

The AA Process Guide

A guide for DPH Program Staff about the process for the
Local Health Departments' Agreement Addenda, Budgetary Estimates,
Supplements, Consolidated Agreements, and Funding Authorizations

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1. Introduction

This guide provides the Division of Public Health staff with information about the Consolidated Agreements, Agreement Addenda, Budgetary Estimates, and Funding Authorizations with local health departments and about the process for producing the Consolidated Agreement and Agreement Addenda. This process does not include programmatic or other federal and state guidelines required in the daily operations of these services.

Before the start of each fiscal year, the Division of Public Health and the local health departments execute a Consolidated Agreement to establish the terms and conditions governing the use of federal and state funds. Agreement Addenda will be prepared well before the start of each fiscal year — one for each funded program Activity —to establish annual program objectives to be achieved by the local health departments. These Agreement Addenda are addenda to the Consolidated Agreement.

In addition, Budgetary Estimates for those Activities will be entered and approved in the Aid-to-Counties database. Local health departments and Division of Public Health programs will be able to track proposed estimates in the Aid-to-Counties database from the approval process to completion.

The Division of Public Health Budget Office will send Funding Authorizations to local health departments after the budget is certified. Per Session Law 2001-424, Senate Bill 1005; Section 21.16, the Division of Public Health must notify the local health departments of approved estimates before February 15 of each year. Payments are contingent upon DPH’s receipt of an executed Consolidated Agreement and Agreement Addenda.

Local health departments are required to submit electronic monthly expenditure reports into the Aid-to-Counties database to receive reimbursement for services performed.

2. Terms Used in this Guide

- AAAgreement Addendum
- AA+BE.....An AA combined with its corresponding BE into a single document.
All AA pages are followed by the two BE pages. For paper documents, the AA and BE are stapled together. For electronic documents, the AA and BE are in a single PDF file.
- AA+Supplement+BE...An AA combined with its corresponding Supplement page and BE into a single document.
- AA Team LeaderThe AA Team Leader is in the DPH Contracts Office
- ATC databaseThe Aid-to-Counties database
- BEBudgetary Estimate
- Budget OfficeAll references to the Budget Office refer to the DPH Budget Office
- CAConsolidated Agreement
- Contracts Manager.....The Contracts Manager is in the DPH Contracts Office
- Contracts OfficeAll references to Contracts Office refer to the DPH Contracts Office
- Controller’s Office.....All references to Controller’s Office refer to the DHHS Controller’s Office
- BE Budget Officer.....The BE Budget Officer is in the DPH Budget Office
- FAFunding Authorization
- DPH.....Division of Public Health
- LHD.....local health department, district health department, public health authority
- LTAT.....Local Technical Assistance and Training
- NCALHDNorth Carolina Association of Local Health Directors
- Program StaffAll references to Program Staff refer to any of the individuals working in any of these DPH Sections: Chronic Disease and Injury, Environmental Health, Epidemiology, Office of Minority Health, Oral Health, State Lab, and Women’s and Children’s Health
- RFARequest for Application

3. RFAs

RFAs are required when Program Staff receives funds to be allocated using specific evaluation criteria, such as a particular geographic area.

IMPORTANT: When planning the RFA's timeline, the Program Staff needs to make sure that they will be making their decisions in time for the next annual distribution of agreements.

The program's decisions about which LHDs will receive funding and how much they are to receive will need to be made quite early — the first draft AA is due between late August and October and the BE must be signed and delivered to the Budget Office by the first Friday in December. Work on the AAs and BEs is done early so that everything will be ready to mail to the LHDs in early February. The agreements mailed will be for the following fiscal year's Activities, so those AAs will have June 1 start dates.

If an RFA is required prior to the distribution of funds to LHDs, the Program Staff will need to complete the RFA Approval form, the RFA Justification Memorandum, and the RFA Template.

These documents are located on the Contracts Office website, <http://publichealth.nc.gov/employees/contracts.htm>, and are accessed using the *Contract Forms* link located on the Contracts Office's front page. From the Contract Forms page, look under the *Request for Applications* section for the documents.

The Program Staff will secure the approval signatures on the RFA Approval form and submit the original documents — both on paper and as an electronic file — to the Contracts Office at least 30 days prior to the submission of the RFA.

The Contracts Office Staff will then review the RFA package for completeness and accuracy. If there are questions or suggestions on the RFA package, they will be directed to the appropriate Program Staff.

After securing the approval of the Budget Office, the Contracts Office Staff will then return the approved package to the appropriate Program Staff.

The Program Staff will then handle all aspects of the RFA mailing, evaluation and awarding of funds. The actual awarding of the funds to the LHDs will be by Agreement Addendum (and a corresponding Budgetary Estimate).

4. Requesting New Activity Numbers

An *Activity* is the term used to describe those programs and services that are initiated by DPH and provided by the local health departments. If an Activity number is not already assigned, a new one will need to be issued.

When a new Activity number is needed, the Program Staff should send an email message to the AA Team Leader (adrienne.gilliatt@dhhs.nc.gov). Provide the AA Team Leader with information including:

1. The proposed title of the Activity
2. The month the Activity is estimated to start
3. Whether this will be an on-going (more than one fiscal year) or a one-time Activity
4. The program contact's name for the Activity (who will work with the AA Team Leader on the drafts).

Activity numbers and titles should be consistent on all AA documents and Aid-to-Counties database entries. Please note that the ATC database has a 26-character limit on Activity names so what gets entered into ATC may need to be abbreviated. What appears on the AA itself should not be abbreviated. (As all DPH sections have Activities, it is best to use a name which makes it clear what work is involved. For example, more than one DPH section has had work using the acronym "REACH," so using only that acronym isn't sufficient for knowing which Activity it is.)

The AA Team Leader will assign a number and title for the new Activity, and will send an email message to the Chief Budget Officer and the requesting Program Staff person (with a copy sent to the Budget Office's ATC

Coordinator, the BE Budget Officer, and the Contracts Manager) to request that the new Activity be set up and added to the Aid-to-Counties database.

Once the Budget Office has completed setting up the Activity, they will notify the Program Staff person and the Contracts Office (via the same email message by selecting the *Reply All* button) that the Activity is now available to use. Once notified by the Budget Office, the Program may enter the Budgetary Estimate information in the ATC database (see *Process for Budgetary Estimates* on page 12 for more information).

5. Aid-to-Counties Database

The ATC database was designed to replace the manual process for the LHDs' expenditure reporting. Administered by the Budget Office, the ATC database tracks budgets, expenditure accounts, and encumbrance amounts, and it exports payment information to the North Carolina Accounting System (NCAS).

The ATC database is used by DPH, the LHDs, and the Office of the Controller. Within these groups, individuals are given different user roles to correspond to the different types of work they perform. This means that each user has different access within the system, i.e., can see different screens where data is entered.

- Program Staff will have roles as Program User or Program Administrator
- Budget Staff will have Budget Administrator or Budget Supervisor roles.
(One person in the Budget Office is designated as the System Administrator and oversees the system.)
- LHDs will have either County User or County Administrator roles
- Office of the Controller will have the State Administrator role
- (The Contracts Office access is limited to releasing funds when AAs are returned signed.)

Any questions about the ATC database should be directed to Rebecca Miller in the Budget Office (rebecca.miller@dhhs.nc.gov).

6. ATC Window — Restrictions on When Users Enter Data in ATC

All DPH Staff — Program, Contracts and Budget — have approximately two weeks per month in which to access the ATC database for the purposes of entering data. The two week “window” occurs on about the last week and the first week of each month. (All other times, the ATC database is accessible but changes cannot be made.)

This window is the only time that Program Staff can create Budgetary Estimates or enter any data. This same window is when the Budget Office can certify BEs, and is the only time when the Contract's Office can release funds for executed AAs and AA Revisions.

The rest of the calendar is divided into other windows for the local health departments and for the Controller's Office to enter data. The LHDs' window begins once the DPH Staff's window closes, around the second week of each month, with an open window for about one week. This is when the LHDs submit their expenditure reporting. Then the window shifts to the Controller's Office for them to prepare and process the payments to the LHDs. After the Controller's Office's window closes, the process starts again with the DPH Staffs' window opening.

This system of windows was implemented to remedy the problem that existed in which funds were drawn by LHDs at the same time that the same funds were being reduced by Program Staff. These situations resulted in negative balances. To prevent negative balances from occurring, the ATC database now includes this system of allocating write access to only one set of users at a time. All users of the system can *view* the data at any time. It is only when making changes that the users are limited — data entry requires the users' window to be open.

All users need to be mindful of when they can and cannot enter data. If BEs are submitted late and cannot be certified by the Budget Office during the DPH Staff's open time, it may impact the AAs start date requiring it to be delayed by a month. This also means that the BE may be rejected if the dates entered need to be changed.

As the Budget Office can release funds only during the DPH Staffs' window, if the LHDs delay getting their signed AAs mailed in, it may delay the LHDs' access to the funds.

The Budget Office will need to certify BEs timely and return them promptly to the Program Staff so they can then produce the AA+BE or AA+Supplement+BE files, get them to the AA Team Leader, and they can be sent to LHD in a timely manner.

The Budget Office will keep all items it receives during the lockout time period. Once the ATC database window is open again for DPH Staff, all funds for executed AAs received will be released, and any BEs being held will then be processed for certification (if possible).

The Controller's Office develops the window dates schedule for each calendar year. The current schedule is included in *Appendix F: Aid-to-Counties Expenditure Control Schedule* for your reference and it is also available on the Contracts Office website, with all other related documents under the heading *Agreement Addendum*.

