
AGENDA
CUMBERLAND COUNTY BOARD OF COMMISSIONERS
COURTHOUSE – ROOM 118
AUGUST 2, 2010
9:00 AM

INVOCATION Commissioner Edward Melvin

Minister: Pastor Mark Rowden
 Savannah Missionary Baptist Church

Pledge of Allegiance

Recognition of Retired County Employee:

Duane Eaton- Sheriff's Office

Recognition of Outgoing Board Members:

Wallace Owens-Animal Services Board
Frederick H. Frimet-Criminal Justice Partnership Advisory Board

Special Recognition of Methodist University Men's & Women's Golf Teams Winning the 2010 NCAA Division III National Championships

Recognize Ms. Debbie Turner, Program Director, NACo Deferred Compensation Program for Comments

Special Presentation of Government Finance Officer's Association Award – Certificate of Achievement for Excellence in Financial Reporting to Ms. Amy Cannon, Assistant County Manager

1. Approval of Agenda

2. Consent Agenda
 - A. Approval of minutes for the June 21, 2010 regular meeting.
 - B. Approval of FY11 Tax Charge to the Tax Collector.

- C. Approval of Tax Collector's Preliminary Report and Proposed Annual Settlement for FY10.
- D. Approval of Proposed Additions to the State Secondary Road System:
Cumberland County Industrial Center: Production Drive
- E. Approval of 2010 Agriculture Hall of Fame Nomination of Wendell Scott Weathington.
- F. Approval of Sale of Surplus County-Owned Real Property Acquired by Tax Foreclosure- 1.0 AC Graham Land (located on Hardeewood Dr. off Elk Rd.) PIN: 0415-90-9965; Pearces Mill Township.
- G. Approval of Sale of Surplus County-Owned Real Property Acquired by Tax Foreclosure- Lot 11-12 Block F; 1810 Slater Ave. PIN: 0428-98-7706; Cross Creek Township.
- H. Approval of the Cumberland County Community Transportation Program System Safety Program Plan.
- I. Approval of Health Department Delinquent Accounts to be Written Off and/or Turned Over to Collectors.
- J. Approval of Declaration of Surplus County Property and Authorization to Accept Insurance Settlement.
- K. Approval of Report on the Disposal of Surplus Property Pursuant to NCGS 160A-226(a).
- L. Ratification of Inmate Commissary Contract with Oasis.
- M. Budget Revisions:
 - (1) Recreation and Parks – Hope Mills

Revision in the amount of \$390 to budget additional FY2010 ad valorem taxes collected to fund Recreation per our interlocal agreement. (B10-402) **Funding Source – Ad Valorem Tax**

(2) Health

- a. Women, Infants and Children - Revision in the amount of \$97,635 to reallocate budgeted expenditures for three new Medical Office Assistant positions. (B11-007) **Funding Source – Federal**
- b. Child Health Clinic – Revision in the amount of \$25,000 to appropriate Health fund balance for contracted services for a temporary medical provider. (B11-011) **Funding Source – Health Fund Balance**
- c. Health Education – Revision in the amount of \$20,000 to recognize “Baby Store” Grant. (B11-012) **Funding Source - Grant**

(3) Eastover Sanitary District Water Project Phase II

Revision in the amount of \$52,493 to reallocate budgeted expenditures to cover change orders and to fund other unanticipated costs. (B11-006) **Funding Source – Reallocation of Budgeted Expenditures**

(4) Library

- a. Library Grants – Revision in the amount of \$1,000 to recognize “Against All Odds” Grant awarded by the Arts Council. (B11-017) **Funding Source - Grant**
- b. Library Grants – Revision in the amount of \$4,000 to recognize “Storytelling” Grant awarded by the Arts Council. (B11-018) **Funding Source – Grant**
- c. Library Grants – Revision in the amount of \$20,000 to recognize “Strengthening Library Collections” Grant awarded by the State. (B11-019) **Funding Source – Grant**

d. Read to Me/Motheread – Revisions totaling \$135,777 abolishing the Read to Me Program (\$223,958) and increasing the Motheread Program (\$88,181). (B11-020 and B11-020A)
Funding Source – State

e. Library Grants – Revision in the amount of \$98,370 to recognize “Technology Planning” Grant awarded by the State. (B11-023) **Funding Source - Grant**

(5) Fire Districts

Revisions in the total amount of \$55,439 to appropriate fund balance to distribute FY2010 tax revenue to Fire Districts. (B11-024 thru B11-033) **Funding Source-Ad Valorem Taxes**

(6) Emergency Telephone System

Revision in the amount of \$17,152 to purchase new software and maintenance contract. (B11-036) **Funding Source – Telephone Fees**

ITEMS OF BUSINESS

3. Consideration of Interlocal Agreement with the Town of Hope Mills for the Consolidation of E911 Dispatch.
4. Designation of a Voting Delegate for the NCACC Conference.
5. Nominations to Boards and Committees
 - A) Adult Care Home Community Advisory Committee (3 Vacancies)
 - B) Board of Adjustment (1 Vacancy)
 - C) Cumberland County Juvenile Crime Prevention Council (4 Vacancies)
 - D) Cumberland County Local Emergency Planning Committee (2 Vacancies)
 - E) Joint Appearance Commission (3 Vacancies)
 - F) Mid-Carolina Aging Advisory Committee (4 Vacancies)
 - G) Nursing Home Advisory Board (1 Vacancy)

6. Appointments to Boards and Committees

A) ABC Board- Appointment of Chairman

Nominee: Edward Maynor (Reappointment)

B) Social Services Board

Nominee: Marvin Rouse (Reappointment)

7. Closed Session
- A. Economic Development Matter
Pursuant to NCGS 143-318.11(a)(4).
 - B. Employment Contracts Pursuant
to NCGS 143-318.11(a)(6).

ADJOURN

**THIS MEETING WILL BE BROADCAST LIVE ON TIME WARNER COMMUNITY
CHANNEL 7.**

MEETINGS: August 16, 2010 (Monday) – 6:45 PM
September 7, 2010 (Tuesday) – 9:00 AM
September 20, 2010 (Monday) – 6:45 PM



OFFICE OF THE TAX ADMINISTRATOR

117 Dick Street, 5th Floor, New Courthouse • PO Box 449 • Fayetteville, North Carolina • 28302
Phone: 910-678-7507 • Fax: 910-678-7582 • www.co.cumberland.nc.us

MEMORANDUM

TO: Board of County Commissioners

FROM: Aaron Donaldson, Tax Administrator

AD

DATE: August 2, 2010

RE: FY11 Tax Charge to the Collector

BACKGROUND: In accordance with NCGS 105-321(b) before delivering the tax receipts to the Tax Collector in any year, the Board of County Commissioners shall adopt and enter into its minutes an order directing the Tax Collector to collect the taxes charged in the tax records and receipts.

RECOMMENDATIONS: A copy of the order must be delivered to the Collector at the time the tax receipts are delivered to him.

PROPOSED ACTION: That the Board approve the levy and charge the Collector with the responsibility to collect the taxes.

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2010-2011
TAX LEVY

| AUTHORITY | CO LEVY | LATE LIST | PUBLIC SERVICE | PUBLIC SERVICE LATE LIST | TOTAL CO LEVY PS LEVY & LATE LIST |
|---------------------------|-----------------------|-------------------|----------------|--------------------------|-----------------------------------|
| BEAVER DAM | 110,986.12 | 103.92 | - | - | 111,090.04 |
| BETHANY | 170,410.48 | 129.92 | - | - | 170,540.40 |
| BONNIE DOONE | 2,196.36 | 9.15 | - | - | 2,205.51 |
| COTTON | 640,685.01 | 1,711.84 | - | - | 642,396.85 |
| CUMBERLAND RD FD | 415,574.85 | 246.86 | - | - | 415,821.71 |
| EASTOVER FIRE | 143,584.32 | 168.80 | - | - | 143,753.12 |
| GODWIN-FALCON FIRE | 65,258.46 | 66.29 | - | - | 65,324.75 |
| GRAYS CREEK | 568,124.74 | 497.41 | - | - | 568,622.15 |
| LAFAYETTE VILLAGE | 157.13 | - | - | - | 157.13 |
| LAKE RIM | 7,085.72 | - | - | - | 7,085.72 |
| MANCHESTER | 74,215.02 | 80.77 | - | - | 74,295.79 |
| PEARCE'S MILL | 650,385.00 | 1,306.73 | - | - | 651,691.73 |
| SPECIAL FIRE | 685,029.76 | 700.01 | - | - | 685,729.77 |
| STEDMAN FIRE | 116,959.19 | 85.91 | - | - | 117,045.10 |
| STONE POINT | 731,804.84 | 219.82 | - | - | 732,024.66 |
| VANDER FIRE | 689,829.54 | 608.75 | - | - | 690,438.29 |
| WADE FIRE | 67,677.82 | 38.43 | - | - | 67,716.25 |
| WESTAREA FIRE | 835,569.69 | 240.16 | - | - | 835,809.85 |
| WESTAREA STATION 10 | 189,429.15 | 89.70 | - | - | 189,518.85 |
| FIRE DIST SUBTOTAL | 6,164,963.20 | 6,304.47 | - | - | 6,171,267.67 |
| EASTOVER | 494,225.74 | 296.59 | - | - | 494,522.33 |
| EASTOVER-VANDER | 13,959.92 | - | - | - | 13,959.92 |
| FALCON | 19,547.87 | 6.50 | - | - | 19,554.37 |
| FAYETTEVILLE | 52,807,882.24 | 35,566.90 | - | - | 52,843,449.14 |
| STORM WATER | 1,714,855.20 | - | - | - | 1,714,855.20 |
| FAYET STORM WATER | 3,429,710.40 | - | - | - | 3,429,710.40 |
| FAYET RECYCLING | 2,264,838.00 | - | - | - | 2,264,838.00 |
| REVITALIZATION | 124,970.06 | 256.69 | - | - | 125,226.75 |
| GODWIN | 11,809.13 | 4.76 | - | - | 11,813.89 |
| HOPE MILLS TOWN | 3,628,678.41 | 1,005.14 | - | - | 3,629,683.55 |
| HOPE MILLS REFUSE | 893,340.00 | - | - | - | 893,340.00 |
| HOPE MILLS STORM WATER | 422,412.00 | - | - | - | 422,412.00 |
| LINDEN TOWN | 11,001.82 | 12.14 | - | - | 11,013.96 |
| SPRING LAKE | 2,392,069.25 | 2,050.97 | - | - | 2,394,120.22 |
| SPRING LAKE REFUSE | 592,696.00 | - | - | - | 592,696.00 |
| SL STORM WATER | 260,982.00 | - | - | - | 260,982.00 |
| STEDMAN TOWN | 232,788.37 | 110.27 | - | - | 232,898.64 |
| WADE TOWN | 67,034.44 | 54.03 | - | - | 67,088.47 |
| CITY SUB-TOTALS | 69,382,800.85 | 39,363.99 | - | - | 69,422,164.84 |
| COUNTY WIDE | 138,332,589.34 | 105,594.44 | - | - | 138,438,183.78 |
| COUNTY PETS | 326,308.00 | - | - | - | 326,308.00 |
| RECREATION | 2,799,855.74 | 2,834.89 | - | - | 2,802,690.63 |
| HM RECREATION | 431,986.52 | 119.57 | - | - | 432,106.09 |
| SOLID WASTE | 4,804,032.00 | - | - | - | 4,804,032.00 |
| SUB TOTAL | 146,694,771.60 | 108,548.90 | - | - | 146,803,320.50 |
| GRAND TOTAL | 222,242,535.65 | 154,217.36 | - | - | 222,396,753.01 |



OFFICE OF THE TAX ADMINISTRATOR

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MEMORANDUM

TO: Board of County Commissioners

FROM: Aaron Donaldson, Tax Administrator *AD*

Date: August 2, 2010

RE: Action on Tax Collector's Preliminary Report and Proposed Annual Settlement

BACKGROUND: North Carolina General Statutes, Section 105-373 requires the Tax Collector of Cumberland County after the 1st day of July of each year to render a preliminary report to the Board of County Commissioners concerning persons whose tax liabilities remain unpaid and to propose an annual settlement of taxes charged to him for collection for the past year. The Tax Collector has submitted such preliminary report and proposed settlement. The preliminary report consists of (i) a list of persons owning real property whose taxes for the tax year of 2008-2009 remain unpaid, (ii) a list of the persons not owning real property whose taxes for the year 2008-2009 remain unpaid (the proposed insolvent list), and (iii) a statement under oath by the Tax Collector that he has made diligent efforts to collect such taxes. The proposed settlement consists of the amounts of taxes with which the Tax Collector has been charged for the year and the amounts of credits against such charges, the real and personal property tax balance is charged to the forthcoming tax year. See Exhibits A, B and C in the County Clerks Office.

RECOMMENDATIONS: The statute requires the Board to review the preliminary report, determine the insolvent list to be entered into the minutes, credit the Tax Collector with the insolvent list and make a settlement, i.e., approve or correct the proposed settlement. The Legal Department has reviewed for legal sufficiency.

PROPOSED ACTION: That the Board adopts the resolution attached as Exhibit D.

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EXHIBIT D

Resolution accepting preliminary report of the Tax Collector, crediting the insolvent list, and approving proposed annual settlement.

Whereas, North Carolina General Statutes, Section 105-373, requires the Tax Collector of Cumberland County after the 1st day of July of each year to render a preliminary report to the Board of County Commissioners concerning persons whose tax liabilities remain unpaid and to propose an annual settlement of taxes charged to the Tax Collector for collection for the past ten years; and

Whereas, the Tax Collector has submitted such preliminary report and proposed settlement.

Now therefore, the Board of Commissioners of Cumberland County hereby resolves:

1. That the preliminary report of the Tax Collector of Cumberland County, consisting of (i) a list of persons owning real property whose taxes for the year 2008- 2009 remain unpaid and the principal amount owned by each person; (ii) a list of the persons not owning or who have not listed real property whose taxes for the tax year 2008 - 2009 remain unpaid and the principal amount owned by each person (the proposed insolvent list) and (iii) a statement under oath by the Tax Collector that he has made diligent efforts to collect such taxes, be and it hereby is, accepted;
2. That the Board hereby finds that the persons in the list of those that do not own or have not listed real property are insolvent as that term is used in G.S. 105-373, directs that the list of such person be entered into the minutes of the meeting of the Board as the insolvent list, and further directs that the amounts in such list be, and hereby are, credited to the Tax Collector in his annual settlement;
3. That the proposed settlement of the Tax Collector, appended hereto, for taxes in his hands for collection for the tax year 2008 - 2009, be and it hereby is, approved and that he be, and thereby is, charged with the amounts set forth in the settlement under the heading "Charges" and credited with the amounts set forth in the settlement under the heading "Credits".



OFFICE OF THE TAX ADMINISTRATOR

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Summary of 1999 Real/Personal & Vehicles Taxes to be Barred

| | Vehicles | Personal | Real | Public Service | Fees | Total |
|--------------------------|-------------------|------------------|------------------|-------------------|---------------|-------------------|
| County | 482,901.64 | 54,160.32 | 45,671.90 | - | - | 582,733.86 |
| County Pets | - | 801.21 | - | - | - | 801.21 |
| Fayetteville | 132,549.31 | 9,921.35 | 24,305.77 | - | - | 166,776.43 |
| Revit | 77.75 | 51.11 | - | - | - | 128.86 |
| Fayetteville Vehicle Fee | 21,223.97 | - | - | - | - | 21,223.97 |
| Hope Mills | 6,492.09 | 421.34 | 550.05 | - | - | 7,463.48 |
| Hope Mills Vehicle Fee | 1,545.00 | - | - | - | - | 1,545.00 |
| Hope Mills Pets | - | 56.21 | - | - | - | 56.21 |
| Spring Lake | 13,201.23 | 698.24 | 55.62 | - | - | 13,955.09 |
| Stedman | 202.08 | - | - | - | - | 202.08 |
| Stedman Vehicle Fee | 75.00 | - | - | - | - | 75.00 |
| Godwin | 73.51 | - | - | - | - | 73.51 |
| Wade | 256.89 | 74.26 | - | - | - | 331.15 |
| Falcon | 24.37 | - | - | - | - | 24.37 |
| Linden | 86.68 | 9.08 | - | - | - | 95.76 |
| Solid Waste User Fee | - | - | - | - | 384.00 | 384.00 |
| Storm Water Fee | - | - | - | - | 156.00 | 156.00 |
| Advertising Fee | - | - | - | - | 324.24 | 324.24 |
| Total | <u>658,709.52</u> | <u>66,193.12</u> | <u>70,583.34</u> | <u>-</u> | <u>864.24</u> | <u>796,350.22</u> |
| TA500 MR VEHICLES | 658,709.52 | | | | | |
| TA500 MR CC | 137,640.70 | | | | | |
| TA500 MR PS | - | | | | | |
| | <u>796,350.22</u> | | | | | |

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EASTOVER - FALCON - FAYETTEVILLE - GODWIN - HOPE MILLS - LINDEN - SPRING LAKE - STEDMAN - WADE



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County Settlement

June 30, 2010

Charge:

| | | |
|---|-----------|-----------------------|
| Real and Personal Charge 2009 | \$ | 153,735,326.22 |
| Vehicles Charge 2009 | \$ | 16,747,791.93 |
| Added Charge Real & Personal 2009 | \$ | 896,205.21 |
| Added Charge 2009 Vehicles | \$ | 39,373.66 |
| Solid Waste 2009 | \$ | 4,765,488.00 |
| Added Solid Waste 2009 | \$ | 624.00 |
| Total Tax Interest | \$ | 971,974.66 |
| Total Discount | \$ | - |
| Added Charge 2009 Advertising Cost | \$ | 47,850.50 |
| County Demolition Fee | \$ | 5,914.31 |
| Interest Collected County Demolition | \$ | 1,244.11 |
| Certified Mail Fee Collected | \$ | 10,275.19 |
| Garnishment Fee Collected | \$ | 170,517.29 |
| Return Check Processing Fee Collected | \$ | 2,499.99 |
| Worthless Check Penalty Collected | \$ | 17,507.30 |
| Prepared Food & Beverage Tax Collected | \$ | 4,998,521.24 |
| Prepared Food & Beverage Tax Collected Interest & Penalty | \$ | 124,199.66 |
| Room Occupancy Tax Collected | \$ | 4,064,633.87 |
| Room Occupancy Tax Collected Interest & Penalty | \$ | 125,577.54 |
| County Gross Receipts Vehicle Tax Current Year | \$ | 439,395.37 |
| County Gross Receipts Vehicle Tax Interest & Penalty | \$ | - |
| County Heavy Equipment Rentals | \$ | 138,813.40 |
| County Heavy Equipment Rentals Interest | \$ | 18,568.75 |
| Windridge Water Extension Project | \$ | 34,109.54 |
| Windridge Water Extension Project Interest | \$ | 5,281.27 |
| Lake Upchurch Dam Assessment | \$ | 648,208.33 |
| Lake Upchurch Dam Assessment Interest | \$ | 82,949.42 |
| Adjustment - Advertising Beginning Balance Booked | \$ | 37,877.31 |
| | \$ | 188,130,728.07 |

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Credits:

| | | |
|---|-----------|-----------------------|
| Deposit with Finance | \$ | 179,874,240.21 |
| Advertising Cost Deposited with Finance | \$ | 44,240.95 |
| Interest Deposited with Finance | \$ | 1,329,795.41 |
| Real & Personal Releases Allowed | \$ | 1,277,907.87 |
| Vehicles Releases Allowed | \$ | 1,391,256.43 |
| Solid Waste Releases Allowed | \$ | 10,560.00 |
| Total Discount Allowed | \$ | - |
| Real & Personal Balance | \$ | 1,393,000.13 |
| Advertising Cost Balance | \$ | 41,486.86 |
| Vehicle Balance | \$ | 2,700,287.74 |
| Solid Waste Balance | \$ | 67,952.47 |
| Adjustment | | |
| | \$ | 188,130,728.07 |

Charge:

| | | |
|--|-----------|----------------------|
| Real & Personal Balance 2008 | \$ | 1,136,408.24 |
| Vehicle Balance 2008 | \$ | 3,299,856.90 |
| Solid Waste Balance 2008 | \$ | 61,603.37 |
| County Gross Receipts Vehicle Tax 1st Year Prior | \$ | - |
| Prepared Food & Beverage Tax All Prior | \$ | 83,379.46 |
| Room Occupancy Tax Collected All Prior | \$ | 66,846.29 |
| Real & Personal Balance 2007 | \$ | 314,270.61 |
| Vehicle Balance 2007 | \$ | 743,873.71 |
| Solid Waste Balance 2007 | \$ | 13,240.36 |
| Real & Personal Balance 2006 & Prior | \$ | 1,547,008.37 |
| Vehicle Balance 2006 & Prior | \$ | 3,973,923.95 |
| Solid Waste Balance 2006 & Prior | \$ | 24,915.71 |
| 1998 & Prior Taxes Collected After Being Barred | \$ | 251.52 |
| | \$ | 11,265,578.49 |

Credits:

| | | |
|--|-----------|---------------------|
| Real & Personal Collected 2008 | \$ | 799,024.89 |
| Vehicles Collected 2008 | \$ | 2,314,664.82 |
| Solid Waste Collected 2008 | \$ | 46,888.72 |
| County Gross Receipts Vehicle Tax 1st Year Prior | \$ | - |
| Prepared Food & Beverage Tax All Prior | \$ | 83,379.46 |
| Room Occupancy Tax Collected All Prior | \$ | 66,846.29 |
| Real & Personal Collected 2007 | \$ | 109,838.21 |
| Vehicles Collected 2007 | \$ | 121,442.11 |
| Solid Waste Collected 2007 | \$ | 6,102.74 |
| Real & Personal Collected 2006 & Prior | \$ | 133,511.55 |
| Vehicles Collected 2006 & Prior | \$ | 151,393.92 |
| Solid Waste Collected 2006 & Prior | \$ | 5,352.06 |
| Real & Personal Releases Allowed 2008 | \$ | 11,641.74 |
| Vehicle Releases Allowed 2008 | \$ | 319,290.01 |
| Solid Waste Releases Allowed 2008 | \$ | 48.00 |
| Real & Personal Releases Allowed 2007 | \$ | 9,648.73 |
| Vehicle Releases Allowed 2007 | \$ | 35,107.69 |
| Solid Waste Releases Allowed 2007 | \$ | - |
| Real & Personal Releases Allowed 2006 & Prior | \$ | 7,067.30 |
| Vehicle Releases Allowed 2006 & Prior | \$ | 48,249.47 |
| Solid Waste Releases Allowed 2006 & Prior | \$ | - |
| 1998 & Prior Taxes Collected After Being Barred | \$ | 251.52 |
| | \$ | 4,269,749.23 |

Taxes Barred by Statute: 1999

| | | |
|---|----|-------------------|
| Real Property | \$ | 45,671.90 |
| Personal | \$ | 54,961.53 |
| Vehicles | \$ | 482,901.64 |
| Public Service | \$ | - |
| Solid Waste Fees | \$ | 384.00 |
| Advertising | \$ | 324.24 |
| Credit for Five Year & Prior Insolvents | \$ | - |
| | \$ | <u>584,243.31</u> |

Balance Prior Years Taxes:

| | | |
|--------------------------------------|----|---------------------|
| Real & Personal Balance 2008 | \$ | 325,741.61 |
| Vehicles Balance 2008 | \$ | 665,902.07 |
| Solid Waste Balance 2008 | \$ | 14,666.65 |
| Real & Personal Balance 2007 | \$ | 194,783.67 |
| Vehicles Balance 2007 | \$ | 587,323.91 |
| Solid Waste Balance 2007 | \$ | 7,137.62 |
| Real & Personal Balance 2006 & Prior | \$ | 1,305,471.85 |
| Vehicles Balance 2006 & Prior | \$ | 3,291,378.92 |
| Solid Waste Balance 2006 & Prior | \$ | 19,179.65 |
| | \$ | <u>6,411,585.95</u> |

TOTAL CREDITS:

| | |
|-----------|-----------------------------|
| \$ | <u>11,265,578.49</u> |
|-----------|-----------------------------|

JAMES E. MARTIN
County Manager

JUANITA PILGRIM
Deputy County Manager



ITEM NO. 20


AMY H. CANNON
Assistant County Manager

OFFICE OF THE COUNTY MANAGER

5th Floor, New Courthouse • PO Box 1829 • Suite 512, • Fayetteville, North Carolina 28302-1829
(910) 678-7723 / (910) 678-7726 • Fax (910) 678-7717

MEMORANDUM FOR BOARD OF COMMISSIONERS AGENDA OF AUGUST 2, 2010

TO: BOARD OF COUNTY COMMISSIONERS

FROM: JAMES E. MARTIN, COUNTY MANAGER 

DATE: JULY 16, 2010

SUBJECT: PROPOSED ADDITIONS TO THE STATE SECONDARY ROAD SYSTEM

BACKGROUND

The North Carolina Department of Transportation has received petitions requesting the following streets be placed on the State Secondary Road System for maintenance (see attached):

Cumberland County Industrial Center: Production Drive (SR 3935 Ext.)

DOT has determined that the above streets are eligible for addition to the state system.

RECOMMENDATION

NCDOT recommends that the above named streets be added to the State Secondary Road System. County Management concurs.

PROPOSED ACTION

Approve the above listed streets for addition to the State Secondary Road System.

/ct
Attachments

Celebrating Our Past...Embracing Our Future



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

BEVERLY EAVES PERDUE
GOVERNOR

EUGENE A. CONTI, JR.
SECRETARY

June 21, 2010

Division Six - District Two
Cumberland County

Dr. Jeannette Council, Chairman
Cumberland County Board of Commissioners
Post Office Box 1829
Fayetteville, North Carolina 28302

Subject: Secondary Road Addition

Dear Dr. Council,

This is in reference to a petition submitted to this office requesting street(s) in Cumberland County be placed on the State's Secondary Road System. Please be advised that these street(s) have been investigated and our findings are that the below listed street(s) are eligible for addition to the State System.

Cumberland County Industrial Center

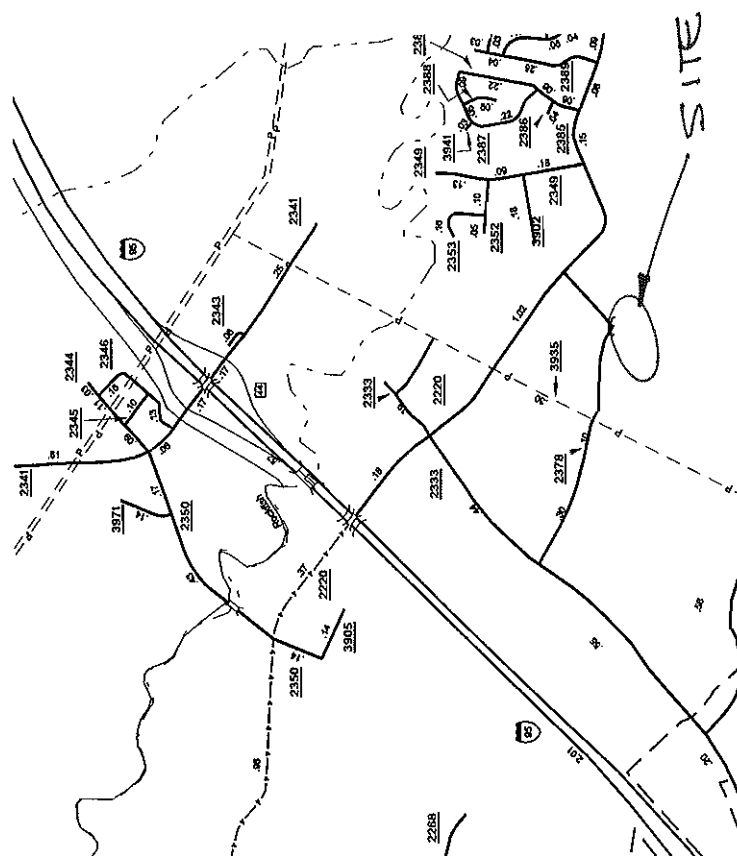
- Production Drive (SR 3935 Ext.)

It is our recommendation that the above named street(s) be placed on the State's Secondary Road System. If you and your Board concur in our recommendation, please submit a resolution to this office.

Sincerely,

A handwritten signature in cursive script, reading "David Plummer".

David Plummer
Transportation Tech. IV



NC STATE UNIVERSITY

July 13, 2010

Cumberland County Center
North Carolina Cooperative Extension
301 East Mountain Drive
Fayetteville, North Carolina 28306
Phone: (910) 321-6860
Fax: (910) 321-6883
<http://cumberland.ces.ncsu.edu>

To: James Martin
County Manager

ITEM NO. 2E

From: Lisa B. Childers *Lisa B. Childers*
County Extension Director

Re: 2010 Agriculture Hall of Fame Nomination

The Cumberland County Agriculture Hall of Fame committee met on Tuesday, July 13, 2010 and selected Mr. Wendell Scott Weathington as the Hall of Fame inductee for 2010. Please submit Mr. Weathington's application to the Board of Commissioners for approval for induction into the Agriculture Hall of Fame.

Enclosed is supporting background information on Mr. Weathington.

Thank you for your continued support of Cumberland County Cooperative Extension and its endeavors for the citizens of Cumberland County.

LBC/sj

enclosure

5/28/2010

Cumberland County
Agricultural Hall of Fame

2010
Nomination Form
(Return completed form by June 1, 2010)

Nominee's Full Name: Wendell Scott Weathington

Is the Nominee Living? ☒ If living, please provide the following information:

Address: 12801 NC Hwy 210 South
Roseboro, NC 28382

Phone: 910-531-4447

If deceased, please provide the following information:

Name of nearest relative: Kim Weathington

Address: Same

Phone: Same

Nominator: Billy Weathington

Person Representing: Scott Weathington

Address: 12872 hwy 210 South
Roseboro, NC 28382

Phone: 910.531.3197

Home

Work

Please complete the following information about the Nominee

Achievements in his/her field: _____

1. Started Agri-Technologies in 1987- North Carolina's largest private consulting firm for Agriculture
2. Started Super Soil Systems with Lew Fetterman in 1998.
3. Started Carbon 360 Partners in 2009 for validating and trading carbon credits for agriculture.
4. Developed soil microwave fumigation theory for Methyl Bromide replacement.
5. Developed liquid fertilizers and methodology for plasticulture and drip irrigation.
6. Numerous techniques and methodologies in pest management.

