



REQUEST FOR BOARD ACTION

ITEM NO. 5.

DATE OF MEETING: February 6, 2012

REQUESTED BY: Carolyn Moser, Health Director, Pender County Health Department

SHORT TITLE: Resolution Authorizing a Budget Amendment to Approve Increase in Health Department Revenues and Expenditures for Fiscal Year 2011-2012: \$7,132.00

BACKGROUND: The North Carolina Environmental Health Section has allocated Pender County Health Department \$7,132 in Mosquito funds to be disbursed to eligible applicants.

Local mosquito control activities are carried out by public health agencies, municipalities, county governments and non-profit organizations. Applications for funding are submitted to the state who determines individual allocations. Instead of sending funds directly to the applicants, it will "pass through" the health department.

Pender County Health Department will disburse allotted funds to the following local Mosquito Control Programs: Town of Topsail Beach \$2,220, Pender County Public Works Mosquito Control \$4,912.

SPECIFIC ACTION REQUESTED: To consider a resolution approving a budget amendment for increasing programmatic revenues and related expenditures for Pender County Health Department by \$7,132 in the Environmental Health Program for Fiscal Year 2011-2012.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.

AMP
Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

the FY 2011-2012 Annual Budget Ordinance is amended to increase revenues/expenditures and approve related purchase orders for the following program.

Increase Revenues:

Environmental Health	11 370007	\$7,132
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Increase Expenditures:

Environmental Health	900050 404600 Contracted Services	\$7,132
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AMENDMENTS:

MOVED _____ SECONDED _____

APPROVED _____ DENIED _____ UNANIMOUS

YEA VOTES: Brown ___ Tate ___ Rivenbark ___ Ward ___ Williams ___

George R. Brown, Chairman

Date

ATTEST

**Division of Public Health
Agreement Addendum
FY 11-12**

Pender County Health Department

Environmental Health Section/EH Services
Branch

Local Health Department Legal Name

DPH Section/Branch Name

878-State Aid for Mosquito Control

Bart Campbell /919-715-
7148; bart.campbell@dhhs.nc.gov

Activity Number and Description

DPH Program Contact Name, Telephone
Number (with area code) and Email

01/01/2012-05/31/2012

Service Period

DPH Program Signature _____ Date _____
(only required for negotiable agreement
addendum)

02/01/2012-06/30/2012

Payment Period

Original Agreement Addendum

Agreement Addendum Revision # _____ (Please do not put the Aid to County BE revision # here.)

I. Background:

Mosquitoes are vectors that transmit disease-causing microorganisms from an infected person or animal to another. North Carolina residents and visitors are at higher risk due to Hurricane Irene and other rain events which create ideal breeding conditions for mosquitoes. Local mosquito control activities are carried out by public health agencies, municipalities, county governments and non-profit organizations. Budgets and activities for the local entities are submitted with applications for Mosquito Control Funds.

II. Purpose:

Provide financial support to established Mosquito Control Programs within Pender County Health Department, as approved by the Division of Public Health.

III. Scope of Work and Deliverables:



Health Director Signature (use blue ink)

Date 11/2/12

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: <u>Carolyn Moser</u> Phone number with area code: <u>910-252-1499</u> Email address: <u>cmoser@pendercountync.gov</u>
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Signature on this page signifies you have read and accepted all pages of this document.

Pender County Health Department will disburse allotted funds to the following local Mosquito Control Programs:

Pender County Health Department	\$ 4,912.00
Town of Topsail Beach	\$ 2,220.00
Total Funds for Pender County Health Department	\$ 7,132.00

Work to be performed per attached applicant application with the Environmental Health Section.

IV. Performance Measures/Reporting Requirements:

Local health departments will assure allotted funds are distributed and used in accordance with the application

V. Performance Monitoring and Quality Assurance:

Recipient of the Mosquito Control Funds will attest that the funds were expended in accordance with the approved application.

VI. Funding Guidelines or Restrictions: (if applicable)

n/a



APPLICATION FOR STATE AID FOR MOSQUITO CONTROL

MAR 10 2011

FISCAL YEAR 2012

Name of Organization: (Applicant) Pender County Public Works/Mosquito Control Division		
Street Address: 210 S Bennett Street		
City: Burgaw	State: NC	County: Pender
Nine-digit Zip Code: 28425		Federal I.D. Number: 56-000329
Phone Number: 910-259-1228		Fax Number: 910-259-1297
Contact Person: Patricia E Simmons, Administrative Officer		Alternate Contact to receive email notices about State Aid:
E-Mail Address: psimmons@pendercountync.gov		Alternate's E-mail address:

Please supply ALL information requested.

Unless otherwise requested, the following specifications shall become part of any agreement between the applicant and the Public Health Pest Management Section, Division of Environmental Health, North Carolina Department of Environment and Natural Resources.

The applicant agrees to the following:

1. To conduct mosquito control activities as specified in the attached work plan. Any addendum to the work plan shall have prior written approval of the Division of Environmental Health before becoming a part of this agreement.
2. To assume such responsibility for claims for damage resulting from the operation of the program as is necessary to absolve the state of any of its departments, agencies or employees from any liability whatsoever from such claims.
3. To use funds provided by the Division of Environmental Health and those shown on the program application as being provided by the applicant exclusively for mosquito control in accordance with the "State Aid for Mosquito Control Rules."
4. To perform all mosquito control activities under the direction of a competent supervisor, and to apply pesticides under the supervision of a licensed applicator.
5. To submit reports in the format specified by the Division of Environmental Health on a monthly basis showing work performed, expenditures made of both local and state funds, equipment utilized, and material expended.
 - a. Applicant must maintain necessary program and financial records to facilitate:
 1. The verification of net expenditures by fiscal audits.
 2. The conduct of program review.
 3. The submission of required reports.
 4. The separation of water management funds (both local and state) from funds used for other mosquito control activities
 - b. Expenditure reports will be submitted through an invoice with a spreadsheet detailing expenses. The certification statement must be on the spreadsheet, signed by the person verifying figures.
6. To request and obtain any permits required by local, state, or federal governments.