7. Supplement Pages — Federal Grant Requirements

Federal grant awardees (such as DPH) are required to provide additional information to the subawardees (such as the LHDs) about the source of their agreements' funding.

The Office of Management and Budget published the Uniform Guidance on December 26, 2013. The Uniform Guidance combines into a single set of regulations the administrative requirements, cost principles and audit requirements for non-federal awardees for grants and cooperative agreement. The Uniform Guidance is the source for instructions or information issued by OMB to Federal agencies for the administration of grants and cooperative agreements. The regulations listed in the Uniform Circulars are binding on federal agencies. The Uniform Guidance addresses the cost principles, administrative requirements and audit requirements for institutions of higher educations, states-local-governments-Indian Tribal governments and Non-profit organizations. For more information, visit <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>.

Most of the required information is found on the Notice of Grant Awards (NGAs) and Notice of Awards (NOAs) that DPH receives throughout the year. As we release our agreements on the state fiscal year cycle and the NGAs and NOAs are not on any one cycle, DPH is not able to include this information on the AAs themselves. Instead, language is added to the AAs (in the Funding Guidelines section) referring to Supplement pages, with the required information listed on the Supplement pages.

What is a Supplement page?

A Supplement is a single page which enables DPH to provide to the LHDs all the required information about the federal grant award:

- Subrecipient name *
- Subrecipient DUNS number
- Subaward period of performance start and end dates *
- Federal Award Identification Number (FAIN)
- Federal award date
- Federal award project description
- Name of federal awarding agency; Pass-through entity * ; DPH contact info for awarding official *
- CFDA number and name
- Whether the award is research & development
- The indirect cost rate for the federal award
- Amount of federal funds obligated by this action
- Total amount of federal funds obligated to the subrecipient
- Total amount of the federal award

* This information appears on the AA or AA Revision.

To reduce the quantity of pages produced, we've designed it so all 84 LHDs are displayed on one Supplement page.

The Program Staff are to complete one Supplement page for each federal grant award year (as funds are by year) in line with the budget that the Program Staff has produced for distributing the federal grant funds. Those who have federal grants funding their AAs will have part of two award years making up the single 12-month AA — so ultimately there will be (at least) two Supplement pages per AA for FY20.

In addition, if the AA is funded with two (or more) different federal grants, the Program Staff will need to produce Supplement pages for each grant.

If there are changes during the fiscal year, and amounts of federal funds allocated to the local health departments changes in any way, this will necessitate additional Supplement pages being produced.

A Supplement page is specific to a single FY and a single Activity, and each is numbered, starting with Supplement 1 (to be able to distinguish between them).

Language in every AA which references the Supplement pages

Starting with the FY17 AAs, all AAs include this reference to the Supplement pages — whether federally funded or not. This language is added as the first information in Section VI, appearing in front of any other language which may be written in the AA's funding section.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

This reference language is to appear with numbered/lettered paragraphs and subparagraphs. The numbers and letters should be changed to make it match what the AA already uses (or the AA can be changed to match this). Any other language which appears in the AA's funding section also will need to appear with numbered/lettered paragraphs.

Providing Supplement pages to the LHDs

Supplement pages are to be attached to the AAs whenever it is possible. At the start for the upcoming fiscal year, DPH releases the AAs many months before their start dates and so it will often be the case that the federal grant information is not yet available when the AAs are being completed.

If the Supplement is included with the AA: The Supplement page should be placed between the AA and the BE, so it appears after the AA pages and immediately before the two BE pages.

Near the top of the form are two checkboxes which are used to indicate the reason for the Supplement. When including the Supplement with the AA, tick the checkbox for *In AA+BE or AA+BE Rev.*

If the Supplement can't be included with the AA: Those Supplement pages which aren't attached to an AA will need to be delivered to the LHDs in another manner. In this case, email the Supplement page as a Microsoft Word document to the AA Team Leader (adrienne.gilliatt@dhhs.nc.gov). (The AA Team Leader will then send the Supplement pages to the LHDs.)

Near the top of the form are two checkboxes which are used to indicate the reason for the Supplement. When the Supplement needs to be sent without an AA, tick the second checkbox and choose one from among the five options provided beside the second checkbox.

The Program Staff will need to be cognizant about getting these Supplement pages to the BE Budget Officer when the NGAs and NOAs arrive — the arrival of these awards are the only reminder for the Program Staff that these pages need to be produced.

8. Process for CAs, AAs, and BEs — Initial Production

DPH is required to have all the Agreement Addenda and Budgetary Estimates to all 84 LHDs before February 15 each year. The Program Staff, Contracts Office and Budget Office must work together in the months leading up to that date in order to meet that legislative deadline.

Process for Consolidated Agreements

Consolidated Agreements are the master agreements for the local health departments, and a new Consolidated Agreement is executed each fiscal year. A Consolidated Agreement is an agreement entered into by one local health department and the Division of Public Health.

In October, the draft Consolidated Agreement is distributed by the LTAT Branch Head to a group of people — specific individuals within Program, Budget, Contracts, the LTAT Administrative Consultants, and the Controller's Office — for their review. Those individuals are to provide all their comments to the LTAT Branch Head by the end of November.

The LTAT Branch Head will produce a final draft Consolidated Agreement incorporating the needed changes and present it in mid-December to the NCALHD. Any issues raised by the NCALHD will be reviewed by the Division Management Team, and final modifications will be made to the agreement resulting in a final Consolidated Agreement.

By mid-January, the Consolidated Agreement, along with other associated documents (Business Associate Agreement, State Certifications, Federal Certifications, training forms, Maintenance of Effort schedule, and an explanatory memo), will be printed by the LTAT Staff and delivered to the Contracts Office. The LTAT Staff will also email to the Contracts Office a master PDF file of the Consolidated Agreement and its associated documents so the file can be posted on the Contracts Office website.

Process for Agreement Addenda

First drafts due

All drafts of the Agreement Addenda are reviewed by the AA Team Leader, beginning in late August.

Each Activity is assigned a due date for its first draft (v1 draft), with due dates staggered from late August through October, distributed equitably among the Sections.

The AA Team Leader will email proposed v1 draft due dates to the Program Staff by mid-June. If a due date proposed conflicts with other work priorities for a Program Staff member, he or she will need to contact the

AA Team Leader by the end of June to arrange for a different v1 draft due date. After the first day of July, all of the due dates are set.

The AA Template can be obtained (along with other Agreement Addenda-related documents) at the Contracts Office website, using the Contract Forms link found on the front page. The URL for the Contracts Office is <http://publichealth.nc.gov/employees/contracts.htm>. When on the Contract Forms page, look under “Agreement Addendum” to find the documents to download.

Service Period and Payment Period dates

Almost all original AAs use June 1 – May 31 for the Service Period per the legislature’s mandate. Payment Period dates are *always* one month after the Service Period dates (so most are July 1 – June 30). The Budget Office requires that period dates begin on the first day of a month and end on the last day of a month. (The only exceptions about the dates policy are for the start and end of a federal grant.)

Review process between Program Staff and Contracts Office

The review process between the AA Team Leader and the Program Staff will use Microsoft Word’s Track Changes and Comments features. (There are many training classes available on the Internet for how to use these features. An example of one is on YouTube and is by gcflearnfree.org, “Word 2016: Track Changes and Comments.”)

A single draft is reviewed at a time. If Program has more than one variation for an Activity’s AA, the first variation needs to be declared as the final version before taking up subsequent variations. This enables Program to apply all the agreed upon changes to the next variation *before* the starting on the next variation’s review.

Changes — that is, edits to the language and changes to the formatting — are proposed in the draft itself and any changes deemed acceptable are to be accepted (that is, accepted using the track changes feature in the software) prior to the next draft being submitted. (Formatting changes which are merely fixing formatting may not appear as tracked changes as fixes do not require acceptance.)

Comments — questions or statements made outside of the AA language and which appear as comments in the Microsoft Word document — are made in the draft and should be addressed by the Program Staff by adding additional comments. (Please do not add comments into the existing comment box. Instead, add a new comment box.) In this manner, issues or questions are resolved quite efficiently.

Naming convention for AA drafts

The AA file names must include the Activity number and the fiscal year for that AA. The first draft from the Program Staff is labeled as v1, with changes and comments from the AA Team Leader appearing as changes and comments to the v1 draft. Subsequent drafts are numbered accordingly, with v2, v3, and so on, until a final draft is reached. These file names will also include the first name (or initials) of the person who worked on the draft. The resulting file name will look like this: *123 FY20 v1 claire*. The file name for the response to this v1 draft will look like this: *123 FY20 v1 ag* (with *ag* being the AA Team Leader’s initials). In this way, it will be simple to follow the progression the draft has gone through on its way to a final draft.

Once the Program Staff has received feedback indicating that the AA draft can be considered final, it is then ready for combining with the Supplement pages and the Budgetary Estimate — as soon as the Budgetary Estimate is certified. When the BE is certified, AA+Supplement+BE documents are combined into a single set, one for each local health department, and delivered to the Contracts Office. For the Initial Production, this delivery will be two sets of each as paper copies. All other times of the year, this delivery will be as PDF files via email to the AA Team Leader. See *Producing AA+BE and AA+Supplement+BE documents* (on page 13) for more information on this process.

Presenting Agreement Addenda to the appropriate Local Health Department Committee

Some Agreement Addenda have an extra step in the process — they are presented to the appropriate Local Health Department Committee for their approval. (These Committees are comprised of selected North Carolina Local

Health Directors who are tasked with making decisions on behalf of all LHDs on a specific topic such as for Women's Health.) Prior to this presentation, those Agreement Addenda must have had their review completed with the AA Team Leader.