Community Service and Achievements: _____

1. American Society of Agronomy
2. Soil Science Society of America
3. Crop Science Society of America
4. American Society of Horticultural Science
5. State Star Farmer of NC
6. Founding member of The State Club at NCSU
7. National Alliance of Independent Crop Consultants
8. North Carolina Assn. of Agricultural Consultants
9. Board of Directors of N.C. Farm Center for Sustainability and Innovation

Membership in Professional and Civic Organizations: _____

Past President Cape Fear Future Farmers of America

Awards, Honors, and Degrees Earned: _____

BS : Agronomy NCSU 1984

BS: Animal Science NCSU 1984

American Farmer Degree 1979

Returned completed forms and supporting documentation by June 1, 2010 to:

Cumberland County Cooperative Extension

Attn: Agriculture Hall of Fame

Charlie Rose Agri-Expo Center

301 East Mountain Drive

Fayetteville, North Carolina 28306

Wendell Scott Weathington

Wife- Kim Weathington

Children- Jason- N.C. State

Brooke- N.C. State

Morgan- Peace College with a softball scholarship

Scott lives in Beaver Dam, on the farm where he has lived all of his life except the time in Raleigh while attending N.C. State University for six years.

While in High School he was active in the Future Farmers of America. He grew corn, soybeans, beef cows and other things as his FFA Projects. During his agriculture training in High School he was awarded the *Chapter Star Farmer*. At the National Convention of Future Farmers, he was awarded the American Farmer Degree. Later, he received the *North Carolina Star Farmer of the year*.

During his final year at Cape Fear High School the agriculture teacher asked each student their future plans. Scott said he was going to be an agriculture consultant. He has followed his life long plan.

After finishing at N.C. State Scott worked for a company by the name of *American Agri.*, managed by Dr. Fay Thompson. After a short time, he started his own company, *Agri-Technologies* of Eastern N.C. Not only has his work led him to Cumberland and Sampson County, but to other states and countries including Georgia, South Carolina, Virginia, Florida and Central America.

The goal of his work has been to develop better ways to apply both fertilizer, chemicals, drip irrigation for better use of water, to help lower levels of fertilizer and chemicals and lastly to save money for the farmers as well as to help protect the environment.

In addition, Scott is associated with a company by the name of *Super Soils*. The goal is to purify the liquids from the lagoons and process the solids to be used as dry fertilizer. This has been a success.

Scott's work helps him to share information with a lot of farmers to bring new ways to better their farming. This includes a lot of test plots on the home farm.

I could write about other projects he has going, to help improve ways of doing things, but I have given some highlights of this agriculture work.

Thank you for considering his work in agriculture.

Scott Weathington was raised on a family farm in the Beaver Dam community of Cumberland County.

Scott raised pigs and cattle growing up and was president of the Future Farmers of America at Stedman Junior High and Cape Fear High Schools.

Scott was awarded the honor of State Star Farmer of North Carolina in 1979 as well as the American Farmer Degree in Kansas City under the direction of Olin Wood, James Jernigan, and Willie Boyd.

Scott Graduated from NC State University in 1984 with a BS in Agronomy and a BS in Animal Science.

Scott became an independent agricultural consultant after graduating from college and was Director of Grower Services for American Ag Services before starting his own consulting and research company in 1987.

Agri-Technologies, Inc. operates in 18 states in the US and 9 foreign countries.

Scott was instrumental in the development of 20 fertilizers and plant nutrients; 14 fungicides, 8 insecticides and 2 growth regulators currently on the US ag market.



ITEM NO. 2F

OFFICE OF THE COUNTY ATTORNEY

Courthouse, 117 Dick Street – Suite 551 • P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 678-7762 • Fax: (910) 678-7758

July 12, 2010

MEMORANDUM FOR BOARD OF COMMISSIONERS' AUGUST 2, 2010 AGENDA:

TO: BOARD OF COMMISSIONERS

FROM: RICK L. MOOREFIELD, COUNTY ATTORNEY *RLM*

SUBJECT: APPROVAL OF SALE OF SURPLUS-COUNTY OWNED REAL
PROPERTY ACQUIRED BY TAX FORECLOSURE

1.0 AC GRAHAM LAND
(LOCATED ON HARDEEWOOD DR. OFF ELK RD.)
PIN 0415-90-9965; PEARCES MILL TOWNSHIP

BACKGROUND: On or about November 6, 2008, the County acquired by tax foreclosure the above property. The amount currently owed on the foreclosure judgment including interest and cost for the property is \$2,971.98.

Rosie H. Ford was the last and highest bidder offering to purchase the County's interest in the property for **\$9,551.13** and has deposited \$955.13 in the Finance Office. The tax value of the property is \$9,945.00.

This property is surplus to the needs of the County and, according to N.C.G.S. §153A-176 and N.C.G.S. §105-376, the County has the authority to sell such property. Management has reviewed this offer and it is now being submitted for the Board to consider whether or not to accept Mrs. Ford's bid. The property has been advertised and has received several bids; however, Rosie H. Ford was the final and highest bidder. The bid period is now closed.

RECOMMENDATION AND PROPOSED ACTION: That the Board of Commissioners consider whether to accept the offer of Rosie H. Ford to purchase the above property for the sum of **\$9,551.13**, plus advertising and recording costs, and authorize the Chairman to execute a deed upon receipt of the balance of the purchase price.

RLM/hnw
Attachment

Celebrating Our Past... Embracing Our Future



Site Map

HARDEEWOOD DR
PEARCES MILL TOWNSHIP

100 0 100 Feet



THE COUNTY OF CUMBERLAND AND ITS GIS DEPARTMENT DISCLAIMS ACCOUNTABILITY FOR THIS PRODUCT AND MAKES NO WARRANTY EXPRESS OR IMPLIED CONCERNING THE ACCURACY THEREOF. RESPONSIBILITY FOR INTERPRETATION AND APPLICATION OF THIS PRODUCT LIES WITH THE USER.



ITEM NO. 26

OFFICE OF THE COUNTY ATTORNEY

Courthouse, 117 Dick Street – Suite 551 • P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 678-7762 • Fax: (910) 678-7758

July 12, 2010

MEMORANDUM FOR BOARD OF COMMISSIONERS' AUGUST 2, 2010 AGENDA:

TO: BOARD OF COMMISSIONERS

FROM: RICK L. MOOREFIELD, COUNTY ATTORNEY *RLM*

SUBJECT: APPROVAL OF SALE OF SURPLUS-COUNTY OWNED REAL
PROPERTY ACQUIRED BY TAX FORECLOSURE

LOT 11-12 BLOCK F; 1810 SLATER AVENUE
(LOCATED ON SLATER AVENUE)
PIN 0428-98-7706; CROSS CREEK TOWNSHIP

BACKGROUND: On or about December 23, 2008, the County acquired by tax foreclosure the above property. The amount currently owed on the foreclosure judgment including interest and cost for the property is \$3,982.78.

Yazan Issa has offered to purchase the County's interest in the property for **\$3,982.78** and has deposited \$398.28 in the Finance Office. The tax value of the property is \$38,900.00.

This property is surplus to the needs of the County and, according to N.C.G.S. §153A-176 and N.C.G.S. §105-376, the County has the authority to sell such property. Management has reviewed this offer and it is now being submitted for the Board to consider whether or not to accept Yazan Issa's bid. The property has been advertised and this office has not received any upset bids. The bid period is now closed.

RECOMMENDATION AND PROPOSED ACTION: That the Board of Commissioners consider whether to accept the offer of Yazan Issa to purchase the above property for the sum of **\$3,982.78**, plus advertising and recording costs, and authorize the Chairman to execute a deed upon receipt of the balance of the purchase price.

RLM/hnw
Attachment

Celebrating Our Past... Embracing Our Future



Site Map

1810 SLATER AVE
CROSS CREEK TOWNSHIP

50 0 50 Feet



THE COUNTY OF CUMBERLAND AND ITS GIS DEPARTMENT DISCLAIM ANY LIABILITY FOR THIS PRODUCT AND MAKES NO WARRANTY, EXPRESS OR IMPLIED CONCERNING THE ACCURACY THEREOF. RESPONSIBILITY FOR INTERPRETATION AND APPLICATION OF THIS PRODUCT LIES WITH THE USER.

Joel Strickland
Chairman

William H. Robinson
Vice Chairman



Kristine Wagner
Transportation Coordinator

130 Gillespie Street
Fayetteville, NC 28301
910-678-7624
kwagner@co.cumberland.nc.us


CUMBERLAND COUNTY
TRANSPORTATION ADVISORY BOARD

August 2, 2010

ITEM NO. 24

MEMORANDUM

TO: Board of County Commissioners

FROM: Kristine Wagner, Transportation Program Coordinator 

SUBJECT: System Safety Program Plan

Enclosed please find the Cumberland County Community Transportation Program System Safety Program Plan.

This plan has been updated in order to meet requirements from the North Carolina Department of Transportation – Public Transportation Division.

The plan includes six core elements: Driver/Employee Selection, Driver/Employee Training, Safety Data Acquisition/Analysis, Drug and Alcohol Abuse Programs, Vehicle Maintenance and Security.

The purpose of this plan is to ensure that our transportation system provides safe and reliable transportation for Cumberland County residents.

It is requested that the Cumberland County Board of Commissioners approve the plan as submitted.

If you should have any questions or need additional information, please feel free to contact me.

CUMBERLAND COUNTY COMMUNITY TRANSPORTATION PROGRAM

SYSTEM SAFETY PROGRAM PLAN

(PLAN REVISED AUGUST 2010)

GENERAL SYSTEM SAFETY PLAN MANAGEMENT DESCRIPTIONS OF ELEMENTS

1. POLICY STATEMENT AND AUTHORITY FOR SYSTEM SAFETY PROGRAM PLAN

- A. North Carolina Board of Transportation 2003 Resolution established the requirement for each transit system to develop and implement a System Safety Program Plan (SSPP).
- B. Establish the SSPP as an operating document that has been prepared for and approved by the transit system top management, chief executive officer or the governing board.
- C. The authority statement in the SSPP should define, as clearly as possible, the following:
 - 1. The authority for establishment and implementation of the SSPP
 - 2. How that authority has been delegated through the organization
- D. The SSPP must adequately address the SIX CORE ELEMENTS.

2. DESCRIPTION OF PURPOSE FOR SYSTEM SAFETY PROGRAM PLAN

- A. Address the intent of the *SSPP* and define why it is being written.
- B. Establish the safety philosophy of the whole organization and provide a means of implementation.
- C. A *SSPP* could be implemented for the following reasons:
 - To establish a safety program on a system wide basis.
 - To provide a medium through which a system can display its commitment to safety.
 - To provide a framework for the implementation of safety policies and the achievement of related goals and objectives.
 - To satisfy federal and state requirements.
 - To meet accepted industry standards and audit provisions.
 - To satisfy self-insurance or insurance carrier provisions.
- D. The relationship of system safety to system operations should be defined.
- E. All departments involved must have a clear definition of their individual responsibilities relative to the scope of the *SSPP*.
- F. This section should also contain system safety definitions applicable to the operating systems.

3. CLEARLY STATED GOALS FOR VEHICLE SAFETY MANAGEMENT PROGRAM

- A. The overall goal of a *SSPP* is to identify, eliminate, minimize and control safety hazards and their attendant risks by establishing requirements, lines of authority, levels of responsibility and accountability, along with methods of documentation for the organization.
- B. These goals should be system-specific, tailored to the individual needs of the system, as well as being:
 - 1. Long term - the goal must have broad and continuing relevance.
 - 2. Meaningful - they must not be so broad as to be meaningless; desired results must be identified.
 - 3. Realizable - any goal that meets the first two criteria but cannot be attained is meaningless.
- C. Example:
 - 1. A goal might be to establish a high level of safety comparable to other transit systems in the U.S.
 - 2. Identify, eliminate, minimize, and/or control all safety hazards

3. Provide appropriate action and measures to obtain necessary safety-related agreements, permits and approvals from outside agencies, where applicable.

4. IDENTIFIABLE AND ATTAINABLE OBJECTIVES

- A. Objectives are the working elements of the *SSPP*, the means by which the identified goals are achieved.
 1. Must be quantifiable and meaningful.
 2. Met through the implementation of policies.
- B. Policies are central to the *SSPP* and must be established by top management.
 1. They set the framework for guiding the safety program, on a relatively long-term basis.
 2. Policies are measurable.
 3. Policies are methods for reaching a specified objective.
- C. Example:

The establishment of a safety program incorporating public, patron, employee, and property safety including fire protection, loss prevention and life safety requirements.

 - **Policies depend on the goals defined by the transit system and its safety philosophy.**

5. SYSTEM DESCRIPTION/ORGANIZATIONAL STRUCTURE

- A. System Description
 1. Briefly describe the system's characteristics. The information should be sufficient to allow non-technical person and those not employed in transit to understand the system and its basic operation.
 2. Components that should be included in the system description:
 - a. History
 - b. Scope of service
 - c. Physical features
 - d. Operations
 - e. Maintenance
 - f. System Modifications
- B. Organizational Structure
 1. Organizational diagrams showing the title of each position.
 2. Diagram showing the structure of the system safety unit identifying the key positions.
 3. Diagrams showing the relationships and lines of communication between the system safety unit and other departments in the organization.
 4. Describe the relationship of the transit system to local political jurisdictions.

SYSTEM SAFETY PROGRAM PLAN

Program Description:

The System Safety Program Plan (SSPP) was developed utilizing established guidance listed in the procedural manuals of the North Carolina Department of Transportation Standard Operating Procedure SSPP-001 and the State Management Plan. The SSPP consists of and addresses the required six (6) core elements:

1. Driver/Employee Selection
2. Driver/Employee Training
3. Safety Data Acquisition Analysis
4. Drug, Alcohol and Abuse Program
5. Vehicle Maintenance
6. Security

The Cumberland County Community Transportation Program's number one priority is adherence to policies and procedures of the core elements. All of the elements listed are equal in importance and the policies and procedures must be met. The compliance will ensure that we meet all Federal Transportation Administration (FTA) and North Carolina Department of Transportation Public Transportation Division (NCDOT/PTD) policies and regulations.

Driver/Employee Selection Element:

Fair hiring practices are used to select employees. Each potential employee will complete a written application. The Contracted Owner and/or supervisor shall interview each potential employee.

Driver/Employee Training Element:

The minimum requirements for vehicle operator training are Defensive Driving, Americans with Disabilities Act, Bloodborne Pathogens and Emergency Procedures for Vehicle Operators. In addition to the minimum requirements the follow actions must be completed:

1. The training must be completed annually
2. The training material must be on file for review by NCDOT/PTD
3. Records of each individual trained must be retained on file for five (5) years
4. Each driver must have an annual driver's performance evaluation to provide refresher training, assess skills, techniques, knowledge, etc...

Safety Data Acquisition Analysis Element:

The goal of the Safety Program is the reduction of accidents and injuries to customers, employees and the general public. Safety is a shared responsibility between system management and employees. It is the policy of the Cumberland County Community Transportation Program to provide a place of employment that is free from recognized hazards that could result in death or serious injury to employees, customers or the general public. It is the responsibility of each employee to report all incidents or unsafe conditions to their supervisor. Supervisors must immediately take necessary corrective action to prevent unsafe conditions.

Prohibited behaviors are behaviors that are in violation of the System Safety Policy. Such behaviors include behaviors that threaten the safety of employees, customers and the general public. Other unacceptable behaviors include those that result in damage to system, employee and public

and/or private property. An employee who intentionally violates the safety policy and procedures will be subject to appropriate disciplinary action, as determined by the findings of an investigation. Such discipline may include a warning, demotion, suspension or immediate dismissal. In addition, such actions may cause the employee to be held legally liable under State or Federal Law.

Drug Alcohol and Abuse Program Element:

The goal is to provide a safe, healthy and productive drug-free work environment for all employees. A person being under the influence of a drug or alcohol while on the job poses serious safety and health risk to the user, co-workers, and passengers. The Cumberland County Community Transportation Program has established a policy of a drug-free work environment. A standard of zero tolerance for use of alcohol, illegal substances, or the misuse of prescription medications during work hours or the presence of these substances in the body during work hours regardless of when consumed. Random drug testing will be administered.

Vehicle Maintenance Element:

The goal is to ensure each vehicle and wheelchair lift is properly maintained to maximize the service life, maintain reliability, mitigate high maintenance costs and sustain proper safety and mechanical condition. To accomplish this goal we will at a minimum adhere to the vehicle manufacturer's maintenance/service manual and the wheelchair lift service manual.

Security Element:

The overall purpose of the Security Program is to optimize -- within the constraints of time, cost, and operational effectiveness -- the level of protection afforded to vehicles, equipment, passengers, employees, and contractors, and any other individuals who come into contact with the system during normal operations.

The security of passengers and employees is paramount to promoting the objectives of FTA and NCDOT. We will take all reasonable and prudent actions to minimize the risk associated with intentional acts against passengers, employees and equipment. To further this objective, we have developed security plans and procedures.

The SSPP will be updated as changes occur. An annual review is required to ensure all information is current. The annual review must be adopted by the board.

This operational policy was adopted by the Cumberland County Board of Commissioners.

Date _____

Month _____

Year _____

System Manager (Signature) _____

Governing Board Chairman (Signature) _____

RESOLUTION FOR APPROVAL OF REQUIREMENT FOR COMMUNITY TRANSPORTATION SYSTEMS TO IMPLEMENT SYSTEM SAFETY PROGRAM PLANS

WHEREAS, the Federal Transit Administration's strategic safety goal is to promote the public health and safety by working toward the elimination of transportation related deaths, injuries and property damage;

WHEREAS, the Federal Transit Administration and the National Transportation Safety Board require the reporting of certain transportation related accidents;

WHEREAS, the vision for public transportation services in North includes the provision of safe, affordable transportation choices, statewide to those who have travel options and to those whose options are limited;

WHEREAS, the development and implementation of System Safety Program Plans by Community Transportation systems is a fundamental step toward these goals;

WHEREAS, the North Carolina Department of Transportation, Public Transportation Division recognizes the safety implications of the development of System Safety Program Plans and provides training and technical assistance to transit systems to assist in the development and implementation of their System Safety Program Plans;

WHEREAS, rural transit systems receiving federal and state funds are not currently required to have a System Safety Program Plan;

WHEREAS, the Public Transportation Division, in an effort to promote safe public transportation services recommends requiring that each rural transit system in the state that receives federal and/or state funds must have an approved System Safety Program Plan which includes provision for local system safety data collection and reporting;

WHEREAS, the Transit, Rail and Ferry Committee has concurred in this recommendation.

THEREFORE BE IT RESOLVED AS FOLLOWS:

That the North Carolina Board of Transportation approves the recommended requirement that each Community Transportation System that receives federal and/or state funds must have an approved System Safety Program Plan which includes provision for local system safety data collection and reporting.

ANNUAL MANAGEMENT REVIEW

The SSPP should reflect the changing needs of our system programs. As a transit system evolves and operates, it must consistently monitor the programs and update the SSPP accordingly.

To ensure that this occurs, the Transportation Program Coordinator should prepare an annual report that assesses the adequacy and effectiveness of all phases of the SSPP. The annual report should be submitted to the Transportation Advisory Board and a copy submitted to NCDOT/PTD Safety & Training Unit.

Report topics include:

- ❖ Results of incident investigations and analysis
- ❖ Identification of possible hazardous conditions
- ❖ Results of inspections
- ❖ Established plans for handling future incidents
- ❖ Recommendations for SSPP revisions
- ❖ Analysis of departmental involvement in the administration of the SSPP

The Transportation Program Coordinator is responsible for maintaining and updating the SSPP. The local Transportation Board must approve the required revisions.

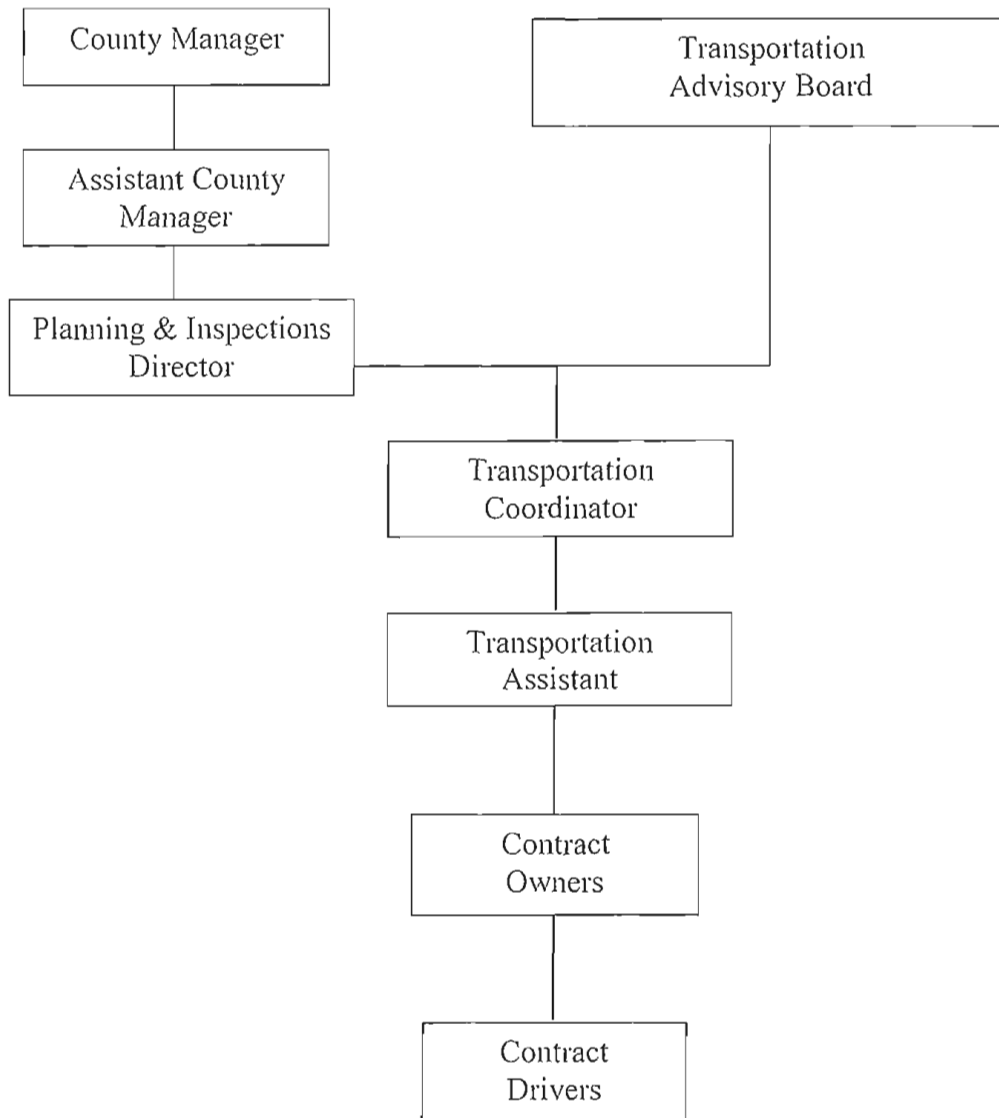
**SYSTEM SAFETY PROGRAM PLAN
POLICY AND PROCEDURE REVISION INDEX**

| | | | | |
|-----------------------|------|------------|------|-------------|
| Policy/Procedure Name | SPP# | Revision # | Date | Description |
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ORGANIZATIONAL STRUCTURE

FISCAL YEAR 2010

DEPARTMENT NAME Planning & Inspections



MISSION STATEMENT

The mission of the Cumberland County Community Transportation Program is to provide safe, dependable, accessible, and affordable transportation to all residents of Cumberland County. The Cumberland County Community Transportation Program will always strive to continue for tomorrow what is today: a key to independence.

SYSTEM GOALS

- PROVIDE 95% ON-TIME SERVICES
- PROMOTE THE CUMBERLAND COUNTY TRANSPORTATION PROGRAM SERVICES
 - ENHANCE QUALITY OF LIFE FOR CUMBERLAND COUNTY RESIDENTS

SYSTEM DESCRIPTION

The Cumberland County Community Transportation Program is a transportation system operating in Cumberland County, NC. The Community Transportation Program offers demand response and subscription transportation services through local contracted transportation providers. The Community Transportation Program also assists with transportation for the following agencies:

Employment Source

Hope Mills Sunshine Center

Retired Seniors Volunteer Program

Medical and non-medical transportation is available to those that are 60+ or disabled. Medical transportation is provided at no cost to the client (as long as they do not qualify for Medicaid Transportation or ADA Transportation). Non-medical transportation is provided at a cost of \$2.00 per one-way trip (as long as they do not qualify for ADA Transportation). Trips are provided Monday thru Friday from 8:00am to 5:00pm. Accommodations for dialysis clients will be made to provide transportation outside of the normal service hours.

Employment transportation (EMPL) is available to citizens living in the urbanized area (as long as they do not live less than 1 mile from a Fayetteville Area System of Transit bus stop). There is no current cost for the clients at this time. Trips are provided Monday thru Friday from 5:00am to 8:00pm.

Rural General Public (RGP) service is available to all citizens who reside in the rural areas of our county at a cost of \$2.05 per one-way trip. Trips are provided Monday thru Friday from 5:00am to 8:00pm.

All service is accessible to persons with disabilities.

Service Area

The Cumberland County Community Transportation Program serves all of Cumberland County including the municipalities within its borders. Cumberland County is a rural county located near the center of North Carolina encompassing 658 square miles. The ridership of CTP is comprised of the elderly, disabled, low income, and rural residents of our county. All destinations are located within the County of Cumberland.

Days and Hours of Service

Transportation services provided by the Community Transportation Program will not operate on the following holidays:

Christmas Day

New Year's Day

DRIVER/EMPLOYEE SELECTION

Review the attached questionnaire (sections 1.1 thru 1.9) from the Public Transportation Division Standard Operating Procedure SSPP-001, dated April 17. Ensure that you address all of the applicable areas listed.

NOTE: The following positions have been identified as safety sensitive:

- Driver

JOB DESCRIPTIONS FOR DRIVERS

General Statement of Duties

An employee in this class drives a van or light transit bus and provides transportation for clients of the Community Transportation Program. Work includes following an assigned or special route schedule, assisting passengers in using the services, and maintaining the sanitation and cleanliness of the vehicles and reporting vehicle maintenance needs. Work involves a special understanding of the needs and behavior of clients served. Work is supervised by the company owner and the Transportation Program Coordinator and is evaluated based on the safe and efficient operation of the vehicles, records and reports, and client feedback.

Duties and Responsibilities

Essential Duties and Tasks:

- Drives vehicles to transport scheduled clients to and from destinations.
- Monitors and reports status and needs of the vehicles for maintenance and safe operation.
- Maintains first aid supplies, bodily fluid spill clean-up supplies, and fire suppression equipment on the vehicles.
- Records units, number of passengers, times, and other required information on forms.
- Assists passengers with seat belts, getting in and out of vehicles as needed and required.
- Operates a wheel chair lift and assists the passenger as needed.

Knowledge, Skills, and Abilities:

- Working knowledge of the geographical layout of the County.
- Working knowledge of the safe and efficient operation of vehicles.
- Ability to understand and work with special populations.
- Ability to communicate effectively in oral and written forms.
- Ability to maintain and keep accurate records and reports.
- Ability to deal courteously and tactfully with the public.
- Ability to establish and maintain effective working relationships with clients, employees and the general public.

Physical Requirements:

- Must be able to physically perform the functions of climbing, kneeling, reaching, lifting, talking, hearing, and repetitive motions.
- Must be able to perform light work, exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects.
- Drivers must have vision in both eyes, normal depth perception, normal peripheral vision and be free of any disease or condition that could impair vision. Drivers must have 20/40 vision in each eye with or without corrections, and 140 degrees or better horizontal vision. Drivers must be able to distinguish between green, red and yellow.
- Must possess the ability to record information on logs.

- Drivers shall have adequate hearing to assure safe response to vehicle horns, emergency vehicle sirens, and train signals.
- Must have the ability to assist wheelchair passenger and other ADA passengers when loading and unloading the vehicle.

Qualifications:

Must be properly licensed in the State of North Carolina, be at least 21 years of age, minimum of three years driving experience, and have a clean driving record for the preceding three years, with a preference for some public driving experience.

Printed Name: _____ **Signature:** _____ **Date:** _____
Employee's signature and date signed acknowledging receipt, agreement with and understanding of driver job responsibilities and duties.

Job Description created April 19, 2010

MOTOR VEHICLE BACKGROUND CHECK

MVR INFORMATION:

Last Name: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Social Security #: _____

Driver's License #: _____ State: _____ Exp. Date: ____/____/____

I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

Signature _____ Date: ____/____/____

INITIAL HIRE PROCEDURES AND MINIMUM QUALIFICATIONS FOR DRIVERS

Background

In an effort to ensure that the most competent and safe drivers are employed by the Cumberland County Community Transportation Program the following eligibility requirements must be met by each prospective/current employee seeking/holding a position as a driver of a transit vehicle.

QUALIFICATIONS

Application

Each potential employee shall complete a written application.

Interviews

The owner of the contracted transportation company shall interview each potential employee.

Physical Requirements

Each applicant must meet the requirements defined in 49 CFR Part 391.41 of the Federal Motor Carrier Safety Regulations. In addition to the following requirements:

- a. Eyesight – Drivers must have vision in both eyes, normal depth perception, normal peripheral vision and be free of any disease or condition that could impair vision. Drivers must have 20/40 vision in each eye with or without corrections, and 70 degrees or better horizontal vision. Drivers must be able to distinguish between green, red and yellow.
- b. Hearing – Drivers shall have adequate hearing to assure safe response to vehicle horns, emergency vehicle sirens, and train signals.
- c. Physical Ability: Must have the physical strength to assist wheelchair passenger and other ADA passengers when loading and unloading the vehicle.

Age

Drivers shall be at least twenty-one (21) years of age.

Knowledge of English

Drivers shall be able to read, write and speak the English language.

Driver Requirements

Drivers transporting people shall hold a valid NC Driver's License or Commercial Driver's License as appropriate. In order to be considered for employment all potential employees must provide a printout of the Bureau of Motor Vehicle (DMV) report issued within the past ten (10) days. **In no case will an individual be given a road test, placed in training or allowed to operate an agency vehicle without a DMV check that is in compliance with this policy and has been approved by the Transportation Program Coordinator.**

The criteria include:

- Good driving record with no Driving While Intoxicated (DWI), Driving Under the Influence (DUI) or similar charges, reckless driving, railroad crossing violations or leaving the scene of an accident offenses.
- No moving violations or at-fault accidents within the last three years.
- No suspended or revoked licenses within the past five (5) years for moving violations or violations of criminal laws.
- Any combination of violations, unfavorable road observations or accidents that indicates a pattern of unsafe vehicle operation behavior, whether on or off the job.
- Minimum of three (3) years driving experience.
- Ability to perform simple math.
- Reasonable knowledge of the service area and ability to read basic maps.
- A road test given by the owner of the contracted transportation company is required.

