

AGENDA
UNION COUNTY BOARD OF COMMISSIONERS
Regular Meeting
Monday, February 16, 2009
7:00 P.M.
Board Room, First Floor
Union County Government Center
500 North Main Street
Monroe, North Carolina

www.co.union.nc.us

1. **Opening of Meeting**
 - a. Invocation
 - b. Pledge of Allegiance
2. **Informal Comments**
3. **Additions, Deletions and/or Adoption of Agenda**
ACTION REQUESTED: Adoption of Agenda
4. **Consent Agenda**
ACTION REQUESTED: Approve items listed on the Consent Agenda
5. **Public Information Officer's Comments**

Old Business:

6. **Consideration of Inviting Representatives of the School of Government to Union County to Facilitate a Meeting of the Commission and Staff** (from February 2, 2009, meeting)
ACTION REQUESTED: Approve staff's recommendation to invite representatives of the School of Government to Union County to Facilitate a Meeting of the Commission and Staff
7. **Voluntary Agricultural District & Enhanced Voluntary Agricultural District Ordinance**
ACTION REQUESTED: Approval of Amended Ordinance
8. **Consideration of Resolution to North Carolina Legislature to Increase the Maximum Annual Fire Fees**
ACTION REQUESTED: Consider Re-Affirming the Resolution

New Business:

9. **Resolution to Adopt Legislative Positions for the 2009-2010 Session of the North Carolina General Assembly**

ACTION REQUESTED: Adopt the attached Resolution and direct staff to distribute copies to Union County Municipalities and to the Union County Legislative Delegation

10. **Announcements of Vacancies on Boards and Committees**

- a. Juvenile Crime Prevention Council (JCPC): 1) District Attorney or Designee; 2) Substance Abuse Professional; 3) Two Persons Under Age of 18; and 4) Juvenile Defense Attorney
- b. Adult Care Home Community Advisory Committee
- c. Historic Preservation Commission (2 Vacancies)
- d. Parks and Recreation Advisory Board (5 Vacancies)
- e. Nursing Home Advisory Committee
- f. Board of Health (Vacancies for a Licensed Optometrist)
- g. Planning Board (Vacancies for 3 Regular Members Representing Lanes Creek Township, Monroe Township, Vance Township, and one Alternate member)

ACTION REQUESTED: Announce vacancies

11. **Appointments to Boards and Committees**

- a. Board of Equalization and Review (1 Vacancy)
- b. Fire Commission (3 Vacancies)
- c. Parks and Recreation Advisory Board (5 Vacancies)
- d. Juvenile Crime Prevention Council (JCPC) - (Vacancy for Juvenile Defense Attorney)

ACTION REQUESTED: Consider appointments to fill vacancies

12. **Manager's Comments**

13. **Commissioners' Comments**

CONSENT AGENDA
Monday, February 16, 2009

1. **Minutes**
ACTION REQUESTED: Approve minutes
2. **Union County Detention Center Medical Plan**
ACTION REQUESTED: Approve new Jail Medical Plan
3. **Tax Administrator**
 - a. Eighth Motor Vehicle Billing in the Grand Total of \$1,012,189.93
 - b. Seventh Motor Vehicle Release Register for the Period of January 1, 2009 - January 31, 2009 in the net grand total of \$10,915.03-
 - c. Seventh Motor Vehicle Refund Register for the Period of January 1, 2009 - January 31, 2009 in the net grand total of \$2,320.47-
 - d. Refunds for January 2009 in the Grand Total for All Years of \$5,665.33
 - e. Releases for January 2009 in the Grand Total for All Years of \$67,597.34**ACTION REQUESTED:** Approve a-e
4. **Health Department**
 - a. Budget Ordinance Amendment #21 to Appropriate Additional Federal Funds in the Amount of \$1,766 for the Family Planning Title X Program (no county dollars required)
ACTION REQUESTED: Adopt Budget Amendment #21
5. **Termination of Site Agreement with Fairview Fire Department**
ACTION REQUESTED: Authorize County Manager to Provide 30-Day Notice to Terminate Site Agreement with the Fairview Fire Department Due to Closing of Site
6. **Finance Department**
 - a. Motor Vehicle Tax Refund Overpayments for January 2009 in the Amount of \$3,901.63
 - b. Report of Purchase Orders Exceeding \$50,000 for January 2009
 - c. Report of Contracts Exceeding \$50,000 which Require Report to Board of Commissioners for January 2009 Pursuant to Manager Delegation Authority
 - d. Budget Transfer Report for January 2009**ACTION REQUESTED:** Approve a-d
7. **Report of 2008 Delinquent Tax Liens and Delinquent Tax Lien Advertisement**
ACTION REQUESTED: Accept report and order Tax Collector to advertise the liens in a local newspaper in accordance with NCGS 105-369
8. **Sheriff's Office - Records Retention and Disposition Schedule (November 10, 2008)**
ACTION REQUESTED: Adopt Records Retention and Disposition Schedule as Issued by the North Carolina Department of Cultural Resources dated November 10, 2008

9. **Department of Social Services**
 - a. Crisis Intervention Program: Budget Amendment #23 to Appropriate \$116,566 in Additional Federal Funds (No County Funding Required)
ACTION REQUESTED: Adopt Budget Amendment #23

10. **Library Services and Technology Act (LSTA), EZ Basic Equipment Grant Application**
ACTION REQUESTED: Authorize County Manager to execute and submit grant application (Requires local match in the amount of \$2,514 in FY 2010, which would be paid from the regular Library budget if grant is awarded)

11. **Waiver of Late Listing Penalties - Jed Levitas, DMD, PA**
ACTION REQUESTED: Approval on Consent Agenda constitutes denial of the request for waiver of the late listing penalty made by Coleman Ureda, P.A. on behalf of Jed Levitas, DMD, PA

**Information Only
No Action Required**

February 16, 2009

1. Department of Inspection's Monthly Report for January 2009
2. Personnel Department Monthly Report for January 2009

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date: 2/16/09

Action Agenda Item No. 7

(Central Admin. use only)

SUBJECT: Voluntary Agricultural District & Enhanced Voluntary Agricultural District Ordinance

DEPARTMENT: Legal

PUBLIC HEARING: No

ATTACHMENT(S):

- (i) Amendment;
- (ii) Ordinance as amended (showing changes); and
- (iii) Memo from Register of Deeds

INFORMATION CONTACT:

Jeff Crook
Matthew Delk

TELEPHONE NUMBERS:

704-283-3673
704-283-3656

DEPARTMENT'S RECOMMENDED ACTION: Adopt Amendment to Ordinance

BACKGROUND: The Board adopted a revised Voluntary Agricultural District & Enhanced Agricultural District Ordinance (the "Ordinance") on November 17 with the understanding that the effective date would be deferred until February 1 in order to give staff sufficient time to implement the new requirements. On January 20 at the request of the Staff Attorney, the effective date was again deferred -- until March 1, 2009.

In addition to several issues of lesser importance, there were two primary areas of concern: (i) the requirement in Article XIII(A)(1) that the Register of Deeds provide notice reasonably calculated to alert a person researching the title of a particular tract that such tract is located within one-half aerial mile of a Voluntary Agricultural District ("VAD"); and (ii) the request made by Jerry Simpson and Everett Medlin (of the Agricultural Advisory Board) on November 17 that membership on the Advisory Board be limited to a representative from each township rather than from each VAD. This request was made to prevent the number of members from becoming unduly cumbersome.

Regarding notice within the chain of title, the Staff Attorney has met twice with the County Attorney and Register of Deeds (the latter meeting included the Tax Administrator and his staff) to discuss the method by which notice can be given to those searching title. It was determined that such notice would present several major challenges to the Register of Deeds and would impose an administrative burden on both her office and the Tax Office. This provision, which was new to the revised Ordinance, has been the subject of much discussion and concern

among attorneys and paralegals searching title in Union County. It is the recommendation of the County Attorney and Staff Attorney that this provision be removed from the Ordinance.

Regarding reduction in membership on the Advisory Board, this would require consolidation of existing VADs, given the statutory requirement that each District have a member on the Board. Since extension of the effective date, the Staff Attorney has discussed this issue with a member of the Advisory Board, but work remains to be accomplished before the Staff Attorney has sufficient information to prepare consolidation of Districts. It is recommended that this provision remain as currently drafted until such time as the Advisory Board determines how best to consolidate existing districts, thus limiting the number of members on the Advisory Board.

In addition, Rick Pigg with the Soil & Water Conservation District has noted several inaccuracies in the Ordinance regarding the positions designated for appointment in Article V(C)(5,6). These have been corrected in the attached amendment.

From the foregoing, it is recommended that the Board approve the attached amendment that would delete the notice requirements applicable to the Register of Deeds and make the technical corrections noted, and that the Board defer until a future date any further modifications to the membership requirements for the Agricultural Advisory Board. If in the alternative the Board would prefer notice by the Register of Deeds in the chain of title, it is requested that the Board again extend the effective date of the Ordinance in order that staff may determine the least cumbersome means of effecting this result.

FINANCIAL IMPACT:

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation:

AMENDMENT TO UNION COUNTY VOLUNTARY AGRICULTURAL DISTRICT &
ENHANCED VOLUNTARY AGRICULTURAL DISTRICT ORDINANCE

WHEREAS, the Board of Commissioners adopted the Union County Voluntary Agricultural District & Enhanced Voluntary Agricultural District Ordinance (the "Ordinance") on November 17, 2008, with an effective date of February 1, 2009; and

WHEREAS, on January 20, 2009, the Board extended the effective date to March 1, 2009; and

WHEREAS, the Board desires to effect certain modifications to the Ordinance prior to its becoming effective.

NOW, THEREFORE, BE IT ORDAINED by the Union County Board of Commissioners as follows:

1. In Article V(C)(5), delete "District Conservationist" and replace with "Department Head" such that this subsection reads as rewritten:

One of the Advisory Board members shall be the Department Head of the Union Soil and Water Conservation District who shall serve in an ex officio and nonvoting capacity.

2. In Article V(C)(6), delete "a second employee on staff with" and replace with "the Chairman of" such that this subsection reads as rewritten:

One of the Advisory Board members shall be the Chairman of the Union Soil and Water Conservation District who shall serve in a nonvoting capacity.

3. In Article XIII(A)(1), delete the first sentence which reads as follows:

Upon certification of qualifying farmland and designation of real property as a District, the Union County Register of Deeds must provide some form of notice reasonably calculated to alert a person researching the title of a particular tract that such tract is located within one-half aerial mile of a Voluntary Agricultural District.

4. Except as herein amended, the provisions of the Ordinance shall remain in full force and effect.

Adopted this the 16th day of February, 2009.

Lanny Openshaw, Chairman

UNION COUNTY VOLUNTARY AGRICULTURAL DISTRICT & ENHANCED
VOLUNTARY AGRICULTURAL DISTRICT ORDINANCE
(Amended and Restated on November 17, 2008)

ARTICLE I
TITLE

An ordinance of the Board of County Commissioners of Union County, North Carolina, entitled, "Union County Voluntary Agricultural District & Enhanced Voluntary Agricultural District Ordinance."

ARTICLE II
AUTHORITY

The articles and sections of this program are adopted pursuant to authority conferred by Article 61 of Chapter 106 of the North Carolina General Statutes ("N.C.G.S.") and other applicable law.

ARTICLE III
PURPOSE

The purpose of this Ordinance is to promote agricultural values and general welfare of the County and more specifically, increase identity and pride in the agricultural community and its way of life; encourage the economic and financial health of agriculture; and increase protection from non-farm development and other negative impacts on properly managed farms.

ARTICLE IV
DEFINITIONS

The following are defined for purpose of this Ordinance:

Advisory Board:	Union County Agricultural Advisory Board
Chairman:	Chairman of the Union County Agricultural Advisory Board
District:	Voluntary Agricultural District as established by this Ordinance
Enhanced District	Enhanced Voluntary Agricultural District as established by this Ordinance
Board of Commissioners:	Union County Board of Commissioners

ARTICLE V

AGRICULTURAL ADVISORY BOARD

A. Creation

The Board of Commissioners establishes an Agricultural Advisory Board to implement the provisions of this Ordinance.

B. Membership

The Advisory Board shall consist of nine (9) voting members and three (3) nonvoting members, all appointed by the Board of Commissioners; provided, however, that the number of voting members may be increased without amendment to this Ordinance if necessary for the Board of Commissioners to comply with Article V(C)(8) below.

C. Membership Requirements

1. Each Advisory Board member shall be a Union County resident.
2. At least six (6) of the nine (9) voting members shall be actively engaged in farming.
3. One of the Advisory Board members shall be the President of the Union County Farm Bureau or his designee.
4. One of the Advisory Board members shall be a member of the Board of Commissioners who shall serve in a nonvoting capacity.
5. One of the Advisory Board members shall be the ~~District~~ Conservationist Department Head of the Union Soil and Water Conservation District who shall serve in an ex officio and nonvoting capacity.
6. One of the Advisory Board members shall be ~~a second employee on staff with the~~ Chairman of the Union Soil and Water Conservation District who shall serve in a nonvoting capacity.
7. The members actively engaged in farming shall be selected for appointment by the Board of Commissioners from the names of individuals submitted to the Board of Commissioners by the Soil and Water Conservation District, the Cooperative Extension Service, the Agricultural Stabilization Conservation Service Committee, and the Union County Farm Bureau with an effort to have the broadest geographical representation possible.
8. Each District shall have a member on the Advisory Board.

D. Tenure

As to voting members, the initial Board is to consist of three (3) appointees for terms of one (1) year, three (3) appointees for terms of two (2) years, and three (3) appointees for terms of three (3) years. Thereafter, all appointments are to be for terms of three (3) years, with reappointments permitted. Members shall serve at the pleasure of the Board of Commissioners.

As to nonvoting members, (i) the Advisory Board member who is a member of the Board of Commissioners shall serve for a term of one year, with appointment being made generally at the first meeting of the Board of Commissioners in December of each year, as is the Board's custom; (ii) the District Conservationist of the Union Soil and Water Conservation District shall serve ex officio this position; and (iii) the second employee on staff with the Union Soil and Water Conservation District shall serve for a term of three (3) years, with the initial term of such appointment to be extended by the shortest period of time necessary for the three year term to coincide with appointment of three voting members.

Failure of a member to attend three (3) regularly scheduled meetings during a calendar year without being excused shall be deemed adequate cause for a determination of vacancy. In the event a member fails to attend three (3) meetings without being excused by the Advisory Board, the Advisory Board members shall take a vote on whether to recommend that member's continuation or termination of membership. If the vote results in a recommendation that membership be terminated, the Advisory Board Chairman shall report this recommendation to the Board of Commissioners. The Board of Commissioners shall give due consideration to any recommendation provided by the Advisory Board but shall not be bound by such recommendation.

E. Vacancies

Any vacancy on the Advisory Board is to be filled by the Board of Commissioners for the remainder of the unexpired term.

F. Funding

The per diem compensation of the members of the Advisory Board shall be fixed by the Board of Commissioners, and funds shall be appropriated to the Advisory Board to perform its duties.

G. Advisory Board Procedure

1. Chairman

The Advisory Board shall elect a Chairman and Vice-Chairman each year at its first meeting of the fiscal year. The Chairman shall preside over all regular or special

meetings of the Advisory Board. In the absence or disability of the Chairman, the Vice-Chairman shall preside and shall exercise all the powers of the Chairman. Additional officers may be elected as needed.

2. Jurisdiction

The Advisory Board may adopt rules of procedure not inconsistent with this Ordinance or with other provisions of State law.

3. Advisory Board Year

The Advisory Board shall use the Union County fiscal year as its meeting year.

4. Meetings

Meetings of the Advisory Board shall be held at the call of the Chairman and at such other times as the Advisory Board may specify in its rules of procedure. A meeting shall be held at least every two (2) months, and notice of any meetings to the members shall be in writing, unless otherwise agreed to by all Advisory Board members. All meetings of the Advisory Board shall be announced and conducted in accordance with Article 33C of Chapter 143 of the North Carolina General Statutes, the North Carolina Open Meetings Law.

5. Majority Vote

The concurring vote of a majority of the members of the Advisory Board shall be necessary to pass upon any matter on which it may act under this Ordinance.

6. Records

The Advisory Board shall keep minutes of the proceedings showing the vote of each member upon each question, or if absent or failing to vote, indicating such fact.

H. Duties

The Advisory Board shall:

1. Review and make recommendations concerning the establishment and modification of Agricultural Districts;
2. Conduct public hearings;
3. Advise the Board of Commissioners on projects, programs or issues affecting the

agricultural economy or activities within the County that will affect Agricultural Districts;

4. Review and make recommendations concerning proposed amendments to this Ordinance;
5. Prepare a draft of the report required by G.S. 106-743, and Article XVI of this Ordinance, giving the status, progress and activities of the Advisory Board;
6. Study additional methods of farmland preservation and make recommendations to the Board of Commissioners;
7. Advise Cooperative Extension and the Board of Commissioners on a variety of matters, to include the Commission-approved Agricultural Services and Conference Center operating rules and regulations;
8. Perform other agricultural related tasks or duties assigned by the Board of Commissioners; and
9. Develop a countywide farmland preservation plan.

The Advisory Board may consult with the Cooperative Extension Office, the Natural Resource Conservation Service Office in Union County, the North Carolina Department of Agriculture, the Union County Farm Bureau, the North Carolina Farm Bureau and any other such agency the Advisory Board deems necessary to perform the duties imposed pursuant to this Ordinance.

ARTICLE VI
CREATION OF VOLUNTARY AGRICULTURAL DISTRICTS & ENHANCED
VOLUNTARY AGRICULTURAL DISTRICTS

A. Implementation

In order to implement the purposes stated in Article III, this program provides for the creation of Voluntary Agricultural Districts which meet the following standards:

1. The District or Enhanced District shall contain a minimum of twenty (20) contiguous acres of qualified farmland; or
2. The District or Enhanced District shall contain two (2) or more qualified farms within areas designated by the Advisory Board.

B. Education

The County may take such action as it deems appropriate through the Advisory Board or other entities or individuals to encourage the formation of the Districts and Enhanced Districts and to further their purposes and objectives, including the implementation of a public information program to reasonably inform landowners of the Agricultural District program.

C. Display

The Districts shall be marked on County maps displayed for public view in the following County offices:

1. Planning;
2. Cooperative Extension; and
3. any other office deemed necessary by the Advisory Board and approved by the Board of Commissioners.

D. Withdrawal

In the event that one or more participants in the District or Enhanced District withdraw and the acreage in the District or Enhanced District becomes less than the minimum acreage required or results in the remaining land being noncontiguous, a Voluntary Agricultural District will continue to exist so long as there is one (1) qualifying farm.

ARTICLE VII
CERTIFICATION AND QUALIFICATION OF FARMLAND

A. Requirements

To secure County certification as qualifying farmland in either a Voluntary Agricultural District or Enhanced Voluntary Agricultural District, a farm must:

1. Be participating in the farm present-use-value taxation program established by N.C.G.S. §105-277.2 through §105-277.7, or is otherwise determined by the County to meet all the qualifications of this program set forth in G.S. 105-277.3;
2. Be managed, if highly erodible land exists on the farm, in accordance with the Natural Resources Conservation Service defined erosion-control practices that are addressed to said highly-erodible land; and
3. Be the subject of a Conservation Agreement, as defined in N.C.G.S. §121-35, between the County and the owner of such land, that prohibits non-farm use or development of such land for a period of at least ten (10) years, except for the

creation of not more than three (3) lots that meet applicable County zoning and subdivision regulations.

ARTICLE VIII
APPLICATION, APPROVAL AND APPEAL PROCEDURE

A. Application Procedure

1. A landowner may apply to participate in either the Agricultural District or the Enhanced Agricultural District program by making application to the Chairman of the Advisory Board or a designated staff person and must designate the application as for either Voluntary Agricultural District status or Enhanced District status. The application shall be on forms provided by the Advisory Board. The application to participate in a District may be filed with the application for verification of qualifying farmland.
2. A Conservation Agreement with a duration of not less than ten (10) years (required by N.C.G.S. §106-737 and § 106-743.2, and defined in N.C.G.S. §121-35) suited to District type (Voluntary Agricultural District or Enhanced Voluntary Agricultural District) designated by the landowner to sustain, encourage and promote agriculture must be executed by the landowner and recorded with the Advisory Board, which shall record a certified copy of such with the Union County Register of Deeds. Permitted uses include agriculture, horticulture and forestry. Conservation Agreements for the Enhanced Agriculture District program may, at the election of the parties, include provisions requiring that any disputes between the County and the landowner be resolved through arbitration or mediation and, in the event of litigation, that the prevailing party be awarded costs, including reasonable attorney fees. The Conservation Agreement for the Enhanced Voluntary Agricultural District shall be binding upon all successors in interest to the landowner, except for successors in interest resulting from the exercise of rights under a security interest or lien that preceded the Conservation Agreement.

B. Approval Process

1. Upon submission of the application to the Advisory Board, the Advisory Board shall meet within sixty (60) days to approve or disapprove the application. The Chairman shall notify the applicant by first class mail of approval or disapproval of participation in the District.
2. Upon receipt of an application, the Chairman will forward copies immediately to the following offices which shall be asked to provide comments, if any, to the Advisory Board prior to the date set for the Advisory Board vote on the

application:

- a. Union County Tax Assessor;
- b. Union Soil and Water Conservation District office;
- c. Union County Office of N.C. Cooperative Extension; and
- d. Natural Resources Conservation Service

C. Appeal

If an application is denied by the Advisory Board, the landowner may, within ten (10) days of notification of disapproval of the application, request in writing that the Advisory Board reconsider its decision. The request for reconsideration shall state the reason(s) therefore. Upon either an initial denial, if no request for reconsideration was made, or denial after reconsideration, the landowner shall have thirty (30) days from the date of notification to appeal the decision to the Board of Commissioners. Such appeal shall be presented in writing. The decision of the Board of Commissioners is final.

ARTICLE IX
RENEWAL AND REVOCATION OF CONSERVATION AGREEMENTS

A. Renewal

1. District. A Conservation Agreement for land within a Voluntary Agricultural District shall be automatically renewed unless the landowner provides a thirty (30) day written notice to the Advisory Board of intent not to renew. Absent noncompliance by the landowner, neither the Advisory Board nor the Board of Commissioners shall fail to renew any Conservation Agreement unless this Ordinance or its authorizing legislation has been repealed.
2. Enhanced District. A Conservation Agreement for the Enhanced Voluntary Agricultural District shall be deemed automatically renewed for an additional term of three (3) years, unless either the Advisory Board or the landowner gives written notice to the contrary prior to the termination date of the Conservation Agreement. At the end of each three (3) year term, the Conservation Agreement shall automatically renew for an additional three (3) year term unless notice of termination is given.

B. Revocation

1. District. By providing thirty (30) days advance written notice to the Advisory Board, a landowner of qualifying farmland within a Voluntary Agricultural District may revoke the Conservation Agreement or the Advisory Board may revoke the same Conservation Agreement based on noncompliance by the

landowner, subject to the same provisions as contained in Article VIII(C) for appeal of denials. Such revocation shall result in loss of qualifying farm status and loss of eligibility to participate in a District. Absent noncompliance by the landowner, neither the Advisory Board nor the Board of Commissioners shall revoke any Conservation Agreement prior to its expiration. If the Advisory Board shall revoke this Conservation Agreement for cause, the landowner shall have the appeal rights set forth in Article VIII(C). Transfers of land in a Voluntary Agricultural District due to death of the landowner, sale or gift shall not revoke the Conservation Agreement unless the land no longer qualifies for the present-use-value taxation program or, in the event that there are water or sewer assessments held in abeyance, the new owner(s) fails to agree in writing to accept liability for those assessments in the event that the land is withdrawn either voluntarily or involuntarily from the District. Enforcement of the terms of a Conservation Agreement for land enrolled in a Voluntary Agricultural District shall be limited to revocation of the Conservation Agreement and the benefits derived therefrom.

2. Enhanced District. Conservation Agreements for land within Enhanced Districts are IRREVOCABLE for a period of ten (10) years. Enforcement of the terms of the Conservation Agreement may be through an action for injunctive relief and/or damages in any court of competent jurisdiction. The County may also terminate any benefits to the owner under this program either permanently or during the period of violation, as appropriate. If the Advisory Board shall revoke this Conservation Agreement for cause, the landowner shall have the appeal rights set forth in Article VIII(C). The right to terminate program benefits is in addition to any legal rights that the County may have under either this Ordinance or the terms of the applicable Conservation Agreement. The County may seek costs of the action, including reasonable attorney fees, if such a provision is incorporated into the Conservation Agreement.

ARTICLE X
WAIVER OF WATER AND SEWER OR ALL UTILITY ASSESSMENTS

A. No Connection Required

1. A landowner belonging to the District shall not be required to connect to Union County water and/or sewer systems.
2. A landowner belonging to an Enhanced District shall not be required to connect to Union County utility systems.

B. Abeyance

1. Water and sewer assessments shall be held in abeyance, without interest, for farms in a District until improvements on such property are connected to the water or sewer system for which the assessment was made.
2. Utility assessments shall be held in abeyance, without interest, for farms in an Enhanced District until improvements on such property are connected to the utility system for which the assessment was made.

C. Termination of Abeyance

When the period of abeyance ends, the assessment is payable in accordance with the terms set out in the assessment resolution.

D. Suspension of Statute of Limitations

Statutes of limitations are suspended during the time that any assessment is held in abeyance without interest. The landowner may be required to sign an acknowledgment (that may be incorporated into the Conservation Agreement) of the abeyance of the statute of limitations upon collecting water and sewer assessments, or other utility assessments.

E. Other Statutory Abeyance Procedures

Nothing in this section is intended to diminish the authority of the County to hold assessments in abeyance under N.C.G.S. §-201 or other applicable law.

F. Conflict With Water and/or Sewer System Construction and Improvements Grants

To the extent that this section conflicts with the terms of federal, state or other grants under which County utility systems are constructed, this section shall not apply. This section shall not apply to utilities that are not owned by the County unless the County has entered into an agreement with the entity(ies) owning the utilities and that agreement provides that this Ordinance shall apply.

ARTICLE XI
ADDITIONAL ENHANCED AGRICULTURAL DISTRICT BENEFITS

Land enrolled in the Enhanced Voluntary Agricultural District program is entitled to all of the benefits available under the Voluntary Agricultural District program and to the following additional benefits:

A. Sale of Non-Farm Products

Landowners participating in Enhanced Districts may receive up to twenty-five percent (25%) of

gross sales from the sale of non-farm products and still qualify as a bona fide farm that is exempt from County zoning regulations under N.C.G.S. §153A-340(b). A farmer seeking to benefit from this subsection shall have the burden of establishing that the property's sale of non-farm products did not exceed twenty-five percent (25%) of its gross sales.

B. Agricultural Cost Share Program

Landowners participating in Enhanced Districts are eligible under N.C.G.S. §143-215.74(b) to receive the higher percentage of cost-share funds for the benefit of that farmland under the Agriculture Cost Share Program established pursuant to Part 9 of Article 21 of Chapter 143 of the General Statutes for funds to benefit that farmland.

C. Priority Consideration

State departments, institutions or agencies that award grants to farmers are encouraged to give priority consideration to landowners participating in Enhanced Districts.

D. Utility Assessment Waiver

As provided in Article X above, waiver of all County utility assessments in addition to waiver of water and sewer assessments is available to all participants in Enhanced Districts.

ARTICLE XII
PUBLIC HEARING

A. Purpose

No state or local public agency or governmental unit may formally initiate any action to condemn any interest in qualifying farmland within a District until such agency or unit has requested the Advisory Board to hold a public hearing on the proposed condemnation.

B. Procedure

1. Upon receiving a request, the Advisory Board shall publish notice describing the proposed action in a newspaper of general circulation in Union County within five (5) business days of the request and will in the same notice notify the public of a public hearing on the proposed condemnation to be held within twenty (20) days of receipt of the request.
2. The Advisory Board shall meet to formulate recommendations regarding:
 - a. whether the need for the project has been satisfactorily established by the agency or unit of government involved, including a review of any fiscal

impact analysis conducted by the agency involved; and

- b. whether there exist alternatives to the proposed action that have less impact on and disruption to the agricultural activities of the District within which the proposed action is to take place.
3. The Advisory Board may consult with the County Cooperative Extension Agent, USDA Natural Resource Conservation Service District Conservationist, the Union County Farm Bureau and any other individuals, agencies or organizations deemed by the Advisory Board to be necessary for its review of the proposed action.
4. Not later than thirty (30) days after receiving a request to hold the public hearing, the Advisory Board shall submit a report containing its findings and recommendations regarding the proposed action to the decision-making body of the agency proposing acquisition. To the extent practicable, the report shall be made available to the public for comment prior to its being conveyed to the decision-making body of the agency proposing acquisition.
5. Pursuant to N.C.G.S. Section 106-740, the agency or unit of government proposing acquisition shall not formally initiate a condemnation action while the proposed condemnation is properly before the Advisory Board within these time limitations.

ARTICLE XIII PUBLIC NOTICE

A. Record Notice of Proximity to Voluntary Agricultural District

1. Procedure

~~Upon certification of qualifying farmland and designation of real property as a District, the Union County Register of Deeds must provide some form of notice reasonably calculated to alert a person researching the title of a particular tract that such tract is located within one half aerial mile of a Voluntary Agricultural District.~~ Upon approval of a District or of modification to a District by the Board of Commissioners, the Advisory Board shall provide to the Union County GIS office such information and materials as may be necessary to enable the GIS office to prepare maps designating the location of the Districts established pursuant to this Ordinance. Within a reasonable time after receipt of such information and materials, the Union County GIS office shall prepare or update appropriate maps so as to allow determination of the proximity of a particular tract to a District by those desiring such information. Maps shall be accessible to the public as indicated in Article VI(C).

2. Signs

To the extent legally permissible, the County Manager may cause signs to be placed along public roadways to notify the public of the presence or proximity of a District.

3. Limit of Liability

In no event shall the County or any of its officers, employees, members of the Advisory Board or agents be held liable in damages for any misfeasance, malfeasance or nonfeasance occurring in good faith in connection with the duties or obligations imposed by this Article.

4. No Cause of Action

In no event shall any cause of action arise out of the failure of a person researching the title of a particular tract to report to any person the proximity of the tract to a qualifying farm or Voluntary Agricultural District or Enhanced Voluntary Agricultural District as defined in this Ordinance.

ARTICLE XIV
SUBDIVISION ORDINANCE AND ZONING ORDINANCE REVIEW

Developers of major subdivisions or planned unit developments shall designate on preliminary development plans the existence of the Districts within one (1) aerial mile of the proposed development.

ARTICLE XV
COUNTY LAND-USE PLANNING

A. Duty of the Advisory Board

It shall be the duty of the Advisory Board to advise the Board of Commissioners or the agency or office to which the Board of Commissioners delegates authority to oversee County land use planning, on the status, progress and activities of the County's Agricultural District program and to also coordinate the formation and maintenance of Agricultural Districts with the County's land use planning activities and the County's land use plan.

B. Posting of Notice

The following notice, of a size and form suitable for posting, shall be posted in the office of the Register of Deeds and any other office or agency the Advisory Board deems necessary:

Union County has established Agricultural Districts to protect and preserve agricultural lands and activities. These Districts have been developed and mapped by the County to inform all purchasers of real property that certain agricultural and forestry activities, including but not limited to pesticide spraying, manure spreading, machinery and truck operation, livestock operations, sawing and other common farming activities may occur in these Districts any time during the day or night. Maps and information on the location and establishment of these Districts can be obtained from the North Carolina Cooperative Extension Service office, the office of the Register of Deeds, the County Planning office or the Natural Resources Conservation Service office.

ARTICLE XVI
NORTH CAROLINA AGENCY NOTIFICATION

Record Annually With the Department of Agriculture

A record of this Ordinance shall be recorded with the North Carolina Commissioner of Agriculture's office after adoption. The County shall make an annual report to the North Carolina Commission of Agriculture as specified in N.C.G.S. Section 106-743.

ARTICLE XVII
LEGAL PROVISIONS

A. Severability

If any article, section, subsection, clause, phrase or portion of this Ordinance is for any reason invalid or unconstitutional as determined by any court of competent jurisdiction, such decision shall not affect the validity of the remaining portions of this Ordinance.

B. Conflict With Other Ordinances and Statutes

Whenever the provisions of this Ordinance conflict with other Ordinances of Union County, this Ordinance shall govern to the extent permitted by law. Whenever the provisions of any federal or state statute require more restrictive provisions than are required by this Ordinance, the provisions of such statute shall govern.