MOSQUITO CONTROL NEEDS STATEMENT

Pender County Mosquito Control

3-09-10

(Applicant)

(Date)

1. How many **permanent** residents does your mosquito control program serve?
51,853 People (This is usually the number of residents of your area.)
 2. How many **temporary** residents (tourist, etc.) does your mosquito control program serve?
3,000 People
 3. How many **square miles** does your mosquito control program serve?
871 Square miles (Total square miles in your program's area.)
 4. How many **requests** for mosquito control assistance (complaints) did you receive last year?
450 Complaints
 5. Estimate the percentage of your total budget that goes toward controlling each of the following kinds of mosquitoes: (Total *must* equal 100%)
 - a. Permanent water breeders (breed in ponds, swamps, marshes, ditches, lakes, bogs or other permanently flooded bodies of water). 15 %
 - b. Container breeders (breed in cans, tires, bottles, junk, holes in trees, or other small containers). ^{PS}
20 %
 - c. Flood water breeders (breed in flood plains of areas which are usually dry but flood due to rain). 20 %
 - d. Salt marsh breeders (breed in coastal salt marshes – *coastal programs only*). 45 %
 - e. Others: _____
What? _____ %
- TOTAL 100 %

(Comments: Attach additional sheets if necessary)

MOSQUITO CONTROL WORK PLAN

The Mosquito Control Work Plan tells us what you plan to do to control mosquitoes during the upcoming year from, July 1, 2011 to June 30, 2012. Good mosquito control requires using a variety of different techniques together for maximum efficiency and cost effectiveness. If you have trouble filling out this plan, you should contact your regional medical entomologist for help, or call (919) 571-4814. This plan is attached to your contract for state aid and should be followed closely. Answer all questions below.

Mosquito Control Work Plan Instructions:

Answer questions 1 through 26 as accurately as possible describing what you intend to do to control mosquitoes. This plan will become the basis for your State Aid Contract and you will be expected to follow it closely. Deviations from the plan should be brought to the attention of your regional medical entomologist, except that you may exceed projected numbers of activities if needed.

Larval surveillance:

1. How many surveys will you do this year to locate temporary and long-term larval breeding sites? A survey is a visit to a potential mosquito-breeding site during which you look for larvae. Enter the number of surveys you plan to do during the year: 40
2. How many larval samples will you collect, save, record and identify this year? When completing the surveys from Question 1 above, how many of the surveys you conduct will also involve collecting larvae for laboratory identification? 0
3. How many catch basins will you sample? Catch basins are the constructions along streets where storm water collects. They can breed a lot of mosquitoes in some cases. If you work in a county program this question is probably not applicable to you. How many of the catch basins in your town or city will you sample for mosquitoes during the year? 10
4. How many retention/detection ponds will you sample? These ponds are being constructed much more frequently for storm water management and are usually associated with new developments or commercial building, particularly parking lots. They can breed mosquitoes if not designed, constructed and managed properly. How many of these ponds will you sample for mosquitoes? 4
5. How will you record the location of larval breeding sites you find in the coming year? (If more than one choice is selected, please number the choices according to priority, 1 being the highest, 5 being the lowest.)

<u>6</u> Push Pins, Dot Drawn on Map	<u>2</u> File Cards
<u>1</u> Inspector Notes, Investigation forms	<u>3</u> Spreadsheet or Database
<u>5</u> Computerized Maps	<u>4</u> GPS with or without GIS

Adult surveillance:

6. How many light traps will you regularly run to determine the numbers and kinds of mosquitoes in your area? Enter the number of light traps that you run during the mosquito season to monitor adult mosquito numbers? 4
7. How many before-spraying and after-spraying landing counts will you do this year? Landing counts are a simple way to determine adult biting mosquito activity. The number of mosquitoes landing on your pants legs during a one-minute period is counted. How many of these counts will you do before and after spraying to determine how well your spraying is controlling mosquitoes? 40

8. How do you record and maintain complaints (requests for assistance in mosquito control):
 None, do not record complaints Paper List, Notes, File Cards
 Spreadsheet (i.e. Excel) Database (i.e. Access)
 Mapping (i.e. GIS) Not Applicable
9. If you spray for adult mosquito control (adulticide), what methods will you use to determine the need for spraying?
 Not Applicable Light trap counts Landing or biting counts
 Complaints Do Not Spray

Public Information and Education:

10. How many press releases or interviews on mosquito control do you plan to do this year with local radio stations, television stations, or newspapers? Enter the number 1
11. How many educational talks will you give to schools, civic groups or professional groups this year? Enter the number 4
12. How many educational brochures or pamphlets on mosquito control will you distribute this year? (Give the total number of copies, not the number of different kinds of pamphlets.) 2,000
13. How many educational meetings will your staff attend this year? (National, state or local mosquito control association meetings, ULV or larviciding training courses, other mosquito control workshops, etc.) Enter the number of meetings your staff will attend 2
14. How many professional publications on mosquito control will your staff read this year? It's important to keep up with the latest in mosquito control technology by reading. How many publications will your staff have access to during the year? 6
15. How many of your staff will take the CDC Vector-borne Disease Control Course or professional courses on mosquito control this year? Enter the number here 1
16. How many of your staff will take pesticide safety or other safety courses this year? Enter the number here 2

