to the system.**

Option 1: 75,000 Standard Minute Bank \$9,500 = Annual Cost

Option 2: Fully Unlimited System \$13,356 = Annual Cost

Both Options will include IPAWS feature at NO ADDITIONAL COST

Thank you for the opportunity to present this cost proposal. If you have any questions, please feel free to contact me.

SARAH DIBENEDETTO CLIENT SUCCESS REPRESENTATIVE

TEL 866 939 0911 x1122

EMAIL sarah.dibenedetto@OnSolve.com

WEB OnSolve.com

OFFICE 780 W. Granada Boulevard, Ormond Beach, FL 32174

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AGENDA ITEM 8:

BID AWARD REQUEST FOR INSTALLATION OF WAREHOUSE CEILING AT WINKLERS CREEK FACILITY

MANAGER'S COMMENTS:

Mr. Robert Marsh, Maintenance Director, will present bid information regarding the replacement of ceiling tiles at the Winklers Creek Facility. The contract will replace the ceiling tiles in the shop areas. The current tiles are 20 plus years old and heavily soiled and damaged.

Seven (7) vendors were solicited with three (3) responding with bids. The lowest responsive bidder is Northwest Drywall Company in the amount of \$20,884.

Staff recommends the Board award the bid to Northwest Drywall Company in the amount of \$20,884.



WATAUGA COUNTY MAINTENANCE DEPARTMENT

969 West King St., Boone, NC 28607 - Phone (828) 264-1430
Fax (828) 264-1473

TO: Deron Geouque, County Manager

FROM: Robert Marsh, Maintenance Director *RM*

DATE: October 5, 2017

RE: Bid Award Request for Installation of Warehouse Ceiling at Winklers Creek Facility

BACKGROUND

Staff recently solicited bids from acoustical ceiling contractors for the demolition and replacement of 6,224sf of old ceiling tile that covers the shop and maintenance area of the AppalCart service bays. The existing tile is in poor condition due to old roof leaks and years of contamination by diesel fumes.

Maintenance has completed the renovation of the office area of the building and is now working in the shop area of the structure. The warehouse has been cleaned out and painted, and further work is pending until a decision is reached concerning this Bid Award request.

BID SUMMARY

Northwest Drywall Company	\$20,884
ES Dockery	\$21,725
Mullins Co.	\$23,650
James Lawrence Construction	No bid
Shields	No bid
Bonitz	No bid
Warco	No bid

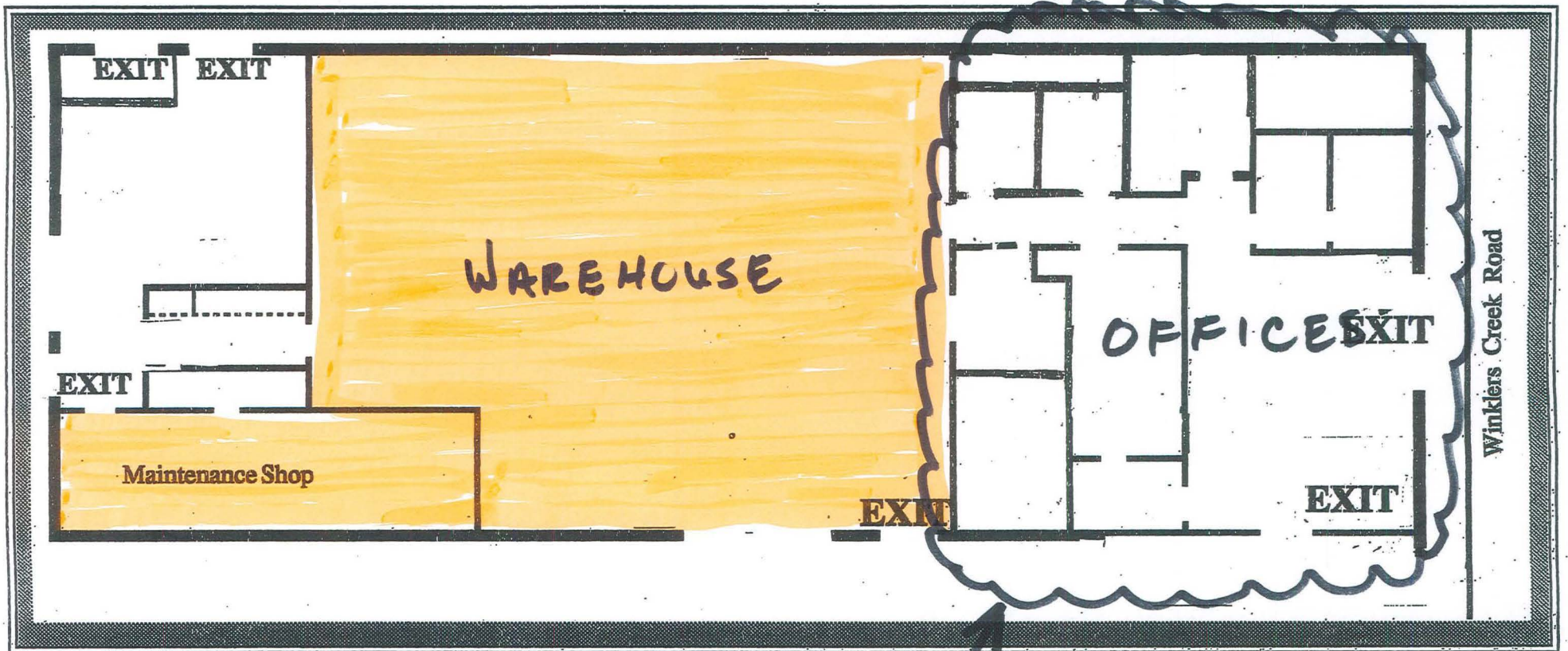
FISCAL IMPACT

There is sufficient money in the FY 17-18 budget for the renovation of the facility to cover the cost of this work.

RECOMMENDATION

Staff recommends the County accept the low bid and award the project to the low bidder, Northwest Drywall Company, Hickory, NC, for an amount of \$20,884.

 = Area to be covered with new tile/grid
6,224sf



← All work completed in offices
Sept. 2017

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AGENDA ITEM 9:

TAX MATTERS

A. Monthly Collections Report

MANAGER'S COMMENTS:

Mr. Larry Warren, Tax Administrator, will present the Monthly Collections Report and be available for questions and discussion.

The report is for information only; therefore, no action is required.

Monthly Collections Report

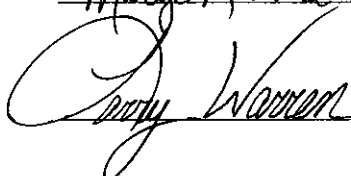
Watauga County

Bank deposits of the following amounts have been made and credited to the account of Watauga County. The reported totals do not include small shortages and overages reported to the Watauga County Finance Officer

Monthly Report September 2017

	<u>Current Month</u> <u>Collections</u>	<u>Current Month</u> <u>Percentage</u>	<u>Current FY</u> <u>Collections</u>	<u>Current FY</u> <u>Percentage</u>	<u>Previous FY</u> <u>Percentage</u>
General County					
Taxes 2017	4,666,542.83	15.21%	4,762,409.85	15.47%	12.14%
Prior Year Taxes	25,441.62		152,979.21		
Solid Waste User Fees	339,265.11	13.35%	364,619.59	13.63%	10.60%
Green Box Fees	431.86	NA	2,597.31	NA	NA
Total County Funds	\$5,031,681.42		\$5,282,605.96		
Fire Districts					
Foscoe Fire	84,405.39	18.58%	87,460.47	18.80%	15.13%
Boone Fire	117,413.66	13.34%	123,825.09	13.49%	10.65%
Fall Creek Service Dist.	1,011.70	10.83%	1,012.07	10.83%	6.47%
Beaver Dam Fire	14,243.38	14.07%	15,725.50	14.45%	11.67%
Stewart Simmons Fire	33,483.89	15.49%	35,464.56	15.88%	10.55%
Zionville Fire	14,632.60	13.19%	16,192.78	13.60%	10.39%
Cove Creek Fire	31,153.19	13.18%	32,888.32	13.49%	11.29%
Shawneehaw Fire	15,298.33	16.50%	17,337.08	17.53%	12.23%
Meat Camp Fire	25,045.86	11.76%	28,382.38	12.03%	10.87%
Deep Gap Fire	22,475.15	12.27%	23,978.29	12.50%	11.45%
Todd Fire	10,630.62	17.39%	11,111.42	17.42%	14.86%
Blowing Rock Fire	96,653.59	20.71%	101,222.02	21.18%	17.49%
M.C. Creston Fire	719.83	11.73%	835.87	11.73%	4.46%
Foscoe Service District	9,359.57	13.14%	9,786.33	13.19%	11.25%
Beech Mtn. Service Dist.	8.48	0.56%	8.48	0.56%	0.49%
Cove Creek Service Dist.	0.00	0.00%	0.00	0.00%	3.76%
Shawneehaw Service Dist	1,363.56	22.18%	1,384.66	22.18%	8.09%
	\$476,887.10		\$505,603.25		
Towns					
Boone	714,422.83	12.08%	733,264.20	12.22%	7.94%
Municipal Services	12,392.63	9.14%	12,405.64	9.14%	6.26%
Boone MV Fee	0.00		0.00		NA
Blowing Rock	0.00		0.00		NA
Seven Devils	0.00		0.00		NA
Beech Mountain	0.00		0.00		NA
Total Town Taxes	\$726,815.46		\$745,669.84		
Total Amount Collected	\$6,235,383.98		\$6,533,879.05		

 Tax Collections Director

 Tax Administrator

AGENDA ITEM 9:

TAX MATTERS

B. Refunds and Releases

MANAGER'S COMMENTS:

Mr. Warren will present the Refunds and Releases Reports.

Board action is required to accept the Refunds and Releases Reports.