C. Amendments

This Ordinance may be amended from time to time by the Board of Commissioners. Pursuant to G.S. ~~5153~~ 153A-122, the territorial jurisdiction of this Ordinance shall be those parts of Union County not within a municipality.

D. Effective Date

The Effective Date of this Ordinance shall be February 1, 2009.

ARTICLE XVIII
ENACTMENT

The Union County Board of Commissioners hereby adopts and enacts the preceding articles and sections of this Ordinance.

Adopted this the 17th day of November, 2008.

Motion for adoption by _____ . Approved by a vote of ____ to ____.

ATTEST:

UNION COUNTY BOARD OF
COMMISSIONERS

Clerk to Board of Commissioners

Chairman

Document comparison done by DeltaView on Tuesday, February 10, 2009 1:34:22 PM

Input:	
Document 1	file://C:/Documents and Settings/crook/My Documents/Documents/Central Administration/Ordinances/Farmland Preservation/2008 Revisions/Final (clean, adopted 11.17.08).doc
Document 2	file://C:/Documents and Settings/crook/My Documents/Documents/Central Administration/Ordinances/Farmland Preservation/2009 Revisions/Final (includes ROD amendment).doc
Rendering set	Standard

Legend:	
<u>Insertion</u>	
<u>Deletion</u>	
Moved from	
Moved to	
Style change	
Format change	
Moved-deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:		
	Count	
Insertions		3
Deletions		4
Moved from		0
Moved to		0
Style change		0
Format changed		0
Total changes		7

Memo

To: Jeff Crook
From: Crystal D. Crump
Date: January 30, 2009
Re: Union County Voluntary Agricultural District & Enhanced Voluntary Agricultural District Ordinance ("VAD")

In various meetings with you and Ligon Bundy and in speaking with paralegals and attorneys, I must bring to your attention the Register of Deeds' responsibility in complying with this ordinance as written.

The Register of Deeds office is unable to provide notices or create maps so as to alert individuals who are researching the title that this ordinance may affect their property. The Register of Deeds office is not allowed to practice law and receives documents from licensed individuals to be registered with our office for notifications to all individuals who use this office.

In speaking with the John Petoskey and Robin Merry in the Tax Administrator's office, it would be easier for them to create the map and keep it updated since they are the office that would be giving partial approval to the land being placed in VAD.

My concern, as well as others, is for future notifications of individuals participating in VAD and the adjoining property owners who are to be mentioned in the ordinance. It is extremely important that if notification cannot be made through a program in which taxes are viewed, then title searchers or individuals inquiring about the property will not report such information to the buyer, attorney or lender. This information has been relayed to the tax office and they are working on a solution. As a golden rule for searching titles, taxes are always checked and this is probably the best place for the property to be flagged. Even though the property owner may or may not have changed hands, this is a notification and it needs to be flagged for individuals to locate it for title purposes.

This is all mentioned as to protect the liability for all entities of Union County; Register of Deeds, Tax, GIS, etc. I think it is in the best interest that a document be recorded in the Register of Deeds office indicating the applicant's name and the adjoining property owners so that GIS can properly flag the map, but no liability on anyone's part on future owners if property has changed hands. Unless a new program or an enhancement to the existing tax program is available, this liability cannot be covered adequately.

The Register of Deeds office has no problem in posting a map with the responsibility for updating the map coming from GIS or Tax. The Register of Deeds office also has no problem in recording the ordinance in which all of the information is provided to them by the applicant (who is responsible) so as to index it for proper notification in our records. I think this is a good solution and one that would not adversely affect anyone involved in real estate transactions in Union County.


OFFICE OF THE COMMISSIONERS AND MANAGER

 500 N. Main St., Room 921 • Monroe, NC 28112 • Phone (704) 283-3810 • Fax (704) 282-0121
 8
2/16/09
A RESOLUTION TO REQUEST AUTHORIZATION TO INCREASE THE AMOUNT OF CERTAIN FIRE FEES THAT CAN BE CHARGED BY UNION COUNTY

WHEREAS, at the request of the Union County Board of Commissioners, the North Carolina General Assembly adopted special legislation found in Chapter 883, § 1, 1991 N.C. Session Laws, as subsequently amended (the "Special Legislation"), granting authority to charge fire fees; and

WHEREAS, the amount necessary to provide fire service in certain fire fee districts exceeds the amount that is collectible using the current statutory limits for fire fees; and

WHEREAS, the Board of Commissioners desires to request an amendment to the Special Legislation increasing the limits that may be charged for fire fees for certain categories.

NOW, THEREFORE BE IT RESOLVED by the Union County Board of Commissioners that an amendment is requested to the Special Legislation that would increase the statutory limits that may be charged for fire fees, as set out below:

1. Amend N.C.G.S. 153A-236(c)(1), found in the Special Legislation, as follows:
 - (1) A single-family dwelling or manufactured or mobile home, and appurtenant structures, plus up to five acres of surrounding land. The fee on this class of property may not exceed ~~fifty dollars (\$50.00)~~ one hundred dollars (\$100.00) per site per year.
2. Amend N.C.G.S. 153A-236(c)(4), found in the Special Legislation, as follows:
 - (4) A commercial facility other than an animal production or horticultural operation. The fee on this class of property may not exceed fifty dollars (\$50.00) per site per year for commercial facilities with structures encompassing less than 5,000 square feet and ~~one hundred dollars (\$100.00)~~ two hundred dollars (\$200.00) per site per year for commercial facilities with structures encompassing 5,000 square feet or more.
3. Amend N.C.G.S. 153A-236(c)(5), found in the Special Legislation, as follows:
 - (5) A multiple-family dwelling. The fee on a duplex may not exceed fifty dollars (\$50.00) per building per year. The fee on a triplex may not exceed ~~seventy-five dollars (\$75.00)~~ one hundred fifty dollars (\$150.00) per building per year. The fee on any other multiple-family dwelling may not exceed ~~one hundred dollars (\$100.00)~~ two hundred dollars (\$200.00) per building per year.

Adopted this the 16th day of February, 2009.

ATTEST:

Lynn G. West, Clerk to the Board

Lanny Openshaw, Chairman

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date: February 10, 2009

Action Agenda Item No. 9

(Central Admin. use only)

SUBJECT: Reccomended Legislative Positions

DEPARTMENT: Central Administration **PUBLIC HEARING:** No

ATTACHMENT(S):
Resolution

INFORMATION CONTACT:
Matthew Delk, Asst. Manager

TELEPHONE NUMBERS:

704-283-3656

DEPARTMENT'S RECOMMENDED ACTION: Approve the attached Resolution, and direct staff to distribute copies to Union County Municipalities and to the Union County Legislative Delegation.

BACKGROUND: The attached Resolution is the result of a series of meetings and communications between the Clerks, Managers, and staff of the various local governments in Union County. After meeting with officials from the North Carolina League of Municipalities and the North Carolina Association of County Commissioners in the fall of 2008, this group negotiated a list of 8 legislative positions that are contained in the body of this attached model resolution. The list was presented at the Board of Commissioners meeting that was held January 29, 2009 in conjunction with the Mayors Commissioners Issues Conference. The elected officials present at the joint meeting recommended that the list be voted on individually, in the form of a resolution, and distributed to each other and our Legislative Delegation.

This Clerks and Managers group attempted to compile a list that would reflect issues of importance that were mutually agreeable to all Union County local governments. The group recognized that this could be an effective tool for communicating our wishes to the Union County Legislative Delegation. This Resolution containing the legislative positions will be a tool to help us become more effective in protecting and benefiting the interests of all of Union County's local governments, citizens, businesses, and the region generally.

FINANCIAL IMPACT: none


Legal Dept. Comments if applicable: _____



OFFICE OF THE COMMISSIONERS AND MANAGER

500 N. Main St., Room 921 • Monroe, NC 28112 • Phone (704) 283-3810 • Fax (704) 282-0121

TO: Union County Municipal Managers, Clerks, Mayors, and Board Members

FROM: Matthew Delk, Asst. County Manager 

RE: Resolution to Adopt Legislative Positions for the 2009-2010 Session of the North Carolina General Assembly

DATE: January 30, 2009

The Mayors-Commissioners Issues Conference, in conjunction with the Union County Board of Commissioners at their January 29th meeting, asked that I communicate the attached resolution to each of you.

The attached resolution is the result of a series of meetings and communications developed by the Clerks, Managers, and staff of the various local governments in Union County. After meeting with officials from the North Carolina League of Municipalities and the North Carolina Association of County Commissioners in the fall of 2008, this group negotiated a list of 8 legislative positions that are contained in the body of this attached model resolution.

This group attempted to compile a list that would reflect issues of importance that were mutually agreeable to all Union County local governments. The group recognized that this could be an effective tool for communicating our wishes to the Union County Legislative Delegation. Hopefully we can become more effective in protecting and benefiting the interests of all of Union County's local governments, citizens, businesses, and the region generally. To be more effective, we need to communicate our interests to the Delegation members in a formal manner, as well as in our informal interactions with each of them.

The Mayors-Commissioners Issues Conference asked that we provide the list to you in the form of a resolution that your elected board may deliberate. Please forward copies of your resolutions to:

Clerk to the Board Lynn West
Union County Government
500 N. Main Street
Monroe, NC 28112

Please feel free to call me at 704-283-3656, or by email at delkm@co.union.nc.us at any time if you have any questions about this request. Thank you for what you do for our citizens.

RESOLUTION TO ADOPT LEGISLATIVE POSITIONS FOR THE 2009-2010
SESSION OF THE NORTH CAROLINA GENERAL ASSEMBLY

THAT WHEREAS, the clerks, managers, and other staff of Union County, North Carolina and Union County Municipalities met, developed, and agreed upon a list of legislative priorities for Union County local governments for the 2009-2010 Session of the North Carolina General Assembly, and

WHEREAS, the Mayors-Commissioners Issues Conference, in conjunction with the Union County Board of Commissioners, received the list at their January 29, 2009 joint meeting, and recommended that the list be provided to each local government governing bodies for each board to deliberate the list, and to endorse or adopt the list if desired, and

WHEREAS, the list included the proposed legislative positions:

- Collective Bargaining – Oppose any efforts to allow collective bargaining for public sector employees, to include payment of union dues by payroll deduction.
- Transportation Infrastructure Funding – Protect all state collected locally shared revenues collected for transportation purposes. Oppose adding additional requirements or responsibilities to municipalities and Counties for transportation funding and maintenance.
- Mental Health – Continue to strengthen State Resources for the provision of Mental Health, Developmental Disability, and Substance Abuse Services, particularly for local crisis services, that are available to all State citizens.
- State Budget – Recognize that Municipalities and Counties are under the same budget pressures that face the State Budget, and to oppose any actions to reduce state collected locally shared revenues for local governments.
- Diverse Funding for Local Governments – Authorize Local Governments to utilize various methods of funding in addition to the property tax.
- Monroe Bypass Funding – Protect funding sources and appropriations for the planned Monroe Bypass Project.
- Annexation – Support Municipal authority to annex, recognizing that some changes to municipal annexation authority are warranted.
- Moratoriums – Oppose legislation that would make it more difficult for local governments to enact moratoriums.

NOW, THEREFORE, BE IT RESOLVED that the Union County Board of Commissioners hereby adopts this list as our legislative positions for the 2009-2010 Session of the North Carolina Assembly.

BE IT FURTHER RESOLVED that a copy of this Resolution be forwarded to the other municipal governments in Union County, to the Clerk to the Board of Union County, to Governor Beverly Perdue, and to the members of the Union County Legislative Delegation.

Adopted this 10th Day of February, 2009.

Attest:

Lynn West, Clerk to the Board
Union County Board of Commissioners

Lanny Openshaw, Chairman
Union County Board of Commissioners

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date: February 16, 2009

Action Agenda Item No. 4/2
(Central Admin. use only)

SUBJECT: Union County Detention Center Medical Plan

DEPARTMENT: Sheriff's Office

PUBLIC HEARING: No

ATTACHMENT(S):
Union County Detention Center
Medical Plan
N.C. Gen. Stat. § 153A-225 (2008)

INFORMATION CONTACT:
William L. McGuirt, Sheriff's Attorney
Phillip Tarte, Health Director
Ronnie Whitaker, Jail Administrator

TELEPHONE NUMBERS:

704-292-2674
704-296-4801
704-283-3574

DEPARTMENT'S RECOMMENDED ACTION: Approve new Jail Medical Plan

BACKGROUND: North Carolina General Statute § 153A-225 provides for the Medical care of prisoners. That statute provides that:

(a) Each unit that operates a local confinement facility shall develop a plan for providing medical care for prisoners in the facility. The plan

(1) Shall be designed to protect the health and welfare of the prisoners and to avoid the spread of contagious disease;

(2) Shall provide for medical supervision of prisoners and emergency medical care for prisoners to the extent necessary for their health and welfare;

(3) Shall provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal diseases.

The unit shall develop the plan in consultation with appropriate local officials and organizations, including the sheriff, the county physician, the local or district health director, and the local medical society. The plan must be approved by the local or district health director after consultation with the area mental health, developmental disabilities, and substance abuse authority, if it is adequate to protect the health and welfare of the prisoners. Upon a determination that the plan is adequate to protect the health and welfare of the prisoners, the

plan must be adopted by the governing body.

This plan has been developed by the Health Department and the Union County Sheriff's Office and reviewed by Piedmont Behavioral Healthcare.

FINANCIAL IMPACT: None

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation:

CHAPTER 153A. COUNTIES
ARTICLE 10. LAW ENFORCEMENT AND CONFINEMENT FACILITIES
PART 2. LOCAL CONFINEMENT FACILITIES
N.C. Gen. Stat. § 153A-225 (2008)

§ 153A-225. Medical care of prisoners

(a) Each unit that operates a local confinement facility shall develop a plan for providing medical care for prisoners in the facility. The plan

(1) Shall be designed to protect the health and welfare of the prisoners and to avoid the spread of contagious disease;

(2) Shall provide for medical supervision of prisoners and emergency medical care for prisoners to the extent necessary for their health and welfare;

(3) Shall provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal diseases.

The unit shall develop the plan in consultation with appropriate local officials and organizations, including the sheriff, the county physician, the local or district health director, and the local medical society. The plan must be approved by the local or district health director after consultation with the area mental health, developmental disabilities, and substance abuse authority, if it is adequate to protect the health and welfare of the prisoners. Upon a determination that the plan is adequate to protect the health and welfare of the prisoners, the plan must be adopted by the governing body.

As a part of its plan, each unit may establish fees of not more than ten dollars (\$ 10.00) per incident for the provision of nonemergency medical care to prisoners. In establishing fees pursuant to this section, each unit shall establish a procedure for waiving fees for indigent prisoners.

(b) If a prisoner in a local confinement facility dies, the medical examiner and the coroner shall be notified immediately. Within five days after the day of the death, the administrator of the facility shall make a written report to the local or district health director and to the Secretary of Health and Human Services. The report shall be made on forms developed and distributed by the Department of Health and Human Services.

(b1) Whenever a local confinement facility transfers a prisoner from that facility to another local confinement facility, the transferring facility shall provide the receiving facility with any health information or medical records the transferring facility has in its possession pertaining to the transferred prisoner.

(c) If a person violates any provision of this section (including the requirements regarding G.S. 130-97 and 130-121), he is guilty of a Class 1 misdemeanor.

HISTORY: 1967, c. 581, s. 2; 1973, c. 476, ss. 128, 138; c. 822, s. 1; 1973, c. 1140, s. 3; 1989, c. 727, s. 204; 1991, c. 237, s. 2; 1993, c. 539, s. 1062; 1994, Ex. Sess., c. 24, s. 14(c); 1995, c. 385, s. 1; 1997-443, s. 11A.112; 2003-392, s. 1; 2004-199, s. 46(a).

POLICY 401 - UNION COUNTY DETENTION CENTER MEDICAL PLAN

Union County Detention Center Medical Plan

Revised: February 2, 2009

Approved By:

Eddie Cathey
Sheriff of Union County

Phillip Tarte
Union County Health Director

Lanny Openshaw
Chairman of Union County Board of Commissioners

Adopted on _____ by the Union County Board of
Commissioners

Lynn West
Clerk to the Union County Board of Commissioners

TABLE OF CONTENTS

<u>Page</u>	<u>Chapter</u>
3	Written Medical Plan Required
5	Medical Co-Payments
8	Qualified Medical Personnel
9	Medical Complaints and Referrals
12	Emergency/Non-Emergency Medical and Dental Care
16	Mental Health Care
19	Substance and Chemical Abuse Care
21	Administration and Control of Medications
24	Suicidal Inmates
27	HIV/AIDS
39	Other Communicable Diseases
48	Medical Records
51	Privacy During Medical Examinations
52	Exercise

**UNION COUNTY
DETENTION CENTER
POLICY & PROCEDURE**

NUMBER: 4.01

RESCINDS: 1

**SUBJECT: MEDICAL PLAN FOR THE UNION COUNTY DETENTION
CENTER**

APPLICABLE STANDARDS: (Prepared in conformity with N.C. General
Statute 153A-225(a) and N.C. Administrative Code 10A NCAC 14J .1001)

REVISED: February 2, 2009

APPROVED:

DATE:

4.01: Written Medical Plan Required

POLICY STATEMENT:

The Sheriff will develop a written medical plan that is designed to protect the health and welfare of Detention Center inmates. The plan, at a minimum, will address serious medical, mental health, mental retardation, dental and substance abuse problems of inmates. The plan will be reviewed annually by the Sheriff, Detention Center Physician and Union County Health Director, and adopted by the Union County Board of Commissioners.

SPECIFIC PROCEDURES:

Content of Detention Center Medical Plan

The Detention Center Medical Plan shall address, at a minimum, the following medical services:

- A. Health screening of inmates during intake;
- B. Routine medical care;
- C. Sick call;
- D. Non-emergency services;
- E. Emergency services;
- F. Mental health services;
- G. Substance and chemical abuse services;
- H. Dental care;
- I. Administration, dispersing and controlling medications;
- J. Handling suicidal inmates;
- K. Chronic illnesses and communicable diseases;
- L. Confidentiality of medical records;
- M. Privacy during medical examinations and conferences and
- N. Medical co-payments, if authorized.

The plan must provide for inmates being given a daily opportunity to communicate their health complaints to a health professional or officer and require that qualified health personnel be available to evaluate and provide care for the medical needs of inmates.

The medical plan will prohibit inmates from performing medical functions at the Detention Center and require that detention officers inform inmates about access to health care services.

Involvement of County Health Director and Board of Commissioners

Pursuant to G.S. 153A-225(a) and 10A NCAC 14J.1001(e), and as directed by the Sheriff, the Jail Administrator will be responsible for the annual review of the facility medical plan, including that each policy and procedure of the plan is reviewed and approved by the Sheriff, Health Director, and the local mental health authority indicating review and approval of the plan annually.

After the Union County Health Director has approved it, the Sheriff will request that the Union County Board of Commissioners adopt the Detention Center Medical Plan during a formal commissioners meeting.

A copy of the facility's medical plan is posted in the control room in a conspicuous area to afford officers access to the plan

4.01-A: Health Screening of Inmates During Intake

POLICY STATEMENT:

It is the policy of the Union County Detention Center to conduct a health screening on every inmate during the intake process to determine if the inmate is in need of emergency medical care, or mental health services.

SPECIFIC PROCEDURES:

Screening of Newly Admitted Inmates During Intake

All inmates will be screened during the booking process by Union County Detention Center staff using a standard health screening form. The health screening form has been approved for use by the Union County Health Services staff. The specific questions are asked of each inmate about their past and current medical conditions and the answers are recorded on the form by the intake officer. The intake officer will also make visual observations of the inmate and record the inmate's physical and mental conditions. The inmate and the intake officer will sign the form acknowledging that the answers were those given by the inmate. A copy of the form will be placed in the inmate's medical file and followed up as deemed appropriate with Union County Health Services staff.

Inmates Needing Immediate Medical Care

If during the health screening process, an inmate is deemed to need medical or mental care, the arresting officer will be requested to transport the inmate to the local area hospital. In the event that emergency medical care is needed, EMS will be contacted following the procedures set forth in the Emergency/Non-Emergency Medical and Dental Care section of the Union County Detention Center Medical Plan.

4.01-B: Qualified Medical Personnel

POLICY STATEMENT:

Qualified medical personnel will be available to evaluate inmate medical needs at all times. Inmates will not perform any medical functions at the Detention Center.

SPECIFIC PROCEDURES:

24-Hours Availability of Healthcare Personnel

The Union County Health Department will provide 24-hour medical, emergency, dental and mental health care at the Union County Detention Center. A physician will be available for consultation 24 hours per day and will come to the facility a minimum of one hour per week. A licensed nurse (LPN or RN) will be on-duty at the Detention Center or on call 24 hours per day. A mid-level practitioner will be on site Monday through Friday for 40 hours each week.

Inmates Prohibited from Performing Medical Functions

Inmates will not perform any function in or for the medical unit in the Detention Center, regardless of any license or certification the inmate may hold.

Health Care Professional's Qualifications

Health professionals who are hired under contract to provide medical services to the Union County Detention Center must have and maintain an active NC professional license and be competent.

Exclusive Responsibility for Medical Decisions

Health professionals who provide medical services at the Union County Detention will have the exclusive responsibility for medical decisions. At the same time, however, they will be subject to the same security requirements and procedures as detention officers and civilian staff. The names and numbers of all health care service providers will be clearly posted in the control room for easy access

4.01-C: Routine Medical Care/Sick Call

POLICY STATEMENT:

It is the policy of Union County Detention Center to provide each inmate with regular access to health care services from a qualified provider to screen, refer, and provide basic treatment for ongoing or emerging health care problems. Inmates will be provided an opportunity each day to communicate their medical complaints to a health professional or a detention officer.

DEFINITION:

Sick call is an organized method of treating inmate health problems through a regularly scheduled triage session. It provides inmates with the opportunity to report a medical illness or other health problem, and to receive diagnosis or treatment to alleviate the condition, if reasonably possible.

SPECIFIC PROCEDURES:

Inmates Will Be Informed How To Obtain Medical Care

The Booking Officer, during the booking process, will insure that the inmate is aware of the procedure for obtaining medical care.

Officers Will Respond To Healthcare Complaints

Officers will respond to and take appropriate action when an inmate complains of health problems, including dental needs and mental health problems. If a nurse is unavailable or fails to respond in an appropriate or timely manner, the officer receiving the complaint will inform the Shift Supervisor of the situation. The Shift Supervisor will evaluate the circumstances and, if necessary, make immediate arrangements for medical treatment as provided in the medical plan.

Inmates Allowed To Communicate Healthcare Needs Daily

Inmates will be provided an opportunity to communicate their health complaints daily verbally or by submitting a sick call form according to the following procedure:

A. An inmate will request a Sick Call Request form from an officer and complete the form. If an inmate is illiterate or unable to submit a request, an officer will submit one on the inmate's behalf. The inmate will deposit the Sick Call Request form in the collection box of the respective cell block. These requests will be delivered to medical during the passing of medications.

B. A nurse will collect, evaluate and respond to each complaint. Prior to conducting a face-to-face sick call, the nurse will provide the assisting officer with a list of inmates to be seen and evaluated. Sick call will be conducted on a daily basis.

C. All medical action taken will be documented and signed by the nurse. All sick call forms will be kept and filed.

Nurse Will Conduct Sick Call

A nurse will conduct sick call on a regular, established schedule and will, as soon as possible:

A. Examine the inmate to the extent required to ascertain the nature of the problem;

B. Provide appropriate treatment consistent with standing or verbal orders issued by the Detention Center physician or other supervising medical authority;

C. Schedule the inmate for further examination or treatment by the Detention Center mid-level practitioner, physician, psychiatrist, dentist or other specialist, as appropriate; and

D. Refer the inmate for transfer to the facility clinic or appropriate hospital when necessary.

E. Arrange for immediate transfer to appropriate facility, clinic, or hospital in medical emergencies.

The Shift Supervisor will assign an officer to assist with sick call. The officer will be responsible for safety, security and for handling inmate supervision while the inmate is in the treatment room with the provider.

Review of Sick Call

A physician will review sick call requests and records on a regular basis. Reviews may include:

A. An examination of records;

B. Referrals made by the sick call personnel;

C. Discussion with the staff member who conducted sick call; and

D. Actual examination of the inmate, if necessary.

Detention Center Physician and Specialists Will Be Available

A Detention Center mid-level practitioner and/or physician will be on-call 24-hours-per-day and will be available to respond to inmate medical needs referred by Detention Center nurses and officers. A mid-level practitioner is available Monday through Friday to examine, diagnose, and treat inmates.

A psychiatrist will conduct clinical rounds at the facility at least once weekly and a dentist will be available at least twice monthly. When necessary, inmates will be scheduled for outside treatment and/or seen by medical specialists as determined by the Detention Center physician.

4.O1-D:Emergency/Non-Emergency Medical and Dental Care

POLICY STATEMENT:

It is the policy of the Union County Detention Center to provide emergency and non-emergency medical and dental services for inmates that is consistent with community standards of health care. Medical emergencies will be reported to medical staff immediately. Medical staff will respond promptly to all such requests. Until Detention Center medical staff is available, officers will render basic first aid services and other assistance. Inmates will not be escorted to the Detention Center clinic without the expressed permission of on-duty medical staff. Basic first aid kits will be available at various duty stations within the Detention Center.

DEFINITIONS:

A *medical emergency* is any medical event requiring immediate medical intervention including, but not limited to: unconsciousness or semi-consciousness, breathing difficulties and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, burns, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self-destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (auditory, visual, tactile, etc.,) intense fear, depression, anxiety or panic, and/or any other symptoms or complaints that indicates an inmate requires immediate medical care.

A *medical non-emergency* is any medical event that does not require immediate medical intervention including, but not limited to, minor aches and pains, insomnia, minor injuries or cuts, non-serious bleeding, skins disorders, mild to moderate depression or anxiety, fever and/or any other symptoms or complaints that do not indicate an inmate requires emergency medical care.

SPECIFIC PROCEDURES:

Sick Call Available For Non-Emergencies

Inmates experiencing medical and dental non-emergencies are provided with a sick call slip and encouraged to sign up for sick call. Officers will notify medical staff if an inmate states he is experiencing medical difficulties, and is requesting immediate medical care, and inform them of the inmate's symptoms or complaint. Medical staff will evaluate the needs of the inmate and determine if the inmate should be seen immediately or wait for sick call.

First Aid During An Emergency

If an inmate is experiencing a medical or dental emergency or complains of symptoms that indicate an emergency, a detention officer will notify Detention Center medical staff

immediately and administer first aid as necessary. Officers are required to administer first aid (including CPR) without unnecessary delay.

The Detention Center clinic is not equipped as a trauma emergency room. Inmates will not be escorted or transported to the Detention Center clinic without the expressed permission of Detention Center medical staff. When it involves a life-threatening emergency, medical staff will respond to the scene of the incident.

Medical Staff Will Evaluate Medical and Dental Need

Medical staff will respond to any report of a medical or dental emergency within the Union County Detention Center, evaluate the situation and render appropriate aid. Under normal circumstances, medical staff will determine if a local Emergency Medical Services provider (rescue squad) should be requested.

Supervisors May Contact EMS

The Shift Supervisor has the authority to request the local Emergency Medical Services provider dispatched to the scene of any incident at any time if he/she feels that outside emergency medical services are necessary.

Master Control Operator Will Notify EMS

The Master Control operator will contact 9-1-1 by telephone and request the local Emergency Medical Services provider. An officer will be assigned to stand by outside the facility until EMS arrives and to escort them to the medical emergency.

Officer to Accompany Inmate to Medical Facility

Whenever an inmate is transported outside this facility, the Shift Supervisor will assign sufficient detention staff to assure the inmate's safety, security and custody.

An officer will remain with the inmate at all times and will maintain proper custody of the inmate. Inmates will be handcuffed or otherwise restrained at all times, if feasible. Restraints should not be removed except by specific order of medical staff, and only if sufficient assistance is available to maintain secure custody of the inmate. If feasible, one type of hard restraint (handcuffs or leg restraints) should be maintained at all times. Officers will inform medical staff of the possible consequences of removing restraints from offenders, persons experiencing psychological emergencies, and inmates who pose an escape risk.

First Aid Kits

First responder kits, primarily for controlling excessive bleeding and protection of employees from blood borne diseases, will be placed in the command area and storage area between the four housing blocks. The Shift Supervisor will assure that medical

supplies are replaced after use.

Automatic External Defibrillator (AED)

An AED is used to treat people with heart attacks. There is an AED located in Master Control and a second AED is located in the medical clinic. Initial training may be provided by the mid-level practitioner or the American Red Cross to medical staff and the detention officers. If an inmate is unconscious with no pulse and no respirations, the AED should be connected immediately.

Notification of Detention Center Administrator

The Detention Center Administrator will be notified if an inmate is transferred to the hospital in critical condition or with a serious injury occurring at the Detention Center.

Report Required

The Shift Supervisor and detention staff involved in an emergency shall submit an incident report to the Detention Center First Sergeant by the next working day. The incident report shall include all information on the incident.

Escorting Officer Will Document Medical Instructions

The officer accompanying an inmate for treatment shall document all verbal instructions, as well as written instructions and ensure the medical records are returned with the inmate from the hospital. These instructions will be followed and immediately forwarded to Detention Center Health Services.

No Fee for Emergency Medical Treatment

An inmate will not be charged a co-payment fee for emergency medical treatment.

Dental Care

The facility will provide for the medical supervision by a licensed dentist to be provided to inmates in need of *emergency dental care treatment/services only*.

PROCEDURES

- A. Dental care services will be limited to emergency dental extractions only;
- B. Access to dental care services:
 1. Should an officer detect or receive a dental complaint from an inmate that he/she is suffering from a dental ailment (e.g., severe swelling of the facial

area or gums, broken or damaged teeth, severe pain), the officer will immediately contact the medical staff and explain the inmate's symptoms so that a determination can be made as to whether the inmate will need to be transported to the dental office for treatment/care.

2. If for any reason, the dentist is not available to provide care for the inmate, the medical unit will contact a local physician instead.

4.01-E: Mental Health Care

POLICY STATEMENT:

The Union County Detention Center will provide treatment, services, and housing for inmates who display or have been diagnosed as having mental health problems. In such cases, mental health care will be provided on a reasonable and cost effective basis, consistent with the facilities that are available.

DEFINITIONS:

Mentally ill: refers to the condition of a person afflicted with mental disease to such an extent that he or she requires care and treatment for his or her own welfare or the welfare of others.

Mentally retarded: refers to the condition of a person afflicted with substantial sub-average general intellectual functioning that is associated with impairment in adaptive behavior.

Mentally impaired inmate: refers to an inmate who is mentally ill or mentally retarded.

SPECIFIC PROCEDURES:

Officers Will Ask Health Questions During Intake

Inmates committed to the Union County Detention Center will be questioned and observed during intake in efforts to identify mentally impaired inmates who may not adapt well to a detention setting or who may be imminently dangerous to themselves or others. Officers will observe inmates throughout their incarceration in an effort to identify possible mental health problems. If an inmate presents an imminent danger to self or others, staff may take appropriate action to ensure the safety of inmates and staff (such as using restraints).

Inmates Given Daily Opportunity to Communicate Mental Health Needs.

Inmates will have the opportunity each day to communicate mental health needs via the sick call request form or verbally to any officer or Detention Center Health Services staff. The nurse will review and follow up on sick call request forms. The complaints and action taken will be kept in a written form.

Routine Mental Health Treatment

Officers will respond to an inmate who has mental health complaints at any time and take appropriate action. If Detention Center Health Services are unavailable, the officer who

receives the complaint will notify the Shift Supervisor who will evaluate the circumstances. If necessary, the Shift Supervisor will make immediate arrangements for medical treatment and evaluation.

Mental Health Screening

On admission, the intake staff will evaluate each inmate with regard to obvious signs of mental illness or retardation. When a staff member suspects an inmate is mentally impaired, they will contact Detention Center Health Services who will assess the situation and, if necessary, contact the on-call physician who will then determine necessary additional measures. Additional diagnostic tests or examinations may be ordered. Pending this review, an inmate demonstrating signs of serious mental illness may be housed in a holding cell, medical cell or transported to a more appropriate facility.

Examples of Acute Mental Illness

Officers should be alert to possible indicators of acute mental illness, including the following:

- A. Delusions of grandeur and/or persecution, with hallucinations or a constant attitude of suspicions and hostility;
- B. Intense anxiety or exaggerated levels of fear or panic in the absence of any danger;
- C. Inappropriate emotional responses, bizarre delusions or unpredictable, hollow giggling;
- D. Hallucinations such as hearing, seeing, tasting, or smelling something or someone that is not present at the moment;
- E. Extreme depression, withdrawal, neglect of hygiene and appearance, refusal to eat or leave the cell for long periods of time, or periods of uncontrollable crying; and,
- F. Exaggerated mood swings from elation and over activity to depression and under activity or a combination or alternation of these.