The Program's Branch Head determines whether a particular Agreement Addendum needs to be presented to the Committee. Reasons for presentation include having a new Activity and when major changes to the Agreement Addendum have been made.

The meeting allows the Committee to review and comment on any proposed changes to the Agreement Addendum. If the Committee makes any meaningful changes to the Agreement Addendum, the Program Staff must inform the AA Team Leader about those changes.

Process for Budgetary Estimates

Program Staff are to enter the Budgetary Estimates data into the Aid-to-Counties database and get them approved by the Program Administrator with enough time remaining so that the Program Staff can print the Budgetary Estimate pages, get them signed and dated by the Program Administrator and Section Chief, and then deliver them to the BE Budget Officer no later than the first Friday in December. The BEs for the next fiscal year can be produced, signed and delivered as early as the second Friday in November.

IMPORTANT: If this deadline is missed (the first Friday in December), the Budget Office cannot guarantee the funds will be allocated in time for the Initial Distribution which is mailed in early February.

Be aware that by system design, you are limited on which days each month you are able to enter data into the ATC database. For more information about this, please read the *Aid-to-Counties Database*

The ATC database was designed to replace the manual process for the LHDs' expenditure reporting. Administered by the Budget Office, the ATC database tracks budgets, expenditure accounts, and encumbrance amounts, and it exports payment information to the North Carolina Accounting System (NCAS).

The ATC database is used by DPH, the LHDs, and the Office of the Controller. Within these groups, individuals are given different user roles to correspond to the different types of work they perform. This means that each user has different access within the system, i.e., can see different screens where data is entered.

- Program Staff will have roles as Program User or Program Administrator
- Budget Staff will have Budget Administrator or Budget Supervisor roles.
(One person in the Budget Office is designated as the System Administrator and oversees the system.)
- LHDs will have either County User or County Administrator roles
- Office of the Controller will have the State Administrator role
- (The Contracts Office access is limited to releasing funds when AAs are returned signed.)

Any questions about the ATC database should be directed to Rebecca Miller in the Budget Office (rebecca.miller@dhhs.nc.gov).

ATC Window — Restrictions on When Users Enter Data in ATC section which starts on page 7.

When entering a Budgetary Estimate that is federally funded into the Aid-to-Counties database, please ensure the following fields are completed: CFDA title and number, award name and number, award year, Research & Development, and name of Federal agency.

Program Staff enters all necessary information into the Aid-to-Counties database, ensuring that:

- The Service and Payment Dates are the same as the AA's Service and Payment Dates
- It indicates an AA is required for each local health department that is receiving an AA
- The BE's printed pages are legible and printed in black and white

The BE Budget Officer processes the BEs, signs and dates them, then delivers the BEs to the appropriate Budget Officer. Once the Budget Officer has completed all steps in preparing the budget for the current and future budget years, the Budget Officer and Budget Supervisor certify the BEs in the Aid-to-Counties database, then both sign and date the paper BEs. A PDF file is then created from the fully certified paper BE, and the BE Budget Officer emails that PDF file to the Program Staff.

Once the Program Staff has received the fully signed BE from the BE Budget Officer, the Program Staff can create the AA+BE documents needed for the Initial Distribution.

Producing AA+BE and AA+Supplement+BE documents

Agreement Addenda almost always have a corresponding Budgetary Estimate, and these two items are always delivered as a unit — referred to as an AA+BE — to the local health departments. As we are also required to provide more information about the federal grant to the LHDs, this unit might include the Supplement pages, too, which will make many of these into AA+Supplement+BE documents.

For the Initial Distribution, the local health departments receive paper AA+BE and AA+Supplement+BE documents, with each Activity stapled together. For the rest of the year, they receive the AA+BE and AA+Supplement+BE documents via email as a single PDF file.

Paper AA+BE and AA+Supplement+BE sets have the AA in front, Supplement pages next, and the last two pages as the two BE pages. In cases where there are Attachments to the AA, these Attachments will appear at the end of the AA pages.

Local health departments are to receive two paper sets as they must return two signed sets to the DPH Contracts Office. When the Program Staff delivers the paper sets for its Activity, a single paper *master* set also should be included. If all LHDs are receiving identical AAs, there will be a single master set. If each LHD will get a different AA for that Activity, there will be a master set for each unique AA.

Electronic AA+BE and AA+Supplement+BE files follow the same page order as the paper sets: AAs in front, any Attachments next, then the Supplement pages, and the two BE pages at the end. A single PDF file is created for each LHD to receive the Activity's AA.

Naming Convention for the AA+BE and AA+Supplement+BE files:

When naming PDF files, the goal is to keep the names short but descriptive. The LHDs are receiving many of these files each year so this naming convention helps them.

The file name is the Activity's number, the fiscal year, and the county's name — in that order. If the PDF file is an AA Revision, include a “-#” after the Activity number to indicate which Revision number it is for. Examples:

For an initial AA: 101 FY21 Appalachian

For an AA Revision: 452-1 FY20 MTW

9. Declining and Terminating Agreement Addenda

LHD declining an Agreement Addendum

Once an Agreement Addendum has been sent to the LHD and if it has **not** been signed and returned to DPH, the LHD has the option of declining the AA. To do so, the LHD's Health Director can provide either a letter or send an email message stating that the LHD is declining the Agreement Addendum.

The letter or email message is to be sent by the LHD's Health Director to the DPH Program Contact (the person named on the AA itself), and should include the reason the LHD is declining to participate in the Activity. (Once the AA has been signed, it can no longer be declined, but instead would need to be terminated. See *Terminating an Agreement Addendum* on page 14 for more information.)

Once this letter or email message is received, it needs to be given to the AA Team Leader so the AA's status can be updated and so it can be included in DPH's agreement records. The AA Team Leader will advise the Program

Staff whether what has been received is sufficient for declining an AA, and if so, the Program Staff can then remove the funds that had been allocated to that LHD in the Aid-to-Counties database (and reallocate them as appropriate). (If the funds are to be allocated to another LHD, the LHD receiving additional funds will need to receive an AA Revision. See the *Revisions to AAs and BEs* section beginning on page 14 for more information.)

Terminating an Agreement Addendum

A need may arise to terminate an Agreement Addendum which has already been signed and returned by the LHD. This may be due to circumstances with DPH or with the LHD.

If the termination is initiated by the LHD, the LHD will need to submit a letter signed by the LHD's Health Director to the DPH Program Contact (as identified on the AA) that explains why the LHD is unable to fulfill the AA requirements and includes the requested termination date.

If the Program is in agreement to mutually terminate the AA, the Program Staff must provide the AA Team Leader with a copy of the LHD's request for termination. The AA Team Leader will ensure that all the needed information has been collected and then forward it all to the Contracts Manager.

The Contracts Manager will draft a mutual termination letter for the Program's review and input. The Contracts Manager will then submit the final version of the mutual termination letter to the DPH Director for signature. The signed termination letter will be sent via email and certified mail to the LHD's Health Director by the Contracts Office.

The Program Staff and the AA Team Leader will be copied on the letter (via email), and the Program Staff, upon receipt of the DPH termination letter, will credit the funding in the Aid-to-Counties database. (If the funds are to be allocated to another LHD, the LHD receiving additional funds will need to receive an AA Revision. See the *Revisions to AAs and BEs* section beginning on page 14 for more information.)

If DPH is initiating the termination, the Program Staff will need to provide all the pertinent information about the termination, including all correspondences with the LHD, to the AA Team Leader. The AA Team Leader will ensure that all the needed information has been collected and then forward it all to the Contracts Manager.

The Contracts Manager will draft a termination letter to suit the needs of the situation, and will submit the draft letter to the Program Staff for its review and for the addition of any needed closeout procedures.

Once the Contracts Manager and the Program Staff have agreed upon the contents of the letter, the letter will be sent to the DPH Director for signature. The signed termination letter will be sent via email and certified mail to the LHD's Health Director by the Contracts Office.

The Program Staff and the AA Team Leader will be copied on the email, and the Program Staff, upon receipt of the DPH termination letter, will credit the funding in the Aid-to-Counties database. (If the funds are to be allocated to another LHD, the LHD receiving additional funds will need to receive an AA Revision. See the *Revisions to AAs and BEs* section beginning on page 14 for more information.)

10. Revisions to AAs and BEs

Changes to the Original AA needed before the Original AAs are mailed

If Program Staff has changes to make to the original AA before the original AAs are mailed by the Contracts Office, Program Staff will need to contact the AA Team Leader for instructions as soon as possible. It may be possible to *replace* the original AA with a new one prior to the Initial Distribution (i.e., when agreements are mailed to the LHDs).

If the original AA is to be replaced, the draft review process will need to begin again. Program Staff will need to submit another draft AA to the AA Team Leader, picking up where the formerly final draft left off. This draft needs to indicate what additional changes are now needed. The draft will go through the same review process to get it to a final version.

If there is no time to replace the original AA, a revision to the AA will need to be drafted instead.

Revisions to the Original BE

Any change in total funding amounts to an LHD for an Activity which requires a BE Revision also requires an AA Revision. (Conversely, if the funding changes don't result in a change in the total amount provided to an LHD, then an AA Revision may not be needed.)

Before an Activity's BE can be revised, that Activity's original BE (and all prior BE Revisions, if any) must have been certified by the Budget Office in the ATC database.

