

SLFRF Compliance Report - SLT-3356 - P&E Report - 2021

Report Period : March - December 2021

Recipient Profile

Recipient Information

| | |
|---|---|
| Recipient DUNS | 079051637 |
| Recipient DUNS (+4) | |
| Recipient TIN | 566000345 |
| Recipient Legal Entity Name | Union County, North Carolina |
| Recipient Type | |
| FAIN | |
| CFDA No./Assistance Listing | |
| Recipient Address | 500 N Main |
| Recipient Address 2 | |
| Recipient Address 3 | |
| Recipient City | Monroe |
| Recipient State/Territory | NC |
| Recipient Zip5 | 28112 |
| Recipient Zip+4 | |
| Recipient Reporting Tier | Tier 2. Metropolitan cities and counties with a population below 250,000 residents which received more than \$10 million in SLFRF funding |
| Discrepancies Explanation | |
| Is the Recipient Registered in SAM.Gov? | Yes |

Project Overview

Project Name: COVID-19 Medical Insurance Costs

| | |
|---------------------------------|--|
| Project Identification Number | PH 1.1 |
| Project Expenditure Category | 1-Public Health |
| Project Expenditure Subcategory | 1.6-Medical Expenses (including Alternative Care Facilities) |
| Total Obligations | \$2,006,866.86 |
| Total Expenditures | \$2,006,866.86 |
| Project Description | Union County Government operates a self-funded health insurance plan and will pay for excess health insurance costs due to COVID-19 medical care |

Subrecipients

Subrecipient Name: Group Associates, Inc.

| | |
|---|----------------------|
| DUNS | |
| DUNS (+4) | |
| TIN | 382779844 |
| Type | |
| POC Email Address | |
| Address Line 1 | 30800 Telegraph Road |
| Address Line 2 | |
| Address Line 3 | |
| City | Bingham Farms |
| State | MI |
| Zip | 48025 |
| Zip+4 | |
| Is the Recipient Registered in SAM.Gov? | N/A |

Subawards

Subaward No: 2021-305008958-0

| | |
|--------------------------------|--|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$64,867.77 |
| Subaward Date | 9/26/2021 |
| Place of Performance Address 1 | 600 Hospital Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Monroe |
| Place of Performance State | NC |
| Place of Performance Zip | 28112 |
| Place of Performance Zip+4 | |
| Description | Inpatient Hospital ICU Room Charges, Miscellaneous Charges, Private Room Charges |
| Subrecipient | Group Associates, Inc. |
| Period of Performance Start | 9/26/2021 |
| Period of Performance End | 11/9/2021 |

Subaward No: 2021-320001961-0

| | |
|--------------------------------|--|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$61,436.02 |
| Subaward Date | 10/4/2021 |
| Place of Performance Address 1 | 600 Hospital Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Monroe |
| Place of Performance State | NC |
| Place of Performance Zip | 28112 |
| Place of Performance Zip+4 | |
| Description | Inpatient Hospital ICU Room Charges, Miscellaneous Charges, Private Room Charges |
| Subrecipient | Group Associates, Inc. |
| Period of Performance Start | 10/4/2021 |
| Period of Performance End | 11/23/2021 |

Subaward No: 2021-312000902-0

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|---------------------|-------------------------------|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$74,610.57 |

| | |
|--------------------------------|--|
| Subaward Date | 8/30/2021 |
| Place of Performance Address 1 | 600 Hospital Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Monroe |
| Place of Performance State | NC |
| Place of Performance Zip | 28112 |
| Place of Performance Zip+4 | |
| Description | Inpatient Hospital ICU Room Charges, Miscellaneous Charges, Private Room Charges |
| Subrecipient | Group Associates, Inc. |
| Period of Performance Start | 8/30/2021 |
| Period of Performance End | 11/16/2021 |

Subaward No: 2021-146004480-0

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|--------------------------------|--|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$413,385.93 |
| Subaward Date | 3/16/2021 |
| Place of Performance Address 1 | 600 Hospital Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Monroe |
| Place of Performance State | NC |
| Place of Performance Zip | 28112 |
| Place of Performance Zip+4 | |
| Description | Inpatient Hospital ICU Room Charges, Miscellaneous Charges, Private Room Charges |
| Subrecipient | Group Associates, Inc. |
| Period of Performance Start | 3/16/2021 |
| Period of Performance End | 6/1/2021 |