Larval Mosquito Control:

17. Will you use Gambusia or other fish for larval mosquito control? YES NO Not Applicable
18. List all larvicides you plan to use this year with the amount you plan to use:

BTI: Bactimos, Vectobac, Mosquito Dunks
 Briquettes Pounds Gallons

Methoprene: Altosid
 Briquettes 88 Pounds Gallons

B. sphericus: VectoLex
 Briquettes Pounds Gallons

Monomolecular Surface Film: Agnique Gallons

Surface Oils: Golden Bear/ GB111 Gallons

Temephos: Abate Pounds

19. Give the linear footage of existing mosquito control ditches you plan to clean out or maintain this year.
0 feet
20. Give the linear footage of NEW mosquito control ditches you plan to create this year: 0 feet
21. Give the linear footage of river or stream snagging you plan to do this year. 0 feet
22. Give the acreage of new mosquito control impoundments you plan to build this year. 0 acres
23. How many container clean up campaigns do you plan to do this year? Enter the number 1
24. How many catch basins will you larvicide this year? Enter the number 10

Adult Mosquito Control:

25. List all adulticides you plan to use this year and the amount you plan to use:

Permethrin (Permanone, Kontrol, Flit, Permethrin 57% OS, Aqua-Reslin, Biomist, etc.)
180 Gallons (concentrate) _____ Gallons (ready to use)

Sumithrin (Anvil)
 _____ Gallons (concentrate) _____ Gallons (ready to use)

Malathion (Fyfanon, Atrapa)
 _____ Gallons

Naled (Dibrom, Trumpet)
 _____ Gallons

Pyrethrin (Pyrenone)
 _____ Gallons

Resmethrin (Scourge)
 _____ Gallons (concentrate) _____ Gallons (ready to use)

26. If you use adulticides as anything but truck-mounted ULV sprays, list the other method you use.

4-Wheeler (used in barrier spraying)

Retention Schedule

Applicant – 2 years

DENR – 10 years and follow the Records Disposition Schedule issued by Division of Archives and History.

PUBLIC HEALTH PEST MANAGEMENT

REVISED 12/2010

MOSQUITO CONTROL LOCAL BUDGET

FISCAL YEAR 2011 (July 1, 2011 through June 30, 2012)

Pender County Public Works/Mosquito Control
(Applicant)

3-09-2011
(Date)

In the budget columns below, provide individual amounts for applicable line items and a total for the budget columns. **This information is required for eligibility certificate and allocation computations.** Include only LOCAL budgeted amounts. Water Management budgets MUST be listed separately.

ITEM DESCRIPTION	CLASSIFICATION	ITEM NUMBER	LOCAL BUDGETS	
			WATER MANAGEMENT	ALL OTHER CONTROLS
SALARIES (On page 8, list each position title, hours and salary rate)	Salaries	1000		69,785 00
SOCIAL SECURITY	S.S.	1000		7,043 00
RETIREMENT CONTRIBUTION	RET.	1000		4,658 00
HOSPITAL INSURANCE	HOSP INS	1000		14,976 00
SUPPLIES (Inc. insecticides)	E/M SUPL	2000		39,350 00
OFFICE SUPPLIES	OFC SUPL	2000		150 00
EMPLOYEE TRAVEL	EMP TRAVEL	2000		500 00
TELEPHONE	TEL SVC	2000		3,300 000
POSTAGE	POSTAGE	2000		200 00
EQUIPMENT REPAIRS	EQPT REP	2000		10,000 00
MOTOR VEHICLE SUPPLIES	AUTO SUPL	2000		2,000 00
MOTOR FUEL AND LUBRICANT	FUEL	2000		9,600 00
OTHER CONTRACTED PERSONAL SERVICES	O CON PS	2000	54,500 00	
OTHER CONTRACTS AND GRANTS	SUB CNTR	6000	15,000 00	
TOTALS			69,500 00	161,562 00

In order to receive state funds or to use as matching funds, contractual services and grants with individuals, companies or other agencies must be pre-approved by the state. Local contracts must mirror the state contract in substance and required forms. Please return copies of all contract agreements with this application. Expenses that are being reimbursed by other sources are not eligible for reimbursement from the state nor can they be used as matching funds.

Depreciation Credit Schedule for Equipment and Credit Allowance Mosquito Control

(State owned equipment is not eligible for depreciation credit)

Applicant: _____

Date: _____

EQUIPMENT CLASS	CREDIT ALLOWANCE RATE PER HOUR	Record PROPOSED PIECES of EQUIPMENT IN USE	Record PROPOSED OPERATIONAL HOURS in the space given. (Per PC per Year) <i>(Maximum allowance given in each box)</i>	CREDIT ALLOWANCE (see below**)
Small Excavator (Less than 1/2 cu.yd.)	\$ 6.00		(Maximum of 200 hrs. PER unit)	
Large Excavator (1/2 cu.yd. or greater)	\$ 15.00	1	(Maximum of 1200 hrs. PER unit)	750.00
ULV Sprayer	\$ 5.00	5	(Maximum of 200 hrs. PER unit)	5,000.00
Space Sprayer (All types)	\$ 4.65	1	(Maximum of 200 hrs. PER unit)	930.00
Truck, Jeep, or Tractor (All types)	\$ 2.00	7	(Maximum of 200 hrs. PER unit)	2,800.00
Service Truck (Water Management ONLY)	\$ 2.00		(Maximum of 1200 hrs. PER unit)	
Snagging Units	\$ 9.00		(Maximum of 1200 hrs. PER unit)	
	TOTAL		TOTAL	9,480.00