Operating Skills

Drivers shall have experience in safely driving some type of motor vehicle (including private automobile) for no less than three (3) years, including experience throughout the four seasons.

Criminal Record Checks

An original criminal record check, issued within the past 10 days, shall be obtained as part of the application process. Persons with felony convictions of any sort are unacceptable. Other unacceptable convictions include crimes of violence, drug usage or sales, physical abuse, fraud or theft. A pattern of unlawful behavior shall also disqualify an applicant.

PROCEDURES FOR SELECTING A SAFE DRIVER

When hiring vehicle operators, be sure to have the driver candidates undergo the following:

- A pre-employment driving test
- A pre-employment physical exam
- A background investigation (five years)
- Submission of driving record
- Pre-employment drug testing
- Basic training in driver skills
- Defensive driving skills training
- ADA Requirement Training
- Emergency Procedure Training (Evacuating)
- Illegal Drug Use

EXAMINATION TO DETERMINE PHYSICAL CONDITION OF DRIVER

| | | | |
|----------------|-------|----------|----------------------------------|
| Last Name | First | MI | Signature |
| Street Address | | | DOB (month/day/year) Age |
| City | State | Zip Code | Social Security Number Date |

HEALTH HISTORY

| | Yes | No | | Yes | No |
|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|
| Head or Spine Injury | <input type="checkbox"/> | <input type="checkbox"/> | Gonorrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizures or Fainting | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe Injury or Illness | <input type="checkbox"/> | <input type="checkbox"/> | GI Ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> | Nervous Stomach | <input type="checkbox"/> | <input type="checkbox"/> |
| T.B. | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Syphilis | <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | Yes | No | | | |
| Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Muscular Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Any Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Permanent Defect | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Psychiatric Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other Nervous Disorder | <input type="checkbox"/> | <input type="checkbox"/> | | | |

If answer is YES, explain: _____

PHYSICAL EXAMINATION

General Appearance: ☐ Good ☐ Fair ☐ Poor

NOTE: Visual acuity of at least 20/40 required in each eye with field of vision of 70° horizontal meridian in each eye

Vision: _____

MANAGEMENT REVIEWS

The Community Transportation Program Coordinator will provide oversight on employee records quarterly. Oversight may be provided through reports submitted to the Transportation Program Coordinator by the contracted company, or through an office visit from the Transportation Program Coordinator to review records. Each employee should have a separate file which shall contain their driving record, background check, training records, and other employee information as it pertains to this program. The Transportation Program Coordinator will verify the contractor's compliance with FTA and NCDOT regulations and policies.

DRIVER/EMPLOYEE TRAINING

Review the attached questionnaire (2.1 thru 2.31) from the Public Transportation Division Standard Operating Procedure SSPP-001, dated April 17, 2007. Ensure that you address all of the applicable areas listed.

October 30, 2007

MEMORANDUM

TO: Community Transportation Systems

FROM: Miriam S. Perry, Director

SUBJECT: Policy Guidance for Minimum Training Standards for Community and Human Service Transportation System Vehicle Operators

The stated mission of the North Carolina Department of Transportation is “**Connecting people and places in North Carolina - safely and efficiently, with accountability and environmental sensitivity.**” Community Transportation systems must meet all Federal and state guidelines, regulations and laws regarding the safe transportation of their passengers. The Minimum Training Standards for Community and Human Service Transportation System Vehicle Operators are to be implemented by local systems as part of the effort toward meeting those requirements. The effective date of the standards is July 1, 2008.

Please contact your regional safety and training specialist if you have any questions concerning this policy.

SOURCE DOCUMENTS

1. Federal Transit Administration (FTA) Circular 9040.1F “Non-Urbanized Area Formula Program Guidance and Grant Application Instructions” effective April 1, 2007, Section X (see 49 U.S.C. Chapter 53 - Section 5329: Investigation of Safety Hazards)
2. 29 CFR 1910.1030(g)(2)-Bloodborne pathogens-Information and Training
3. 49 CFR 655.14-Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations-Education and Training Programs
4. 49 CFR 37.173-Americans with Disabilities Act-Training requirements

MSP/pta

Attachment: **Minimum Training Standards for Community and Human Service Transportation System Vehicle Operators**

Minimum Training Standards for Community and Human Service Transportation System Vehicle Operators

- **Defensive Driving**

- Shall include all vehicle operators, including any employees that operate the vehicles in revenue service or carry passengers for any other trip purpose;
- *Initial training must be a certified program, or curriculum must be equal to an existing certified program.*

- **Americans with Disabilities Act (ADA)**

- Shall include sensitivity to passenger needs, passenger assistance, wheelchair handling, proper securement (both passenger and mobility device) and proper use of wheel chair lift, including emergency operation.
- The ADA requires training all personnel to “proficiency”, which is defined as expert performance. All vehicle operators must be periodically evaluated (at least once per year after the probationary period is completed) to ensure that they are using all of the ADA equipment correctly, and providing proper passenger assistance. A ride check evaluation (“Driver Performance Evaluation”) form (including instructions for use) is available from the NCDOT/PTD Safety and Training Unit for this purpose. The Safety and Training staff uses the Ride Check Evaluation form during System Safety Program Plan Reviews.
- *Drivers that are not meeting proficiency must be given remedial training until they are proficient.*

- **Bloodborne Pathogens**

- Shall follow the Occupational Safety and Health Administration guidelines for the training as listed in Standard 29 CFR 1910.1030(g)(2)
- The OSHA Standard spells out the content of the training.
- *Training must be done annually (OSHA requirement).*

- **Emergency Procedures for Vehicle Operators**

- Shall include all procedures (communication and notification, passenger handling, vehicle evacuation, etc.), use of equipment (web cutters, fire extinguishers, etc.) and protocols (radio communication, after accident reporting, etc.) required by the local system.
- *Participation in local or regional Emergency Management drills is strongly encouraged.*

- **Illegal Drug Use**

- Shall include all training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. *This shall be done upon hire.* (Required under 49 CFR 655.14)

- **General**

- All new hires must have all of the training completed as soon as possible, but no later than ninety (90) days of hire. New hires must complete Defensive Driving and ADA training prior to starting revenue service.
- *Refresher training must be done annually.*
- All of the training materials must be on file for review by the NCDOT/PTD. Materials shall include but not be limited to course outline (may be included in instructor's manual), instructor's manual, sample student manual (if one is used), handouts and copy of Power Point slides if used in lieu of instructor's manual.
- Records of training performed (for each individual trained) must be kept on file for a minimum of five (5) years. Records shall include proof of attendance (roster or certificate of completion, if provided), date of the course, and type of instruction delivery (instructor led, self-instruction, etc.), name and certification (if applicable) of instructor
- The system must make a periodic, but no less than annual evaluation of each driver's performance of the techniques, skills or knowledge required under each of the categories and provide refresher or remedial training as needed, in addition to the scheduled training.

PERFORMANCE EVALUATION POLICY

This administrative policy was adopted by the Cumberland County Community Transportation Program

- *Frequency:* Each Community Transportation Program driver will have a ride check evaluation no less than bi-annually. New drivers require three evaluations within the first year of employment. The first evaluation is due within three months, the second at six months, and the third at one year from the hiring date. Periodic or special performance evaluations are subject to determination by his or her supervisor or the Transportation Program Coordinator.
- *Responsibility:* Each Community Transportation Program driver will be evaluated by his or her immediate supervisor or the Transportation Program Coordinator.
- *Documentation Required:* Each Community Transportation Program driver's completed evaluation sheet will be personally reviewed with him/her by the immediate supervisor or higher authority. Both the supervisor and the employee will sign and date the evaluation sheet in the appropriate places. The employee may attach comments to explain or clarify any points made in the evaluation. It will then be filed in the subject employee's training record in a confidential manner.

Evaluation results will be the basis for promotion, salary actions, demotions, suspensions, dismissals, and other such actions.

All performance appraisals are maintained in a secure manner.

EMPLOYEE CONDUCT POLICY

This administrative policy was adopted by the Cumberland County Community Transportation Program.

No employee of the Cumberland County Community Transportation Program shall have the authority to make statements on behalf of the Cumberland County Community Transportation Program without prior approval of the Transportation Program Coordinator. All employees shall conduct themselves in such a manner which shall bring credit to the Cumberland County Community Transportation Program or to the particular transportation contractor to which the employee is employed.

Behavior of any employee which may affect the safety and well being of other employees of the Cumberland County Community Transportation Program or contracted company, or to clients served by the Cumberland County Community Transportation Program or contractor, shall be cause for disciplinary action, whether or not such behavior relates to proper performance of the employee's job.

TRAINING PROGRAM FOR DRIVERS

| <u>COURSE</u> | <u>FREQUENCY</u> |
|--|-------------------|
| • Ride Check: Driver Evaluation | Annually |
| • Defensive Driving | Annually |
| • Americans with Disabilities Act (ADA) | Annually |
| • Blood-borne Pathogens | Annually |
| • Emergency Procedures for Vehicle Operators | Annually |
| • Illegal Drug Use | Annually |
| • First Aid | Annually |
| • CPR | Every three years |

BACKING PROCEDURES

Vehicle backing is strongly discouraged unless it is absolutely necessary. The following procedures are suggested in the event that an operator is required to use the reverse gear:

- Except for backing out of a parking stall, drivers should only back a vehicle when it is absolutely necessary. If it becomes necessary to back the vehicle while the vehicle is in service, a driver should use an adult as a spotter. The spotter should not be asked to exit the vehicle because that can cause the spotter to be vulnerable to injury. Use of a spotter does not relieve the driver of the responsibility to back the vehicle safely.
- Before backing, check carefully in all directions including the rear of the vehicle.
- Turn on the four-way flashers.
- Begin honking the horn (if the vehicle does not have a working 'backing-up' alarm) and continue to give short continuous beeps on the horn while in motion.
- As a rule when stopping in traffic, stop far enough back to see the rear tires on the vehicle ahead. This allows a driver the ability to go around a stalled vehicle on the left or right if necessary without the need to reverse direction. This procedure does not always work but it is another good example of how to avoid backing.
- Be sure to stay out of intersections and crosswalks until they are free to traffic. Do not get into positions where backing a large vehicle becomes necessary.
- If the view is obstructed and the driver is in doubt, he or she should exit the vehicle (if it is reasonable safe to do so) to check behind and around it.

CROSSING RAILROAD TRACKS

To insure that everyone arrives safely at their destination, consistently utilize the following procedures when approaching and crossing railroad tracks:

- Upon approaching the railroad crossing, proceed into the far right lane.
- Turn on the four-way flashers 100 feet before reaching the tracks the vehicle must stop behind the white line (if a line is present) and not in the path of the crossing barrier.
- Turn off heaters, fans, radios, etc. so that you can hear a train. If necessary, ask passengers to remain silent during the crossing.
- Open the door completely and listen for an approaching train or (if driving a van) open the window completely and listen.
- Look in both track directions as you listen for an approaching train.
- When you can conclude that no train is approaching, close the door (watching the door while it is closing) or window.
- Check your left mirror for traffic.
- Proceed slowly over the tracks to avoid damage to the vehicle.
- Turn off the four-way flashers after the vehicle is past the tracks.

DEALING WITH BRAKE FAILURE PROCEDURES

The guidelines below can assist you in safely maneuvering your vehicle during brake failure:

- Do not force the brake to the floor; you will destroy any chance of rebuilding pressure.
- Gently pump the brake pedal to see if you can restore pressure.
- Sound your horn and flash your lights to alert other drivers.
- Shift to the lowest gear possible.
- Remain calm and guide your vehicle into an environment where you can slow the vehicle and bring it to a natural stop.
- Look for an outlet. Can you use a natural upgrade to slow the vehicle? Is there a large open parking lot that you can coast across?
- Do not pull the parking brake – you could put the vehicle in a tailspin. As an exception in vans or small buses, it may be necessary to use emergency brake but you should control the release with your hand to prevent the brake from locking.
- Do not permit the wheels to lock until the vehicle has stopped.

EN-ROUTE PROCEDURES

- Depart on time and stay on schedule, but never at the expense of passenger safety.
- Drive safely and smoothly. Operate at all times on compliance with applicable traffic regulations, ordinances, and laws of the jurisdiction in which the vehicle is being operated.
- Avoid lengthy conversations with passengers, since conversations can distract a driver from safely operating the vehicle.
- Mobile cellular phones must not be used while the vehicle is in motion. If a call must be made or received, the driver must pull over to a safe area and stop the vehicle.
- A vehicle with passenger doors in the open position should not be operated with passengers aboard. The doors should not be opened until the vehicle is stopped or at a railroad crossing. A vehicle with inoperable doors should not be operated with passengers aboard.
- During darkness, interior lighting and lighting of step-wells on vehicles should be sufficient for passengers to enter and exit safely.
- Passengers should not be permitted in the step-wells of the vehicle nor occupy an area forward of the standee line when the vehicle is in motion.
- Fueling the vehicle when passengers are being transported should be avoided unless it is necessary.
- When passengers are aboard, it is required that the driver to be secured to the driver's seat with a seat belt at all times while the vehicle is in motion. In addition, all wheelchairs must be secured properly and all passengers must use a seat belt.
- Vehicles should not be left unattended at any time when passengers are aboard.
- When transporting passengers, drivers should stop at all railroad crossings in compliance with North Carolina Statutes.

HELPING PASSENGERS WITH PERSONAL ASSISTANCE DEVICES

Use the following guidelines when you are interacting with a passenger who has special needs:

Assisting Passengers Who are Using Canes or Critters:

- Always ask the disabled passenger if you can assist her/him prior to assisting the passenger.
- Assist from the opposite side of the cane.
- Canes, walkers and other personal assistance devices should be stored so that they do not interfere with movement in the vehicle.
- Amputees should be seated in cool areas during hot weather.

Assisting Developmentally Disabled Passengers:

- Treat the passengers with respect.
- Be patient and repeat instructions when necessary.
- Be firm if they insist on doing something that will endanger you, them or the other passengers.

Assisting Hearing-Impaired Passengers:

- Look directly at them so they can see your lips.
- Talk normally (do not shout) and do not exaggerate your speech.
- Be prepared to repeat yourself.
- Get another person to talk to them if the passenger has trouble reading your lips.
- Use a pad and pencil when necessary.

Assisting Speech-Impaired Passengers:

- Do not hesitate to ask speech-impaired persons to repeat anything that you do not understand.
- Be patient; the passenger's speech condition may become more difficult to understand if the passenger is under stress.

Assisting Passengers with Visual Impairments:

- Do not touch the passenger until you tell them who you are and what you intend to do.
- Do not shout at the passenger.
- Before boarding the passenger, take their hand and show them the door openings as well as the seat and mention any hazards.
- When escorting the passenger, remain on the opposite side of their cane and have them hold your arm. Advise the passenger of any changes in ground texture or elevation level.
- When walking with a passenger, call out turns and maneuvers at least five (5) steps in advance.
- If the passenger uses a service animal, it may be helpful to learn the name of the animal for future reference. Avoid any abrupt movements toward the animal or the passengers. Never touch a service animal.
- Seat visually impaired passengers against vehicle walls when possible or seat the passengers in seats with arm rests in order to assist them in keeping their balance.

NIGHT TIME DRIVING PROCEDURES

Several hazards associated with night driving are list below:

- Reduced visibility
- Glare
- The need for increased reaction time
- An increased number of tired and intoxicated drivers

Procedures for driving at night:

- Inspect and clean your headlights, tail lights, windshield, clearance lights, reflectors and turn signals.
- Increase your space cushion by driving at a slightly slower speed than you usually would during the day.
- Turn your lights on early and avoid the glare of oncoming bright lights by watching the right edge of the roadway. If someone is needlessly using bright light, do not turn your bright lights on in response to their lights.
- Make sure that your speed does not overdrive your headlight visibility.
- Do not brake more than necessary. Use engine and lower gears to help you to slow down the vehicle when traction is poor.
- Keep the fuel tank at least half full.

TRANSPORTING ELDERLY PASSENGERS PROCEDURES

Use special care in serving elderly passengers:

- Dispatcher needs to be especially patient when giving elderly passengers information regarding vehicle routes and schedules.
- Give elderly passengers more time to get on or off the vehicle.
- Ask the elderly passengers if they would like your assistance before assisting them.
- If the elderly passenger refuses assistance, stay close to prevent them from tripping or falling.
- When assisting elderly passengers, do not put too much pressure on the passenger's arm.
- When letting elderly passengers on or off a vehicle, pull the vehicle close to the curb so the passenger will not have to step very far.
- Be sure elderly passengers do not sit too close to heaters or other such hazards.
- Elderly passengers may need to be reminded where/when to get off of the vehicle.
- Keep temperature controls warm in the winter and cool in summer.
- In cases of emergencies, drivers should notify dispatchers about possible health problems of elderly passengers.

WHEELCHAIR BOARDING METHODS

Your customers' safety will depend on more than just safely transporting them to their destination, their safety will also depend on how well you board and secure their wheelchairs. Several wheelchair boarding guidelines are indicated below:

- Roll the wheelchair onto the lift, making sure that the front wheels are inside the platform roll stop while the roll stop is in the upright position.
- Lock the brakes.
- If the passenger has the capability to do so, ask the passenger to hold on to the hand rails provided on the lift. If the passenger does not have the capability to hold onto the handrails, ask the passenger to hold his/her hands in his/her lap.
- Before operating the lift for boarding, ask the passenger if he/she is ready. Keep one hand on the lift controls. Ask the passenger if it is okay for you to rest your other hand lightly on the armrest of the wheelchair as the lift goes up while you stand on the ground; this will keep you alert to the stability of the chair while also providing the passenger with psychological comfort.
- Make sure that the lift is level with the floor before stopping. Be sure that there is a smooth surface created by the vehicle transition plate so that the wheelchair rolls smoothly over it and into the vehicle.
- From inside the vehicle, hold the wheelchair handle as you unlock the brakes. (Turn the power back on or engage the clutches of a motorized wheelchair if needed.)
- Make sure the passenger's head does not hit the ceiling upon entering the doorway.
- The ADA states that wheelchairs should always be secured facing the front of the vehicle, with the exception given to some older vehicles that are not yet appropriately equipped.
- The driver should never stand on the lift.

WHEELCHAIR LIFT AND SECUREMENT PROCEDURES

Always follow the guidelines below to ensure safe lift operation and passenger safety:

- Always inspect a lift prior to each use (look for loose nuts, bolts,)
- Before deploying a lift for use, safely park the vehicle on level ground, turn the engine off (unless otherwise specified by the manufacturer) and check for obstacles to avoid in area where lift is to be deployed. Make sure that hands, feet and clothing are away from folding parts of the lift.
- Only passengers and their mobility devices should ride the lift.
- When operating a lift with a passenger on it, allow the lift to go all the way up to floor level or down to the ground without stopping.
- Have the passenger use the handrails and never leave a passenger unattended on a lift.

Assisting Wheelchair Users on the Lift:

- Wheelchair users can choose to ride a lift either facing away from the vehicle or facing the vehicle. The preferred method is to have the passenger facing away from the vehicle because it positions the bulk of the weight where there is more structural support and allows the driver to pull the wheelchair into the vehicle or push the wheelchair onto the lift by the handgrips.
- In the preferred positions, the small front wheels of the wheelchair are less likely than the large back wheels of the wheelchair to roll over the platform roll stop.
- The preferred position also reduces the possibility of the passenger's feet or toes getting caught between the lift platform and the vehicle when the passenger is riding upward.

SECURING AN OCCUPIED WHEELCHAIR

To insure the safety of your passengers, consistently use good practices in handling wheelchairs:

- Always use a four point tie-down to the floor of vehicle.
- Tie-downs should be attached to the strongest part of the device which is the frame.
- Lap boards or metal and plastic trays attached to the chairs should be removed and secured.
- Liquid oxygen being transported should be securely mounted/fastened to prevent damage
- Aspirators, ventilators/other equipment must be securely mounted to wheelchair or vehicle.
- Never restrain a child's head separately such as with a headband attached to the back of the seat. Restraining a child's head separately can cause excessive strain on the child's neck. Many children now have special neck braces to support their head during transport.

EMPLOYEE TRAINING RECORD

NAME: _____

| Training | Date | Driver Initial | Supervisor Initial |
|-------------------------------------|------|----------------|--------------------|
| Orientation: | | | |
| Substance Abuse Policy | | | |
| Performance Evaluation Policy | | | |
| Employee Conduct Policy | | | |
| Trip logs | | | |
| Pre/Post-Trip Inspection logs | | | |
| Procedures Review | | | |
| Backing | | | |
| Railroad Crossing | | | |
| Brake Failure | | | |
| En Route | | | |
| Assisting Passengers | | | |
| Night Time Driving | | | |
| Elderly Passengers | | | |
| W/C Boarding | | | |
| W/C Lift and Securement | | | |
| Emergency Equipment Training | | | |
| Fire Extinguisher | | | |
| Bloodborne Pathogens Kit | | | |
| Emergency Triangle | | | |
| CPR/First Aid | | | |
| Webcutter | | | |
| | | | |
| Training: | | | |
| Defensive Driving | | | |
| American Disabilities Act | | | |
| Bloodborne Pathogens | | | |
| Emergency Procedures | | | |
| Illegal Drug Use | | | |
| First Aid | | | |
| CPR | | | |
| | | | |
| Ride Checks: | | | |
| | | | |
| | | | |
| | | | |

Employee's Signature: _____

Director's Signature: _____

RIDE CHECK: DRIVER EVALUATION

Date of Evaluation: _____

Driver's Name: _____

Evaluator's Name/Position: _____

Passenger Reception

1. ☐ Confirms identity/destination of passenger
2. ☐ Present at entry door while boarding
3. ☐ Greets passenger in a friendly manner
4. ☐ Uses proper assistance techniques
5. ☐ Assists passengers to and from the vehicle door if needed
6. ☐ Stops proper distance from curb
7. ☐ Avoids use of AM/FM radio
8. ☐ Uses correct ADA language at all times

Vehicle Condition

1. ☐ Daily pre-trip inspection complete/documented
2. ☐ Web cutter and emergency triangles are available
3. ☐ Registration and insurance card in vehicle
4. ☐ Driver's license/logs with driver
5. ☐ Vehicle exterior clean
6. ☐ Vehicle interior clean
7. ☐ Dashboard/windshield area clear of all objects
8. ☐ Tie downs properly employed
9. ☐ Tie downs clean/ stowed in box
10. ☐ Seat belts in good working condition
11. ☐ Fire extinguisher is available, serviceable, properly mounted/tagged
12. ☐ First Aid/Bloodborne pathogen kit available in vehicle
13. ☐ Flash light working (if applicable)
14. ☐ Communications system operable
15. ☐ Child seat used/stowed properly
16. ☐ Daily defect report filled out
17. ☐ Lift operational check
18. ☐ Keeps logs up to date

Performance While Enroute

1. ☐ Driver uses correct posture when driving
2. ☐ Both hands on steering wheel
3. ☐ Appropriate uniform/footwear
4. ☐ Driver and passengers use seatbelts
5. ☐ Driver gets out of vehicle and looks before backing
6. ☐ Adjust mirrors before moving vehicle
7. ☐ Signals entry into traffic every time
8. ☐ Moves vehicle smoothly while slowing braking and stopping

9. ☐ Telegraphs use of brake or flashers when stopping
10. ☐ Squares corners when turning
11. ☐ Moves at appropriate speeds for current road conditions
12. ☐ Maintains following distance safety zone (4 seconds)
13. ☐ Uses proper caution at intersections
14. ☐ Anticipates stale green lights (slows down)
15. ☐ Seats passengers properly
16. ☐ Stops at all railroad crossings
17. ☐ Comes to a complete stop, leaving private property
18. ☐ Uses proper lane changing procedure
19. ☐ Stops behind line or plane at intersections
20. ☐ Observes proper communication procedures
21. ☐ Uses turn signals properly
22. ☐ Maintains order in vehicle
23. ☐ Maintains scheduled stops and pick-ups
24. ☐ Avoids unauthorized stops
25. ☐ Uses four second distance rule, adds seconds to following distance when driving conditions change (keep safety cushion)

Passenger Discharge

1. ☐ Uses parking brake when de-boarding passengers
2. ☐ Stops proper distance from curb
3. ☐ Assist passengers off vehicle (when needed or when passengers request help)
4. ☐ Renders adequate assistance to wheelchair passengers
5. ☐ Advises supervisor when leaving vehicle and upon return to vehicle
6. ☐ Makes sure passenger is safely inside of destination before leaving property
7. ☐ Follows passengers instruction for assistance when needed

Comments _____

Course of Action (required/taken) _____

Driver's Signature _____

Date _____

Evaluator Signature _____

Date _____

Driver's Comments _____

RIDE CHECK

DRIVER PERFORMANCE EVALUATION EXPLANATION

PASSENGER RECEPTION

The Driver...

1. Asks the name of the passenger and the destination before boarding, unless the passenger is a subscription rider.
2. Is available at the door to assist the passenger on or off the vehicle (if needed).
3. Acts courteously, offers help by asking, "may I help" or "how may I help you?"
4. Follows guidance from the passenger, if help is needed.
5. Uses the passenger's instructions to assist in boarding and exiting the vehicle, if needed.
6. Stops the vehicle six (6) inches or four (4) feet from curb to keep passengers from falling off the vehicle as they load and unload. (This depends on the stopping or parking situation.)
7. Uses AM or FM radio only when passengers are not aboard, then only for the news and weather forecast.
8. Uses correct language under ADA guidelines.

VEHICLE CONDITION

The Driver...

1. Performs a pre-trip inspection and completely fills out the pre-trip inspection form before starting the first run of the day.
2. Ensure registration and insurance cards are current and available.
3. Has driver license in possession and current route logs on person at all times.
4. Vehicle is clean on exterior.
5. Vehicle is kept clean inside at all times.
6. Nothing is on the dashboard, rear view mirror, or sun visors that could create a hazardous situation.
7. Safely attaches tie down straps into floor tracks, and use the four-point tie down on wheelchairs.
8. Removes tie downs from floor after each use. Stores tie down straps in their proper place.
9. Seat belts/tie down straps are not tangled, missing or broken.
10. Checks fire extinguisher for serviceability and expiration date.
11. Checks the first aid and Bloodborne Pathogen Kits regularly and re-supplies when needed.
12. Ensures web cutter and emergency triangles are available.
13. Checks batteries daily to make sure flashlight is usable.
14. Tests the two-way radio and/or other communication device for operability.
15. Child seats are placed in vehicle properly.
16. Fills out daily defect report correctly.
17. Keeps logs up to date as trip is completed for each passenger.

PERFORMANCE ENROUTE

The Driver...

1. Does not slouch in the seat while driving. Arms are not on or out of the window frame.
2. Both hands are on the steering wheel at the 9 and 3 or the 10 and 2 position. Gets the big picture.
3. Clothing should be appropriate for job.
4. Uses seat belt correctly and requires correct use of seat belt for all passengers.
5. Gets out and looks behind vehicle, for obstacles, before backing.
6. Adjusts mirrors before leaving base (for safety and visibility). Keeps eyes moving.
7. Uses signals for all maneuvers in traffic. Leaves an out.
8. Does not jerk the vehicle when stopping and starting. Uses the brakes without stomping or slamming (stops vehicle smoothly).
9. Presses the brakes slightly to warn tailgaters to slow down or uses flashers when coming to a quick stop.
10. Does not whip around corners. Slows down to 2 to 5 miles per hour when turning corners. Positions vehicle for proper safe turns. (Squares the corner.)
11. Does not travel too slow or too fast for conditions on the road or for the posted speed limit.
12. Does not enter intersection without proper caution, uses the four second rule. Keeps safety cushion under control.
13. Slows down when green light has been green for sometime at a distance.
14. Checks mirrors, looks over shoulder, signals, moves into passing lane, signals and returns to proper lane.

Leaves *(himself/herself)* an out.

15. Signals at proper distance for an intended turn. Cancels signal when maneuver is completed.
16. Does not allow profanity or misbehavior in the vehicle.
17. Keeps on schedule safely but does not jeopardize safety for schedule.
18. Only transports passenger on route schedule. No unauthorized passengers or stops.
19. Maintains a safe distance when following some one in all weather conditions.
20. Stops at railroad crossings.

PASSENGER DISCHARGE:

The Driver...

1. Uses parking brake when loading or unloading passengers.
2. Stops the vehicle 6 inches to 4 feet from curb to discharge passengers. Assists passenger off vehicle.
3. Assists all passengers as required.
4. Advises dispatcher of absence from vehicle and advises dispatcher of return to vehicle.
5. Does not leave elderly and disabled passengers unattended. Makes sure they are in the hands of caretakers or inside their homes/destinations before driver leaves the property (case by case judgments).

MANAGEMENT REVIEWS

The Community Transportation Program Coordinator will provide oversight on employee training quarterly. Oversight may be provided through reports submitted to the Transportation Program Coordinator by the contracted company, or through an office visit from the Transportation Program Coordinator to review records. Each employee should have a separate file which shall contain their training records, ride checks, and other employee information as it pertains to this program. Each vehicle should have a separate file which contains the pre-trip and post-trip records. The Transportation Program Coordinator will verify the contractor's compliance with FTA and NCDOT regulations and policies.

SAFETY DATA ACQUISITION/ANALYSIS

Review the attached questionnaire (sections 3.1 thru 3.29) from the Public Transportation Division Standard Operating Procedure SSPP-001, dated April 17, 2007. Ensure that you address all of the applicable areas listed.

SAFETY DATA ACQUISITION/ANALYSIS

DESCRIPTION OF ELEMENT

Understanding safety data is an important step toward allocating important (and often scarce) resources to implement safety program elements. Safety data relative to transit provider operations can be used to determine safety trends in system operation. The data include information gathered from within the system on safety-related events such as passenger injuries or claims, employee injuries, accidents, incidents, and preventability. Driver reports (sometimes called logs) can be an important source of safety problems, such as dangerous stop locations, problems with vehicle equipment, safety problems with the route, and other issues. The data is useful in a formal hazard identification and resolution process to help identify hazards before they cause accidents. The data may also help improve system performance, not only in respect to safety, but also in overall delivery of service to the riding public. In addition, trend analyses of safety data can help determine the effectiveness of safety initiatives that have been implemented.