Inmates exhibiting questionable behavior may be placed on mental health or suicide watch. Inmates exhibiting psychotic or dangerous behavior that appear to originate from mental illness will be referred to medical staff for further evaluation.

Crisis Intervention

When an inmate exhibits behavior that is suicidal, homicidal or otherwise extremely inappropriate, the staff should request medical assistance. As a result of this evaluation

the inmate may be placed on a suicide watch. Under the condition of a suicide watch, inmates are placed on a program intended to reasonably protect the individual from self-destruction.

The on-duty nurse will evaluate the situation and, if necessary, contact the on-call physician or mid-level practitioner. Medical staff will make recommendations concerning the monitoring, observation and handling of the inmate. In no case will these recommendations override security considerations. Any question regarding potential conflicts between these medical recommendations and a possible compromise of security will be resolved by the First Sergeant, Lieutenant or Detention Center Administrator.

If a potential mental health crisis arises after regular operating hours or on weekends or holidays and it is not possible to immediately transfer an inmate to a regular mental health treatment facility, the Shift Supervisor will be notified. While awaiting medical assistance, the inmate may be held in a holding area closely observed by staff.

No Fee for Mental Health Treatment

An inmate will not be charged a co-payment fee for mental health treatment.

4.O1-F: Substance and Chemical Abuse Care

POLICY STATEMENT:

The Union County Detention Center will provide treatment, services, and housing for inmates who display or have been diagnosed as having substance and/or chemical abuse problems. In such cases, care will be provided on a reasonable and cost effective basis, consistent with the facilities that are available.

SPECIFIC PROCEDURES:

Officer Will Screen Inmates Upon Intake

Inmates committed to the Union County Detention Center are questioned and observed during intake in efforts to identify persons who may be suffering from chemical abuse or substance abuse problems. Officers will observe inmates throughout their incarceration in an effort to identify possible problems.

Inmate Will Have an Opportunity to Communicate Needs Daily

Inmates will have the opportunity each day to communicate health needs via the sick call request form or verbally to any officer or Detention Center Health Services staff. The nurse will review and follow up on sick call request forms. Officers will carry out instructions received from Detention Center Health Services, The complaints and action taken will be kept in a written form.

Routine Mental Health Treatment

Officers will respond to an inmate who has mental health complaints at any time and take appropriate action. If Detention Center Health Services are unavailable, the officer who receives the complaint will notify the Shift Supervisor who will evaluate the circumstances. If necessary, the Shift Supervisor will make immediately arrangements for medical treatment and evaluation.

Substance and Chemical Abuse Screening

On admission, the intake staff will evaluate each inmate with regard to obvious signs of chemical and/or substance abuse problems. When a staff member suspects an inmate is a chemical and/or substance user, they will contact Detention Center Health Services who will assess the situation and, if necessary, contact the on-call physician who will then determine necessary additional measures. Additional diagnostic tests or examinations may be ordered. Pending this review, an inmate demonstrating signs of serious illness

may be housed in a holding cell, designated medical housing or transported to a more appropriate facility

Examples of Acute Chemical and/or Substance Abuse Illness

Officers should be alert to possible indicators of acute chemical or substance abuse illness, including the following:

- A. Unconsciousness or semi-consciousness;
- B. Serious drug or alcohol induced intoxication;
- C. Intense anxiety or exaggerated levels of fear or panic in the absence of any real or present danger;
- D. Hallucinations such as hearing, seeing, tasting, or smelling something or someone that is not present at the moment;
- E. Other signs of symptom indicating the need for immediate medical care.

Inmates exhibiting questionable behavior may be placed on medical, mental health or suicide watch. Inmates exhibiting psychotic or dangerous behavior that appear to originate from chemical or substance abuse will be referred for evaluation.

Crisis Intervention

When an inmate exhibits behavior that is extremely inappropriate, the staff should request medical assistance. As a result of this evaluation the inmate may be placed on a special watch. Under the condition of a special watch, inmates are placed on a program intended to reasonably protect the individual.

The on-duty nurse will evaluate the situation and, if necessary, contact the on-call physician. Medical staff will make recommendations concerning the monitoring, observation and handling of the inmate. In no case will these recommendations override security considerations. Any question regarding potential conflicts between these medical recommendations and a possible compromise of security will be resolved by the First Sergeant, Lieutenant or Detention Center Administrator.

If a potential chemical or substance abuse crisis arises after regular operating hours or on weekends or holidays and it is not possible to immediately transfer an inmate to a treatment facility, the Shift Supervisor will be notified. While awaiting medical assistance, the inmate may be held in the medical unit and closely observed by staff.

No Fee for Mental Health Treatment

An inmate will not be charged a co-payment fee for mental health treatment.

4.01-G: Administration and Control of Medications

POLICY STATEMENT:

A qualified health care professional will dispense inmate medications in a timely manner and in accordance with orders issued by the prescribing physician or mid-level practitioner. Non-prescription medications may be purchased from Commissary or obtained from Detention Center medical staff by signing up for sick call. A detention officer will accompany the nurse during medication runs for the purpose of supervising inmates and maintaining order and safety.

SPECIFIC PROCEDURES:

Safe and Secure Storage of Prescription Medications

Medications will be stored in a secured area in the medical area where they will be inaccessible to inmates and detention staff. When necessary, the Detention Center physician may authorize an inmate to carry and possess certain medications while incarcerated. Inmates authorized to carry and possess medication within their own housing unit must carry written approval signed by Detention Center medical staff authorizing possession of the medication.

When prescription medications are being dispensed, all medications will be under the exclusive care and control of Detention Center medical staff. Medication and/or unlocked medication carts will not be left unattended at any time.

Inmates Not Allowed To Administer or Dispense Medications

No inmate worker or other inmate will assist with or otherwise participate in dispensing or preparing to dispense inmate medications.

Receiving Inmates with Medications

The admitting detention officer will confiscate all prescription medications from incoming inmates. The medication will be inventoried specifically as to name, quantity, and any other descriptive information. The receiving officer will deliver the medication to the medical staff who will contact the physician prescribing the medication or the pharmacist who prepared the medication to verify that the medication was intended for the inmate.

An inmate will not be allowed to possess non-prescription medications brought into the facility by the inmate without approval in writing by the Detention Center medical staff. This written approval will be maintained in the inmate's booking file. Otherwise, this medication will be inventoried specifically as to name, quantity, and any other descriptive information, and stored with the inmate's property.

Detention Center Health Services Will Dispense Medications

Prescription medication will be dispensed at least two (2) times daily according to a schedule approved by the Detention Center physician. A Detention Center nurse, pharmacy technician or other member of the Detention Center medical staff will administer all medications. An officer will accompany Detention Center medical staff during every medication call.

Before entering a housing unit, an officer will announce "Medication" to inmates housed in the unit. Before administering medication, the nurse will identify the inmate by his/her wristband and the medication as belonging to the inmate. Medication will be dispensed in an orderly manner. The detention officer is responsible for maintaining order and for taking proper disciplinary action as the situation requires. Any inmate who acts in a disruptive or disorderly manner or who refuses to obey the proper orders of a nurse is subject to disciplinary action.

Medication will be dispensed in strict accordance with orders from the prescribing physician or mid-level practitioner. Medication assigned to one inmate will not be dispensed to another inmate. The inmate is required to take the medication immediately and in the nurse's presence. For oral medication, the nurse will require the inmate to open his/her mouth and show that the medication has been taken. The officer will remain with the nurse at all times and will observe the inmate closely enough to ensure that the medication is being taken and applied correctly.

Special Rules for Dispensing Medication to Aggressive or Assaultive Inmates

If an inmate is known for aggressive or assaultive behavior, two officers will be present before the cell door is opened. One officer will order the inmate to turn around to face the rear of the cell, to extend his hands behind his back and to walk backwards toward the door. The inmate will be handcuffed behind his back before turning around to receive medication. The nurse will positively identify the inmate by checking his wristband and will dispense the medication in accordance with physician's or mid-level practitioner's orders.

If an aggressive or assaultive inmate is physically incapable of walking or being handcuffed behind his back, the officer will order the inmate to lay flat on the bed with his face and frontal body toward the rear wall and to remain in that position until approached from the rear by two officers. The officer will check the inmate's wristband and positively identify the inmate. If the medication is oral, the officer will receive it from the nurse and will provide it to the inmate. The inmate will remain on the bed facing the rear wall until the officers and nurse have retreated from the cell and closed the cell door.

Under special circumstances, officers may be justified in deviating from the procedures stated above if a safer method of delivering medication is available. An officer must be

able to justify deviations from standard procedure.

Releasing Inmates with Medications

An inmate receiving prescription medication at the time of release will be provided (if needed) with a three (3) to five (5) day supply of the prescribed medication(s) upon release or transfer from custody. The inmate will sign an acknowledgement of receipt and understanding form provided by Detention Center Health Services, which will be filed in his inmate medical record. Certain controlled medications may be regulated and cannot be given to an inmate upon release. If the prescription medication is unavailable or regulated, a prescription will be provided so it can be filled at a pharmacy.

4.01-H: Suicidal Inmates

POLICY STATEMENT:

Officers of the Union County Detention Center will be watchful for signs of suicide among inmates and will intervene directly, when possible, in suicide threats or actions. Inmates on suicide watch will be closely supervised. Officers and Detention Center Health Services staff will be trained to recognize the signs of a potentially suicidal inmate and to respond to their needs as required. Officers will screen, supervise and classify inmates in order to reduce the possibility of suicides.

DEFINITIONS:

Suicide: the act or an instance of a person voluntarily and intentionally taking his or her own life.

Self Destructive Behavior. the act of intentionally causing serious injury to ones own self (such as repeatedly striking their own head against a concrete wall or steel doors.)

DISCUSSION:

For most individuals, incarceration is a traumatic experience. Consequently, some individuals taken into custody and confined in a Detention Center may exhibit some form of abnormal behavior.

Suicide attempts may take many forms, however the ultimate goal is to end one's own life. The actual attempt may be planned in advance or the result of an impulse. The inmate may appear normal one time and a few minutes later suicidal or self-destructive. Officers should watch for three basic modes of attempted suicide, as follows:

- A. Suicide — the inmate wishing to take his own life performs the act.
- B. Homicide — The act is performed by a fellow inmate for a variety of reasons, with the knowledge and assistance of the suicidal inmate.
- C. Suicide by "COP" — The suicidal inmate may try to set up a scenario or scheme where officers will be forced to use deadly force because of some action he [the inmate] instigates.

There is no recognized formula for successfully predicting suicide in or out of Detention Center. Medical doctors, psychiatrists and psychologists also lose patients to suicide. The best professionals can do for the suicidal persons is to attempt reasonable intervention. There are many ways to commit suicide. Some of the more common methods include hanging, self-strangulation or over-medication. Officers will use reasonable efforts to detect and intervene in suicide attempts.

SPECIFIC PROCEDURES:

Screening of Newly Admitted Inmates During Intake

All inmates will be screened during the booking process for their potential as a suicide risk. Detention Center Health Services staff will screen and evaluate each inmate for suicide during the health screening process. In addition to visual observations, Detention Center Health Services will verbally question the prisoner to assess the prisoner's physical, mental and emotional condition. If Detention Center Health Services are unable to complete an initial screening, the Booking Officer will record the answers given by the prisoner on the inmate's medical screening form to document the prisoner's medical condition. The prisoner and the booking officer will sign the form acknowledging that the answers were those given by the prisoner. A copy of the form will be placed in the inmate's medical file and followed up as deemed appropriate with mental health officials.

Officers Will Report Suicidal, Self-Destructive or Homicidal Behavior

When an inmate exhibits suicidal, self-destructive or homicidal behavior, the officer observing the behavior will notify his supervisor and Detention Center Health Services. The on-duty nurse will determine if additional support or evaluation is warranted. While awaiting medical assistance, the inmate may be held on suicide watch and observed by staff

Once a medical or psychiatric evaluation is completed, the on-duty Shift Supervisor will be notified by the medical professional if changes in the normal watch procedure are required or recommended. The recommendations of the medical professional will be followed for the period indicated.

Officers and detention staff will be alert to possible indicators of potentially suicidal inmates, by such things as:

- A. Past history of suicide attempts;
- B. Observed behavior and verbal discussion of suicide during the admission process;
- C. Active discussion of suicide plans;
- D. Sudden drastic change in eating, sleeping, or other personal habits;
- E. Recent crisis in personal events, such as extended or life sentencing;
- F. Loss of interest in activities or relationships the inmate had previously engaged in.
- G. Depression, which might be revealed by crying, withdrawal, insomnia, variations in moods, and lethargy (abnormal drowsiness);

H. Giving away personal property;

I. Signs of serious mental health problems such as paranoid delusions or hallucinations;

4.01-I: HIV/AIDS **(Acquired Immune Deficiency Syndrome)**

POLICY STATEMENT:

It is the policy of the Union County Detention Center to provide medical evaluation and care to inmates suspected of having HIV or AIDS.

The Union County Detention Center will operate in a manner that protects the health, safety and welfare of officers and inmates. It will take all steps reasonably necessary to prevent the spread of HIV infection. Officers will receive training on its causes and transmission. This education will emphasize the use of universal safety precautions for preventing the spread of HIV and other bloodborne infections. Detention staff will take special care to preserve and maintain the confidentiality of each inmate's HIV status.

DEFINITIONS:

The following definitions apply to this section, and are relevant to a basic understanding of the threat of AIDS and HIV in the Detention Center setting:

AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME): A diagnosed condition in which a collapse of the body's immune system permits the contraction of infections and other diseases that causes either serious illness or death. The condition is caused by an infection of the human immunodeficiency virus (HIV).

ASYMPTOMATIC: A person is HIV positive but has none of the physical symptoms associated with HIV infection or AIDS.

BLOOD AND BODY FLUIDS: Blood, semen, cervical secretions, saliva, urine, vomit, and breast milk.

HIV (HUMAN IMMUNODEFICIENCY VIRUS): The virus that causes AIDS.

HIV POSITIVE: The HIV test detects antibodies to HIV in a person's blood, which means that at some point the person has been exposed to HIV. A person who is HIV positive may not have any of the physical symptoms associated with AIDS, but he or she remains capable of transmitting the HIV virus to others.

HIV STATUS: The status of a person as either HIV positive or HIV negative. A person's HIV status is determined by HIV testing.

HIV TEST: A test or series of tests used to determine whether a person's blood contains antibodies to HIV. The presence of antibodies means that at some point the person has been exposed to HIV. The HIV test consists of an initial ELISA test and a confirmation test called the Western Blot. In the event of a negative HIV test after a high-risk

exposure, it should be repeated at least twice at three-month intervals.

STD: Sexually Transmitted Diseases include, but are not limited to: HIV infection, gonorrhea, syphilis, Chlamydia, hepatitis B & C, etc.

SYMPTOMATIC: The person is HIV positive and has some of the physical symptoms associated with the disease. These symptoms may include recurrent fevers, fatigue, unexplained weight loss, night sweats, diarrhea and swollen glands.

UNIVERSAL PRECAUTIONS: Infection control procedures, which should be taken to prevent transmitting infections. These procedures include wearing gloves when coming into contact with or handling blood or body fluids. These precautions are necessary, with all persons since their status may not be known.

DISCUSSION:

AIDS or Acquired Immune Deficiency Syndrome is an illness caused by the Human Immunodeficiency Virus (HIV or AIDS virus). The HIV virus is transmitted through unprotected sexual activity with an infected person, inoculation with infected blood or blood products and from an infected woman to her fetus or infant during or after pregnancy. The HIV virus is not transmitted from casual contact, such as touching an infected person or from eating utensils or sharing toilet seats and showers.

SPECIFIC PROCEDURES:

Preliminary Health Screening Form During Intake

If the inmate indicates they are HIV positive, the Booking Officer will instruct the inmate to report the medical condition to Detention Center Health Services during the health screening. If the Booking Officer believes because of his own observations the inmate may have a communicable disease, the Booking Officer will confidentially notify Detention Center Health Services as soon as possible.

Symptoms of AIDS/HIV.

Common symptoms of AIDS/HIV, although similar to many illnesses and infections, may include:

- A. Persistent tiredness
- B. Fever
- C. Weight loss
- D. Diarrhea

E. Night sweats

F. Swollen glands

Officers Will Hold HIV Information in Strict Confidence

The Booking officer must maintain the confidentiality of information about HIV obtained during the preliminary health screening. If an inmate discloses the fact that he or she is HIV positive, an officer may not tell another officer of the inmate's condition. This will violate G.S. 130A-143, and may also lead to civil liability for violating the inmate's constitutional right to privacy. It is unlawful to reveal to anyone other than medical staff that an inmate is HIV Positive.

Testing of Inmates for HIV Infection

Inmates will not be tested routinely for HIV infection. Although federal courts have allowed mandatory HIV testing for inmates, North Carolina law prohibits HIV testing without the person's informed consent or by court order. Therefore, except for certain exceptions in state law, inmates will not be tested without their permission.

The Detention Center Health Services physician or mid-level practitioner may request an HIV test for an inmate if, in the physician's or mid-level practitioner's reasonable medical judgment, the test is necessary for the inmate's appropriate medical treatment. Still, the inmate cannot be tested without his or her informed consent.

If the inmate consents to HIV testing, Detention Center Health Services may perform the test. If the inmate refuses consent, the Detention Center physician or mid-level practitioner may obtain a court order to have the inmate tested.

Testing Following Significant Risk of Exposure

The majority of occupational exposures to HIV do not result in the transmission of the disease to the exposed person.

The following procedures will govern the testing of an inmate if any person has been exposed to the inmate's blood or body fluid and the Detention Center physician determines that the exposure poses a significant risk of transmitting HIV:

- A. Spitting generally does not present a significant risk of transmission.
- B. If the Detention Center physician or mid-level practitioner knows the inmate's HIV status, he will release that information to the person exposed in accordance with procedures outlined below.

C. If the Detention Center physician or mid-level practitioner does not know the inmate's status, he may contact the inmates attending physician (if he has one) to determine the inmate's HIV status.

D. If the Detention Center physician or mid-level practitioner cannot determine the inmate's HIV status, he may cause the inmate to be tested as prescribed below.

E. The Detention Center physician or mid-level practitioner will notify the exposed person about the inmate's HIV status.

F. The Detention Center physician or mid-level practitioner will offer HIV testing as soon as possible to the exposed person and at reasonable intervals to determine whether there was a transmission of HIV. (This can also be done by the exposed person's personal physician.) Immediately after a high-risk exposure, physician consultation about the use of antiviral medications as a preventative measure should be considered.

G. If the inmate was HIV infected, the Detention Center physician or mid-level practitioner will instruct the exposed person in the control measures,

H. The Detention Center physician or mid-level practitioner will instruct the exposed person concerning the requirement of confidentiality of the inmate's HIV status.

Inmate Requests to be Tested for HIV

An inmate may request an HIV test through regular sick call procedures with Detention Center Health services. The inmate will be charged the medical co-payment under these circumstances. The inmate will be provided appropriate pre-test counseling and notified of the results. If positive, the inmate will be provided appropriate post-test counseling by Detention Center Health Services or referred to an infectious disease clinic. The counseling will be documented. Detention Center Health Services will inform all known HIV infected inmates that they should follow NC state mandated control measures.

The Union County Health Department may offer free HIV/STD testing to inmates upon request from time to time. Health department staff may visit the Union County Detention Center to provide free testing and to educate inmates about HIV and STDs.

Reporting Requirements

Detention Center Health Services or the facility conducting the HIV testing are responsible for reporting communicable diseases to the local health department as required by state law.

Housing and Classification

The Booking Officer will consider relevant security factors in housing newly admitted inmates, including those inmates known to be HIV infected and asymptomatic.

A. Inmates who are HIV infected and asymptomatic will not be segregated from the general inmate population or transferred to other correctional facilities solely because of their HIV status.

B. Inmates who are HIV infected and asymptomatic may be placed into administrative segregation when necessary to protect an inmate from assaults by other inmates.

C. Inmates who are HIV infected, asymptomatic and are violent, sexually active or who engage in other high-risk behavior will be placed in administrative segregation or transferred to another correctional facility as soon as possible, pursuant to a court order authorizing transfer. Pending transfer, the inmate will be placed in medical segregation immediately.

D. Detention Center Health Services staff may order an HIV infected inmate who is asymptomatic to be placed in medical segregation if they determine that such placement is necessary for the inmate's medical treatment.

Inmates who are HIV infected and symptomatic will be placed in medical segregation.

A. Symptomatic HIV infected inmates may be transferred to another more appropriate facility upon recommendation of the Detention Center Medical services or Detention Staff.

B. HIV-infected inmates who have been recommended for transfer will be placed into medical segregation immediately pending transfer.

HIV-infected inmates in administrative or medical segregation will have reasonable access to all privileges available to other inmates including attorney visits, chaplain visits, commissary, social visitation, mail privileges and other programs or services.

Exposure to Body Fluids or Blood

The following are not normally considered exposures to the HIV virus:

- A. Being in the same room with an HIV infected person;
- B. Talking to or touching an HIV infected person with protection; and
- C. Sharing bathrooms or eating together in the same room.

An officer or inmate who has been exposed to blood or body fluids of an inmate will wash the exposed area with soap and water as soon as possible after the exposure. Outer garments should be removed in as close proximity to the exposure site as possible, handled as least as possible and placed in a Biohazard bag. (Please see Bloodborne

Pathogen policy for more information on this procedure.)

An officer or inmate who has been exposed to the blood or body fluids of any inmate will be encouraged to consult with Detention Center Health Services immediately for an evaluation of the exposure. Documentation of this action, including date and time, should occur.

Any other person exposed to blood or body fluids of an inmate will be encouraged to consult with their private physician, an emergency room, or urgent care immediately and document the action taken including date and time.

Reports Required

An officer will complete a Detention Center incident report within twenty-four (24) hours after being exposed to any blood or body fluids, outlining the facts and circumstances of the incident. This report will be forwarded to the Detention Center Administrator by chain of command. The Designated Officer for our agency will be notified to assist the officer in any way possible.

An officer will complete a worker's compensation report within 24 hours of the incident. If the Officer is not physically able to complete the report, his supervisor will complete the report.

The reports will be stored in a confidential manner and only available to personnel who have a legitimate need to review them.

Medical Referrals

Detention Center Health Services will refer officers and/or inmates to the proper health care agency for testing and/or counseling if it has been determined that the exposure poses a significant risk of contracting HIV. If the Detention Center Health Services staff determines that the exposure provides no significant risk, the officer or inmate may seek medical care at their own personal expense.

Officer(s) and/or inmate(s) involved in a significant exposure incident will be required to follow the procedure outlined in Public Health Code 10A NCAC 41A.0202 (4) (a) (b) (c) which is as follows:

“(4) When health care workers or other persons have a needle stick or nonsexual non-intact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:

- (a) When the source person is known:
 - (i) The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose

blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred. The attending physician of the source person shall discuss the exposure with the source and shall test the source for HIV infection unless the source is already known to be infected. The attending physician of the exposed person shall be notified of the infection status of the source.

- (ii) The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality.
- (b) When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.
- (c) A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.”

The results will not be reported to any member of the agency.

Detention for Communicable Diseases

In accordance with N.C.G.S.15A-534.3, if a judicial official conducting an initial appearance or first appearance hearing finds probable cause that an individual was exposed to the defendant in a manner that poses a significant risk of transmission of the AIDS virus or Hepatitis B, the judicial official shall order the defendant to be detained for a reasonable period of time, not to exceed 24 hours, for investigation and testing by public health officials pursuant to G.S. 130A-144 and G.S, 130A-148. (1989, c. 499.)

N.C.G.S, 15A-534.3 requires judicial officials to order a defendant detained if there is probable cause to believe that the defendant exposed a person to “a significant risk of transmission of HIV.”

The purpose of the detention is to provide time for public health officials to conduct an investigation and for HIV or Hepatitis B testing if required by them. Judicial officials do not have the authority to order HIV or Hepatitis B testing, but only to detain the individual for investigation by public health officials who will determine if testing is required.

Detention Center Health Services staff will notify officials at the Union County Health Department if a defendant is being detained for evaluation and possible testing for HIV or Hepatitis B.

A. Since the detention is for 24 hours maximum, the Detention Center Health Services staff should notify health department officials as soon as possible.

B. Public health officials will have reasonable access to the defendant upon their request.

C. The defendant will be released after 24 hours whether the health department has responded to the notification or not.

Detention Center Health Services staff and Detention staff will refer all questions concerning a defendant's medical status to the Union County Health Department.

Confidentiality of AIDS Information

In accordance with North Carolina law, all information and records, especially medical records that identify an inmate as HIV/Hepatitis B infected, will be strictly confidential. Federal courts have recognized an inmate's right to privacy with regards to the disclosure of sensitive medical information.

The unauthorized release of information about an inmate's HIV status will result in disciplinary action.

Detention Center Health Services Release of Inmate's HIV Status

Under the following circumstances, Detention Center Health Services staff is permitted to release an inmate's HIV status:

A. Release is made to health care personnel who are providing medical care to the inmate.

B. Release is made with the inmate's written consent or the written consent of the inmate's guardian.

C. Release is made pursuant to a subpoena or court order.

D. Release is otherwise authorized by G.S. 130A-143 or by regulations adopted by the Commission for Public Health.

Detention Center Health Services will release an inmates HIV status to the Director of Health Services for the Division of Prisons and the prison facility administrator when an inmate is transferred to the Department of Corrections.

Staff Work Assignments

There is not a high risk of transmitting or receiving the HIV virus through normal contact in the workplace if personal protective safety equipment and universal safety precautions

are followed. In general, Detention staff will not be excused from working with and directly supervising HIV infected inmates.

Officers who are pregnant or have reason to believe they may be pregnant may be excused from working with HIV-infected inmates if their personal physician states in writing that exposure to those inmates could increase complications for the pregnancy.

A. HIV-infected inmates who are symptomatic sometimes carry a virus (cytomegalovirus) that may cause birth defects if transmitted to a pregnant staff member.

B. The risk is infection with cytomegalovirus, not HIV.

Any officer or employee who refuses to perform assigned duties simply because they must come into contact with an HIV-infected inmate is subject to disciplinary action.

Inmate Participation in Programs

HIV positive inmates have the same access to facility programs and services as other inmates. These inmates have the same visitation and recreational privileges as other inmates housed in the same housing unit under the same classification level.

Detention staff will give consideration to all inmates, including HIV positive inmates, when making work assignments or reviewing inmates for Inmate Worker status. Candidates for inmate worker will be reviewed on a case-by-case basis under set requirements. An HIV positive inmate may not be refused Inmate Worker status based solely on his medical condition. However, HIV positive inmates may be refused if the basis for the refusal is unreasonable fear among other inmates or other legitimate penological concerns.

HIV infected inmates may be denied access to facility programs or services if the Detention Center physician determines that such restrictions are necessary to protect the inmate's health or the health of others.

Safety Equipment

The Union County Detention Center will make the following personal protective equipment available for use by Detention staff:

- A. Disposable latex or nylon gloves;
- B. Pocket Masks with one-way valves for CPR and/or Ambu-Bags;
- C. Coveralls, shoe covers and protective eyewear;
- D. Puncture-resistant containers for holding sharp objects;

- E. Disposable paper towels and cleaning supplies; and
- F. Plastic bags labeled as containers for bio-hazardous waste.

Universal Safety Precautions

Officers will wear disposable gloves whenever they come in contact with blood or body fluids or whenever they reasonably expect to come into contact with blood or body fluids. Once an officer's gloves have been used, they will be thrown away immediately before any other task is performed.

Officers will wear disposable gloves whenever they engage in the following activities:

- A. Conducting cell searches;
- B. Conducting searches of inmates;
- C. Handling disruptive inmates. (Whenever possible)
- D. Any other activity likely to result in exposure to blood and body fluids.

Officers will wear other personal protective equipment (PPE) such as surgical masks or goggles when they reasonably expect to come into contact with spurting or splashing blood, if they have time under the circumstances.

Officers who come into contact with blood or body fluids will wash the affected area thoroughly with warm water and soap as soon as possible after the contact. Officers will wash their hands even if they were wearing gloves and the gloves appear to be intact.

Officers will exercise caution to avoid cuts or punctures with sharp objects including knives, razors, and hypodermic needles.

- A. Officers searching cells shall avoid putting their hands into places they cannot visually inspect. Flashlights and mirrors will be used to assist in searching such places.
- B. Sharp objects will be placed into a puncture resistant container for storage and disposal.

Officers will protect against possible infection by covering cuts, open sores, or breaks in their skin with water-resistant bandages.

Officers will place all contaminated clothing, bedding, or other items that may be cleaned and reused in plastic bags that are marked clearly as contaminated materials (bio-hazard). Normal laundry and dry cleaning procedures are adequate to decontaminate clothing, bedding, and other washable items. Contaminated clothing will be washed at the Detention Center. Employees are prohibited from taking contaminated clothing home to

be washed,

Officers will wear utility gloves and use a disinfectant solution when cleaning areas or surfaces contaminated with blood and/or body fluids.

A. A 1:100 solution of household bleach and water may be used for cleaning objects or areas contaminated with blood or body fluids.

B. The mixed bleach and water solution may only be stored for a maximum of 24 hours before it loses its strength.

C. A hospital grade disinfectant or sanitizing solution may be substituted for bleach and water.

All contaminated items intended for disposal will be placed in plastic bags and clearly marked as bio-hazardous materials with the following exceptions:

A. Sharp objects will be placed in a puncture-resistant container for storage and disposal.

B. All contaminated trash and sharp containers will be properly marked to identify the contents and be placed in the designated "Bio-Hazardous Storage Room"; for pickup by the designated company

C. Mattresses shall be sanitized with a sanitizing solution or a hospital grade disinfectant as required by state standards.

Contaminated disposable materials will be treated as infectious waste and disposed of in Bio Waste containers.

CPR and First Aid

Detention Center Health Services staff and/or officers will provide first aid treatment and, if qualified, administer CPR to inmates during a medical emergency as necessary.

If CPR is required, those involved should use an Ambu-bag or a pocket mask with a one-way valve whenever possible. These devices reduce the risk of transmitting all infectious diseases. Contact with saliva during CPR does not present a significant risk of transmitting HIV.

Refusal by detention staff to provide emergency care, including CPR, to an inmate may result in disciplinary action.

Employee Training

The Union County Sheriff's Office and Detention Center will provide new employees

Bloodborne Pathogen policy training within ten (10) days of beginning work, normally on the first day of work during the Union County Detention Center Orientation. This training will familiarize the officer with their legal responsibilities and the operational procedures of the Union County Detention Center as they relate to AIDS and other communicable diseases.

Within one year of appointment, officers are required to successfully complete the NC. Detention Officer Certification Course (DOCC) that includes legal responsibilities and procedures for handling inmates with AIDS and other communicable diseases.

Officers will receive periodic training containing current information concerning HIV and other communicable diseases.

4.01-J: Other Chronic Illnesses and Communicable Diseases

POLICY STATEMENT:

The Union County Detention Center will take reasonable steps to prevent the spread of communicable diseases and will provide medical evaluation and care to inmates suspected of having a communicable disease. Inmates with a known communicable disease will be isolated if it is reasonably necessary to protect the inmate's health or the health of others. The Union County Sheriff's Office and Detention Center will provide officers training on the causes and methods of transmission of various communicable diseases. This education will emphasize the use of universal safety precautions for preventing the spread of such diseases. The Union County Detention Center will take special care to preserve the confidentiality of information about communicable diseases.

DISCUSSION:

North Carolina General Statute (N.C.G.S.) 153A-225(a)(3) requires the Detention Center medical plan to "provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal diseases." N.C.G.S. 153A-225(a)(1) requires the medical plan to address "avoiding the spread of contagious diseases," which in many cases will mean the separation of infected inmates.

North Carolina State Detention Center Standards 10A NCAC 14J .1001(b) (3) requires the medical plan to address the handling of inmates with known communicable diseases. 10A NCAC 14J .1003 requires each Detention Center to "separate inmates who require medical isolation from other inmates either by housing them in a separate area of the detention center or by transferring them to another facility." Federal law, state law and public health regulations must be obeyed.