For Activities in the current fiscal year

The Budget Office will certify BEs only if the funds are available to do so. This means that, for federally funded Activities, the federal grant notice (an NGA or NOA) must have been received by the Budget Office.

If the funds are available, the Budget Officer and Budget Supervisor will certify the BE within three business days (inside the DPH staff's ATC window) of receipt. If the funds are not available, the Budget Office will decline the BE and the BE Budget Officer will notify the Program Staff that they will need to resubmit the BE once the funds are available.

For Activities in the next fiscal year

Any Budgetary Estimate Revision which is delivered to the Budget Office after the first Friday in December will not be processed by the Budget Office until *after* its original Budgetary Estimate is processed.

BE Revision Service Period and Payment Period dates

IMPORTANT: All AA and BE Revisions keep the original AA and BE dates in their headers. (AA Revisions will specify dates for the revised language in the body of the AA Revision.)

Revisions which add funds

1. Existing source of funding (existing center codes)
 - Add funds to the existing BE columns with the existing dates
2. New source of funding (new center codes) — this is rare
 - Add funds to a new BE column with dates that correspond to the dates of the revision, i.e., a service period start date which is the first day of a future month. (For example, if the AA+BE will be sent out in October, the added funds' service period can be November 1 or later.)

Revisions which reduce funds

1. Existing source of funding (existing center codes) — Reduce funds to the existing BE columns with the existing dates

Revisions to the Original AA

Much of the process for AA Revisions is the same as the process for original AAs. A first draft (v1) of the AA Revision is emailed by the Program Staff to the AA Team Leader using the AA template.

The only significant difference between the original AA and an AA Revision is that for an AA Revision, *the language on the revision should reflect only what has changed* from the original AA. All sections are listed in the AA Revision and for each section with no changes, the very short sentence "No change." is written below the section heading. Most often, it is only the Purpose section and the Scope of Work and Deliverables section with revision language. The Purpose section describes the purpose for the revision in a broad manner and the Scope of Work section describes the specifics, such as additional work the local health department is to perform.

When funds are added to an Activity later in the fiscal year, it is almost always accompanied by additional services that the local health department will need to perform. As these services will be performed by the local

health departments in future months, the service period's date range *for those additional services* will be stated in the AA Revision's Scope of Work and Deliverables section itself, ahead of the added work's description.

The AA Template can be obtained at <http://publichealth.nc.gov/employees/contracts.htm>, which is the Contracts Office website. From that page, click the Contract Forms link, then look under "Agreement Addendum" to find the document to download.

Just as with the original AA review, the review process for the AA Revision is between the AA Team Leader and the Program Staff, using Microsoft Word's track changes and comments features. (See *Review process between Program Staff and Contracts Office* starting on page 11 for more information.)

The first draft from the Program Staff is labeled as v1, with changes and comments from the AA Team Leader appearing as changes and comments to the v1 draft. Subsequent drafts are numbered accordingly, with v2, v3, and so on, until a final draft is reached. Changes — language and formatting in the AA Revision — are proposed in the draft and any changes deemed acceptable to the Program Staff are to be accepted (that is, accepted using the track changes feature in the software) prior to the next draft being submitted.

Comments — questions or statements made outside of the AA Revision's language and which appear as comments in the Microsoft Word document — are made in the draft and can be addressed by the Program Staff by adding additional comments. (Please do not add your comments directly into an existing comment box. Rather, add your own comment box or click on the Reply link if you are replying to an existing comment.)

Once the Program Staff has received feedback indicating that the AA Revision's draft can be considered final, it is then ready for combining with the Budgetary Estimate — as soon as the Budgetary Estimate is certified. When the BE is certified, AA+BE (or AA+Supplement+BE) documents are combined into a single PDF file, with one file produced for each LHD. These PDF files and one completed QA Checklist are emailed by the Program Staff to the AA Team Leader, for the AA Team Leader to release to the LHDs. (More information about AA+BE and AA+Supplement+BE files, including how to name the file, can be found under *Producing AA+BE and AA+Supplement+BE documents* starting on page 13.)

AA Revision Service Period and Payment Period dates

Almost all original AA Service Period dates are June 1–May 31 with Payment Period dates one month later, July 1–June 30, per the legislature's mandate. The AA Revision's Service Period and Payment Period dates listed in the document's header will match the dates of the original AA.

As stated above, additional services to be performed by the local health department will be listed in the AA Revision's Scope of Work and Deliverables section. The opening paragraph of this section will include a statement specifying the service period's date range for that added work or the date that the new language is to be made effective (such as "*As of October 1, 2019...*").

AA and BE Revision Numbers

AA Revision numbers are consecutive, with the original AA assigned the revision number zero (0). BE Revision numbers are assigned automatically by the Aid-to-Counties database, with the initial BE assigned the revision number zero (0). The AA and BE Revision numbers are unrelated.

It is always the case that the original AA given to an LHD will be revision number zero. Even in cases where an LHD receives an Activity's AA after all other LHDs receive the same AA, the AA Revision number for that later sent original AA will be revision number zero.

It is not necessary for every LHD which received an original AA to also receive a revision. This means that a subsequent revision could have different AA Revision numbers depending upon whether particular LHDs

received the earlier revision. For example, a specific revision for a particular Activity sent out to several LHDs could be a revision #3 for some of them and a revision #2 for others.

The BEs reference the AA Revision numbers. So for a specific BE, one needs to use the appropriate AA Revision number that is specific to the particular LHD receiving it.

“Unexpended” funds — attempts to move funds between AA Fiscal Years

A single federal grant year almost always* resides over two state fiscal years, and so that means that the federal grant year resides over two AAs. (* An exception is if your federal grant’s budget period runs for more than 12 months as then the federal grant’s period might be longer than a single AA’s period.) If an LHD does not spend all their federal funds in a prior AA, the Program Staff may want to “move” the funds to the new AA before the current federal grant year is over.

The only way to move those funds before the current year’s AA ends is by creating a current year AA Revision no later than January (for a February 1 AA Revision date) to remove the funds, and also create a new year AA Revision no later than May (for a June 1 AA Revision date) to add the funds. As with all other revisions that change the amount of funds provided, these two AA Revisions must remove deliverables from the current year’s Activity and add deliverables to the new year’s Activity.

This timing avoids the period where the Budget Office is in the process of closing the current budget year and certifying the next budget year, in June and July. This timing also avoids the period where the LHDs are often unable to accept changes to current AAs. (See the next topic for more information about this.)

To prevent the need to move unexpended funds, it is best to split funding into the two AAs at the start rather than assuming that the funds can be moved later. For example, if your grant year runs October 1 to September 30, then eight months of funding are allocated in the first AA and four months in the second AA. If your grant year runs July 1 to June 30, then eleven months of funding are allocated in the first AA and one month in the second AA.

AA Revisions during the period March 1 through April 30

Per Dennis Harrington’s memo dated March 8, 2006:

Before awarding funds to the local health departments, DPH Program Staff must inform the local health departments of the funds availability and obtain its approval to accept the new funds before allocating the funds in the Aid to County Database. Program staff are to notify local health departments of the funding opportunities via e-mail and shall copy the appropriate Administrative Consultant(s). Program staff shall ensure the Administrative Consultant(s) are informed of the local health department’s decision to accept or reject the funding. DPH Program Staff can utilize the local health department’s Liaison Committee as long as there is representation for all of the impacted local health departments. Otherwise, DPH Program Staff are required to directly communicate with each impacted local health department. (Note: DPH Program Staff shall not utilize the List Serve to broadcast funding opportunities to the local health departments.)

If an AA Revision is needed during the period March 1 through April 30, the Program Staff must take these extra steps:

1. Inform the LHDs of the funds availability.
2. Obtain written approval from each LHD—from the Health Director—that they can accept the new funds at this late date before allocating the funds in the ATC database.
3. Include the appropriate Administrative Consultant on all correspondence with the LHDs about the funds availability.
4. Act quickly on allocating funds in the ATC database, producing the program-signed BE Revision as soon as possible, delivering it to the BE Budget Officer for processing.

5. Act quickly on producing the v1 draft of the AA Revision, sending it to the AA Team Leader for review. Include information about the LHDs' approval of receiving these funds at this late date.

Providing adequate notification and obtaining the local health department's prior acceptance of new or reallocated funding before making awards will allow local health department's to utilize funding more efficiently.

If you have any questions regarding this process, please contact Jalaine Moore at 919-707-5076 or jalaine.moore@dhhs.nc.gov.

11. Original AAs Starting After Fiscal Year's Start

New Activity beginning after June 1

A new Activity can begin at any time during the year, not just on June 1. Those Activities which begin on June 1 must be part of the Initial Distribution and must follow the process listed in this guide's Section 3 *Process for Agreement Addenda* (which begins on page 10).

Activities beginning on July 1 or later will follow a similar process for producing the AAs and BEs, but will not follow the Initial Distribution timeline. One major difference for these later-starting Activities is that their Budgetary Estimates will be certified by the Budget Office only after the grant award has been received and budgeted. As Service Period dates must be for dates in the future, this BE certification method may delay the Program's intended start date.

For Activities beginning July 1 or later, the first draft will follow the standard AA review process (Review process between Program Staff and Contracts Office starting on page 11), and once the process is complete, it will follow the method for producing electronic AA+BE and AA+Supplement+BE files (described in the *Producing AA+BE and AA+Supplement+BE* documents section starting on page 13.)

The Service Period will begin on the first day of the month and can end on the last day of any future month within the fiscal year. If the Service Period ends on a date other than May 31, it is because the Activity is ending permanently, such as when the federal funding ends and will not be renewed. The Payment Period's dates will start and end the month after the Service Period's dates.