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1753848 ALDRIDGE, JULIA S 148 HO ALDRIDGE RD BOONE, NC 28607	RE 2017	3653	09/29/2017			85,750	F01	42.88
	1888-27-0312-000			F01			G01	302.70
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6188			345.58
1753848 ALDRIDGE, JULIA S 148 HO ALDRIDGE RD BOONE, NC 28607	RE 2017	3653	09/29/2017			-85,750	F01	-42.88
	1888-27-0312-000			F01			G01	-302.70
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION Reversal of release				6189 6188			-345.58
1597421 ALDRIDGE, JULIA SLUDER 148 H O ALDRIDGE RD BOONE, NC 28607-7825	RE 2017	3659	09/29/2017			85,750	F01	42.88
	1888-27-3412-000			F01			G01	302.70
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6186			345.58
1597421 ALDRIDGE, JULIA SLUDER 148 H O ALDRIDGE RD BOONE, NC 28607-7825	RE 2017	3659	09/29/2017			-85,750	F01	-42.88
	1888-27-3412-000			F01			G01	-302.70
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION Reversal of release				6187 6186			-345.58
1597421 ALDRIDGE, JULIA SLUDER 148 H O ALDRIDGE RD BOONE, NC 28607-7825	RE 2017	3660	09/29/2017			85,750	F01	42.88
	1888-27-3556-000			F01			G01	302.70
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTIONS				6193			345.58
1624400 ARNETT, CHARLES A 4250 US HWY 321 N SUGAR GROVE, NC 28679	PP 2017	1753	09/29/2017			0	G01	13.34
	242847500			F07			F07	1.89
	TAX RELEASES				6249		SWF	80.00
	MH WAS TRADED ON NEW MODEL DISCOVERY BILL TO BE CREATED FOR NEW MH						G01L F07L	1.33 .19
								96.75
1745742 AUTRY, ROBERT 6000 ROYAL MARCO WAY UNIT PH-H MARCO ISLAND, FL 34145	RE 2017	29183	09/29/2017			0	F12	262.80
	2828-87-5094-000			F12			G01	1,855.37
	TAX RELEASES				6286		SWF	80.00
	MISSED TRANSFER DISCOVERY TO BE MADE TO NEW OWNER							2,198.17
1762401 BOARD OF TRUSTEES OF THE ENDOWMENT FUND OF APPALACHIAN STATE UNIVERSITY PO BOX 32126 BOONE, NC 28608	RE 2017	38802	09/29/2017			0	C02	3,391.11
	2910-34-8066-000			C02			G01	2,919.66
	TAX RELEASES				6195			
	SHOULD HAVE BEEN EXEMPT OWNED BY ASU							6,310.77

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1161496 BOONE TOWN OF 567 W KING ST BOONE, NC 28607	RE 2017	39191	09/29/2017			39,400	C02	161.54
	2910-42-8319-000			C02			G01	139.08
	TAX RELEASES EXEMPT PROPERTY				6235			300.62
1751027 BOWMAN, DAVID (LIFE ESTATE) 820 GREENWAY RD BOONE, NC 28607	RE 2017	38712	09/29/2017			54,300	C02	222.63
	2910-31-5395-000			C02			G01	191.68
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6181			414.31
1519532 BRITTAIN, STEVEN LEE BRITTAIN, CAROL 1238 KENNETT AVE GASTONIA, NC 28054	RE 2017	35158	09/29/2017			0	F02	161.04
	2900-90-7926-000			F02			G01	947.45
	TAX RELEASES PROPERTY SHOULD HAVE BEEN DEACTIVATED DUE TO SPLITTING THE PARCEL				6222		SWF	160.00
								1,268.49
1649820 BRYAN, SARAH BETH 549 MILL RACE RD BOONE, NC 28607	RE 2015	45855	09/29/2017			0	SWF	80.00
	2932-66-6835-000			F09				
	REFUND RELEASE ONLY ONE SWF CHARGED FOR 2				6287			
1649820 BRYAN, SARAH BETH 549 MILL RACE RD BOONE, NC 28607	RE 2016	45851	09/29/2017			0	SWF	80.00
	2932-66-6835-000			F09				
	REFUND RELEASE SHOULD ONLY BE 1 SWF CHARGED FOR 2				6288			
1649820 BRYAN, SARAH BETH 549 MILL RACE RD BOONE, NC 28607	RE 2017	46387	09/29/2017			51,600	F09	25.80
	2932-66-6835-000			F09			G01	182.15
	TAX RELEASES CHARGED FOR 2 DWELLINGS ONLY ONE ON PROPERTY				6237		SWF	80.00
								287.95
1624975 CABLE, FRANK LIFE ESTATE CABLE, BETTY LIFE ESTATE 127 LOVE'S KNOB RD SUGAR GROVE, NC 28679	RE 2017	14922	09/29/2017			40,700	F04	20.35
	1962-49-1774-000			F04			G01	143.67
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6203			164.02
1614507 CALHOUN, BUFORD (LIFE EST) CALHOUN, BENITA (LIFE EST) 157 LYNN HILL LN BOONE, NC 28607-8685	RE 2017	21193	09/29/2017			53,400	F02	32.04
	1991-75-5660-000			F02			G01	188.50
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6174			220.54
1520874 CAROLINA WEST WIRELESS INC P O BOX 959 WILKESBORO, NC 28697	PP 2017	2464	09/29/2017			0	C02	13,940.08
	520874999			F02			G01	12,002.07
	TAX RELEASES BEING BILLED AS PUBLIC UTILITY				6218			25,942.15

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1577335 CAVAGNARO, SUSAN A 104 WOODRIDGE RD BANNER ELK, NC 28604	RE 2017	11075	09/29/2017			125,200	G01	441.96
	1950-07-5477-000			C05			SWF	80.00
	TAX RELEASES HOUSE BURNED 10/25/2016				6215			521.96
1564495 COFFEY STANLEY L 507 EDMISTEN RD BLOWING ROCK, NC 28605	PP 2017	2896	09/29/2017			0	G01	293.41
	564495999			F12			F12	41.56
	TAX RELEASES moved to caldwell county				6278			334.97
1417443 COFFEY, DONNA LYNN 4362 BAMBOO RD BOONE, NC 28607	RE 2017	43264	09/29/2017			59,850	F02	35.91
	2920-63-7566-000			F02			G01	211.27
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6201			247.18
1531436 COFFEY, SAMUEL SCOTT 1304 SPEAR BRANCH RD MOUNTAIN CITY, TN 37683	PP 2017	2569	09/29/2017			0	SWF	80.00
	531436999			F02			G01	11.72
	TAX RELEASES				6197		F02	1.99
	MH NOT OWNED IN WATAUGA COUNTY				SOLD		G01L	1.17
							F02L	.20
								95.08
1604479 COLE, CLYDE LIFE ESTATE COLE, CHRISTINE LIFE ESTATE 303 HENRY WINEBARGER RD BOONE, NC 28607	RE 2017	37501	09/29/2017			59,650	F09	29.83
	2904-91-7837-000			F09			G01	210.56
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6179			240.39
1506632 COLVARD OIL CO INC P O BOX 7 D/B/A DOLLAR MART #2 WEST JEFFERSON, NC 286940007	PP 2017	2266	09/29/2017			0	G01	22.42
	506632999			C02			C02	26.04
	TAX RELEASES no longer in business				6258			48.46
1506635 COLVARD OIL CO INC P O BOX 7 D/B/A DOLLAR MART #7 WEST JEFFERSON, NC 286940007	PP 2017	2267	09/29/2017			0	G01	24.36
	506635999			C02			C02	28.29
	TAX RELEASES no longer in business				6256			52.65
1506626 COLVARD OIL CO INC D/B/A CRITCHER AND ID P O BOX 7 WEST JEFFERSON, NC 286940007	PP 2017	2264	09/29/2017			0	G01	5.58
	506626999			C02			C02	6.48
	TAX RELEASES no longer in business				6259			12.06

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1600803 COOKIES & CREAM MR JIM TINNEY, OWNER PO BOX 866 GLEN ALPINE, NC 28628	PP 2017	3283	09/29/2017			18,940	G01	66.86
	600803999			C02			C02	77.65
	TAX RELEASES				6262			
	business accidently 28000 instead 2800							144.51
1557043 CRITCHER, STEPHEN MCDONAL 2518 DEERFIELD RD BOONE, NC 28607	PP 2017	1161	09/29/2017			46,740	F02	28.04
	2140			F02			G01	164.99
	TAX RELEASES				6182			
	ADJUSTED VALUE PER LARRY							193.03
1767612 DENTON, DENNIS 126 CATAWBA COVE LANE BELMONT, NC 28012	PP 2017	1306	09/29/2017			0	F12	13.58
	2285			F12			G01	95.87
	TAX RELEASES				6220		SWF	80.00
	DOUBLE BILLED UNDER 1767093							189.45
1754892 EARP, BRUCE JAMES 108 LUTHER LN VILAS, NC 28692	RE 2017	19944	09/29/2017			21,820	FS1	10.91
	1990-08-7190-000			FS1			G01	77.02
	TAX RELEASES				6244			
	FAILED TO RECEIVE OA EXEMPTION							87.93
1223411 ED'S LOCK AND KEY SERVICE INC 142 LUM HAVEN RD VILAS, NC 286929010	PP 2017	1716	09/29/2017			0	G01	6.88
	223411999			F02			F02	1.17
	TAX RELEASES				6246			
	sold business in 2016							8.05
1762414 FIDELITY ASSET MANAGEMENT INC 601 RIVERSIDE AVE. FNF TAX DEP JACKSONVILLE, FL 32204	PP 2016	1065	09/29/2017			0	C02	6.03
	1867			C02			G01	4.60
	TAX RELEASES				6265			
	ALREADY LISTED #1599633							10.63
1762414 FIDELITY ASSET MANAGEMENT INC 601 RIVERSIDE AVE. FNF TAX DEP JACKSONVILLE, FL 32204	PP 2017	964	09/29/2017			0	C02	5.82
	1867			C02			G01	5.01
	TAX RELEASES				6264			
	ALREADY LISTED #1599633							10.83
1543091 FORD, LOWE AND FAYE LIFE ESTATE FORD, LOLA FAYE 477 FORD RD BOONE, NC 28607	RE 2017	31196	09/29/2017			31,900	F12	15.95
	2838-52-6668-000			F12			G01	112.61
	TAX RELEASES				6226			
	FAILED TO RECEIVE PUV/FAILED TO REAPPLY							128.56
1062843 GREENE, ANNA M 137 FRED GREENE DRIVE VILAS, NC 28692	RE 2017	19123	09/29/2017			41,050	F07	20.53
	1983-40-3759-000			F07			G01	144.91
	TAX RELEASES				6192			
	FAILED TO RECEIVE OA EXEMPTION							165.44

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1767745 GREER, JERRY GREER, SHARON K 3549 OLD 421 S BOONE, NC 28607	RE 2017	46082	09/29/2017			0	F10	10.50
	2931-90-7952-000			F10			G01	74.13
	TAX RELEASES				6230			
	PROPERTY WAS MERGED AND BILLED UNDER NEW PARCEL NUMBER							84.63
1767745 GREER, JERRY GREER, SHARON K 3549 OLD 421 S BOONE, NC 28607	RE 2017	46086	09/29/2017			224,800	F10	112.40
	2931-91-5815-000			F10			G01	793.54
	TAX RELEASES				6229			
	FAILED TO RECEIVE PUV/DID NOT REAPPLY							905.94
1501844 HARTLEY, JACK 1130 RED DANDY DRIVE ORLANDO, FL 328186932	PP 2017	2197	09/29/2017			0	SWF	80.00
	501844999			F09			G01	31.91
	TAX RELEASES				6242		F09	4.52
	SOLD CAMPER IN 2016 BOONE KOA						G01L	3.19
							F09L	.45
								120.07
1764589 HIGH GRAVITY ADVENTURES 162 TIMBER LAKES DR TODD, NC 28684	PP 2017	1047	09/29/2017			0	F12	112.50
	1988			F12			G01	794.25
	TAX RELEASES				6204			
BUSINESS WAS DISCOVERED FOR 16/17							906.75	
1078393 HODGES, B J 786 OLD BRISTOL RD BOONE, NC 28607-7624	PP 2017	957	09/29/2017			0	F02	1.69
	1859			F02			G01	9.95
	TAX RELEASES				6196		SWF	80.00
	MH SOLD USED FOR STORAGE PRIOR							91.64
1398742 HOSPITALITY HOUSE OF THE BOONE AREA INC P O BOX 309 BOONE, NC 28607	RE 2015	34903	09/29/2017			0	C02	1,949.14
	2900-98-9402-000			C02			G01	1,488.00
	TAX RELEASES				6275			
	PROPERTY SOLD AND WAS RE BILLED TO NEW OWNER							3,437.14
1577957 HOSPITALITY MINTS 213 CANDY LANE BOONE, NC 28607	PP 2017	1000026	09/29/2017			0	C02	160.96
	2024			C02			G01	122.88
	TAX RELEASES				6272		C02L	32.19
	AMENDED AUDIT						G01L	24.58
								340.61