- A. One of the most important services the safety unit provides for the transit organization is the collection, maintenance, and distribution of safety data relative to system operation.
 - Includes information gathered from within the system on various operating events relative to safety.
- B. Analysis of this system specific data can be used to determine trends and patterns in system operation.
- C. Used as part of the Hazard Resolution Process, data collection and analysis can be used to identify hazards before they cause accidents.
 - This is done by techniques such as trend analysis and thus become a vital component of efforts to improve system performance, not only in respect to safety but also in overall delivery of service to the riding public.
- D. The responsibilities for providing, receiving, processing and analyzing data should be listed here and can be general or specific, based on the needs of the transit system.

SAFETY PLAN PURPOSE

A System Safety Plan has many beneficial purposes for your employees and passengers. A plan provides:

- A documented approach to accomplishing a system safety program.
- A means of providing safety policies and procedures to drivers, vehicle maintenance, office and personnel.
- A way to reduce accidents and injuries through preventative measures.

SAFETY OBJECTIVES

In the transit environment, when properly applied, system safety:

1. Ensures safety is addressed during system planning, design and construction
2. Provide analysis tools and methodologies to promote safe system operation through the identification of safety hazards and the implementation of technology, procedures, training, and safety devices to resolve these hazards

TRANSIT SYSTEM SAFETY PHILOSOPHY

NCDOT Safety Philosophy Statements

A Safety Philosophy is part of the North Carolina Department of Transportation (NCDOT) mission. North Carolina public transit systems can uphold this mission by acknowledging and implementing the NCDOT safety philosophy statements shown below:

- ❖ All accidents and injuries can be prevented.
- ❖ Management/supervisors are responsible, and will be held accountable, for preventing injuries and occupational illnesses.
- ❖ Occupational safety and health is part of every employee's total job performance.
- ❖ Working safely is a condition of employment.
- ❖ All workplace hazards can be safeguarded.
- ❖ Training employees to work safely is essential and is the responsibility of management/supervision.
- ❖ Preventing personal injuries and accidents is good business.

SAFETY GOALS - EXAMPLE

As a public transportation provider in North Carolina, transit systems should utilize and uphold statewide safety goals. These goals include:

- ❖ Instilling a safety attitude and a safe work place/customer service environment
- ❖ Establishing a commitment to safety
- ❖ Developing and maintaining a comprehensive, structured safety program
- ❖ Developing and maintaining safety standards and procedures
- ❖ Providing formalized safety training
- ❖ Reducing accident and injury rates
- ❖ Selecting equipment that promotes and enhances safety
- ❖ Safeguarding hazards
- ❖ Making necessary changes in the system to uphold safety
- ❖ Establishing an incentive/reward program that rewards safe employee practices
- ❖ Increasing employee safety awareness
- ❖ Applying new research and development in safety efforts
- ❖ Meet NCDOT/PTD minimum training standard
- ❖ Creates a proactive transit safety culture that supports employee safety and safe system operation through motivated compliance with agency rules and procedures and the appropriate use and operation of equipment

SAFETY RESPONSIBILITIES – SPECIFIC POSITIONS

Transportation Program Coordinator

- Provides oversight of training for employees and supervisory personnel directly related to avoiding a possible injury or illness.
- Responsible for submitting a copy of Accident/Incident Reports to NCDOT/PTD Safety & Training Unit.
- Provides oversight and evaluates effectiveness of the safety program.

Contract Owners

- Have a thorough knowledge of the System Safety Policy.
- Provides a safe work place.
- Locates and provides instruction and training to drivers so that they conduct their job in a safe manner.
- Enforces safety rules and regulations.
- Initiates immediate corrective action where unsafe conditions or practices are found.
- Properly notifies the Transportation Program Coordinator of all accidents and incidents.
- Develops goals established for the safety program, with progress toward those goals measured on a quarterly basis.
- Investigates accidents and incidents, and writes reports on actions taken to prevent recurrence of accidents, including actions taken against individual violators of safety rules and practices.
- Maintains records as necessary to comply with laws and objectives of the safety program. These records should include:
 - Copies of Report of Injury or Accident
 - Safety Meetings Reports

Employees

- Abides by the safety rules and regulations.
- Has regard for the safety of fellow workers and clients at all times.
- Reports any unsafe condition to the Contract Owner.
- Contributes ideas and suggestions for improving the safety of conditions or procedures to the Contract Owner.
- Uses individual knowledge and influence to prevent accidents.
- Attends safety training and safety meetings.
- Reports accidents and injuries to the Contract Owner immediately.

It is the responsibility of each driver to abide by all rules and regulations and to comply with all laws pertaining to safety and health in the workplace. **It is the responsibility of each Contract Owner to provide explicit instructional and procedural safety training for each employee.** Safety becomes a shared responsibility between management and the employee, and working safely is a condition of employment.

All drivers are required to attend safety meetings. Safety meetings involve employees in the Safety Program and are very useful ways of training employees. Safety meetings are used to present information, discuss problems and new ideas and discuss recent accidents and injuries. Safety meetings shall include, but shall not be limited to, the following:

1. Practicing safe driving procedures and avoiding accidents or incidents.
2. Reporting promptly and in writing, to your supervisor, all injuries and illnesses associated with the jobs.
3. Working under the influence of alcohol or illegal drugs is specifically forbidden. Use of prescription drugs, which may affect your alertness or work abilities, shall be reported to the contract owner (49 CFR parts 40, 653, and 654).

RELATIONSHIP BETWEEN SYSTEM SAFETY AND SYSTEM OPERATIONS

Designated Safety Official (*Contract Owner*)

The Contract Owner is the individual who is directly responsible for implementing the System Safety Program. It is their basic responsibility to plan and conduct safe operations. **It is also their duty and responsibility to fully orient and instruct all employees in safe practices and procedures.** The Contract Owner is specifically charged with the following responsibilities for the System Safety Program:

- Have full knowledge of all standard and emergency operating procedures;
- Perform safety audits of operations;
- Ensure that employees make safety a primary concern;
- Actively investigate all incidents and accidents;
- Prohibit unsafe conduct and conditions;
- Conduct safety meetings which are a vital part of safety atmosphere;
- Listen and act upon any safety concerns raised by employees;

BLOODBORNE PATHOGENS/INFECTION CONTROL

If a bio-hazardous spill occurs as part of a vehicular accident, then first aid for injured passengers should be the first priority, along with notification of appropriate medical assistance personnel. Bio-hazardous spills may also occur from an on-vehicle injury without a vehicular accident. Again, first aid provision comes first. Additionally, a bio-hazardous spill may occur as a result of vomiting or loss of bladder control, in which case, first aid is normally not necessary. However, anytime the driver does administer first aid, latex gloves and other personal protective equipment should be used.

Contaminated items should be carefully placed in the designated bio-hazard disposal bag.

Following first aid administration, where necessary, the vehicle must be cleared of the spill. The following steps should be followed:

1. Put on a new pair of latex gloves;
2. Contain the spill as best as possible with paper towels and/or solidifying powder
3. Clean up spill with paper towels, or if a solidifying powder is used, use a dustpan and brush.
4. Clean area of spill with the cleaning or decontamination solution and wipe with paper towels and/or fresh solidifying powder.
5. *Place all items used to clean spill into bio-hazardous waste disposal bag.*
6. If the exterior of the disposal bag has not been contaminated by the spill, then remove both Latex gloves and place them in the disposal bag, and seal the bag.
7. If the exterior of the bio-hazardous waste disposal bag has been contaminated by the spill, seal the bag and place inside another bag.
8. *Upon return to home base, place the plastic bag(s) into the designated disposal container.*
9. Management will have it disposed of by an appropriate medical hazard disposal organization for proper ultimate destruction.

SAFETY MEETING REPORT
(MONTHLY, BI-MONTHLY OR QUARTERLY)

Date: _____

Address: _____

Meeting Leader: _____

Attendance should be documented.

Other Persons Present: _____

Formal Presentation (Name of presenter and topic): _____

Other Subjects Discussed: _____

Reports on Weekly Meetings: _____

Employees' Comments/Suggestions: _____

Contracted Owner's Signature _____

MANAGEMENT REVIEWS

The Community Transportation Program Coordinator will provide oversight on accident/incident reporting and safety training quarterly. Oversight may be provided through reports submitted to the Transportation Program Coordinator by the contracted company, or through an office visit from the Transportation Program Coordinator to review records. In the case of any accident/incident, the Transportation Program Coordinator should be notified immediately. The contractor must submit police reports if applicable, and document the investigation completed to verify if the accident/incident could have been avoided. The Transportation Program Coordinator will verify the contractor's compliance with FTA and NCDOT regulations and policies.

DRUG AND ALCOHOL ABUSE PROGRAMS

Review the attached questionnaire (section 4.1) from the Public Transportation Division Standard Operating Procedure SSPP-001, dated April 17, 2007. Ensure that you address all of the applicable areas listed.

DRUG AND ALCOHOL POLICY

Purpose

To establish guidelines that ensures a safe, healthy and productive drug-free work environment for the contracted employees of the Community Transportation Program.

Scope

This policy affects and applies to all contracted employees of the Community Transportation Program.

Administration

The Transportation Program Coordinator will administer this policy.

Drug and Alcohol Program

“Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations,” as implemented by 49 CFR Part 655 (August 2001), as amended, and to be read in conjunction with 49 CFR Part 40, requires all subrecipients receiving Federal Transit Administration funds under Capital Grant, Urbanized Area Formula Grant, or Non-Urbanized Area Formula Grant Programs to have a drug and alcohol testing program in place for all safety sensitive employees.

In addition, the U.S. Department of Transportation has issued 49 CFR Part 40, *“Procedures for Transportation Workplace Drug and Alcohol Testing Programs,”* which prescribes testing methods to be followed.

Certification must be signed by the subrecipient's governing board or other authorized individual or body in compliance with the above. Failure to certify compliance with the drug and alcohol rules will result in jeopardizing federal funding from FTA. In addition, an FTA grant recipient is subject to criminal sanctions and fines for false statements or misrepresentation under Section 1001 of Title 18 of the U.S. Code.

Drug and Alcohol Regulations

NCDOT subrecipients of specific Federal Transit Administration (FTA) funding must establish and maintain a Drug and Alcohol Testing Program in accordance with 49 CFR §655, and in consonance with 49 CFR Part 40.

To ensure compliance with FTA Drug and Alcohol Testing Program requirements public transportation providers must:

- Establish an anti-drug use and alcohol misuse program as outlined in 49 CFR § 655.11-12;

- Establish an education and training program for all covered employees as outlined in 49 CFR § 655.14;
- Establish and provide written notice to every covered employee, of the employer's anti-drug and alcohol misuse program policy, in accordance with 49 CFR § 655.15 - 17;
- Establish a program that provides testing for prohibited drugs as outlined in 49 CFR § 655.21;
- Establish a program that provides testing for alcohol as outlined in 49 CFR § 655.31-35, and in conjunction with 49 CFR Part 40;
- Comply with the testing requirements as detailed in 49 CFR § 655.41-62;
- Maintain in a secure location, with controlled access, all records of its anti-drug and alcohol misuse program as detailed in 49 CFR § 655.71, and in accordance with records disclosure instructions provided in 49 CFR § 655.73; and
- Annually prepare, maintain, and electronically complete and submit a Drug and Alcohol Management Information System (DAMIS) Report reflecting the results of its anti-drug and alcohol misuse testing programs performed for the previous calendar year. Transit agencies complete this report electronically. The NCDOT/PTD will provide DAMIS Report preparation instructions, along with a transit agency user ID# and Password to all FTA Section 5311 *subrecipients*, upon receipt from FTA.

To ensure NCDOT subrecipient compliance with FTA mandated Drug and Alcohol Testing Program and the Drug-Free Workplace requirements, the NCDOT:

- Periodically reviews each transit agency's Drug and Alcohol Program Policy for compliance;
- Conduct on-site visits to review all aspects of each transit agency's Drug and Alcohol Program that cannot be accomplished via desktop audit, such as compliance with program management requirements, records maintenance and storage review, ensuring that all applicable Drug and Alcohol Program regulations are readily available, reviewing documentation of employee training, collector compliance with regulations, and reviewing any other program compliance requirements;
- Provide technical assistance in all matters pertaining to transit agency Drug and Alcohol Program management as requested, or deemed to be appropriate;
- Provide employee/supervisor training, such as "Reasonable Suspicion Referral for Supervisors" and other program related training as available/required;

- Monitor transit agency Drug and Alcohol program management activities via accessing and reviewing the 3rd Party Administrator (TPA) Website;
- Monitor collection sites for compliance with FTA Drug and Alcohol Testing Program requirements;
- Coordinate efforts that would eventually allow individual transit agencies to review their Drug and Alcohol Testing Program activities via accessing the current TPA website;
- Collect, compile, and review all data necessary to validate each transit agency's Drug and Alcohol Management Information System (DAMIS) Report. Each transit agency prepares this report electronically. The NCDOT reviews each report and then electronically forwards the data to FTA prior to March 15 of each year.

Drug-Free Workplace Act

The Drug-Free Workplace Act of 1988, as well as Section 44-107-30, S.C. Code of Laws (1976), as amended, requires all grantees receiving grants from any state agency to certify they will maintain a drug-free workplace.

Policy

DRUG AND ALCOHOL TESTING POLICY **Cumberland County Community Transportation Program** **Adopted as of [MONTH DD, YEAR]**

A. PURPOSE

- 1) The Cumberland County Community Transportation Program provides subscription and demand response services for the residents of Cumberland County. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of contracted drivers and the general public. In keeping with this mission, the Cumberland County Community Transportation Program declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all contracted drivers.
- 2) Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation

has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.

- 3) Any provisions set forth in this policy that are included under the sole authority of the Cumberland County Community Transportation Program and are not provided under the authority of the above named Federal regulations are underlined.

B. APPLICABILITY

This Drug and Alcohol Testing Policy applies to all safety-sensitive contracted employees (full- or part-time) when performing safety sensitive duties. A safety-sensitive function is operation of a revenue service vehicle (whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, dispatchers or person controlling the movement of revenue service vehicles. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions who perform one or more of the above mentioned duties is provided in Attachment A. Contracted owners are only safety sensitive if they perform one of the above functions.

C. DEFINITIONS

Accident: An occurrence associated with the operation of a vehicle even when not in revenue service, if as a result:

- a. An individual dies;
- b. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- c. One or more vehicles incur disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, *disabling damage* means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Adulterated specimen: A urine specimen containing a substitute that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration.

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration: Expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device.

Aliquot: A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

Canceled Test: A drug test that has been declared invalid by a Medical Review Officer. A canceled test is neither positive nor negative.

Confirmatory Drug Test: A second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the initial test and which uses a different technique and chemical principle from that of the initial in order to ensure reliability and accuracy.

Confirmatory Validity Test: A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

Covered Employee: A contracted employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function (See Attachment A for a list of covered employees).

Designated Employer Representative (DER): An employee authorized by the County of Cumberland to take immediate action to remove contracted employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

Department of Transportation (DOT): Department of the Federal Government which includes the, Federal Transit Administration, Federal Railroad Administration, Federal Highway Administration, Federal Motor Carriers' Safety Administration, Research and Special Programs, and the Office of the Secretary of Transportation.

Dilute specimen: A urine specimen with creatine and specific gravity values that are lower than expected for human urine.

Disabling damage: Damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT): A Device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations. Approved devices are listed on the National Highway Traffic Safety Administration (NHTSA) conforming products list.

Initial Drug Test: An immunoassay test to eliminate "negative" urine specimens from further consideration and to identify the presumptively positive specimens that require confirmation or further testing.

Invalid Result: The result reported by a laboratory for a urine specimen that contains an unidentified adulterant, contains an unidentified interfering substance, has an abnormal physical characteristic, or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing testing or obtaining a valid drug test result.

Limit of Detection (LOD): The lowest concentration at which an analyte can be reliably shown to be present under defined conditions.

Medical Review Officer (MRO): A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute: A drug test result which is negative for the five drug/drug metabolites but has a specific gravity value lower than expected for human urine.

Negative test result: The verified presence of the identified drug or its metabolite below the minimum levels specified in 49 CFR Part 40, as amended. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result: A urine specimen that is reported as adulterated, substitute, invalid, or positive for drug/drug metabolites.

Oxidizing Adulterant: A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or metabolites, or affects the reagents in either the initial or confirmatory drug test.

Performing (a safety-sensitive function): A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive test result: A verified presence of the identified drug or its metabolite at or above the minimum levels specified in 49 CFR Part 40, as amended. A positive alcohol test result means a confirmed alcohol concentration of 0.04 BAC or greater.

Prohibited drug: Identified as marijuana, cocaine, opiates, amphetamines, or phencyclidine at levels above the minimum thresholds specified in 49 CFR Part 40, as amended.

Revenue Service Vehicles: All contracted vehicles that are used for passenger transportation service or that require a CDL to operate. Include all ancillary vehicles used in support of the transit system.

Safety-sensitive functions: Contracted employee duties identified as:

- (1) The operation of a revenue service vehicle even when the vehicle is not in revenue service.
- (2) The operation of a non-revenue service vehicle by a contracted employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL).
- (3) Maintaining a revenue service vehicle or equipment used in revenue service.
- (4) Controlling the movement of a revenue service vehicle.

Substance Abuse Professional (SAP): A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and other Drug Abuse) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen: A urine specimen with creatinine and specific gravity values that are so diminished that they are not consistent with normal human urine.

Test Refusal: The following are considered a refusal to test if the employee:

- (1) Fails to appear for any test (excluding pre-employment) within a reasonable time, as determined by the Community Transportation Program Coordinator, after being directed to do so by the Contracted Owner
- (2) Fails to remain at the testing site until the testing process is complete

- (3) Fails to provide a urine or breath specimen for any drug or alcohol test required by Part 40 or DOT agency regulations
- (4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of your provision of a specimen
- (5) Fails to provide a sufficient amount of urine or breath when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure
- (6) Fails or declines to take a second test the employer or collector has directed you to take
- (7) Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures
- (8) Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process)
- (9) If the MRO reports that there is verified adulterated or substituted test result
- (10) Failure or refusal to sign Step 2 of the alcohol testing form
- (11) Failure to follow the observer's instructions during an observed collection including instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
- (12) Possess or wear a prosthetic or other device that could be used to interfere with the collection process
- (13) Admit to the collector or MRO that you adulterated or substituted the specimen.

Verified negative test: A drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test: A drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing: The evaluation of the specimen to determine if it is consistent with normal human urine. Specimen validity testing will be conducted on all urine specimens provided for testing under DOT authority. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

D. EDUCATION AND TRAINING

- 1) Every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.
- 2) All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.
- 3) Information on the signs, symptoms, health effects, and consequences of alcohol misuse is presented in Attachment B of this policy.

E. PROHIBITED SUBSTANCES

- 1) Prohibited substances addressed by this policy include the following.
 - a. Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1300.11 through 1300.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Also, the medical use of marijuana, or the use of hemp related products, as which cause drug or drug metabolites to be present in the body above the minimum thresholds is a violation of this policy

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all covered employees be tested for marijuana, cocaine, amphetamines, opiates, and phencyclidine as described in Section H of this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

- a. Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to the Contracted Owner and the employee is required to provide a written release from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.
- b. Alcohol: The use of beverages containing alcohol (including any mouthwash, medication, food, candy) or any other substances such that alcohol is present in the body while performing safety-sensitive job functions is prohibited. An alcohol test can be performed on a covered employee under 49 CFR Part 655 just before, during, or just after the performance of safety-sensitive job functions. Under the Cumberland County Community Transportation Program authority, an alcohol test can be performed any time a covered employee is on duty.

F. PROHIBITED CONDUCT

- 1) All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body above the minimum thresholds defined in 49 CFR PART 40, as amended.
- 2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline.
- 3) The Cumberland County Community Transportation Program shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol.
- 4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.02 or greater regardless of when the alcohol was consumed.
- 5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- 6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

- 7) The Cumberland County Community Transportation Program under its own authority also prohibits the consumption of alcohol all times employee is on duty, or anytime the employee is in uniform.
- 8) Consistent with the Drug-free Workplace Act of 1988, all Cumberland County Community Transportation Program contracted employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including Transit Department premises and transit vehicles.

G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all employees are required to notify the Cumberland County Community Transportation Program management and Contracted management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q.7 of this policy.

H. TESTING REQUIREMENTS

- 1) Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49CFR part 40 as amended. All covered employees shall be subject to testing prior to performing safety-sensitive duty, for reasonable suspicion, following an accident, and random as defined in Section K, L, M, and N of this policy.
- 2) A drug test can be performed any time a covered employee is on duty. An alcohol test can be performed just before, during, or after the performance of a safety-sensitive job function. Under Cumberland County Community Transportation Program authority, an alcohol test can be performed any time a covered employee is on duty.
- 3) All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with the Cumberland County Community Transportation Program. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q.3 of this policy. Any covered employee who is suspected of providing false information in connection with a drug test, or who is suspected of falsifying test results through tampering, contamination, adulteration, or substitution will be required to undergo an observed collection. Verification of the above listed actions will be considered a test refusal and will result in the employee's removal from duty and disciplined as defined in Section

Q.3 of this policy. Refer to Section Q for behavior that constitutes a refusal to test.

I. DRUG TESTING PROCEDURES

- 1) Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the contracted employee, the integrity of the drug testing procedure, and the validity of the test result.
- 2) The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.
- 3) The test results from the HHS certified laboratory will be reported to a Medical Review Officer. A Medical Review Officer (MRO) is a licensed physician with detailed knowledge of substance abuse disorders and drug testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to the Cumberland County Community Transportation Program Drug and Alcohol Program Manager (DAPM). If a legitimate explanation is found, the MRO will report the test result as negative to the DAPM and no further action will be taken.

- 4) If the test is invalid without a medical explanation, a retest will be conducted under direct observation. Employees do not have access to a test of their split specimen following an invalid result.
- 5) Any covered employee who questions the results of a required drug test under paragraphs L through P of this policy may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory with no affiliation with the laboratory that analyzed the primary specimen. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. The Cumberland County Community Transportation Program will ensure that the cost for the split specimen are covered in order for a timely analysis of the sample, however the Cumberland County Community Transportation Program will seek reimbursement for the split sample test from the contracted company/employee.
- 6) If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled. If the split specimen is not available to analyze the MRO will direct the Cumberland County Community Transportation Program to retest the employee under direct observation.
- 7) The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, the split will be retained for testing if so requested by the employee through the Medical Review Officer. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year.
- 8) Observed collections
 - a. Consistent with 49 CFR part 40, as amended, collection under direct observation (by a person of the same gender) with no advance notice will occur if:

- i. The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to the Cumberland County Community Transportation Program that there was not an adequate medical explanation for the result;
- ii. The MRO reports to the Cumberland County Community Transportation Program that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;
- iii. The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
- iv. The temperature on the original specimen was out of range;
- v. All follow-up-tests; or
- vi. Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with.

J. ALCOHOL TESTING PROCEDURES

- 1) Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). Alcohol screening tests may be performed using a non-evidential testing device which is also approved by NHSTA. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted at least fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.

- 2) An employee who has a confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section Q.5 of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours or for the duration of the work day whichever is longer and will be subject to the consequences described in Section Q.6 of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.
- 3) The Transit Department affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.
- 4) The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

K. PRE-EMPLOYMENT TESTING

- 1) All applicants for covered transit positions shall undergo urine drug testing and breath alcohol testing prior to performance of a safety-sensitive function.
 - b. All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug and alcohol test. An applicant shall not be placed into a safety -sensitive position unless the applicant takes a drug test with verified negative results, and an alcohol concentration below 0.02.
 - c. A non-covered employee shall not be placed, transferred or promoted into a covered position until the employee takes a drug test with verified negative results and an alcohol concentration below 0.02.
 - d. If an applicant fails a pre-employment drug or alcohol test, the conditional offer of employment shall be rescinded. Failure of a pre-employment drug and/or alcohol test will disqualify an applicant for employment for a period of at least one year. The applicant must provide the employer proof of having successfully completed a referral, evaluation and treatment plan as described in section

655.62 of subpart G. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.

- e. When an employee being placed, transferred, or promoted from a non-covered position to a covered position submits a drug test with a verified positive result, and/or an alcohol concentration above 0.04 the employee shall be subject to disciplinary action in accordance with Section Q.4-5 herein.
- f. If a pre-employment/pre-transfer test is canceled, the Cumberland County Community Transportation Program will require the applicant to take and pass another pre-employment drug test.
- g. In instances where a covered employee is on extended leave for a period of 90 days or more regardless of reason, and is not in the random testing pool the employee will be required to take a drug and alcohol test under 49 CFR Part 655 and have negative test results prior to the conduct of safety-sensitive job functions.
- h. Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- i. Applicants are required to report previous DOT covered employer drug and alcohol test results—Failure to do so will result in the employment offer being rescinded. If the applicant has tested positive or refused to test on a pre-employment test for a DOT covered employer. The applicant must provide the Cumberland County Community Transportation Program proof of having successfully completed a referral, evaluation and treatment plan as described in section 655.62 of subpart G.

L. REASONABLE SUSPICION TESTING

- 1) All Cumberland County Community Transportation Program covered employees will be subject to a reasonable suspicion drug and/or alcohol test when the employer has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. Reasonable suspicion shall mean that there is objective evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one or more supervisors

who are trained to detect the signs and symptoms of drug and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. However, under Cumberland County Community Transportation Program's authority, a reasonable suspicion alcohol test may be performed any time the covered employee is on duty. A reasonable suspicion drug test can be performed any time the covered employee is on duty.

- 2) The Contracted Company Owner shall be responsible for transporting the employee to the testing site. The employee shall be placed on administrative leave pending disciplinary action described in Section Q.4-5 of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section Q.3 of this policy.
- 3) A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation. This written record shall be submitted to the Cumberland County Community Transportation Program Coordinator and shall be attached to the forms reporting the test results.

M. POST-ACCIDENT TESTING

- 1) All covered employees will be required to undergo urine and breath testing if they are involved in an accident with a contracted revenue service vehicle regardless of whether or not the vehicle is in revenue service that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance cannot be completely discounted as a contributing factor to the accident.
- 2) In addition, a post-accident test will be conducted if an accident results in injuries requiring immediate transportation to a medical treatment facility; or one or more vehicles incurs disabling damage, unless the operators performance can be completely discounted as a contributing factor to the accident.
 - a. As soon as practicable following an accident, as defined in this policy, the contracted owner investigating the accident will notify the contracted employee operating the contracted vehicle and all other

covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.

- b. The appropriate supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and within 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.
- c. Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.
- d. An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.
- e. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.
- f. In the rare event that the Cumberland County Community Transportation Program is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), Cumberland County Community Transportation Program may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

N. RANDOM TESTING

- 1) All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method

of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees.

- 2) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year, day of the week and hours of the day.
- 3) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates established by Federal regulations for those safety-sensitive employees subject to random testing by Federal regulations. The current random testing rate for drugs established by FTA equals twenty-five percent of the number of covered employees in the pool and the random testing rate for alcohol established by FTA equals ten percent of the number of covered employees in the pool.
- 4) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection.
- 5) Covered contract employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of employees that are included solely under Cumberland County Community Transportation Program authority.
- 6) Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can be performed just before, during, or just after the performance of a safety sensitive duty. However, under the Cumberland County Community Transportation Program's authority, a random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
- 7) Employees are required to proceed immediately to the collection site upon notification of their random selection.

O. RETURN-TO-DUTY TESTING

The Cumberland County Community Transportation Program follows a zero tolerance policy, and does not perform return-to-duty testing.

P. FOLLOW-UP TESTING

The Cumberland County Community Transportation Program follows a zero tolerance policy, and does not perform follow-up testing.

Q. RESULT OF DRUG/ALCOHOL TEST

- 1) Any covered employee that has a verified positive drug or alcohol test will be removed from his/her safety-sensitive position, resulting in termination.
- 2) Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- 3) A positive drug and/or alcohol test will also result in disciplinary action as specified herein.
 - a. As soon as practicable after receiving notice of a verified positive drug test result, a confirmed alcohol test result, or a test refusal, the Cumberland County Community Transportation Program Drug and Alcohol Program Manager will contact the employee's supervisor to have the employee cease performing any safety-sensitive function, resulting in termination.
 - b. Refusal to submit to a drug/alcohol test shall be considered a positive test result and a direct act of insubordination and shall result in termination. A test refusal includes the following circumstances:
 - (1) A covered employee who consumes alcohol within eight (8) hours following involvement in an accident without first having submitted to post-accident drug/alcohol tests.
 - (2) A covered employee who leaves the scene of an accident without a legitimate explanation prior to submission to drug/alcohol tests.
 - (3) A covered employee who provides false information in connection with a drug test.
 - (4) A covered employee who provides an insufficient volume of urine specimen or breath sample without a valid medical explanation. The medical evaluation shall take place within 5 days of the initial test attempt

- (5) A verbal or written declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test within the specified time frame.
 - (6) A covered employee whose urine sample has been verified by the MRO as substitute or adulterated.
 - (7) A covered employee fails to appear for any test within a reasonable time, as determined by the employer, after being directed to do so by the employer
 - (8) A covered employee fails to remain at the testing site until the testing process is complete;
 - (9) A covered employee fails to provide a urine specimen for any drug test required by Part 40 or DOT agency regulations;
 - (10) A covered employee fails to permit the observation or monitoring of a specimen collection
 - (11) A covered employee fails or declines to take a second test the employer or collector has directed you to take;
 - (12) A covered employee fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER as part of the "shy bladder" or "shy lung" procedures
 - (13) A covered employee fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process).
 - (14) Failure to sign Step 2 of the Alcohol Testing form
 - (15) Failure to follow the observer's interactions during an observed collection including interactions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process.
 - (16) Possess or wear a prosthetic or other device that could be used to interfere with the collection process.
 - (17) Admit to the collector or MRO that you adulterated or substituted the specimen.
- 4) For the first instance of a verified positive test from a sample submitted as the result of a random, drug/alcohol test (≥ 0.04 BAC), disciplinary action against the employee shall result in termination.
- 5) A verified positive post-accident, or reasonable suspicion drug and/or alcohol (≥ 0.04) test shall result in termination.

- 6) An alcohol test result of ≥ 0.02 to ≤ 0.039 BAC shall result in the removal of the employee from duty for eight hours or termination.
- 7) Failure of an employee to report within five days a criminal drug statute conviction for a violation occurring in the workplace shall result in termination.

R. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 40.149 (c) for a positive test or test refusal is not subject to arbitration.

S. PROPER APPLICATION OF THE POLICY

The Cumberland County Community Transportation Program is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

T. INFORMATION DISCLOSURE

- 1) Drug/alcohol testing records shall be maintained by the Cumberland County Community Transportation Program Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested contract employee.
- 2) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP referrals and follow-up testing plans.
- 3) Records of a verified positive drug/alcohol test result shall be released to the Drug and Alcohol Program Manager and Contract Owner on a need to know basis.