ULV Model / Description
 Guardian ULV -Model 190ES

Serial Number
 2C08-0093, _____ 2C08-0172
 2C08-0143 _____
 2C08-0144 _____
 2C08-0156 _____

NOTE: A MAXIMUM of 200 hours per year per piece of equipment for surveillance, education, chemical control, or biological control is allowed for computing the monetary value of depreciation credits. A MAXIMUM of 1200 hours per year per piece of equipment for physical control (Water Management) is allowed for computing the monetary value of depreciation credits. **State owned equipment cannot be included for depreciation credits.**

**** To compute the "CREDIT ALLOWANCE"** for each class of equipment, multiply the "CREDIT ALLOWANCE" rate times the "PROPOSED NUMBER IN USE" times the "PROPOSED OPERATIONAL HOURS". Enter this figure in the "CREDIT ALLOWANCE" blank for each class of equipment. Add all the "CREDIT ALLOWANCE" rows and put the total in the box at the bottom designated for Total \$. Also, add all the "PROPOSED NUMBER IN USE" blanks and put the number in the box of the column designated for "TOTAL" equipment in use.

Be sure NOT to exceed the "Proposed Operational Hours" maximum for each class of equipment.

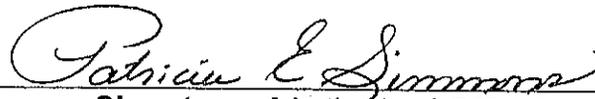
See page 10 for the retention schedule and more instructions.

REQUESTING AUTHORITY FROM COUNTY BOARD OF COMMISSIONER

Pender County

Name of County Board

By:



Signature of Authorized Official

Patricia E. Simmons

Typed Name of Authorized Official

Administrative Officer/Pender County Public Works

Typed Official Title of Above

Date: March 9, _____, 2011

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

James R Huggins

Name of Licensed Applicator

032-6613

North Carolina License Number

You must complete DENR Form 1239 "Resolution to be Adopted by the Board of Commissioners Designating Official to Sign Necessary Papers and to Otherwise Represent Board in Connection with Mosquito Control" and submit it with this application.

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



REQUEST FOR BOARD ACTION

ITEM NO. 8.

DATE OF MEETING: February 21, 2011

REQUESTED BY: Patricia Simmons, Facilities & Property Manager

SHORT TITLE: Resolution Authorizing Patricia Simmons, Administrative Officer of Public Works to Execute All Necessary Papers and Documents In Connection With DEHNR for Aid in Mosquito Control.

BACKGROUND: Patricia Simmons needs to be authorized 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 NCDEHNR. The county agrees to conduct mosquito control activities specified by the work plan, performs all mosquito control activities, and uses funds provided by the Division of Environmental Health and Natural Resources.

SPECIFIC ACTION REQUESTED: To consider a resolution authorizing Patricia Simmons, Administrative Officer 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.

**RESOLUTION TO BE ADOPTED BY THE BOARD OF COMMISSIONERS
DESIGNATING OFFICIAL TO SIGN PAPERS AND TO OTHERWISE REPRESENT
THE BOARD IN CONNECTIONS WITH MOSQUITO CONTROL**

Upon motion of F.D. Rivenbark,
(Name)

seconded by Chester Ward,
(Name)

it is here by ordered that Patricia E Simmons, Administrative Officer
(Name)

as agent for Pender County Public Works/Mosquito Control Division,
(Governmental Unit)

is hereby authorized and empowered to sign and execute all papers and documents necessary in connection with the request made to the Division of Environmental Health, North Carolina Department of Environment and Natural Resources, for aid in control of mosquitoes. (S) He is further authorized and required to carry out all agreements stipulated in the project application submitted by us to the Division of Environmental Health, North Carolina Department of Environment and Natural Resources, and to perform other acts that are proper and necessary in connection with the operation of this project. Acts of said person on behalf of said

Pender County,
(Governmental Unit), are in all respects validated, approved and confirmed.

The undersigned Rick Benton, County Manager,
(Name)

clerk of the Pender County Board of Commissioners, hereby certifies that the
(Governing Unit)

foregoing is a true copy of the resolution of the

Pender County Board of Commissioners at
(Governing Unit)

a meeting held on the 21 day of February, 2011.

Rick Benton
Clerk

**RESOLUTION TO BE ADOPTED BY THE BOARD OF COMMISSIONERS
SIGNATING OFFICIAL TO SIGN PAPERS AND TO OTHERWISE REPRESENT
THE BOARD IN CONNECTIONS WITH MOSQUITO CONTROL**

Upon motion of F. D. Rivenbark
(Name)

seconded by Chester Ward
(Name)

it is here by ordered that Patricia E Simmons, Administrative Officer
(Name)

as agent for Pender County Public Works/Mosquito Control Division
(Governmental Unit)

is hereby authorized and empowered to sign and execute all papers and documents necessary in connection with the request made to the Division of Environmental Health, North Carolina Department of Environment and Natural Resources, for aid in control of mosquitoes. (S) He is further authorized and required to carry out all agreements stipulated in the project application submitted by us to the Division of Environmental Health, North Carolina Department of Environment and Natural Resources, and to perform other acts that are proper and necessary in connection with the operation of this project. Acts of said person on behalf of said

Pender County
(Governmental Unit), are in all respects validated, approved and confirmed.

