REQUEST FOR BOARD ACTION

ITEM NO. 7c.

DATE OF MEETING: July 23, 2012

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

SHORT TITLE: Resolution Authorizing Approval of a Budget Amendment to Approve Increase in Health Department Revenues and Expenditures for Fiscal Year 2012-2013: $7,938.

BACKGROUND: The North Carolina Environmental Health Section has allocated Pender County Health Department $7,938 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 Burgaw $2,348, Town of Topsail Beach $2,795, Pender County Public Works Mosquito Control $2,795.

SPECIFIC ACTION REQUESTED: To consider a resolution approving a budget amendment for increasing programmatic revenues and related expenditures for Pender County Health Department by $7,938 in the Environmental Health Program for Fiscal Year 2012-2013.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.

Initial

RESOLUTION

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

the FY 2012-2013 Annual Budget Ordinance is amended to increase revenues/expenditures and approve related purchase orders for the following program.

Increase Revenues:		
Environmental Health	11 375018	$7,938
Increase Expenditures:		
Environmental Health	900050 404600 Contracted Services	$7,938

The County Manager/Chairman is authorized to execute any/all documents necessary to implement this resolution.

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 12-13

our copy

Pender County Health Department

Local Health Department Legal Name

Environmental Health Section
Environmental Health Services Branch

DPH Section/Branch Name

878-State Aid for Mosquito Control

Activity Number and Description

Larry Michael/(919) 707-5872
larry.michael@dhhs.nc.gov

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

06/01/2012-05/31/2013

Service Period

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

07/01/2012-06/30/2013

Payment Period

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

I. Background:

The Aid for Mosquito Control program was developed to enable local governments the ability to use local and state resources and technical skills to more efficiently and effectively control mosquito populations and prevent mosquito borne illness.

II. Purpose:

The purpose of this Agreement Addendum is to provide funds to local health departments to distribute to applicants for State mosquito control aid, in eligible programs in their county or district. These funds are to be used to help reduce mosquito populations. The funds are primarily used for spraying for adults, larvaciding, removal of breeding habitat and public education regarding protection from mosquito bites. Specific uses of these are: Salary/fringe for staff, Spraying and larvaciding equipment purchases and maintenance, Spraying and larvaciding supplies and education materials and public notification.

Carolyn Moser
Health Director Signature (use blue ink)

5/10/12
Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: Carolyn Moser Phone number with area code: 910-259-1499 Email address: cmoser@pendercountygnc.org

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

Revised 9/26/11

III. Scope of Work and Deliverables:

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

Town of Burgaw	$ 2,348
Town of Topsail Beach	$ 2,795
Pender County Public Works/Mosquito Control Division	$ 2,795
Total Allotment:	**$ 7,938**

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

IV. Performance Measures/Reporting Requirements:

The Local County Health Department/District's Mosquito program shall ensure funds are used for mosquito control activities in accordance with the American Mosquito Control Association Best Management Practices for Integrated Mosquito Management.

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

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

APPLICATION FOR STATE AID FOR MOSQUITO CONTOL

FISCAL YEAR 2012-13

Name of Organization: (Applicant) Town of Burgaw		
Street Address: 109 N. Walker St		
City: Burgaw	*State:* NC	*County:* Pender
Nine-digit Zip Code: 28425	*Federal I.D. Number:*	
Phone Number: (910) 259-2901	*Fax Number:* (910) 259-9035	
Contact Person: Bill Fay	*Alternate Contact:* Chad McEwen	
E-Mail Address: public.works@townofburgaw.com	*Alternate's E-mail Address:* town.manager@townofburgaw.com	

Please supply ALL information requested.

Unless otherwise requested, the following specifications shall become part of any agreement between the applicant and its Local Health Department/District.

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 local health director 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 exclusively for mosquito control in accordance with the American Mosquito Control Association Best Management Practices for Integrated Mosquito Management.

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 its Local Health Department/District as directed by each Local health Department documenting expenditures and work performed.

   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.

   b. Expenditure reports will be submitted through an invoice with a spreadsheet detailing expenses. All invoices will be submitted for payment to the Local Health Department. The certification statement must be on the spreadsheet, signed by the person in authority.