The AA and the BE will have the same Service Period and Payment Period dates.

Additional LHDs added to an Activity after other LHDs have already started work

In instances where an LHD joins an Activity one or more months after it has begun with other LHDs, the newly added LHD will receive a very similar original AA as was sent to the other LHDs.

As the Budget Office requires that the BE contain only one date range per center code, the funds being added to the Activity for the new LHD will need to be added to that already existing date range (column). The original AA for this late-joining LHD will display a later service period start date than all the other LHDs' AA for the Activity, as this later date will reflect the actual start date for that late-joining LHD.

12. Step-by-Step Process for Initial Distribution

The Initial Distribution is the undertaking where the Programs, the Contracts Office, and the Budget Office work together to produce the Consolidated Agreement (CA) and almost all of the Agreement Addenda (AAs) for the coming fiscal year, and deliver all of those agreements to all of North Carolina's 84 local health departments. All these agreements are executed by the local health departments and returned to DPH, and those agreements which require it (CA, negotiable AAs) are then counter-signed and returned to the local health departments before the fiscal year begins. Once the agreements are executed and the Budget Office has approved the release of the funds, the funds for these agreements are released in the Aid-to-Counties database and Funding Authorizations are distributed for approval by the local health departments.

Step 1: Establish due dates for first drafts of the Agreement Addenda

— *By mid-June, last day in June, and first day in July*

- A. By mid-June, the AA Team Leader sends an email message to the Program Staff — the contact person for each Activity — with proposed due dates for the upcoming fiscal year's v1 draft AA.
- B. By the last day in June, the Program Staff — the contact person for each Activity — replies to the email message for his or her specific Activity if there is a conflict with the proposed due date and suggests an alternate v1 draft AA due date.
- C. By the first day in July, the AA Team Leader sends out follow-up email messages to all those same Program Staff contacts, with copies to the appropriate managers, listing the assigned v1 draft AA due dates for each Activity.

Step 2: Information gathering — request and provide info about the new fiscal year's Activities

— *By the 4th week in August*

- A. The AA Team Leader sends an email message to the Program Staff requesting information about each Activity for the upcoming fiscal year. The questions include:
 - Whether the Activity will continue in the upcoming fiscal year?
 - Whether the Activity will be presented to the appropriate Local Health Department Committee?
 - If so, will it be presented in October or November?
 - Requesting confirmation that the Activity will have its final paper copies delivered in time* to meet the Mandate (* "in time" is to the Contracts office by the second Friday in January)
 - Confirmation of who handles elements (BEs, Supplements, PDF production, backup contact) for the Activity
- B. The Program Staff for each Activity provides his or her responses in a reply message to the AA Team Leaders' email message.
- C. If the information provided changes in the coming weeks, the Program Staff should apprise the AA Team Leader of the changes.

Step 3: Start the review — submit the first draft of the Agreement Addenda

— *In August, September, and October with assigned due dates*

- A. The Program Staff emails the first draft of the AA to the AA Team Leader. (If there are two or more draft variations, only the standard variation is reviewed first. The standard variation's review will get to the final draft stage before the next draft variation will be reviewed.)
- B. The new fiscal year's AA is to be drafted on the *new* fiscal year's template. (AA template is stored at <http://publichealth.nc.gov/employees/contracts.htm>)
- C. The draft AA is to be delivered with sufficient time for a review so the final draft will be ready in time for the appropriate Local Health Department Committee's meeting and so that all AAs will be completed in time for the Initial Distribution. Early draft submissions are encouraged.
- D. The review process between the AA Team Leader and the Program Staff will use Microsoft Word's track changes and comments features.
- E. The draft files are named with this convention: Activity Nbr | FY | draft version nbr | first name.
Example: 123 FY20 v1 armand.

Step 4: Finish the review — reach a final draft of the Agreement Addenda

— *By August–December*

- A. The review continues with as many drafts as necessary until both parties agree upon a final version.
- B. The Program Staff sends an email to the AA Team Leader to acknowledge the final draft AA.
- C. This final draft will be ready for presenting, if planned, by the Program's Branch Head to the appropriate Local Health Department Committee.

Step 5: Present Agreement Addenda to the appropriate Local Health Department Committee

— *In October and November, as scheduled with NCALHD*

- A. The final approved draft of the AA is presented by the Program Staff (Branch Heads) to the appropriate Local Health Department Committee. The meeting allows the Committee to review and comment on any proposed changes to the AA.
- B. If meaningful changes are required by the Committee, the updated draft AA will need to be emailed to the AA Team Leader to initiate another review process. In the email message, the Program Staff is to state that the changes are needed due to the Committee's review.

Step 6: Review period for Consolidated Agreement

— *By mid-October*

- A. The draft Consolidated Agreement is distributed by the LTAT Branch Head to the Programs, Budget, Contracts, LTAT Administrative Consultants, and the Controller's Office for their review.
- B. The draft is delivered with sufficient time for a review so the final draft will be ready for the NCALHD meeting held in mid-December.

— *By the end of November*

- C. Those who received the draft Consolidated Agreement — Program Staff, Budget Office, Contracts Office, LTAT Administrative Consultants, and the Controller's Office Staff — return their draft CAs with their comments and changes to the LTAT Branch Head.
- D. The LTAT Branch Head will interpret and research all comments and proposed changes for the CA, contacting the reviewers as needed to gain clarification. The updates get incorporated by LTAT Branch Staff into a single document which will be presented to the NCALHD at their mid-December meeting.

Step 7: Presents Consolidated Agreement at NCALHD meeting

— *At the mid-December NCALHD meeting*

- A. LTAT Branch Head presents the proposed changes from the prior fiscal year's Consolidated Agreement to the NCALHD.
- B. Issues raised by NCALHD will be reviewed and resolved by the Division Management Team.
- C. LTAT Branch Head will then modify the CA based on results of NCALHD meeting.
- D. The final draft of Consolidated Agreement, as approved by all parties, is then to be emailed by the LTAT Staff to the AA Team Leader.

Step 8: Enter Budgetary Estimates data and approve in the ATC database and on paper

— *By end of November*

- A. Program Staff enters all necessary information into the Aid-to-Counties database.
 - The BE's Service and Payment Dates must be the same as the AA's Service and Payment Dates
 - The BE must indicate that an AA is required. The initial BE and the initial AA are each given the revision number zero. (The ATC database assigns the BE Revision numbers.)
 - For BEs with federal funds, ensure that all federal grant information is entered.
 - Program Administrator reviews and approves the information entered into the ATC database.
- B. Program Staff provides Program Administrator and Section Chief with the printed BE (obtained from the ATC database) and acquires their signatures on the page.

Step 9: Deliver printed Program-signed Budgetary Estimates

— *By the 1st Friday in December*

- A. The original program-signed BE is then delivered by the Program Staff to the BE Budget Officer.
 - The printed pages must be legible, and printed in black and white, as a scan of it will be used once it is fully signed for producing the AA+BE and AA+Supplement+BE documents

IMPORTANT: If this deadline is missed, the DPH Budget Office cannot guarantee that the BE will be certified in time for the Initial Distribution which is mailed in early February.

Step 10: Process and approve Budgetary Estimates by the Budget Office

— *By the 1st Friday in December*

- A. BE Budget Officer processes, signs and dates the BEs, delivers them to the Budget Officer.

— *As BEs are processed...*

- B. The Budget Officer reconciles the BE against the budget, certifies the BEs in ATC.
- C. The Budget Supervisor certifies the BEs in ATC.
- D. The Budget Officer stores the original signed BE pages in the Budget Office's permanent files and emails a scanned copy of the fully signed BEs to the BE Budget Officer.
- E. The BE Budget Officer processes the BEs and emails the fully signed BEs to Program Staff for them to attach it to the appropriate AA.

Step 11: Deliver printed Agreements to the Contracts Office; email PDF files

— *By the 2nd Friday in January*

- A. The LTAT Staff delivers the following items to the AA Team Leader:
 - 1. One instructional memo for each LHD, addressed to the LHDs' Health Directors, which provides specific instructions for the return of required documents and a list of major changes from the previous year

2. Two copies of the Consolidated Agreement for each LHD, which includes the Business Associate Addendum, the State Certifications, and the Federal Certifications
- B. The LTAT Staff creates a generic master copy (all pages) into a single PDF file, then emails it to the AA Team Leader. This master Consolidated Agreement file will be made available on the Contracts Office website. A separate PDF file, also emailed, is created for the instructional memo.
- C. The Program Staff will deliver the Agreement Addenda to the AA Team Leader:
1. One master copy for each Activity (one for each variation in the Activity's AA) with the Supplement pages (if the information is available) and the BE attached, and labeled as the master copy
 2. Two copies of Agreement Addendum (two copies of the AAs+BEs or AA+Supplement+BE, with each copy stapled) for each LHD, keeping the two copies for each LHD together, with the stack in alphabetical order by LHD name
 3. No paperclips are to be used as the alphabetizing and stapled sets are sufficient
- D. The Program Staff will email to the AA Team Leader one of each Supplement page.

NOTE: AA+Supplement+BE denotes an AA combined with its corresponding Supplement pages and BE pages. All of the AA pages are followed by the Supplement pages, with the two BE pages placed at the end. For paper, the AA, Supplement pages, and BE are stapled; for electronic copies, the AA, Supplement, and BE are in a single PDF file.

IMPORTANT: If you find that you need to change your original AA before the AAs are mailed out in early February, please contact the AA Team Leader for specific instructions as soon as possible. It may be possible to avoid having to create an AA Revision.