The undersigned Rick Benton, County Manager
(Name)

clerk of the Pender County Board of Commissioners
(Governing Unit), hereby certifies that the

foregoing is a true copy of the resolution of the

Pender County Board of Commissioners at
(Governing Unit)

a meeting held on the 21 day of February, 2011.

Rick Benton
Clerk

APPLICATION FOR STATE AID FOR MOSQUITO CONTROL

MAR - 9 2011

FISCAL YEAR 2012

<i>Name of Organization: (Applicant)</i> Town Of Topsail Beach		
<i>Street Address:</i> 820 South Anderson Blvd		
<i>City:</i> Topsail Beach	<i>State:</i> NC	<i>County:</i> Pender
<i>Nine-digit Zip Code:</i> 28445-5841	<i>Federal I.D. Number:</i> 560796862	
<i>Phone Number:</i> 910-328-5841	<i>Fax Number:</i> 910-328-5269	
<i>Contact Person:</i> Kurt Polzer	<i>Alternate Contact to receive email notices about State Aid:</i> Connie Forand	
<i>E-Mail Address:</i> publicservices@topsailbeach.org	<i>Alternate's E-mail address:</i> accountant@topsailbeach.org	

Please supply ALL information requested.

Unless otherwise requested, the following specifications shall become part of any agreement between the applicant and the Public Health Pest Management Section, Division of Environmental Health, North Carolina Department of Environment and Natural Resources. State laws require contracting agencies to match state funding, dollar for dollar.

The applicant agrees to the following:

1. To conduct mosquito control activities as specified in the attached work plan. Any addendum to the work plan shall have prior written approval of the Division of Environmental Health before becoming a part of this agreement.
2. To assume such responsibility for claims for damage resulting from the operation of the program as is necessary to absolve the state of any of its departments, agencies or employees from any liability whatsoever from such claims.
3. To use funds provided by the Division of Environmental Health and those shown on the program application as being provided by the applicant exclusively for mosquito control in accordance with the "State Aid for Mosquito Control Rules."
4. To perform all mosquito control activities under the direction of a competent supervisor, and to apply pesticides under the supervision of a licensed applicator.
5. To submit reports in the format specified by the Division of Environmental Health on a monthly basis showing work performed, expenditures made of both local and state funds, equipment utilized, and material expended.
 - a. Applicant must maintain necessary program and financial records to facilitate:
 1. The verification of net expenditures by fiscal audits.
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 4. The separation of water management funds (both local and state) from funds used for other mosquito control activities
 - b. Expenditure reports will be submitted through an invoice with a spreadsheet detailing expenses. The certification statement must be on the spreadsheet, signed by the person verifying figures.
6. To request and obtain any permits required by local, state, or federal governments.

MOSQUITO CONTROL NEEDS STATEMENT

Town of Topsail Beach
(Applicant)

2-7-11
(Date)

1. How many **permanent** residents does your mosquito control program serve?
500 People (This is usually the number of residents of your area.)
 2. How many **temporary** residents (tourist, etc.) does your mosquito control program serve?
8000 People
 3. How many **square miles** does your mosquito control program serve?
6 Square miles (Total square miles in your program's area.)
 4. How many **requests** for mosquito control assistance (complaints) did you receive last year?
10 Complaints
 5. Estimate the percentage of your total budget that goes toward controlling each of the following kinds of mosquitoes: (Total *must* equal 100%)
 - a. Permanent water breeders (breed in ponds, swamps, marshes, ditches, lakes, bogs or other permanently flooded bodies of water). 5%
 - b. Container breeders (breed in cans, tires, bottles, junk, holes in trees, or other small containers). 5%
 - c. Flood water breeders (breed in flood plains of areas which are usually dry but flood due to rain). 5%
 - d. Salt marsh breeders (breed in coastal salt marshes – *coastal programs only*). 85%
 - e. Others: _____ 0 %
What?
- TOTAL 100 %

(Comments: Attach additional sheets if necessary)

MOSQUITO CONTROL WORK PLAN

The Mosquito Control Work Plan tells us what you plan to do to control mosquitoes during the upcoming year from, July 1, 2011 to June 30, 2012. Good mosquito control requires using a variety of different techniques together for maximum efficiency and cost effectiveness. If you have trouble filling out this plan, you should contact your regional medical entomologist for help, or call (919) 571-4814. This plan is attached to your contract for state aid and should be followed closely. Answer all questions below.

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1. How many surveys will you do this year to locate temporary and long-term larval breeding sites? A survey is a visit to a potential mosquito-breeding site during which you look for larvae. Enter the number of surveys you plan to do during the year: 10
2. How many larval samples will you collect, save, record and identify this year? When completing the surveys from Question 1 above, how many of the surveys you conduct will also involve collecting larvae for laboratory identification? 0
3. How many catch basins will you sample? Catch basins are the constructions along streets where storm water collects. They can breed a lot of mosquitoes in some cases. If you work in a county program this question is probably not applicable to you. How many of the catch basins in your town or city will you sample for mosquitoes during the year? 12
4. How many retention/detection ponds will you sample? These ponds are being constructed much more frequently for storm water management and are usually associated with new developments or commercial building, particularly parking lots. They can breed mosquitoes if not designed, constructed and managed properly. How many of these ponds will you sample for mosquitoes? 0
5. How will you record the location of larval breeding sites you find in the coming year? (If more than one choice is selected, please number the choices according to priority, 1 being the highest, 5 being the lowest.)
 Push Pins, Dot Drawn on Map
 Inspector Notes, Investigation forms
 Computerized Maps
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 Spreadsheet or Database
 GPS with or without GIS

