

SLFRF Compliance Report - SLT-3356-P&E Report-Q3 2022

Report Period : Quarter 3 2022 (July-September)

Recipient Profile

Recipient Information

Recipient UEI	LHMKBD4AGRJ5
Recipient TIN	566000345
Recipient Legal Entity Name	Union County, North Carolina
Recipient Type	Metro City or County
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
Base Year Fiscal Year End Date	
Discrepancies Explanation	
Is the Recipient Registered in SAM.Gov?	Yes

Project Overview

Project Name: Digital Sign Trailers

Project Identification Number	PH 1.2
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Status To Completion	Completed less than 50%
Adopted Budget	\$44,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	This project includes the purchase of two (2) digital light-emitting diode (LED) message sign trailers for Emergency Management.
What is the Total expected capital expenditure, including pre-development costs, if applicable	\$44,000.00
Type of capital expenditures, based on the following enumerated uses	Emergency operations centers and acquisition of emergency response equipment
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The project will supplement existing emergency response communication efforts and provide equipment for Emergency Management to communicate critical, time-sensitive and life-saving information to the public concerning emergency events affecting the health, welfare and safety of the community. During the pandemic, Emergency Management did not have the capability to provide information about emergency events to the public on rural roads.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	In the event of an emergency situation affecting the health, welfare and safety of the community, including, but not limited to, weather-related and natural disasters and communicable disease outbreaks, Emergency Management will use the digital sign trailers to provide information about such events to the public on rural roads.

Project Name: Indian Trail Waterline

Project Identification Number	I 5.2
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.11-Drinking water: Transmission & distribution
Status To Completion	Not Started
Adopted Budget	\$400,000.00
Total Cumulative Obligations	\$0.00

Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Union County will partner with the Town of Indian Trail for the design, land acquisition and construction of a waterline to serve 27 residents in the Emerald Woods Subdivision.

Project Name: Community Shelter Assistance

Project Identification Number	PH 1.3
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.9-COVID-19 Assistance to Non-Profits
Status To Completion	Completed less than 50%
Adopted Budget	\$123,175.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Union County will provide assistance to the Community Shelter, a local non-profit organization that provides short-term, emergency shelter resources to single adults and families experiencing homelessness, to offset the negative economic impacts that the shelter experienced during the pandemic.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	11 Imp Classes of NPs designated as negatively economically impacted
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	During the pandemic, the Community Shelter was unable to quarantine and isolate homeless individuals and families suspected of contracting COVID-19 within its existing emergency shelter facility. As a result, the Community Shelter incurred additional, unplanned expenditures for the purchase of hotel room stays to quarantine and isolate those homeless individuals and families suspected of contracting COVID-19.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Union County will reimburse the Community Shelter for the additional, unplanned expenditures to offset the negative economic impact they experienced during the pandemic and ensure that the shelter continues to maintain adequate operations in service of its homeless clients.
Number of Non-Profits served (by program if recipient establishes multiple separate non-profit assistance programs)	1

Project Name: Well Testing and Rehabilitation Program

Project Identification Number	I 5.4
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.16-Water and Sewer: Private Wells
Status To Completion	Not Started

Adopted Budget	\$300,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	This project includes the implementation of well water testing for the Short Water Line Extension Program and well water testing and well rehabilitation for property owners in Union County with identified well rehabilitation needs.

Project Name: Yadkin Parallel Distribution Waterline

Project Identification Number	I 5.3
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.11-Drinking water: Transmission & distribution
Status To Completion	Not Started
Adopted Budget	\$10,000,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	This project includes the installation of parallel distribution piping for the Yadkin Regional Water Supply Project in the 762 Zone distribution system.