- 4) Records will be released to a subsequent employer only upon receipt of a written request from the employee.
- 5) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the preceding. The information will only be released with binding stipulation from the decision maker will make it available only to parties in the preceding. Records will be released to the National Transportation Safety Board during an accident investigation.
- 6) Information will be released in a criminal or civil action resulting from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information is relevant to the case and issues an order to the employer to release the information. The employer will release the information to the decision maker in the proceeding with a binding stipulation that it will only be released to parties of the proceeding.
- 7) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- 8) Records will be released if requested by a Federal, state or local safety agency with regulatory authority over the Cumberland County Community Transportation Program or the employee.
- 9) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended necessary legal steps to contest the issuance of the order will be taken
- 10) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

This Policy was adopted by the Cumberland County Board of Commissioners on August 2, 2010.

Governing Board Chairman (Signature) _____

Attachment A

| <u><i>Job Title</i></u> | <u><i>Job Duties</i></u> | <u><i>Testing Authority</i></u> |
|-------------------------|--------------------------------|---------------------------------|
| Driver | Drives revenue-service vehicle | DOT |

Attachment B Contacts

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

The Cumberland County Community Transportation Program Drug and Alcohol Program Manager

Name: Kristine Wagner

Title: Transportation Program Coordinator

Address: 130 Gillespie Street, Fayetteville, NC 28301

Telephone Number: 910-678-7624

Medical Review Officer

Name: Dr. Donald Bucklin

Title: Medical Review Officer

Address: 2111 E. Highland Ste B-245, Phoenix, AZ 85016

Telephone Number: 800-340-3810

HHS Certified Laboratory Primary Specimen

Name: CRL

Address: 8433 Quivira Road, Lenexa, KN 66215

Telephone Number: 800-445-6917

HHS Certified Laboratory Split Specimen

Name: Quest

Address: 1777 Montreal Circle, Tucker, GA 30084

Telephone Number: 866-697-8378

Attachment C Alcohol Fact Sheet

Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

Signs and Symptoms of Use

- . Dulled mental processes
- . Lack of coordination
- . Odor of alcohol on breath
- . Possible constricted pupils
- . Sleepy or stuporous condition
- . Slowed reaction rate
- . Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

☐ Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

- . Decreased sexual functioning
- . Dependency (up to 10 percent of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic")
- . Fatal liver diseases
- . Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma
- . Kidney disease

- . Pancreatitis
- . Spontaneous abortion and neonatal mortality
- . Ulcers
- . Birth defects (up to 54 percent of all birth defects are alcohol related).

☐ Social Issues

- . Two-thirds of all homicides are committed by people who drink prior to the crime.
- . Two to three percent of the driving population is legally drunk at any one time.
- . This rate is doubled at night and on weekends.
- . Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.
- . The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.
- . Forty percent of family court cases are alcohol problem related.
- . Alcoholics are 15 times more likely to commit suicide than are other segments of the population.
- . More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

☐ The Annual Toll

- . 24,000 people will die on the highway due to the legally impaired driver.
- . 12,000 more will die on the highway due to the alcohol-affected driver.
- . 15,800 will die in non-highway accidents.
- . 30,000 will die due to alcohol-caused liver disease.
- . 10,000 will die due to alcohol-induced brain disease or suicide.
- . Up to another 125,000 will die due to alcohol-related conditions or accidents.

☐ Workplace Issues

- . It takes one hour for the average person (150 pounds) to process one serving of an alcoholic beverage from the body.
- . Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- . A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Attachment D
Minimum Thresholds

| INITIAL TEST CUTOFF LEVELS (ng/ml) | |
|---------------------------------------|-------|
| Marijuana metabolites | 50 |
| Cocaine metabolites | 300 |
| Opiate metabolites | 2,000 |
| Phencyclidine | 25 |
| Amphetamines | 1,000 |

| CONFIRMATORY TEST CUT/OFF LEVELS (ng/ml) | |
|---|-------|
| Marijuana metabolites | 15 |
| Cocaine metabolites | 150 |
| Opiates: | |
| Morphine | 2,000 |
| Codeine | 2,000 |
| Phencyclidine | 25 |
| Amphetamines: | |
| Amphetamines | 500 |
| Methamphetamine | 500 |

MANAGEMENT REVIEWS

The Community Transportation Program Coordinator will administer the Drug and Alcohol testing program. Drivers may be sent for testing at any time during the year for random drug and alcohol testing. All drivers will receive pre-employment and post-accident testing.

MAINTENANCE

Review the attached questionnaire (section 5.1 thru 5.24) from the Public Transportation Division Standard Operating Procedure SSPP-001, dated April 17, 2007. Ensure that you address all of the applicable areas listed.

April 17, 2007

TO: Community Transportation Systems

FROM: NCDOT/PTD

SUBJECT: Maintenance Plan

Recipients must keep Federally-funded equipment and facilities in good operating order.

Recipients must have a written maintenance plan. The maintenance plan should identify the goals and objectives of a maintenance program, which may include vehicle life, frequency of road calls, maintenance costs compared to total operating costs, etc. The maintenance program should also establish the means by which such goals and objectives will be obtained.

At a minimum, the plan should designate the specific goals and objectives of the program for preventive maintenance inspections, servicing, washing, defect reporting, maintenance-related mechanical failures, warranty recovery, vehicle service life, and vehicle records. The program must address the particular maintenance cycles for each capital item.

Recipients must have records showing when periodic maintenance inspections have been conducted on vehicles and equipment. Include information showing that the periodic maintenance program meets at least minimum requirements of the manufacturer.

Maintenance of ADA elements may be incorporated in the regular maintenance plan or addressed separately. At a minimum, the grantee must demonstrate that such features as lifts, elevators, ramps, securement devices, signage, and communications equipment are maintained and operational. The recipient is required to develop a system of maintenance checks for lifts on non-rail vehicles to ensure proper operation. Additionally, a recipient is required to remove an accessible van with an inoperable lift from service before the next day, unless no spare vehicles are available to replace that vehicle. When a vehicle with an inoperable lift is operated, the vehicle must not be in service for more than five days.

Recipients must keep written maintenance plans and checklist systems, as well as maintenance records for accessible equipment.

Recipients are required to maintain systems for recording warranty claims and enforcement of such claims. Recipients should have written warranty recovery procedures. The warranty recovery system should include warranty records and annual summaries of warranty claims submitted.

Federally funded equipment needs to be maintained whether operated directly by a recipient or by a third-party contractor. When a recipient has contracted out a portion of its operation, a maintenance plan for Federally-funded equipment should be in existence and be treated similarly to a recipient-operated service. In those cases, the third-party contractor must have in place a system to monitor the maintenance of federally funded equipment.

PREVENTIVE MAINTENANCE STANDARDS

All vehicles, wheelchair lifts and associated equipment, system owned or operating under contract with the system, is placed on a comprehensive preventive maintenance program for the purpose of increasing safety and reducing operational costs.

The Preventive Maintenance Plan should consist of:

- Making preventive maintenance arrangements
- Conducting a Pre/Post-Trip Inspections
- Reporting common problems
- Utilizing manufacturers Preventive Maintenance Guidelines Manual
- Keeping all maintenance records for five (5) years after disposition

*Note: The Preventive Maintenance Program has been developed for the purpose of safety, reliability and vehicle use longevity. The guidelines are not designed to interfere with or violate the Manufacturer's Warranty Maintenance Schedule.

MAINTENANCE RECORDS

The contracted transportation company for the Cumberland County Community Transportation Program will retain all records pertaining to maintenance, service, warranty and other documents as required for vehicles and wheelchair lifts. The records should be maintained for at least five (5) years.

Maintenance Records Include:

- Documents showing vehicle identity
- Documents showing vehicle and wheelchair lift completed maintenance and inspection dates
- Documents showing mileage
- Documents showing maintenance contractors' names and addresses
- Vehicle Accident/Incident Reports
- Documents reporting and evaluating maintenance systems
- Documents showing completion of the driver's daily Pre/Post-Trip Inspection Checklists*

The following documents will be completed and kept on file at the Community Transportation Program Office:

- Documentation notifying NCDOT of a fatal accident by the close of business or the end of the working day
- Documentation notifying NCDOT within 24 hours of a fatal death that occurs within 30 days as a result of an accident
- Documents that report to NCDOT within 48 hours all accidents/incidents

ONBOARD SAFETY EQUIPMENT

The following items must be in all vehicles:

Seat Belts - An adjustable driver's restraining belt that complies with FMVSS 209 (Seat Belt Assemblies) and FMVSS 210 (Seat Belt Anchorages) regulations

Fire Extinguisher - Include a fully-charged dry chemical or carbon dioxide fire extinguisher that has at least a 1A:BC rating and bears the Underwriter's Laboratory, Inc. label. The extinguisher should be accessible and must be securely mounted in a visible place or a clearly marked compartment.

Red Reflector - Vehicles should be equipped with three (3) portable red reflector warning devices in compliance with North Carolina Statutes. The triangle case must be mounted to the vehicle.

Web Cutter – Must be visible and easily accessible by the vehicle driver.

Bloodborne Pathogen Kit – Kit includes disposable gloves for your hands, disinfectant spray for decontamination of any spill, paper towels for clean up, absorbent powder for clean up, approved bags & containers for proper disposal, dust pan, brush and tongs for handling sharps items, mouth and nose mask and disinfectant towelettes for immediate hand cleaning)

First Aid Kit – Kit should consist of the following items:

| | |
|---|---------------------------------------|
| Bandage Compress | Sting, Kill Swabs |
| Gauze Pads | Instant Cold Pack |
| Triangular Bandages | Sterile Buffered Isotonic Eyewash Kit |
| Gauze Bandages | Adhesive Bandages |
| Triple Antibiotic Ointment | Adhesive Tape |
| CPR Micro-shield Rescue Breather & Gloves | Disposable Gloves |
| Rescue Blanket | Bum Spray |
| Alcohol Wipes | Scissors |

Optional On-board Safety Response Equipment

5 Emergency Notification Cards

1 pry bar

1 reflective vest

1 flashlight and a set of extra batteries

1 set of jumper cables

1 spare tire plus appropriate jack and lug wrench

1 camera (with film that is replaced with new film every six months)

WHEELCHAIR LIFT MAINTENANCE SCHEDULE

Perform lift maintenance at scheduled intervals according to number of cycles or elapsed time, whichever comes first. Correct any potentially dangerous situations at once.

| | | |
|-----------------------------|--------------------------------|---|
| Every 2 weeks or 50 cycles | Grease: | Whale slots Fold slots (bridge plate ends), Safety barrier latch |
| Every 4 weeks or 100 cycles | Light oil: | Whale pins Safety barrier hinge Bridge plate hinge Platform fold bearings Horseshoe pivot pins |
| Every year or 1250 cycles | Change pump oil: | 1 qt. transmission fluid type "A" (fill to ½ of breather cap with lift down and unfolded) |
| | Inspect and replace if needed: | Cotter pins Weldment lever Whale slots Horseshoe pivot Fold slots Platform fold bearings Power cable |
| | Decals: | Replace if missing or if not legible |
| | Mounting: | Check to see that lift is securely anchored to vehicle and that there are no loose bolts, broken welds, or stress fractures. |
| | Also: | Remove cover and inspect cylinder, chains, bearings, hoses, and wires for wear or damage. See that all bolts are tight. |

PRE/POST-TRIP INSPECTION FORM

Date: _____

Vehicle: _____

Mileage: _____ Maintenance Due Date: _____ Wheelchair Lift Cycles: _____

UNDERHOOD

- ☐ Oil level
- ☐ Transmission fluid
- ☐ Radiator fluid
- ☐ Battery level
- ☐ Power Steering fluid
- ☐ Brake fluid
- ☐ Windshield washer fluid level
- ☐ Engine / Hoses / Belts

EXTERIOR

- ☐ Tires (PSI and tread)
- ☐ Turn signals / Emergency flashers
- ☐ Headlights
- ☐ Tail / Brakes lights
- ☐ Windshield wipers
- ☐ Doors
- ☐ Cleanliness
- ☐ Windshield / Windows
- ☐ Body Damage

ACCESSIBILITY EQUIPMENT

- ☐ Fully operable wheelchair lift (full cycle)

SAFETY EQUIPMENT

- ☐ Fire extinguisher
- ☐ Web cutter
- ☐ Triangles
- ☐ First Aid Kit
- ☐ Bloodborne Pathogen Kit
- ☐ Back up alarm

INTERIOR

- ☐ Brake Operation
- ☐ Steering
- ☐ Lighting
- ☐ Mirrors
- ☐ Gauge / Instruments
- ☐ Controls (equipment)
- ☐ Air conditioning / Heater
- ☐ Cleanliness / Damage
- ☐ Horn Operation

- ☐ Seat belts / Tie downs

Notes: _____

Driver Signature: _____

Management Comments: _____

Management Signature: _____

Preventive Maintenance Plan

PREVENTATIVE MAINTENANCE POLICY

Preventive maintenance is a term used to describe the performance of regularly scheduled maintenance procedures of contracted vehicles to prevent the possibility of malfunctions.

Contractors will maintain all vehicles and wheelchair lifts in the best possible operational condition. This will be accomplished by adhering to and/or exceeding the manufacturer's recommended minimum maintenance requirements.

MAINTENANCE SCHEDULE

Each vehicle must visibly display on each side of the vehicle, the name and phone number of the contractor.

Preventative Vehicle Maintenance Schedule

All vehicles will have a preventative maintenance service and inspection at established intervals. (See attachment 1, Vehicle Preventative Maintenance Service Schedule)

Wheel Chairlift Preventative Maintenance Schedule

All wheelchair lifts will have a preventative maintenance service and inspection at established intervals. (See attachment 2, Wheelchair Lift Preventative Maintenance Service Schedule)

DAILY INSPECTION

Pre/Post-Trip inspections are crucial to the success of the Community Transportation Program Preventative Maintenance Program. Each driver will inspect his or her vehicle daily prior to moving the vehicle by completing the Pre-Trip Vehicle Inspection Form. The completed checklist must be submitted to the Contracted Owner at the end of the driver's shift so that necessary maintenance can be noted and scheduled accordingly. At the end of each driver's assigned shift, the driver must also complete a Post-trip Inspection Sheet, found on the back of the Pre-trip Inspection Sheet. Drivers must sign each Pre-trip and Post-trip checklist for each vehicle used that day. The Contracted Owner will review each Pre-trip and Post-Trip inspection sheets daily, schedule any required or necessary maintenance, and sign off on each sheet.

MANAGEMENT REVIEWS

The Community Transportation Program Coordinator will provide oversight on vehicle maintenance quarterly. Oversight may be provided through reports submitted to the Transportation Program Coordinator by the contracted company, or through an office visit from the Transportation Program Coordinator to review records. Each vehicle should have a separate file which shall contain their maintenance records, pre and post trip inspection forms, and other information as it pertains to this program. The Transportation Program Coordinator will verify the contractor's compliance with FTA and NCDOT regulations and policies.

SECURITY

Review the attached questionnaire (sections 6.1 thru 6.25) from the Public Transportation Division Standard Operating Procedure SSPP-001, dated April 17, 2007. Ensure that you address all of the applicable areas listed

Purpose

The overall purpose of the Cumberland County Community Transportation Program's Security Program is to optimize the level of protection afforded to the Cumberland County Community Transportation Program's vehicles, equipment, passengers, and contractors, and any other individuals who come into contact with the system.

The security of passengers and contractors is paramount to promoting the objectives of FTA, NCDOT and their partner organizations in developing a Security Program. The Cumberland County Community Transportation Program will take all reasonable and prudent actions to minimize the risk associated with intentional acts against passengers, contractors and equipment. To further this objective, the Cumberland County Community Transportation Program has developed security plans and procedures.

Goals

The Security Program provides the Cumberland County Community Transportation Program with a security and emergency preparedness capability that will:

1. Ensure the program's number one goal of the protection and safety of system contractors, passengers, vehicles and equipment is met.
2. Ensure that security and emergency preparedness are addressed during all phases of system operation, including the hiring and training of drivers; the procurement and maintenance of equipment; and the development of policies, rules, and procedures.
3. Promote safe system operation through the identification, evaluation and resolution of threats and vulnerabilities.
4. Create a culture that supports contractor safety, equipment protection and security and safe system operation through motivated compliance with rules, procedures, and the appropriate use and operation of equipment.

Objectives

Every threat cannot be identified and resolved, but the Cumberland County Community Transportation Program can take steps to be more aware, and to better protect passengers, contractors and equipment. To this end, our Security Program has five objectives:

1. Achieve a level of security performance that meets or exceeds our requirements.
2. Expand our training program for contractors to address security awareness and emergency management issues.
3. Enhance our coordination with NCDOT/PTD regarding security and emergency preparedness issues.

FTA'S TOP 20 SECURITY PROGRAM ACTION ITEMS FOR TRANSIT AGENCIES

The following Action items identify the most important elements that transit agencies should incorporate into their System Security Program Plans. These top twenty (20) items are based on good security practices identified through FTA's Security Assessments and Technical Assistance provided to the largest transit agencies. Specific information on these elements may be found in FTA's *Transit System Security Program Planning Guide*. FTA is working with transit agencies to encourage them to incorporate these practices into their programs.

Management and Accountability

1. Written security program and emergency management plans are established.
2. The security plan is updated to reflect anti-terrorist measures and any current conditions.
3. The security plan is an integrated system security program, including regional coordination with other agencies, security design criteria in procurements and organizational charts for incident command and management systems.
4. The security plan is signed, endorsed and approved by top management.
5. The security program is assigned to a senior level manager.
6. Security responsibilities are defined and delegated from management through to the front line employees.
7. All operations and maintenance supervisor, forepersons, and managers are held accountable for security issues under their control.

Security Problem Identification

8. A threat and vulnerability assessment resolution process is established and used.
9. Security sensitive intelligence information sharing is improved by joining InfracGuard, the FBI Regional Task Force and the Surface Transportation Intelligence Sharing & Analysis Center (SAC); security information is reported through the National Transit Database (NTD).

Employee Selection

10. Background investigations are conducted on all new front-line operations and maintenance employees (i.e., criminal history, motor vehicle records, and credit history).
11. Criteria for background investigations are established.

Training

12. Security orientation or awareness materials are provided to all front-line employees.
13. Ongoing training programs on safety, security and emergency procedures by work area are provided.
14. Public awareness materials are developed and distributed on a system wide basis.

Audits and Drills

15. Periodic audits of security policies and procedures are conducted.
16. Tabletop and functional drills are least once every six months and full-scale exercises, coordinated with regional emergency response providers, are performed at least annually.

Document Control

17. Access to documents of security critical systems and facilities are controlled.
18. Access to security sensitive documents is controlled.

Access Control

19. Background investigations are conducted of contractors or others who require access to security critical facilities, and ID badges are used for all visitors, employees and contractors to control access to key critical facilities.

Homeland Security

20. Protocols have been established to respond to the Office of Homeland Security Threat Advisory Levels.

WORKPLACE SECURITY ASSESSMENT FORM

Date: _____

Location: _____

Describe the physical layout of the establishment. Indicate its location to other businesses or residences in the area and access to the street. _____

Number/gender of employees on-site between 10 p.m. and 5 a.m. _____

Describe nature and frequency of client/customer/passenger/other contact: _____

Yes No

☐ ☐ Are cash transactions conducted with the public during working hours? If yes, how much cash is kept in the cash register or in another place accessible to a robber?

Yes No

☐ ☐ Is there safe or lock-box on the premises into which cash is deposited?

What is the security history of the establishment and environment? _____

What physical security measures are present? _____

Yes No

☐ ☐ Has security training been provided to employees? If so, has the training been effective?

Security Incident Recording Form

Date of Incident: _____

Time of Incident: _____ AM/PM

Location: _____

of Fatalities: _____ # of Injuries: _____ Property Damage Estimate: \$ _____

Type of Security Incidents: *Check all that apply.*

Homicide ☐ Burglary ☐ Motor Vehicle Theft ☐

Forcible Rape ☐ Bombing ☐ Chemical or Biological Release ☐

Robbery ☐ Arson ☐ Aggravated Assault ☐

Hijacking ☐ Bomb Threat ☐ Kidnapping ☐

Other ☐ _____

Description of Incident: *Attach law enforcement report(s) if available.*

Recorded By: _____ Date: _____

Title: _____ Phone #: _____

Emergency Plan

Notification of Emergency

When notice has been received that an event has occurred or the potential of an event occurring, which has or may produce casualties or injuries, the following information should be given to the Contracted Owner:

1. Name of person making notification and from what telephone number.
2. Location of emergency including address.
3. Estimated number of casualties / injuries.
4. Type of emergency
5. Time call received.
6. Estimated time of emergency event occurrence.

The Contracted Owner shall then notify the Transportation Program Coordinator.

BOMB THREAT CHECKLIST

Questions to Ask Caller:

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you (the caller) place the bomb?
7. Why?
8. What is your address?
9. What is your name?

Exact Wording of the Threat:

Sex of Caller: M or F Race: _____

Age: _____ Length of Call: _____

Number at which call is received:

read _____
maker _____

Time: _____ Date: _____

Report Call Immediately to:

Contact Number _____

Contact Name or Title _____

Contact Organization _____

Secondary Contact Info _____

Secondary Contact Info _____

Caller's Voice:

| | |
|-----------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Rasp |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Familiar |

If voice is familiar, whom did it sound like?

Background Sounds:

| | |
|---|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Television | <input type="checkbox"/> Animal noises |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Clear |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> Local |
| <input type="checkbox"/> House noises | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Other |

Threat Language:

| | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> (Educated) | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Message |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> by threat |

Remarks: _____

MANAGEMENT REVIEWS

The Community Transportation Program Coordinator will provide oversight on security quarterly. Oversight may be provided through reports submitted to the Transportation Program Coordinator by the contracted company, or through an office visit from the Transportation Program Coordinator to review records. The Transportation Program Coordinator will verify the contractor's compliance with FTA and NCDOT regulations and policies.

System Safety Program Plan Review Questionnaire

Page 1 of 5

Attachment 3

QUESTIONNAIRE DATE:

SAFETY REVIEW OF TRANSIT AGENCY:

| Core Element | ITEMS | COMMENTS |
|----------------------------------|---|----------|
| | Does the SSPP cover the required six core elements? | |
| | Is the SSPP approved and signed by the top official? | |
| <i>Driver/Employee Selection</i> | | |
| 1.1 | Are there written job descriptions for drivers and other safety sensitive personnel? | |
| 1.2 | When were the job descriptions last reviewed? | |
| 1.3 | Does the system have trouble-recruiting drivers? | |
| 1.4 | Does the system engage in some form of "targeted recruitment" for drivers? | |
| 1.5 | Is there a process in place to interview and select drivers and other safety sensitive employees? | |
| 1.6 | Is there a system in place for monitoring employees' current employment status, licenses, certifications, and other important qualifications? | |
| 1.7 | Are there file copies of advertising, fliers, or other mechanisms that are used for recruiting drivers and other employees? | |
| 1.8 | Are there file copies of standard employment application forms, interview questionnaires, or other materials used as aids in the selection and hiring process? | |
| 1.9 | Are maintenance personnel qualified? | |
| <i>Driver/Employee Training</i> | | |
| 2.1 | Who is held accountable for the success of the training programs? | |
| 2.2 | Does the driver's evaluation system assess training success and safety-related performance? | |
| 2.3 | Is a training program in place for drivers and other safety sensitive employees? | |
| 2.4 | Is there a schedule in place for refresher training courses? | |
| 2.5 | Are there procedures in place to decide when remedial training is necessary? | |
| 2.6 | Are there training curriculums, training schedules and audio materials in place to support all in-house training efforts? | |
| 2.7 | Is there training that provides for one-on-one coaching of vehicle operators to improve driving skills, ensure use of appropriate safety equipment and safe practices, and to develop uniformity in operating practices among drivers, and is this training doc | |
| 2.8 | Is there a system in place to maintain and track training records and personnel qualifications? Which personnel have had which training, how successfully they were trained, and when they are due for additional training? | |
| 2.9 | Is there a process in place to identify trainers? | |
| 2.10 | Are there established standards for on-the-job (OJT)? Is it documented when personnel have successfully mastered OJT based expectations? | |

| | | |
|---|--|--|
| 2.11 | Is there a system in place to evaluate driver performance? | |
| 2.12 | Is there documentation on all previous training classes? Does the documents included: the training objectives or lesson plans, trainers' names and qualifications, length of training, training mode (c.g., video, classroom, OJT), types of certifications or | |
| 2.13 | Are there records to show which personnel have been tested, certified, or otherwise demonstrated their successful completion of specific training classes? Is there a schedule for refresher training? | |
| 2.14 | Is there training in local geography, transit organization route structure, or map-reading skills, in whatever fashion is appropriate to the types(s) of service the organization provides its customers? | |
| 2.15 | Is there training that gives an overview of the organization's operations policies as they pertain to all staff of the organization? | |
| 2.16 | Is there training on customer relations techniques? | |
| 2.17 | Is there training on passenger assistance and sensitivity techniques for serving older and disabled passengers? | |
| 2.18 | Is there training on evacuation of passengers, including elders and persons with disabilities, from transit vehicles (including simulations)? | |
| 2.19 | Is there training on fire/life safety response techniques and equipment use (including simulation exercises)? | |
| 2.20 | Is there training on accident and incident reporting procedures (including management roles and relevant checklists)? | |
| 2.21 | Is there training on first aid/CPR and certification (if local policies so dictate)? | |
| 2.22 | Is there training on blood-borne pathogen? | |
| 2.23 | Do drivers receive defensive driving training and certification? | |
| 2.24 | Do drivers, dispatchers and supervisory staff receive training on the proper operation of communication (radio/cell phone) equipment? | |
| 2.25 | Do drivers, dispatchers and supervisory staff receive training on the role of drivers in scheduling and dispatch functions? | |
| 2.26 | Does the organization conduct regularly scheduled safety meetings and incentives to promote safety awareness among the drivers and other safety sensitive personnel? | |
| 2.27 | Are drivers trained on driving in winter or other inclement weather as appropriate to the organization's climate and location? | |
| 2.28 | Are drivers trained on handling brake failure and tire blow out? | |
| 2.29 | Are drivers trained on crossing railroad tracks? | |
| 2.30 | Is there current and ongoing training of maintenance personnel in the use of specialized tools heavy equipment operation, etc.? | |
| <i>Safety Data Acquisition/Analysis</i> | | |
| 3.1 | Is there program to raise safety awareness among drivers and other personnel? | |
| 3.2 | Is there a process in place to analysis accidents and incidents to determine if they were "avoidable" or "unavoidable"? | |
| 3.3 | Has the organization had any insurance-related problems due to safety and training programs (or lack of)? | |

| | | |
|--|--|-------------|
| 3.4 | Is there a written personnel policy which defines the relationship between safety, performance and performance-related discipline procedures? | Page 3 of 5 |
| 3.5 | Do the written job descriptions for drivers and other safety-sensitive personnel address safety and training expectations? | |
| 3.6 | Is there documentation to show that the performance evaluations discussed in the personnel policy actually are carried out and acted on? | |
| 3.7 | Is there current documentation of the organizational structure, and the organization's value or mission statement? | |
| 3.8 | Does the organization keep copies of all awards and other incentives that drivers or other personnel receive that document their training or safety accomplishments? | |
| 3.9 | Is there a process to ensure drivers safely provide trips or drive routes assigned to them? | |
| 3.10 | Is there a communication process that relays, to the drivers and other key people, safety-related issues that arise during the course of a day's business? | |
| 3.11 | Are there procedures in place for drivers to report safety-related problems while in service? What is management's role? | |
| 3.12 | Are all vehicles equipped with triangles, a fire extinguisher, a web cutter, a first aid kit and blood-borne pathogen kit? | |
| 3.13 | Is there a process in place for ensuring office safety for administrative staff? | |
| 3.14 | Is there a program for ensuring shop safety for maintenance employees? | |
| 3.15 | Do incident reports indicate any trends in the number of accidents/incidents? | |
| 3.16 | Does the system record vandalism to vehicles, facilities, stops, and other property? | |
| 3.17 | Are monthly and annual totals for accidents and incidents, vandalism, and crimes compiled and monitored over time? | |
| 3.18 | Are passenger complaints related to safety and security tracked? | |
| 3.19 | Has the transit agency adopted an exposure control plan that eliminates or minimizes employees' exposure to blood-borne pathogens consistent with OSHA 1920.1030? | |
| 3.20 | Does the transit agency have a risk management plan that identifies, analyzes and measures specific risks and takes steps to reduce them? | |
| <i>Drug and Alcohol Abuse Programs</i> | | |
| 4.1 | Addressed during the desk review, since the community transportation section oversees the drug and alcohol testing regulation program compliance. | |
| <i>Vehicle Maintenance</i> | | |
| 5.1 | Is there a written statement of policy governing maintenance that is appropriate to the organization and its transit operations? | |
| 5.2 | Is there a written maintenance plan consistent with the maintenance policy? | |

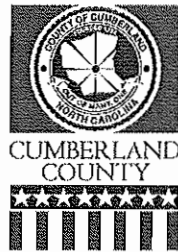
| | | |
|-----------------|--|--|
| 5.3 | Does the maintenance plan at least meet the minimum manufacturer's requirements? | |
| 5.4 | Are the terms of the vehicle manufacturer's warranty being met? | |
| 5.5 | Are warranty claims, if any, pursued effectively and promptly to conclusion? | |
| 5.6 | Does the vehicle or wheelchair lift show signs of neglect or obvious mechanical or physical deficiencies (fluid leaks, engine damage, etc...)? | |
| 5.7 | Are wheelchair lifts, securement devices and other accessibility features of the transit vehicles tested/inspected on a daily basis? | |
| 5.8 | Are routine maintenance functions performed in-house or under contract? | |
| 5.9 | Is there a process in place for the drivers and maintenance (management) personnel to communicate vehicle issues? | |
| 5.10 | Do drivers perform pre- and post-trip inspections? | |
| 5.11 | Is a process in place for drivers to report critical (safety) vehicle defects that occur after the pre trip inspection has been performed? | |
| 5.12 | Are preventive maintenance entries being made in appropriate files and are they conducted at the required mileage? | |
| 5.13 | Are preventive maintenance logs completed in a timely and accurate fashion? | |
| 5.14 | Are additional maintenance analyses being performed, e.g., periodic engine oil analyses? | |
| 5.15 | Are deficiencies noted in pre-trip inspections repaired in a timely manner? Are the Pre/Post-Trip Checklists reviewed by management? | |
| 5.16 | Are parts appropriately and safely stored so they can be easily inventoried and do not present a danger to employees? | |
| 5.17 | Is there protection on or around in-ground maintenance pits? | |
| 5.18 | Are there approved jack stands under vehicles on lifts? | |
| 5.19 | Are appropriate procedures in place to deal with the handling, storage and disposal of hazardous, toxic and polluting substances? | |
| 5.20 | Is the maintenance shop equipped with safety goggles, eye wash stations, first aid kits and blood-borne pathogen kits? | |
| 5.21 | Are "non-walk through" areas, including outside garage doors, clearly marked? | |
| 5.22 | Are electrical power sources secured and electrical cords stored when not in use? | |
| <i>Security</i> | | |
| 6.1 | Does the transit system have a system security plan, appropriate to the size, location and scope of its operations, in place? | |
| 6.2 | Is there a policy statement emphasizing the importance of the security plan? | |
| 6.3 | Are security plans posted/available to appropriate transit agency staff? | |
| 6.4 | Are security awareness briefings conducted? | |
| 6.5 | Are procedures for vehicle and facility security established? | |
| 6.6 | Are security responsibilities defined? | |

| | | |
|------|---|--|
| 6.7 | Is a process in place to identify security problems and resolve security vulnerabilities as they may develop? | |
| 6.8 | Are procedures established to control access to secure transit areas including vehicle operation? | |
| 6.9 | Are the facilities and/or transit vehicles monitored for security? | |
| 6.10 | Is there adequate lighting for the facility grounds? | |
| 6.11 | Is there a fence or similar barrier around the perimeter of the facility and vehicle storage area? | |
| 6.12 | Is there a process in place for employees to identify and report suspicious people, activities, packages, devices, substances or vehicles? | |
| 6.13 | Do employees know how to react to best protect themselves and their passengers in the case of an incident involving potential terrorist activity? | |
| 6.14 | Have managers and supervisors received formal training? | |
| 6.15 | Are there procedures in place to respond to bomb threats and other types of threats including threat evaluation, search procedure, evacuation procedure and contacting appropriate authorities? | |
| 6.16 | Are procedures in place to respond to passenger, vehicle or traffic emergencies that can occur (including simulation)? | |
| 6.17 | Is law enforcement and emergency response personnel regularly informed of planned changes to system facilities, operations, etc., so that they may respond quickly to emergencies? | |
| 6.18 | Have mock training exercises in cooperation with law enforcement and emergency service personnel been developed and conducted? | |
| 6.19 | Does the agency have an emergency management plan, appropriate to the size, location and scope of its operations, that is integrated with regional emergency management plans? | |
| 6.20 | Are mutual aid agreements in place with other regional public agencies, such as local government, fire and police in order to facilitate coordinated reaction to natural disasters, fires accidental chemical releases, acts of violence or terrorism and other | |
| 6.21 | Does each transit agency manager and staff member understand their roles and responsibilities in reacting to the various kinds of emergencies that could occur? | |

In signing this document, I declare that the foregoing information, and any other statement made by me on behalf of the transit system is true and correct.