Adult surveillance:

6. How many light traps will you regularly run to determine the numbers and kinds of mosquitoes in your area? Enter the number of light traps that you run during the mosquito season to monitor adult mosquito numbers? 0
7. How many before-spraying and after-spraying landing counts will you do this year? Landing counts are a simple way to determine adult biting mosquito activity. The number of mosquitoes landing on your pants legs during a one-minute period is counted. How many of these counts will you do before and after spraying to determine how well your spraying is controlling mosquitoes? 4

8. How do you record and maintain complaints (requests for assistance in mosquito control):
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 Mapping (i.e. GIS) Not Applicable
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 Not Applicable Light trap counts Landing or biting counts
 Complaints Do Not Spray

Public Information and Education:

10. How many press releases or interviews on mosquito control do you plan to do this year with local radio stations, television stations, or newspapers? Enter the number 1
11. How many educational talks will you give to schools, civic groups or professional groups this year? Enter the number 1
12. How many educational brochures or pamphlets on mosquito control will you distribute this year? (Give the total number of copies, not the number of different kinds of pamphlets.) 200
13. How many educational meetings will your staff attend this year? (National, state or local mosquito control association meetings, ULV or larviciding training courses, other mosquito control workshops, etc.) Enter the number of meetings your staff will attend 2
14. How many professional publications on mosquito control will your staff read this year? It's important to keep up with the latest in mosquito control technology by reading. How many publications will your staff have access to during the year? 2
15. How many of your staff will take the CDC Vector-borne Disease Control Course or professional courses on mosquito control this year? Enter the number here 1
16. How many of your staff will take pesticide safety or other safety courses this year? Enter the number here 1

Larval Mosquito Control:

17. Will you use Gambusia or other fish for larval mosquito control? YES NO Not Applicable

18. List all larvicides you plan to use this year with the amount you plan to use:

BTI: Bactimos, Vectobac, Mosquito Dunks
 Briquettes Pounds Gallons

Methoprene: Altosid
 Briquettes Pounds Gallons

B. sphericus: VectoLex
 Briquettes Pounds Gallons

Monomolecular Surface Film: Agnique Gallons

Surface Oils: Golden Bear/ GB111 Gallons

Temephos: Abate Pounds

19. Give the linear footage of existing mosquito control ditches you plan to clean out or maintain this year. _____0_____feet
20. Give the linear footage of NEW mosquito control ditches you plan to create this year: _____0_____feet
21. Give the linear footage of river or stream snagging you plan to do this year. _____0_____feet
22. Give the acreage of new mosquito control impoundments you plan to build this year. _____0_____acres
23. How many container clean up campaigns do you plan to do this year? Enter the number _____0_____
24. How many catch basins will you larvicide this year? Enter the number _____21_____

Adult Mosquito Control:

25. List all adulticides you plan to use this year and the amount you plan to use:

Permethrin (Permanone, Kontrol, Flit, Permethrin 57% OS, Aqua-Reslin, Biomist, etc.)
 _____10_____Gallons (concentrate) _____Gallons (ready to use)

Sumithrin (Anvil)
 _____Gallons (concentrate) _____Gallons (ready to use)

Malathion (Fyfanon, Atrapa)
 _____Gallons

Naled (Dibrom, Trumpet)
 _____Gallons

Pyrethrin (Pyrenone)
 _____Gallons

Resmethrin (Scourge)
 _____Gallons (concentrate) _____Gallons (ready to use)

26. If you use adulticides as anything but truck-mounted ULV sprays, list the other method you use.

Retention Schedule

Applicant – 2 years

DENR – 10 years and follow the Records Disposition Schedule issued by Division of Archives and History.

MOSQUITO CONTROL LOCAL BUDGET

FISCAL YEAR 2012 (July 1, 2011 through June 30, 2012)

__Town Of Topsail Beach_____
(Applicant)

2/7/11_____
(Date)

In the budget columns below, provide individual amounts for applicable line items and a total for the budget columns. **This information is required for eligibility certificate and allocation computations.** Include only LOCAL budgeted amounts. Water Management budgets MUST be listed separately.

ITEM DESCRIPTION	CLASSIFICATION	ITEM NUMBER	LOCAL BUDGETS		
			WATER MANAGEMENT	ALL OTHER CONTROLS	
SALARIES (On page 8, list each position title, hours and salary rate)	Salaries	1000		1564	56
SOCIAL SECURITY	S.S.	1000		109	00
RETIREMENT CONTRIBUTION	RET.	1000		79	00
HOSPITAL INSURANCE	HOSP INS	1000		166	00
SUPPLIES (Inc. insecticides)	E/M SUPL	2000		6000	00
OFFICE SUPPLIES	OFC SUPL	2000		0	00
EMPLOYEE TRAVEL	EMP TRAVEL	2000		500	00
TELEPHONE	TEL SVC	2000		0	00
POSTAGE	POSTAGE	2000		0	00
EQUIPMENT REPAIRS	EQPT REP	2000		400	00
MOTOR VEHICLE SUPPLIES	AUTO SUPL	2000		500	00
MOTOR FUEL AND LUBRICANT	FUEL	2000		7200	00
OTHER CONTRACTED PERSONAL SERVICES	O CON PS	2000		0	00
OTHER CONTRACTS AND GRANTS	SUB CNTR	6000		0	00
		TOTALS		16,518	56

In order to receive state funds or to use as matching funds, contractual services and grants with individuals, companies or other agencies must be pre-approved by the state. Local contracts must mirror the state contract in substance and required forms. Please return copies of all contract agreements with this application. Expenses that are being reimbursed by other sources are not eligible for reimbursement from the state nor can they be used as matching funds.