SPECIFIC PROCEDURES:

Preliminary Health Screening Form During Intake

If the inmate indicates they have a communicable disease, the Booking Officer will instruct the inmate to report the medical condition to Detention Center Health Services during the health screening. If the Booking Officer believes because of his own observations the inmate may have a communicable disease, the Booking Officer will confidentially notify Detention Center Health Services as soon as possible.

Inmate Requests to be Tested For Communicable Diseases

An inmate may request a communicable disease test through regular sick call procedures with Detention Center Health services. The inmate will be charged the medical co-payment under these circumstances. The inmates will be notified of the results and, if positive, the inmate will be provided appropriate post-test counseling by Detention Center Health Services. The counseling will be documented. Detention Center Health Services will inform all known infected inmates that they should follow NC state mandated control measures. .

The Union County Health Department offers free HIV/STD testing to inmates and the public. Health department staff may visit the Union County Detention Center to provide free testing and to educate inmates about HIV and STDs.

Confidentiality Requirements

The Booking officer must maintain the confidentiality of information about an inmate's medical status obtained during the preliminary health screening. Any information and records, especially medical records that might identify an inmate as having a communicable disease, will be kept strictly confidential. If an inmate discloses the fact that he or she has a communicable disease, an officer will not tell another officer of the inmate's condition. This will violate N.C.G.S. 130A-143, and may also lead to civil liability for violating the inmate's constitutional right to privacy. Public health regulations authorize a local Health Department Director to notify the Sheriff if an inmate has certain communicable diseases. (This does not apply to HIV infection and AIDS.)

The unauthorized release of information about an inmate's medical status may result in disciplinary action.

Reporting Communicable Diseases to Public Health Officials

Detention Center Health Services or the facility conducting the testing is responsible for reporting communicable diseases as required by state law.

Housing and Classification for Inmate Suspected of Having Communicable Disease.

The Booking Officer will consider relevant security factors in housing newly admitted inmates, including those inmates with a communicable disease:

A. Inmates who are infected with a communicable disease but asymptomatic may be placed into medical segregation when necessary to protect or promote their health or

the health of others. Detention Center Health Services will determine if an inmate should be segregated.

B. Inmates who are infected with a communicable disease but are asymptomatic may be placed in administrative segregation when necessary to protect an inmate from assaults by other inmates.

C. Inmates with a communicable disease who are symptomatic or contagious will be housed in medical segregation or transferred to another facility.

Inmates with a communicable disease in administrative or medical segregation will have reasonable access to all privileges available to other inmates including attorney visits, chaplain visits, commissary, social visitation, mail privileges and other programs or services.

Exposure to Body Fluids or Blood

An officer or inmate who has been exposed to blood or body fluids of an inmate will wash the exposed area with soap and water as soon as possible after the exposure. Outer garments should be removed in as close proximity to the exposure site as possible, handled as little as possible and placed in a Biohazard bag. (Please see Bloodborne Pathogen policy for more information on this procedure.)

An officer or inmate who has been exposed to the blood or body fluids of any inmate will be encouraged to consult with Detention Center Health Services immediately for an evaluation of the exposure. Documentation of this action, including date and time, should occur.

Any other person exposed to blood or body fluids of an inmate will be encouraged to consult with their private physician, an emergency room, or urgent care immediately. Documentation of this action, including date and time, should occur.

Reports Required

An officer will complete a Detention Center incident report within twenty-four (24) hours after being exposed to any blood or body fluids, outlining the facts and circumstances of the incident. This report will be forwarded to the Detention Center Administrator by chain of command. The Designated Officer for our agency will be notified to assist the officer in any way possible.

An officer will complete a worker's compensation report within 24 hours of the incident. If an officer is not physically able to complete the report, his supervisor will complete the

report.

The reports will be stored in a confidential manner and only available to personnel who have a legitimate need to review them.

Medical Referrals

Detention Center Health Services will refer officers and/or inmates to the proper health care agency for testing and/or counseling if it has been determined that the exposure poses a significant risk of contracting HIV. If Detention Center Health Services staff determines that the exposure provides no significant risk, the officer or inmate may seek a second opinion at their own personal expense.

Officer(s) and/or inmate(s) involved in a significant exposure incident will be required to follow the procedure outlined in Public Health Code 10A NCAC 41A.0202 (4) (a) (b) (c) which is as follows:

(4) When health care workers or other persons have a needlestick or nonsexual non-intact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:

(a) When the source person is known:

(i) The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred. The attending physician of the source person shall discuss the exposure with the source and shall test the source for HIV infection unless the source is already known to be infected. The attending physician of the exposed person shall be notified of the infection status of the source.

(ii) The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality.

(b) When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.

- (c) A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.

The results will not be reported to any member of the agency.

Detention for Communicable Diseases

In accordance with N.C.G.S. 15A-534.3, if a judicial official conducting an initial appearance or first appearance hearing finds probable cause that an individual was exposed to the defendant in a manner that poses a significant risk of transmission of the AIDS virus or Hepatitis B, the judicial official shall order the defendant to be detained for a reasonable period of time, not to exceed 24 hours, for investigation and testing by public health officials pursuant to G.S. 130A-144 and G.S. 130A-148. (1989, c. 499.)

N.C.G.S. 15A-534.3 requires judicial officials to order a defendant detained if there is probable cause to believe that the defendant exposed a person to “a significant risk of transmission of HIV.”

The purpose of the detention is to provide time for public health officials to conduct an investigation and for HIV or Hepatitis B testing if required by them. Judicial officials do not have the authority to order HIV or Hepatitis B testing, but only to detain the individual for investigation by public health officials who will determine if testing is required.

Detention Center Health Services staff will notify Union County Health Department officials if a defendant is being detained for evaluation and possible testing for HIV or Hepatitis B.

A. Since the detention is for 24 hours maximum, Detention Center Health Services staff should notify health department officials as soon as possible.

B. Public health officials will have reasonable access to the defendant upon their request.

C. The defendant will be released after 24 hours whether the health department has responded to the notification or not.

Detention Center Health Services staff and Detention staff will refer all questions concerning a defendant’s medical status to the Union County Health Department.

Detention Center Health Services Release of Inmate's Communicable Disease Status

Under the following circumstances, Detention Center Health Services staff is permitted to release an inmate's communicable disease status:

A. Release is made to health care personnel who are providing medical care to the inmate.

B. Release is made with the inmate's written consent or the written consent of the inmate's guardian.

C. Release is made pursuant to a subpoena or court order.

D. Release is otherwise authorized by G.S. 130A-143 or by regulations adopted by the Commission for Public Health.

Detention Center Health Services will release an inmate's HIV status to the Director of Health Services for the Division of Prisons and the prison facility administrator when an inmate is transferred to the Department of Corrections.

Safety Equipment

The Union County Detention Center will make the following personal protective equipment available for use by Detention staff:

A. Disposable latex or nylon gloves;

B. Pocket Masks with one-way valves for CPR and/or Ambu-Bags;

C. Coveralls, shoe covers and protective eyewear;

D. Puncture-resistant containers for holding sharp objects;

E. Disposable paper towels and cleaning supplies; and

F. Plastic bags labeled as containers for bio-hazardous waste.

Universal Safety Precautions

Officers will wear disposable gloves whenever they come in contact with blood or body fluids or whenever they reasonably expect to come into contact with blood or body fluids.

Once an officer's gloves have been used, they will be thrown away immediately before any other task is performed.

Officers will wear disposable gloves whenever they engage in the following activities:

- A. Conducting cell searches;
- B. Conducting searches of inmates;
- C. Handling disruptive inmates whenever possible;
- D. Any other activity likely to result in exposure to blood and body fluids.

Officers will wear other personal protective equipment (PPE) such as surgical masks or goggles when they reasonably expect to come into contact with spurting or splashing blood, if they have time under the circumstances.

Officers will not wear protective equipment, other than disposable latex or nylon gloves, while carrying out their regular duties, even those involving direct contact with known HIV infected inmates, unless there is some specific reason to believe that they might come into contact with blood or body fluids.

Officers who come into contact with blood or body fluids will wash the affected area thoroughly with warm water and soap as soon as possible after the contact. Officers will wash their hands even if they were wearing gloves and the gloves appear to be intact.

Officers will exercise caution to avoid cuts or punctures with sharp objects including knives, razors, and hypodermic needles.

A. Officers searching cells shall avoid putting their hands into places they cannot visually inspect. Flashlights and mirrors will be used to assist in searching such places.

B. Sharp objects will be placed into a puncture-resistant container for storage and disposal.

Officers will protect against possible infection by covering cuts, open sores, or breaks in their skin with water-resistant bandages.

Officers will place all contaminated clothing, bedding, or other items that may be cleaned and reused in plastic bags that are marked clearly as contaminated materials (bio-hazard). Normal laundry and dry cleaning procedures are adequate to decontaminate clothing, bedding, and other washable items. Contaminated clothing will be washed at the Detention Center. Employees are prohibited from taking contaminated clothing home to be washed.

Officers will wear utility gloves and use a disinfectant solution when cleaning areas or surfaces contaminated with blood and/or body fluids.

A. A 1:100 solution of household bleach and water may be used for cleaning objects or areas contaminated with blood or body fluids.

B. The mixed bleach and water solution may only be stored for a maximum of 24 hours before it loses its strength.

C. A hospital grade disinfectant or sanitizing solution may be substituted for bleach and water.

All contaminated items intended for disposal will be placed in plastic bags and clearly marked as bio-hazardous materials with the following exceptions:

A. Sharp objects will be placed in a puncture-resistant container for storage and disposal.

B. All contaminated trash and sharp containers will be properly marked to identify the contents and be placed in the designated "Bio-Hazardous Storage Room"; for pickup by the designated company

C. Mattresses and pillows shall be sanitized with a sanitizing solution or a hospital grade disinfectant as required by state standards.

Contaminated disposable materials will be treated as infectious waste and disposed of in Bio-Waste containers.

Cleaning Cells

If physically able, all inmates will be responsible for routine cleaning of their own cells, according to standard procedure. If the inmate is unable to clean his own cell, the cell will be cleaned by an inmate under the supervision of an officer.

When an inmate leaves the Detention Center, the cell and its furnishings, including both sides of the mattress, will be cleaned according to standard procedures and disinfected with a bleach solution [1 part bleach to 9 parts disinfectant water]. Inmates will wear gloves for these cleaning procedures.

Laundry

If clothing or linens are contaminated with blood or other body fluids, those items may be placed in special water-soluble bags for laundering or disposed of in accordance with local or state health regulations. Clothing or facility linens that have not been contaminated will be laundered according to usual laundry procedures. Inmates assigned to the laundry will wear gloves when handling all unwashed laundry.

Uniforms that have become contaminated with blood or body fluids will be removed and cleaned as soon as possible. The Detention Center laundry will launder all contaminated clothing. Officers will not take contaminated clothing home to be washed. If skin under the uniform has been contaminated, it should be washed thoroughly. Blood and body fluids on clothing and unbroken skin are not normally considered to be an exposure to HIV.

CPR and First Aid

Detention Center Health Services staff and/or officers will provide first aid treatment and administer CPR to inmates during a medical emergency as necessary. If CPR is required, those involved should use an Ambu-bag or a pocket mask with a one-way valve whenever possible. These devices reduce the risk of transmitting all infectious diseases. Contact with saliva during CPR does not present a significant risk of transmitting HIV.

Refusal by Detention staff to provide emergency care, including CPR, to an inmate may result in disciplinary action.

Employee Training

The Union County Sheriff's Office and Detention Center will provide officers with Bloodborne Pathogen and Airborne Pathogen training within ten (10) days of beginning work, normally on the first day of work during the Union County Detention Center Orientation. This training will familiarize the officer with their legal responsibilities and the operationally procedures of the Union County Detention Center as they relate to communicable diseases.

Within one year of appointment, officers are required to successfully complete the N.C. Detention Officer Certification Course (DOCC) that includes legal responsibilities and procedures for handling inmates with communicable diseases.

Officers will receive periodic training containing current information concerning HIV and other communicable diseases.

4.01-K: Confidentiality of Medical Records

POLICY STATEMENT:

The medical records of inmates at the Union County Detention Center will be kept confidential as required by law. The records will be stored securely and maintained separately from confinement records, and access to medical records will be controlled and limited. These records will be stored and maintained by Detention Center Health Services in the medical office. When the medical records are not in active use, they will be filed in a manner inaccessible to unauthorized personnel.

DISCUSSION:

NC State Detention Center Standards 10A NCAC 14J .1001(b)(6) provides “the medical plan for each Detention Center must address the maintenance and confidentiality of medical records.” NC State Detention Center Standards 10A NCAC 14J .0101(25) defines a “medical record” as “a record of medical problems, examinations, diagnosis and treatments.” NC State Detention Center Standards 10A NCAC 14J .1002 say that health screening forms “shall be reviewed for the presence of confidential information which cannot be made available to jail officers.

SPECIFIC PROCEDURES:

Contents of Medical Records

A medical record (file) will be created for an inmate whenever the inmate is evaluated or treated by a healthcare professional. Medical records include, but are not necessarily limited to, the following:

- A. Copy of a completed health screening form.
- B. Medical findings, evaluations, treatments, medications and dispositions
- C. Completed records of administered medications
- D. Reports of laboratory, X-ray, and diagnostic studies.
- E. Progress notes

- F. Consent and refusal forms
- G. Release of information forms
- H. Discharge summary of hospitalizations
- I. Special treatment plans, including prescribed diet
- J. Place, date and time of each encounter with a medical professional
- K. The legible signature and title of each document.

Repository of Medical Records

The medical records of inmates will be kept confidential, and they will be stored separately from their confinement records. Detention Center Health Services staff will maintain strict control of all inmate medical records. When not in active use, the medical records of inmates will be stored in a locked file cabinet in the medical clinic. Detention Center Health Services staff shall have access and control of the records and ensure confidentiality as required by law.

N.C.G.S. 153A-222 allows Detention Center inspectors with the North Carolina Detention Center and Detention Division to examine an inmate's medical record unless the inmate objects in writing. The inmate must be informed in writing of his right to object before an inspector can examine the record. If the inmate objects in writing, the inspector(s) will not be allowed to view the inmate's confidential medical record.

Transfer/Release of Inmates with Medications

An inmate receiving prescription medication at the time of release will be provided (if needed) with a three (3) to five (5) day supply of the prescribed medication(s) upon release or transfer from custody. The inmate will sign an acknowledgement of receipt and understanding form, provided by Detention Center Health Services, which will be filed in his inmate medical record. Certain controlled medications may be regulated and cannot be given to an inmate upon release. If the prescription medication is unavailable or regulated, a prescription will be provided so it can be filled at a pharmacy.

Transfer of Inmate Medical Record

If an inmate is transferred to a county or regional detention facility in North Carolina, Detention Center Health Services will provide the transporting officer with copies of the inmate's medical records to deliver to the receiving detention facility. Treating health care providers may share confidential medical information to ensure continuity of medical care.

Transfer of Known HIV-Infected Inmate To The NC Department of Corrections

If a known HIV-infected inmate is transferred to the NC Department of Corrections, Detention Center Health Services will notify the Director of Health Services for the Division of Prisons and the prison facility administrator of the inmate's HIV status.

Retention of Inmate Medical Records

The medical records of an inmate will be retained for 5 (five) years after the inmate's release.

4.01-L: Privacy During Medical Examinations

POLICY STATEMENT:

It is the policy of the Union County Detention Center to conduct medical examinations and interviews in a confidential and private setting. Safety and security will not be jeopardized at any time.

SPECIFIC PROCEDURES:

Inmate Privacy

Inmates will be provided with a confidential and private setting while being examined, treated or interviewed by Detention Center Health Services staff or other medical staff. Officer will provide sufficient privacy during the exam or interview so the inmate will feel free to discuss any medical problem. Safety and security will remain the first priority and will not be jeopardized at any time.

4.01-M: Medical Co-Payments

POLICY STATEMENT:

Inmates receiving self-initiated non-emergency medical care, including dental care, will be assessed a \$10.00 co-payment for each service or visit. This fee will be charged against the inmate's trust fund account. No inmate will be denied medical care, including dental and mental health care, because of an inability to pay. No co-payment fee will be assessed for emergency care, substance abuse treatment, mental health care, pre-natal care, and laboratory tests ordered by medical staff, medications, routine physicals or follow-up visits.

DEFINITIONS:

A medical emergency is any medical event requiring immediate medical intervention including, but not limited to: unconsciousness or semi-consciousness, breathing difficulties and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, burns, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self-destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (auditory, visual, tactile, etc.,) intense fear, depression, anxiety or panic, and/or any other symptoms or complaints that indicates an inmate requires immediate medical care.

A medical non-emergency is any medical event that does not require immediate medical intervention including, but not limited to, minor aches and pains, insomnia, minor injuries or cuts, non-serious bleeding, skins disorders, mild to moderate depression or anxiety, and/or any other symptoms or complaints that do not indicate an inmate requires emergency medical care.

SPECIFIC PROCEDURES:

Inmates Will Be Notified of Medical Co-Payment Fee

Inmates will be notified of the medical co-payment fee in one or more of the following ways:

A. Inmates will be informed of the co-payment fee during the booking process and will acknowledge receiving this information by signing a form or;

B. Inmates will receive a copy of the Union County Detention Center Inmate Handbook. It will contain a notice concerning the co-payment fee or;

C. Inmates will be informed of the co-payment fee by Detention Center Health Services staff during the initial intake screening interview or;

D. Signs will be posted in the intake area, screening office, dental office and in the clinic informing inmates concerning the medical co-payment fee or;

E. Sick call slips will include a notice informing inmates of a co-payment fee for non-emergency care or;

F. If an inmate obtains medical care and is assessed a co-payment fee, the inmate will receive a printed receipt once the co-payment is deducted.

Unless there is some compelling evidence to believe otherwise, medical staff and officers may presume that all inmates are aware of the medical co-payment fee.

Indigent Inmates Will Not Be Denied Medical Care

No inmate will be denied medical care because they cannot afford a co-payment. Indigent inmates will be provided emergency and non-emergency medical services, including mental health and dental services, without regard to the ability to pay.

No Co-Payment Will Be Charged for Free Services

No co-payment fee will be assessed for the following medical services:

- A. Initial intake health screening;
- B. Tuberculosis tests;
- C. Over-the-counter or prescription medicine dispensed by the Detention Center Health Services;
- D. Pre-existing condition follow-ups;
- E. Emergency care (medical, mental health or dental;)
- F. Mental health services;
- G. Dental follow-up services;
- H. Substance abuse treatment;
- I. Medical equipment or supplies prescribed by the Detention Center Health Services;
- J. Pre-natal care;
- K. Laboratory tests ordered by the Detention Center Health Services;

L. A physical exam after fourteen (14) consecutive days of confinement;

M. Any physical examination or test required for inmate worker status;

N. Any inmate work-related injury; or

O. Medical services (including dental services) referred by Detention Center Health Services staff to another professional health care provider outside of the Union County Detention Center.

Self-Initiated Non-Emergency Medical Services Requiring Co-Payment Fee

Co-payment fees will be assessed for self-initiated, non-emergency medical care and dental care, including sick call interviews or treatments provided by a nurse.

If the inmate is escorted to the clinic and refuses medical services for any reason, the inmate will be assessed a co-payment fee. An inmate will not be assessed a medical fee if he submits a sick call slip and later refuses to attend sick call.

Detention Center Health Services Will Determine Payment of Fee

Detention Center Health Services staff will evaluate each situation on a case-by-case basis and will determine if an inmate will be assessed a co-payment fee. No fee will be assessed for any emergency or free service. (See above.) Inmates may register complaints through the inmate grievance system.

No fee will be assessed until services have been rendered. Detention Center Health Services staff will notify the Detention Center Administrative Assistant who will deduct co-payment fees from the inmate's trust fund account. The account will be debited even if there are insufficient funds to pay the co-payment fee. An inmate may run a negative balance for co-payment fees. If funds are deposited into the account at a later time or during a subsequent incarceration, the co-payment fee will be recovered. The inmate will receive a printed receipt to show the deduction.

4.01-N: Exercise

POLICY STATEMENT:

It is the policy of the Union County Detention Center to provide exercise pursuant to 10A NCAC 14J .1004.

SPECIFIC PROCEDURES:

Exercise

Pursuant to 10A NCAC 14J .1004, after the fourteenth consecutive day of confinement, each inmate shall be provided opportunities for physical exercise at least three days weekly for a period of one hour each of the days. Physical exercise shall take place either in the confinement unit if it provides adequate space or in a separate area of the jail that provides adequate space. The opportunity for physical exercise shall be documented.



UNION COUNTY
Office of the Tax Administrator
500 N. Main Street, Suite 236
P.O. Box 97
Monroe, NC 28111-0097

704-283-3746
704-292-2588 Fax

John C. Petoskey
Tax Administrator

MEMORANDUM

AGENDA ITEM
4/3a
MEETING DATE 2/16/09

TO: The Board of County Commissioners
FROM: John C. Petoskey
Tax Administrator
DATE: January 30, 2009
RE: **Eighth** Motor Vehicle Billing

I hereby certify the **Eighth** Motor Vehicle Billing Motor Vehicle Valuation under the staggered program as required by N.C.G.S.105-330. Attached hereto is a list of the values, rates and taxes for each taxing unit.

JCP: jw

--- M O T O R V E H I C L E S Y S T E M ---

---Date--- --Tim
01/30/2009 09:26

Motor Vehicle Billing Summary for the period 01/01/2009 to 01/31/2009

NOTE: Information for this report is taken from original billing records only
and DOES NOT include any subsequent changes or adjustments to vehicle
situs or value.

---Bdg No---	-----Description-----	--Key--	Bill Year	Rate Year	Count	-----Total----- ---Value---	-----Tax-----
10	County.....	CN99999	2008	2005	1	11,370	63.67
10	County.....	CN99999	2008	2007	184	1,874,596	12,354.15
10	County.....	CN99999	2008	2008	13,406	122,608,460	815,285.64
	Totals.....				13,591	124,494,426	827,703.46
77	School dist - County.....	SC999	2008	2005	1	11,370	7.96
	Totals.....				1	11,370	7.96
32	Fire Dist - Springs.....	FR015	2008	2007	6	71,490	19.31
32	Fire Dist - Springs.....	FR015	2008	2008	784	6,614,812	2,024.17
39	Fire Dist - Stallings.....	FR020	2008	2007	24	268,600	77.13
39	Fire Dist - Stallings.....	FR020	2008	2008	1,321	13,138,230	5,334.20
38	Fire dist - Hemby Bridge..	FR023	2008	2007	20	197,310	68.54
38	Fire dist - Hemby Bridge..	FR023	2008	2008	1,484	14,271,756	7,036.08
37	Fire dist - Wesley Chapel:	FR026	2008	2007	23	407,590	51.87
37	Fire dist - Wesley Chapel:	FR026	2008	2008	1,791	22,414,893	4,281.17
34	Fire Dist - Waxhaw.....	FR028	2008	2007	20	184,760	92.32
34	Fire Dist - Waxhaw.....	FR028	2008	2008	956	9,030,986	2,239.71
	Totals.....				6,429	66,600,427	21,224.50
78	220125 Taxes Payable - Marvin.....	MN01000	2008	2007	1	22,900	11.45
78	220125 Taxes Payable - Marvin.....	MN01000	2008	2008	230	3,211,788	1,606.52
78	220130 Taxes Payable - Monroe.....	MN02000	2008	2007	37	269,761	1,683.42
78	220130 Taxes Payable - Monroe.....	MN02000	2008	2008	1,979	13,696,962	77,385.58
78	220170 Taxes Payable - Wingate.....	MN03000	2008	2007	1	11,230	43.80
78	220170 Taxes Payable - Wingate.....	MN03000	2008	2008	173	1,104,103	4,306.10
78	220120 Taxes Payable - Marshville...	MN04000	2008	2008	147	883,715	3,358.05
78	220150 Taxes Payable - Waxhaw.....	MN05000	2008	2007	14	133,070	436.23
78	220150 Taxes Payable - Waxhaw.....	MN05000	2008	2008	531	5,558,597	18,899.08
78	220110 Taxes Payable - Indian Trail..	MN06000	2008	2007	27	295,610	462.78
78	220110 Taxes Payable - Indian Trail..	MN06000	2008	2008	1,958	19,677,278	28,532.73
78	220140 Taxes Payable - Stallings.....	MN07000	2008	2007	16	148,950	388.68
78	220140 Taxes Payable - Stallings.....	MN07000	2008	2008	820	8,364,022	18,317.30
78	220160 Taxes Payable - Weddington...	MN08000	2008	2005	1	11,370	3.41
78	220160 Taxes Payable - Weddington...	MN08000	2008	2007	8	128,320	37.18
78	220160 Taxes Payable - Weddington...	MN08000	2008	2008	624	7,746,017	2,324.13
78	220115 Taxes Payable - Lake Park.....	MN09000	2008	2007	2	5,120	11.78
78	220115 Taxes Payable - Lake Park.....	MN09000	2008	2008	180	1,653,601	3,472.65
78	220175 Taxes Payable - Fairview.....	MN09300	2008	2007	3	30,340	6.07
78	220175 Taxes Payable - Fairview.....	MN09300	2008	2008	148	1,616,679	323.39

--- M O T O R V E H I C L E S Y S T E M ---

---Date--- --Time---
01/30/2009 09:26

Motor Vehicle Billing Summary for the period 01/01/2009 to 01/31/2009

NOTE: Information for this report is taken from original billing records only and DOES NOT include any subsequent changes or adjustments to vehicle situs or value.

---Bdg No---	-----Description-----	--Key--	Bill Year	Rate Year	Count	-----Total----- ---Value---	---Tax---
78 220145	Taxes Payable - Hemby Bridge.:	MN09500	2008	2008	68	500,319	126.06
78 220165	Taxes Payable - Wesley Chapel:	MN09700	2008	2007	3	30,060	6.01
78 220165	Taxes Payable - Wesley Chapel:	MN09700	2008	2008	338	3,594,953	593.21
78 220135	Taxes Payable - Unionville. . .:	MN09800	2008	2007	6	52,190	10.45
78 220135	Taxes Payable - Unionville. . .:	MN09800	2008	2008	319	2,757,561	551.49
78 220155	Taxes Payable - Mnrl Sprngs. . .:	MN09900	2008	2007	2	25,670	6.93
78 220155	Taxes Payable - Mnrl Sprngs. . .:	MN09900	2008	2008	184	1,397,158	349.53
Totals.....					7,820	72,927,344	163,254.01
Grand Totals.....							1,012,189.93

--- M O T O R V E H I C L E S Y S T E M ---

---Date--- --Time--
01/30/2009 09:27:0

- Motor Vehicle Special Charge Summary -
For the period: 01/01/2009 to 01/31/2009

Mn Cd	-----Text-----	Count	-----Total-----	---Value---	--Spc Tax--
02000	Monroe Vehicle Tax \$5.00	2,000		14,212,356	10,000.00

- - - E N D - - -



UNION COUNTY
Office of the Tax Administrator
500 N. Main Street Suite 236
P.O. Box 97
Monroe, NC 28111-0097

AGENDA ITEM
4/36
MEETING DATE 2/16/09

704-283-3746
704-283-3616 Fax

John C. Petoskey
Tax Administrator

MEMORANDUM

TO: Lynn West
Central Administration

FROM: John C. Petoskey
Tax Administrator

DATE: Friday, January 30, 2009

RE: **Seventh** Motor Vehicle Release Register

I hereby certify the following releases were made during the period of 01/01/2009
-01/31/2009. The releases represent both monthly and annual vehicle values and taxes.
Should you have any questions, please call.

JCP:jw

--- M O T O R V E H I C L E S Y S T E M ---

---Date--- --Time---
01/30/2009 10:37

Assessor Release Register for the period 01/01/2009 to 01/31/2009

(Summary)

78	220175	Taxes Payable - Fairview.....	MN09300	2008	2007	3,723	.75-	.00
78	220145	Taxes Payable - Hemby Bridge..	MN09500	2007	2007	9,000	2.70-	.10
78	220145	Taxes Payable - Hemby Bridge..	MN09500	2008	2008	6,900	1.73-	.00
78	220135	Taxes Payable - Unionville...	MN09800	2008	2007	4,850	.97-	.00
78	220135	Taxes Payable - Unionville...	MN09800	2008	2008	1,661	.34-	.00
78	220155	Taxes Payable - Mnrl Sprngs..	MN09900	2008	2008	62,390	15.60-	.00
Net Totals.....						670,607	1,851.29-	60.30
84	220000	NC State Interest.....	NC00000	2006	2005	0	.00	3.70
84	220000	NC State Interest.....	NC00000	2007	2005	0	.00	3.60
84	220000	NC State Interest.....	NC00000	2007	2007	0	.00	46.80
84	220000	NC State Interest.....	NC00000	2008	2007	0	.00	20.90
84	220000	NC State Interest.....	NC00000	2008	2008	0	.00	45.50
Net Totals.....						0	.00	120.80
Net Grand Totals.....							10,915.03-	346.30



UNION COUNTY
Office of the Tax Administrator
500 N. Main Street, Suite 236
P.O. Box 97
Monroe, NC 28111-0097

AGENDA ITEM
430
MEETING DATE 2/16/09

704-283-3746
704-283-3616 Fax

John C. Petoskey
Tax Administrator

MEMORANDUM

TO: The Board of County Commissioners
FROM: John C. Petoskey
Tax Administrator
DATE: Friday, January 30, 2009
RE: **Seventh** Motor Vehicle Refund Register

I hereby certify the following refunds that were made during the period of 01/01/2009 – 01/31/2009. The refunds represent refunds of both monthly and annual vehicle values and taxes. Should you have any questions, please call.