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1577957 HOSPITALITY MINTS 213 CANDY LANE BOONE, NC 28607	PP 2017 2025 TAX RELEASES	1000025	09/29/2017	C02	6270	0	C02 G01 C02L G01L	415.54 317.23 124.66 95.17 <hr/> 952.60
1577957 HOSPITALITY MINTS 213 CANDY LANE BOONE, NC 28607	PP 2017 2026 TAX RELEASES AMENDED AUDIT	1000024	09/29/2017	C02	6269	0	C02 G01 C02L G01L	586.77 447.95 234.71 179.18 <hr/> 1,448.61
1577957 HOSPITALITY MINTS 213 CANDY LANE BOONE, NC 28607	PP 2017 2027 TAX RELEASES AMENDED AUDIT	1000023	09/29/2017	C02	6268	0	C02 G01 C02L G01L	716.83 606.40 358.41 303.20 <hr/> 1,984.84
1577957 HOSPITALITY MINTS 213 CANDY LANE BOONE, NC 28607	PP 2017 2028 TAX RELEASES AMENDED AUDIT	1000022	09/29/2017	C02	6267	222,596	C02 G01 C02L G01L	823.61 696.73 494.17 418.04 <hr/> 2,432.55
1518760 HUFFMAN, EVERETT A HUFFMAN, MURIEL 1038 MERRYWOOD DR NEWTON, NC 28658-8413	RE 2017 2828-96-8812-000 TAX RELEASES FAILED TO BE TRANSFERRED DISCOVER TO NEW OWNER	29283	09/29/2017	F12	6285	0	F12 G01 SWF	96.60 682.00 80.00 <hr/> 858.60
1646719 HUNT, PETER HUNT, ANNE 4727 ELMHURST DR. NE HICKORY, NC 28601	PP 2017 646719999 TAX RELEASES SOLD MH IN 2016	3812	09/29/2017	F12	6236	0	SWF G01 F12 G01L F12L	80.00 119.24 16.89 11.92 1.69 <hr/> 229.74
1529874 ISAACS, SARA LYNN MARION CORNETT PO BOX 1621 BOONE, NC 286071621	PP 2017 529874999 TAX RELEASES LATE LISTING REMOVED LISTED ON TIME	2550	09/29/2017	F02	6194	0	G01L F02L	3.62 .61 <hr/> 4.23

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE JUR	REF NO	VALUE CHARGE	AMOUNT
1754159 ISAACS, STEVEN WARD 698 PHILLIPS BRANCH RD VILAS, NC 28692	RE 2017 1972-16-0046-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION	16324	09/29/2017 F07	6263	57,450 F07 G01	28.73 202.80 <hr/> 231.53
1086412 JACKSON, JESSIE F 568 HARDAMAN CIRCLE BOONE, NC 28607-8161	RE 2017 2930-16-5460-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION	45175	09/29/2017 F02	6210	65,400 F02 G01	39.24 230.86 <hr/> 270.10
1764168 JAYNES, LLOYD RAY 234 VALLEY CREEK LN BANNER ELK, NC 28604	RE 2017 1878-23-7393-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION TRANSFER	880	09/29/2017 F01	6190	80,000 F01 G01 INCORRECT	40.00 282.40 <hr/> 322.40
1618706 KORNEGAY, SCOTT N KORNEGAY, DEBRA K 2400 WESTFIELD RD CHARLOTTE, NC 28207	RE 2017 2910-34-0518-000 TAX RELEASES DOES NOT OWN THIS PROPERTY REBILLED UNDER RUPP PROPERTIES LLC	38786	09/29/2017 C02	6260	0 C02 G01	133.25 114.73 <hr/> 247.98
1559554 LAMBERT, JUDY YATES 3778 BAIRDS CREEK ROAD VILAS, NC 28692	RE 2017 1981-15-7376-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION	17942	09/29/2017 F07	6224	23,700 F07 G01 SWF	11.85 83.66 80.00 <hr/> 175.51
1754741 LARNED, STEPHEN 193 BEECH TREE RD ZIONVILLE, NC 28698	PP 2017 1528 TAX RELEASES MOVED TO CALDWELL COUNTY IN 2016	735	09/29/2017 F06	6245	0 F06 G01 F06L G01L	1.25 8.83 .13 .88 <hr/> 11.09
1577644 LEVEILLE, REBECCA HELEN PO BOX 2734 BLOWING ROCK, NC 28605	PP 2017 577644999 TAX RELEASES SOLD JETSKI 2 YRS AGO	2996	09/29/2017 C03	6206	0 G01 G01L	2.58 .26 <hr/> 2.84
1644979 LIFESTORE BANK PO BOX 26 WEST JEFFERSON, NC 28694	RE 2017 1897-34-1710-000 TAX RELEASES From CAMA Integration	5362	09/25/2017 F12	6276	0 G01 G01 F12	-1,517.90 1,517.90 215.00 <hr/> 215.00

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1736560 LINDER INDUSTRIAL MACHINERY COMPANY 1601 S FRONTAGE RD PLANT CITY, FL 33563	PP 2017 890 TAX RELEASES NO LONGER IN WATAUGA COUNTY	387	09/29/2017	F02	6207	0	G01	358.44
1732604 LKT APPROVED SPECIAL ASSETS, LLC 2 MEANS BLUFF WAY SHELDON, SC 29941-3044	RE 2017 1964-57-7940-000 TAX RELEASES FAILED TO RECEIVE PUV	15357	09/29/2017	F04	6202	87,500	F04 G01	43.75 308.88 <hr/> 352.63
1736168 LOVE, TIMOTHY 141 THE GLADE ROAD BOONE, NC 28607	PP 2017 847 TAX RELEASES MH SHOULD HAVE BEEN BILLED UNDER JAMES LOVE	366	09/29/2017	F02	6232	8,250	F02 G01 SWF	4.95 29.12 80.00 <hr/> 114.07
1647675 MAILFINANCE INC MAILFINANCE INC 478 WHEELERS FARMS RD MILFORD, CT 06461	PP 2017 767599991 TAX RELEASES BILLED INCORRECTLY	3878	09/29/2017	C02	6281	0	F02 G01	1.04 8.29 <hr/> 9.33
1647675 MAILFINANCE INC MAILFINANCE INC 478 WHEELERS FARMS RD MILFORD, CT 06461	PP 2017 767599991 TAX RELEASES BILLED INCORRECTLY Reversal of release	3878	09/29/2017	C02	6283	0	F02 G01	-1.04 -8.29 <hr/> -9.33
1647675 MAILFINANCE INC MAILFINANCE INC 478 WHEELERS FARMS RD MILFORD, CT 06461	PP 2017 767599991 TAX RELEASES AMENDED RETURN	3878	09/29/2017	C02	6290	0	F02 G01	.97 10.80 <hr/> 11.77
1623338 MAIN, LULA BELLE 199 SAWMILL RD TODD, NC 28684	RE 2017 2904-77-7071-001 TAX RELEASES MH DEMOLISHED IN 2016	37441	09/29/2017	F09	6277	0	F09 G01	.25 1.77 <hr/> 2.02
1107978 MCNEIL, WILLIAM KYLE HOWARD STELLMAN RD PO BOX 77 DEEP GAP, NC 28618	RE 2017 2960-62-9158-000 TAX RELEASES DOUBLE BILLED FOR PARCEL	48521	09/29/2017	F10	6221	107,400	F10 G01 SWF	53.70 379.12 80.00 <hr/> 512.82

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1594098 MILLER, WORTH C MILLER, GERALDINE 310 SUGARWORTH MTN RD BOONE, NC 28607	PP 2017 206226900 TAX RELEASES BOAT SOLD IN 2015	1675	09/29/2017	F09	6216	0	G01 F09 G01L F09L	1.41 .20 .14 .02 <hr/> 1.77
1761899 MOUNT VERNON BAPTIST CHURCH, INC 3505 BAMBOO RD BOONE, NC 28607	RE 2017 2930-00-1925-000 TAX RELEASES PROPERTY IS EXEMPT	44989	09/29/2017	F02	6217	0	F02 G01	1,045.62 6,151.73 <hr/> 7,197.35
1116961 MT EPHRAM BAPTIST CHURCH 3275 ELK CREEK ROAD DEEP GAP, NC 28618	RE 2017 2940-61-2709-000 TAX RELEASES SHOULD HAVE BEEN EXEMPT	46847	09/29/2017	F05	6180	0	F05 G01	186.15 773.07 <hr/> 959.22
1247063 NIELSEN, RICHARD L AND AUDREY 1353 DOVE CREEK COURT GASTONIA, NC 28054	PP 2017 87559400 TAX RELEASES PROPERTY NO LONGER RENTED	1471	09/29/2017	C05	6225	0	G01 G01L	25.84 2.58 <hr/> 28.42
1120419 NORRIS, RONALD AND MILDRED 144 MILL FARM RD SUGAR GROVE, NC 28679	RE 2017 1953-65-6071-000 TAX RELEASES FAILED TO RECEIVE PUV AND OA EXEMPT PARCEL NUMBER CHANGE	13930	09/29/2017	F04	6183	183,850	F04 G01	91.93 648.99 <hr/> 740.92
1733721 OLIVER & SON TRUCKING LLC 394 MARION THOMAS RD ZIONVILLE, NC 28698-9460	PP 2017 2181 TAX RELEASES TRUCK OVER ASSESSED IN VALUE	1202	09/29/2017	F06	6233	57,000	F06 G01	28.50 201.21 <hr/> 229.71
1733721 OLIVER & SON TRUCKING LLC 394 MARION THOMAS RD ZIONVILLE, NC 28698-9460	PP 2017 2182 TAX RELEASES DOES NOT OWN THIS TRUCK	1203	09/29/2017	F06	6234	0	F06 G01	57.50 405.95 <hr/> 463.45
1613393 OTTO, SHILOHE NORRIS 219 ESTLE'S WAY BOONE, NC 28607	RE 2012 2932-42-9226-000 REFUND RELEASE INCORRECT SQUARE FOOTAGE ON HOUSE	45231	09/29/2017	F09	6296	48,200	F09 G01	24.10 150.87 <hr/> 174.97
1613393 OTTO, SHILOHE NORRIS 219 ESTLE'S WAY BOONE, NC 28607	RE 2013 2932-42-9226-000 REFUND RELEASE INCORRECT SQUARE FOOTAGE ON HOUSE	31958	09/29/2017	F09	6295	48,200	F09 G01	24.10 150.87 <hr/> 174.97