Depreciation Credit Schedule for Equipment and Credit Allowance

Mosquito Control

(State owned equipment is not eligible for depreciation credit)

Applicant _____

Date _____

EQUIPMENT CLASS	CREDIT ALLOWANCE RATE PER HOUR	Record PROPOSED PIECES of EQUIPMENT IN USE	Record PROPOSED OPERATIONAL HOURS In the space given. (Per PC per Year) <i>(Maximum allowance given in each box)</i>	CREDIT ALLOWANCE (see below**)
Small Excavator (Less than 1/2 cu.yd.)	\$ 6.00		(Maximum of 200 hrs. PER unit)	
Large Excavator (1/2 cu.yd. or greater)	\$ 15.00		(Maximum of 1200 hrs. PER unit)	
ULV Sprayer	\$ 5.00		(Maximum of 200 hrs. PER unit)	
Space Sprayer (All types)	\$ 4.65		(Maximum of 200 hrs. PER unit)	
Truck, Jeep, or Tractor (All types)	\$ 2.00		(Maximum of 200 hrs. PER unit)	144.00
Service Truck (Water Management ONLY)	\$ 2.00		(Maximum of 1200 hrs. PER unit)	
Snagging Units	\$ 9.00		(Maximum of 1200 hrs. PER unit)	
	TOTAL		TOTAL	144.00

ULV Model / Description _____

Serial Number _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: A MAXIMUM of 200 hours per year per piece of equipment for surveillance, education, chemical control, or biological control is allowed for computing the monetary value of depreciation credits. A MAXIMUM of 1200 hours per year per piece of equipment for physical control (Water Management) is allowed for computing the monetary value of depreciation credits. **State owned equipment can not be included for depreciation credits.**

**** To compute the "CREDIT ALLOWANCE"** for each class of equipment, multiply the "CREDIT ALLOWANCE" rate times the "PROPOSED NUMBER IN USE" times the "PROPOSED OPERATIONAL HOURS". Enter this figure in the "CREDIT ALLOWANCE" blank for each class of equipment. Add all the "CREDIT ALLOWANCE" rows and put the total in the box at the bottom designated for Total \$. Also, add all the "PROPOSED NUMBER IN USE" blanks and put the number in the box of the column designated for "TOTAL" equipment in use.

Be sure NOT to exceed the "Proposed Operational Hours" maximum for each class of equipment.

See page 10 for the retention schedule and more instructions.

REQUESTING AUTHORITY FROM CITIES, TOWNS OR DISTRICTS

Town of Topsail Beach

Name of City, Town or District

By: Connie Forand

Signature of Authorized Official

Connie Forand

Typed Name of Authorized Official

Finance Officer

Typed Official Title of Above

Date: February 25, 2011

All city, town, and district applications are required to be signed by your county health director to indicate his or her concurrence of need.

W. Ryan
County Health Director

Date: March 4, 2011

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.

Kurt L. Polzer
Name of Licensed Operator

032-5035
License Number

You must complete DENR Form 1239 "Resolution to be Adopted by the Board of Commissioners Designating Official to Sign Necessary Papers and to Otherwise Represent Board in Connection with Mosquito Control" and submit it with this application.

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

**RESOLUTION TO BE ADOPTED BY THE BOARD OF COMMISSIONERS
DESIGNATING OFFICIAL TO SIGN PAPERS AND TO OTHERWISE REPRESENT
THE BOARD IN CONNECTIONS WITH MOSQUITO CONTROL**

Upon motion of Commissioner Bone,
(Name)

seconded by Commissioner Broadhurst,
(Name)

it is here by ordered that Connie Forand,
(Name)

as agent for the Town of Topsail Beach,
(Governmental Unit)

is hereby authorized and empowered to sign and execute all papers and documents necessary in connection with the request made to the Division of Environmental Health, North Carolina Department of Environment and Natural Resources, for aid in control of mosquitoes. (S) He is further authorized and required to carry out all agreements stipulated in the project application submitted by us to the Division of Environmental Health, North Carolina Department of Environment and Natural Resources, and to perform other acts that are proper and necessary in connection with the operation of this project. Acts of said person on behalf of said

Town of Topsail Beach, are in all respects validated, approved and confirmed.
(Governmental Unit)

The undersigned Christina Watkins,
(Name)

clerk of the Town of Topsail Beach, hereby certifies that the
foregoing is a true copy of the resolution of the

Town of Topsail Beach at
(Governing Unit)

a meeting held on the 9th day of February, 2011.