6. To request and obtain any permits required by local, state, or federal governments.

MOSQUITO CONTROL NEEDS STATEMENT

Town of Burgaw Mosquito Control — Name of Program

4-3-2012 — Date

1. How many ***permanent*** residents does your mosquito control program serve?
   4200 People (This is usually the number of residents of your area.)

2. How many ***temporary*** residents (tourist, etc.) does your mosquito control program serve?
   n/a People

3. How many ***square miles*** does your mosquito control program serve?
   5.5 Square miles (Total square miles in your program's area.)

4. How many ***requests*** for mosquito control assistance (complaints) did you receive last year?
   25 Citizen Requests

5. How many staff are licensed category B pesticide applicators?
   1

6 How many ULV sprayers are owned and calibrated annually by the program?
   1

7. Estimate the percentage of your total budget that goes toward controlling each of the following Integrated Mosquito Management (IMM) strategies. Refer to the AMCA's BMP's for definitions of each Category

1. Surveillance	20 %
2. Public Education Community Outreach.	5 %
3. Biological Control Measures.	%
4. Physical Control or Source Reduction	40 %
5. Chemical Control Measures	
a. Larvicides	%
b. Adulticides	35 %
TOTAL (100%)	100 %

National Pollution Discharge Elimination Requirements

Effective October 31, 2011 the United States Environmental Protection Agency implemented the National Pollution Discharge Elimination System (NPDES) legislation regulating mosquito control activities in the United States. The North Carolina Division of Water Quality (NCDWQ) Point Source Branch is charged with administering this program.

The annual treatment threshold for adult mosquito control established under this permit is 15,000 acres of treatment area cumulatively in one calendar year. For more information about the North Carolina Pesticide General Permit NCGP560000, access the N.C. Division of Water Quality website link below:

http://portal.ncdenr.org/web/wq/swp/ps/npdes

Please enter the answers to the information below as they apply to your Mosquito Control Program.

Total adulticide acres applied by your program last year 1,400 acres

My mosquito program is required to submit a Notice of intent to NCDWQ (Yes or No) NO

My mosquito program does not meet the annual 15,000 acre treatment threshold and is not required to submit a Notice of Intent (Yes or No) NO.

Please record the Certificate of Coverage (CoC) if issued to your program by NCDWQ _____.

MOSQUITO CONTROL LOCAL OPERATING BUDGET

FISCAL YEAR (July 1, 2012 through June 30, 2013)

Town of Burgaw (Applicant) 3-27-12 (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.
*Do not included expenses that are being reimbursed by other sources.

ITEM DESCRIPTION	CLASSIFICATION	ITEM NUMBER	$	Total
Anvil 2+2 ULV 5gal.	CHEMICAL	7	242.60	1,698.00
LARVICIDES	CHEMICAL			
OFFICE SUPPLIES	OFC SUPL			20
EMPLOYEE TRAVEL	EMP TRAVEL	1		300.00
TELEPHONE	TEL SVC			
POSTAGE	POSTAGE			
EQUIPMENT REPAIRS	EQPT REP			200.00
MOTOR VEHICLE SUPPLIES	AUTO SUPL			50
MOTOR FUEL AND LUBRICANT	FUEL			350
	TOTALS		$	2,618.00

Mosquito Application – Salary Information

SALARIES of all employees who will work under this agreement:

List position title for each employee working in mosquito control, number of hours dedicated to mosquito control activities, salary rate per hour and the total salary for mosquito control activities projected for the position for the contract period in each row below:

POSITION TITLE	HOURS	SALARY RATE PER HOUR	TOTAL SALARY
NPDES Decision Maker		$	$
Vector Control Supervisor		$	$
Water Management Supervisor	20	$ 27.00	$ 540.00
Operator	60	$ 24.90	$ 1,494.00
Vector Control Operator		$	$
Seasonal Labor		$	$
Secretary	4	$ 15.00	$ 45
Biologist		$	$

TOTAL: $2,079

Retention Schedule:
Applicant – 2years
DHHS – 10 years and follow Records Disposition

REQUESTING AUTHORITY FROM COUNTY/MUNICIPAL BOARD

Town of Burgaw
Name of County or Municipal Board

By: Chad McEwen
Signature of Authorized Official

Chad McEwen
Typed or Printed Name of Authorized Official

Town Manager
Typed or Printed Official Title of Above

Date: 3-27-12

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 does not include the use of any chemicals, then you do not need to list the applicator.