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE CHARGE	AMOUNT
1613393 OTTO, SHILOHE NORRIS 219 ESTLE'S WAY BOONE, NC 28607	RE 2014	45730	09/29/2017			42,600 F09	21.30
	2932-42-9226-000			F09		G01	133.34
	REFUND RELEASE				6294		
	INCORRECT SQUARE FOOTAGE ON HOUSE						154.64
1613393 OTTO, SHILOHE NORRIS 219 ESTLE'S WAY BOONE, NC 28607	RE 2016	45738	09/29/2017			42,600 F09	21.30
	2932-42-9226-000			F09		G01	133.34
	REFUND RELEASE				6292		
	INCORRECT SQUARE FOOTAGE ON HOUSE						154.64
1613393 OTTO, SHILOHE NORRIS 219 ESTLE'S WAY BOONE, NC 28607	RE 2017	46274	09/29/2017			42,600 F09	21.30
	2932-42-9226-000			F09		G01	150.38
	TAX RELEASES				6291		
	INCORRECT SQUARE FOOTAGE ON HOUSE						171.68
1583039 PENN, BRADFORD V .CHRISTINE S PENN REVOCABLE TRUST PO BOX 2575 BLOWING ROCK, NC 28605	RE 2014	23052	09/29/2017			241,000 G01	754.33
	2807-76-0140-000			C03			
	REFUND RELEASE				6178		
	DATA ENTRY MISSED THE ADJUSTMENT DURING THE 2014 REVALUATION						
1583039 PENN, BRADFORD V .CHRISTINE S PENN REVOCABLE TRUST PO BOX 2575 BLOWING ROCK, NC 28605	RE 2015	23069	09/29/2017			241,000 G01	754.33
	2807-76-0140-000			C03			
	REFUND RELEASE				6177		
	DATA ENTRY MISSED THE ADJUSTMENT DURING THE 2014 REVALUATION						
1583039 PENN, BRADFORD V .CHRISTINE S PENN REVOCABLE TRUST PO BOX 2575 BLOWING ROCK, NC 28605	RE 2016	23103	09/29/2017			241,000 G01	754.33
	2807-76-0140-000			C03			
	REFUND RELEASE				6176		
	DATA ENTRY MISSED THE ADJUSTMENT DURING THE 2014 REVALUATION						
1583039 PENN, BRADFORD V .CHRISTINE S PENN REVOCABLE TRUST PO BOX 2575 BLOWING ROCK, NC 28605	RE 2017	23301	09/29/2017			241,000 G01	850.73
	2807-76-0140-000			C03			
	TAX RELEASES				6175		
	DATA ENTRY MISSED THE ADJUSTMENT DURING THE 2014 REVALUATION						
1253848 PITTS, BRENDA GAIL P O BOX 842 BLOWING ROCK, NC 28605-0842	RE 2017	23386	09/29/2017			68,700 G01	242.51
	2807-79-3075-000			C03			
	TAX RELEASES				6238		
	INCORRECT VALUE						

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1253848 PITTS, BRENDA GAIL P O BOX 842 BLOWING ROCK, NC 28605-0842	RE 2017 2807-79-4042-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION PARCEL NUMBER CHANGED	23391	09/29/2017	C03	6200	154,800	G01	546.44
1583086 PRESNELL, RALPH ALLEN PRESNELL, MARTHA RACHEL 7186 ROMINGER RD SUGAR GROVE, NC 28679	RE 2017 1961-67-8493-000 TAX RELEASES SHOULD HAVE RECEIVED OA EXEMPT	14691	09/29/2017	F07	6243	30,150	F07 G01	15.08 106.43 <hr/> 121.51
1729220 RALPH F PROFFIT FAMILY TRUST 2240 MEAT CAMP RD BOONE, NC 28607	RE 2017 2913-36-6708-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION	41793	09/29/2017	F09	6279	69,200	F09 G01	34.60 244.28 <hr/> 278.88
1765543 REINHERT, FINE LLC. 179 KING STREET CHARLESTON, SC 29401	PP 2017 2000 TAX RELEASES listed under 1761850	1057	09/29/2017	C03	6273	0	G01	39.89
1543235 ROBERT MILLER TRUCKING INC 414 STONEY FORK RD DEEP GAP, NC 28618	PP 2017 2136 TAX RELEASES ADJUST VALUE	1158	09/29/2017	F10	6227	58,000	F10 G01	29.00 204.74 <hr/> 233.74
1502233 SAWYER, ANGELA KAY 7576 CROSS GATE LANE ALEXANDRIA, VA 22315	RE 2017 1879-32-3124-000 TAX RELEASES HOUSE TORN DOWN IN 2016	2389	09/29/2017	F08	6211	64,400	F08 G01 SWF	32.20 227.33 80.00 <hr/> 339.53
1726759 SCHUNDEMIRE, KARIN R. 1601 RUNNING BROOK ROAD CHARLOTTE, NC 28214	PP 2017 227 TAX RELEASES SOLD IN 2016 TO SARAH GRIFFIN	78	09/29/2017	F12	6214	0	F12 G01 SWF F12L G01L	11.76 82.99 80.00 1.18 8.30 <hr/> 184.23
1755103 SHILOHE NORRIS OTTO, LIVING TRUST 219 ESTLES WAY BOONE, NC 28607	RE 2015 2932-42-9226-000 REFUND RELEASE INCORRECT SQUARE FOOTAGE ON HOUSE	45742	09/29/2017	F09	6293	42,600	F09 G01	21.30 133.34 <hr/> 154.64

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1762139 SIRIGNANO, MICHAEL G SIRIGNANO, KAROLINA 373 VANDERPOOL RD VILAS, NC 28692	RE 2017	38674	09/29/2017			85,200	C02	349.32
	2910-29-7913-000			C02			G01	300.76
	TAX RELEASES DOUBLE BILLED				6228			650.08
1264084 SMITH, SHERYL D 451 PATTON RIDGE RD DEEP GAP, NC 28618-9439	RE 2017	48844	09/29/2017			59,100	F10	29.55
	2970-17-8601-000			F10			G01	208.62
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6184			238.17
1637931 STANTON, JOSEPH VERNON 185 SMITH HENSON RD SUGAR GROVE, NC 286799447	PP 2017	1157	09/29/2017			85,000	F04	42.50
	2134			F04			G01	300.05
	TAX RELEASES INCORRECT VALUE				6231			342.55
19245 STATE OF NORTH CAROLINA 1321 MAIL SERVICE CENTER RALEIGH, NC 27699-1321	RE 2017	534	09/29/2017			0	F08	61.30
	1869-90-7410-000			F08			G01	432.78
	TAX RELEASES SHOULD HAVE BEEN EXEMPT				6248			494.08
19245 STATE OF NORTH CAROLINA 1321 MAIL SERVICE CENTER RALEIGH, NC 27699-1321	RE 2017	37580	09/29/2017			0	FX9	28.30
	2905-64-1668-000			FX9			G01	199.80
	TAX RELEASES SHOULD HAVE BEEN EXEMPT				6247			228.10
19245 STATE OF NORTH CAROLINA 1321 MAIL SERVICE CENTER RALEIGH, NC 27699-1321	RE 2017	37592	09/29/2017			0	FX9	40.10
	2905-73-2880-000			FX9			G01	283.11
	TAX RELEASES SHOULD HAVE BEEN EXEMPT				6240			323.21
1570927 STATE OF NORTH CAROLINA .C/O STATE PROPERTY OFFICE 1321 MAIL SERVICE CENTER RALEIGH, NC 27699	RE 2017	39773	09/29/2017			0	C02	12,616.52
	2910-72-6682-000			C02			G01	10,862.52
	TAX RELEASES SHOULD HAVE BEEN EXEMPT				6239			23,479.04
1547933 STEVENS, DEBRA C 7259 HERRING RD LAKE PARK, GA 31636-3501	PP 2017	178	09/29/2017			0	G01	17.65
	440			C05			G01L	1.77
	TAX RELEASES PROPERTY SOLD IN 2016 HH PERS PROPERTY				6213			19.42
1754895 STEVENS, ROBERT P 734 W PLEASANT COLONY AIKEN, SC 29803	RE 2017	25547	09/29/2017			162,900	G01	575.04
	2817-28-5842-000			C03				
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6209			

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE	CHARGE	AMOUNT
1763740 STORY, MARY W. (LIFE ESTATE) 1288 AHO RD BLOWING ROCK, NC 28605	RE 2017	28693	09/29/2017			71,650	F12	35.83
	2828-24-2537-000			F12			G01	252.92
	TAX RELEASES FAILED TO RECEIVE OA EXEMPTION				6219			288.75
1767076 THOMAS, RONALD MORRIS, EXECUTOR 1159 NORTH FORK RD ZIONVILLE, NC 28698	RE 2017	19786	09/29/2017			0	F06	62.45
	1985-10-9137-000			F06			G01	440.90
	TAX RELEASES BILLED TO INCORRECT OWNER RE-BILLED AS A DISCOVERY BILL				6223			503.35
1535719 THOMAS, SCOTT ANDERSON 207 HUNTING RD BOONE, NC 28607	RE 2015	36242	09/29/2017			109,150	C02	447.52
	2901-90-9914-000			C02				
	REFUND RELEASE TAXED IN WRONG JURISDICTION REBILLED AS A DISCOVERY BILL				6253			
1535719 THOMAS, SCOTT ANDERSON 207 HUNTING RD BOONE, NC 28607	RE 2015	39720	09/29/2017			41,700	C02	170.97
	2911-01-0038-000			C02				
	REFUND RELEASE TAXED IN WRONG JURISDICTION REBILLED AS A DISCOVERY BILL				6257			
1535719 THOMAS, SCOTT ANDERSON 207 HUNTING RD BOONE, NC 28607	RE 2016	36244	09/29/2017			109,150	C02	447.52
	2901-90-9914-000			C02				
	REFUND RELEASE TAXED IN WRONG JURISDICTION REBILLED AS A DISCOVERY BILL				6252			
1535719 THOMAS, SCOTT ANDERSON 207 HUNTING RD BOONE, NC 28607	RE 2016	39713	09/29/2017			41,700	C02	170.97
	2911-01-0038-000			C02				
	REFUND RELEASE TAXED IN WRONG JURISDICTION REBILLED AS A DISCOVERY BILL				6255			
1535719 THOMAS, SCOTT ANDERSON 207 HUNTING RD BOONE, NC 28607	RE 2017	36652	09/29/2017			0	C02	895.03
	2901-90-9914-000			C02			G01	770.60
	TAX RELEASES TAXED IN THE WRONG JURISDICTION REBILLED AS A DISCOVERY BILL				6250		SWF	80.00
								1,745.63
1535719 THOMAS, SCOTT ANDERSON 207 HUNTING RD BOONE, NC 28607	RE 2017	40143	09/29/2017			0	C02	170.97
	2911-01-0038-000			C02			G01	147.20
	TAX RELEASES TAXED IN WRONG JURISDICTION REBILLED AS A DISCOVERY BILL				6254			318.17