Name/Title of Transit System Representative

Signature



ITEM NO. 21

DEPARTMENT OF PUBLIC HEALTH
227 Fountainhead Lane • Fayetteville, North Carolina 28301
(910) 433-3600 • Fax: (910) 433-3659

MEMORANDUM

TO: Board of County Commissioners

THRU: Mrs. Juanita Pilgrim, Deputy County Manager

FROM: Mr. Buck Wilson, Health Director *B. Wilson*

DATE: June 21, 2010

RE: Approval of Delinquent Accounts to Be Written Off and/or Turned Over to Collectors

BACKGROUND

At the Board of Health meeting on June 15, 2010, the Board approved writing off a total of \$39,838.90 as bad debts. Family Planning accounts in the amount of \$2790.61 will be written off as bad debt, however cannot be sent to our collection agency, Professional Recovery Consultants, Inc. pursuant to North Carolina Division of Health and Human Services Guidelines. The amount to be sent to the collection agency will be \$37,048.29. This write-off of bad debts is in compliance with the Board of Health's recommendation to write-off bad debts every quarter.

RECOMMENDATION/PROPOSED ACTION

Management requests to have this item placed on the next County Commissioners' meeting agenda for their approval to write off bad debts in the amount of \$39,838.90 and to turn over to Professional Recovery Consultants, Inc. the amount of \$37,048.29 for collection.

/dwmc
:Attachment

Celebrating Our Past...Embracing Our Future

**CUMBERLAND COUNTY DEPARTMENT
OF PUBLIC HEALTH**

DELINQUENT ACCOUNTS TO BE TURNED OVER FOR COLLECTION

BAD DEBT WRITE-OFF # 28

June 15, 2010

| PROGRAM | AMOUNT |
|-----------------------|--------------------|
| ADULT HEALTH | \$24,956.95 |
| BCCCP | \$181.39 |
| CHILD HEALTH | \$2,651.45 |
| DENTAL | \$3,783.08 |
| FAMILY PLANNING ***** | \$2,790.61 |
| GYN/POSTPARTUM | \$0.00 |
| IMMUNIZATIONS | \$0.00 |
| MATERNITY | \$5,260.26 |
| MEDICAL RECORDS | \$0.00 |
| PAP | \$215.16 |
| T.B. | \$0.00 |
| TOTAL | \$39,838.90 |

*****Family Planning Accounts will adjusted (as Bad Debt) from the Accounts Receivable, however will not be sent to the Collection Agency pursuant to NC Division of Health and Human Services guidelines.

The above accounts are 90 days old or older as of June 1, 2010.



ITEM NO. 2J

OFFICE OF THE RISK MANAGER

P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 223-3327 / (910) 323-6107 • Fax: (910) 323-6106

MEMORANDUM

TO: BOARD OF COUNTY COMMISSIONERS

FROM: JAMES B. SILMAN, RISK MANAGEMENT DIRECTOR *JB*

DATE: JULY 22, 2010

SUBJECT: CONSENT ITEM - CONSIDERATION OF DECLARATION OF
SURPLUS COUNTY PROPERTY AND AUTHORIZATION TO
ACCEPT INSURANCE SETTLEMENT

BACKGROUND

| | |
|-------------------|--------------------------|
| DATE OF ACCIDENT | June 20, 2010 |
| VEHICLE | 2006 Ford Crown Victoria |
| VIN | 2FAHP71W16X143677 |
| FLEET # | FL38 |
| MILEAGE | 92,871 |
| DEPARTMENT | Sheriff's Office |
| SETTLEMENT OFFER | \$7,888.87 |
| INSURANCE COMPANY | GMACI |

This is a total loss settlement offer.

RECOMMENDATION/PROPOSED ACTION

Management recommends that the Board of Commissioners;

1. declare the vehicle described above as surplus
2. authorize the Risk Manager to accept \$7,888.87 as settlement
3. allow GMAC Insurance to take possession of the wrecked (surplus) vehicle.

Celebrating Our Past... Embracing Our Future

TO WHOM IT MAY CONCERN:

IN REF TO 2006 FORD CROWN VICTORIA FLEET # 38-143677

GMACI WILL PAY \$7,888.87 TO SETTLE PD CLAIM 8985898

BREAKDOWN IS AS FOLLOWS:

ACV-7,605.70

TAX-288.17

TITLE-40.00

TAG-15.00

Tanzanika Harris

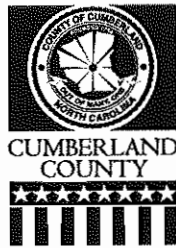
(910)409-2431

GMAC Insurance

Field Claim Representative

JAMES E. MARTIN
County Manager

JUANITA PILGRIM
Deputy County Manager



AMY H. CANNON
Assistant County Manager

ITEM NO. 2K

OFFICE OF THE COUNTY MANAGER

5th Floor, New Courthouse - P.O. Box 1829 - Suite 512 • Fayetteville, North Carolina 28302-1829
(910) 678-7723 / (910) 678-7726 • Fax: (910) 678-7717

July 1, 2010

MEMORANDUM

TO: BOARD OF COUNTY COMMISSIONERS

FROM: JAMES MARTIN, COUNTY MANAGER

SUBJECT: REPORT ON THE DISPOSAL OF SURPLUS PROPERTY PURSUANT
TO N.C.G.S.160A-226(a)

BACKGROUND

On June 15, 1998, the Board adopted a resolution founded in the statutes allowing the Assistant County Manager to dispose of certain "personal property, worth less than \$5000 per item or group of similar items, which have become obsolete, unusable, economically unrepairable, or otherwise surplus to the needs of the county".

The resolution stipulated further that County Management shall render semi-annual reports to the Board of County Commissioners summarizing disposals between the preceding January 1 and June 30". Accordingly, attached herewith is that report.

RECOMMENDATION

That the Board accept and approve the report on the disposal of surplus County property.

PROPOSED ACTION

That the Board adopts the attached report and that the report be duly recorded in the official minutes.

/do

Attachments:

Celebrating Our Past...Embracing Our Future

REPORT NO. 41

PAGE 1 OF 3

REPORT ON THE DISPOSAL OF SURPLUS COUNTY PROPERTY

January 1, 2010 - June 30, 2010

| ITEM NO. | DATE RECEIVED | DESCRIPTION OF PROPERTY | QTY | RENDERING DEPARTMENT | METHOD OF DISPOSAL | LANDFILL LOCATION | SOLD TO/GIVEN TO |
|----------|---------------|--------------------------|------|----------------------|--------------------|-------------------|---------------------|
| 1 | 1/29/2010 | CELLPHONES W/CHARGERS | 14 | SHERIFF'S OFFICE | | | SAFE-LINK |
| 2 | 1/29/2010 | CELLPHONE CAR CHARGER | 1 | SHERIFF'S OFFICE | LANDFILL | ANN STREET | |
| 3 | 1/29/2010 | CELLPHONE HOUSE CHARGERS | 3 | SHERIFF'S OFFICE | LANDFILL | ANN STREET | |
| 4 | 1/29/2010 | CELLPHONE EAR-PIECE | 1 | SHERIFF'S OFFICE | LANDFILL | ANN STREET | |
| 5 | 2/17/2010 | BIO-HAZARD TRASH PAIL | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 6 | 2/18/2010 | CELLPHONE W/CHARGER | 1 | INFORMATION SERVICES | | | SAFE-LINK |
| 7 | 2/18/2010 | PRINTERS | 2 | INFORMATION SERVICES | LANDFILL | ANN STREET | |
| 8 | 2/18/2010 | WORKSTATION STAND | 1 | INFORMATION SERVICES | LANDFILL | ANN STREET | |
| 9 | 2/18/2010 | CARDBOARD BOXES | MISC | INFORMATION SERVICES | LANDFILL | ANN STREET | |
| 10 | 2/24/2010 | MONITORS | 37 | DSS | LANDFILL | ANN STREET | |
| 11 | 2/24/2010 | PRINTERS | 17 | DSS | LANDFILL | ANN STREET | |
| 12 | 2/24/2010 | SCANNER | 1 | DSS | LANDFILL | ANN STREET | |
| 13 | 3/4/2010 | EXAM BEDS | 24 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 14 | 3/4/2010 | SHARPS CONTAINERS | 8 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 15 | 3/4/2010 | BIOHAZRD CONTAINERS | 4 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 16 | 3/4/2010 | MEDICAL STOOLS | 15 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 17 | 3/4/2010 | BROKEN WALL MOUNTED | 1 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 18 | 3/4/2010 | PRIVACY CURTAINS | 6 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 19 | 3/4/2010 | BLOOD DRAW CHAIR | 1 | HEALTH DEPARTMENT | | | MERCY INTERNATIONAL |
| 20 | 3/4/2010 | UPHOLSTERED CHAIRS | 4 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 21 | 3/4/2010 | STACKABLE PLASTIC CHAIRS | 13 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 22 | 3/15/2010 | STAINLESS STEEL DESKS | 2 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 23 | 3/15/2010 | FOLDING TABLES | 3 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 24 | 3/15/2010 | LINEN BASKET | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 25 | 3/15/2010 | TRASHCANS | 75 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 26 | 3/15/2010 | MICROWAVE CABINET | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 27 | 3/15/2010 | SUITCASE | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 28 | 3/15/2010 | METAL CART | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 29 | 3/15/2010 | METAL DOLLY | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 30 | 3/15/2010 | MOP BUCKET | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 31 | 3/15/2010 | MOP BUCKET DRAINER | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |

REPORT NO. 41

PAGE 2 OF 3

REPORT ON THE DISPOSAL OF SURPLUS COUNTY PROPERTY

January 1, 2010 - June 30, 2010

| FEM VO. | DATE RECEIVED | DESCRIPTION OF PROPERTY | QTY | RENDERING DEPARTMENT | METHOD OF DISPOSAL | LANDFILL LOCATION | SOLD TO/GIVEN TO |
|------------|------------------|----------------------------|-------|-------------------------|-----------------------|----------------------|------------------|
| 32 | 3/15/2010 | TOP TABLES | 2 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 33 | 3/15/2010 | VINYL COUCH | 1 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 34 | 3/15/2010 | REFRIGERATOR | 1 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 35 | 3/15/2010 | TASK CHAIR | 1 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 36 | 3/15/2010 | SIDE CHAIRS | 4 | TAX ADMINISTRATION | LANDFILL | ANN STREET | |
| 37 | 3/26/2010 | DESKTOP CHARGER | 1 | CIVIC CENTER | LANDFILL | ANN STREET | |
| 38 | 3/26/2010 | BATTERY | 1 | CIVIC CENTER | LANDFILL | ANN STREET | |
| 39 | 3/26/2010 | BATTERY COVER | 1 | CIVIC CENTER | LANDFILL | ANN STREET | |
| 40 | 3/29/2010 | COMPUTER BATTERY BACK-UP | 1 | EXTENSION SERVICES | LANDFILL | ANN STREET | |
| 41 | 3/29/2010 | PHYSICIAN DESK REFERENCES | 3 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 42 | 3/29/2010 | NURSING DRUG HANDBOOKS | 4 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 43 | 4/12/2010 | CELL PHONE | 1 | COMMUNITY DEVELOPMENT | LANDFILL | ANN STREET | |
| 44 | 4/14/2010 | CLOCKS | 4 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 45 | 4/14/2010 | METAL SHELVES | 6 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 46 | 4/14/2010 | SUITCASE | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 47 | 4/14/2010 | TRASH CANS | 25 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 48 | 4/14/2010 | 2-DRAWER FILING CABINET | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 49 | 4/14/2010 | TRASH CAN LIDS | 2 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 50 | 4/14/2010 | MOP HANDLES | 4 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 51 | 4/14/2010 | BIO-HAZARD CANS | 3 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 52 | 4/21/2010 | HANGING MAP FILE CABINETS | 6 | TAX ADMINISTRATION | | | GOV-DEALS |
| 53 | 4/27/2010 | CELL PHONE W/CHARGER | 1 | PUBLIC LIBRARY | | | SAFE-LINK |
| 54 | 5/11/2010 | TYPEWRITER RIBBONS | 22 | COMMUNICATIONS CENTER | LANDFILL | ANN STREET | |
| 55 | 5/11/2010 | TYPEWRITER CARTRIDGES | 14 | COMMUNICATIONS CENTER | LANDFILL | ANN STREET | |
| 56 | 5/11/2010 | CORRECTION TAPE | 1 BOX | COMMUNICATIONS CENTER | LANDFILL | ANN STREET | |
| 57 | 5/24/2010 | DOLLY | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 58 | 5/24/2010 | METAL STORAGE CABINET | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 59 | 5/24/2010 | BLOOD-DRAWING CHAIR | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 60 | 5/24/2010 | EXAM ROOM LIGHT | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 61 | 5/24/2010 | WALL PIECES | 2 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 62 | 6/14/2010 | CHAIRS | 27 | PUBLIC LIBRARY | LANDFILL | ANN STREET | |
| 63 | 6/14/2010 | TABLES | 4 | PUBLIC LIBRARY | LANDFILL | ANN STREET | |
| 64 | 6/14/2010 | OVERHEAD PROJECTORS | 2 | PUBLIC LIBRARY | LANDFILL | ANN STREET | |
| 65 | 6/16/2010 | DOLLY | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |

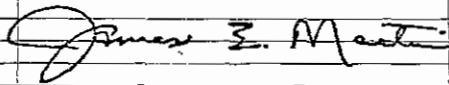
REPORT NO. 41

PAGE 3 OF 3

REPORT ON THE DISPOSAL OF SURPLUS COUNTY PROPERTY

January 1, 2010 - June 30, 2010

| FEM NO. | DATE RECEIVED | DESCRIPTION OF PROPERTY | QTY | RENDERING DEPARTMENT | METHOD OF DISPOSAL | LANDFILL LOCATION | SOLD TO/GIVEN TO |
|------------|------------------|----------------------------|-----|-------------------------|-----------------------|----------------------|------------------|
| 66 | 5/16/2010 | STORAGE CABINET | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 67 | 6/16/2010 | JANITOR CARTS | 5 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 68 | 6/16/2010 | MEDICINE CART | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 69 | 6/16/2010 | TRASH CANS | 2 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 70 | 6/16/2010 | BLOOD DRAWING CHAIR | 1 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 71 | 6/16/2010 | EXAM ROOM LIGHTS | 2 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 72 | 6/16/2010 | WALL PIECES | 2 | HEALTH DEPARTMENT | LANDFILL | ANN STREET | |
| 73 | 6/29/2010 | CELL PHONE | 1 | COMMUNITY DEVELOPMENT | | | SAFE-LINK |



JAMES MARTIN, COUNTY MANAGER

7/2/10

DATE



EARL R. BUTLER, SHERIFF
CUMBERLAND COUNTY SHERIFF'S OFFICE



An Internationally Accredited Law Enforcement Agency

TO: Members of the Board of Commissioners

ITEM NO. 2L

THRU: Mr. James E. Martin, County Manager

FROM: Earl R. Butler, Sheriff

DATE: July 23, 2010

SUBJECT: Inmate Commissary Contract Award

Background: By NC General Statutes, the Jail is required to operate a commissary store from which inmates may buy soft drinks, snack foods, greeting cards, and similar sundries.

Board of Commissioners Resolutions of March 21, 1988 and October 7, 1996 authorize the Sheriff to operate an Inmate Welfare Fund, and use the income for the benefit of inmates.

The Inmate Welfare Fund receives profits from this sales activity. Items typically provided by the Fund are salary & benefit costs of employees who account for the inmate's personal trust fund accounts; support of the high school GED program; purchase of televisions; haircuts and snack foods to indigent inmates; maintenance on the video visitation system; purchase of inmate jump suits, sandals, security razors, and similar items.

The effort and cost of operating our own Commissary are a burden. The current system is not as efficient or accurate as it could be. There are a number of private companies that specialize in delivering candy and sundries to inmates, and pay a commission to the sheriffs for the privilege.

The Sheriff's Office, through the County Purchasing Office, solicited proposals for a contract-operated commissary. Three responses were evaluated by the Chief Jailer, the County Purchasing Officer, and the Sheriff's Office Accountant.

The recommendation to award the contract to Oasis for a 5 year period has been reviewed by Mr. Rick Moorefield, County Attorney, and Amy Cannon, Assistant County Manager.

Forwarded for your information and ratification.

Inmate Commissary Agreement

July 13, 2010

THIS AGREEMENT, made this thirteenth day of July 2010, by and between Oasis Management Systems, Inc., a Georgia Corporation, with its principal offices located at 5320 Lake Pointe Center Drive, Suite A, Cumming, Georgia 30041 (hereinafter referred to as "Oasis") and the Cumberland County Detention Center, located in Fayetteville, NC (hereinafter referred to as "Client").

1. **RIGHT AND TERM.** Oasis is hereby given and granted the exclusive right to operate all commissary sales and services, to include Welcome Packs on the Client's premises located in Fayetteville, NC. All profits or losses from the commissary operations will be for Oasis' account. The term of this agreement will begin on August 23rd, 2010 or sooner and continue in force until August 23rd, 2015 with the option to renew for two additional one-year terms. If both parties agree, this agreement would then continue for additional one-year terms until terminated by either party upon written notice at least (60) sixty days prior to the anniversary date. Client has the right to give 30 days notice to cancel at any time without penalty.

2. **RELATIONSHIP OF PARTIES.** The parties intend that Oasis will be an independent contractor to Client. Nothing herein will be construed to create a partnership or relationship between the parties and neither will have the authority to bind the other in any respect.

3. **DUTIES OF OASIS.** (a) **Inmate Commissary.** Oasis will provide weekly inmate commissary service to the inmates of the Cumberland County Detention Center. (b) **Compliance with Laws and Obtaining Licenses.** Oasis will comply with all applicable ordinances, laws, and regulations pertaining to the operations covered by this Agreement and will obtain licenses. (c) **Property Insurance.** Oasis will maintain insurance policies on its property located in Client's premise for loss or damage by fire or other casualties. Each party hereby waives its respective rights of recovery, including subrogation, against the other's property as a result of fire or other casualties normally covered under standard broad form property insurance. (d) **Insurance.** Oasis will maintain in force at all times during the term hereof; worker's compensation insurance and public liability insurance. (e) Oasis shall operate from an off-site location. (f) Oasis shall periodically provide menus, which include portion sizes, from which inmates may order, and any order forms and hardware/software related to processing those orders. (g) Oasis shall package all orders in sealed clear plastic bags, contain a packing list in two copies, list inmate balance remaining, and obtain the inmates signature confirming delivery. (h) Oasis shall pay any initial and recurring charges for access to the inmate data contained in the automated Jail Management Records System, currently a Sunguard Public Sector OSSI program. These charges currently are know as \$6,637.50 initial and \$600.00 recurring. (i) Client accepts the offer by Oasis to purchase Client's remaining commissary stock as part of the transition.

4. **TITLE OF SOFTWARE.** Oasis will install Lockdown inmate accounting software. This software and any other improvements are and will remain the property of Oasis. This accounting software shall comply with Generally Accepted Accounting Principles. New software releases shall be provided to Client without charge. Oasis will retain all proprietary rights to software and software will remain the property of Oasis upon termination of this Agreement. Client will not permit its employees or agents to remove or in any way tamper with or change said software.

5. **OPERATIONS.** The process to be used for ordering from Oasis and delivering to Client is set forth in Attachment A. The system used by Oasis described as its Public Lobby Reverse ATM for money drop-off and associated fees is set forth in Attachment B. The Release Debit Card used by Oasis and associated fees is set forth in Attachment C. The initial menu of items Oasis offers for sale is set forth in Attachment D. At this time, Client does not elect the Booking Room Kiosk.

6. **REMOVAL OF PROPERTY.** Within thirty (30) days after the termination of this Agreement, Oasis will remove its software and property from Client's premises.

7. **NONDISCRIMINATION.** The nondiscrimination clauses contained in Section 202 Executive Order 11246, as amended, relating to equal employment opportunity for all persons without regard to age, race, color, religion, sex or national origin and the implementing rules and regulations prescribed by the Secretary of Labor, are incorporated herein.

8. **PERSONNEL STANDARDS.** Oasis ensures that all of its employees will maintain proper sanitary practices. Client will be allowed to do background checks in pre-qualifying Oasis employees and Client shall notify Oasis of any of Oasis employee to whom Client objects to servicing Client's contract. Oasis shall not use any employees to whom Client has objected due to the background checks. Contractor and any of its employees on-site shall strictly adhere to the CDC rules, regulations, and guidelines. Employees are required to have passed drug-testing.

9. **RECORDS.** Oasis agrees to keep an accurate record of all sales in connection with the operation of the commissary and will permit Client to examine such records during normal business hours upon reasonable notice to Oasis. These records shall be made available to Client in electronic format at no cost.

10. **CONTINGENCIES.** Neither party will be liable for any nonperformance, in whole or part, of its obligations under this Agreement caused by the occurrence of any contingencies beyond the control of the party such as war, sabotage, riot or other acts of civil disobedience, acts of third parties not within the control of the party, shortages of fuel, failures of power, accidents, fires, explosions, floods, or other acts of God. In the event that any contingency occurs, the party whose performance is affected will have a reasonable time in which to resume performance.

11. **CHANGE OF SCOPE.** In the event Client adopts a future policy that affects the amount of commissary revenue, such as the facility debiting the inmate account for debit phone calls, charging a booking fee, daily rate for being in jail, room and board rate, telephone commissary connection fees or any other process that would debit an inmates account over and beyond what is currently in place, Oasis and Client will negotiate new financial arrangements within ten (10) days after written notice to Client. Oasis understands and accepts that inmate phone cards are currently debited from inmate accounts and that inmate phone calls and other means of electronic communication are not a part of this contract. Such fees are and will likely continue to be debited from inmate accounts without recourse or complaint by Oasis.

12. **INDIGENT PACKAGES.** Oasis agrees to provide indigent packages to Client at an agreed upon price if Client so desires. This cost will be deducted from Client's gross commission. Oasis agrees to provide Client with all indigent billing information. Client may elect to provide this service on its own.

13. **PRODUCTS, PROGRAMS, PRICING.** Oasis shall offer a large selection of items and quality brand-name products. Selection and variety may be adjusted as mutually agreed upon by both parties. Any and all new products and/or specialty programs must be reviewed and approved by Client before being placed on menu or into service. Prices for the commissary items may not be higher than comparable item offered for retail sale in a sampling of drugstores, grocery stores, and convenience stores in the local area, and include sales tax. In the event that the Client declines or otherwise limits any price increase or product selection, Oasis at its sole discretion may terminate this agreement upon 30 days notice to Client. Client reserves the right of final approval of any price for any item. Oasis agrees to maintain prices for the first year. Commencing with the first anniversary date and subsequent anniversaries of the contract, the prices may be increased to reflect the current local market prices. Fees for the Public Lobby Reverse ATM and the Debit Release Card shall remain unchanged for the first year of the contract term. Commencing with the first anniversary date and subsequent anniversaries of the contract, the sales prices and fees for the Lobby Kiosk and Release Debit Cards may be increased to reflect the current local market prices with the foreknowledge and written approval of the Client.

14. **WAIVER.** Failure of either party to enforce any term of this Agreement on one or more occasions will not constitute a waiver to enforce such or any other term on any other occasion.

15. **MODIFICATION.** No modification of any of the terms and conditions of this Agreement will be effective unless such modification is expressed in writing and signed by both parties.

16. ENTIRE AGREEMENT. This Agreement and the Exhibits hereto contain the entire understanding of the parties with respect to the subject matter hereof. Oasis' Proposal for Canteen Services for the Cumberland County Detention Center dated January 4, 2010 is made a part of this Contract by reference. This contract shall be interpreted and enforced under the laws of the State of North Carolina.

17. NOTICE. Notice means written notice, by certified mail or verified facsimile or personally delivered, to the address as either party may designate for itself by written notice to the other.

18. FINANCIAL ARRANGEMENTS. (a) Commissions to Client: Oasis will pay Client an amount of Net Sales equal to 30.8% for the term of this agreement. "Net Sales" is defined as total commissary sales minus any applicable taxes, postal products, and refunds. (b) Accounting and Reporting. After the end of each week, Oasis will submit a report of Net Sales and an itemization of the Client Commission during the preceding week period. The Cumberland County Detention Center agrees to pay Oasis weekly for all items purchased through the Inmate Commissary. An interest rate of 1.5% will be assessed to all accounts in excess of forty-five days.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed in the day and year first above written.

OASIS MANAGEMENT SYSTEMS, INC.

BY : Mike Trunk

DATE: 7/13/10

CUMBERLAND COUNTY DETENTION CENTER

BY : Earl R. Butler
Earl R. Butler, Sheriff

DATE: July 23, 2010

ATTACHMENT A OPERATION of the COMMISSARY

Oasis operates on the 100% in-stock principle and does not substitute items on orders.

Scan forms to be furnished by Oasis; scan forms collected and transmitted by Oasis. Oasis staff for scanning order forms and delivering orders and obtaining signature is projected to consist of 2 Part-time workers, with pay of \$12.50 hourly

| | |
|---------------------------------|--------------------------------------|
| Funds Deducted when | when order processed (upon scanning) |
| Scan deadline | By 10:00 AM for next day delivery |
| Delivery on | following day |
| Primary warehouse in | Raleigh NC |
| Backup warehouse | Atlanta, GA and Richmond, VA |
| Day of week to order | negotiable |
| Day of week for delivery | 1 day after order |
| How many delivery days per week | One |

Actions Upon Delivery by Oasis

| | |
|--------------------------|------------------------------------|
| Verify recipient | Look at ID /wristband / ask Jailer |
| Packing List in 2 copies | Inmates signs and keeps one copy |

Discrepancy in Order

Order errors noticed at delivery will be fixed by Oasis immediately and credited the same day. When delivery not made/refused/no longer an inmate, order will be credited to Inmate Account that day. If no longer an inmate, funds will be forwarded by Oasis.

When an inmate is out of money, the Client shall prioritize the shopping list by selecting which scan numbers take preference.

ATTACHMENT B**PUBLIC LOBBY REVERSE ATM**

Oasis shall furnish two lobby kiosks, connecting in real time to the Oasis accounting program for posting of transactions. The equipment shall use casino grade bill acceptors. All forms of deposits will be accepted.

Oasis will maintain and support this kiosk 24 hours per day, 7 days per week.

Fees to be:

\$2.95 > 19.99 \$20.00 > 99.99 \$100.00 > 199.99 \$200.00 > 300.00 up to \$500.00

| | | |
|-------------------------------|-------------------------------|----------------------------|
| Cash | \$2.95 each | |
| Credit Card | 10% on all transactions | |
| PIN Debit Card | 10% on all transactions | |
| Phone, Internet | 10% on all transactions | |
| Bail money deposits | 10% of bond amount | |
| Cash picked up and to bank by | - CCSO Employees - | Oasis employees to process |
| Counterfeit bills absorbed by | Oasis | |
| Bad credit card absorbed by | Oasis | |

DEBIT CARD UPON RELEASE

Oasis will offer a debit card, which may be loaded with the inmate's money upon release. Oasis will provide two card scanners and one MICR Check printer, and card creation software. Any new technology will be made available to Client at no charge. Blank card stock to be furnished by Oasis. All repairs, replacements and support provided by Oasis.

| | | | |
|-------------------------|----------------|---|---|
| Brand of card | MasterCard | | |
| | Rate Structure | | |
| Activate Card | \$0.00 | No cost to Detention Center No cost to individual inmate No "Call to Activate" needed | |
| Signature purchase | \$0 | Can be used as often as desired for 24 hours without any fee. | |
| After 24 hours | \$2.50 | Per week fee | |
| PIN purchase | | \$0 | |
| ATM fee | 1st | \$2.50 | plus ATM owner fee |
| | Subsequent | \$2.50 | plus ATM owner fee |
| ATM Declines | | \$0 | |
| ATM Balance inquiry | | \$1.00 | |
| Inactive Account charge | | \$2.50 | there are no fees for the first 24 hour after that, fee of \$2.50 per week |
| Monthly account charge | | \$10 to keep card active | |

The MasterCard may be re-loaded after the inmate is released.