JCP:jw

--- M O T O R V E H I C L E S Y S T E M ---

---Date--- --Tim
01/30/2009 10:37

Assessor Refund Register for the period 01/01/2009 to 01/31/2009

(Summary)

---Bdg No---	-----Description-----	--Key--	Bill Year	Rate Year	-----Value-----	-----Total-----	-----Tax-----	-----Int-----
10	County.....	CN99999	2004	2003	0	129.50-		
10	County.....	CN99999	2004	2004	0	3.39-		
10	County.....	CN99999	2005	2004	0	145.49-		
10	County.....	CN99999	2005	2005	0	187.52-		
10	County.....	CN99999	2006	2005	0	22.48-		
10	County.....	CN99999	2006	2006	18,500	330.28-		6.1
10	County.....	CN99999	2007	2006	0	61.50-		
10	County.....	CN99999	2007	2007	0	204.97-		
10	County.....	CN99999	2008	2007	17,760	209.23-		
10	County.....	CN99999	2008	2008	104,834	803.64-		
Net Totals.....						141,094	2,098.00-	6.1
76	School dist - Monroe.....	SC100	2004	2003	34,430	.07-		
76	School dist - Monroe.....	SC100	2004	2004	780	.00		
76	School dist - Monroe.....	SC100	2005	2004	26,330	3.07-		
76	School dist - Monroe.....	SC100	2005	2005	40,230	.18		
76	School dist - Monroe.....	SC100	2006	2005	4,140	.00		
77	School dist - County.....	SC999	2004	2003	34,430-	17.03-		
77	School dist - County.....	SC999	2004	2004	780-	.45-		
77	School dist - County.....	SC999	2005	2004	26,330-	16.33-		
77	School dist - County.....	SC999	2005	2005	40,230-	23.61-		
77	School dist - County.....	SC999	2006	2005	4,140-	2.81-		
Net Totals.....					0	63.19-		
32	Fire Dist - Springs.....	FR015	2006	2006	18,500	6.54-		.2
39	Fire Dist - Stallings.....	FR020	2008	2008	17,500	7.18-		
37	Fire dist - Wesley Chapel:	FR026	2008	2008	24,513	4.69-		
Net Totals.....					60,513	18.41-		.2
78	220125 Taxes Payable - Marvin.....	MN01000	2008	2008	18,800	9.40-		
78	220130 Taxes Payable - Monroe.....	MN02000	2004	2003	34,430	.64		
78	220130 Taxes Payable - Monroe.....	MN02000	2004	2004	780	.00		
78	220130 Taxes Payable - Monroe.....	MN02000	2005	2004	26,330	27.66		
78	220130 Taxes Payable - Monroe.....	MN02000	2005	2005	40,230	1.17-		
78	220130 Taxes Payable - Monroe.....	MN02000	2006	2005	4,140	.00		
78	220130 Taxes Payable - Monroe.....	MN02000	2006	2006	34,400	.00		
78	220130 Taxes Payable - Monroe.....	MN02000	2007	2006	10,660	.00		
78	220130 Taxes Payable - Monroe.....	MN02000	2007	2007	18,460	78.69-		
78	220130 Taxes Payable - Monroe.....	MN02000	2008	2007	12,740	.00		
78	220130 Taxes Payable - Monroe.....	MN02000	2008	2008	27,517	45.54-		
78	220110 Taxes Payable - Indian Trail..	MN06000	2008	2008	17,500	25.56-		

--- M O T O R V E H I C L E S Y S T E M ---

---Date--- --Time
01/30/2009 10:37:3

Assessor Refund Register for the period 01/01/2009 to 01/31/2009

(Summary)

78	220175	Taxes Payable - Fairview.....	MN09300	2008	2007	0	.19-	.0
78	220175	Taxes Payable - Fairview.....	MN09300	2008	2008	14,800	2.96-	.0
78	220155	Taxes Payable - Mnrl Sprngs...	MN09900	2006	2006	18,500	5.66-	.2
Net Totals.....:						279,287	140.87-	.2
84	220000	NC State Interest.....	NC00000	2006	2006	0	.00	.0
84	220000	NC State Interest.....	NC00000	2007	2007	0	.00	.0
84	220000	NC State Interest.....	NC00000	2008	2007	0	.00	.0
84	220000	NC State Interest.....	NC00000	2008	2008	0	.00	.0
Net Totals.....:						0	.00	.0
Net Grand Totals.....:							2,320.47-	6.6

REFUNDS JANUARY 2009

	Name	Release #	Real Value	Pers. Value	UCGT	UCLL	CSGT-999	SpringsG	WesleyGT	JacksonF	Totals
005	TYSON CLAUDE	5184	478,990		1,973.78			90.83			2,064.6
056	FIRETHORNE E	5186	136,960		910.78				26.16		936.9
010E	TRULL DOUGLA	5188	14,800		98.42						98.4
076	SILVER LINING	5194		25,000	191.19	19.12					210.3
346	XEROX CORPO	5200		175	1.16						1.1
006	FUNDERBURK I	5244	6,630		44.09					50.00	94.0
141	EFIRD MICHAEL	5250	78,980		525.21						525.2
											-
											-
											-
- 2008			716,360	25,175	3,744.63	19.12	-	90.83	26.16	50.00	3,930.7
205	GALLAGHER RI	5181	44,470		316.23				7.43		323.6
056	FIRETHORNE E	5187	37,690		268.01				6.29		274.3
076	SILVER LINING	5195		25,000	177.78	17.78					195.5
006	FUNDERBURK I	5245	6,470		46.01					50.00	96.0
											-
											-
											-
- 2007			88,630	25,000	808.03	17.78	-	-	13.72	50.00	889.5
	Name	Release #	Real Value	Pers. Value	UCGT	UCLL	CSGT-999	SpringsG	WesleyGT	JacksonF	Totals
205	GALLAGHER RI	5182	44,470		283.14				6.76		289.9
006	FUNDERBURK I	5246	6,470		41.20					49.71	90.9
											-
											-
- 2006			50,940	-	324.34	-	-	-	6.76	49.71	380.8

REFUNDS JANUARY 2009

	Name	Release #	Real Value	Pers. Value	UCGT	UCLL	CSGT-999	SpringsG	WesleyG	JacksonF	Totals
05	GALLAGHER RI	5183	44,470		249.03		31.12		6.67		286.82
06	FUNDERBURK I	5247	6,470		36.23		4.53			48.17	88.93
- 2005			50,940	-	285.26	-	35.65	-	6.67	48.17	375.75
06	FUNDERBURK I	5248	6,470		33.97		4.53			50.00	88.50
- 2004			6,470	-	33.97	-	4.53	-	-	50.00	88.50
2003			-	-	-	-	-	-	-	-	-
TOTALS - ALL YEARS			913,340	50,175	5,196.23	36.90	40.18	90.83	53.31	247.88	5,665.33

LEASES JANUARY 2009

Release #	Real Value	Pers. Value	UCGT	UCLL	CSGT-99	CSLL-99	CSGT-100	CSLL-100	HembyGT	HembyL	StallGT
5216		1,444	9.61								
5217		413,014	2,746.54								
5218	3,222,390		2,143.89								
5219	351,450		2,337.14								
5220	327,700		2,179.21								
5221	315,250		2,096.41								
5222	353,100		2,348.12								
5223	327,840		2,180.14								
5224	345,830		2,299.77								
5225	454,330		3,021.29								
5226	454,330										
5227	322,390										
5228	351,450										
5229	327,700										
5230	315,250										
5231	353,100										
5232	327,840										
5233	345,830										
5234	413,014										
5249		8,654	57.55	5.75							
5251	119,830		796.87						59.08		
	9,522,394	1,644,345	33,706.50	511.88	-	-	-	-	116.30	0.24	36.14
TOTALS	15,531,188	5,469,826	61,873.93	2,349.97	244.85	121.92	13.34	5.43	124.90	2.08	49.04

LEASES JANUARY 2009

Name	Release #	Real Value	Pers. Value	Stall	WaxhawGT	WesleyGT	WesleyLL	WesleyTT	WesleyLL	WingateTT
SBITT THOMAS & KATHLEEN	5235	322,390				61.58				
VA TAMMY L & SHIMON S	5236	454,330				86.78				
IMO MICHAEL & MICHAELA	5237	351,450				67.13				
P NOREEN ANN & WILLIAM	5238	327,700				62.59				
RRILL GINA M & STEVEN W R	4239	315,250				60.21				
JURY ANDREW JENNINGS & I	5240	353,100				67.44				
ANDLER RICHARD R & AMY F	5241	327,840				62.62				
ILEY-WILKINSON LORRAINE	5242	345,830				66.05				
SLEY CHAPEL FAMILY DENTI	5243	413,014				78.89				
VA TAMMY L & SHIMON S	5252	454,330						74.96		
SBITT THOMAS & KATHLEEN	5253	322,390						53.19		
IMO MICHAEL & MICHAELA	5254	351,450						57.99		
P NOREEN ANN & WILLIAM	5255	327,700						54.07		
RRILL GINA M & STEVEN W R	5256	315,250						52.02		
JURY ANDREW JENNINGS & I	5257	353,100						58.26		
ANDLER RICHARD R & AMY F	5258	327,840						54.09		
ILEY-WILKINSON LORRAINE	5259	345,830						57.06		
SLEY CHAPEL FAMILY DENTI	5260		413,014					68.15		
RY DEAN'S COFFEE & ICE C	5261		160,000			28.64	4.20			
FFIN ENDEAVORS INC	5262		7,428							
FFIN ENDEAVORS INC	5262		649							
F FARM	5263		209,590							
ERT JAMES F & SHERRY B	5264		126,596							
Y D CONSTRUCTION CO INC	5265		17,981			2.84	0.58			
PERSON EARL BLAND & SIBYL F	5266		119,344							
SLOW JASPER C & JOANN S	5267		99,176							
ER BROS PAINT CONTRACT	5268		6,255							
VELL DOUGLAS DAY & KATH	5269		299,410							
ICE RECONDITIONING SERV	5270		77,546							
SET AT WESLEY CHAPEL	5271		77,290			6.31	0.63	5.45	0.55	
HRANE STEEL INDUSTRIES	5272		912,438							
SSIC WOODWORKS	5273		20,915	0.94						

LEASES JANUARY 2009

Leaseholder	Release #	Real Value	Pers. Value	StallLL	WaxhawGT	WesleyGT	WesleyLL	WesleyTT	WesleyLL	WingateTT
SEY AUTOMOTIVE INC	5274		18,313	0.83						
FOODS LLC	5275		1,259,536							
		6,008,794	3,825,481	1.77	-	651.08	5.37	535.24	0.55	-
MS MARY ORR	5185	40,800								
D DONALD THEODORE	5189		4,878							
IAMS ROGER ADAIR	5190		360,800			64.48	9.53			
ENK PETER	5191		150,000							
CH ENTERPRISES	5192		25,000							
SOURCE PROPERTY GROUP	5193		10,000							
ER SCOTT M & DEBORA	5196	108,340				20.69				
RIS R S FAMILY LIMITED PA	5197	75,780								
HCOCK GALEN NOEL	5198	172,080								
BERT FERN H & THOMAS J	5199	96,770								
S DANCI CAROLINAS LLC	5201		72,000							
DX LEASE EQUIPMENT LLC	5202		3,359							
DX LEASE EQUIPMENT LLC	5203		77,984							
DX LEASE EQUIPMENT LLC	5204		3,359							
DX LEASE EQUIPMENT LLC	5205		3,636							
DX LEASE EQUIPMENT LLC	5206		3,061							11.94
DX LEASE EQUIPMENT LLC	5207		64,686							
DX LEASE EQUIPMENT LLC	5208		297,336							
DX LEASE EQUIPMENT LLC	5209		2,238		0.55					
DX LEASE EQUIPMENT LLC	5210		34,288							
DX LEASE EQUIPMENT LLC	5211		36,382							
DX LEASE EQUIPMENT LLC	5212		1,646							
DX LEASE EQUIPMENT LLC	5213		4,914							
DX LEASE EQUIPMENT LLC	5214		41,175							
DX LEASE EQUIPMENT LLC	5215		24,491							

LEASES JANUARY 2009

Lease	Release #	Real Value	Pers. Value	StallLL	WaxhawGT	WesleyGT	WesleyLL	WesleyTT	WesleyLL	WingateTT
BOYD LEASE EQUIPMENT LLC	5216		1,444							
WESLEY CHAPEL FAMILY DENT	5217		413,014			78.89				
BIBB THOMAS & KATHLEEN	5218	3,222,390				61.58				
MO MICHAEL & MICHAELA	5219	351,450				67.13				
P NOREEN ANN & WILLIAM	5220	327,700				62.59				
RRILL GINA M & STEVEN ROO	5221	315,250				60.21				
URY ANDREW JENNINGS & J	5222	353,100				67.44				
ANDLER RICHARD R & AMY F	5223	327,840				62.62				
WILEY-WILKINSON LORRAINE	5224	345,830				66.05				
WA TAMMY L & SHIMON S	5225	454,330				86.78				
WA TAMMY L & SHIMON S	5226	454,330						141.46		
BIBB THOMAS & KATHLEEN	5227	322,390						93.99		
MO MICHAEL & MICHAELA	5228	351,450						104.39		
P NOREEN ANN & WILLIAM	5229	327,700						95.27		
RRILL GINA M & STEVEN ROO	5230	315,250						93.22		
URY ANDREW JENNINGS & J	5231	353,100						103.36		
ANDLER RICHARD R & AMY F	5232	327,840						96.59		
WILEY-WILKINSON LORRAINE	5233	345,830						100.96		
WESLEY CHAPEL FAMILY DENT	5234	413,014						68.15		
R WORX SALON INC	5249		8,654							
NTEITH PROPERTY OWNERS	5251	119,830								
		9,522,394	1,644,345	-	0.55	698.46	9.53	897.39	-	11.94
TOTALS		15,531,188	5,469,826	1.77	0.55	1,349.54	14.90	1,432.63	0.55	11.94

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date: February 16, 2009

Action Agenda Item No. 4/4a
(Central Admin. use only)

SUBJECT: ADDITIONAL FAMILY PLANNING FUNDS

DEPARTMENT: HEALTH

PUBLIC HEARING: No

ATTACHMENT(S):
Budget Amendment #21
Budgetary Estimate

INFORMATION CONTACT:
Phillip Tarte

TELEPHONE NUMBERS:
704-296-4801

DEPARTMENT'S RECOMMENDED ACTION: Adopt Budget Ordinance Amendment #21.

BACKGROUND: The State has awarded the Union County Health Department an additional \$1,766 in funds to be used on any Title X approved expenditure. These funds will be used for medical supplies.

FINANCIAL IMPACT:

Increase revenue:
10451150-4344-1324 \$1,766

Increase expenditures:
10551150-5239-1324 \$1,766

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation: _____

Original
Revision# 1

Activity # 151 Activity Name: Family Planning

ROW 1	Fund/RCC/FRC	Fund/RCC/FRC	Fund/RCC/FRC	Fund/RCC/FRC	Fund/RCC/FRC	Total of All
	1511/592C/FP					
	Payment Period 7/1/2008 - 6/30/2009	Payment Period -	Payment Period -	Payment Period -	Payment Period -	
	Service Period - 8/1/2008 - 9/31/2009	Service Period -	Service Period -	Service Period -	Service Period -	
COUNTY						Sources
01 ALAMANCE	\$10,087.00					\$10,087.00
D1 ALBEMARLE REG	\$12,839.00					\$12,839.00
02 ALEXANDER	\$3,303.00					\$3,303.00
04 ANSON	\$1,766.00					\$1,766.00
D2 APPALACHIAN	\$7,524.00					\$7,524.00
07 BEAUFORT	\$1,766.00					\$1,766.00
09 BLADEN	\$1,766.00					\$1,766.00
10 BRUNSWICK	\$7,172.00					\$7,172.00
11 BUNCOMBE	\$10,087.00					\$10,087.00
12 BURKE	\$3,568.00					\$3,568.00
13 CABARRUS	\$13,373.00					\$13,373.00
14 CALDWELL	\$2,402.00					\$2,402.00
16 CARTERET	\$1,766.00					\$1,766.00
17 CASWELL	\$1,766.00					\$1,766.00
18 CATAWBA	\$50,000.00					\$50,000.00
19 CHATHAM	\$1,766.00					\$1,766.00
20 CHEROKEE	\$2,402.00					\$2,402.00
22 CLAY	\$4,787.00					\$4,787.00
23 CLEVELAND	\$1,766.00					\$1,766.00
24 COLUMBUS	\$1,766.00					\$1,766.00
25 CRAVEN	\$1,766.00					\$1,766.00
26 CUMBERLAND	\$50,000.00					\$50,000.00
28 DARE	\$1,766.00					\$1,766.00
29 DAVIDSON	\$3,727.00					\$3,727.00
30 DAVIE	\$1,766.00					\$1,766.00
31 DUPLIN	\$6,748.00					\$6,748.00
32 DURHAM	\$1,766.00					\$1,766.00
33 EDGEcombe	\$1,766.00					\$1,766.00
34 FORSYTH	\$11,041.00					\$11,041.00
35 FRANKLIN	\$1,766.00					\$1,766.00
36 GASTON	\$32,082.00					\$32,082.00
38 GRAHAM	\$2,932.00					\$2,932.00
D3 GRAN-VANCE	\$3,532.00					\$3,532.00
40 GREENE	\$1,766.00					\$1,766.00
41 GUILFORD	\$2,985.00					\$2,985.00
42 HALIFAX	\$1,766.00					\$1,766.00
43 HARNETT	\$1,766.00					\$1,766.00
44 HAYWOOD	\$18,726.00					\$18,726.00
45 HENDERSON	\$2,667.00					\$2,667.00
46 HERTFORD	\$2,349.00					\$2,349.00
47 HOKE	\$1,766.00					\$1,766.00
48 HYDE	\$1,766.00					\$1,766.00
49 IREDELL	\$19,680.00					\$19,680.00

Original
Revision# 1

Activity # 151 Activity Name: Family Planning

ROW 1	Fund/RCC/FRC	Fund/RCC/FRC	Fund/RCC/FRC	Fund/RCC/FRC	Fund/RCC/FRC	Total of All
	1511/592C/FP					
	Payment Period 7/1/2008 - 6/30/2009	Payment Period -	Payment Period -	Payment Period -	Payment Period -	
	Service Period - 6/1/2008 - 5/31/2009	Service Period -	Service Period -	Service Period -	Service Period -	
COUNTY						Sources
50 JACKSON	\$8,550.00					\$8,550.00
51 JOHNSTON	\$1,766.00					\$1,766.00
52 JONES	\$3,886.00					\$3,886.00
53 LEE	\$1,766.00					\$1,766.00
54 LENOIR	\$2,773.00					\$2,773.00
55 LINCOLN	\$13,532.00					\$13,532.00
56 MACON	\$4,522.00					\$4,522.00
57 MADISON	\$4,628.00					\$4,628.00
D4 MAR-TYR-WASH	\$5,298.00					\$5,298.00
60 MECKLENBURG	\$10,511.00					\$10,511.00
62 MONTGOMERY	\$2,826.00					\$2,826.00
63 MOORE	\$1,766.00					\$1,766.00
64 NASH	\$15,970.00					\$15,970.00
65 NEW HANOVER	\$50,000.00					\$50,000.00
66 NORTHAMPTON	\$1,766.00					\$1,766.00
67 ONSLOW	\$1,766.00					\$1,766.00
68 ORANGE	\$4,628.00					\$4,628.00
69 PAMLICO	\$1,819.00					\$1,819.00
71 PENDER	\$1,766.00					\$1,766.00
73 PERSON	\$9,928.00					\$9,928.00
74 PITT	\$1,978.00					\$1,978.00
D5 R-P-M	\$11,764.00					\$11,764.00
76 RANDOLPH	\$1,766.00					\$1,766.00
77 RICHMOND	\$1,766.00					\$1,766.00
78 ROBESON	\$18,196.00					\$18,196.00
79 ROCKINGHAM	\$7,914.00					\$7,914.00
80 ROWAN	\$12,525.00					\$12,525.00
82 SAMPSON	\$7,490.00					\$7,490.00
83 SCOTLAND	\$3,356.00					\$3,356.00
84 STANLY	\$4,893.00					\$4,893.00
85 STOKES	\$2,349.00					\$2,349.00
86 SURRY	\$25,563.00					\$25,563.00
87 SWAIN	\$1,766.00					\$1,766.00
D6 TOE RIVER	\$6,093.00					\$6,093.00
88 TRANSYLVANIA	\$4,469.00					\$4,469.00
90 UNION	\$1,766.00					\$1,766.00
92 WAKE	\$50,000.00					\$50,000.00
93 WARREN	\$1,766.00					\$1,766.00
96 WAYNE	\$4,045.00					\$4,045.00
97 WILKES	\$6,642.00					\$6,642.00
98 WILSON	\$7,702.00					\$7,702.00
99 YADKIN	\$2,773.00					\$2,773.00
TOTALS BY CENTER	\$653,616.00	\$0.00	\$0.00	\$0.00	\$0.00	\$653,616.00
CHECK GRAND TOTAL						\$653,616.00

Signature and Date - DPH Program Administrator

Signature and Date- Division of Public Health Budget Officer

Signature and Date - DPH Section Chief

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date:

Action Agenda Item No. 4/5
(Central Admin. use only)

SUBJECT: TERMINATION OF SITE AGREEMENT WITH FAIRVIEW FIRE DEPT

DEPARTMENT: NUTRITION **PUBLIC HEARING:** No

ATTACHMENT(S): _____ **INFORMATION CONTACT:**
ANNETTE SULLIVAN

TELEPHONE NUMBERS: _____
704-292-2566
704-361-1494

DEPARTMENT'S RECOMMENDED ACTION: AUTHORIZE COUNTY MANAGER TO PROVIDE 30 DAY NOTICE TO TERMINATE SITE AGREEMENT WITH THE FAIRVIEW FIRE DEPARTMENT DUE TO CLOSING OF SITE

BACKGROUND: THIS ACTION IS PART OF THE PLAN SUBMITTED TO THE BOCC FOR BUDGET REDUCTIONS

FINANCIAL IMPACT:

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation: _____



UNION COUNTY TRANSPORTATION

610 PATTON AVE., MONROE, NORTH CAROLINA 28110
PHONE: (704) 283-3713 FAX: (704) 283-3551

MEMORANDUM

To: Al Greene, County Manager
From: Annette Sullivan
Date: January 26, 2009
Re: Implementation of Reductions

In accordance with the reduction in force and budget reductions being implemented for our department, this memo is to provide you with the status of the closing of the Fairview Nutrition Site and the elimination of the Site Manager position.

The decision to close this particular site was based on the fact that it currently does not meet the regional standard for average daily attendance which was noted in the Provider Performance Review Report from our recent program review by the Area Agency on Aging. This site serves a very low number of home delivered meals and the congregate participants are not considered to be included in the target group of seniors as defined by the Nutrition Program Standards (low income, minority) from the Division on Aging. In addition this site is the only site that we are required to pay a monthly fee for the usage of the facility.

I met with and provided notification to the Site Manager on Friday afternoon of the elimination of her position within the Nutrition Department and the closing of the Fairview Site, with the final date being February 27, 2009. We met with the site participants on Monday, January 26, 2009 to inform them of the closing. In addition we are working with the legal department to take the necessary steps to provide notification of our intent to terminate our agreement with the Fairview Fire Department. It is my understanding from the County Attorney that termination of this agreement must be brought before the Board of Commissioner's for approval, followed by a letter from your office informing the Fire Department of our intent to terminate the agreement. We are working together to prepare this item to be placed on the upcoming agenda.

If you need additional information regarding these actions, please let me know.

AGENDA ITEM

4/6a
MEETING DATE 2/16/09

MOTOR VEHICLE TAX REFUNDS
for JANUARY 2009

Approval of Board of County Commissioners not required:

Collector Refunds for JANUARY, 2009	3,012.16
(adjustment to JANUARY collector refund register)	(561.09)

To be approved by Board of County Commissioners on 2-16-09
(to be submitted by Assessor's Office)

Assessor Refunds for JANUARY, 2009	2,327.13
(adjustment to JANUARY assessor refund register)	(797.67)

Approval requested for overpayments:

Overpayments for JANUARY, 2009	<u>3,901.63</u>
--------------------------------	-----------------

Total to be refunded for JANUARY, 2009	<u><u>7,882.16</u></u>
--	------------------------

Debbie Cox
2-3-09

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
EN ALSBROOKS PL 8110-8122	85 VOLV/ 4S RPS3608 Vin: YV1DX8842F2196937		2007-V134883	___/___/___	-----	64.75-	0

Mail Overpayment

OD ALTMAN JR UN RD 8112-9438	07 TRIT/ BT BW21744 Vin: 4TCSM11257HL30315		2008-V062845	___/___/___	-----	125.78-	1
------------------------------------	---	--	--------------	-------------	-------	---------	---

Assessor

ARCEL ALVAREZ NIELLO THE TRAIL , NC 28079	06 TOYT/HIG MP VXN9200 Vin: JTEGD21A360146273		2008-V031668	___/___/___	-----	10.90-	2
--	--	--	--------------	-------------	-------	--------	---

Mail Overpayment

ALVAREZ R NC 28103-1187	89 SHAS/ HC VTN1168 Vin: 2GBJG31K1K4141963		2008-V047047	___/___/___	-----	3.57-	3
-------------------------------	---	--	--------------	-------------	-------	-------	---

Mail Overpayment

T ANDERSON HWY 8173-9344	07 SUZI/GRZ MC 2T7756 Vin: JS1GW71A472107428		2008-V094779	___/___/___	-----	18.08-	4
--------------------------------	---	--	--------------	-------------	-------	--------	---

Part Year Release

IC DR , NJ 08054-1539	04 CHEV/CAL TK SRR2281 Vin: 1GCCS148648215984		2008-V094874	___/___/___	-----	100.00-	5
--------------------------	--	--	--------------	-------------	-------	---------	---

Assessor

IC DR , NJ 08054-1539	07 FORD/COF TK BV3318 Vin: 1FTPW14V77FB71408		2008-V094873	___/___/___	-----	182.84-	6
--------------------------	---	--	--------------	-------------	-------	---------	---

Part Year Release

Owner: MUNISAI
Account: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No	
AUSTIN JR Y CT NC 28079-8628	08 YAMA/9CU MC Vin: JYAVP27E78A002991	2T2437	2008-V047276	___/___/___	_____	5.31-	7	Mail Overpayment
AUSTIN NC 28103-0217	90 BUIC/EPF 4S Vin: 1G4CW54C6L1621847	X2J1201	2008-V047283	___/___/___	_____	2.30-	8	Part Year Release
N BEAUREGARD ND DR 28104-8024	01 VOLV/S60 4S Vin: YV1RS61R512051625	TXX8145	2008-V079257	___/___/___	_____	1.28-	9	Mail Overpayment
LAND JR K DR NC 28079-5554	99 CHEV/SIL TK Vin: 2GCEC19T0X1122372	XSM3186	2007-V135440	___/___/___	_____	105.55-	10	Mail Overpayment
BENTON N 1173-8195	04 TRPR/ Vin: 1T9BA10194B503005	TL BT23951	2008-V063954	___/___/___	_____	2.60-	11	Part Year Release
D BERRY E RD S 1173-8311	03 CHRY/TWC VN Vin: 2C8GP54L53R355010	VRM1208	2007-V148317	___/___/___	_____	90.00-	12	Mail Overpayment
LACK DR 1110-6960	94 FORD/MGT CN Vin: 1FALP45T8RF164650	YNW6527	2008-V079580	___/___/___	_____	5.04-	13	Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

...: MUNISAI
...: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
BODKIN 81110-8650	99 BUIC/CLM 4S WYF2579 Vin: 2G4WY52M1X1570115		2007-V062593	___/___/___	-----	8.48-	14
							Part Year Release
BOURQUE DIS BOURQUE M PL , NC 28079	04 NISS/FRT TK WYV8674 Vin: 1N6ED29X94C421772		2008-V095742	___/___/___	-----	4.00-	15
							Mail Overpayment
BRYAN ABETH BRYAN LN , NC 28079-4239	06 TOYT/UXS 4S XWE4307 Vin: 4T1BE32K66U108436		2008-V017759	___/___/___	-----	2.79-	16
							Mail Overpayment
BURGESS RGESS LL DOWNS DR 8173-6627	02 ACUR/MDX MP LXH5943 Vin: 2HNYD18682H502978		2008-V110881	___/___/___	-----	21.86-	17
							Assessor
UTLER SE DR 8173-9099	99 PONT/GAS 4S VYM4014 Vin: 1G2NE52E4XC523533		2008-V096203	___/___/___	-----	2.88-	18
							Mail Overpayment
BYRNE 28104-7237	02 FORD/COF TK NPX2383 Vin: 1FTRX17282NA73509		2008-V064795	___/___/___	-----	5.65-	19
							Mail Overpayment
4 30348-5704	07 VOLV/XC9 MP VZS3285 Vin: YV4CZ982271356707		2007-V136260	___/___/___	-----	80.98-	20
							Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 4

UNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No--	-----Refund ---Date---	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
4 30348-5704	06 VOLV/S6F 4S Vin: YV1RS592062505062	WRF8378	2007-V163636	___/___/___	-----	96.14-	21
							Part Year Release
DUCTION COMPANY EST DR 28104-6793	05 CHEV/EXP VN Vin: 1GCHG39U551114163	BF9685	2008-V080773	___/___/___	-----	71.41-	22
							Part Year Release
DUCTION COMPANY EST DR 28104-6793	06 FORD/DRW TK Vin: 1FDXF46P56EA93002	BF9686	2008-V080774	___/___/___	-----	121.64-	23
							Part Year Release
CAPPS RD 28104-5987	02 FORD/ Vin: 1FTNX21F92EC41464	TK BV2240	2008-V080808	___/___/___	-----	1.04-	24
							Mail Overpayment
CARMICHAEL DLONY DR 3173-6812	06 HOND/UDY VN Vin: 5FNRL384X6B434556	VXP6926	2008-V065005	___/___/___	-----	71.01-	25
							Part Year Release
CHAMBERS SE DR 1110-8877	93 MERC/TGS 4S Vin: 1MEPM36X6PK632670	YNW6069	2008-V081161	___/___/___	-----	69.90-	26
							Mail Overpayment
PPLE LN 28104-6998	99 MERC/TLP 4S Vin: 1MEFM13P0XW620897	XYL4617	2008-V065250	___/___/___	-----	3.48-	27
							Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No---	-----Refund ---Date----	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
ER COLLINS ST 8112-4527	99 CHRY/SLI 2S Vin: 4C3AU52NXXE103702	RXT2221	2008-V018685	___/___/___	-----	36.88-	28
							Part Year Release
COLLINS L FARMS RD 8173-7373	06 LINC/MRK TK Vin: 5LTPW18506FJ15753	YPE5209	2008-V065535	___/___/___	-----	1.42-	29
							Mail Overpayment
OOK RRY LN 28104-4213	99 CHEV/SIL TK Vin: 1GCEK19T4XE178834	YPE5257	2008-V049490	___/___/___	-----	56.41-	30
							Mail Overpayment
ONDS COOK R RD 8112-8624	98 CHRY/SJI CN Vin: 3C3EL55HXWT204099	XYJ8865	2008-V033989	___/___/___	-----	2.88-	31
							Mail Overpayment
OURTNEY K RD , NC 28079-8698	06 TOYT/UCS 4S Vin: 1NXBR32E56Z732355	VYK7522	2008-V065733	___/___/___	-----	5.26-	32
							Mail Overpayment
N COUSINS FT WAY 8110-8839	04 DODG/STS 4S Vin: 1B3EL56R64N246772	SXM1773	2008-V097511	___/___/___	-----	3.87-	33
							Mail Overpayment
COX CHURCH RD 8112-8042	89 FORD/MLX 2S Vin: 1FABP41ESKF149189	PYW4169	2008-V081779	___/___/___	-----	1.37-	34
							Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 6

.: MUNISAI
ne: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
FAMS CRANFIELD TAYLOR RD NC 28103-8767	00 TOYT/CGF 2S Vin: JTDDR32T9Y0039200	RXB9421	2008-V034168	___/___/___	_____	4.18-	35
Mail Overpayment							
CRETTER CRETTER ONE RD 8173-7506	03 FORD/EPR MP Vin: 1FMZU63K33UA36558	TYH1134	2008-V065828	___/___/___	_____	1.99-	36
Mail Overpayment							
76262-0685	06 JEEP/CMD MP Vin: 1JBHH48K26C204341	VWT4474	2007-V110702	___/___/___	_____	88.82-	37
Part Year Release							
LEE DEESE RD RD 8112-9471	88 CHEV/ Vin: 1GCDK14Z3JZ150921	TK VPN1428	2007-V150300	___/___/___	_____	2.86-	38
Part Year Release							
AEEL DICKINSON HOLLOW LN 28104-7703	04 MAZD/RX8 4S Vin: JM1FE173240110832	VVA8302	2008-V050315	___/___/___	_____	5.57-	39
Mail Overpayment							
DICKINSON AEEL DICKINSON HOLLOW LN 28104-7703	07 LEXS/I35 4S Vin: JTHBE262372008797	VXN3436	2008-V050316	___/___/___	_____	11.43-	40
Mail Overpayment							
DILLS OD PL , NC 28079-4298	02 GMC /SIE TK Vin: 1GTEK19T92E167644	KMDILLS	2008-V066417	___/___/___	_____	2.84-	41
Mail Overpayment							

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 7

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
AH DRAKE T 8110-2407	96 FORD/EPR MP Vin: 1FMDU32P1TUD01581	SNZ7211	2004-V125836	___/___/___	_____	12.43-	42
Mail Overpayment							
EVICH DZYK OVICH DZYK AN CT , NC 28079-3688	00 FRHT/CON TR Vin: 1FUYS7EB2YPB37374	LP6460	2008-V098766	___/___/___	_____	190.45-	43
Mail Overpayment							
HART S EARHART RNE CLUB DR 8173-6553	08 CHEV/Z06 CP Vin: 1G1YY26E885107458	COREVET	2008-V082682	___/___/___	_____	320.85-	44
Part Year Release							
ANUS EASON T GROVE RD 8173-9768	06 ACUR/32T 4S Vin: 19UUA66246A056862	VXP5666	2008-V050609	___/___/___	_____	9.67-	45
Mail Overpayment							
EASON ARM DR 8110-5622	00 CARR/ Vin: 4YMUK071XYH046150	TL BB43907	2008-V098788	___/___/___	_____	1.35-	46
Mail Overpayment							
DWARDS ST RD 28174-7713	99 CHEV/BZR MP Vin: 1GNDT13W3X2161866	MWK3252	2008-V112896	___/___/___	_____	8.00-	47
Mail Overpayment							
FARMER RD S 28104-6004	96 CHEV/KTA SW Vin: 1GNEK13R3TJ348803	MRF5121	2008-V020233	___/___/___	_____	9.15-	48
Part Year Release							