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OWNER NAME AND ADDRESS	CAT YEAR PROPERTY REASON	BILL	EFF DATE	JUR	REF NO	VALUE CHARGE	AMOUNT
1728344 TOWN OF BEECH MOUNTAIN 304 BEECH MOUNTAIN PKWY BEECH MOUNTAIN, NC 28604	RE 2017 1940-86-5247-000 TAX RELEASES SHOULD HAVE BEEN EXEMPT	8876	09/29/2017	C05	6208	0 G01	132.38
1171255 WATAUGA COUNTY 814 WEST KING ST SUITE 205 BOONE, NC 28607	RE 2017 1942-99-5099-000 TAX RELEASES PROPERTY IS EXEMPT	10616	09/29/2017	F04	6198	0 F04 G01	13.10 92.49 <hr/> 105.59
1621643 WATAUGA COUNTY 814 W KING ST SUITE 205 BOONE, NC 28607	RE 2017 1878-86-6539-000 TAX RELEASES PROPERTY IS EXEMPT	1849	09/29/2017	F01	6199	0 F01 G01	6.25 44.13 <hr/> 50.38
1760616 WATSON, JOHNNY L. 2690 ROMINGER RD BANNER ELK, NC 28604	PP 2017 1751 TAX RELEASES INCORRECT STATEMENT ON LISTING FORM	876	09/29/2017	F08	6274	200 F08 G01	.10 .71 <hr/> .81
1736451 WILLIAMS, JOEL F. 9060 US HWY 421 N ZIONVILLE, NC 28698	RE 2017 1983-92-1994-000 TAX RELEASES BILLED UNDER JOEL F WILLIAMS AND SHOULD HAVE BEEN BILLED TO JOEL E WILLIAMS	19349	09/29/2017	F07	6284	0 F07 G01 SWF	93.85 662.58 80.00 <hr/> 836.43
1180496 WILSON, WM L AND JOYCE 441 RAGAN RD TODD, NC 28684-9570	RE 2017 2924-81-5938-000 TAX RELEASES FAILED TO REC VET EXEMPTION	44892	09/29/2017	F11	6191	45,000 F11 G01	31.50 158.85 <hr/> 190.35
1581910 WINEBARGER, DARELL V 4066 OLD US HWY 421 ZIONVILLE, NC 28698	RE 2017 1983-27-9141-000 TAX RELEASES VETERANS EXEMPTION	19065	09/29/2017	F06	6271	45,000 F06 G01	22.50 158.85 <hr/> 181.35
1583544 WINEBARGER, ROGER ALLEN 190 R LAYNG RD VILAS, NC 28692	RE 2017 1982-70-8018-000 TAX RELEASES DATA CORRECTION	18854	09/29/2017	F07	6205	23,200 F07 G01	11.60 81.90 <hr/> 93.50
1586496 WINEBERG, ROBERT(LIFE ESTATE) WINEBERG, GWENDOLYN(LIFE ESTATE) 517 PATTON RIDGE RD DEEP GAP, NC 28618	RE 2017 2970-27-0973-000 TAX RELEASES FAILED TO RECEIVE OA EXEMPTION	48868	09/29/2017	F10	6185	48,900 F10 G01	24.45 172.62 <hr/> 197.07
DETAIL SUMMARY	COUNT: 115	RELEASES - TOTAL				4,452,146	104,763.94

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RELEASES - CHARGE SUMMARY FOR ALL CLERKS

YEAR	CAT	CHARGE	AMOUNT	
2012	RE	F09	MEAT CAMP FIRE RE	24.10
2012	RE	G01	WATAUGA COUNTY RE	150.87
			2012 TOTAL	174.97
2013	RE	F09	MEAT CAMP FIRE RE	24.10
2013	RE	G01	WATAUGA COUNTY RE	150.87
			2013 TOTAL	174.97
2014	RE	F09	MEAT CAMP FIRE RE	21.30
2014	RE	G01	WATAUGA COUNTY RE	887.67
			2014 TOTAL	908.97
2015	RE	C02	BOONE RE	2,567.63
2015	RE	F09	MEAT CAMP FIRE RE	21.30
2015	RE	G01	WATAUGA COUNTY RE	2,375.67
2015	RE	SWF	SANITATION USER FEE	80.00
			2015 TOTAL	5,044.60
2016	RE	C02	BOONE RE	618.49
2016	RE	F09	MEAT CAMP FIRE RE	21.30
2016	RE	G01	WATAUGA COUNTY RE	887.67
2016	RE	SWF	SANITATION USER FEE	80.00
2016	PP	C02	BOONE PP	6.03
2016	PP	G01	WATAUGA COUNTY PP	4.60
			2016 TOTAL	1,618.09
2017	RE	C02	BOONE RE	17,940.37
2017	RE	F01	FOSCOE FIRE RE	89.13
2017	RE	F02	BOONE FIRE RE	1,313.85
2017	RE	F04	BEAVER DAM FIRE RE	169.13
2017	RE	F05	STEWART SIMMONS FIRE RE	186.15
2017	RE	F06	ZIONVILLE FIRE RE	84.95
2017	RE	F07	COVE CREEK FIRE RE	181.64
2017	RE	F08	SHAWNEEHAW FIRE RE	93.50
2017	RE	F09	MEAT CAMP FIRE RE	111.78
2017	RE	F10	DEEP GAP FIRE RE	230.60
2017	RE	F11	TODD FIRE RE	31.50
2017	RE	F12	BLOWING ROCK FIRE RE	626.18
2017	RE	FS1	FOSCOE SERV DIST RE	10.91
2017	RE	FX9	MEAT CAMP/CRESTON SERV DIST RE	68.40
2017	RE	G01	WATAUGA COUNTY RE	37,142.42
2017	RE	SWF	SANITATION USER FEE	880.00
2017	PP	C02	BOONE PP	16,788.07
2017	PP	C02L	BOONE LATE LIST	1,244.14
2017	PP	F02	BOONE FIRE PP	38.81
2017	PP	F02L	BOONE FIRE LATE LIST	.81
2017	PP	F04	BEAVER DAM FIRE PP	42.50
2017	PP	F06	ZIONVILLE FIRE PP	87.25
2017	PP	F06L	ZIONVILLE FIRE LATE LIST	.13
2017	PP	F07	COVE CREEK FIRE PP	1.89
2017	PP	F07L	COVE CREEK FIRE LATE LIST	.19

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RELEASES - CHARGE SUMMARY FOR ALL CLERKS

YEAR	CAT	CHARGE	AMOUNT
2017	PP	F08 SHAWNEEHAW FIRE PP	.10
2017	PP	F09 MEAT CAMP FIRE PP	4.72
2017	PP	F09L MEAT CAMP FIRE LATE LIST	.47
2017	PP	F10 DEEP GAP FIRE PP	29.00
2017	PP	F12 BLOWING ROCK FIRE PP	196.29
2017	PP	F12L BLOWING ROCK FIRE LATE LIST	2.87
2017	PP	G01 WATAUGA COUNTY PP	17,549.26
2017	PP	G01L WATAUGA COUNTY LATE LIST	1,055.33
2017	PP	SWF SANITATION USER FEE	640.00
2017 TOTAL			96,842.34
SUMMARY TOTAL			104,763.94

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RELEASES - JURISDICTION SUMMARY FOR ALL CLERKS

JUR	YEAR	CHARGE	AMOUNT
C02	2015	C02 BOONE RE	2,567.63
C02	2015	G01 WATAUGA COUNTY RE	1,488.00
C02	2016	C02 BOONE RE	624.52
C02	2016	G01 WATAUGA COUNTY PP	4.60
C02	2017	C02 BOONE RE	20,788.36
C02	2017	C02L BOONE LATE LIST	1,244.14
C02	2017	F02 BOONE FIRE PP	.97
C02	2017	G01 WATAUGA COUNTY RE	17,772.45
C02	2017	G01L WATAUGA COUNTY LATE LIST	1,020.17
C02	2017	SWF SANITATION USER FEE	80.00
C02 TOTAL			45,590.84
C03	2014	G01 WATAUGA COUNTY RE	754.33
C03	2015	G01 WATAUGA COUNTY RE	754.33
C03	2016	G01 WATAUGA COUNTY RE	754.33
C03	2017	G01 WATAUGA COUNTY RE	2,257.19
C03	2017	G01L WATAUGA COUNTY LATE LIST	.26
C03 TOTAL			4,520.44
C05	2017	G01 WATAUGA COUNTY RE	617.83
C05	2017	G01L WATAUGA COUNTY LATE LIST	4.35
C05	2017	SWF SANITATION USER FEE	80.00
C05 TOTAL			702.18
F01	2017	F01 FOSCOE FIRE RE	89.13
F01	2017	G01 WATAUGA COUNTY RE	629.23
F01 TOTAL			718.36
F02	2017	C02 BOONE PP	13,940.08
F02	2017	F02 BOONE FIRE RE	1,351.69
F02	2017	F02L BOONE FIRE LATE LIST	.81
F02	2017	G01 WATAUGA COUNTY RE	20,312.98
F02	2017	G01L WATAUGA COUNTY LATE LIST	4.79
F02	2017	SWF SANITATION USER FEE	400.00
F02 TOTAL			36,010.35
F04	2017	F04 BEAVER DAM FIRE RE	211.63
F04	2017	G01 WATAUGA COUNTY RE	1,494.08
F04 TOTAL			1,705.71
F05	2017	F05 STEWART SIMMONS FIRE RE	186.15
F05	2017	G01 WATAUGA COUNTY RE	773.07
F05 TOTAL			959.22
F06	2017	F06 ZIONVILLE FIRE RE	172.20
F06	2017	F06L ZIONVILLE FIRE LATE LIST	.13
F06	2017	G01 WATAUGA COUNTY RE	1,215.74
F06	2017	G01L WATAUGA COUNTY LATE LIST	.88