ATTACHMENT D**MENU OF ITEMS, PORTION SIZES, AND PRICES**

Oasis shall offer name-brand items, placed in corrections-special packaging. The Client may elect to offer house brand items.

Specific Menu Being Developed

COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST

| | |
|---------------------|-----------|
| Budget Office Use | |
| Budget Revision No. | B10-402 |
| Date Received | 6/30/2010 |
| Date Completed | |

Fund No. 420 Agency No. 442 Organ. No. 4438
Organization Name: Recreation - Hope Mills

ITEM NO. 2M(1)

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|--------------------|----------------|---------------------|----------------|
| 1000 | Taxes Current Year | 406,558 | 390 | 406,948 |

406,558 390 406,948

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|---------------------|----------------|---------------------|----------------|
| 3391 | 725 | Contracted Services | 446,884 | 390 | 447,274 |

Total 446,884 390 447,274

Justification:

Revision in the amount of \$390 to budget additional revenue anticipated for remainder of fiscal year.

Funding Source:

State: _____
Other: _____

Federal: _____
Fees: _____

Fund Balance:

County: _____ New: _____
Prior Year: _____

Other: _____ 390

Submitted By: _____

Date: _____

Approved By: _____

Reviewed By: Kelly Curtis
Department Head

Date: 6.30.10

Date: _____

Reviewed By: Amy H. Cannon
Finance Department
Deputy/Assistant County Mgr

Date: 6.30.10

County Manager

Board of County Commissioners

Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|---------------------|----------------|
| Budget Office Use | |
| Budget Revision No. | <u>311-007</u> |
| Date Received | <u>7-12-10</u> |
| Date Completed | |

Fund No. 101 Agency No. 431 Organ. No. 4334
 Organization Name: Women , Infants , Children (WIC)

ITEM NO. 2M(2)a

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|-------------|----------------|---------------------|----------------|
|---------------------|-------------|----------------|---------------------|----------------|

Total 0 0 0

EXPENDITURES

| Object Code | APRs Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|-------------|----------------|---------------------|----------------|
|-------------|-----------|-------------|----------------|---------------------|----------------|

| | | | | | |
|------|--|-------------------------------|-----------|----------|-----------|
| 1210 | | Salaries - Regular | 1,643,332 | 70,329 | 1,713,661 |
| 1810 | | Fica Match | 127,975 | 5,379 | 133,354 |
| 1820 | | Retirement | 107,893 | 4,536 | 112,429 |
| 1830 | | Medical Insurance | 309,925 | 17,250 | 327,175 |
| 1860 | | Workers Compensation | 4,940 | 141 | 5,081 |
| 4103 | | Breast Feeding Peer Counselor | 115,254 | (97,635) | 17,619 |

Total 2,309,319 - 2,309,319

Justification:

This budget revision requests to budget for three (3) new positions in order to enhance the Breastfeeding Peer Counselor program.

State: xxxxxxxx Federal: _____ Fund Balance: _____ County: _____
 Other: _____ Fees: _____ Prior Year: _____ Other: _____

Submitted By: [Signature]
 Department Head
 Reviewed By: Kelly Cutrup
 Budget Analyst
 Reviewed By: Amber Cunniff
 Deputy Assistant County Mgr
 Reviewed By: _____
 Information Services

Date: 7.7.10
 Date: 7.12.10
 Date: 7/12/10
 Date: _____

| | |
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| Approved By: | |
| County Manager | Date: _____ |
| Board of County Commissioners | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|---------------------|----------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-011</u> |
| Date Received | <u>7.15.10</u> |
| Date Completed | |

Fund No. 101 Agency No. 431 Organ. No. 4315
 Organization Name: Child Health Clinic

ITEM NO. 2M(2)b

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|-----------------------|----------------|---------------------|----------------|
| 9903 | Fund Balance - Health | 63,637 | 25,000 | 88,637 |

63,637 25,000 88,637

EXPENDITURES

| Object Code | APRs Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|------------|---------------------|----------------|---------------------|----------------|
| 3390 | <u>183</u> | Contracted Services | 12,400 | 25,000 | 37,400 |

Total 12,400 25,000 37,400

Justification:

This budget revision requests to utilize Fund Balance - Health in order to fund the cost of a contracted temporary medical provider for the Child Health Clinic for the months of July 2010 and August 2010.

State: _____ Federal: _____ Fund Balance: _____ County: _____ New: _____ Other: _____
 Other: _____ Fees: 25,000 Prior Year: _____

Submitted By: [Signature]
 Department Head
 Reviewed By: [Signature]
 Finance Department
 Reviewed By: [Signature]
 Deputy Assistant County Mgr

7.13.10 Date:
7.15.10 Date:
7/27/10 Date:

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| Approved By: | |
| _____ | Date: _____ |
| County Manager | |
| _____ | Date: _____ |
| Board of County Commissioners | |
| _____ | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

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|---------------------|----------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-012</u> |
| Date Received | <u>7.15.10</u> |
| Date Completed | |

Fund No. 101 Agency No. 431 Organ. No. 4318

Organization Name: Health Education

ITEM NO. 2M(2)c

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|---------------|----------------|---------------------|----------------|
| 7670 | Miscellaneous | 0 | 20,000 | 20,000 |
| | | - | 20,000 | 20,000 |

EXPENDITURES

| Object Code | APRs Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|------------|-------------|----------------|---------------------|----------------|
| 3428 | <u>191</u> | Grants | 0 | 20,000 | 20,000 |
| Total | | | - | 20,000 | 20,000 |

Justification:

This budget revision requests to budget for the " Baby Store " grant that the department has been notified that it has been awarded.

State: _____ Federal: _____ Fund Balance: _____ County: _____ New: _____ Other: 20,000
Other: _____ Fees: _____ Prior Year: _____

Submitted By: [Signature]
Department Head
Reviewed By: [Signature]
Finance Department
Reviewed By: [Signature]
Deputy Assistant County Mgr

7.13.10 Date:
7.15.10 Date:
7/27/10 Date:

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|-------------------------------|-------------|
| Approved By: | |
| _____ | Date: _____ |
| County Manager | |
| Board of County Commissioners | |
| _____ | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| Budget Office Use | |
|---------------------|----------|
| Budget Revision No. | B11-006 |
| Date Received | 7/9/2010 |
| Date Completed | |

Fund No. 020 Agency No. 450 Organ. No. 450G
 Organization Name: ESD Water Project - Phase II

ITEM NO. 2 M(3)

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|---------------------------------|----------------|---------------------|----------------|
| 9296 | Bond Anticipation Note Proceeds | 6,177,000 | 0 | 6,177,000 |
| 4008 | USDA Grant | 1,797,700 | 0 | 1,797,700 |
| 6681 | Tap Fees | 77,800 | 0 | 77,800 |
| 9135 | Transfer from ESD General Fund | 100,000 | 0 | 100,000 |
| Total | | 8,152,500 | 0 | 8,152,500 |

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|--|----------------|---------------------|----------------|
| 3110 | TBA | Legal | 10,000 | 0 | 10,000 |
| 3113 | TBA | Bond Counsel | 25,000 | 0 | 25,000 |
| 3419 | TBB | Miscellaneous (Engineer Reimbursables) | 23,665 | 0 | 23,665 |
| 3488 | TBB | Administrative | 9,817 | 0 | 9,817 |
| 3630 | TBB | Capital Outlay Land | 7,500 | 0 | 7,500 |
| 3714 | TBB | Geotechnical | 27,950 | 6,756 | 34,706 |
| 3747 | TBB | Engineering | 659,844 | 0 | 659,844 |
| 379F | TBB | Construction - Contract 1 | 2,121,600 | 0 | 2,121,600 |
| 379G | TBB | Construction - Contract 2 | 2,018,791 | 21,654 | 2,040,445 |
| 379H | TBB | Construction - Contract 3 | 1,748,518 | 24,083 | 1,772,601 |
| 379J | TBB | Construction - Contract 4 | 719,400 | 0 | 719,400 |
| 3809 | TBD | Capitalized Interest | 450,000 | 0 | 450,000 |
| 3903 | TBE | Contingency | 330,415 | (52,493) | 277,922 |
| Total | | | 8,152,500 | - | 8,152,500 |

Justification:

Revision to move \$52,493 from Contingency to fund Change Orders No.10-2-1 (McArthur Construction Contract No.2 to increase by \$21,653.60) and No.10-3-1 (McArthur Construction Contract No. 3 to increase by \$24,082.59) and to fund other unanticipated costs (\$6,755.93).

59
 State: _____ Federal: _____ Fund Balance: _____ County: _____ New: _____ Other: _____
 Other: _____ Fees: _____ Prior Year: _____

Submitted By: _____
 Department Head

Date: _____

Reviewed By: Bob Tucker
 Finance Department

Date: 7/26/10

Reviewed By: Amy Cannon
 Assistant County Mgr

Date: 7/27/10

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| Approved By: | |
| County Manager | Date: _____ |
| Board of County Commissioners | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

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|---------------------|------------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-019</u> |
| Date Received | <u>7/19/2010</u> |
| Date Completed | |

Fund No. 101 Agency No. 440 Organ. No. 4408

Organization Name: Library Grants

ITEM NO. 2M(4)a

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|----------------|----------------|---------------------|----------------|
| 4666 | Library Grants | 0 | 1,000 | 1,000 |
| | | 0 | 1,000 | 1,000 |

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|---------------------|----------------|---------------------|----------------|
| 3390 | | Contracted Services | 0 | 1,000 | 1,000 |
| | | | 0 | | - |
| Total | | | 0 | 1,000 | 1,000 |

Justification:

The Library has received a grant from the Arts Council for "Against All Odds" in the amount of \$1,000. The grant will be used to pay for the performers.

Funding Source:

State: _____
Other: 1,000

Fund Balance:

Federal: _____ County: _____ New: _____
Fees: _____ Prior Year: _____

Other: _____

Submitted By: [Signature] Date: 7/19/10
Department Head

Reviewed By: [Signature] Date: 7.20.10
Finance Department

Reviewed By: [Signature] Date: 7/27/10
Deputy Assistant County Mgr

| | |
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| Approved By: | |
| County Manager | Date: _____ |
| Board of County Commissioners | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|---------------------|------------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-018</u> |
| Date Received | <u>7/19/2010</u> |
| Date Completed | |

Fund No. 101 Agency No. 440 Organ. No. 4408

Organization Name: Library Grants

ITEM NO. 2M(4)8

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------------|----------------|-------------------|------------------------|-------------------|
| 4666 | Library Grants | 0 | 4,000 | 4,000 |
| | | 0 | 4,000 | 4,000 |

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|----------------|--------------|---------------------|-------------------|------------------------|-------------------|
| 3390 | | Contracted Services | 0 | 4,000 | 4,000 |
| Total | | | 0 | 4,000 | 4,000 |

Justification:

The Library has received a grant from the Arts Council for Storytelling Festival in the amount of \$4,000. The grant will be used to pay for the 3 performers.

Funding Source:

State: _____
Other: 4,000

Federal: _____
Fees: _____

Fund Balance:

County: _____ New: _____
Prior Year: _____

Other: _____

Submitted By: Jody Rosado
Department Head

Reviewed By: Heather
Finance Department

Reviewed By: Amy Cannon
Deputy Assistant County Mgr

Date: 7/19/10

Date: 7.20.10

Date: 7/21/10

Approved By:

Date: _____

County Manager

Board of County
Commissioners

Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|---------------------|------------------|
| Budget Office Use | |
| Budget Revision No. | <u>311-019</u> |
| Date Received | <u>7/19/2010</u> |
| Date Completed | |

Fund No. 101 Agency No. 440 Organ. No. 4408

Organization Name: Library Grants

ITEM NO. 2 M (4) C

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|----------------|----------------|---------------------|----------------|
| <u>4409</u> | <u>NC LSTA</u> | 0 | 20,000 | 20,000 |
| | | 0 | 20,000 | 20,000 |

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|---|----------------|---------------------|----------------|
| | | <u>LSTA-Strengthening Library Collections</u> | | 20,000 | 20,000 |
| Total | | | 0 | 20,000 | 20,000 |

Justification:

The Library has been awarded a Strengthening Public and Academic Library Collections Grant in the amount of \$20,000. This grant will be used for print materials in the following areas: Computers, Computer Repair, Computer Applications and Instruction and Math. There is No match

Funding Source:

State: _____
Other: 20,000

Federal: _____
Fees: _____

Fund Balance:

County: _____
New: _____
Prior Year: _____

Other: _____

Submitted By: Joy Keacher

Department Head

Date: 7/19/10

Reviewed By: Kelly Aubrey

Finance Department

Date: 7.20.10

Reviewed By: Amber Cannon

Deputy Assistant County Mgr

Date: 7/21/10

Approved By:

Date: _____

County Manager

Board of County
Commissioner

Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

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|--------------------------|------------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-000</u> |
| Date Received | <u>7/16/2010</u> |
| Date Completed | |

Fund No. 101 Agency No. 440 Organ. No. 4411
 Organization Name: Library- Read to Me

ITEM NO. 2 M(4)d

| REVENUE | | | | |
|---------------------|----------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 4411 | NC Smart Start | 223,958 | (223,958) | - |
| | | 223,958 | (223,958) | - |

Pg 1 of 2

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 1210 | 311 | Salaries-Reg | 75,518 | (75,518) | - |
| 1265 | 311 | Salaries-Part Time | 64,411 | (64,411) | - |
| 1270 | 311 | Longevity | 1,178 | (1,178) | - |
| 1810 | 311 | Fica | 10,794 | (10,794) | - |
| 1820 | 311 | Retirement | 4,947 | (4,947) | - |
| 1830 | 311 | Medical Ins | 11,500 | (11,500) | - |
| 1860 | 311 | Workers-Comp | 1,171 | (1,171) | - |
| 2601 | 312 | Office Supplies | 750 | (750) | - |
| 2992 | 312 | Departmental Supplies | 500 | (500) | - |
| 2996 | 312 | Books & Periodicals | 40,809 | (40,809) | - |
| 3420 | 312 | Insurance & Bonds | 1,000 | (1,000) | - |
| 3440 | 312 | Postage | 260 | (260) | - |
| 3445 | 312 | Telephone | 1,620 | (1,620) | - |
| 3450 | 312 | Copier Charge | 800 | (800) | - |
| 3455 | 312 | Printing | 500 | (500) | - |
| 3470 | 312 | Travel | 8,200 | (8,200) | - |
| Total | | | 223,958 | (223,958) | - |

Justification:

The Library did not get the grant for the Read to Me program for FY 2011. Therefore, budget revision to close out the Read to Me Program.

Funding Source: State: _____ Federal: _____ County: _____ New: _____ Other: _____
 Other: (223,958) Fees: _____ Prior Year: _____

Submitted By: Joan Roach Date: 7/19/10
 Department Head
 Reviewed By: Kelly Aubrey Date: 7-20-10
 Finance Department
 Reviewed By: Amy Cannon Date: 7/27/10
 Deputy Assistant County Mgr

revised July 2007

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| Approved By: | |
| _____ | Date: _____ |
| County Manager | |
| Board of County Commissioners | |
| _____ | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

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|---------------------|------------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-020A</u> |
| Date Received | <u>7/21/2010</u> |
| Date Completed | |

Fund No. 101 Agency No. 440 Organ. No. 4412
 Organization Name: Library- MotheRead

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 4414 | NC MotheRead | 71,111 | 88,181 | 159,292 |
| | | 71,111 | 88,181 | 159,292 |

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 1210 | 314 | Salaries | 0 | 40,791 | 40,791 |
| 1265 | 314 | Salaries-Part time | 45,599 | 0 | 45,599 |
| 1270 | 314 | Longevity | 0 | 918 | 918 |
| 1810 | 314 | Social Security | 3,486 | 3,191 | 6,677 |
| 1820 | 314 | Retirement | 0 | 2,690 | 2,690 |
| 1830 | 314 | Medical Insurance | 0 | 5,750 | 5,750 |
| 1860 | 314 | Workers Compensation | 91 | 83 | 174 |
| 1991 | 314 | Salary Adjustment | 0 | 5,667 | 5,667 |
| 2601 | 315 | Office Supplies | 500 | 0 | 500 |
| 2992 | 315 | Departmental Supplies | 750 | 0 | 750 |
| 2996 | 315 | Books & Periodicals | 5,467 | 22,740 | 28,207 |
| 3390 | 315 | Contracted Services | 10,743 | 0 | 10,743 |
| 3420 | 315 | Insurance & Bonds | 0 | 1,001 | 1,001 |
| 3455 | 315 | Printing | 300 | 0 | 300 |
| 3470 | 315 | Travel Employee | 3,500 | 3,300 | 6,800 |
| 3474 | 315 | Employee Training | 675 | 150 | 825 |
| 3445 | 315 | Telephone | 0 | 1,500 | 1,500 |
| 3450 | 315 | Copier Charge | 0 | 400 | 400 |
| Total | | | 71,111 | 88,181 | 159,292 |

Justification:

The Read to Me program was not funded by the State for FY11. Smart Start has given us the MotherRead program with additional funds included to include additional personnel that were originally funded in the Read to Me program.

Funding Source:

State: 88,181
 Other: _____

Federal: _____
 Fees: _____

Fund Balance:

County: _____ New: _____
 Prior Year: _____

Other: _____

Submitted By: _____
 Department Head

Reviewed By: _____
 Finance Department

Reviewed By: _____
 Deputy Assistant County Mgr

Date: _____

Date: _____

Date: 7/27/10

Approved By: _____

Date: _____

County Manager

Board of County Commissioners

Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

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|---------------------|------------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-023</u> |
| Date Received | <u>7/20/2010</u> |
| Date Completed | |

Fund No. 101 Agency No. 440 Organ. No. 4408
 Organization Name: Library Grants

ITEM NO. am(4)e

| REVENUE | | | | |
|---------------------|----------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 4666 | Library Grants | 0 | 98,370 | 98,370 |
| | | 0 | 98,370 | 98,370 |

| EXPENDITURES | | | | | |
|--------------|-----------|---------------------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 4411 | | Technology Planning Grant | 0 | 98,370 | 98,370 |
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Justification:

The Library has been awarded Technology Planning Grant in the amount of \$98,370. This will be used to add more computers & add the RFID self checkout stations/ RFID Security gate & RFID security tags. We have a \$24,593 match which has been budgeted in our E-rate.

Funding Source: State: _____ Fund Balance: _____
 Other: 98,370 Federal: _____ Fees: _____ County: _____ New: _____ Other: _____
 Prior Year: _____

| | | |
|--|----------------------|---|
| Submitted By: <u>Jody Prosser</u> Department Head | Date: <u>7/20/10</u> | Approved By: _____ _____ County Manager Board of County Commissioners Date: _____ |
| Reviewed By: <u>Deely Cutrey</u> Finance Department | Date: <u>7.21.10</u> | |
| Reviewed By: <u>Amel Cannon</u> Deputy Assistant County Mgr | Date: <u>7/27/10</u> | |

COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST

Budget Office Use

Budget Revision No. B11-024

Date Received 7/21/2010

Date Completed

Fund No. 472 Agency No. 429 Organ. No. 4262

Organization Name Bethany Fire District

ITEM NO. 2M(5)

REVENUE

pg 1 of 10

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|-------------|----------------|---------------------|----------------|
|---------------------|-------------|----------------|---------------------|----------------|

| | | | | |
|------|--------------|---|-------|-------|
| 9901 | Fund Balance | 0 | 1,987 | 1,987 |
|------|--------------|---|-------|-------|

| | | | |
|-------|---|-------|-------|
| Total | 0 | 1,987 | 1,987 |
|-------|---|-------|-------|

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|-------------|----------------|---------------------|----------------|
|-------------|-----------|-------------|----------------|---------------------|----------------|

| | | | | | |
|------|-----|-----------------|---------|-------|---------|
| 5552 | 838 | Fire Protection | 183,724 | 1,987 | 185,711 |
|------|-----|-----------------|---------|-------|---------|

| | | | |
|-------|---------|-------|---------|
| Total | 183,724 | 1,987 | 185,711 |
|-------|---------|-------|---------|

Justification:

Revision in the amount of \$1,987 to budget additional revenue earned in prior fiscal year.

Funding Source:

State:

Federal:

Fund Balance:

County:

New:

Other:

Other:

Fees:

Prior Year: 1,987

Submitted By:

Date:

Department Head

Reviewed By:

Date:

Kelly Autry

7-21-10

Finance

Reviewed By:

Date:

Amber Cannon

7/27/10

Deputy/Assistant County Mgr

Reviewed By:

Date:

Information Services

Approved By:

Date:

County Manager

Board of County Commissioners

Date:

COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST

Budget Office Use

Budget Revision No. B11-025

Date Received 7/21/2010

Date Completed

Fund No. 474 Agency No. 429 Organ. No. 4266

Organization Name Cotton Fire District

REVENUE

pg 2 of 10

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|--------------|----------------|---------------------|----------------|
| 9901 | Fund Balance | 0 | 479 | 479 |

Total 0 479 479

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|-----------------|----------------|---------------------|----------------|
| 5552 | 840 | Fire Protection | 685,242 | 479 | 685,721 |

Total 685,242 479 685,721

Justification:

Revision in the amount of \$479 to budget additional revenue earned in prior fiscal year.

Funding Source:

State: _____

Other: _____

Federal: _____

Fees: _____

Fund Balance:

County: _____

New: _____

Prior Year: 479

Other: _____

Submitted By: _____

Date: _____

Department Head

Reviewed By: Kelly Austin

Date: 7.21.10

Finance

Reviewed By: Amyl Cannon

Date: 7/27/10

Deputy Assistant County Mgr

Approved By:

Date: _____

County Manager

Board of County

Commissioners Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|--------------------------|-----------|
| Budget Office Use | |
| Budget Revision No. | B11-026 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 476 Agency No. 429 Organ. No. 4268
Organization Name Cumberland Road Fire District

REVENUE

pg 3 of 10

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|--------------|----------------|---------------------|----------------|
| 9901 | Fund Balance | 0 | 7,320 | 7,320 |

Total 0 7,320 7,320

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|-----------------|----------------|---------------------|----------------|
| 5552 | 841 | Fire Protection | 432,010 | 7,320 | 439,330 |

Total 432,010 7,320 439,330

Justification:

Revision in the amount of \$7,320 to budget additional revenue earned in prior fiscal year.

Funding Source:

State: _____
Other: _____

Federal: _____
Fees: _____

Fund Balance:

County: _____ New: _____
Prior Year: 7,320

Other: _____

Submitted By: _____ Date: _____

Department Head

Reviewed By: *Kelly Outrey* Date: 7.21.10
Finance

Reviewed By: *Amel Cannon* Date: 7/27/10
Deputy Assistant County Mgr

Approved By:

County Manager Date: _____

Board of County Commissioners Date: _____

COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST

Budget Office Use

Budget Revision No. B11-027

Date Received 7/21/2010

Date Completed

Fund No. 482 Agency No. 429 Organ. No. 4274

Organization Name Grays Creek Fire District #18

REVENUE

pg 4 of 10

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|--------------|----------------|---------------------|----------------|
| 9901 | Fund Balance | 0 | 3,816 | 3,816 |

| | | | |
|-------|---|-------|-------|
| Total | 0 | 3,816 | 3,816 |
|-------|---|-------|-------|

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|-----------------|----------------|---------------------|----------------|
| 5552 | 844 | Fire Protection | 298,840 | 3,816 | 302,656 |

| | | | |
|-------|---------|-------|---------|
| Total | 298,840 | 3,816 | 302,656 |
|-------|---------|-------|---------|

Justification:

Revision in the amount of \$3,816 to budget additional revenue earned in prior fiscal year.

Funding Source:

State: _____
Other: _____

Federal: _____
Fees: _____

Fund Balance:

County: _____ New: _____
Prior Year: 3,816

Other: _____

Submitted By: _____

Date: _____

Department Head

Reviewed By: Kelly Quatro

Date: 7.21.10

Finance

Reviewed By: Amyl C. Cannon

Date: 7/27/10

Deputy/Assistant County Mgr

Approved By:

Date: _____

County Manager

Board of County
Commissioners

Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| Budget Office Use | |
|---------------------|-----------|
| Budget Revision No. | B11-028 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 482 Agency No. 429 Organ. No. 4275
 Organization Name Grays Creek Fire District #24

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 9901 | Fund Balance | 0 | 3,864 | 3,864 |
| Total | | 0 | 3,864 | 3,864 |

pg. 5 of 10

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 5552 | 845 | Fire Protection | 298,840 | 3,864 | 302,704 |
| Total | | | 298,840 | 3,864 | 302,704 |

Justification:

Revision in the amount of \$3,864 to budget additional revenue earned in prior fiscal year.

Funding Source: State: _____ Federal: _____ Fund Balance: County: _____ New: _____ Other: _____
 Other: _____ Fees: _____ Prior Year: 3,864

Submitted By: _____ Date: _____
 Department Head
 Reviewed By: Kelly Austrey Date: 7.21.10
 Finance
 Reviewed By: Amy Cannon Date: 7/27/10
 Deputy Assistant County Mgr

| | |
|-------------------------------|-------------|
| Approved By: | |
| _____ | Date: _____ |
| County Manager | |
| _____ | Date: _____ |
| Board of County Commissioners | |
| _____ | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|--------------------------|-----------|
| Budget Office Use | |
| Budget Revision No. | B11-029 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 484 Agency No. 429 Organ. No. 4276
Organization Name LaFayette Fire District

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 9901 | Fund Balance | 0 | 488 | 488 |
| Total | | 0 | 488 | 488 |

pg 6 of 10

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 5552 | 846 | Fire Protection | 159 | 488 | 647 |
| Total | | | 159 | 488 | 647 |

Justification:

Revision in the amount of \$488 to budget additional revenue earned in prior fiscal year.

Funding Source: State: _____ Federal: _____ Fund Balance: County: _____ New: _____ Other: _____
Other: _____ Fees: _____ Prior Year: 488

Submitted By: _____ Date: _____

Department Head

Reviewed By: Kelly Anthony Date: 7.21.10
Finance

Reviewed By: Amy Cannon Date: 7/27/10
Deputy Assistant County Mgr

Approved By:

County Manager

Board of County Commissioners

Date: _____

Date: _____

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|--------------------------|-----------|
| Budget Office Use | |
| Budget Revision No. | B11-030 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 490 Agency No. 429 Organ. No. 4282
Organization Name Manchester/Spring Lake Fire District

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 9901 | Fund Balance | 0 | 2,677 | 2,677 |
| Total | | 0 | 2,677 | 2,677 |

pg 7 of 10

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 5552 | 848 | Fire Protection | 83,472 | 2,677 | 86,149 |
| Total | | | 83,472 | 2,677 | 86,149 |

Justification:

Revision in the amount of \$2,677 to budget additional revenue earned in prior fiscal year.

Funding Source: State: _____ Federal: _____ Fund Balance: County: _____ New: _____ Other: _____
Other: _____ Fees: _____ Prior Year: 2,677

Submitted By: _____ Date: _____
Reviewed By: Kelly Country Date: 7.21.10
Reviewed By: Amyd Cannon Date: 7/27/10
Deputy Assistant County Mgr

| | |
|-------------------------------|-------------|
| Approved By: | |
| County Manager | Date: _____ |
| Board of County Commissioners | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| Budget Office Use | |
|---------------------|-----------|
| Budget Revision No. | B11-031 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 492 Agency No. 429 Organ. No. 4284
 Organization Name Pearces Mill Fire District

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 9901 | Fund Balance | 0 | 4,027 | 4,027 |
| Total | | 0 | 4,027 | 4,027 |

pg 8 of 10

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 5552 | 849 | Fire Protection | 705,779 | 4,027 | 709,806 |
| Total | | | 705,779 | 4,027 | 709,806 |

Justification:

Revision in the amount of \$4,027 to budget additional revenue earned in prior fiscal year.

Funding Source: State: _____ Federal: _____ County: _____ New: _____ Other: _____
 Fees: _____ Prior Year: 4,027

Submitted By: _____ Date: _____
 Department Head
 Reviewed By: Kelly A. [Signature] Date: 7.21.10
 Finance
 Reviewed By: Amel [Signature] Date: 7/27/10
 Deputy Assistant County Mgr

| | |
|-------------------------------|-------------|
| Approved By: | |
| County Manager | Date: _____ |
| Board of County Commissioners | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|---------------------|-----------|
| Budget Office Use | |
| Budget Revision No. | B11-032 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 495 Agency No. 429 Organ. No. 4290
 Organization Name Stoney Point Fire District

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 9901 | Fund Balance | 0 | 20,332 | 20,332 |
| Total | | 0 | 20,332 | 20,332 |

pg 9 of 10

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 5552 | 851 | Fire Protection | 790,321 | 20,332 | 810,653 |
| Total | | | 790,321 | 20,332 | 810,653 |

Justification:

Revision in the amount of \$20,332 to budget additional revenue earned in prior fiscal year.

Funding Source: State: _____ Federal: _____ Fund Balance: County: _____ New: _____ Other: _____
 Other: _____ Fees: _____ Prior Year: 20,332

Submitted By: _____ Date: _____
 Department Head
 Reviewed By: Kelly A. Astry Date: 7.21.10
 Finance
 Reviewed By: Amy Cannon Date: 7/27/10
 Deputy Assistant County Mgr

| | |
|-------------------------------|-------------|
| Approved By: | |
| _____ | Date: _____ |
| County Manager | |
| _____ | Date: _____ |
| Board of County Commissioners | |
| _____ | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| Budget Office Use | |
|---------------------|-----------|
| Budget Revision No. | B11-033 |
| Date Received | 7/21/2010 |
| Date Completed | |

Fund No. 496 Agency No. 429 Organ. No. 4292
 Organization Name Vander Fire District

| REVENUE | | | | |
|---------------------|--------------|----------------|---------------------|----------------|
| | | | <i>pg 10 of 10</i> | |
| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 9901 | Fund Balance | 0 | 10,449 | 10,449 |
| Total | | 0 | 10,449 | 10,449 |

| EXPENDITURES | | | | | |
|--------------|-----------|-----------------|----------------|---------------------|----------------|
| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
| 5552 | 852 | Fire Protection | 741,618 | 10,449 | 752,067 |
| Total | | | 741,618 | 10,449 | 752,067 |

Justification:

Revision in the amount of \$10,449 to budget additional revenue earned in prior fiscal year.