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No---	-----Refund ---Date---	Check----- ---Number---	Overpaid -Amount-	Vnd --No--
FERGUSON H RD W , NC 28079-8771	96 BMW /8CA CN Vin: WBABK8325TET93111	PWN4791	2008-V051023	___/___/___	-----	59.53-	49
							Mail Overpayment
FETNER LN , NC 28079-8624	07 SUZI/FCP 4S Vin: KL5JD56Z87K669200	XSM3986	2007-V151112	___/___/___	-----	109.20-	50
							Mail Overpayment
AUTO LEASINGTRUST Y DR # 1MOB1 DH 45263-0001	05 CHRY/PIF MP Vin: 2C4GM68415R550060	R9192	2008-V067128	___/___/___	-----	95.66-	51
							Mail Overpayment
NA CONSTRUCTION, INC VELT BLVD 8110-2762	95 DODG/G TK Vin: 1B7HF16Z1SS365503	XZJ6913	2008-V099289	___/___/___	-----	331.91-	52
							Mail Overpayment
NS BANK & TRUST COMPANY 27626-0519	05 MAZD/ TK Vin: 4F4YR46U45PM01907	VYM1699	2008-V067203	___/___/___	-----	45.35-	53
							Part Year Release
ATZ VEN DR 28104-9512	98 DODG/DAK TK Vin: 1B7GL22X8WS568473	TYC1187	2008-V083511	___/___/___	-----	3.78-	54
							Mail Overpayment
RR FOREST CT NC 28079-3215	05 MERZ/34M 4S Vin: WDBRF84J15F658128	NVM7440	2008-V099580	___/___/___	-----	67.35-	55
							Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 9

Client: MUNISAI
Account: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No	
ASKE FUSETTI STEPH FUSETTI CHASE DR 8110-8999	00 TOYT/UEX 4S Vin: 4T1BG22K2YU684483	WYF8073	2008-V083547	___/___/___	-----	1.91-	56	Mail Overpayment
AM GARDNER GARDNER CIR N 28104-5122	95 TOYT/G Vin: JT4VD12E0S0010426	TK XZF8792	2008-V051507	___/___/___	-----	1.91-	57	Part Year Release
ARRETT JR WKS LN NC 28079-4185 Lawyers Rd W. Trail NC 28079	90 CHEV/G Vin: 1GCDC14N7LZ255216	TK WYF8464	2008-V099714	___/___/___	-----	1.09-	58	Mail Overpayment
ONY GARVER LN NC 28079-9597	95 HOND/UCL 4S Vin: 1HGEG8558SL042133	XXE7663	2008-V067652	___/___/___	-----	8.64-	59	Part Year Release
N GODDARD FANCY LANE NC 28079-5233	98 DODG/CAR VN Vin: 2B4FP2538WR615802	SXL2914	2008-V083922	___/___/___	-----	13.63-	60	Part Year Release
KS GORDON OTTE AVE 8110-2512	87 PONT/600 4S Vin: 2G2AF51RXH9266645	XNX4476	2008-V100066	___/___/___	-----	7.26-	61	Mail Overpayment
ARK GRIFFIN D NC 28103-7025	04 LINC/UTC 4S Vin: 1LNHM83WX4Y609217	SNC1513	2007-V113041	___/___/___	-----	51.44-	62	Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 10

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle---	-L/P No-	--Bill No---	-----Refund ---Date---	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
N GRIGGS ONE LN 28104-7286	06 MNNI/COS 2S Vin: WMWRE33596TL22349	VTM2831	2008-V114517	___/___/___	-----	431.16-	63
Mail Overpayment							
LL GURLEY 8111-1243 rite Store Rd e NC 28174	91 CHEV/G TK Vin: 1GCCT19ZXM2185406	SXL8245	2007-V098774	___/___/___	-----	7.72-	64
Part Year Release							
LL GURLEY TORE RD 28174-8744	95 FORD/G TK Vin: 1FTEX14N6SKA41527	YNW4247	2008-V068264	___/___/___	-----	15.47-	65
Part Year Release							
ON HANEY JR S HANEY D 8110-7905	01 JAYC/ CT Vin: 1UJBJ02P811C20372	BL24004	2008-V036782	___/___/___	-----	85.96-	66
Mail Overpayment							
E HARRINGTON JR H RD W , NC 28079-8763	05 TOYT/TAC TK Vin: 3TMKU72NX5M004026	YNW5827	2008-V084642	___/___/___	-----	10.77-	67
Mail Overpayment							
ENEE HAYES Y DR 8173-6686	02 TOYT/LXS 4S Vin: 4T1BF30K72U021249	YNW6897	2008-V100759	___/___/___	-----	39.17-	68
Part Year Release							
Y HELMS CHURCH RD 28105-8669	04 HOND/UDY VN Vin: 5FNRL18084B128776	XYM3913	2008-V021856	___/___/___	-----	137.00-	69
Mail Overpayment							

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 11

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle---	-L/P No-	--Bill No---	-----Refund ---Date---	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
D HELMS 8111-0205	01 FORD/SRW TK Vin: 1FTNW20L51EA26009	NRZ4263	2008-V084974	___/___/___	-----	18.20-	70
							Mail Overpayment
HERGENRETER NE HERGENRETER RY DR , NC 28079-7658	94 PLYM/VOF SW Vin: 2P4GH2534RR815208	YNX1440	2008-V115156	___/___/___	-----	5.48-	71
							Part Year Release
RYAN HILL OWN RD NC 28103-8715	96 JEEP/ Vin: 1J4GZ78Y1TC380549	SW YNW5793	2008-V085168	___/___/___	-----	1.51-	72
							Mail Overpayment
L HINSON LOR LN 8110-8886	07 MAZD/MIA CN Vin: JM1NC26F470124707	SST8946	2008-V022210	___/___/___	-----	34.32-	73
							Part Year Release
TRUST (LESSOR) E PARK DR C 28211-6305	06 HOND/UEX 4S Vin: 1HGCM56756A013107	JXB6406	2008-V037565	___/___/___	-----	52.52-	74
							Part Year Release
TRUST E PARK DR C 28211-6305	07 HOND/USE 4S Vin: 1HGCM66477A027507	WRH3957	2007-V153215	___/___/___	-----	12.04-	75
							Part Year Release
TRUST E PARK DR C 28211-6305	07 HOND/UEX 4S Vin: 1HGCM56807A062340	WRF9257	2007-V167682	___/___/___	-----	37.63-	76
							Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No--	-----Refund ---Date---	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
TRUST E PARK DR C 28211-6305	06 HOND/PIL MP Vin: 5FNYF18566B007407	NPJ9086	2008-V037576	___/___/___	_____	69.87-	77
							Part Year Release
TRUST E PARK DR C 28211-6305	06 HOND/UDY VN Vin: 5FNRL38826B028192	NZM8553	2008-V037578	___/___/___	_____	66.64-	78
							Part Year Release
TRUST E PARK DR C 28211-6305	06 HOND/ASE 4S Vin: 1HGCM56396A036130	VZM6001	2008-V085426	___/___/___	_____	90.32-	79
							Part Year Release
HOOD LAGG LN NC 28079-8467	89 HOND/ Vin: 1HGCA5659KA107069	4S NSP2503	2008-V085497	___/___/___	_____	1.60-	80
							Mail Overpayment
DOD E DR B110-2784	03 DODG/DUR MP Vin: 1D4HR38N13F513420	WRH1256	2007-V153268	___/___/___	_____	58.90-	81
							Mail Overpayment
HUDDLESTON LN NC 28079-5553	06 FORD/COF TK Vin: 1FTRX125X6FA50248	XWF3067	2008-V006773	___/___/___	_____	34.02-	82
							Mail Overpayment
STINE HUNTLEY RD 110-1019	00 FORD/EXC MP Vin: 1FMNU43SXYEE14881	PNY9402	2008-V069668	___/___/___	_____	3.88-	83
							Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 13

...: MUNISAI
ne: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
TER HUNTLEY RD NC 28079-8714	98 FORD/COP TK Vin: 1FTDF1722WNA12594	VPM7954	2007-V140396	___/___/___	_____	34.00-	84

Mail Overpayment

D HUTCHER CHER OAK DR NC 28079-3758	99 FORD/EPR MP Vin: 1FMZU24E3XUC03847	XYK8514	2008-V037936	___/___/___	_____	23.26-	85
--	--	---------	--------------	-------------	-------	--------	----

Part Year Release

JANOFSKI AN LN 8173-9167	07 CHRY/PIF MP Vin: 2A8GF78X77R103903	XXE8199	2008-V069859	___/___/___	_____	5.45-	86
--------------------------------	--	---------	--------------	-------------	-------	-------	----

Mail Overpayment

OKS JOHNSON NC 28079-9642	01 DODG/SSE 4S Vin: 1B3EJ46U21N700127	CBREZ4ME	2008-V086015	___/___/___	_____	24.45-	87
------------------------------	--	----------	--------------	-------------	-------	--------	----

Part Year Release

Y JONES ER 28104-6090	97 CHEV/AST SW Vin: 1GCDM19W8VB131532	NXE6775	2008-V053817	___/___/___	_____	3.11-	88
-----------------------------	--	---------	--------------	-------------	-------	-------	----

Mail Overpayment

N JONES R JONES MORGAN RD NC 28103-9767	07 LINC/SGL 4S Vin: 1LNHM82VX7Y630596	XXF7305	2008-V086137	___/___/___	_____	92.06-	89
--	--	---------	--------------	-------------	-------	--------	----

Assessor

ER KARRIKER LD KARRIKER HIRE RD 8173-7371	95 BUIC/CSP 4S Vin: 1G4AG55M9S6478423	NST1668	2008-V101995	___/___/___	_____	6.62-	90
--	--	---------	--------------	-------------	-------	-------	----

Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 14

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No--	-----Refund ---Date---	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
'AMA REST DR 8173-9055	01 CHEV/MAL 4S Vin: 1G1ND52J816273529	NYD6571	2008-V053966	___/___/___	-----	13.09-	91
							Part Year Release
KENNEDY RD 28174-9782	06 BUIC/RNR MP Vin: 5GADS13SX62202373	VVW6043	2008-V070269	___/___/___	-----	10.00-	92
							Mail Overpayment
T KEZIAH CT 8110-7820	07 HOND/UEX 4S Vin: 1HGCM66807A072386	VTK1448	2008-V054106	___/___/___	-----	243.72-	93
							Mail Overpayment
KIKER RD NC 28103-7701	04 MAZD/M6I 4S Vin: 1YVFP80C145N46128	YNW6550	2008-V086426	___/___/___	-----	51.25-	94
							Part Year Release
LN 28104-6887	02 HOND/UEX 4S Vin: 1HGCG56612A012836	RNV7882	2008-V102160	___/___/___	-----	80.08-	95
							Mail Overpayment
KISER TERESA DR , NC 28079-9309	07 NISS/XTR MP Vin: 5N1AN08U87C538978	WXJ5155	2008-V054228	___/___/___	-----	6.44-	96
							Mail Overpayment
SYUBA W DR , NC 28079-5534	02 PONT/SFS 4S Vin: 1G2JB524527374145	VTJ8933	2008-V054335	___/___/___	-----	15.46-	97
							Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 15

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No---	-----Refund ---Date----	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
LEGAN OK LN APT A 8110-5722	04 DODG/NXT 4S Vin: 1B3ES56C44D525495	WYT2924	2008-V086914	___/___/___	-----	1.02-	98
							Mail Overpayment
EVERINGTON RD E NC 28103-9047	00 CHEV/K15 SW Vin: 3GNFK16T4YG161056	YNW3583	2008-V102597	___/___/___	-----	32.94-	99
							Part Year Release
IAL SERVICES 6 30348-5386	08 LEXS/I25 4S Vin: JTHBK262585070971	WYX2648	2008-V087004	___/___/___	-----	134.11-	100
							Part Year Release
LIGGETT LIGGETT NCE RD S 8173-8493	04 INFI/G35 4S Vin: JNKCV51E64M611962	ENGARDE	2008-V116740	___/___/___	-----	5.24-	101
							Mail Overpayment
LITTLE E CT 8173-7977	06 FORD/TSE 4S Vin: 1FAFP53UX6A233748	XSL5713	2008-V008121	___/___/___	-----	117.65-	102
							Mail Overpayment
ON LITTLE S TRL 8173-8348	94 MAZD/MIA CN Vin: JM1NA3534R0514891	XZH2560	2008-V054799	___/___/___	-----	1.09-	103
							Mail Overpayment
LOFLIN ROSE CT 8173-6707	00 BUIC/LCF 4S Vin: 1G4HP54K8YU295601	KXP7463	2008-V102763	___/___/___	-----	23.75-	104
							Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 16

.: MUNISAI
ie: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle---	-L/P No-	--Bill No---	-----Refund ---Date---	Check----- ---Number---	Overpaid -Amount-	Vnd --No--
THY LOWE LN NC 28104-7615	08 TOYT/TAC TK Vin: 5TEUX42N28Z568985	XYL6610	2008-V039319	___/___/___	-----	84.57-	105
							Mail Overpayment
MANGANO HAN MANGANO LEY DRIVE 8173	01 HOND/UDY VN Vin: 2HKRL18621H576688	NZN6644	2008-V024263	___/___/___	-----	12.60-	106
							Part Year Release
MASSEY D 8173-8555	94 JEEP/ Vin: 1J4GZ58S2RC332647	SW WTN1482	2008-V055271	___/___/___	-----	2.00-	107
							Mail Overpayment
COMMUNICATIONSINC DR 8110-8475	07 GMC /SIE TK Vin: 1GTHK23607F529111	CF1417	2008-V055284	___/___/___	-----	222.46-	108
							Mail Overpayment
MCCULLOUGH MCCULLOUGH 8110-8833	03 FORD/COF TK Vin: 1FTRF17W43NB23930	RWJ2732	2008-V024630	___/___/___	-----	3.09-	109
							Mail Overpayment
MCMANUS D 8173-8436	90 CHEV/G TK Vin: 1GCDC14K6LE195636	SXL5591	2008-V088078	___/___/___	-----	1.52-	110
							Mail Overpayment
MEADOWS HAM LN 8110-6503	04 GMC /ENV MP Vin: 1GKDS13S242320305	XSM7870	2008-V009197	___/___/___	-----	129.51-	111
							Mail Overpayment

Long Hope Rd.
NC 28112

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
ER MEDLIN SECRET RD 8110-6950	99 VOLV/S80 4S Vin: YV1TS97D7X1059971	MPA9977	2008-V055718	___/___/___	_____	6.00-	112

Mail Overpayment

MERRITT INT DR NC 28104-6219	03 BMW /30I 4S Vin: WBAEV53403KM29342	WXF7692	2008-V055808	___/___/___	_____	61.48-	113
------------------------------------	--	---------	--------------	-------------	-------	--------	-----

Part Year Release

E METZ D FOREST DR 8173-7366	07 CHRY/TWC VN Vin: 2A4GP54L17R152181	MVJ9932	2008-V088275	___/___/___	_____	17.22-	114
------------------------------------	--	---------	--------------	-------------	-------	--------	-----

Assessor

MOHL D MOHL NTAL DR 8110-5201	02 FORD/EPT MP Vin: 1FMPU16L42LA87392	KT27537	2008-V056026	___/___/___	_____	36.12-	115
--	--	---------	--------------	-------------	-------	--------	-----

Mail Overpayment

MOORE NGS, NC 28108-0594	99 CHEV/BZR MP Vin: 1GNDT13W5X2141666	WSM6402	2007-V170762	___/___/___	_____	43.18-	116
-----------------------------	--	---------	--------------	-------------	-------	--------	-----

Mail Overpayme

MOORE RD 8173-9038	01 FORD/RNG TK Vin: 1FTZR15EX1TA60102	VTL2634	2008-V040424	___/___/___	_____	2.06-	117
--------------------------	--	---------	--------------	-------------	-------	-------	-----

Mail Overpayme

Y MORRISON RSFIELD DRIVE 8173-6713	05 NISS/ASR 4S Vin: 1N4BL11DX5C322969	TXP7143	2008-V056219	___/___/___	_____	6.37-	118
--	--	---------	--------------	-------------	-------	-------	-----

Mail Overpayn

--- M O T O R V E H I C L E S Y S T E M ---

..: MUNISAI
me: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
N MUELLER OPHER MUELLER OLLOW DR L, NC 28079-8469	04 KIA /OLE 4S Vin: KNAGD128045295781	SXK9228	2008-V088775	___/___/___	_____	2.00-	119

Mail Overpayment

NITI LT 48 CA 95865-4648	05 NISS/3ZR RD Vin: JNLAZ36A45M759121	WTA2636	2008-V010260	___/___/___	_____	30.67-	120
--------------------------------	--	---------	--------------	-------------	-------	--------	-----

Part Year Release

ARD NORCROSS LE NORCROSS ST L, NC 28079-6507	66 CHEV/ Vin: 101376W188017	CP MNE6610	2007-V156947	___/___/___	_____	2.12-	121
---	--------------------------------	------------	--------------	-------------	-------	-------	-----

Part Year Release

NDINE RT RD NC 28104-7869	90 CHEV/G Vin: 2GCHC39N0L1241561	TK MTC6091	2008-V104762	___/___/___	_____	11.13-	122
---------------------------------	-------------------------------------	------------	--------------	-------------	-------	--------	-----

Mail Overpayment

PATTERSON TTLERS RD 28173-9116	91 INFI/ Vin: JNKCP01P8MT212278	4S RYC5304	2008-V089543	___/___/___	_____	4.19-	123
--------------------------------------	------------------------------------	------------	--------------	-------------	-------	-------	-----

Part Year Release

NE PILAND E DR 28173-7985	07 CHEV/SIL TK Vin: 2GCEC13J271619513	RYC6084	2008-V089831	___/___/___	_____	1.97-	124
---------------------------------	--	---------	--------------	-------------	-------	-------	-----

Mail Overpayment

ABLO PONCE BROOK DR 28110-5639	00 CHEV/S Vin: 1GCCS1451YK238801	TK YNW8031	2008-V105314	___/___/___	_____	10.00-	125
--------------------------------------	-------------------------------------	------------	--------------	-------------	-------	--------	-----

Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

Client: MUNISAI
File: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
PRESSLEY DOVE RD NC 28079-7557	63 CHEV/ 2S WYF5996 Vin: 31867G113341		2008-V105422	___/___/___	_____	17.37-	126
							Mail Overpayme
PRICE DEN RD 8110-9631	07 HOND/13R MC 3P8885 Vin: 1HFSC52627A410145		2008-V057649	___/___/___	_____	3.03-	127
							Mail Overpayme
FRUITT FIELD LN 8173-6709	02 INFI/ 4S TVK9174 Vin: JNKDA31A22T000377		2008-V057722	___/___/___	_____	104.13-	128
							Mail Overpaym
R PURSER IS PURSER LL CH RD 28104	04 CHEV/SIL TK XNX4749 Vin: 1GCEK19T24E182800		2008-V105550	___/___/___	_____	12.68-	129
							Mail Overpaym
AL HEALTH INC MILL RD 8110-9052	02 MITS/GES 4S SYA2653 Vin: 4A3AA46G42E116673		2008-V057762	___/___/___	_____	16.59-	130
							Part Year Releas
E RALSTON RALSTON RY DR NC 28079-7658	05 SUZI/F2S 4S XSY7570 Vin: KL5JD56Z35K181771		2007-V157955	___/___/___	_____	5.73-	131
							Mail Overpaym
CHEZ RAMIREZ GE DR 8110-8877	96 PLYM/NEH 4S VYL8326 Vin: 1P3ES47C7TD655180		2008-V073983	___/___/___	_____	9.67-	132
							Part Year Rele

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 20

: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle---	-L/P No-	--Bill No---	-----Refund ---Date---	Check----- ---Number---	Overpaid -Amount-	Vnd ---No---
RAPE RD 8112-7487	01 CHEV/SIL TK Vin: 2GCEC19V211375833	WX9479	2008-V011871	___/___/___	-----	12.10-	133
							Part Year Release
IN REED TCH TER 8173-6822	07 HOND/UEX 4S Vin: 1HGCM66537A078432	XSX5373	2008-V011977	___/___/___	-----	25.75-	134
							Part Year Release
REEVES EE LN , NC 28079-9440	94 INFI/ Vin: JNKCP01D6RT507957	4S YNW9704	2008-V105747	___/___/___	-----	38.92-	135
							Mail Overpayment
S RICK 218 W , NC 28079-7735	07 FORD/COF TK Vin: 1FTRF122X7KD56268	CC6541	2008-V105888	___/___/___	-----	12.37-	136
							Mail Overpayment
ROBINSON 8173-1042	06 HYUN/AZL 4S Vin: KMHFC46F26A134544	WXF9522	2008-V058238	___/___/___	-----	1.43-	137
							Mail Overpayment
ISTA ROLDAN T APT 12 8110-3279	97 FORD/COF TK Vin: 1FTDX07W5VKC32256	SXL2511	2008-V074485	___/___/___	-----	35.13-	138
							Part Year Release
TH RUSHING RD S 8173-9226	03 HOND/UEX 4S Vin: 1HGCM56643A062608	WWH8127	2008-V042764	___/___/___	-----	75.83-	139

Assessor

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No---	-----Refund ---Date---	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
CHATZ RD S 8173-9226	04 FORD/SRW TK BT6406 Vin: 1FTNX21L64EB78316		2005-V009005	___/___/___	-----	137.23-	147
							Assessor
CHATZ RD S 8173-9226	88 EZLO/ BT BC86531 Vin: 2ZE1LMW23JNN10372		2005-V104958	___/___/___	-----	3.43-	148
							Assessor
CHATZ RD S 8173-9226	01 DODG/DAK TK VPM5212 Vin: 1B7GL22N11S292466		2005-V116677	___/___/___	-----	49.44-	149
							Assessor
CHATZ ETH SCHATZ RD S 8173-9226	04 DODG/DUR MP VPM5213 Vin: 1D4HD58D74F196889		2005-V116678	___/___/___	-----	118.53-	150
							Assessor
N SCOTT S PL , NC 28079-3659	07 HD /STC MC 2Y1354 Vin: 1HD1BW51X7Y098869		2008-V074921	___/___/___	-----	139.12-	151
							Mail Overpay
N SCOTT S PL , NC 28079-3659	05 CHEV/KTA MP T2M5154 Vin: 1GNEK13Z25R260555		2008-V074920	___/___/___	-----	189.18-	152
							Mail Overpay
FIN SESSOMS RD 28174-6762	94 CHEV/CRV 2S XSM2472 Vin: 1G1JC1445R7199249		2007-V159043	___/___/___	-----	3.52-	153
							Part Year Rel

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No---	-----Refund ---Date----	Check----- ---Number--	Overpaid -Amount-	Vnd --No--
JR ROVE CH RD 8173	08 HURS/ TL Vin: 1H9TA121X81057425	BW15725	2008-V107379	___/___/___	-----	138.01-	161
							Assessor
TON STULTZ ST 28104-5430	96 JEEP/GCK MP Vin: 1J4EZ58Y2TC137232	SXL6770	2008-V107478	___/___/___	-----	18.31-	162
							Part Year Release
ABETH SWOYER RD 8173-9086	05 CART/ TL Vin: 5AC820D15L005080	BV72544	2008-V092519	___/___/___	-----	24.12-	163
							Part Year Release
TARTAGLIA NGE RD , NC 28079	08 WELC/ UL Vin: 1WC200C1283057806	BS83094	2008-V060106	___/___/___	-----	7.28-	164
							Part Year Release
LL TATUM WER DR , NC 28079-5586	92 FORD/MLX 2S Vin: 1FACP41E8NF175701	TZF9094	2008-V044624	___/___/___	-----	1.78-	165
							Mail Overpayment
TO TEJADA NG RD 28104-2941	02 TOYT/TAC TK Vin: 5TEHN72N82Z144095	NPJ7075	2008-V060177	___/___/___	-----	5.56-	166
							Mail Overpayment
OMBERLIN R , NC 28079-9628	98 MITS/MON MP Vin: JA4MR51R1WJ001110	SXL5108	2008-V107944	___/___/___	-----	13.10-	167
							Mail Overpayment

--- M O T O R V E H I C L E S Y S T E M ---

--Date-- --Time-- Page
01/30/09 13:57:01 25

...: MUNISA1
...: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

Owner	Vehicle	L/P No	Bill No	Refund Date	Check Number	Overpaid Amount	Vnd No
... TOWER ... LN ... 28104-8522	04 KAUF/ TL PT11757 Vin: 15XFD20244L000771		2008-V092952	___/___/___	_____	149.84-	168

Assessor

... LD TURNER JR ... DR ... 8110-7848	00 MITS/ECG 2S VYL8760 Vin: 4A3AC84L0YE069409		2008-V093090	___/___/___	_____	7.08-	169
---	--	--	--------------	-------------	-------	-------	-----

Mail Overpayment

... VVA ... SPRING COURT ... 8173	05 CHEV/CTA MP 1998C Vin: 1GNEC13T95R227898		2008-V045581	___/___/___	_____	50.80-	170
---	--	--	--------------	-------------	-------	--------	-----

Part Year Release

... M, INC. ... ER AVE ... 8110-3160	00 FORD/EPT MP VTC7221 Vin: 1FMRU1762YLB13658		2007-V175004	___/___/___	_____	9.68-	171
--	--	--	--------------	-------------	-------	-------	-----

Part Year Release

... ANDENABEELE ... ER HWY ... 8173-9462	98 OLDS/IGL 4S NYD7996 Vin: 1G3WS52K7WF378791		2008-V060922	___/___/___	_____	10.22-	172
--	--	--	--------------	-------------	-------	--------	-----

Part Year Release

... PL ... IL 60016-4725	08 MAZD/M6S 4S WVR6538 Vin: 1YVHP80D185M00254		2007-V146844	___/___/___	_____	27.89-	173
-----------------------------	--	--	--------------	-------------	-------	--------	-----

Part Year Release

... PL ... IL 60016-4725	06 CHEV/UPL VN XRN8960 Vin: 1GNDV33L26D231677		2008-V030841	___/___/___	_____	59.12-	174
-----------------------------	--	--	--------------	-------------	-------	--------	-----

Part Year Release

--- M O T O R V E H I C L E S Y S T E M ---

.: MUNISAI
e: apmv090131 Overpaid Accounts Worksheet Ending 01/31/2009

---Owner-----	---Vehicle----	-L/P No-	--Bill No--	-----Refund ---Date----	Check----- ---Number--	Overpaid -Amount-	Vnd ---No--
WILLIAMS E CT 8173-6863	93 CADI/DFW 4S Vin: 1G6CD53B9P4217676	RZD9386	2008-V108927	___/___/___	-----	64.86-	175
							Mail Overpayment
M WILSON WILSON FIRE CIR , NC 28079-5527	91 FORD/COF TK Vin: 1FTDF15Y5MNA02081	TYC1589	2008-V109038	___/___/___	-----	8.74-	176
							Mail Overpayment
WOOD WOOD DOWNS DR 8173-9772	02 CHEV/IPL 4S Vin: 2G1WH55K729141031	XVC1918	2008-V077960	___/___/___	-----	29.47-	177
							Mail Overpayment
YALICH ROVE CT 28104-8734	03 DODG/RPC TK Vin: 1D7HU18D33J670568	NPD3222	2008-V062309	___/___/___	-----	7.13-	178
							Mail Overpayment
IA CH RD 8112	97 LINC/CON 4S Vin: 1LNLM97V9VY648304	TVK7312	2008-V062399	___/___/___	-----	11.31-	179
							Mail Overpayment

--- E N D ---

180 records Total: 7,882.16-



Purchase Orders > \$50K for the month of January

Date	Vendor	Purchase Order Description	
COMMUNICATION TECHNOLOGY			
1/26/2009	SOFTWARE HOUSE INTERNATIONAL	Windows Svr Std Listed Lic/SA	
		Windows Svr Std Listed Lic/SA	4,375.20
		269-05925 office Professional	61,261.55
		Office Professional Plus Lic/S	33,164.00
		Windows Server CAL SA Only	3,181.50
		Windows Server Cal Lic/SA only	1,878.00
FORCEMENT ADMIN/OPER			
1/26/2009	DORON PRECISION SYSTEMS, INC.	DRIVING SIMULATOR	
		GSA CONTRACT #GS-02F-1411H	98,450.00
		550LE SYSTEM CONSISTING OF:	

MEETING DATE 2-16-11

Status	Dept.	Vendor	Purpose	Date Sent To Finance	Date Sent To Central Admin	Date Sent to Vendor	Date Rec'd From Vendor	Budget #	
--------	-------	--------	---------	----------------------	----------------------------	---------------------	------------------------	----------	--

For the month of January 2009, there were no contracts exceeding \$50,000 which require reporting to BOCC pursuant to Manager Delegation Authority

4162
MEETING DATE 2/16/09

January 2009 Budget Transfer Report

14:02 | * * / a/b 2009-01-29 / * *
| JOURNAL INQUIRY

PG 1
iglcjeinq

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
1320	BUA 11/17/2008	01/23/2009	SRO	chelms		1N	J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB	
				ACCOUNT DESCRIPTION					
5920	1051	<u>SRO9</u>		FED.FORFEITED CONTG/EXPEND ACC			209,000.00		
431-30-5920	-1051			CONTINGENCY					
5550	1051	SRO9		FED.FORFEITED CONTG/EXPEND ACC		156,000.00			
431-30-5550	-1051			OTHER EQUIPMENT					
5290	1051	SRO9		FED.FORFEITED CONTG/EXPEND ACC		53,000.00			
431-30-5290	-1051			TOOLS AND SUPPLIES					
TOTAL		0.00		0.00					

Special Revenue Ordinance Fund - S
appropriate Federal Forfeited Property
contingency account funds to expend
accounts.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
47	BUA 01/05/2009	01/05/2009	LIT	chelms		1N	J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB	
				ACCOUNT DESCRIPTION					
5594	SE002	<u>LIT57</u>		SEWER CONVEYANCE ANALYSIS		24,959.00			
714-00-5594	-SE002			ARCHITECTURAL & ENGINEERING					
5594		LIT57		SEWER CONVEYANCE ANALYSIS			24,959.00		
714-00-5594	-			UNASSIGNED					
TOTAL		0.00		0.00					

Water & Sewer Capital Project Fund
allocate contingency account funds for
conveyance analysis expenditures in
Side Improvements Project

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
161	BUA 01/05/2009	01/07/2009	BA	chelms		1N	J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB	
				ACCOUNT DESCRIPTION					
5260	1535	<u>BA16</u>		FUNDS FOR INHOMEPARENTING PROG		2,250.00			
531-60-5260	-1535			PRINTING AND OFFICE SUPPLIES					
5265	1535	BA16		FUNDS FOR INHOMEPARENTING PROG		1,000.00			
531-60-5265	-1535			OFFICE COMPUTER EQUIPMENT					
5381	1535	BA16		FUNDS FOR INHOMEPARENTING PROG		30,950.00			
531-60-5381	-1535			PROFESSIONAL SERVICES					
4447	1535	BA16		FUNDS FOR INHOMEPARENTING PROG			34,200.00		
531-60-4447	-1535			ST GRANT-SMART START					
393500		BA16		BUDGET APPROPRIATIONS CONTROL			34,200.00	1	
0-									
393400		BA16		BUDGET ESTIM REVENUE CONTROL		34,200.00		1	
0-									
TOTAL		34,200.00		34,200.00					

General Fund - BA to appropriate Smart
via Smart Start for in-home parenting
expenditures in the DSS - Smart Start
Assistance Program.

JURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
162 BUA	01/05/2009	01/07/2009	BA	chelms	I	N	J/E	2009	

OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
ACCOUNT DESCRIPTION							
5381	1535	<u>BA17</u>		FUNDS/ELIGIBILITY SUPPORT PROG	21,200.00		
31-60-5381	-1535			PROFESSIONAL SERVICES			
4447	1535	BA17		FUNDS/ELIGIBILITY SUPPORT PROG		21,200.00	
31-60-4447	-1535			ST GRANT-SMART START			
393500		BA17		BUDGET APPROPRIATIONS CONTROL		21,200.00	I
393400		BA17		BUDGET ESTIM REVENUE CONTROL	21,200.00		1
TOTAL					21,200.00	21,200.00	

General Fund - BA to Appropriate Stat via Smart Start for eligibility support expenditures in the DSS - Smart Start Assistance Program.

JURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
262 BUA	01/12/2009	01/12/2009	LIT	chelms	IN	J/E		2009	

OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
ACCOUNT DESCRIPTION							
5233		<u>LIT58</u>		BLDG CODE BOOKS	700.00		
35-00-5233	-			PERIODICALS BOOKS & OTHER PUB			
5381		LIT58		BLDG CODE BOOKS		700.00	
35-00-5381	-			PROFESSIONAL SERVICES			
TOTAL					0.00	0.00	

General Fund - LIT to adjust budget ac for building code books in the Inspection Department Program.

JURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
430 BUA	01/16/2009	01/16/2009	LIT	chelms	IN	J/E		2009	

OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
ACCOUNT DESCRIPTION							
4920	1601	<u>LIT59</u>		REDUCE DJJDP FUND PLAN		97,500.00	
71-00-4920	-1601			CONTINGENCY			
5920	1601	LIT59		REDUCE DJJDP FUND PLAN	97,500.00		
71-00-5920	-1601			CONTINGENCY			
4920	1607	LIT59		REDUCE DJJDP FUND PLAN		5,000.00	
78-00-4920	-1607			CONTINGENCY			
5920	1607	LIT59		REDUCE DJJDP FUND PLAN	5,000.00		
78-00-5920	-1607			CONTINGENCY			
4496	1601	LIT59		REDUCE DJJDP FUND PLAN	97,500.00		
71-00-4496	-1601			ST GRANT-FOR COMM BASED PROGS			
5699	1601	LIT59		REDUCE DJJDP FUND PLAN		97,500.00	
71-00-5699	-1601			PAYMENTS TO OTHER AGENCIES			
4496	1607	LIT59		REDUCE DJJDP FUND PLAN	5,000.00		
78-00-4496	-1607			ST GRANT-FOR COMM BASED PROGS			
5699	1607	LIT59		REDUCE DJJDP FUND PLAN		5,000.00	
78-00-5699	-1607			PAYMENTS TO OTHER AGENCIES			
TOTAL					0.00	0.00	

General Fund - LIT to adjust budget ac (revenue and expenditure) to affect red due to revised funding plan in the DJJDP Positive Impact Program and the DJJDP Based Services Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
624	BUA 01/23/2009	01/23/2009	LIT	chelms		1N	J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB	
				ACCOUNT DESCRIPTION					
5920	1609	LIT60		OUTSIDE AGENCY ADJUSTMENTS		1,267.00			
73-00-5920	-1609			CONTINGENCY					
5381	1609	LIT60		OUTSIDE AGENCY ADJUSTMENTS		5,255.00			
73-00-5381	-1609			PROFESSIONAL SERVICES					
5312	1609	LIT60		OUTSIDE AGENCY ADJUSTMENTS			428.00		
73-00-5312	-1609			TRAVEL SUBSISTENCE					
5311	1609	LIT60		OUTSIDE AGENCY ADJUSTMENTS			5,074.00		
73-00-5311	-1609			TRAVEL					
5260	1609	LIT60		OUTSIDE AGENCY ADJUSTMENTS			1,020.00		
73-00-5260	-1609			PRINTING AND OFFICE SUPPLIES					
TOTAL			0.00			0.00			

General Fund - LIT to adjust budget a
 for various expenditures in the DJJP
 Disproportionate Minority Contact (DM
 Research Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
625	BUA 01/23/2009	01/23/2009	LIT	chelms		1N	J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB	
				ACCOUNT DESCRIPTION					
5234	1800	LIT61		LIBRARY ADJUSTMENT		5,754.00			
11-00-5234	-1800			PERIOD. BOOKS & OTH PUB - S.O.					
5233	1800	LIT61		LIBRARY ADJUSTMENT			245.00		
11-00-5233	-1800			PERIODICALS BOOKS & OTHER PUB					
5232	1800	LIT61		LIBRARY ADJUSTMENT			5,509.00		
11-00-5232	-1800			AUDIO VISUAL SUPPLIES					
TOTAL			0.00			0.00			

General Fund - LIT to adjust budget a
 for periodicals/books/audio expenditur
 Library - Admin/Operations Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
655	BUA 01/23/2009	01/23/2009	LIT	chelms		1N	J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB	
				ACCOUNT DESCRIPTION					
4290	1064	LIT62		SHERIFF/ CHANGE FUNDS		34,343.00			
31-30-4290	-1064			DEPT INTERGOV RECEIPTS RIG-LSR					
4920	1064	LIT62		SHERIFF/ CHANGE FUNDS			34,343.00		
31-30-4920	-1064			CONTINENCY					
TOTAL			0.00			0.00			

General Fund - LIT to adjust revenue e
 estimate in the Law Enforcement - Jus
 Assistance Grant (JAG) Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV STATUS	BUD YEAR	JNL TYPE
711 BUA	01/27/2009	01/27/2009	LIT	chelms		1N J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB
				ACCOUNT DESCRIPTION				
5920			<u>LIT63</u>	REDUCE BUDGET TO CONTINGENCY		1,840.00		
117-00-5920	-			CONTINGENCY				
5352			LIT63	REDUCE BUDGET TO CONTINGENCY			1,840.00	
117-00-5352	-			MAINT & REPAIRS-EQUIPMENT				
TOTAL		0.00		0.00				

General Fund - LIT to adjust budget a
 for addition to contingency in the Boar
 Elections Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV STATUS	BUD YEAR	JNL TYPE
712 BUA	01/27/2009	01/27/2009	LIT	chelms		1N J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB
				ACCOUNT DESCRIPTION				
4920			<u>LIT63A</u>	ADD REV TO BUDGET		17,600.00		
117-00-4920	-			CONTINGENCY				
4308			LIT63A	ADD REV TO BUDGET			17,600.00	
117-00-4308	-			FED GRANT-HAVA				
TOTAL		0.00		0.00				

General Fund - LIT to adjust revenue
 estimate to match funding allocation o
 the Board of Elections Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV STATUS	BUD YEAR	JNL TYPE
744 BUA	01/28/2009	01/28/2009	LIT	chelms		1 N J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB
				ACCOUNT DESCRIPTION				
5920	1508		<u>LIT64</u>	REDUCE BUDGET TO CONTINGENCY		5,776.00		
531-60-5920	-1508			CONTINGENCY				
5399I	1508		LIT64	REDUCE BUDGET TO CONTINGENCY			5,776.00	
531-60-5399I	-1508			PUBLIC ASSIST-SPECIAL CHILDREN				
TOTAL		0.00		0.00				

General Fund - LIT to adjust budget a
 for addition to contingency to match fu
 allocation in the DSS - Adoption Assis
 Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV STATUS	BUD YEAR	JNL TYPE
800 BUA	01/29/2009	02/02/2009	LIT	chelms		1N J/E	2009	
OBJECT PROJ	REF1	REF2	REF3	LINE DESCRIPTION		DEBIT	CREDIT	OB
				ACCOUNT DESCRIPTION				
5397	1334		<u>LIT65</u>	COVER INCENTIVE/CHD PATIENTS		800.00		
511-50-5397	-1334			PUBLIC ASSISTANCE INCENTIVES				
5395	1334		LIT65	COVER INCENTIVE/CHD PATIENTS			800.00	
511-50-5395	-1334			EDUCATION EXPENSES				
TOTAL		0.00		0.00				

General Fund - LIT to adjust budget a
 for incentives in the Public Health - De
 Program.

JOURNAL SRC	EFF DATE	ENT DATE	JNL DESC	CLERK	ENTITY	AUTO-REV	STATUS	BUD YEAR	JNL TYPE
852	BUA 01/23/2009	02/05/2009	LIT	chelms		IN	J/E	2009	

OBJECT	PROJ	REF1	REF2	REF3	LINE DESCRIPTION	DEBIT	CREDIT	OB
					ACCOUNT DESCRIPTION			
5212	13602	LIT66			COVER NEGATIVE LINE BALANCES	264.00		
511-52-5212	-13602				WEARING APPARREL			
5353	1370	LIT66			COVER NEGATIVE LINE BALANCES	597.00		
511-53-5353	-1370				MAINT & REPAIRS-FUEL GAS			
5212	1336	LIT66			COVER NEGATIVE LINE BALANCES	100.00		
511-50-5212	-1336				WEARING APPARREL			
5220	1336	LIT66			COVER NEGATIVE LINE BALANCES	148.00		
511-50-5220	-1336				FOOD AND PROVISIONS			
5290	1336	LIT66			COVER NEGATIVE LINE BALANCES	3.00		
511-50-5290	-1336				TOOLS AND SUPPLIES			
5312	1336	LIT66			COVER NEGATIVE LINE BALANCES	3.00		
511-50-5312	-1336				TRAVEL SUBSISTENCE			
5383	1336	LIT66			COVER NEGATIVE LINE BALANCES	226.00		
511-50-5383	-1336				MEDICAL SERVICES			
5325	13602	LIT66			COVER NEGATIVE LINE BALANCES		264.00	
511-52-5325	-13602				POSTAGE			
5352	1370	LIT66			COVER NEGATIVE LINE BALANCES		597.00	
511-53-5352	-1370				MAINT & REPAIRS-EQUIPMENT			
5233	1336	LIT66			COVER NEGATIVE LINE BALANCES		1.00	
511-50-5233	-1336				PERIODICALS BOOKS & OTHER PUB			
5239	1336	LIT66			COVER NEGATIVE LINE BALANCES		340.00	
511-50-5239	-1336				MEDICAL SUPPLIES AND EQUIPMENT			
5260	1336	LIT66			COVER NEGATIVE LINE BALANCES		36.00	
511-50-5260	-1336				PRINTING AND OFFICE SUPPLIES			
5321	1336	LIT66			COVER NEGATIVE LINE BALANCES		73.00	
511-50-5321	-1336				TELEPHONE AND COMMUNICATIONS			
5325	1336	LIT66			COVER NEGATIVE LINE BALANCES		30.00	
511-50-5325	-1336				POSTAGE			
TOTAL			0.00				0.00	
TOTAL			129,267.00			129,267.00		

General Fund - LIT to adjust budget a
 for various line items in various Public
 Programs.

printed

REPORT - Generated by Dept413 **

ed budget accounts within departments to affect the economy downturn budget reductions for FY09. Manager's approval authority is provided in
 e Resolution Governing Certain Contract, Personnel, and Fiscal Matters as adopted by the BOCC on June 20, 2005. Because this is such
 ment (1,408 lines, 68 pages) it has not been included in this report.

**UNION COUNTY
BOARD OF COMMISSIONERS**

**ACTION AGENDA ITEM ABSTRACT
Meeting Date: February 16,2009**

Action Agenda Item No. 417
(Central Admin. use only)

SUBJECT: Delinquent Tax Lien Advertisement

DEPARTMENT: Tax Administration **PUBLIC HEARING:** No

ATTACHMENT(S):
Cover memo of expansion

INFORMATION CONTACT:
John Petoskey
Vann Harrell

TELEPHONE NUMBERS:
704-283-3748
704-283-3591

DEPARTMENT'S RECOMMENDED ACTION: Approve delinquent advertisement as requested

BACKGROUND: NC GS 105-369 (a) requires the County Tax Collector to report to the governing body the total amount of unpaid taxes for the current fiscal year and the governing body shall order the Tax Collector to advertise the liens.

FINANCIAL IMPACT: The cost of advertising. Bids will be taken before the advertisement is placed in the spring. Estimated cost between \$4,500 to \$5,500.

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation: _____



UNION COUNTY
Office of the Tax Administrator
Collections Division
407 N. Main Street
P.O. Box 38
Monroe, NC 28111-0038

704-283-3848
704-283-3897 Fax

TO: Union County Board of County Commissioners

FROM: John Petoskey, Tax Administrator
Vann Harrell, Assistant Collector of Revenue

DATE: February 5, 2009

CC: Al Greene, County Manager
Lynn West, Clerk to the Board

SUBJECT: Delinquent Tax Lien Advertisement

North Carolina General Statute 105-369(a) requires that the County Tax Collector report to the governing body the total amount of unpaid taxes for the current fiscal year that are liens on real estate. At that time the governing body shall order the Tax Collector to advertise these liens in a local newspaper.

On February 5, 2009 the unpaid 2008 taxes that constitute liens on real estate total \$10,746,883.37.

As required by this same statute the 2008 tax liens will be advertised between March 1, 2009 and June 30, 2009. Prior to this advertisement, delinquent notices will be sent to all taxpayers whose taxes remain unpaid for the 2008 tax year. If you have any additional questions feel free to contact us at any time.

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT
Meeting Date: February 16, 2009

Action Agenda Item No. 418
(Central Admin. use only)

SUBJECT: County Sheriffs' Records Retention and Disposition Schedule Revised
November 2008

DEPARTMENT: Sheriff's Office **PUBLIC HEARING:** No

ATTACHMENT(S):
County Sheriff's Records Retention
and Disposition Schedule Revised
November 2008
N.C.G.S. § 121-5
N.C.G.S. § 132-3

INFORMATION CONTACT:
William L. McGuirt, Sheriff's Attorney

TELEPHONE NUMBERS:
704-292-2674

DEPARTMENT'S RECOMMENDED ACTION: Approve new Retention Schedule

BACKGROUND: State law provides for the retention of public records. The Local Records Unit of the Government Records Branch published a new County Sheriffs' Records Retention and Disposition Schedule in November 2008. This schedule provides the retention dates for all public records within the care, custody and control of the County Sheriff. It gives a schedule of dates for the destruction of public records and must be adopted by the Board of Commissioners and the Sheriff. This schedule is the primary way the Department of Cultural Resources gives its consent to destroy records as outlined in G.S. 121-5 and G.S. 132-3.

FINANCIAL IMPACT: None

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation: _____



1 of 1 DOCUMENT

GENERAL STATUTES OF NORTH CAROLINA
Copyright 2008 by Matthew Bender & Company, Inc.
a member of the LexisNexis Group.
All rights reserved

*** This document is current through the 2008 Regular Session ***
*** Annotations are current through September 19, 2008 ***

CHAPTER 132. PUBLIC RECORDS

Go to the North Carolina Code Archive Directory

N.C. Gen. Stat. § 132-3 (2008)

§ 132-3. Destruction of records regulated

(a) Prohibition. -- No public official may destroy, sell, loan, or otherwise dispose of any public record, except in accordance with G.S. 121-5 and G.S. 130A-99, without the consent of the Department of Cultural Resources. Whoever unlawfully removes a public record from the office where it is usually kept, or alters, defaces, mutilates or destroys it shall be guilty of a Class 3 misdemeanor and upon conviction only fined not less than ten dollars (\$ 10.00) nor more than five hundred dollars (\$ 500.00).

(b) Revenue Records. -- Notwithstanding subsection (a) of this section and G.S. 121-5, when a record of the Department of Revenue has been copied in any manner, the original record may be destroyed upon the order of the Secretary of Revenue. If a record of the Department of Revenue has not been copied, the original record shall be preserved for at least three years. After three years the original record may be destroyed upon the order of the Secretary of Revenue.

(c) Employment Security Commission Records. -- Notwithstanding subsection (a) of this section and G.S. 121-5, when a record of the Employment Security Commission has been copied in any manner, the original record may be destroyed upon the order of the Chairman of the Employment Security Commission. If a record of the Commission has not been copied, the original record shall be preserved for at least three years. After three years the original record may be destroyed upon the order of the Chairman of the Employment Security Commission.

HISTORY: 1935, c. 265, s. 3; 1943, c. 237; 1953, c. 675, s. 17; 1957, c. 330, s. 2; 1973, c. 476, s. 48; 1993, c. 485, s. 39; c. 539, s. 966; 1994, Ex. Sess., c. 24, s. 14(c); 1997-309, s. 12; 2001-115, s. 2.

NOTES:

CROSS REFERENCES. --For section further regulating destruction of records, see G.S. 121-5.

EDITOR'S NOTE. --Session Laws 1997-309, s. 15, provides that the removal and destruction by a register of deeds of any out-of-county birth certificates prior to the effective date of that act is valid, and the register of deeds is not in violation of G.S. 121-5 or G.S. 132-3.

CASE NOTES

APPLIED in *State v. West*, 31 N.C. App. 431, 229 S.E.2d 826 (1976); *State v. Caldwell*, 53 N.C. App. 1, 279 S.E.2d 852 (1981).

CITED in *State v. Bellar*, 16 N.C. App. 339, 192 S.E.2d 86 (1972).

CHAPTER 121. ARCHIVES AND HISTORY
ARTICLE 1. GENERAL PROVISIONS

N.C. Gen. Stat. § 121-5 (2008)

§ 121-5. Public records and archives

(a) State Archival Agency Designated. -- The Department of Cultural Resources shall be the official archival agency of the State of North Carolina with authority as provided throughout this Chapter and Chapter 132 of the General Statutes of North Carolina in relation to the public records of the State, counties, municipalities, and other subdivisions of government.

(b) Destruction of Records Regulated. -- No person may destroy, sell, loan, or otherwise dispose of any public record without the consent of the Department of Cultural Resources, except as provided in G.S. 130A-99. Whoever unlawfully removes a public record from the office where it is usually kept, or alters, mutilates, or destroys it shall be guilty of a Class 3 misdemeanor and upon conviction only fined at the discretion of the court.

When the custodian of any official State records certifies to the Department of Cultural Resources that such records have no further use or value for official and administrative purposes and when the Department certifies that such records appear to have no further use or value for research or reference, then such records may be destroyed or otherwise disposed of by the agency having custody of them.

When the custodian of any official records of any county, city, municipality, or other subdivision of government certifies to the Department that such records have no further use or value for official business and when the Department certifies that such records appear to have no further use or value for research or reference, then such records may be authorized by the governing body of said county, city, municipality, or other subdivision of government to be destroyed or otherwise disposed of by the agency having custody of them. A record of such certification and authorization shall be entered in the minutes of the governing body granting the authority.

The North Carolina Historical Commission is hereby authorized and empowered to make such orders, rules, and regulations as may be necessary and proper to carry into effect the provisions of this section. When any State, county, municipal, or other governmental records shall have been destroyed or otherwise disposed of in accordance with the procedure authorized in this subsection, any liability that the custodian of such records might incur for such destruction or other disposal shall cease and determine.

(c) Assistance to Public Officers. -- The Department of Cultural Resources shall have the right to examine into the condition of public records and shall, subject to the availability of staff and funds, give advice and assistance to public officials and agencies in regard to preserving or disposing of the public records in their custody. When requested by the Department of Cultural Resources, public officials shall assist the Department in the preparation of an inclusive inventory of records in their custody, to which inventory shall be attached a schedule, approved by the head of the governmental unit or agency having custody of the records and the Department of Cultural Resources, establishing a time period for the retention or disposal of each series of records. So long as such ap-

proved schedule remains in effect, destruction or disposal of records in accordance with its provisions shall be deemed to have met the requirements of G.S. 121-5(b).

The Department of Cultural Resources is hereby authorized and directed to conduct a program of inventorying, repairing, and microfilming in the counties for security purposes those official records of the several counties which the Department determines have permanent value, and of providing safe storage for microfilm copies of such records. Subject to the availability of funds, such program shall be extended to the records of permanent value of the cities, municipalities, and other subdivisions of government.

(d) Preservation of Permanently Valuable Records. -- Public records certified by the Department of Cultural Resources as being of permanent value shall be preserved in the custody of the agency in which the records are normally kept or of the North Carolina State Archives. Any State, county, municipal, or other public official is hereby authorized and empowered to turn over to the Department of Cultural Resources any State, county, municipal, or other public records no longer in current official use, and the Department of Cultural Resources is authorized in its discretion to accept such records, and having done so shall provide for their administration and preservation in the North Carolina State Archives. When such records have been thus surrendered, photocopies, microfilms, typescripts, or other copies of them shall be made and certified under seal of the Department, upon application of any person, which certification shall have the same force and effect as if made by the official or agency by which the records were transferred to the Department of Cultural Resources; and the Department may charge reasonable fees for these copies. The Department may answer written inquiries for nonresidents of the State and for this service may charge a search and handling fee not to exceed twenty-five dollars (\$ 25.00). The receipts from this fee shall be used to defray the cost of providing this service.

HISTORY: 1907, c. 714, s. 5; C.S., s. 6145; 1939, c. 249; 1943, c. 237; 1945, c. 55; 1953, c. 224; 1955, c. 543, s. 1; 1959, c. 1162; 1973, c. 476, s. 48; 1979, c. 361; c. 801, s. 95; 1981, c. 406, ss. 1, 2; 1993, c. 539, s. 916; 1994, Ex. Sess., c. 24, s. 14(c); 1997-309, s. 13; 2001-427, s. 3(a).

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date:

Action Agenda Item No. 4/9a
(Central Admin. use only)

SUBJECT: Budget Amendment-Crisis Intervention Program

DEPARTMENT: Social Services

PUBLIC HEARING: No

ATTACHMENT(S):
Funding Authorization
BA # 23

INFORMATION CONTACT:
D. Dontae Latson, Director

TELEPHONE NUMBERS:
704-296-4301

1-27-09

DEPARTMENT'S RECOMMENDED ACTION: Please increase the expenditures in 10553160-5399-1509 and the revenues in 10453160-4340-1509 by \$116,566.00.

BACKGROUND: This program assists families with emergency heating needs. Federal funds are typically reallocated to states and local governments to address local emergency heating needs.

FINANCIAL IMPACT: The Crisis Intervention Program is funded completely with Federal funds. No County funding is required.

Legal Dept. Comments If applicable: _____

Finance Dept. Comments If applicable: _____

Manager Recommendation:



DIVISION OF SOCIAL SERVICES

FUNDING SOURCE: CRISIS INTERVENTION PAYMENT

EFFECTIVE DATE: 07/01/2008

AUTHORIZATION NUMBER: 6

ALLOCATION PERIOD

FROM JUNE 2008 THRU MAY 2009 SERVICE MONTHS

FROM JULY 2008 THRU JUNE 2009 PAYMENT MONTHS

Co. No.	COUNTY	Initial Allocation		Additional Allocation		Grand Total Allocation	
		Federal	Total	Federal	Total	Federal	Total
1	ALAMANCE	501,399.00	501,399.00	136,914.00	136,914.00	638,313.00	638,313.00
02	ALEXANDER	105,766.00	105,766.00	28,901.00	28,901.00	134,667.00	134,667.00
03	ALLEGHANY	67,866.00	67,866.00	18,524.00	18,524.00	86,390.00	86,390.00
04	ANSON	141,759.00	141,759.00	38,780.00	38,780.00	180,539.00	180,539.00
05	ASHE	129,110.00	129,110.00	35,249.00	35,249.00	164,359.00	164,359.00
06	AVERY	59,860.00	59,860.00	16,349.00	16,349.00	76,209.00	76,209.00
07	BEAUFORT	258,351.00	258,351.00	70,537.00	70,537.00	328,888.00	328,888.00
08	BERTIE	152,895.00	152,895.00	41,750.00	41,750.00	194,645.00	194,645.00
09	BLADEN	225,052.00	225,052.00	61,454.00	61,454.00	286,506.00	286,506.00
10	BRUNSWICK	260,913.00	260,913.00	71,343.00	71,343.00	332,256.00	332,256.00
11	BUNCOMBE	987,679.00	987,679.00	269,594.00	269,594.00	1,257,273.00	1,257,273.00
12	BURKE	274,909.00	274,909.00	75,110.00	75,110.00	350,019.00	350,019.00
13	CABARRUS	494,004.00	494,004.00	134,878.00	134,878.00	628,882.00	628,882.00
14	CALDWELL	381,146.00	381,146.00	104,066.00	104,066.00	485,212.00	485,212.00
15	CAMDEN	30,234.00	30,234.00	8,253.00	8,253.00	38,487.00	38,487.00
16	CARTERET	194,586.00	194,586.00	53,195.00	53,195.00	247,781.00	247,781.00
17	CASWELL	145,455.00	145,455.00	39,725.00	39,725.00	185,180.00	185,180.00
18	CATAWBA	587,376.00	587,376.00	161,553.00	161,553.00	748,929.00	748,929.00
19	CHATHAM	161,974.00	161,974.00	44,340.00	44,340.00	206,314.00	206,314.00
20	CHEROKEE	93,765.00	93,765.00	25,622.00	25,622.00	119,387.00	119,387.00
21	CHOWAN	76,094.00	76,094.00	20,783.00	20,783.00	96,877.00	96,877.00
22	CLAY	43,374.00	43,374.00	11,947.00	11,947.00	55,321.00	55,321.00
23	CLEVELAND	542,139.00	542,139.00	148,046.00	148,046.00	690,185.00	690,185.00
24	COLUMBUS	379,496.00	379,496.00	103,633.00	103,633.00	483,129.00	483,129.00
25	CRAVEN	323,789.00	323,789.00	88,430.00	88,430.00	412,219.00	412,219.00
26	CUMBERLAND	1,251,857.00	1,251,857.00	343,173.00	343,173.00	1,595,030.00	1,595,030.00
27	CURRITUCK	63,417.00	63,417.00	17,316.00	17,316.00	80,733.00	80,733.00
28	DARE	69,563.00	69,563.00	18,995.00	18,995.00	88,558.00	88,558.00
29	DAVIDSON	461,331.00	461,331.00	126,060.00	126,060.00	587,391.00	587,391.00
30	DAVIE	94,412.00	94,412.00	25,855.00	25,855.00	120,267.00	120,267.00
31	DUPLIN	236,788.00	236,788.00	64,715.00	64,715.00	301,503.00	301,503.00
32	DURHAM	1,084,077.00	1,084,077.00	295,931.00	295,931.00	1,380,008.00	1,380,008.00
33	EDGECOMBE	477,673.00	477,673.00	130,667.00	130,667.00	608,340.00	608,340.00
34	FORSYTH	1,185,292.00	1,185,292.00	323,739.00	323,739.00	1,509,031.00	1,509,031.00
35	FRANKLIN	250,662.00	250,662.00	68,456.00	68,456.00	319,118.00	319,118.00
36	GASTON	657,792.00	657,792.00	180,296.00	180,296.00	838,088.00	838,088.00
37	GATES	47,047.00	47,047.00	12,848.00	12,848.00	59,895.00	59,895.00
38	GRAHAM	45,739.00	45,739.00	12,489.00	12,489.00	58,228.00	58,228.00
39	GRANVILLE	222,530.00	222,530.00	60,743.00	60,743.00	283,273.00	283,273.00
40	GREENE	115,161.00	115,161.00	31,448.00	31,448.00	146,609.00	146,609.00
41	GUILFORD	1,563,382.00	1,563,382.00	427,662.00	427,662.00	1,991,044.00	1,991,044.00
42	HALIFAX	633,055.00	633,055.00	173,387.00	173,387.00	806,442.00	806,442.00
43	HARNETT	456,373.00	456,373.00	125,056.00	125,056.00	581,429.00	581,429.00
44	HAYWOOD	304,889.00	304,889.00	83,224.00	83,224.00	388,113.00	388,113.00
45	HENDERSON	245,492.00	245,492.00	67,061.00	67,061.00	312,553.00	312,553.00
46	HERTFORD	174,774.00	174,774.00	47,741.00	47,741.00	222,515.00	222,515.00
47	HOKE	174,981.00	174,981.00	47,800.00	47,800.00	222,781.00	222,781.00

CRISIS INTERVENTION PAYMENT (CIP) cont.

Authorization Number 6

	COUNTY	Initial Allocation		Additional Allocation		Grand Total Allocation	
		Federal	Total	Federal	Total	Federal	Total
48	HYDE	35,110.00	35,110.00	9,588.00	9,588.00	44,698.00	44,698.00
49	IREDELL	467,702.00	467,702.00	127,690.00	127,690.00	595,392.00	595,392.00
50	JACKSON	139,906.00	139,906.00	38,224.00	38,224.00	178,130.00	178,130.00
51	JOHNSTON	533,154.00	533,154.00	145,587.00	145,587.00	678,741.00	678,741.00
52	JONES	48,374.00	48,374.00	13,278.00	13,278.00	61,652.00	61,652.00
53	LEE	242,092.00	242,092.00	66,432.00	66,432.00	308,524.00	308,524.00
54	LENOIR	383,299.00	383,299.00	104,743.00	104,743.00	488,042.00	488,042.00
55	LINCOLN	191,746.00	191,746.00	52,448.00	52,448.00	244,194.00	244,194.00
56	MACON	154,693.00	154,693.00	42,249.00	42,249.00	196,942.00	196,942.00
57	MADISON	133,236.00	133,236.00	36,387.00	36,387.00	169,623.00	169,623.00
58	MARTIN	88,636.00	88,636.00	24,254.00	24,254.00	112,890.00	112,890.00
59	MCDOWELL	160,723.00	160,723.00	43,886.00	43,886.00	204,609.00	204,609.00
60	MECKLENBURG	3,301,703.00	3,301,703.00	902,784.00	902,784.00	4,204,487.00	4,204,487.00
61	MITCHELL	78,868.00	78,868.00	21,533.00	21,533.00	100,401.00	100,401.00
62	MONTGOMERY	140,265.00	140,265.00	38,321.00	38,321.00	178,586.00	178,586.00
63	MOORE	237,071.00	237,071.00	64,978.00	64,978.00	302,049.00	302,049.00
64	NASH	394,317.00	394,317.00	107,837.00	107,837.00	502,154.00	502,154.00
65	NEW HANOVER	672,025.00	672,025.00	184,219.00	184,219.00	856,244.00	856,244.00
66	NORTHAMPTON	243,524.00	243,524.00	66,517.00	66,517.00	310,041.00	310,041.00
67	ONslow	395,131.00	395,131.00	108,025.00	108,025.00	503,156.00	503,156.00
68	ORANGE	367,203.00	367,203.00	100,793.00	100,793.00	467,996.00	467,996.00
69	PAMLICO	33,851.00	33,851.00	9,253.00	9,253.00	43,104.00	43,104.00
70	PASQUOTANK	166,111.00	166,111.00	45,371.00	45,371.00	211,482.00	211,482.00
71	PENDER	158,320.00	158,320.00	43,346.00	43,346.00	201,666.00	201,666.00
72	PERQUIMANS	65,325.00	65,325.00	17,840.00	17,840.00	83,165.00	83,165.00
73	PERSON	164,640.00	164,640.00	44,959.00	44,959.00	209,599.00	209,599.00
74	PITT	661,009.00	661,009.00	180,634.00	180,634.00	841,643.00	841,643.00
75	POLK	55,758.00	55,758.00	15,228.00	15,228.00	70,986.00	70,986.00
76	RANDOLPH	503,681.00	503,681.00	137,568.00	137,568.00	641,249.00	641,249.00
77	RICHMOND	280,762.00	280,762.00	76,717.00	76,717.00	357,479.00	357,479.00
78	ROBESON	837,153.00	837,153.00	229,013.00	229,013.00	1,066,166.00	1,066,166.00
79	ROCKINGHAM	443,074.00	443,074.00	120,989.00	120,989.00	564,063.00	564,063.00
80	ROWAN	524,113.00	524,113.00	143,292.00	143,292.00	667,405.00	667,405.00
81	RUTHERFORD	321,691.00	321,691.00	87,875.00	87,875.00	409,566.00	409,566.00
82	SAMPSON	253,409.00	253,409.00	69,298.00	69,298.00	322,707.00	322,707.00
83	SCOTLAND	248,942.00	248,942.00	67,997.00	67,997.00	316,939.00	316,939.00
84	STANLY	191,968.00	191,968.00	52,455.00	52,455.00	244,423.00	244,423.00
85	STOKES	117,034.00	117,034.00	31,998.00	31,998.00	149,032.00	149,032.00
86	SURRY	299,676.00	299,676.00	81,910.00	81,910.00	381,586.00	381,586.00
87	SWAIN	56,270.00	56,270.00	15,418.00	15,418.00	71,688.00	71,688.00
88	TRANSYLVANIA	115,361.00	115,361.00	31,507.00	31,507.00	146,868.00	146,868.00
89	TYRRELL	30,511.00	30,511.00	8,331.00	8,331.00	38,842.00	38,842.00
90	UNION	425,897.00	425,897.00	116,566.00	116,566.00	542,463.00	542,463.00
91	VANCE	322,876.00	322,876.00	88,312.00	88,312.00	411,188.00	411,188.00
92	WAKE	2,057,315.00	2,057,315.00	561,878.00	561,878.00	2,619,193.00	2,619,193.00
93	WARREN	133,044.00	133,044.00	36,416.00	36,416.00	169,460.00	169,460.00
94	WASHINGTON	106,713.00	106,713.00	29,170.00	29,170.00	135,883.00	135,883.00
95	WATAUGA	147,680.00	147,680.00	40,332.00	40,332.00	188,012.00	188,012.00
96	WAYNE	550,305.00	550,305.00	150,268.00	150,268.00	700,573.00	700,573.00
97	WILKES	282,187.00	282,187.00	77,070.00	77,070.00	359,257.00	359,257.00
98	WILSON	424,943.00	424,943.00	116,325.00	116,325.00	541,268.00	541,268.00
99	YADKIN	115,842.00	115,842.00	31,639.00	31,639.00	147,481.00	147,481.00
100	YANCEY	131,851.00	131,851.00	35,988.00	35,988.00	167,839.00	167,839.00
150	Jackson Indian	8,000.00	8,000.00	4,000.00	4,000.00	12,000.00	12,000.00
187	Swain Indian	4,000.00	4,000.00	2,000.00	2,000.00	6,000.00	6,000.00
	Total	\$ 35,083,368.00	\$ 35,083,368.00	\$ 9,594,374.00	\$ 9,594,374.00	\$ 44,677,742.00	\$ 44,677,742.00

FUNDING SOURCE: Federal Low Income Home Energy Assistance Funds

GRANT INFORMATION: This is the second of two allocations of additional funding of FFY 09 LIHEAP Block Grant Funds released by the US Department of Health and Human Services on October 16, 2008.