Step 12: Mail CAs, AAs+BEs, memos, and forms mailed to the 84 LHDs

— *By February 8*

- A. The AA Team Leader mails to each LHD:
1. Instructional memo
 2. Consolidated Agreement (two copies)
 3. Training forms (from LTAT Branch)
 4. AAs+BEs, AAs+Supplements+BEs (two copies of each Activity)
 5. Verification memo listing the envelope's contents (each LHD receives a different set of AAs)

Step 13: Receive Agreements from the LHDs that need a DPH signature to execute

— *Beginning in late February, as Consolidated Agreements are signed by LHD and mailed back...*

- A. AA Team Leader receives the LHD-signed CAs (two signed originals) from the LHDs
- B. The CAs are routed to the DPH Director for signature. Once signed, the DPH Director returns them to the AA Team Leader
- C. AA Team Leader makes a copy of the signed CAs and mails them to the Controller's Office
- D. The AA Team Leader places one of the original executed CAs in the Contracts Office files and the other original CA is set aside to mail to the LHDs at a later date.

— *Beginning in late February, as negotiable Agreement Addenda are signed by LHD and mailed back...*

- E. AA Team Leader receives the LHD-signed negotiable AAs (two originals) from the LHDs
- F. The AA Team Leader then routes both original AAs to the Program Staff
 - For those Program Staff located on the Six Forks Campus, the documents are placed in the Contracts Office's section-designated pick-up bins. Program Staff located elsewhere in Raleigh have their documents sent via interoffice mail.

- G. The Program Staff negotiates with the LHDs about what the LHDs have included in their AAs. Once an agreement has been made, Program Staff signs and dates both originals and returns them to the AA Team Leader

IMPORTANT: DPH must return all the fully executed negotiable AAs to the LHDs before June 1, which is the start of the new fiscal year. To do so, the Program must get all of their negotiable AAs signed and to the Contracts Office by May 24.

The Program Staff should make a copy of the fully executed negotiable AAs for their files

- H. The AA Team Leader places one of the original executed AAs in the Contracts Office files and the other original negotiable AA is set aside to mail to the LHDs at a later date.

Step 14: Receive LHD-signed nonnegotiable AAs from the LHDs

— *Beginning in late February, as agreements are signed by LHD and mailed back...*

- A. AA Team Leader receives the LHD-signed nonnegotiable AAs (two originals) from the LHDs
- B. The AA Team Leader then routes one of the original nonnegotiable AAs to the Program Staff for their permanent files.
- For those Program Staff located on the Six Forks Campus, the documents are placed in the Contracts Office's section-designated pick-up bins. Program Staff located elsewhere in Raleigh have their documents sent via interoffice mail.

Step 15: Mail fully executed agreements — CAs and negotiable AAs — to the LHDs

— *By May 29*

- A. The AA Team Leader mails all the original fully executed CAs and original fully executed negotiable AAs to the LHDs for their files.

Step 16: Release funds in the ATC database for all executed AAs

— *In July, once the Budget Office has approved the funds release*

- A. The BE Budget Officer updates the status to executed and releases the funding in the Aid-to-Counties database for all the executed AAs. Once this occurs, the funding is available to the LHDs.

Step 17: Release Budget Estimates to Funding Authorization status; mail Funding Authorizations to LHDs; receive signed Funding Authorizations back from LHDs

— *During September*

- A. After the Division's budget is certified, the Funding Authorization Budget Officer releases the estimates to Funding Authorization status.
- B. After this certification, the Funding Authorization Budget Officer mails Funding Authorization pages to the LHDs for their review and approval.
- C. LHDs indicate acceptance of Funding Authorization amounts by the Health Director and Finance Officer signing and returning the document to the Budget Office.

Appendix A: Agreement Addendum Template (for FY 2019-20)

Division of Public Health Agreement Addendum FY 19-20

Page 1 of x

Local Health Department Legal Name	DPH Section/Branch Name
Activity Number and Description	DPH Program Contact (name, telephone number with area code, and email)
06/01/2019 – 05/31/2020	
Service Period	DPH Program Signature Date
07/01/2019 – 06/30/2020	(only required for <u>negotiable</u> agreement addendum)
Payment Period	
<input checked="" type="checkbox"/> Original Agreement Addendum	
<input type="checkbox"/> Agreement Addendum Revision # ____	

I. Background:

II. Purpose:

III. Scope of Work and Deliverables:

IV. Performance Measures/Reporting Requirements:

V. Performance Monitoring and Quality Assurance:

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

Health Director Signature (use blue ink) _____ Date _____

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____ Phone number with area code: _____ Email address: _____
---	---

Signature on this page signifies you have read and accepted all pages of this document.

Revised July 2018

Appendix B: Agreement Addendum Quality Assurance Checklist

Division of Public Health Section / Branch

Activity Number and Name

Agreement Addendum

- Original
- Revision # _____

Federal Award Reporting Supplement (select one)

- Not needed as the Activity is entirely state funded
- Not needed as there is no funding change with this AA Revision
- Supplement is included with the prepared AA and BE
- Needed but not available at this time as the Notice of Grant Award (NGA) has not been received. Will provide a Supplement to the Contracts Office as soon as the NGA is received.

I have reviewed the above listed Agreement Addendum and certify the following:

- The **Background** provides understanding of problem or problems to be addressed and how it prevents goals of the program from being achieved. Complete in brief paragraph form.
 - What is the primary goal of the program?
 - Gives an overview of what the problem is and explains why the service is necessary.
- The **Purpose** identifies the goals of the Activity and desired outcome of Agreement Addendum. Complete in brief paragraph form.
- The **Scope of Work** is in narrative form and should describe who, what, when, how and where.
 - Identifies the target population and the number of clients or participants expecting to be served.
 - Who will receive/benefit from the service? (Population served or impacted.)
 - Identifies deliverables including activities, tasks and services with appropriate time frames.
 - How is the service provided?
 - Where is the work performed (location other than LHD)?
- Performance Measures/Reporting Requirements:**
 - Define performance measures and indicators with benchmarks to be met. How will they be measured? (Quantity? Quality? Timeliness? Effectiveness? Efficiency?) Explains what must be accomplished to give the desired result (i.e., performance measures that are SMART: specific, measurable, achievable, relevant, and time-bound).
 - Reporting requirements are in narrative form and include frequency, due dates, to whom the report goes, format and data source, etc.
- Performance Monitoring and Quality Assurance:**
 - Brief explanation of how performance will be monitored, for example, site visits, reports, phone conference, and if applicable, program sub-recipient monitoring plan.
 - What are the consequences if performance is below expectations? (Example: request a corrective action plan.)
- The **Funding Guidelines/Restrictions** section clearly identifies any limitations on the use of funds or requirements on pre-approval of selected expenditures. (Section also contains language common to all AAs which provides information about federal award reporting Supplements.)

Branch Head Signature

Date

Please deliver this completed QA Checklist to the DPH Contracts Office.

Revised March 2018

Appendix C: Sample Supplement

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY19 Activity: 123 Reducing the Common Cold

Supplement 3

Supplement reason: In AA+BE or AA+BE Rev -OR- -

CFDA #: 93.504 Federal awd date: 6/15/18 Is award R&D? no FAIN: NU58DP0045678 Total amount of fed awd: \$ 1,000,000

CFDA name: Family to Family Health Information Centers	Fed award project description: Rhinovirus Eradication	Fed awarding agency: DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a	%
				%

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	=	5,000	Jackson	019728518	=	=
Albemarle	130537822	=	5,000	Johnston	097599104	=	5,000
Alexander	030495105	=	5,000	Jones	095116935	=	5,000
Anson	847163029	=	5,000	Lee	067439703	=	5,000
Appalachian	780131541	3,000	8,000	Lenoir	042789748	=	5,000
Beaufort	091567776	=	=	Lincoln	086869336	=	5,000
Bladen	084171628	=	5,000	Macon	070626825	=	=
Brunswick	091571349	=	5,000	Madison	831052873	=	=
Buncombe	879203560	=	5,000	MTW	087204173	=	=
Burke	883321205	=	=	Mecklenburg	074498353	=	5,000
Cabarrus	143408289	=	5,000	Montgomery	025384603	=	=
Caldwell	948113402	=	=	Moore	050988146	=	5,000
Carteret	058735804	=	=	Nash	050425677	=	=
Caswell	077846053	=	5,000	New Hanover	040029563	=	=
Catawba	083677138	=	5,000	Northampton	097594477	=	5,000
Chatham	131356607	=	5,000	Onslow	172663270	=	=
Cherokee	130705072	=	5,000	Orange	139209659	=	5,000
Clay	145058231	=	5,000	Pamlico	097600456	=	5,000
Cleveland	879924850	=	=	Pender	100955413	=	5,000
Columbus	040040016	=	5,000	Person	091563718	=	5,000
Craven	091564294	=	=	Pitt	080889694	=	=
Cumberland	123914376	=	=	Randolph	027873132	=	=
Dare	082358631	=	5,000	Richmond	070621339	=	=
Davidson	077839744	=	=	Robeson	082367871	=	=
Davie	076526651	2,000	7,000	Rockingham	077847143	=	5,000
Duplin	095124798	=	5,000	Rowan	074494014	=	=
Durham	088564075	=	=	RPM	782359004	=	=
Edgecombe	093125375	=	=	Sampson	825573975	=	5,000
Forsyth	105316439	=	5,000	Scotland	091564146	2,000	7,000
Franklin	084168632	=	5,000	Stanly	131060829	=	=
Gaston	071062186	=	5,000	Stokes	085442705	=	5,000
Graham	020952383	=	5,000	Surry	077821858	=	=
Granville-Vance	063347626	=	5,000	Swain	146437553	=	=
Greene	091564591	=	=	Toe River	113345201	=	=
Guilford	071563613	=	5,000	Transylvania	030494215	1,000	6,000
Halifax	014305957	=	5,000	Union	079051637	=	=
Harnett	091565986	=	5,000	Wake	019625961	=	=
Haywood	070620232	=	5,000	Warren	030239953	=	5,000
Henderson	085021470	=	5,000	Wayne	040036170	=	5,000
Hoke	091563643	=	5,000	Wilkes	067439950	=	5,000
Hyde	832526243	=	=	Wilson	075585695	=	5,000
Iredell	074504507	=	=	Yadkin	089910624	=	5,000

