

# REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: 11

Date of Request: February 20, 2008

Date Request Received: February 22, 2008

Board Meeting Date Requested: March 10, 2008

Board Meeting Date Assigned: March 10, 2008

**Short Title:** Resolution To Authorize James Fields, Supervisor Of Public Works/Mosquito Control Division, Or Patricia Simmons, Administrative Assistant, To Sign And Execute All Necessary Papers And Documents In Connection With The Department Of Environment, Health And Natural Resources For Aid In Mosquito Control.

**Request Status:**  
 Request is proceeding to Board of Commissioners  
 More information is needed – see attached  
 Request on hold – no further information needed  
 Other:

**Background:** James Fields, Supervisor of the Public Works Department (Mosquito Control Division), has been authorized in the past to sign and execute all necessary papers and documents in connection with the annual grant request made to the Department of Environment, Health and Natural Resources for aid in the control of mosquitoes. The Mosquito Control Department is required to carry out all agreements stipulated in the project application submitted to the North Carolina Department of Environment, Health and Natural Resources, and perform other acts that are necessary in connection with the operation of this project. It is required to follow specifications provided by the Department of Environmental Health and Natural Resources. The county agrees to conduct mosquito control activities specified in the required work plan, perform all mosquito control activities, and use funds provided by the Division of Environmental Health. Patricia Simmons, Administrative Assistant, submits reports in the format specified by the DEHNR on a quarterly basis showing work performed, expenditures made of both local and state funds, equipment utilized, and materials expended. It is required to maintain necessary program and financial records to facilitate the verification of net expenditures by fiscal audits, conduct of program review, submission of required reports and their separation of mosquito control funds (both local and state) from funds used for other mosquito control activities, and to request and obtain any permits required by local, state or federal governments.

(Administrative Use Only)

## CONTRACT TYPE

- Renewal  
 For Service(s)  
 Intergovernmental – County as Grantee  
 Federal Grantor  
 State Grantor  
 Grant or  
 County as Grantor  
 County Funds  
 Other Funds
- Revision  
 For Equipment

**PURCHASING** Budgeted Item:  Yes  No  
Date Rec'd:  Reviewed and Approved  
 Comments on Reverse

Date Sent: Signed:

**ATTORNEY**  Reviewed and Approved  
Date Rec'd:  Legal Problem(s)  
 Comments on Reverse

Date Sent: Signed:

**FINANCE** Sufficient Funds  Available  
Date Rec'd:  Not Available  
 Budget Amendment Necessary  
 Budgeted Amendment is Attached  
 Comments on Reverse

Date Sent: Signed:

**CLERK** Signature(s) Required:  
 Board Chairman/County Manager  
 Other:

Date Rec'd Approved by Board:  Yes  No  
At meeting on

**Specific Action Requested:** The Board of Commissioners authorizes James Fields, Supervisor of the Public Works Department/Mosquito Control Division, or Patricia Simmons, Administrative Assistant, to sign and execute all necessary papers and documents in connection with the Department of Environment, Health and Natural Resources for aid in Mosquito Control.

Requested by: James Fields/Pat Simmons  
Department: Public Works  
Title: Supervisor/Administrative Assistant  
Contact Phone: 910-259-1228  
Contact Fax: 910-259-1297

# REQUESTING AUTHORITY FROM COUNTY HEALTH DEPARTMENT

Pender County

\_\_\_\_\_  
*Name of Health Department*

By: James Fields or Patricia Simmons  
*Signature of County or District Health Director*

James Fields/or Patricia Simmons

\_\_\_\_\_  
*Typed or Printed Name of County or District Health Director*

Date: 3-10-08

If your proposed mosquito control work plan involves the use of chemicals, you must list the name and license number of your public health operator below. If your proposed work plan does not include the use of any chemicals, then you do not need to list the operator.

James E. Fields

\_\_\_\_\_  
*Name of Licensed Operator (Please Print)*

4121

\_\_\_\_\_  
North Carolina License Number

*Note: All required signatures on this page **must** be secured or this application will **not** be processed.*