Project Name: Community Broadband Internet

Project Identification Number	I 5.1
Project Expenditure Category	5-Infrastructure
Project Expenditure Subcategory	5.20-Broadband: IJA Match
Status To Completion	Not Started
Adopted Budget	\$1,500,000.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	The Community Broadband Internet Project will facilitate the dissemination of broadband internet access across the county and allow Internet Service Providers to leverage state ARPA funding to build out the necessary infrastructure. The project will serve up to 3,000 homes and businesses mostly in rural areas that do not have adequate high-speed internet above 25 Mbps Download/3 Mbps Upload.
Projected/actual construction start date	1/1/2023
Projected/actual initiation of operations date	1/1/2025

Project Name: COVID-19 Monitoring, Mitigation and Response

Project Identification Number	PH-NEI 3.1
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$2,021,873.00
Total Cumulative Obligations	\$0.00
Total Cumulative Expenditures	\$0.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	The COVID-19 Monitoring, Mitigation and Response Project will extend the non-county funded support of critical new positions in the Public Health Communicable Disease Program Unit engaged in COVID-19 response and monitoring efforts. Positions include two (2) Public Health Nurses, one (1) Epidemiologist, one (1) Communicable Disease Program Nurse Supervisor, one (1) Nurse Informatics position, one (1) Lab Technician, one (1) Administrative Support position, one (1) Childcare Health Nurse consultant and one (1) Communications Specialist.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The project will provide the Public Health Communicable Disease Program Unit with funding resources to support staff salaries and benefits engaged in COVID-19 mitigation, response and monitoring efforts. During the pandemic, these staff operated vaccination, testing, data collection and communication programs using various medical and PPE/protecting equipment.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Staff in the Public Health Communicable Disease Program Unit will continue to operate vaccination, testing, data collection and communication programs using various medical and PPE/protecting equipment.
Number of government FTEs responding to COVID-19 supported under this authority	9

Project Name: Detention Officer Positions

Project Identification Number	PH-NEI 3.2
Project Expenditure Category	3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory	3.1-Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers
Status To Completion	Completed less than 50%
Adopted Budget	\$1,245,270.00
Total Cumulative Obligations	\$98,491.17
Total Cumulative Expenditures	\$98,491.17
Current Period Obligations	\$46,066.36

Current Period Expenditures	\$46,066.36
Project Description	This project will fund four (4) Detention Officers to provide the County Jail with adequate staff to meet challenges brought on by the COVID-19 pandemic.
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	This project will provide the County jail with adequate staff to meet state mandates requiring additional staff coverage for quarantined detention officers, address fewer services provided by the state, such as prisoner transports, requiring additional staff coverage at overtime rates, and address resignation of detention officers due to decreased morale, loss of holiday time, and depletion of the overtime budget, all of which were the result of the COVID-19 pandemic.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	The County determined the number of detention officers needed based on an estimated workload assessment using the factors described above that encompassed the public health and negative economic impacts experienced.
Number of government FTEs responding to COVID-19 supported under this authority	4

Project Name: Program Administration

Project Identification Number	A 7.1
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Adopted Budget	\$1,098,643.00
Total Cumulative Obligations	\$22,176.82
Total Cumulative Expenditures	\$22,176.82
Current Period Obligations	\$19,325.69
Current Period Expenditures	\$19,325.69
Project Description	Program administration staff will manage and coordinate use of funds to ensure transparency and public accountability while maintaining a robust documentation and compliance methodology. Staff include one (1) Local Disaster Recovery Manager, one (1) Grants Accountant, and one (1) Procurement Specialist.

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)
Status To Completion	Completed
Adopted Budget	\$2,500,000.00
Total Cumulative Obligations	\$2,416,401.46
Total Cumulative Expenditures	\$2,416,401.46
Current Period Obligations	\$38,857.84

Current Period Expenditures	\$38,857.84
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
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The program disburses funds to medical providers for claims incurred by public employees. The objective is to cover unreimbursed expenses for medical care for COVID-19 testing and treatment, primarily uncompensated care costs to medical providers on behalf of public employees. During the pandemic, particularly when variants were surging, our employees experienced an increased need for medical care due to COVID-19 infections and needed to comply with COVID-19 public health precautions.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	The increased need for medical care experienced by our employees due to COVID-19 infections resulted in an immediate financial impact and a sustained impact to our capacity to deliver services to the public. As such, funding for this program was needed immediately to offset this impact compared to other projects identified for funding. Funding is anticipated to end June 30, 2022 due to a declining need for that medical care, which correlates with the declining need among the general public.