William E. Fay
Name of Licensed Applicator (Please Print)

0326985
North Carolina License Number

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

APPLICATION FOR STATE AID FOR MOSQUITO CONTOL

FISCAL YEAR 2012-13

Name of Organization: (Applicant) **Town Of Topsail Beach**		
Street Address: **820 South Anderson Blvd**		
City: **Topsail Beach**	*State:* NC	*County:* **Pender**
Nine-digit Zip Code: **28445-5841**	*Federal I.D. Number:* **560796862**	
Phone Number: **910-328-5841**	*Fax Number:* **910-328-1560**	
Contact Person: **Kurt L Polzer**	*Alternate Contact:* **Connie Forand**	
E-Mail Address: **publicservices@topsailbeach.org**	*Alternate's E-mail Address:* **accountant@topsailbeach.org**	

Please supply ALL information requested.

Unless otherwise requested, the following specifications shall become part of any agreement between the applicant and its Local Health Department/District.

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 local health director 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 exclusively for mosquito control in accordance with the American Mosquito Control Association Best Management Practices for Integrated Mosquito Management.

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 its Local Health Department/District as directed by each Local health Department documenting expenditures and work performed.

   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.

   b. Expenditure reports will be submitted through an invoice with a spreadsheet detailing expenses. All invoices will be submitted for payment to the Local Health Department. The certification statement must be on the spreadsheet, signed by the person in authority.

6. To request and obtain any permits required by local, state, or federal governments.

RECEIVED
APR 03 2012
Environmental Health Section

MOSQUITO CONTROL NEEDS STATEMENT

Town Of Topsail Beach 3/28/12

Name of Program 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?
   6 Citizen Requests

5. How many staff are licensed category B pesticide applicators?
   1

6 How many ULV sprayers are owned and calibrated annually by the program?
   1

7. Estimate the percentage of your total budget that goes toward controlling each of the following Integrated Mosquito Management (IMM) strategies. Refer to the AMCA's BMP's for definitions of each Category

1. Surveillance	5 %
2. Public Education Community Outreach.	12 %
3. Biological Control Measures.	10 %
4. Physical Control or Source Reduction	15 %
5. Chemical Control Measures	
a. Larvicides	0 %
b. Adulticides	50 %
TOTAL (100%)	100 %

National Pollution Discharge Elimination Requirements

Effective October 31, 2011 the United States Environmental Protection Agency implemented the National Pollution Discharge Elimination System (NPDES) legislation regulating mosquito control activities in the United States. The North Carolina Division of Water Quality (NCDWQ) Point Source Branch is charged with administering this program.

The annual treatment threshold for adult mosquito control established under this permit is 15,000 acres of treatment area cumulatively in one calendar year. For more information about the North Carolina Pesticide General Permit NCGP560000, access the N.C. Division of Water Quality website link below:

http://portal.ncdenr.org/web/wq/swp/ps/npdes

Please enter the answers to the information below as they apply to your Mosquito Control Program.

Total adulticide acres applied by your program last year 19,394_____ acres

My mosquito program is required to submit a Notice of intent to NCDWQ (Yes or No) _Yes_____

My mosquito program does not meet the annual 15,000 acre treatment threshold and is not required to submit a Notice of Intent (Yes or No) _____.

Please record the Certificate of Coverage (CoC) if issued to your program by NCDWQ __Submitted.__See Attatchment_____.

MOSQUITO CONTROL LOCAL OPERATING BUDGET

FISCAL YEAR (July 1, 2012 through June 30, 2013)

Town Of Topsail Beach — 3/29/12

(Applicant) — (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.
*Do not included expenses that are being reimbursed by other sources.

ITEM DESCRIPTION	CLASSIFICATION	ITEM NUMBER	$	Total
Bio-Mist 30+30	CHEMICAL		3,000	00
LARVICIDES	CHEMICAL		600	00
OFFICE SUPPLIES	OFC SUPL		75	00
EMPLOYEE TRAVEL	EMP TRAVEL		175	00
TELEPHONE	TEL SVC		0	0
POSTAGE	POSTAGE		15	00
EQUIPMENT REPAIRS	EQPT REP		800	00
MOTOR VEHICLE SUPPLIES	AUTO SUPL		500	00
MOTOR FUEL AND LUBRICANT	FUEL		4,500	00
	TOTALS		$9,665	00