XS411 Heading: CRISIS

Tracked on XS411: Federal Share 100%

OBLIGATIONS INCURRED AND EXPENDITURES MADE UNDER THIS ADVICE WILL BE SUBJECT TO TO LIMITATIONS PUBLISHED BY FEDERAL AND STATE AGENCIES AS TO THE AVAILABILITY OF FUNDS

AUTHORIZED SIGNATURE

January 14, 2009

Shuang's Bradsher

Accepted by:

D. [Signature]
County Director Signature

1-16-09
Date

County Name:

Union

542,463.00
Grand
Total Allocation

Please return by email with a facsimile signature to your Local Business Liaison
OR
Fax form with signature to your Local Business Liaison

**UNION COUNTY
BOARD OF COMMISSIONERS**

ACTION AGENDA ITEM ABSTRACT

Meeting Date: 2/16/09

Action Agenda Item No. 4/10

(Central Admin. use only)

SUBJECT: EZ Basic Equipment Grant Application

DEPARTMENT: Library

PUBLIC HEARING: No

ATTACHMENT(S):
Grant Application

INFORMATION CONTACT:
Dana Eure

TELEPHONE NUMBERS:

704-283-8184 x237

DEPARTMENT'S RECOMMENDED ACTION: Approve submission of grant application

BACKGROUND: The Union County Public Library System proposes to allow patrons to checkout laptop computers for Internet use within the library. We plan to focus on the Union West Regional Branch since they have a high demand for Internet computer use and often patrons have to be assigned to a waiting list. Acquiring this basic equipment grant would enable the library system to better meet the needs of our patrons who frequent this library. This grant would also enable us to accommodate more patrons during peak times and during times when public computer classes are being held in the building.

FINANCIAL IMPACT: FY 2009-2010: If awarded the grant amount is \$14,237 with \$2514 in matching funds from the library for a total of \$16,751.

Legal Dept. Comments if applicable: _____

Finance Dept. Comments if applicable: _____

Manager Recommendation:

**EZ BASIC EQUIPMENT GRANT
2009-2010**

PROGRAM-SPECIFIC INFORMATION & GUIDELINES

1. What is this grant program and its purpose?

This grant program is intended to help eligible libraries have sufficient up-to-date computers to ensure that their users have access to the Internet and online content, including NC LIVE resources, North Carolina ECHO, and StartSquad.org. These grants are to fund only the most basic hardware/equipment needs (i.e. computer workstations); Technology Grants are available to accommodate more complex needs.

This grant program helps achieve Goal 3 of the *Library Services & Technology Act Five-Year Plan 2008-2012* (available at <http://statelibrary.dcr.state.nc.us/lsta/plan2008-12.pdf>),

Goal 3 – Promote equal access to 21st century library services for all North Carolinians by providing contemporary and evolving technologies to our state’s libraries through programs designed to address infrastructure, resources, and services.

2. Who may apply?

The following libraries are eligible to apply for these grants:

- public libraries that qualify for grants from the Aid to Public Libraries Fund;
- community college libraries;
- libraries serving the constituent institutions of the University of North Carolina (which includes libraries serving the Area Health Education Centers);
- libraries serving the member institutions of North Carolina Independent Colleges and Universities;
- qualifying state agency libraries*;
- qualifying special libraries*; and
- the State Library of North Carolina.

For definitions of qualifying state agency libraries and special libraries, refer to **Appendix A**.

An eligible library or organization may submit only one application for an LSTA EZ Basic Equipment Grant in this grant round. A “library” is the eligible public library system or an administratively separate library in an academic institution. [i.e., *A public library system is inclusive of all outlets making up that system (e.g. Nantahala Regional Library). An institution is the parent institution of the library (e.g. UNC-Greensboro). Administratively separate libraries in an academic institution are those libraries with separate administrative and reporting structures within the institution (e.g., the University Library, the Health Sciences Library, and the Law Library at UNC-Chapel Hill).*]

3. What amount of funds may be requested?

The maximum amount that may be requested is \$25,000; and the minimum is \$2,500.

4. Are local matching funds required?

Yes. Basic Equipment Grants require local matching funds.

- The local contribution must equal a minimum of 15% of the amount of federal funds requested. The match is a 3 to 20 ratio of matching funds to grant funds. Example: If the grant amount requested is \$20,000, the local match must be at least \$3,000, and the total project cost will be at least \$23,000 (\$20,000 grant funds + \$3,000 local funds).

- The match may come from any combination of local or state funds or funds from non-governmental agencies (e.g. foundations, service clubs). Federal funds and local administrative overhead costs may **not** be used as match.

Matching funds must be

- spent for the same categories of allowable expenses as the grant funds;
- spent during the same allowable expenditure period as the grant funds (see Section #8 - Grant program timeline, in the *General Information & Provisions* document at <http://statelibrary.dcr.state.nc.us/lsta/GenInfoProvs09-10.pdf>);
- available at the time a funded library signs the grant agreement.

No expenditures of either grant or local matching funds may be made until library representatives and the State Librarian sign the grant agreement.

5. How may the project funds be used?

Grant funds are to be used to purchase computer hardware for user Internet access in a library. Funds also may be used for supporting equipment, software and one-time services essential to providing access to the Internet.

Allowable purchases:

- **Computer hardware**, e.g. public access workstations, including sufficient memory, storage, peripherals (i.e. printers, network cards), and **computer furniture**. This includes hardware and furniture for **handicapped-accessible** workstations. Network computers ("thin client" applications) are eligible if the library already has the necessary server and software infrastructure to use them.
- Basic operating and communications **software** and related utility software to access the Internet. A basic office automation software package, to support effective use of Internet resources, may be included. Software necessary to enable users with disabilities to access Internet resources may be included. Other software is not eligible.
- One-time services such as **wiring and installation** charges.

Proposed hardware purchases (e.g. computers, printers) must be suitable for the project's purposes. Successful applicants may be asked to modify their requested purchases if reviewers note potential issues with the proposed specifications. The North Carolina Office of Information Technology Services provides the following regularly-updated minimum standards for computer purchases. Applicants may use these standards as a guideline for their proposed purchases in this grant program:

[http://www.scio.state.nc.us/documents/docs ITVolumePurchasing/Standard Configurations for PCs.pdf](http://www.scio.state.nc.us/documents/docs_ITVolumePurchasing/Standard%20Configurations%20for%20PCs.pdf).

Use of LSTA funds for certain allowable purchases may require public libraries or public elementary and secondary school libraries to comply with the federal Children's Internet Protection Act (CIPA).

These purchases include the following:

- **Computers used to access the Internet.**
- **Other items and services associated with accessing the Internet, including hardware, software, peripherals, network components, and accompanying installation costs. Specific examples include servers; workstations and the components that comprise a workstation; hubs, routers, cabling, modems, and other components of the network infrastructure; operating system software; Internet service provider (ISP) charges; and installation charges.**

The CIPA certification form is available at <http://statelibrary.dcr.state.nc.us/lsta/cipa.htm>.

Unallowable expenses:

- Computers for library staff.
- Equipment for placement in a facility that does not meet the definition of an eligible library as defined in North Carolina's LSTA Plan (see page 14 of *Library Services & Technology Act Five-Year Plan 2008-2012* at <<http://statelibrary.dcr.state.nc.us/lsta/plan2008-12.pdf>>). "Virtual libraries" without qualified staff, established to meet the needs of distance learners, do not meet this definition.
- **Ongoing operating costs**, such as monthly Internet Service Provider (ISP) fees.
- **Add-on or separate applications software** not specified as eligible above.
- "Overhead" or indirect/administrative costs.

6. What is the basis for selecting projects for funding?

To be eligible for consideration, an application must be received by the stated deadline. The following factors and criteria will be used to determine priority for funding among the eligible applications.

Need and Impact on Adequacy

- The extent to which a library currently meets the adequacy standards for minimum numbers of user Internet workstations will be a factor in determining priority for funding. Further information about the standards is available at <<http://statelibrary.dcr.state.nc.us/lsta/need-workstations09-10.pdf>>. Priority will be given to libraries that do not meet the minimum adequacy standards.
- A library that has already achieved the minimum adequate number of user Internet workstations may request additional workstations, or may request replacements for existing workstations; **however**, the library must justify the number of workstations requested.
- Reviewers will consider the seriousness of the current problem(s) affecting user access to the Internet and the degree to which the problem(s) will be addressed by the proposed project.

See Section #1 of *General Information & Provisions* document for 2009-2010 LSTA grants (<<http://statelibrary.dcr.state.nc.us/lsta/GenInfoProvs09-10.pdf>>) for additional factors and issues that may be taken into account in the review of all grant proposals and selection of applications for funding.

7. For further information about this grant program:

Questions about the Basic Equipment Grants should be directed to Penny Hornsby, Federal Programs Consultant, State Library of North Carolina, at 919-807-7420 or penny.hornsby@ncdcr.gov .

SLNC 12/08

APPENDIX A

DEFINITIONS OF QUALIFYING LIBRARIES

These definitions are from North Carolina's *Library Services and Technology Act Five-Year Plan 2008-2012* (<http://statelibrary.dcr.state.nc.us/lsta/plan2008-12.pdf>).

State Agency Libraries: Libraries that are part of a state government agency, including libraries that serve staff and residents of rehabilitative and correctional institutions.

Special Libraries: Libraries operated by professional, scientific, or trade associations, governments, hospitals, or other organizations, agencies, or institutions primarily to serve their own specialized clientele. To qualify a special library must be willing to share resources either through public access on site or through interlibrary loan within the state.

A library meeting one of the above definitions must first meet these broad policy guidelines for eligibility to apply for LSTA funds.

- Every library or organization defined as eligible to apply for LSTA funds must be either publicly funded (receive at least 51% of its operating funds from tax dollars) or not-for-profit (recognized as tax-exempt by the Internal Revenue Service).
- An eligible school library must be headed by a full-time certified school media coordinator. Other eligible libraries must be headed by a trained library professional with a masters degree in library and information science from a graduate library education program accredited by the American Library Association or by a regional accrediting organization.
- Every eligible library must have a cataloged collection of information resources, designated space, a materials budget, and be open a minimum of 20 hours per week.
- For collaborative projects one partner must be designated as the "lead" library to accept and administer the grant. The lead library in a collaborative project must meet all eligibility requirements.

State Library of North Carolina - Library Services and Technology Act

**EZ BASIC EQUIPMENT GRANT
2009-2010
Application**

DUE DATE: Original and required copies must be received by 5:00 p.m. February 19, 2009, in the Library Development Section Office, Room 310A.

INSTITUTION / LIBRARY Union County Public Library

MAILING ADDRESS: 316 East Windsor Street

Monroe, NC 28112

U.S. CONGRESSIONAL DISTRICT (in which institution is located): 8th

PROJECT MANAGER, NAME / TITLE: Beverly Osborn/ Automation Coordinator

PHONE: 704-283-8184 x 233 **FAX:** 704-282-0657 **EMAIL:** bosborn@union.lib.nc.us

FUNDS (whole dollars only):	Grant Amount Requested	\$ 14237.00
	Grant request maximum \$25,000; minimum \$2,500)	+
	Matching Funds	\$ 2514.00
(Match must equal at least 15% of grant amount requested)		
	Total Project Funds =	\$ 16751.00

ABSTRACT: Provide a brief abstract of your project in the space below. See instructions on the following page.

The Union County Public Library System proposes to allow patrons to checkout laptop computers for Internet use within the library. We plan to focus on the Union West Regional Branch since they have a high demand for Internet computer use and often patrons have to be assigned to a waiting list. Acquiring this basic equipment grant would enable the library system to better meet the needs of our patrons who frequent this library. This grant would also enable us to accommodate more patrons during peak times and during times when public computer classes are being held in the building.

CERTIFICATION AND SIGNATURES

We are aware of, and agree to comply with, all state and federal provisions and assurances required under this grant program. If awarded grant funds, we assure that we will carry out the grant project according to the approved grant proposal. This application has been authorized by the appropriate authorities of the applying institution/library.

Martie S. Smith
Printed name of library director

Printed name & title of local government or institutional authorizing official

Signature, Library Director

Signature, above official

Date

Date SLNC 12/08

ABSTRACT INSTRUCTIONS

The abstract should ***clearly and concisely*** summarize your project. The abstract must not exceed the space available on the signature page (page 1). The abstract should only include information that is in the body of the proposal.

INSTRUCTIONS FOR PREPARING AND COLLATING YOUR APPLICATION

Refer to Section #9 in the *General Information & Provisions* for LSTA Grants 2009-2010 at <http://statelibrary.dcr.state.nc.us/lsta/GenInfoProvs09-10.pdf>.

It is critical that you review all grant program information and guidelines before completing this application. See:

- *Program-Specific Information & Guidelines* for LSTA EZ Basic Equipment Grant 2009-2010 (within this document, preceding this application form; also, <http://statelibrary.dcr.state.nc.us/lsta/BEGGLApp09-10.pdf>), and
- *General Information & Provisions* for 2009-2010 LSTA grants at <http://statelibrary.dcr.state.nc.us/lsta/GenInfoProvs09-10.pdf>.

1. PROJECT DESCRIPTION & JUSTIFICATION

- a. Describe the project you wish to carry out. What do you propose to purchase?
Use only the space provided below.

The Union County Public Library System proposes to allow patrons to checkout laptop computers for Internet use within the library. We plan to focus on the Union West Regional Branch since they have a high demand for Internet computer use and often patrons have to be assigned to a waiting list. Acquiring this basic equipment grant would enable the library system to better meet the needs of our patrons who frequent this library. This grant would also enable us to accommodate more patrons during peak times and during times when public computer classes are being held in the building. Our proposal includes the purchase of 10 laptop computers to be circulated at the Union West Regional Library.

- b. Explain the need for this project.
- What is the extent of the current problem(s) affecting user access to the Internet, NC LIVE and other online resources? How will the proposed purchases improve services to your users and their access to these resources?
 - If your library already meets or exceeds the minimum adequate number of user Internet workstations, you must justify the requested number.
 - If workstations will be replaced, you must justify why they need to be replaced; explain why the workstations are inadequate.

TIP: If the project includes furniture, be sure to include justification for this purchase.

During peak times, the Union West Regional Library consistently has more patrons who wish to use the Internet than computer terminals available to them in the library. Subsequently, these patrons are assigned to a waiting list where the wait could be one hour. Computer use is limited to 2 hours per day if no one is waiting, or 1 hour if there is a waiting list. One hour is not a very lengthy amount of time to use the Internet. With the economy in trouble, many of our patrons have lost their jobs or have been laid off from their jobs. These patrons are flocking to our libraries to use the library computers to aid them in their search for employment. Our Internet computers are also used to help patrons create and update their resumes before posting them to websites online. When we offer computer classes, the availability of Internet computers

decreases by one half. Our computer classes serve to help our patrons prepare for the workforce, so they play an important role in our services to the public as well.

Nights and weekends are a very busy time at Union West especially when there are projects due for school aged kids as well as when patrons are searching for employment opportunities, whether for full time or supplemental income.

If given the opportunity to circulate laptop computers within the Union West Regional Library, we can better meet the needs of our patrons. Hard economic times have fallen on many NC counties. Union County is no exception. Budget cuts have caused us to eliminate most computer and computer equipment related purchases. This grant opportunity would enable us to explore this avenue of patron service without having to bear the full expense of doing so.

Offering laptops for circulation within the Union West Regional Library would increase the level of service to our patrons. We hope this project will increase community awareness of the many ways the public library can serve the citizens of Union County.

2. USERS AND RESOURCES

a. Complete the appropriate space below to show the number of eligible library users.

For community college libraries:

Use data from Table 26 "Annualized Average Annual Full-Time Equivalent," Curriculum and Continuing Education Full-Time Equivalent (FTE) 2007-2008 posted at <http://statelibrary.dcr.state.nc.us/lsta/ccfte0708.htm>.

Source: *2007-2008 Annual Statistical Reports* (North Carolina Community College System).

FTE Students	
--------------	--

For libraries serving public and private colleges and universities:

Use data from Table 5 at

<http://www.northcarolina.edu/content.php/assessment/reports/abstract-current.htm>.

The direct link to Table 5 is at

<http://intranet.northcarolina.edu/docs/assessment/Abstract/2007-08/Current%20Enroll/T.0508.pdf>

Source: *Statistical Abstract of Higher Education 07-08* (The University of North Carolina, July 2008).

FTE Students	
--------------	--

For public libraries:

Use data from Table 1, Library Profile, at the State Library's web site:

<http://statelibrary.dcr.state.nc.us/ld/plstats0708/0708table01.pdf>.

Source: *Statistical Report of North Carolina Public Libraries, July 1, 2007-June 30, 2008* (State Library of North Carolina, December, 2008).

Legal Service Area Population	182,344
-------------------------------	---------

Definitions of FTEs and Legal Service Population may be found in *Measures of Need: Computer Workstations for User Access to the Internet 2009-2010* available at <http://statelibrary.dcr.state.nc.us/lsta/need-workstations09-10.pdf>.

2. USERS AND RESOURCES, continued

b. User Access Workstations (All applicants complete this section.)

For every library location in your system/institution, list the current number of workstations for **user access** to the Internet and the number requested for purchase with these grant funds. Provide figures for **all** locations/branches, not just the locations for which you are requesting equipment.

As stated in *Measures of Need: Computer Workstations for User Access to the Internet 2009-2010* (<<http://statelibrary.dcr.state.nc.us/lsta/need-workstations09-10.pdf>>), evaluations for this grant program will be based on the total number of workstations available to users in an academic library or a public library system—not on the basis of the number of workstations in a single facility.

Facility <i>(list each library location on a separate line)</i>	Workstations		
	Current	Requested	TOTAL
Main Branch (Monroe)	34	0	34
Union West Regional (Indian Trail)	15	10	25
Waxhaw Branch Library	6	0	6
Edwards Memorial Branch Library	4	0	4
SYSTEM TOTALS	59	10	69

[Note: Numbers in Current and Total columns may be the same if some of the Current workstations will be replaced.]

c. If you are proposing to purchase network computers (“thin client” applications), does the library already have the necessary server and software infrastructure to use them? (Server and software for thin clients are not an allowable grant expense.)

Yes, already available and/or Budgeted _____

3. BUDGET

Round total amounts to whole dollars.

	<u>Quantity</u>	<u>Unit Cost</u>	<u>LSTA \$</u>	<u>Local \$</u>	<u>Total \$</u>
a. Computer workstations	10	1581.10	\$13439.00	\$2372.00	\$15811.00
b. Network cards					
c. Printers					
d. Other computer hardware					
e. Software					
MS Office 2003 license	10	\$57.00	\$485.00	\$85.00	\$570.00
Faronics Deep Freeze Software	10	\$37.00	\$313.00	\$57.00	\$370.00
g. Wiring					
h. Installation					
i. TOTAL PROJECT COSTS (a.-h.)			\$14237.00	+\$2514.00	= \$16751.00

* Grant funds requested must equal at least \$2,500, but cannot exceed \$25,000. Costs exceeding the maximum grant amount of \$25,000 must be paid from local sources.

** Local matching funds must equal at least 15% of the LSTA grant request (i.e. a 3 to 20 ratio, or approximately 13% of total project costs).

4. BUDGET NARRATIVE

- a. Provide a detailed description of **equipment that will be purchased** (make and model, specifications). Be sure to include complete specifications for **ALL** equipment. (Use worksheet at 4.c on the next page and/or attached sheets.)

Applications that do not include **complete** specifications for equipment will **not** be considered for funding.

Provide descriptions, specifications and explanations of **any other** computer equipment, software, furniture, and installation or wiring purchases for this project. If not listed on the worksheet, provide the information on a separate sheet.

b. Matching Funds

The required local matching funds must be available by the time the library signs the grant agreement. **Describe the source of the matching funds** (i.e. where they will come from), when they will be available, and who is guaranteeing the match. (If necessary, you may use a separate sheet.)

The required local matching funds will be available by the time the library signs the grant agreement. The source of the matching funds is the **Union County Public Library Budget.**

4.c. Worksheet

Fill out this worksheet, and/or attach separate sheets, to indicate make, model #'s and complete specifications for all the equipment you plan to purchase for this project. Attach this worksheet to your grant application. Make extra copies of the worksheet if necessary.

The North Carolina Office of Information Technology Services provides the following regularly-updated minimum standards for computer purchases. Applicants may use these standards as a guideline for their proposed purchases in this grant program:

http://www.scio.state.nc.us/documents/docs_ITVolumePurchasing/Standard_Configurations_for_PCs.pdf

Computer make: Dell Laptop	
Computer model: Latitude E5400	
Component	Grant Purchase Specifications
Processor Speed (GHz)	2.26 GHz
RAM (MB or GB)	2.0 GZ
Hard Disk Size (GB)	80 GB
Optical Disk Drive Type	8x DVD +/- RW
Monitor Type and Size	N/A, but laptop has 14.1 in Wide Screen

SYSTEM COMPONENTS				
Latitude E5400		Qty	10	
Intel® Core™ 2 Duo P8400 (2.26GHz, 3M L2 Cache, 1066MHz FSB), Genuine Windows Vista® Business Downgrade,XP Professional SP3 Install,E		Unit Price	\$1,581.10	
Catalog Number:	84 W1365			
Module	Description	Product Code	Sku	Id
Latitude E5400	Intel® Core™ 2 Duo P8400 (2.26GHz, 3M L2 Cache, 1066MHz FSB)	MESP84	[223-9858]	1
Operating Systems	Genuine Windows Vista® Business Downgrade,XP Professional SP3 Install,E	XP33BNE	[420-9610]	11
Memory	2.0GB, DDR2-800 SDRAM, 2 DIMMS	2G2D8	[311-8826]	3
Internal Keyboard	Internal English Dual Pointing Keyboard	ENGD	[330-0995][330-1652]	4
Graphics	Mobile Intel® Graphics Media	GMA	[320-6894]	6

	Accelerator 4500MHD			
Primary Storage	80GB Hard Drive, 5400 RPM	80G54	[341-7470]	8
Touchpad and Fingerprint Reader Options	Touchpad and Trackstick dual pointing	DTPAD	[311-8956]	9
LCDs	14.1 inch Wide Screen WXGA LCD Panel	14WX	[320-6892]	10
AC Adapter	90W Slim A/C Adapter (3-pin)	90AC3PS	[330-0879][330-1970]	15
Primary Optical Device	8X DVD+/-RW w/Roxio and Cyberlink PowerDVD™	8XDVRW	[313-6663][420-8010][420-9184]	16
Wireless LAN (802.11)	Dell Wireless™ 1397 802.11b/g Mini Card	DW1397	[430-3085]	19
System Documentation	Resource DVD - Contains Diagnostics and Drivers	RDVD	[330-0994]	25
Primary Battery	6 Cell Battery	6C	[312-0743]	27
Hardware Support Services	5 Year Basic Limited Warranty and 5 Year NBD Onsite Service	U5OS	[985-8494][989-9150][991-5427][991-5558]	29
Installation Services	No Onsite System Setup	NOINSTL	[900-9987]	32
Accidental Damage Service	5 Year CompleteCare Accidental Damage Protection	CCADS5	[985-8884][988-7689]	33
Processor Branding	Intel Core 2 Duo Processor	IC2DNB	[310-8319]	749
OS Labels	Vista Premium Label	VPDGRN	[310-9160]	750

TOTAL \$16,811.00

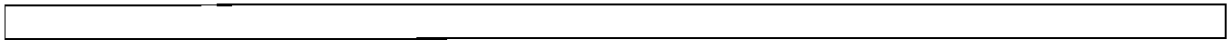
List make, model #'s and complete specifications for any other Equipment included in the budget:

These laptop computers will have a 5year Complete Care Warranty Package as required by Union County Government.

List any Application Software included in the budget:

We would purchase 10 additional licenses of Deep Freeze software @ approximately \$37.00 per license to equal \$370.00. Deep Freeze is installed on all public computers in the library system. This desktop security program keeps the patron from deleting system files and making permanent changes to the computer configuration. We would also purchase 10 additional licenses for MS Office 2003 to be installed on each of the laptops at a cost of \$57.00 per license or a total cost of \$570.00.

Provide specifications for any other proposed expenditures:



5. HANDICAPPED ACCESSIBLE EQUIPMENT

If your project includes purchasing computer workstations and/or software to aid handicapped users in accessing the Internet and online resources, describe plans for

- adequate technical support to keep the workstations functioning (e.g., library or institution staff responsibility and training, service contracts, etc),
- training library staff and users in effective use of the specialized equipment/software, and
- making potential users aware of the accessible equipment.

6. CIPA CERTIFICATION AND COMPLIANCE

Every public library that submits an application for funding to the State Library must include one original of the Internet Safety Certification document <<http://statelibrary.dcr.state.nc.us/lsta/SafetyCert2009.pdf>> as part of its application package. However, most libraries will not be subject to CIPA compliance as a result of receiving LSTA funds.

Those interested in compliance information should read the LSTA CIPA Compliance Information document at <<http://statelibrary.dcr.state.nc.us/lsta/compliance09.pdf>>.

If you have questions regarding CIPA certification and compliance, please contact Grant Pair at grant.pair@ncdcr.gov or 919-807-7408.

~~~~~

**Do not include this instruction page with your application.**

**APPLICATION CHECKLIST:** A complete application package will include:

- \_\_\_\_\_ Application signature page signed by appropriate persons.
- \_\_\_\_\_ Complete proposal that responds to every required section of the application.
- \_\_\_\_\_ Complete budget table, with figures that add up correctly.
- \_\_\_\_\_ Budget narrative and explanation of source and availability of matching funds.
- \_\_\_\_\_ **1 original application** with certifying signatures in blue ink, plus 15 copies (16 total).
- \_\_\_\_\_ **1 original** of the required CIPA certification form (public libraries).

**SUBMISSION & FORMAT INSTRUCTIONS:** Make sure that your application is prepared according to the recommended format. Refer to instructions in Section #9 of *General Information & Provisions* for LSTA Grants 2009-2010 at <http://statelibrary.dcr.state.nc.us/lsta/GenInfoProvs09-10.pdf> .

**DELIVERY INFORMATION**

***DUE DATE:*** The complete application package must be received by 5:00 p.m. February 19, 2009, in the Library Development Section Office, Room 310A.

| <b>Delivery by commercial service (e.g. FedEx, UPS), or hand delivery: RECOMMENDED</b>                                                                                               | <b>Delivery by US Postal Service:</b>                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| LSTA Grant Applications<br>Library Development Section, Room 310A<br>State Library of North Carolina<br>Archives & State Library Building<br>109 E. Jones Street<br>Raleigh NC 27601 | LSTA Grant Applications<br>Library Development Section<br>State Library of North Carolina<br>4640 Mail Service Center<br>Raleigh NC 27699-4640 |

**Warning:** To be considered, applications must be received in the Library Development Office by the 5:00 p.m. February 19, 2009, deadline.

To assure on-time receipt by the State Library, applicants are strongly encouraged to use a commercial service and the Jones Street address. Packages sent via US Postal Service and Mail Service Center address (even Express Mail) frequently encounter delivery delays, and the US Postal Service does **not** deliver to the Jones Street address. Any application not received by the deadline will not be eligible for consideration.

**Do not include this instruction page with your application.**



## UNION COUNTY LEGAL DEPARTMENT

JEFFREY L. CROOK, SENIOR STAFF ATTORNEY  
COURTNEY RITCHIE, STAFF ATTORNEY  
TRUDY HELMS, LEGAL ASSISTANT

AGENDA ITEM  
# 4111  
MEETING DATE 2/16/09

500 NORTH MAIN ST., SUITE 826  
MONROE, NC 28112

TO: The Union County Board of Commissioners  
FROM: Jeffrey L. Crook, Senior Staff Attorney *JLC*  
RE: Waiver of Late Listing Penalties  
DATE: February 10, 2009

Please find attached a letter and supporting documentation from Coleman and Ureda, P.A. on behalf of its client, Jed Levitas, DMD, PA. requesting waiver of a late listing penalty. Also attached is an opinion from the Tax Administrator's office. This memo will address the legal options available to the Board regarding this matter.

Pursuant to G.S. § 105-312(k), the Board of Commissioners does have authority to compromise late-listing penalties and interest *prior to payment by the taxpayer*. The applicable section reads as follows:

After a tax receipt computed and prepared as required by subsections (g) and (h) of this section has been delivered and charged to the tax collector as prescribed in subsection (j), above, *the board of county commissioners, upon the petition of the taxpayer, may compromise, settle, or adjust the county's claim for taxes arising therefrom*. The board of commissioners may, by resolution, delegate the authority granted by this subsection to the board of equalization and review, including any board created by resolution pursuant to G.S. 105-322(a) and any special board established by local act. [Emphasis Added]

You will note that the statute prescribes no standards for when such compromise is appropriate. Rather, the Board must consider each such request separately on its merits.

This authority to compromise late listing penalties applies only so long as the tax bill remains unpaid by the taxpayer. If the tax bill has been paid, then any refund must be made in accordance with G.S. § 105-381 which authorizes refunds in only three circumstances; (i) a tax imposed through clerical error; (ii) an illegal tax; and (iii) a tax imposed for an illegal purpose. It is my understanding that in this case the taxes have been paid in full by the taxpayer. Thus, the Board does not have authority at this point to compromise the late listing penalty. The taxpayer may request a refund pursuant to G.S. § 105-381, but I do not find in their supporting documentation where such refund would be warranted.

Although the statute provides no guidance as to when compromise is appropriate, I would recommend that the Board not compromise late-listing penalties absent a showing that the taxpayer would be unfairly penalized or that payment of the claim is unduly burdensome. I would note that in my opinion, such showing has not been made in this case, even had the opportunity for compromise not been foreclosed by payment of taxes.

Approval by the Board of this item on the Consent Agenda shall constitute denial of the request for waiver of the late listing penalty made by Coleman & Ureda, P.A. on behalf of Jed Levitas, DMD, PA.

Please let me know if you have any questions.

cc: Al Greene, County Manager (via agenda packet)  
John Petoskey, Tax Administrator (by e-mail, w/o enclosures)  
Lynn West, Clerk to the Board (for February 16, 2009, agenda)

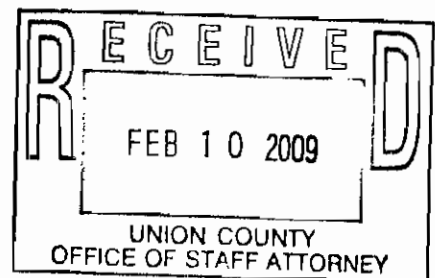
MEMORANDUM

TO: John Petoskey  
FROM: Becky E. Helms *beh*  
DATE: November 6, 2008  
RE: Jed E. Levitas, DMD, PA  
Account Number 50093275

The above mentioned taxpayer received late listing penalties in the amount of \$130.39 for the 2008 tax year because the listing was mailed in an envelope with a postmark date of March 18, 2008. In accordance with NCGS 105-311(b), "abstracts submitted by mail are considered filed on the date shown on the postmark affixed by the United States Postal Service."

This taxpayer requested an extension to file, & the extension was granted through March 15, 2008. That date fell on Saturday, so the last date to file was actually March 17, 2008. The taxpayer signed and dated the abstract with the March 15, 2008, date; but the abstract was not postmarked until March 18, 2008. Attached are copies of the abstract and a copy of the envelope.

It is my recommendation that the request to waive the late listing penalty be denied.





Coleman & Ureda, P.A.

CERTIFIED PUBLIC ACCOUNTANTS  
GENERAL FINANCIAL STRATEGISTS

November 3, 2008

Tax Administrator  
Attn: John Petoskey  
Union County  
P.O. Box 97  
Monroe, NC 28111

RE: Jed Levitas, DMD, PA  
Account No. 50-093-275

Dear Mr. Petoskey:

I am writing this letter on behalf of the above named tax payer. Upon receipt of Dr. Levitas property tax notice for the current year, he noted that late penalty fees had been assessed. A call was placed to Union County and the reason given was that the property tax return had been post marked with a late arrival date. After review of the dates in question, Dr. Levitas determined he had been out of town during the time the tax return was processed by our office and received by him to then forward to Union County. We are respectfully requesting an abatement of penalties due to the fact that the doctor was not available to mail the return in timely.

If you have any questions or need any further information, please contact me at 803-454-0310.

Sincerely,

Pamela A. Stanley  
Coleman and Ureda PA

Enc.