DPH v2.0 7-10-18

Appendix D: Sample Budgetary Estimate

DPH-Aid-To-Counties

For Fiscal Year: 17/18

Budgetary Estimate Number : 0

Activity 101	AA	13A1 5740 00	13A1 5740 AP	13A1 5740 AP	13A1 5740 AP	Proposed Total	New Total
Service Period		06/01-05/31	06/01-05/31	10/01-05/31	02/01-05/31		
Payment Period		07/01-06/30	07/01-06/30	11/01-06/30	03/01-06/30		
01 Alamance	* 0	16,438	16,139	16,140	16,140	64,857	64,857
D1 Albemarle	* 0	33,390	4,505	4,506	4,506	46,907	46,907
02 Alexander	* 0	5,151	6,642	6,643	6,643	25,079	25,079
04 Anson	* 0	6,537	11,608	11,609	11,609	41,363	41,363
D2 Appalachian	* 0	5,677	7,462	7,463	7,463	28,065	28,065
07 Beaufort	* 0	6,498	10,774	10,773	10,773	38,818	38,818
09 Bladen	* 0	8,856	8,271	8,272	8,272	33,671	33,671
10 Brunswick	* 0	7,938	10,985	10,986	10,986	40,895	40,895
11 Buncombe	* 0	0	0	0	0	0	0
12 Burke	* 0	3,489	11,853	11,852	11,852	39,046	39,046
13 Cabarrus	* 0	10,064	24,524	24,523	24,523	83,634	83,634
14 Caldwell	* 0	7,719	7,092	7,092	7,092	28,995	28,995
16 Carteret	* 0	7,757	10,704	10,704	10,704	39,869	39,869
17 Caswell	* 0	2,943	4,018	4,017	4,017	14,995	14,995
18 Catawba	* 0	5,825	9,571	9,571	9,571	34,538	34,538
19 Chatham	* 0	4,857	6,185	6,186	6,186	23,414	23,414
20 Cherokee	* 0	1,926	1,310	1,311	1,311	5,858	5,858
22 Clay	* 0	1,066	399	399	399	2,263	2,263
23 Cleveland	* 0	5,387	4,672	4,672	4,672	19,403	19,403
24 Columbus	* 0	17,696	25,241	25,242	25,242	93,421	93,421
25 Craven	* 0	9,918	24,243	24,243	24,243	82,647	82,647
26 Cumberland	* 0	27,061	57,283	57,283	57,283	198,910	198,910
28 Dare	* 0	2,890	3,916	3,916	3,916	14,638	14,638
29 Davidson	* 0	14,931	33,904	33,904	33,904	116,643	116,643
30 Davie	* 0	8,470	11,817	11,816	11,816	43,919	43,919
31 Duplin	* 0	10,531	15,029	15,029	15,029	55,618	55,618
32 Durham	* 0	28,148	42,482	42,483	42,483	155,596	155,596
33 Edgecombe	* 0	12,705	18,414	18,415	18,415	67,949	67,949
34 Forsyth	* 0	27,229	27,337	27,338	27,338	109,242	109,242
35 Franklin	* 0	4,205	6,450	6,449	6,449	23,553	23,553
36 Gaston	* 0	17,708	39,256	39,257	39,257	135,478	135,478
38 Graham	* 0	2,081	1,859	1,858	1,858	7,656	7,656
D3 Gran-Vance	* 0	27,996	28,133	28,133	28,133	112,395	112,395
40 Greene	* 0	3,267	3,706	3,706	3,706	14,385	14,385
41 Guilford	* 0	38,632	58,821	58,820	58,820	215,093	215,093
42 Halifax	* 0	5,851	9,127	9,127	9,128	33,233	33,233
43 Harnett	* 0	2,565	2,612	2,613	2,613	10,403	10,403
44 Haywood	* 0	1,452	1,142	1,143	1,143	4,880	4,880
45 Henderson	* 0	7,134	18,877	18,876	18,876	63,763	63,763
46 Hertford	* 0	0	0	0	0	0	0
47 Hoke	* 0	12,896	11,460	11,459	11,459	47,274	47,274
48 Hyde	* 0	2,666	3,484	3,483	3,483	13,116	13,116
49 Iredell	* 0	7,356	10,681	10,681	10,681	39,399	39,399
50 Jackson	* 0	0	0	0	0	0	0

51 Johnston	* 0	15,391	22,601	22,601	22,601	83,194	83,194
52 Jones	* 0	2,723	3,592	3,593	3,593	13,501	13,501
53 Lee	* 0	7,757	7,132	7,132	7,132	29,153	29,153
54 Lenoir	* 0	3,944	3,775	3,776	3,776	15,271	15,271
55 Lincoln	* 0	5,932	9,778	9,777	9,777	35,264	35,264
56 Macon	* 0	5,713	11,056	11,057	11,057	38,883	38,883
57 Madison	* 0	5,492	7,173	7,174	7,174	27,013	27,013
D4 M-T-W	* 0	5,949	11,062	11,063	11,063	39,137	39,137
60 Mecklenburg	* 0	0	0	0	0	0	0
62 Montgomery	* 0	18,169	11,268	11,267	11,267	51,971	51,971
63 Moore	* 0	3,111	3,464	3,463	3,463	13,501	13,501
64 Nash	* 0	1,192	472	473	473	2,610	2,610
65 New Hanover	* 0	70,336	14,033	14,034	14,034	112,437	112,437
66 Northampton	* 0	4,347	4,269	4,268	4,268	17,152	17,152
67 Onslow	* 0	7,552	8,004	8,005	8,005	31,566	31,566
68 Orange	* 0	4,413	6,848	6,847	6,847	24,955	24,955
69 Pamlico	* 0	1,698	1,616	1,617	1,617	6,548	6,548
71 Pender	* 0	4,587	5,763	5,764	5,764	21,878	21,878
73 Person	* 0	2,803	2,984	2,984	2,984	11,755	11,755
74 Pitt	* 0	23,941	32,869	32,869	32,869	122,548	122,548
76 Randolph	* 0	0	0	0	0	0	0
77 Richmond	* 0	20,814	12,028	12,027	12,027	56,896	56,896
78 Robeson	* 0	50,189	20,415	20,415	20,415	111,434	111,434
79 Rockingham	* 0	3,228	2,433	2,432	2,432	10,525	10,525
80 Rowan	* 0	6,543	9,096	9,096	9,096	33,831	33,831
D5 R-P-M	* 0	3,832	12,512	12,512	12,512	41,368	41,368
82 Sampson	* 0	19,341	19,152	19,152	19,152	76,797	76,797
83 Scotland	* 0	6,103	9,286	9,286	9,286	33,961	33,961
84 Stanly	* 0	8,352	11,633	11,633	11,633	43,251	43,251
85 Stokes	* 0	0	0	0	0	0	0
86 Surry	* 0	4,386	13,578	13,580	13,580	45,124	45,124
87 Swain	* 0	1,864	1,235	1,237	1,237	5,573	5,573
D6 Toe River	* 0	9,172	14,595	14,594	14,594	52,955	52,955
88 Transylvania	* 0	0	0	0	0	0	0
90 Union	* 0	6,574	11,014	11,014	11,014	39,616	39,616
92 Wake	* 0	19,447	30,714	30,706	30,706	111,573	111,573
93 Warren	* 0	3,591	3,570	3,570	3,569	14,300	14,300
96 Wayne	* 0	22,863	34,247	34,246	34,246	125,602	125,602
97 Wilkes	* 0	2,958	2,574	2,573	2,573	10,678	10,678
98 Wilson	* 0	15,805	23,245	23,246	23,246	85,542	85,542
99 Yadkin	* 0	5,483	7,485	7,484	7,484	27,936	27,936
Totals		840,501	1,018,559	1,018,560	1,018,560	3,896,180	3,896,180

Sign and Date - DPH Program Administrator <i>Lara Dunham</i> 11/30/16	Sign and Date - DPH Section Chief <i>Pete Anderson</i> 12/1/16
Sign and Date - DPH Contracts Office <i>JSC Okpaem</i> 12/1/16	Sign and Date - DPH Budget Officer <i>Camela Gall</i> - 12/2/16 <i>bparruto</i> 12-2-16

Appendix E: Sample Funding Authorization

North Carolina
Department of Health and Human Services
Division of Public Health

Funding Authorization

Report Date: 4/9/2018

GRAHAM
 17/18

Description	Activity	Fund	RCC	FRC	CFDA	CFDA Title	Federal Award Number	Federal Award Start Date	Federal Award End Date	Total
Breast and Cervical Cancer Control	452	1320	5599	00				01/01/2000	01/01/2000	-\$2,550.00
Breast and Cervical Cancer Control	452	1320	5599	00				01/01/2000	01/01/2000	\$1,275.00