Christina Watkins
Clerk

Allocation Page
For Fiscal Year:11/12
Estimate Number: 0

Waiting for Program Admin Approval

CONTRACTS
DEC 13 2011

			878 1153 4801 00	Proposed Total	New Total
		AA	Payment Period 02/01-06/30		
			Service Period 01/01-05/31		
01 ALAMANCE				\$0.00	\$0.00
D1 ALBEMARLE REG	*	0		\$7,862.00	\$7,862.00
02 ALEXANDER				\$0.00	\$0.00
04 ANSON				\$0.00	\$0.00
D2 APPALACHIAN				\$0.00	\$0.00
07 BEAUFORT				\$0.00	\$0.00
09 BLADEN	*	0		\$9,358.00	\$9,358.00
10 BRUNSWICK	*	0		\$22,223.00	\$22,223.00
11 BUNCOMBE	*	0		\$2,220.00	\$2,220.00
12 BURKE				\$0.00	\$0.00
13 CABARRUS				\$0.00	\$0.00
14 CALDWELL				\$0.00	\$0.00
16 CARTERET	*	0		\$20,920.00	\$20,920.00
17 CASWELL				\$0.00	\$0.00
18 CATAWBA				\$0.00	\$0.00
19 CHATHAM				\$0.00	\$0.00
20 CHEROKEE				\$0.00	\$0.00
22 CLAY				\$0.00	\$0.00
23 CLEVELAND				\$0.00	\$0.00
24 COLUMBUS	*	0		\$3,604.00	\$3,604.00
25 CRAVEN				\$0.00	\$0.00
26 CUMBERLAND				\$0.00	\$0.00
28 DARE				\$0.00	\$0.00
29 DAVIDSON	*	0		\$2,691.00	\$2,691.00
30 DAVIE				\$0.00	\$0.00
31 DUPLIN				\$0.00	\$0.00
32 DURHAM	*	0		\$2,220.00	\$2,220.00
33 EDGECOMBE	*	0		\$4,440.00	\$4,440.00
34 FORSYTH	*	0		\$2,220.00	\$2,220.00
35 FRANKLIN				\$0.00	\$0.00
36 GASTON				\$0.00	\$0.00
38 GRAHAM				\$0.00	\$0.00
D3 GRAN-VANCE				\$0.00	\$0.00
40 GREENE				\$0.00	\$0.00
41 GUILFORD	*	0		\$2,220.00	\$2,220.00
42 HALIFAX	*	0		\$4,911.00	\$4,911.00
43 HARNETT				\$0.00	\$0.00
44 HAYWOOD				\$0.00	\$0.00
45 HENDERSON	*	0		\$2,220.00	\$2,220.00
46 HERTFORD				\$0.00	\$0.00
47 HOKE	*	0		\$2,657.00	\$2,657.00
48 HYDE	*	0		\$4,438.00	\$4,438.00
49 IREDELL				\$0.00	\$0.00
50 JACKSON				\$0.00	\$0.00
51 JOHNSTON				\$0.00	\$0.00
52 JONES				\$0.00	\$0.00
53 LEE				\$0.00	\$0.00
54 LENOIR	*	0		\$2,689.00	\$2,689.00
55 LINCOLN				\$0.00	\$0.00
56 MACON				\$0.00	\$0.00
57 MADISON				\$0.00	\$0.00
D4 MAR-TYR-WASH	*	0		\$1,717.00	\$1,717.00
60 MECKLENBURG	*	0		\$2,220.00	\$2,220.00
62 MONTGOMERY				\$0.00	\$0.00
63 MOORE				\$0.00	\$0.00

64 NASH			\$0.00	\$0.00	\$0.00
65 NEW HANOVER	*	0	\$4,916.00	\$4,916.00	\$4,916.00
66 NORTHAMPTON	*	0	\$2,500.00	\$2,500.00	\$2,500.00
67 ONSLOW	*	0	\$19,466.00	\$19,466.00	\$19,466.00
68 ORANGE	*	0	\$4,625.00	\$4,625.00	\$4,625.00
69 PAMLICO	*	0	\$2,220.00	\$2,220.00	\$2,220.00
71 PENDER	*	0	\$7,132.00	\$7,132.00	\$7,132.00
73 PERSON			\$0.00	\$0.00	\$0.00
74 PITT	*	0	\$19,324.00	\$19,324.00	\$19,324.00
76 RANDOLPH			\$0.00	\$0.00	\$0.00
77 RICHMOND	*	0	\$2,220.00	\$2,220.00	\$2,220.00
78 ROBESON	*	0	\$14,655.00	\$14,655.00	\$14,655.00
79 ROCKINGHAM			\$0.00	\$0.00	\$0.00
80 ROWAN			\$0.00	\$0.00	\$0.00
D5 R-P-M			\$0.00	\$0.00	\$0.00
82 SAMPSON	*	0	\$5,884.00	\$5,884.00	\$5,884.00
83 SCOTLAND	*	0	\$2,220.00	\$2,220.00	\$2,220.00
84 STANLY			\$0.00	\$0.00	\$0.00
85 STOKES			\$0.00	\$0.00	\$0.00
86 SURRY			\$0.00	\$0.00	\$0.00
87 SWAIN			\$0.00	\$0.00	\$0.00
D6 TOE RIVER			\$0.00	\$0.00	\$0.00
88 TRANSYLVANIA			\$0.00	\$0.00	\$0.00
90 UNION			\$0.00	\$0.00	\$0.00
92 WAKE			\$0.00	\$0.00	\$0.00
93 WARREN			\$0.00	\$0.00	\$0.00
96 WAYNE			\$0.00	\$0.00	\$0.00
97 WILKES			\$0.00	\$0.00	\$0.00
98 WILSON			\$0.00	\$0.00	\$0.00
99 YADKIN			\$0.00	\$0.00	\$0.00
Totals			\$185,992.00	\$185,992.00	\$185,992.00

Signature and Date - DPH Program Administrator

H. B. ... 12/12/11

Signature and Date- DPH Section Chief

L. ... 12/12/11

Signature and Date- DPH Contracts Office

B. ... 12/13/11

Signature and Date - Division of Public Health Budget Officer

K. ... 12/30/11