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RELEASES - JURISDICTION SUMMARY FOR ALL CLERKS

JUR	YEAR	CHARGE	AMOUNT
		F06 TOTAL	1,388.95
F07	2017	F07 COVE CREEK FIRE RE	183.53
F07	2017	F07L COVE CREEK FIRE LATE LIST	.19
F07	2017	G01 WATAUGA COUNTY RE	1,295.62
F07	2017	G01L WATAUGA COUNTY LATE LIST	1.33
F07	2017	SWF SANITATION USER FEE	240.00
		F07 TOTAL	1,720.67
F08	2017	F08 SHAWNEEHAW FIRE RE	93.60
F08	2017	G01 WATAUGA COUNTY RE	660.82
F08	2017	SWF SANITATION USER FEE	80.00
		F08 TOTAL	834.42
F09	2012	F09 MEAT CAMP FIRE RE	24.10
F09	2012	G01 WATAUGA COUNTY RE	150.87
F09	2013	F09 MEAT CAMP FIRE RE	24.10
F09	2013	G01 WATAUGA COUNTY RE	150.87
F09	2014	F09 MEAT CAMP FIRE RE	21.30
F09	2014	G01 WATAUGA COUNTY RE	133.34
F09	2015	F09 MEAT CAMP FIRE RE	21.30
F09	2015	G01 WATAUGA COUNTY RE	133.34
F09	2015	SWF SANITATION USER FEE	80.00
F09	2016	F09 MEAT CAMP FIRE RE	21.30
F09	2016	G01 WATAUGA COUNTY RE	133.34
F09	2016	SWF SANITATION USER FEE	80.00
F09	2017	F09 MEAT CAMP FIRE RE	116.50
F09	2017	F09L MEAT CAMP FIRE LATE LIST	.47
F09	2017	G01 WATAUGA COUNTY RE	822.46
F09	2017	G01L WATAUGA COUNTY LATE LIST	3.33
F09	2017	SWF SANITATION USER FEE	160.00
		F09 TOTAL	2,076.62
F10	2017	F10 DEEP GAP FIRE RE	259.60
F10	2017	G01 WATAUGA COUNTY RE	1,832.77
F10	2017	SWF SANITATION USER FEE	80.00
		F10 TOTAL	2,172.37
F11	2017	F11 TODD FIRE RE	31.50
F11	2017	G01 WATAUGA COUNTY RE	158.85
		F11 TOTAL	190.35
F12	2017	F12 BLOWING ROCK FIRE PP	822.47
F12	2017	F12L BLOWING ROCK FIRE LATE LIST	2.87
F12	2017	G01 WATAUGA COUNTY PP	4,288.66
F12	2017	G01L WATAUGA COUNTY LATE LIST	20.22
F12	2017	SWF SANITATION USER FEE	400.00
		F12 TOTAL	5,534.22
FS1	2017	FS1 FOSCOE SERV DIST RE	10.91

09/29/2017 17:12
 Larry.Warren

WATAUGA COUNTY
 RELEASES - 09/01/2017 TO 09/29/2017

P 19
 tncrapt

RELEASES - JURISDICTION SUMMARY FOR ALL CLERKS

JUR	YEAR	CHARGE	AMOUNT
FS1	2017	G01 WATAUGA COUNTY RE	77.02
		FS1 TOTAL	87.93
FX9	2017	FX9 MEAT CAMP/CRESTON SERV DIST RE	68.40
FX9	2017	G01 WATAUGA COUNTY RE	482.91
		FX9 TOTAL	551.31
		SUMMARY TOTAL	104,763.94

AGENDA ITEM 10:

FINANCE MATTERS

A. Budget Amendments

MANAGER'S COMMENTS:

Ms. Margaret Pierce, Finance Director, will review budget amendments as included in your packet.

Board approval is requested.



WATAUGA COUNTY
FINANCE OFFICE

814 West King St., Suite 216, Boone, NC 28607 Phone (828) 265-8007

MEMORANDUM

TO: Deron T. Geouque, County Manager
FROM: Margaret Pierce, Finance Director
SUBJECT: Budget Amendments - FY 2017/18
DATE: October 10, 2017

The following budget amendment requires the approval of the Watauga County Board of Commissioners. Board approval is requested.

<u>Account #</u>		<u>Description</u>	<u>Debit</u>	<u>Credit</u>
103980	398121	Transfer from Capital Projects Fund		820,000
105911	470029	Mobile Units	309,000	
105911	470030	Sealant to WHS Track	35,000	
105911	470050	Technology/Computers	211,000	
105911	470025	Classroom Projectors	100,000	
105911	470026	Vehicle Replacements	165,000	
213991	399101	Fund Balance Appropriation		820,000
219800	498010	Transfer to General Fund	820,000	

To allocate funds from CIP set aside funds for projects as requested by the Watauga County School system.

AGENDA ITEM 10:**FINANCE MATTERS*****B. Proposed Inmate Catastrophic Insurance Contract*****MANAGER'S COMMENTS:**

Ms. Margaret Pierce, Finance Director, will present the contract renewal with Insurance Management Consultants for catastrophic insurance for inmates housed in the County jail. The insurance shields the County from large medical claims that occur while inmates are being housed in the Watauga County Jail.

Board action is requested to approve the contract with Insurance Management Consultants, Inc. for catastrophic insurance coverage in the amount of \$30,640.68 with a \$10,000 deductible. This is a \$2,432 increase from last year's renewal. Adequate funds are available to cover the contracted cost.

Board action is required to renew the contract with Insurance Management Consultants, Inc. in the amount of \$30,640.68.



WATAUGA COUNTY

FINANCE OFFICE

814 West King St., Room 216 - Boone, NC 28607 - Phone (828) 265-8007 Fax (828) 265-8006

MEMORANDUM

TO: Deron Geouque, County Manager
FROM: Margaret Pierce, Finance Director
SUBJECT: Inmate Catastrophic Insurance Contract
DATE: October 11, 2017

Attached please find information on the renewal contract from Insurance Management Consultants, Inc for the insurance policy for large medical claims incurred on behalf of inmates in the County's care. The renewal amount is \$30,640.68 with the \$10,000 deductible. This is a \$2,432 increase from last year's premium. Funds are available in the current detention budget for this contract. I recommend acceptance of option 1 with the \$10,000 deductible.

Board approval is requested for the contract.

Narramore Associates, Inc.

Insurance Management Consultants, Inc. Catastrophic Inmate Medical Indication of Cost Effective October 5, 2017

Premium Proposal

	Expiring	Option 1	Option 2
	UHC - Optum Health	Optum	Optum
Limit of Coverage Per Inmate	\$250,000	\$250,000	\$250,000
Deductible per claim	\$10,000	\$10,000	\$15,000
Aggregate Deductible	N/A	N/A	N/A
Number of Inmates	58	63	63
Rate per Inmate per Month	\$40.53	\$40.53	\$39.26
TOTAL PREMIUM - Damages Only	\$28,208.88	\$30,640.68	\$29,680.56

Disclaimer

The Proposal of Coverage appearing herein is only illustrative and is not intended as a policy of insurance, binder or statement of coverage, or as an amendment, modification or waiver of the terms and conditions of any policy of insurance. In every instance, the policy is the only accepted statement of coverage.

If coverage is to be bound with this carrier please sign, confirm limit and deductible and email back to karen@imcipls.com

Signature

Date

Carrier//Limits per claim//annual aggregate

Deductible per claim

Premium Financing is Available. If you are interested- please indicate below:

I am interested in premium financing _____. I prefer to pay the annual premium in full _____.

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AGENDA ITEM 10:

FINANCE MATTERS

C. Proposed Telephone Equipment Upgrade

MANAGER'S COMMENTS:

Ms. Pierce will present for Board consideration telephone equipment upgrades. Staff earmarked funds for Fiscal Year 2018 for the replacement of the telephone equipment for the Law Enforcement Center complex.

Board action is requested to approve AT&T's proposal in the amount of \$26,620.36 for equipment costs and \$1,516.44 for annual maintenance costs.



WATAUGA COUNTY FINANCE OFFICE

814 West King St., Room 216 - Boone, NC 28607 - Phone (828) 265-8007 Fax (828) 265-8006

MEMORANDUM

TO: Deron T. Geouque, County Manager
FROM: Margaret Pierce, Finance Director
SUBJECT: Telephone equipment upgrade
DATE: October 9, 2017

Below please find summary proposals for upgrading the telephone system for the Law Enforcement Center complex. Skyline and AT&T surveyed the existing system and met with staff (Drew Eggers, Jeff Virginia, Deidre Earp and Margaret Pierce) to review details of the system needs. Below are the bids received from both companies:

	<u>AT&T</u>	<u>Skyline</u>
EQUIPMENT	\$ 18,299.69	\$ 29,741.00
INSTALLATION	8,320.67	3,800.00
TOTAL	\$ 26,620.36	\$ 33,541.00

ANNUAL MAINTENANCE	\$ 1,516.44	\$ 349.00
--------------------	-------------	-----------

Based on the pricing, system evaluation, and meetings with the companies, staff is recommending AT&T's proposal for a new IP Office system be accepted. Funding is available in the current budget for the telephone system upgrade.

Board approval is requested.

AGENDA ITEM 11:

MISCELLANEOUS ADMINISTRATIVE MATTERS

A. Out-of-State Travel Request

MANAGER'S COMMENTS:

Staff is requesting Board approval for the Finance Director to travel to Charleston, South Carolina for a comprehensive audited financial reporting training. The training would be beneficial in the preparation and compilation of the County's audit. The training was not available through the Institute of Government.

Staff requests the Board approve the out-of-state travel request.



WATAUGA COUNTY FINANCE OFFICE

814 West King St., Room 216 - Boone, NC 28607 - Phone (828) 265-8007 Fax (828) 265-8006

MEMORANDUM

TO: Deron T. Geouque, County Manager
FROM: Margaret Pierce, Finance Director
SUBJECT: Out of State Travel Request
DATE: October 10, 2017

Enclosed please find a request for me to attend training in Charleston, SC on December 14, 2017. The training is offered by the national Government Finance Officers Association on preparing a comprehensive audited financial report or CAFR. CAFRs include more information in a slightly different format than our current annual financial report to give readers an expanded view of the County financially. This class is not offered by the School of Government.

The total cost is projected at \$858.00. There are funds available in the Finance budget for the training.

Board approval is requested.

WATAUGA COUNTY
TRAVEL AUTHORIZATION AND TRAVEL ADVANCE REQUEST

DATE: Oct 10, 2017 BUDGET ACCOUNT NUMBER: _____

NAME: Margaret Pierce TITLE: Finance Director DEPARTMENT: Finance

DESTINATION: Charleston SC MEETING DATES FROM: Dec 14, 2017 TO: _____

Out of State travel? YES NO
If yes, BCC approval is required and must be signed by County Manager.