Mosquito Application – Salary Information

SALARIES of all employees who will work under this agreement:

List position title for each employee working in mosquito control, number of hours dedicated to mosquito control activities, salary rate per hour and the total salary for mosquito control activities projected for the position for the contract period in each row below:

POSITION TITLE	HOURS	SALARY RATE PER HOUR	TOTAL SALARY
NPDES Decision Maker		$ 0	$ 0
Vector Control Supervisor	72	$33.09	$2,382.00
Water Management Supervisor		$ N/A	$ 00
Operator		$ N/A	$ 00
Vector Control Operator		$ Same As Above	$ 00
Seasonal Labor		$ 0	$ 00
Secretary		$ 0	$ 00
Biologist		$ 0	$ 00

TOTAL:

2,382.00

Retention Schedule:
Applicant – 2years
DHHS– 10 years and follow Records Disposition

REQUESTING AUTHORITY FROM COUNTY/MUNICIPAL BOARD

Town Of Topsail Beach
Name of County or Municipal Board

By: MAYOR PRO-TEM
Signature of Authorized Official

E.B. Broadhurst
Typed or Printed Name of Authorized Official

Mayor Pro-tem
Typed or Printed Official Title of Above

Date: 3-30-12

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 does not include the use of any chemicals, then you do not need to list the applicator.

Kurt L Polzer
Name of Licensed Applicator (Please Print)

032-5053
North Carolina License Number

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

APPLICATION FOR STATE AID FOR MOSQUITO CONTOL

FISCAL YEAR 2012-13

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	*Alternate Contact:* Charlie Caldwell	
E-Mail Address: psimmons@pendercountync.gov	*Alternate's E-mail Address:* N/A	

Please supply ALL information requested.

Unless otherwise requested, the following specifications shall become part of any agreement between the applicant and its Local Health Department/District.

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 local health director 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 exclusively for mosquito control in accordance with the American Mosquito Control Association Best Management Practices for Integrated Mosquito Management.

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 its Local Health Department/District as directed by each Local health Department documenting expenditures and work performed.

   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.

   b. Expenditure reports will be submitted through an invoice with a spreadsheet detailing expenses. All invoices will be submitted for payment to the Local Health Department. The certification statement must be on the spreadsheet, signed by the person in authority.

6. To request and obtain any permits required by local, state, or federal governments.

RECEIVED
APR 0 5 2012
Environmental Health Section

MOSQUITO CONTROL NEEDS STATEMENT

Pender County Public Works/Mosquito Control Division — 3-31-2012

Name of Program — Date

1. How many ***permanent*** residents does your mosquito control program serve?
   52,217 People (This is usually the number of residents of your area.)

2. How many ***temporary*** residents (tourist, etc.) does your mosquito control program serve?
   N/A 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?
   200 Citizen Requests

5. How many staff are licensed category B pesticide applicators?
   4

6 How many ULV sprayers are owned and calibrated annually by the program?
   7

7. Estimate the percentage of your total budget that goes toward controlling each of the following Integrated Mosquito Management (IMM) strategies. Refer to the AMCA's BMP's for definitions of each Category

1. Surveillance	20 %
2. Public Education Community Outreach.	10 %
3. Biological Control Measures.	5 %
4. Physical Control or Source Reduction	%
5. Chemical Control Measures	
a. Larvicides	35 %
b. Adulticides	30 %
TOTAL (100%)	100 %

National Pollution Discharge Elimination Requirements

Effective October 31, 2011 the United States Environmental Protection Agency implemented the National Pollution Discharge Elimination System (NPDES) legislation regulating mosquito control activities in the United States. The North Carolina Division of Water Quality (NCDWQ) Point Source Branch is charged with administering this program.

The annual treatment threshold for adult mosquito control established under this permit is 15,000 acres of treatment area cumulatively in one calendar year. For more information about the North Carolina Pesticide General Permit NCGP560000, access the N.C. Division of Water Quality website link below:

http://portal.ncdenr.org/web/wq/swp/ps/npdes

Please enter the answers to the information below as they apply to your Mosquito Control Program.

Total adulticide acres applied by your program last year 87,272 acres

My mosquito program is required to submit a Notice of intent to NCDWQ (Yes or No) Yes

My mosquito program does not meet the annual 15,000 acre treatment threshold and is not required to submit a Notice of Intent (Yes or No) _____.