Subaward No: 2021-314004780-0

| | |
|--------------------------------|-------------------------------|
| Subaward Type | Contract: Definitive Contract |
| Subaward Obligation | \$149,545.99 |
| Subaward Date | 9/12/2021 |
| Place of Performance Address 1 | 600 Hospital Drive |
| Place of Performance Address 2 | |
| Place of Performance Address 3 | |
| Place of Performance City | Monroe |
| Place of Performance State | NC |

| | |
|-----------------------------|--|
| Place of Performance Zip | 28112 |
| Place of Performance Zip+4 | |
| Description | Inpatient Hospital ICU Room Charges, Miscellaneous Charges, Private Room Charges |
| Subrecipient | Group Associates, Inc. |
| Period of Performance Start | 9/12/2021 |
| Period of Performance End | 11/16/2021 |

Expenditures

Aggregate Expenditures more than \$50,000

Expenditure: EN-00081046

| | |
|----------------------|----------------------------------|
| Project Name | COVID-19 Medical Insurance Costs |
| Subaward ID | SUB-0067172 |
| Subaward No | 2021-305008958-0 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | |
| Expenditure Start | 9/26/2021 |
| Expenditure End | 11/9/2021 |
| Expenditure Amount | \$64,867.77 |
| Expenditure Category | |

Expenditure: EN-00081051

| | |
|----------------------|----------------------------------|
| Project Name | COVID-19 Medical Insurance Costs |
| Subaward ID | SUB-0067255 |
| Subaward No | 2021-320001961-0 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | |
| Expenditure Start | 10/4/2021 |
| Expenditure End | 11/23/2021 |
| Expenditure Amount | \$61,436.02 |
| Expenditure Category | |

Expenditure: EN-00081168

| | |
|----------------------|----------------------------------|
| Project Name | COVID-19 Medical Insurance Costs |
| Subaward ID | SUB-0067260 |
| Subaward No | 2021-312000902-0 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | |
| Expenditure Start | 8/30/2021 |
| Expenditure End | 11/16/2021 |
| Expenditure Amount | \$74,610.57 |
| Expenditure Category | |

Expenditure: EN-00081172

| | |
|----------------------|----------------------------------|
| Project Name | COVID-19 Medical Insurance Costs |
| Subaward ID | SUB-0067379 |
| Subaward No | 2021-314004780-0 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | |
| Expenditure Start | 9/12/2021 |
| Expenditure End | 11/16/2021 |
| Expenditure Amount | \$149,545.99 |
| Expenditure Category | |

Expenditure: EN-00081178

| | |
|----------------------|----------------------------------|
| Project Name | COVID-19 Medical Insurance Costs |
| Subaward ID | SUB-0067279 |
| Subaward No | 2021-146004480-0 |
| Subaward Type | Contract: Definitive Contract |
| Subrecipient Name | |
| Expenditure Start | 3/16/2021 |
| Expenditure End | 6/1/2021 |
| Expenditure Amount | \$413,385.93 |
| Expenditure Category | |

Aggregate Disbursements less than \$50,000

Expenditure: EN-00081292

| | |
|------------------------------------|----------------------------------|
| Project Name | COVID-19 Medical Insurance Costs |
| Expenditure Category | |
| Subaward Type (Aggregates) | Aggregate of Contracts Awarded |
| Total Quarterly Expenditure Amount | \$1,243,020.58 |
| Total Quarterly Obligation Amount | \$1,243,020.58 |

Report

Federal Financial Reporting

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|--|---|
| Base Year General Revenue | |
| Fiscal Year End Date | |
| Growth Adjustment Used | |
| Actual General Revenue as of 12 months ended December 31, 2020 | |
| Estimated Revenue Loss Due to Covid-19 Public Health Emergency as of December 31, 2020 | \$0.00 |
| Were Fiscal Recovery Funds used to make a deposit into a pension fund? | No |
| Please provide an explanation of how revenue replacement funds were allocated to government services | Union County has not yet allocated funds under revenue loss and will update our response in the next reporting cycle. |

Questions on Equity and Evidence

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|--|--|
| 1. Do you have a learning agenda, evidence-building plan, or another strategic approach to using evidence and evaluation for the spending outlined in your Recovery Plan? | |
| 1. If Yes, Please provide a link | |
| 2. Do the performance metrics for the projects listed in the Recovery Plan include data disaggregated by race, ethnicity, gender, income, and other relevant factors? | |
| 3. Do you have a full Community Engagement Plan that accompanies the community engagement activities outlined in your Recovery Plan? | |
| 3. If Yes, Please provide a link | |
| 4. Do you have a public awareness campaign or other planned dissemination activities to make residents and businesses aware of the SLFRF supported projects from your Recovery Plan? | |
| 4. If Yes, Please describe in 1-2 sentences and provide a link. | |
| 5. What is the total number of performance indicators across all projects in your Recovery Plan (including mandatory performance indicators)? | |

Certification

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|-----------------|--|
| Name | Clayton Voignier |
| Telephone | 7042833687 |
| Title | Director, Strategy & Innovation |
| Email | clayton.voignier@unioncountync.gov |
| Submission Date | 1/31/2022 3:28 PM |