Subrecipients

Subrecipient Name: Carolinas Medical Center

TIN	561398929
Unique Entity Identifier	
POC Email Address	
Address Line 1	100 Blythe Blvd
Address Line 2	
Address Line 3	
City	Charlotte
State	NC
Zip	28203
Zip+4	5812
Entity Type	Beneficiary
Is the Recipient Registered in SAM.Gov?	N/A

Subrecipient Name: Atrium Health Union

TIN	560529945
Unique Entity Identifier	
POC Email Address	
Address Line 1	600 Hospital Drive
Address Line 2	
Address Line 3	
City	Monroe
State	NC
Zip	28112
Zip+4	6000
Entity Type	Beneficiary
Is the Recipient Registered in SAM.Gov?	N/A

Subrecipient Name: Union County Community Shelter

TIN	582121860
Unique Entity Identifier	
POC Email Address	
Address Line 1	160 Meadow Street
Address Line 2	
Address Line 3	
City	Monroe

State	NC
Zip	28110
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	N/A

Subawards

Subaward No: 2021-314004780-0

Subaward Type	Transfer: Lump Sum Payment(s)
Subaward Obligation	\$0.00
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	Atrium Health Union
Period of Performance Start	9/12/2021
Period of Performance End	11/16/2021

Subaward No: 2021-146004480-0

Subaward Type	Direct Payment
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	Atrium Health Union
Period of Performance Start	3/16/2021
Period of Performance End	6/1/2021

Subaward No: 2021-312000902-0

Subaward Type	Direct Payment
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	Atrium Health Union
Period of Performance Start	8/30/2021
Period of Performance End	11/16/2021

Subaward No: 2021-320001961-0

Subaward Type	Direct Payment
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	Atrium Health Union
Period of Performance Start	10/4/2021
Period of Performance End	11/23/2021

Subaward No: 2021-305008958-0

Subaward Type	Direct Payment
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	Atrium Health Union
Period of Performance Start	9/26/2021
Period of Performance End	11/9/2021

Subaward No: 2021-314004780-0a

Subaward Type	Direct Payment
Subaward Obligation	\$149,545.99
Subaward Date	9/12/2021
Place of Performance Address 1	100 Blythe Blvd
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Charlotte
Place of Performance State	NC
Place of Performance Zip	28203
Place of Performance Zip+4	
Description	Inpatient Hospital ICU Room Charges, Miscellaneous Charges
Subrecipient	Carolinas Medical Center
Period of Performance Start	9/12/2021
Period of Performance End	11/16/2021

Subaward No: 2022-068004192-0

Subaward Type	Transfer: Lump Sum Payment(s)
Subaward Obligation	\$76,123.46
Subaward Date	2/11/2022
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
Subrecipient	Atrium Health Union
Period of Performance Start	2/11/2022

Period of Performance End

3/22/2022

Expenditures

Expenditures for Awards more than \$50,000

Expenditure: EN-00081178

Project Name	COVID-19 Medical Insurance Costs
Subaward ID	SUB-0067279
Subaward No	2021-146004480-0
Subaward Amount	\$413,385.93
Subaward Type	Direct Payment
Subrecipient Name	Atrium Health Union
Expenditure Start	3/16/2021
Expenditure End	6/1/2021
Expenditure Amount	\$413,385.93