DEPARTURE: 12:00 pm 12-13-17 RETURN: 10:00 pm 12-14-17

Purpose: GFOA, Preparing a CAFR

Overnight Accommodations Required? YES NO

Name of Hotel/Motel: Hyatt Place

Rate per night/person: 146.00 Government Discount? YES NO

Method of Transportation: County Vehicle Personal Vehicle Air Other

Cost: 300.00 Explanation: 600 miles total

Estimated Expenses				TOTALS
REGISTRATION FEES: Please indicate meals and/or banquets included in registration fee.				370.00
MEALS	Breakfast:		X	
	Lunch:	1	X	10.00
	Dinner:	2	X	32.00
LODGING	Single Rate:	1.00	X	146.00
*OTHER				300.00
TOTAL				858.00

Remarks: Class is not offered by SOG regularly nor in the same level of detail as this one. Not available online.

Are funds requested in advance?
 Yes No

Form is Mathematically Correct:
 Yes Approved as corrected

Finance Staff/Date: _____

If settlement has not been made on this advance within 20 working days after completion of travel, I authorize this amount to be deducted from my next paycheck.

Department Head: _____

County Manager (Out of State): _____

Margaret Pierce
Employee/date: 10/10/17

I believe this trip to be necessary and beneficial to Watauga County and funds were provided for this purpose in this departments appropriate budget account.



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Preparing A CAFR

Training Type: Live Training

[Register Online](#)

Course Status: Repeat Offering
Date and Time: Dec 14 2017 - 8:30am to 4:30pm EST
Region: Eastern
Location: Charleston, SC (Hyatt Place/House)
 560 King Street
 Charleston, SC 29403
 United States
 See map: [Google Maps](#)

Level: Intermediate
Field of Study: Accounting – Governmental
CPE Credits: 8

Member Price: \$370.00
Non-Member Price: \$550.00

Prerequisite:
 Accounting and financial reporting professionals with at least two years of experience, or who have attended the GFOA's *Intermediate Governmental Accounting* seminar or an equivalent program.

Speakers:
 Peg Hartnett, Senior Manager, GFOA
 Michael A. Genito, Managing Partner, Government R&D Center LLC

Who Will Benefit:
 Accounting and financial reporting professionals who have prepared, or wish to be able to prepare, a comprehensive annual financial report (CAFR) for a state or local government.

Note: Individuals interested primarily in enterprise funds and stand-alone business-type activities are advised to take GFOA's *Accounting and Financial Reporting for Enterprise Funds* instead. Likewise, individuals interested primarily in pension plans and other postemployment benefit plans are advised to take the specialized seminar that focuses on them.

Program Description:
 The program is designed to familiarize participants with the format and contents of a CAFR prepared in accordance with both generally accepted accounting principles (GAAP) and the program requirements of the Government Finance Officers Association's (GFOA) Certificate of Achievement for Excellence in Financial Reporting Program.

Note: This program is a condensed form of the GFOA's two-day seminar on *Advanced Financial Reporting*. Individuals who have taken that seminar should not enroll in this one.

PARTICIPANTS ARE ENCOURAGED TO BRING WITH THEM A COPY OF THEIR GOVERNMENT'S CAFR (OR A COPY OF THEIR AUDITED FINANCIAL STATEMENTS IF THEIR GOVERNMENT DOES NOT YET ISSUE A CAFR).

Seminar Objectives:
 Those who successfully complete the seminar should be able to:

- » Identify the three basic sections of a CAFR and the essential components of each,

Similar Offerings

Preparing A CAFR
 February 14, 2018 -- Austin, TX
 (Hilton Garden Inn Austin Downtown)

Preparing A CAFR
 June 6, 2018 -- Seattle, WA (Hyatt Regency Lake Washington at Seattle's Southport)

- › Differentiate basic financial statements, required supplementary information, and other supplementary information within a CAFR;
- › Identify the basic elements of a letter of transmittal;
- › Identify the appropriate elements to include in management's discussion and analysis;
- › Format each of the basic financial statements;
- › Classify data in each of the basic financial statements;
- › Properly apply commonly misunderstood note disclosure requirements;
- › Format combining and individual fund statements; and
- › Prepare required statistical presentations.

Recommended GFOA Reading:

Governmental Accounting, Auditing, and Financial Reporting (GAAFR) (e-book)

Registration Form: [download](#)

Hotel Form: [download](#)

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203 N. LaSalle Street - Suite 2700 | Chicago, IL 60601-1210 | Phone: (312) 977-9700 - Fax: (312) 977-4806

Government Finance Officers Association Training Seminars	Hotel Locations
--	------------------------

Please contact the hotel directly to reserve accommodations for Government Finance Officers Association seminars. All meetings outside of Chicago, IL, will be held at each hotel. In Chicago, the meetings will be held at GFOA's office, 203 N. LaSalle Street, Suite 2700, Chicago, IL 60601.

October 2017 – Glendale, AZ

Renaissance Glendale Hotel & Spa
9495 W. Coyotes Blvd.
Glendale, AZ 85305
623-937-3700

[Book your group rate for GFOA National Training Seminar Phoenix Oct2017](#)

Accommodations:

Single/Double: \$164 plus 15.17% tax

*Based on availability, GFOA's group rate is valid until **October 1, 2017**. Should GFOA's block fill up or if reservations are made after this date, reservations will be accepted on an overall hotel space availability and may not qualify for GFOA discounted rate.*

November 2017 – Chicago, IL

Hyatt Place Chicago River North
66 West Illinois Street
Chicago, IL 60654
1-888-735-2978

<https://aws.passkey.com/go/GFOA110817>

*Based on availability, GFOA's group rate is valid until **October 9, 2017**. Should GFOA's block fill up or if reservations are made after this date, reservations will be accepted on an overall hotel space availability and may not qualify for GFOA discounted rate.*

Accommodations: (Data Analysis)

Single/Double: per diem plus 17.4% tax

November 2017 – Chicago, IL

Hyatt Place Chicago River North
66 West Illinois Street
Chicago, IL 60654
1-888-735-2978

<https://aws.passkey.com/go/GFOAAccounting111217>

*Based on availability, GFOA's group rate is valid until **October 13, 2017**. Should GFOA's block fill up or if reservations are made after this date, reservations will be accepted on an overall hotel space availability and may not qualify for GFOA discounted rate.*

Accommodations: (Intermediate/Advanced Accounting)

Single/Double: per diem plus 17.4% tax

December 2017 – Charleston, SC

Hyatt Place & Hyatt House Charleston Historic District
560 King Street
Charleston, SC 29403
1-800-993-4751

<https://aws.passkey.com/go/2017NationalTraining>

Accommodations:

Single/Double: prevailing Government Per Diem plus 13.5% tax

Currently \$146.00

*Based on availability, GFOA's group rate is valid until **November 10, 2017**. Should GFOA's block fill up or if reservations are made after this date, reservations will be accepted on an overall hotel space availability and may not qualify for GFOA discounted rate.*

January 2018 – Newport Beach, CA

Hyatt Regency Newport, CA
1107 Jamboree Road
Newport Beach, CA 92660
1-888-421-1442

<https://aws.passkey.com/go/GFOFO>

Accommodations:

Single/Double: \$175 plus 13% tax or prevailing Government Per Diem

*Based on availability, GFOA's group rate is valid until **December 15, 2017**. Should GFOA's block fill up or if reservations are made after this date, reservations will be accepted on an overall hotel space availability and may not qualify for GFOA discounted rate.*

YOUR TRIP TO:

500 King St, Charleston, SC, 29403-5527



5 HR | 300 MI

Est. fuel cost: \$21.10

1. Start out going **southeast** on W King St/US-421 S/US-321 S/NC-194 toward S Water St.
Then 0.72 miles 0.72 total miles
2. Turn **right** onto Hardin St/US-321 S. Continue to follow US-321 S.
Then 78.39 miles 79.11 total miles
3. Merge onto I-85 N toward **Charlotte**.
Then 12.84 miles 91.95 total miles
4. Merge onto I-485 S via EXIT 30.
Then 9.83 miles 101.78 total miles
5. Merge onto I-77 S via EXIT 67 toward **Columbia** (Crossing into **South Carolina**).
Then 74.26 miles 176.04 total miles
6. Keep **left** to take I-77 S toward **Charleston/I-20 E/Florence**.
Then 17.98 miles 194.02 total miles
7. Merge onto I-26 E via the exit on the **left** toward **Charleston**.
Then 105.41 miles 299.43 total miles
8. Take the **US-17 S** exit, EXIT 221A, toward **Savannah**.
Then 0.41 miles 299.84 total miles
9. Keep **left** to take the **King St** ramp.
Then 0.04 miles 299.87 total miles
10. Turn **left** onto Sheppard St.
Then 0.12 miles 299.99 total miles
11. Turn **right** onto King St/SC-104. Continue to follow King St.
Then 0.42 miles 300.40 total miles
12. 500 King St, Charleston, SC 29403-5527, 500 KING ST is on the **left**.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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AGENDA ITEM 11:**MISCELLANEOUS ADMINISTRATIVE MATTERS*****B. November Meeting Schedule*****MANAGER'S COMMENTS:**

One Stop voting will be occurring during the November 7, 2017 Board meeting. Board of Elections requires the use of the board room during this time period. Historically, November is a month with very few agenda items. The Board may wish to reschedule or cancel the November 7th meeting.

At this time, staff would recommend canceling the November 7, 2017 meeting due to the Board of Elections requiring the use of the Board room. The November 21, 2017, meeting will be adequate to address County business.

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AGENDA ITEM 11:

MISCELLANEOUS ADMINISTRATIVE MATTERS

C. Recommended Contract Awards for Employee Medical, Dental, and Life Insurance

MANAGER'S COMMENTS:

Renewal rates have been received for medical, dental, and life insurance benefits. The renewal rate received from BCBS for medical insurance is a 3% increase. The initial increase provided was 15%. Further analysis of additional claims was provided allowing for the 12% reduction. Staff received two additional quotes from United HealthCare and Cigna.

United Healthcare submitted a zero percent (0%) increase with no changes to the current plan. While this is a strong quote staff has some concerns. First, there are potential network issues regarding United Healthcare. The county has utilized both BCBS and CIGNA networks and has found them to be comparable. Second, potential discounts for services and prescriptions may not be as good with United Healthcare as BCBS and CIGNA. Lastly, based on the County's current claims the concern is that the quote may not accurately reflect claims experience and thus the potential for a significant increase next year.

CIGNA submitted a 4.9% increase with no plan changes but a fundamental change in the distribution of savings. CIGNA submitted a level funding quote which is an intermediate stage between fully-insured and self-insured. The proposal provides fixed monthly costs like a fully-insured plan, more detailed claims information to make better decisions and assist in renewal negotiations, and the ability to share 50/50 in savings if claims are less than expected. Over the past several years staff has analyzed plans, claims, data, and funding methods for providing the most cost effective solution for health insurance for employees. The County has had success in rate increases with a fully-insured plan; however, staff believes the long term solution is a self-insured plan. A self-insured plan allows the County to save the profit margin that an insurance company adds to its premium for a fully-insured plan.