Please record the Certificate of Coverage (CoC) if issued to your program by NCDWQ NCG560002.

MOSQUITO CONTROL LOCAL OPERATING BUDGET

FISCAL YEAR (July 1, 2012 through June 30, 2013)

Pender County Public Works/Mosquito Control Division — 3-31-2012

(Applicant) — (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.
*Do not included expenses that are being reimbursed by other sources.

ITEM DESCRIPTION	CLASSIFICATION	ITEM NUMBER	$	Total
	CHEMICAL		25,080	00
LARVICIDES	CHEMICAL		3,000	00
OFFICE SUPPLIES	OFC SUPL		2,000	00
EMPLOYEE TRAVEL	EMP TRAVEL		3,500	00
TELEPHONE	TEL SVC		3,300	00
POSTAGE	POSTAGE		200	00
EQUIPMENT REPAIRS	EQPT REP		5,000	00
MOTOR VEHICLE SUPPLIES	AUTO SUPL		5,000	00
MOTOR FUEL AND LUBRICANT	FUEL		9,000	00
	TOTALS		$ 56,080	00

Mosquito Application – Salary Information

SALARIES of all employees who will work under this agreement:

List position title for each employee working in mosquito control, number of hours dedicated to mosquito control activities, salary rate per hour and the total salary for mosquito control activities projected for the position for the contract period in each row below:

POSITION TITLE	HOURS	SALARY RATE PER HOUR	TOTAL SALARY
NPDES Decision Maker	300	$ 17.61	$ 5,283.00
Vector Control Supervisor		$	$
Water Management Supervisor		$	$
Operator		$	$
Vector Control Operator	553	$ 11.92	$ 6,591.76
Seasonal Labor	2,176	$ 9.00	$19,584.00
Secretary	500	$ 16.78	$ 8,390.00
Biologist		$	$
Vector Control Foreman	776	$ 15.93	12,361.68

TOTAL: $52,210.44

Retention Schedule:
Applicant – 2years
DHHS– 10 years and follow Records Disposition
Schedule issued by Division of Archives & History

REQUESTING AUTHORITY FROM COUNTY/MUNICIPAL BOARD

PENDER COUNTY
Name of County or Municipal Board

By: Claiburn B. Watson
Signature of Authorized Official

CLAEBURN B. WATSON
Typed or Printed Name of Authorized Official

FINANCE OFFICER
Typed or Printed Official Title of Above

Date: 4/3/12

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 does not include the use of any chemicals, then you do not need to list the applicator.

SEE ATTACHED LIST

Name of Licensed Applicator (Please Print)