Expenditure: EN-00081172

Project Name	COVID-19 Medical Insurance Costs
Subaward ID	SUB-0067379
Subaward No	2021-314004780-0
Subaward Amount	\$0.00
Subaward Type	Transfer: Lump Sum Payment(s)
Subrecipient Name	Atrium Health Union
Expenditure Start	9/12/2021
Expenditure End	11/16/2021
Expenditure Amount	\$149,545.99

Expenditure: EN-00081168

Project Name	COVID-19 Medical Insurance Costs
Subaward ID	SUB-0067260
Subaward No	2021-312000902-0
Subaward Amount	\$74,610.57
Subaward Type	Direct Payment
Subrecipient Name	Atrium Health Union
Expenditure Start	8/30/2021
Expenditure End	11/16/2021
Expenditure Amount	\$74,610.57

Expenditure: EN-00081051

Project Name	COVID-19 Medical Insurance Costs
Subaward ID	SUB-0067255
Subaward No	2021-320001961-0
Subaward Amount	\$61,436.02
Subaward Type	Direct Payment
Subrecipient Name	Atrium Health Union
Expenditure Start	10/4/2021
Expenditure End	11/23/2021
Expenditure Amount	\$61,436.02

Expenditure: EN-00081046

Project Name	COVID-19 Medical Insurance Costs
Subaward ID	SUB-0067172
Subaward No	2021-305008958-0
Subaward Amount	\$64,867.77
Subaward Type	Direct Payment
Subrecipient Name	Atrium Health Union
Expenditure Start	9/26/2021
Expenditure End	11/9/2021
Expenditure Amount	\$64,867.77

Expenditure: EN-00257436

Project Name	COVID-19 Medical Insurance Costs
Subaward ID	SUB-0157281
Subaward No	2022-068004192-0
Subaward Amount	\$76,123.46
Subaward Type	Transfer: Lump Sum Payment(s)
Subrecipient Name	Atrium Health Union
Expenditure Start	2/11/2022
Expenditure End	3/22/2022
Expenditure Amount	\$76,123.46

Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-00433080

Project Name	Detention Officer Positions

Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$52,424.81
Total Period Obligation Amount	\$52,424.81

Expenditure: EN-00601159

Project Name	Detention Officer Positions
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$46,066.36
Total Period Obligation Amount	\$46,066.36

Expenditure: EN-00433084

Project Name	Program Administration
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$2,851.13
Total Period Obligation Amount	\$2,851.13

Expenditure: EN-00601160

Project Name	Program Administration
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$19,325.69
Total Period Obligation Amount	\$19,325.69

Expenditure: EN-00081292

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

Expenditure: EN-00416719

Project Name	COVID-19 Medical Insurance Costs
Subaward Type (Aggregates)	Aggregate of Transfers
Total Period Expenditure Amount	\$83,804.57
Total Period Obligation Amount	\$83,804.57

Expenditure: EN-00257421

Project Name	COVID-19 Medical Insurance Costs
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$210,748.73
Total Period Obligation Amount	\$210,748.73

Expenditure: EN-00628353

Project Name	COVID-19 Medical Insurance Costs
Subaward Type (Aggregates)	Aggregate of Transfers
Total Period Expenditure Amount	\$38,857.84
Total Period Obligation Amount	\$38,857.84

Report

Revenue Replacement

Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss?	Yes
Revenue Loss Due to Covid-19 Public Health Emergency	\$10,000,000.00
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	Salaries and benefits for General Administration Function

Overview

Total Obligations	\$2,537,069.45
Total Expenditures	\$2,537,069.45
Total Adopted Budget	\$19,232,961.00
Total Number of Projects	10
Total Number of Subawards	7
Total Number of Expenditures	14

Certification

Authorized Representative Name	Clayton Voignier
Authorized Representative Telephone	7042833687
Authorized Representative Title	Director, Strategy & Innovation
Authorized Representative Email	clayton.voignier@unioncountync.gov
Submission Date	10/27/2022 10:34 AM