Received and Agreed to by:

Local Health Director



Local Finance Officer



Total after revision: \$-1,275.00

Appendix F: Aid-to-Counties Expenditure Control Schedule

Aid-to-Counties Expenditure Control Schedule for Calendar Year 2018

Payment Month	LHD Expenditure Reporting Period		Payment Date	DPH Staff Access	
	Begins	Last Day for Pymt in Month		Begins	Ends
January	Tue 1/9	Tue 1/16	Fri 1/19	Tue 1/23	Wed 2/7
February	Thu 2/8	Thu 2/15	Tue 2/20	Thu 2/22	Wed 3/7
March	Thu 3/8	Thu 3/15	Tue 3/20	Thu 3/22	Fri 4/6
April	Mon 4/9	Mon 4/16	Thu 4/19	Mon 4/23	Mon 5/7
May	Tue 5/8	Tue 5/15	Fri 5/18	Tue 5/22	Thu 6/7
June	Fri 6/8	Fri 6/15	Wed 6/20	Fri 6/22	Mon 7/9
July	Tue 7/10	Mon 7/16	Thu 7/19	Mon 7/23	Tue 8/7
August	Wed 8/8	Wed 8/15	Mon 8/20	Wed 8/22	Mon 9/10
September	Tue 9/11	Mon 9/17	Thu 9/20	Mon 9/24	Fri 10/5
October	Mon 10/8	Mon 10/15	Thu 10/18	Mon 10/22	Wed 11/7
November	Thu 11/8	Thu 11/15	Tue 11/20	Mon 11/26	Fri 12/7
December	Mon 12/10	Mon 12/17	Thu 12/20	Thu 12/27	Mon 1/7/19

Please note that LHD expenditure report due date is not a consistent date. This schedule takes into account weekends and holidays.

* NCAS Changes for DPH include, but are not limited to, budget revisions via 606s, reclassifications of expenditures, and budget amendments to LHD contracts. These changes will not be reflected in the monthly payments to the counties until they have been submitted to the Aid-to-Counties Database and "State Admin. Certified."

Appendix G: Glossary of Terms

Activity	Description of services assigned by the program in conjunction with an Activity number.
Activity Number	Tracking number assigned by the DPH Contracts Office that is referenced in the Aid-to-Counties database and the Agreement Addenda, and is used in conjunction with the description of services. The AA's Fiscal Year, the Activity Number, and the LHD county (or district) combined are DPH's equivalent of an agreement number, as these three elements form a unique combination.
Agreement Addendum	An Agreement Addendum (AA) is an agreement between the Division and a single local health department (or district) which commissions work to be performed in a particular program area, known as an Activity. The Agreement Addendum defines the work activity to be performed, the timeframes, the deliverables, the performance measures, and reporting requirements.
Agreement Addendum Revision	An agreement that revises the original Agreement Addendum. Revisions are numbered consecutively for each local health department.
Aid-to-Counties Database	The Aid-to-Counties (ATC) database is an Internet-based system which is accessed through the NCID portal. (Prior to July 2017, it had been accessed through the WIRM portal.) The ATC database is used for financial authorization, reporting and reimbursement. Funding is authorized by DPH to each local health department for each authorized activity. The local health department uses the system to report expenditures.
Background	A section of the Agreement Addendum which provides understanding of problem or problems to be addressed and how it prevents goals from being achieved. This section describes the primary goal of the program and gives an overview of what the problem is, explaining why the service is necessary.
Benchmarks	Points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which is used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to as "best practices" in a particular field.
Budgetary Estimate	The Budgetary Estimate (BE) is a paper document provided to the local health department, printed from the Aid-to-Counties database, which provides budget information by Activity Number and by funding source. The BE is attached to the Agreement Addendum when the AA is sent to the local health department for signature.
CFDA	The CFDA (Catalog of Federal Domestic Assistance) is a government-wide compendium of federal programs, projects, services, and activities that provide assistance or benefits to the American public. It contains financial and nonfinancial assistance programs administered by departments and establishments of the Federal government. As the basic reference source of Federal programs, the primary purpose of the Catalog is to assist users in identifying programs that meet specific objectives of the potential applicant, and to obtain general information on Federal assistance programs. In addition, the intent of the Catalog is to improve coordination and communication between the Federal government and State and local governments.
Consolidated Agreement	An agreement between the North Carolina Department of Health and Human Services, Division of Public Health and a single local health department, district, or human services agency. There is one Consolidated Agreement (CA) executed for each of the 84 local health departments in North Carolina. The CA establishes the roles and

responsibilities of each party, and the terms and conditions. A Consolidated Agreement is effective for a single state fiscal year, from July 1 to June 30.

Deliverable	A deliverable identifies the work product, activities, tasks, services, and/or output of the Agreement Addendum.
DUNS	The DUNS number (Data Universal Numbering System) is a unique nine-digit number, assigned by Dun & Bradstreet, that identifies an organization. It is a tool used by the federal government as an identifier for an organization when the government tracks how federal money is distributed. An entity must have a DUNS number in order to register with SAM. DUNS number assignment is free for all entities required to register with the federal government for contracts or grants. An entity can obtain a DUNS number from Dun & Bradstreet at http://fedgov.dnb.com/webform .
FAIN	Federal agencies are required to assign a Federal Award Identification Number (FAIN) to every grant and ensure the FAIN is used in all federal award documents. Additionally, grant award terms and conditions specifically instruct pass-through entities (e.g., NC DHHS, DPH) to use the assigned FAIN on all subawards. The use of a FAIN is intended to enhance data quality on USASpending.gov by allowing the public to more easily track specific government awards and spending.
Funding Authorization	<p>The Funding Authorization (FA) sets forth the amount of funds that can be made available to a local health department (LHD). It is used to detail, to each local health department, its program funding levels per State Fiscal Year. Amendments to program funding levels are also issued via FA.</p> <p>The FA displays the required federal funding information: the CFDA number, the Federal Award number, the name of the federal grant, and the awarding agency.</p>
Goals	Broad, long-term aims that define a desired result associated with identified strategic issues.
Indicator	A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, and the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same.
Measure	A means of assessing; a basis or standard of comparison; an estimate of what is to be expected.
Negotiable Agreement Addendum	A negotiable Activity is one which requires further negotiation between the program and a local health department before it is executed. The Local Health Department is required to provide additional information on the AA, which is then reviewed by the Program. If the Program finds the additional information acceptable, the Program executes the AA.
Nonnegotiable Agreement Addendum	An Activity which has all terms, expectations and fees stated and requires no additional review before execution. It requires only the signature of the local health department's Health Director to execute. It is not signed by the Program.
Objectives	Objectives are defined as results of specific activities or outcomes to be achieved over a stated time. Objectives are specific, measurable, and realistic statements of intention. Objectives state who will experience what change or benefit and how much change is to be experienced in what time.
Outcome	An outcome is the benefit or change for individuals or intended beneficiaries due to participation in a program.

Payment Period	Timeframe in which the local health department can request reimbursement for payment of services. Dates are entered on the Agreement Addendum and in the Aid-to-Counties database. The Payment Period dates almost always begin on the first day of July and end on the last day of June.
Performance Monitoring and Quality Assurance	Monitoring is regular observation and recording of activities taking place in a project or program. This monitoring can be by site visits, phone conference, viewing reports and other technical means.
Purpose	Identifies the goals of the Activity and desired outcome.
Reporting Requirements	A narrative which states what sorts of reporting are required. Descriptions of reporting should include references to frequency, due dates, who is the recipient of reports, format, and data source.
SAM	<p>The System for Award Management (SAM) is a federal government run site that serves as a central registration point for government contractors. (www.sam.gov)</p> <p>SAM was launched in 2012 and consolidated some legacy systems including the Central Contractor Registration (CCR) and the Online Representations and Certifications Application (ORCA).</p> <p>Any company that would like to do business with the federal government, or needs to report subcontract information, must register on the System for Award Management.</p>
Scope of Work	Narrative describing the who, what, when, how and where of service to be performed by the local health department.
Service	A service is a specific Activity that contributes to the overall goal of the program; e.g., an employment program with the overall goal of reducing unemployment might offer job training as a service.
Service Period	Timeframe in which the local health department can perform services. Dates will be entered on the Agreement Addendum and in the Aid-to-Counties database. The Service Period dates almost always begin on the first day of June and end on the last day of May.
SMART Measures	Performance measures that are <u>s</u> pecific, <u>m</u> easurable, <u>a</u> chievable, <u>r</u> elevant, and <u>t</u> ime-bound.
Supplement	<p>A Supplement is a single page which enables DPH to provide to the LHDs all the required information about the federal grant award.</p> <p>There is to be at least one Supplement page for <u>each</u> federal <u>grant award year*</u> (as funds are by year) in line with the budget that the Program Staff has produced for distributing the federal grant funds. Those who have federal grants funding their AAs will have part of two award years making up the 12-month AA — so ultimately there will be (at least) two Supplement pages per AA. In addition, if the AA is funded with two (or more) different federal grants, the Program Staff will need to produce Supplement pages for each grant. If there are AA Revisions, there will be still more Supplement pages produced which show the funding changes associated with the AA Revisions.</p> <p>A Supplement page is specific to a single state fiscal year and a single Activity, and each is numbered, starting with Supplement 1 (to be able to distinguish between them).</p> <p>*There are some exceptions as some federal grants are awarded for longer than 12-month periods. Most commonly, those are awarded in 24-month periods.</p>