North Carolina License Number

PENDER COUNTY PUBLIC WORKS
MOSQUITO CONTROL DIVISION

LICENSES APPLICATOR'S

Charles L Caldwell
Name of License Applicator
NC License Number: 032-6984

Adrian T Carroll
Name of License Applicator
NC License Number: 032-7036

James R Huggins
Name of License Applicator
NC License Number: 032-6613

Damon S Stanley
Name of License Applicator
NC License Number: 032-6963

Allocation Page
For Fiscal Year:12/13
Estimate Number: 0

Waiting for Budget Admin Approval

CONTRACTS
APR 18 2012

		AA	878 1153 4801 80 Payment Period 07/01-06/30 Service Period 06/01-05/31	Proposed Total	New Total
01 ALAMANCE			$0.00	$0.00	$0.00
01 ALBEMARLE REG			$0.00	$0.00	$0.00
02 ALEXANDER			$0.00	$0.00	$0.00
04 ANSON			$0.00	$0.00	$0.00
02 APPALACHIAN			$0.00	$0.00	$0.00
07 BEAUFORT	*	0	$5,622.00	$5,622.00	$5,622.00
08 BLADEN			$0.00	$0.00	$0.00
10 BRUNSWICK	*	0	$26,629.00	$26,629.00	$26,629.00
11 BUNCOMBE	*	0	$2,795.00	$2,795.00	$2,795.00
12 BURKE			$0.00	$0.00	$0.00
13 CABARRUS	*	0	$2,795.00	$2,795.00	$2,795.00
14 CALDWELL			$0.00	$0.00	$0.00
16 CARTERET	*	0	$5,590.00	$5,590.00	$5,590.00
17 CASWELL			$0.00	$0.00	$0.00
18 CATAWBA			$0.00	$0.00	$0.00
19 CHATHAM			$0.00	$0.00	$0.00
20 CHEROKEE			$0.00	$0.00	$0.00
22 CLAY			$0.00	$0.00	$0.00
23 CLEVELAND			$0.00	$0.00	$0.00
24 COLUMBUS	*	0	$8,447.00	$8,447.00	$8,447.00
25 CRAVEN			$0.00	$0.00	$0.00
26 CUMBERLAND			$0.00	$0.00	$0.00
28 DARE	*	0	$2,795.00	$2,795.00	$2,795.00
29 DAVIDSON	*	0	$2,795.00	$2,795.00	$2,795.00
30 DAVIE			$0.00	$0.00	$0.00
31 DUPLIN	*	0	$4,336.00	$4,336.00	$4,336.00
32 DURHAM	*	0	$2,795.00	$2,795.00	$2,795.00
33 EDGECOMBE	*	0	$5,600.00	$5,600.00	$5,600.00
34 FORSYTH	*	0	$2,795.00	$2,795.00	$2,795.00
35 FRANKLIN			$0.00	$0.00	$0.00
36 GASTON			$0.00	$0.00	$0.00
38 GRAHAM			$0.00	$0.00	$0.00
03 GRAN-VANCE	*		$0.00	$0.00	$0.00
40 GREENE	*	0	$5,590.00	$5,590.00	$5,590.00
41 GUILFORD	*	0	$2,795.00	$2,795.00	$2,795.00
42 HALIFAX	*	0	$2,795.00	$2,795.00	$2,795.00
43 HARNETT			$0.00	$0.00	$0.00
44 HAYWOOD			$0.00	$0.00	$0.00
45 HENDERSON	*	0	$2,795.00	$2,795.00	$2,795.00
46 HERTFORD	*		$0.00	$0.00	$0.00
47 HOKE	*	0	$2,795.00	$2,795.00	$2,795.00
48 HYDE	*	0	$5,620.00	$5,620.00	$5,620.00
49 IREDELL			$0.00	$0.00	$0.00
50 JACKSON			$0.00	$0.00	$0.00
51 JOHNSTON			$0.00	$0.00	$0.00
52 JONES	*	0	$2,795.00	$2,795.00	$2,795.00
53 LEE			$0.00	$0.00	$0.00
54 LENOIR	*	0	$2,795.00	$2,795.00	$2,795.00
55 LINCOLN			$0.00	$0.00	$0.00
56 MACON			$0.00	$0.00	$0.00
57 MADISON			$0.00	$0.00	$0.00
04 MAR-TYR-WASH	*	0	$14,142.00	$14,142.00	$14,142.00
60 MECKLENBURG			$0.00	$0.00	$0.00
62 MONTGOMERY			$0.00	$0.00	$0.00
63 MOORE			$0.00	$0.00	$0.00
64 NASH	*	0	$2,795.00	$2,795.00	$2,795.00
65 NEW HANOVER	*	0	$2,805.00	$2,805.00	$2,805.00
66 NORTHAMPTON	*	0	$12,373.00	$12,373.00	$12,373.00
67 ONSLOW	*	0	$11,180.00	$11,180.00	$11,180.00
68 ORANGE			$0.00	$0.00	$0.00
69 PAMLICO			$0.00	$0.00	$0.00
71 PENDER	*	0	$7,938.00	$7,938.00	$7,938.00
73 PERSON			$0.00	$0.00	$0.00
74 PITT	*	0	$11,180.00	$11,180.00	$11,180.00
76 RANDOLPH			$0.00	$0.00	$0.00

77 RICHMOND			$0.00	$0.00	$0.00
78 ROBESON	*	0	$11,180.00	$11,180.00	$11,180.00
79 ROCKINGHAM			$0.00	$0.00	$0.00
80 ROWAN			$0.00	$0.00	$0.00
05 R-P-M			$0.00	$0.00	$0.00
82 SAMPSON	*	0	$8,630.00	$8,630.00	$8,630.00
83 SCOTLAND	*	0	$2,795.00	$2,795.00	$2,795.00
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
06 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

4-18-12

Signature and Date- DPH Section Chief

4/17/12

Signature and Date- DPH Contracts Office

4/18/12

Signature and Date - Division of Public Health Budget Officer

4-23-12