BCBS does not offer level funding and their primary focus is the fully-insured market. Based on the quotes received staff would recommend CIGNA's proposal as there is an opportunity to reduce the proposed 4.9% increase to the 3% BCBS proposal or lower and this would be the first step towards a self-insured plan without having to make the full commitment.

Dental insurance premiums were received with Delta Dental (current provider) submitting the best option. Delta Dental provided a three percent (3%) increase over current rates with a three percent (3%) rate cap for the following year. Life insurance premiums through Symetra Financial will remain unchanged due to the current rate lock.

Staff recommends CIGNA's Level Funding plan for the County's medical plan with a 4.9% increase and for the County to fund \$1,000 into each employee's HSA account. Staff further recommends Delta Dental with a three percent (3%) increase and a three percent (3%) rate cap for the following year.

Adequate funds have been budgeted to cover the renewal rates. Board action is required.



Watauga County

Medical Cigna Level Funding

January 1, 2018

Benefits	Current BCBS		Option 1 Cigna		Option 2 Cigna	
	PPO		Level Funding - 100k		Graded Funding - 100k	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PCP Office Visit	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Specialist Office Visit	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Coinsurance	100%	70%	100%	70%	100%	70%
Deductible						
Individual	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000
Family	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-Pocket Maximum						
Individual	\$2,500	\$6,250	\$2,500	\$6,250	\$2,500	\$6,250
Family	\$5,000	\$12,500	\$5,000	\$12,500	\$5,000	\$12,500
Preventive Care	100%	N/A	100%	N/A	100%	N/A
Diagnostic Labs - office visit	100% Preventive; All Others Office Visit Copay	70% After Deductible	100% Preventive; All Others Office Visit Copay	70% After Deductible	100% Preventive; All Others Office Visit Copay	70% After Deductible
Outpatient X-Rays, CT, MRI's, PET Scans, etc.	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
ER / UC	100% After Deductible		100% After Deductible		100% After Deductible	
Prescription Drugs						
Deductible						
Tier 1	100% After Deductible		100% After Deductible		100% After Deductible	
Tier 2	100% After Deductible		100% After Deductible		100% After Deductible	
Tier 3	100% After Deductible		100% After Deductible		100% After Deductible	
Rates	Counts	Current Rates	Renewal Rates	Max Rates		Max Rates
Single	239	\$630.09	\$648.99	\$660.96		\$714.27
Employee + Spouse	8	\$1,368.28	\$1,409.33	\$1,435.61		\$1,551.37
Employee + Child(ren)	21	\$937.36	\$965.48	\$983.52		\$1,062.81
Family	1	\$1,934.52	\$1,992.56	\$2,029.17		\$2,192.78
Estimated Monthly Premium		\$183,156.83	\$188,650.89	\$192,137.41		\$207,633.28
Estimated Annual Premium		\$2,197,881.96	\$2,263,810.68	\$2,305,648.92		\$2,491,599.36
Percentage Change From Current		0%	3%	4.9%		13.4%



Watauga County

Medical UHC

January 1, 2018

Benefits	Current BCBS		Option 1 UHC	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PCP Office Visit	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Specialist Office Visit	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Coinsurance	100%	70%	100%	70%
Deductible				
Individual	\$2,500	\$5,000	\$2,500	\$5,000
Family	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-Pocket Maximum				
Individual	\$2,500	\$6,250	\$2,500	\$6,250
Family	\$5,000	\$12,500	\$5,000	\$12,500
Preventive Care	100%	N/A	100%	N/A
Diagnostic Labs - office visit	100% Preventive; All Others Office Visit Copay	70% After Deductible	100% Preventive; All Others Office Visit Copay	70% After Deductible
Outpatient X-Rays, CT, MRI's, PET Scans, etc.	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
ER / UC	100% After Deductible		100% After Deductible	
Prescription Drugs				
Deductible				
Tier 1	100% After Deductible		100% After Deductible	
Tier 2	100% After Deductible		100% After Deductible	
Tier 3	100% After Deductible		100% After Deductible	
Rates	Counts	Current Rates	Renewal Rates	Rates
Single	239	\$630.09	\$648.99	\$629.90
Employee + Spouse	8	\$1,368.28	\$1,409.33	\$1,367.87
Employee + Child(ren)	21	\$937.36	\$965.48	\$937.08
Family	1	\$1,934.52	\$1,992.56	\$1,933.94
Estimated Monthly Premium		\$183,156.83	\$188,650.89	\$183,101.68
Estimated Annual Premium		\$2,197,881.96	\$2,263,810.68	\$2,197,220.16
Percentage Change From Current		0%	3%	0.0%



**Watauga County
Dental Plan & Cost Comparison**

**Watauga County
Dental Plan & Cost Comparison**

Option	Current		Renewal Year 1		Renewal Year 2		Option 1		Option 2		Option 3	
Carrier	Delta Dental		Delta Dental		Delta Dental		Humana		Guardian		Sun Life	
Class 1 Description	All Eligible Full-Time Employees		All Eligible Full-Time Employees		All Eligible Full-Time Employees		All Eligible Full-Time Employees		All Eligible Full-Time Employees		All Eligible Full-Time Employees	
Class 2 Description	Retirees		Retirees		Retirees		Retirees		Retirees		Retirees	
Class 3 Description	All Regular Part-Time Employees		All Regular Part-Time Employees		All Regular Part-Time Employees		All Regular Part-Time Employees		All Regular Part-Time Employees		All Regular Part-Time Employees	
Plan Type	Passive PPO		Passive PPO		Passive PPO		Passive PPO		Passive PPO		Passive PPO	
Annual Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Deductible	\$50 / \$150 (waived for Type I)		\$50 / \$150 (waived for Type I)		\$50 / \$150 (waived for Type I)		\$50 / \$150 (waived for Type I)		\$50 / \$150 (waived for Type I)		\$50 / \$150 (waived for Type I)	
U & C Reimbursement %	90%		90%		90%		90%		90%		90%	
Endodontics & Periodontics	Covered Under Basic (Type II)		Covered Under Basic (Type II)		Covered Under Basic (Type II)		Covered Under Basic (Type II)		Covered Under Basic (Type II)		Covered Under Basic (Type II)	
Coverage Levels	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventative (Type I)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic (Type II)	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major (Type III)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Waiting Period	N/A		N/A		N/A		N/A		N/A		N/A	
Contribution	Contributory		Contributory		Contributory		Contributory		Contributory		Contributory	
Participation Requirement	100%		100%		100%		100%		100%		100%	
Rate Guarantee	-		12 Months		12 Months		12 Months		12 Months		12 Months	
Enrollment Tiers	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates
EE	203	\$26.16	203	\$26.94	203	\$27.75	203	\$32.87	203	\$37.22	203	-
EE+DEPS	60	\$70.59	60	\$72.71	60	\$74.89	60	\$86.30	60	\$78.26	60	-
EE+FAM	19	\$116.83	19	\$120.33	19	\$123.94	19	\$143.86	19	\$136.49	19	-
Monthly Premium	\$11,765.65		\$12,117.69		\$12,481.51		\$14,583.95		\$14,844.57		N/A	
Annual Premium	\$141,187.80		\$145,412.28		\$149,778.12		\$175,007.40		\$178,134.84		N/A	
Relation to Current Rates	0.0%		3.0%		3.0%		24.0%		26.2%		N/A	

AGENDA ITEM 11:**MISCELLANEOUS ADMINISTRATIVE MATTERS***D. Boards and Commissions***MANAGER'S COMMENTS:***Watauga County Board of Adjustment*

The terms of Bill Ragan, Baxter Palmer and Todd Rice expire in November. All three are willing to continue to serve if reappointed. NC Statutes require a representative (resident) of each zoned area in counties that have partial-county zoning such as Watauga. Mr. Rice represents the Valle Crucis Historic District, which is a small area with limited population, therefore small pool of potential representatives. Mr. Palmer is the alternate member and is the representative of the Foscoe-Grandfather zoned area. Mr. Ragan resides in the Howard Creek Watershed, which is not a zoned area in the traditional sense, but since the watershed ordinance was adopted under zoning authority, the County has attempted to appoint residents of those areas when possible.

The Pond Creek (Beech Mountain) Watershed Ordinance was not adopted under zoning authority as it is not large enough to qualify for partial-county zoning. Adam Rhyne resides in the South Fork New River/Winkler Creek/Middle Fork watershed (the boundaries adjoin and form one larger watershed-regulated area). David Hill and Charles Phillips are at-large members. Those 3 terms are not expiring this year. The new South Fork New River Watershed for the new Boone water intake does not have a representative.

The above are first readings.

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AGENDA ITEM 11:

MISCELLANEOUS ADMINISTRATIVE MATTERS

E. Announcements

MANAGER'S COMMENTS:

The Grand Re-Opening for the Watauga County License Plate Agency is October 20, 2017, from 12:00 to 2:00 P.M. at 274 Winkler's Creek Road, Boone.

The Military Officers Association of America (MOAA) will hold their 11th Annual Veteran's Day Ceremony at Boone Mall on Saturday, November 11, 2017. The Watauga Community Band will begin playing at 10:30 A.M. and the program will begin at 11:00 A.M. The Colors will be posted by the Watauga High School Marine Corps JROTC.

You're Invited...

Watauga County License Plate Agency

Grand Re-Opening



**Friday, October 20, 2017
12 – 2 PM**

**274 Winkler's Creek Road
Boone, North Carolina**



High Country Chapter
P.O. Box 3312
Boone, NC 28607
October 9, 2017



On behalf of the High Country Chapter of the Military Officers Association of America (MOAA), I am delighted to extend an invitation to you, or a representative of your organization, to attend the 11th annual Veterans Day Ceremony at the Boone Mall on Saturday November 11th, 2017 as an honored guest. This event is sponsored by our MOAA Chapter, the Boone Mall and Watauga Community Band. The Band will play a medley of patriotic music starting at 10:30 AM and the program will begin at 11:00 AM. We will seat our elected officials, dignitaries and representatives from local military organizations at 10:45 AM in a VIP section. The Colors will be posted by the Watauga High School Marine Corps JROTC followed by the Pledge of Allegiance, National Anthem and a special program honoring our military veterans.

There will be tables for military veterans' organizations to display information and answer questions for the 400 plus people we expect to attend, many of whom have served our country in uniform dating back to WWII. This event is the opportunity to honor our veterans for what they have done for this great nation in protecting our freedoms and to recognize the families of our uniformed personnel who have also sacrificed over the years.

Please plan to attend and encourage your associates, friends and families to join us. Wearing of appropriate uniforms by veterans and military organizations is encouraged. We appreciate your support and look forward to your participation on November 11th.

Sincerely,

Fred Schmitt, CAPT, USCG (Ret)
President, High Country Chapter MOAA
FredsSchmitt5@gmail.com
828-260-0008



AGENDA ITEM 12:

PUBLIC COMMENT

AGENDA ITEM 13:

BREAK

AGENDA ITEM 14:

CLOSED SESSION

Attorney/Client Matters – G. S. 143-318.11(a)(3)