Funding Source: State: _____ Federal: _____ County: _____ New: _____ Other: _____
 Other: _____ Fees: _____ Prior Year: 10,449

Submitted By: _____ Date: _____
 Department Head
 Reviewed By: *Kelly Anthony* Date: 7.21.10
 Finance
 Reviewed By: *Amy Cannon* Date: 7/27/10
 Deputy/Assistant County Mgr

| | |
|-------------------------------|-------------|
| Approved By: | |
| _____ | Date: _____ |
| County Manager | |
| _____ | Date: _____ |
| Board of County Commissioners | |
| _____ | Date: _____ |

**COUNTY OF CUMBERLAND
BUDGET REVISION REQUEST**

| | |
|--------------------------|----------------|
| Budget Office Use | |
| Budget Revision No. | <u>B11-036</u> |
| Date Received | <u>7.26.10</u> |
| Date Completed | |

Fund No. 104 Agency No. 450 Organ. No. 4595
 Organization Name: Emergency Telephone System

ITEM NO. 2 M (6)

REVENUE

| Revenue Source Code | Description | Current Budget | Increase (Decrease) | Revised Budget |
|---------------------|--------------|----------------|---------------------|----------------|
| 4643 | Wireless 911 | 1,339,863 | 17,152 | 1,357,015 |

Total 1,339,863 17,152 1,357,015

EXPENDITURES

| Object Code | Appr Unit | Description | Current Budget | Increase (Decrease) | Revised Budget |
|-------------|-----------|------------------------------|----------------|---------------------|----------------|
| 3439 | 401 | Maintenance Service Contract | 164,205 | 2,232 | 166,437 |
| 2995 | 401 | Computer Software | 9,214 | 14,920 | 24,134 |

Total 173,419 17,152 190,571

Justification:

To incorporate Emergency Dispatch - ProQA, Aqua Training Software and Maintenance Contract Agreements

Funding Source:

State: _____
 Other: _____

Federal: _____
 Fees: 17152

Fund Balance:

County: _____ New: _____
 Prior Year: _____

Other: _____

Submitted By: [Signature] Date: 7/21/10
 Department Head
 Reviewed By: [Signature] Date: 7.26.10
 Finance
 Reviewed By: [Signature] Date: 7/27/10
 Deputy Assistant County Mgr

| | |
|-----------------------------------|-------------|
| Approved By: | |
| | Date: _____ |
| County Manager | |
| Board of County Commission | |
| | Date: _____ |



ITEM NO. 3

OFFICE OF THE COUNTY ATTORNEY
Courthouse, 117 Dick Street – Suite 551 • P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 678-7762 • Fax: (910) 678-7758

**MEMO FOR THE AGENDA OF THE
AUGUST 2, 2010 MEETING OF THE BOARD OF COMMISSIONERS**

TO: Board of Commissioners; Co. Manager; EM Director
FROM: Co. Atty. *RM*
DATE: July 28, 2010
SUBJECT: Agreement to Consolidate Hope Mills and County 911 Dispatch

BACKGROUND:

The attached agreement has been approved by the governing board of the Town of Hope Mills. It is recommended by EM Director Kenny Currie as a means to more efficiently use personnel by eliminating duplication of effort. It merges the Town's dispatch operations into the county's with the county hiring the Town's five dispatch employees and the Town paying the stated compensation of \$224,343.

DISCUSSION:

The agreement needs some further clarification as follows:

Section 4.a. I need to clarify the CPI index which is referenced. I simply cannot find it and I just want to make sure that I can find it and understand it.

Section 4.b. I need clarification as to how the County will adjust the compensation if there is additional revenue to the Communications Center.

Add Section 4.c. The agreement does require the county to treat the transferring Hope Mills employees differently than it does its new hires under existing personnel ordinance and policies. The justification for this is that the Town is actually paying for this as consideration for this agreement. I recommend the addition of the following language to clarify this to avoid any conflicts with other classes of new hires:

Celebrating Our Past... Embracing Our Future

The compensation paid by the Town as consideration for this agreement is at least partially funded by the re-allocation of the Town's former costs for the salaries and benefits of the Town's former dispatch employees which are being employed by the County. The parties agree that the County shall use at least part of this compensation paid by Town to offset County's personnel costs for these employees. Because the parties intend that the Town is providing at least partial funding of these County personnel costs, the County has agreed to provide the employee benefits and compensation stated herein. To the extent that the employee benefits and compensation provided by the County to the former Town employees exceed the employee benefits and compensation provided by the County to its new hires, it is due to the consideration paid by the Town.

RECOMMENDATION:

I recommend that the Board approve the agreement in principal for signature by Chairman upon clarification with the Town of the three issues discussed above with ratification by resolution to be adopted at August 16 meeting as follows:

BE IT RESOLVED, that pursuant to Article 20 of Chapter 160A of the General Statutes, the Board of Commissioners of Cumberland County does hereby ratify that agreement for an undertaking with the Town of Hope Mills for the consolidation of the emergency and non-emergency dispatch services of the Town and the County pursuant to the terms of the agreement executed by the Town on _____, 2010, and the County on _____, 2010, and as spread upon the minutes herein.

NORTH CAROLINA)
)
CUMBERLAND COUNTY)

INTERLOCAL AGREEMENT REGARDING CONSOLIDATION OF CUMBERLAND COUNTY AND
HOPE MILLS 911 DISPATCH

THIS AGREEMENT made and entered into as of July 1, 2010 by CUMBERLAND COUNTY ("COUNTY") and the TOWN OF HOPE MILLS ("TOWN") for the purpose of consolidating 911 dispatch services. The COUNTY Emergency Communications Center ("ECC") will provide a central location for citizens to make and receive calls for public safety needs; and

WHEREAS, this consolidation will promote the expeditious delivery of services to the residents and of the TOWN in order to further the public health, safety, and general welfare; and

WHEREAS, the ECC will provide the TOWN efficient and professional emergency public safety communications services, striving toward the end to ensure the preservation of human life, the protection of property; and

WHEREAS, the TOWN Board of Commissioners and the COUNTY Board of Commissioners authorized consolidation of their emergency dispatch centers into one operation managed by the COUNTY's ECC, and an agreement relating thereto,

W I T N E S S E T H:

NOW THEREFORE in consideration of promises mutually exchanged the parties agree as follows:

1. The TOWN and the COUNTY agree that Hope Mills' emergency communications services will be consolidated into and assumed by the ECC and in connection therewith five Hope Mills dispatchers will be transferred to and become COUNTY ECC employees, all as set forth herein.
2. The effective date of the consolidation shall be 12:01 a.m. on July 1, 2010.
3. The ECC shall assume and provide public safety and non-emergency dispatch services for the TOWN 24 hours a day 365 days a year. The ECC will operate as a single common recipient of notification of emergencies and calls for assistance, aid, and help from the general public, and as a dispatching center in response to such notifications. The ECC will provide the TOWN dispatch services with highly-trained, certified and/or credentialed 9-1-1 employees who strive to provide a quality, professional level of such services at all times. The day-to-day management and operation of the ECC shall continue to be under the supervision of, and conducted by, the COUNTY's Emergency Services Director who reports to the County Manager.
4. a. The TOWN shall pay the COUNTY, as compensation for the dispatch services to be provided hereunder, the amount of \$224,343.00 annually for the services described

herein. Said compensation amount shall be subject to increase for each subsequent year at the rate of the annual Consumer Price Index increase as published by the United States Department of Labor for South Urban (Series ID CUUR0300SA0) for the period ending December 31 preceding the renewal period. The County Manager shall notify the Town Manager prior to May 15 of each year this Agreement is in effect of the projected compensation cost associated with this Agreement. The TOWN shall include such amount in its annual budget for the fiscal year commencing on the next July 1. The COUNTY shall invoice the TOWN quarterly for the cost of such compensation on each September 30, December 31, March 31, and June 30, which this Agreement is in effect and the TOWN shall remit payment to the COUNTY within 30 days of receipt of invoice. The maximum amount of increase for annual compensation shall not exceed two and one-half percent (2 1/2%) per year.

- b. If the Public Safety Sales Tax or equivalent providing additional revenue to the County Emergency Communication Center ("CECC") then the county will adjust the compensation paid by Hope Mills proportionally.

- 5. The dispatchers becoming COUNTY employees hereunder will be subject to the provisions of the COUNTY Personnel Ordinance, and the COUNTY's administrative policies effective on the date of the transfer to the COUNTY, and to all future amendments thereto.

Fair Labor Standards Act (FLSA):

Non-Exempt (Hourly): By accepting employment with the COUNTY, the dispatchers agree to accept compensatory time in lieu of cash compensation for overtime. The COUNTY reserves the right, however, to pay time and a half cash overtime at its discretion. Any of the dispatchers that have accrued compensatory or overtime entitlement prior to the effective date hereof shall be paid out by the TOWN prior to transferring to the COUNTY.

Exempt: The FLSA status of the dispatchers transferring to the COUNTY will be determined based on the County's classification.

Date of Hire and Date in Class: Date of hire will be assigned based on original date hired as an employee of the TOWN. Date in class will be the effective date of promotion/placement to position held at time of transfer to the COUNTY.

Promotions: The COUNTY will determine promotional eligibility for individuals transferred to the COUNTY in accordance with its administrative policies in effect at the time the individual is eligible for promotion.

Longevity: Longevity for pay purposes will be calculated based upon combined length of service as an employee of the TOWN and of the COUNTY, based upon the COUNTY's longevity pay policy in effect at the time the individual is eligible for longevity pay.

Performance Evaluation: Supervisors shall evaluate employees under his/her immediate supervision.

Pay: The dispatchers of the TOWN who are transferred to the COUNTY shall be paid a salary equivalent to that paid the same position in the COUNTY's pay plan. Employees whose base salary is at or above the minimum of the COUNTY's pay range shall retain their base salary. Employees whose salary is below the minimum of the COUNTY's pay range shall have their salaries increased to the new minimum.

Benefits: Upon the effective date of their transfer to the COUNTY, the dispatchers will be entitled to any and all benefits enjoyed by the COUNTY employees in accordance with existing eligibility requirements as follows:

Sick Leave: Sick leave accrued as of the effective date hereof shall be wholly transferable to the COUNTY.

Vacation Time: Annual leave accrued as of the effective date hereof shall be transferred in accordance with current COUNTY policies governing maximum vacation leave accumulation. All vacation time accrued in excess of maximum allowable accumulation will be converted and transferred into sick leave in accordance with existing COUNTY policy.

Retirement System: All provisions for participation in the Local Governmental Employees' Retirement System will apply.

Flexible Spending Account: The dispatchers will be given the opportunity to elect to be enrolled in the COUNTY's Flexible Spending Account effective on their date of transfer to the COUNTY.

Health: Health insurance eligibility will be effective on the date of transfer to the COUNTY subject to the terms of coverage and the impact of pre-existing conditions in effect on that date.

6. Either party may withdraw from this agreement by giving a twelve (12) month's written notice of withdrawal by the party's Manager to be effective as of June 30th of any year.
7. This agreement is subject to and shall be construed in accordance with the laws of North Carolina, and has been duly approved by both the TOWN and COUNTY.
8. The ECC will provide primary call-screening and police dispatch services through existing law enforcement call intake protocols.
9. Hope Mills Police units will be dispatched on the existing Hope Mills Police Department radio talk group channels used for patrol dispatch.
10. Any notice to be given by either party to the other under this agreement shall be in writing and shall be deemed to have been sufficiently given if delivered by hand, with written acknowledgment of receipt, or mailed by certified mail return receipt requested to the other party at the following address or to such other address as either party from time to time designates in writing to the other party for the receipt of notice:

TOWN:
Town Manager

COUNTY:
County Manager

5770 Rockfish Road
Hope Mills, N.C. 28348

P.O. Box 1829
Fayetteville, N.C. 28302

11. The parties may only amend this agreement by a writing approved by both boards and signed by their respective duly authorized representatives.

WITNESS the following signatures and seals all pursuant to authority duly granted, this the _____ day of _____, 2010.

TOWN OF HOPE MILLS

ATTEST:

Eddie Dees
Mayor

Town Clerk

CUMBERLAND COUNTY

ATTEST:

Billy R. King
Chairman

Clerk to Board

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act...

County Finance Director

Town Finance Director

APPROVED AS TO LEGAL
SUFFICIENCY:

APPROVED AS TO LEGAL
SUFFICIENCY:

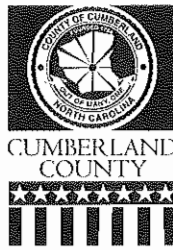
County Attorney

Town Attorney

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

5th Floor, New Courthouse • P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 678-7771 • Fax: (910) 678-7770

ITEM NO. 4

AGENDA ITEM FOR AUGUST 2, 2010 MEETING

MEMO TO: Board of Commissioners

MEMO FROM: Marie Colgan, Clerk *MC*

DATE: July 1, 2010

RE: Designation of a voting delegate for the NCACC Conference
August 26-29, 2010

ACTION: Appoint a voting delegate.

Celebrating Our Past... Embracing Our Future

EASTOVER - FALCON - FAYETTEVILLE - GODWIN - HOPE MILLS - LINDEN - SPRING LAKE - STEDMAN - WADE

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

5th Floor, New Courthouse • P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 678-7771 • Fax: (910) 678-7770

July 23, 2010

ITEM NO. 5A

August 2, 2010 Agenda Item

TO: Board of Commissioners

FROM: Candice H. White, Deputy Clerk to the Board *(CW)*

SUBJECT: Adult Care Home Community Advisory Committee

BACKGROUND: The Adult Care Home Community Advisory Committee has the following three (3) vacancies:

Terri Thomas – resigned. Recommendation is for **Mary Ann Ayars**. (See attached.)

Dell Caramanno – resigned. Recommendation is for **Mary Dillon**. (See attached.)

October Morales – unable to accept reappointment. Recommendation is for **Rasheeda Reid**. (See attached.)

I have attached the current membership and applicant list for this committee.

PROPOSED ACTION: Nominate individuals to fill the three (3) vacancies above.

Attachments

pc: Andrea Wright-Valdez
Mid-Carolina Area Agency on Aging

Celebrating Our Past...Embracing Our Future

Candice White

From: Andrea Valdez [andrea@mccog.org]
Sent: Monday, July 26, 2010 3:56 PM
To: Candice White
Subject: Adult Care Home CACs

Candice,

I just got the memo on the August Second Agenda but I have some names to recommend now.

Did you see the piece I did in the Fayetteville Observer about my program and the volunteers?
The link is below.

<http://fayobserver.com/articles/2010/07/24/1014058>

Anyway, I have gotten a good response and get 3 calls from interested persons whom I would like to make recommendations to be considered at the Aug 2, 2010 Board Meeting for the Adult Care Home Committee 3 vacancies. I have talked to each one personally and they are interested in volunteering.

1) Mary Ann Ayars
804 Juniper Drive, Fayetteville, NC 28304
910-426-9258

2) Mary Dillon
3209 McChoen Drive
Fayetteville, NC 28301
910-822-2045

3) Rasheeda Reid
4217 Edward E. Maynor Drive
Hope Mills, NC 28348
910-549-0185

Let me know if it is too late to make this addition, if so, we can save the names

Thanks

Andrea

Andrea Valdez, MS
Regional LTC Ombudsman
Mid-Carolina AAA

7/26/2010

ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE
Initial Appointment 1 Year/Subsequent Terms 3 Years

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|---------------------------|-----------------|--------------------|---------------------------------------|
| VACANT (vacated by Terri Thomas) | 4/09 | Initial | Apr/10 4/30/10 | Yes |
| Toney Edwards (B/M) 3622 Clearwater Drive Fayetteville, NC 28311 822-4261/391-7910 (C) | 04/09 | 1 st | Apr/12 4/30/12 | Yes |
| Mary Ann Brown-Jackson 1959B James Hamner Way Fayetteville, NC 28311 822-1311/893-8151 x330 (W) | 1/09 | 2 nd | Jan/12 1/31/12 | No |
| Sandra Ebron (B/F) PO Box 65306 Fayetteville, NC 28306 424-3932/922-9446(C) | 12/09 | 1st | Dec/12 12/31/12 | Yes |
| Herma Jean Bradley (/F) 714 Topeka Street Fayetteville, NC 28301 822-3689 | 5/09 | 2 nd | June/12 6/30/12 | No |
| Mexie Fields (/F) 1815 Primrose Drive Fayetteville, NC 28301 488-8432 | 1/10 | 2nd | Jan/13 1/31/13 | No |
| Yvonne Booth (B/F) 4568 Turquoise Road Fayetteville, NC 28311 488-7260 | 8/09 | 1st | Aug/12 8/31/12 | Yes |
| Daniel Rodriguez (H/M) 2634 Franciscan Drive Fayetteville, NC 28306 425-2746/432-9701 (W) | 5/10 | 1st | May/13 5/31/13 | Yes |
| VACANT (vacated by Dell Caramanno) | 4/00 | 1 st | Apr/12 4/30/12 | Yes |

Adult Care Home Community Advisory Committee, page 2

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|---------------------------|-----------------|---------------------|---------------------------------------|
| George W. Mitchell 6609 Abbey Lane Fayetteville, NC 28311 261-6951 (W) | 5/10 | Initial | May/11 5/31/11 | Yes |
| Wynella A. Myers (B/F) 706 Sarazan Drive Fayetteville, NC 28303 822-5526/273-8483 (C) | 6/10 | 2nd | Aug/13 8/31/13 | No |
| VACANT (vacated by O.Morales) | 4/09 | Initial | April/10 4/30/10 | Yes |
| Ralph T. Cascasan (A/M) 910 Alexwood Drive Hope Mills, NC 28348-1695 425-9704/433-1039 (W) | 7/10 | 1st | June/13 6/30/13 | Yes |
| Alfonso Ferguson, Sr. 3329 Eastgate Street Eastover, NC 28312-9311 401-2313/483-9916 ext. 5551235 (W) | 6/10 | 1st | Aug/13 8/31/13 | Yes |
| Cassandra W. Haire (B/F) 515 Albany Street Fayetteville, NC 28301 728-0175 | 12/09 | 1st | Dec/12 12/31/12 | Yes |
| Kim Howard (_/F) 6018 Lakaway Drive Fayetteville, NC 28306 308-5974 | 4/08 | 1 st | Apr/11 4/30/11 | Yes |

CONTACT: Andrea Wright-Valdez, Regional Ombudsman, Mid-Carolina Area Agency on Aging,
P. O. Box 1510, Fayetteville, NC 28302 - Phone: 323-4191, ext. 25 – Fax: 323-9330

MEETINGS: Quarterly: 3rd Thursday of the last month of each quarter - 10:00 am - various adult care
homes in Cumberland County

APPLICANTS FOR
ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE

| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|--|---------------------------------------|--|
| BRUNSON, FRANCES (B/F) 1308 DEEP CREEK ROAD FAYETTEVILLE, NC 28312 578-3825/671-5147 (W) | CASE MANAGER SOUTHEASTERN REGIONAL | LTC ASSISTED LIVING ADMIN. LICENSE, EMT |
| COUNCIL, SONJA (-/F) 950 STEWARTS CREEK DR APT. 1 FAYETTEVILLE, NC 28314 864-1651 (H) / 609-6139 (W) | NURSE | FTCC-ATTENDING METHODIST UNIV |
| DOUGLAS, BRENDA 6109 GARDEN COURT FAYETTEVILLE, NC 28311 488-1663/677-2078 (W) | SOCIAL WORKER III DSS | ASSOC & BACHERLORS DEGREE |
| GARRISON, CYNTHIA 1887 SPIRALWOOD DRIVE FAYETTEVILLE, NC 28304 868-8981 (H)/321-0398 (W)/527-4673 (C) | CC SCHOOLS ASST PRINICPAL | BA, MA |
| MURCHISON, KARLENE 623 DEVOE AVENUE FAYETTEVILLE, NC 28314 868-2199 (H) / 920-5420 (W) | ACCOUNTING TECHNICIAN | HS, FSU |
| VINSON, LINDA 7494 ELKHORN DRIVE FAYETTEVILLE, NC 28314 309-7225/919-733-9733 EXT. 245 | SOCIAL SVCS PROGRAM DIRECTOR | BS, MPA |

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

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July 23, 2010

ITEM NO. 5B

August 2, 2010 Agenda Item

TO: Board of Commissioners

FROM: Candice H. White, Deputy Clerk to the Board *ca*

SUBJECT: Board of Adjustment

BACKGROUND: The Board of Adjustment has the following one (1) vacancy:

Horace Humphrey – former alternate member appointed as a regular member in June 2010. Recommendation of the Board of Adjustment is for **Ed Donaldson** to serve as an alternate member. (See attached.)

I have attached the current membership and applicant list for this board.

PROPOSED ACTION: Nominate individual to fill the one (1) vacancy above.

Attachments

pc: Tom Lloyd, Planning and Inspections Director
Patti Speicher, Planner III

Celebrating Our Past...Embracing Our Future

Lori Epler,
Chair
Cumberland County

Roy Turner,
Vice-Chair
Cumberland County

Garland C. Hostetter,
Town of Spring Lake
Harvey Cain, Jr.,
Town of Stedman
Patricia Hall,
Town of Hope Mills
Charles C. Morris,
Town of Linden



COUNTY of CUMBERLAND

Planning & Inspections Department

Thomas J. Lloyd,
Director

Cecil P. Combs,
Deputy Director

Walter Clark,
Sara E. Piland,
Cumberland County

Benny Pearce,
Town of Eastover

Donovan McLaurin
Wade, Falcon, & Godwin

July 16, 2010

MEMORANDUM

TO: Candice White, Deputy Clerk to Cumberland County Commissioners

THRU: Tom Lloyd, Director *TL*

FROM: Patti Speicher, Land Use Codes *PS*

SUBJECT: Recommendation for Nomination - Vacant Alternate Position on County Board of Adjustment

The Cumberland County Board of Adjustment (BOA) would like to offer a recommendation for nomination to the County Board of Commissioners concerning the vacant alternate position on the BOA.

At their July 15, 2010 meeting and with all regular members present, the board voted unanimously to recommend that Mr. Ed Donaldson be appointed to fill the vacant seat. The board members expressed their opinion that due to his past experience as a judge, Mr. Donaldson would be a valuable addition and could contribute greatly to this board especially since they primarily hear quasi-judicial cases.

Please contact me if you have any questions at pspeicher@co.cumberland.nc.us or 678-7605.

cc: Cumberland County Board of Adjustment

BOARD OF ADJUSTMENT
3 Year Term

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|-------------|--------------------|---------------------------------------|
| Joseph M. Dykes (B/M) PO Box 41604 Fayetteville, NC 28309 813-4193 (C) | 6/09 | 1st | June/12 6/30/12 | Yes |
| Horace Humphrey (- /M) 1852 Cascade Street Fayetteville, NC 28301 488-5143 | 06/10 | 1st | June/13 6/30/13 | Yes |
| Melree Hubbard Tart (W/F) 300 Andrews Road Fayetteville, NC 28311 488-1208/497-3712 (W) | 6/10 | 2nd | Aug/13 8/31/13 | No |
| John R. Swanson (W/M) 6416 Coachman's Way Fayetteville, NC 28303 987-1972/822-2000(W) | 9/09 | 1st | Sept/12 9/30/12 | Yes |
| George Quigley (W/M) 616 Blawell Circle Stedman, NC 28391 485-2980 | 6/09 | 2nd | June/12 6/30/12 | No |
| <u>Alternate Members:</u> | | | | |
| Carrie Tyson-Autry (_/F) 5951 NC Hwy 87 South Fayetteville, NC 28306-379 483-0087 | 6/10 | 2nd | Aug/13 8/31/13 | No |
| VACANT (vacated by H. Humphrey) | 01/08 | 1st | Aug/10 8/31/10 | Yes |
| William Lockett Tally (W/M) 414 Vista Drive Fayetteville, NC 28305 489-3533/483-4175 (W) | 6/10 | 2nd | June/13 6/30/13 | No |

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---------------------|---------------------------|-------------|----------------|---------------------------------------|
|---------------------|---------------------------|-------------|----------------|---------------------------------------|

Alternate Members Continued:

| | | | | |
|---|-------------------------------|-----------------|-------------------|-----|
| Randy A. Newsome (W/M) 232 Croydon Avenue Fayetteville, NC 28311 717-5754 (H) / 436-0414 (W) | 1/10 (first full term) | 1 st | Jan/13 1/31/13 | Yes |
| Martin J. Locklear (I/M) 1611 Four Wood Drive Fayetteville, NC 28312 672-0323/893-7525(W) | 8/09 | 2nd | Aug/12 8/31/12 | No |

Meets 3rd Thursday of each month at 7:00 PM – Historic Cumberland County Courthouse, 130 Gillespie Street, Room 3

Contact: Tom Lloyd, County Planning Department - 678-7627
Patti Speicher – 678-7605

APPLICANTS FOR
BOARD OF ADJUSTMENT

| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|---|--|---|
| CHESTNUTT, A. JOHNSON (W/M) 578 MILDEN ROAD FAYETTEVILLE, NC 28314 484-6365/323-1040(W) | ACCOUNTANT FAIRCLOTH & CO. | BSBA |
| DONALDSON, ED (W/M) 4606 HOE COURT FAYETTEVILLE, NC 28314 484-3640 | RETIRED JUDGE | LAW DEGREE POLITICAL SCIENCE |
| GAMBILL, DONALD W. (-/M) 822 MUSKEGON DRIVE FAYETTEVILLE, NC 28311 480-2337/396-1750 (W) | SAFETY SPECIALIST/ HEALTH PHYS. WOMACK | BS – MATHEMATICS/EDUC MA – POLITICAL SCIENCE |
| McHENRY, WINTON G. (W/M) 3648 LAKESHORE DRIVE HOPE MILLS NC 28348 429-1101/308-3987 (C) | VP OPERATIONS MGT. ROLANDS DANCE STUDIO | BIBLE COLLEGE, AIR FORCE INSTITUTE OF TECHNOLOGY EMERGENCY RESPONSE MARKET DRIVEN MGT |
| MCMANUS, LUTHER M. (B/M) 3472 THORNDIKE DRIVE FAYETTEVILLE, NC 28311 488-1314 (H) | RETIRED – FEDERAL GOVT/ DC HOUSING AUTHORITY | MA-ELEMENTARY ED |
| **SERVES ON MINIMUM HOUSING APPEALS BOARD** | | |
| WADDLE, ROBERTA (W/F) 3941 GAINEY ROAD FAYETTEVILLE, NC 28306 484-7938 | RETIRED | BS; MS |

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

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July 23, 2010

ITEM NO. SC

August 2, 2010 Agenda Item

TO: Board of Commissioners
FROM: Candice H. White, Deputy Clerk to the Board *CW*
SUBJECT: Cumberland County Juvenile Crime Prevention Council

BACKGROUND: The Cumberland County Juvenile Crime Prevention Council has the following four (4) vacancies:

Juvenile Defense Attorney

Beth A. Hall – completing second term. Not eligible for reappointment.
Recommendation of the Cumberland County Juvenile Crime Prevention Council is for
Sarita Mallard. (See attached.)

Non-Profit / United Way Representative

Patrick Hurley – resigned. Recommendation of the Cumberland County Juvenile Crime Prevention Council is for **Matt Hurley.** (See attached.)

At-Large Representatives

Polly Davis – completed second term. Not eligible for reappointment.
Recommendation of the Cumberland County Juvenile Crime Prevention Council is for
Tobias M. Dillard, Sr. (See attached.)

Sarah Thomas – completed second term. Not eligible for reappointment.
Recommendation of the Cumberland County Juvenile Crime Prevention Council is for
Margarita Dostall. (See attached.)

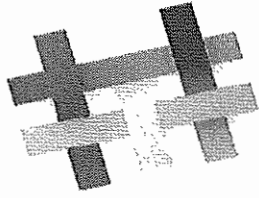
I have attached the current membership and applicant list for this board.

PROPOSED ACTION: Nominate individuals to fill the four (4) vacancies above.

Attachments

pc: Margaret Dees, Cumberland County Communicare
Sarah Hemingway, Cumberland County Communicare

Celebrating Our Past...Embracing Our Future



CUMBERLAND COUNTY

Juvenile Crime Prevention Council

BRINGING RESOURCES TOGETHER FOR AT-RISK YOUTH

July 21, 2010

Douglas Parrish, Chair

Carol Hudson

Lt. Roberto Reyes

Lt. Darry Whitaker

Cheri Siler-Mack

Michael Strickland

Debbie Jenkins

Claudia Phillips

Juanita Pilgrim

Honorable Edward A. Pone

Archie Malloy

Melvin Lindsay, Sr.

Honorable Billy R. King

Robin Black

Rev. Frederick Hendley

Jamarius Hassell

Beth Hall

La-Lisa Hewitt-Robinson

Joan Blanchard

Geneva Mixon

Kimberly Reeves

Lee Roberts

Ronald Tillman,
DJJDP Area Consultant

Maggie Dees,
JCPC Coordinator,
CC CommuniCare, Inc.

Sarah Hemingway,
Executive Director,
CC CommuniCare Inc.

Candice White
Deputy Clerk to the Board
P.O. Box 1829
Fayetteville, NC 28302

Re: Nominees and Reappointments to the Juvenile Crime Prevention Council

Ms. White:

Due to changes within the Cumberland County Sheriff's Office, the Sheriff's Designee to the JCPC Council is

Lt. Bobby Reyes
Cumberland County Sheriff's Office
117 Dick St.
Fayetteville, NC 28301
breyes@ccsonc.org
Phone: 910-677-5474

The Non-Profit/ United Way representative has been vacant for the last couple of months. The Council would like to put forth the following recommendation for consideration by the Board of Commissioners:

Mr. Matt Hurley
North Carolina United Methodist Church Camping and Retreat Ministries Inc.
4216 Bartlet Glen Lane
Fayetteville, NC 28306
mhurley@ccsonc.org
Phone: 910-425-2793

Please note: Mr. Hurley's full-time job is with the Cumberland County Sheriff's Office.

Ms. Beth Hall's second term as the Juvenile Defense Attorney Representative will expire August 31, 2010. The Council would like to put forth the following recommendation for consideration by the Board of Commissioners:

Ms. Sarita Mallard
Law Office of Sarita L. Mallard, PA
P.O. Box 172
Fayetteville, NC 28302

There have been two At-Large Representatives vacant for some time. The Council would like to put forth the following recommendations for consideration by the Board of Commissioners:

Mr. Tobias M. Dillard, Sr.
United States Department of Labor
6500 Windy Grove Court
Fayetteville, NC 28314
Tobias.dillard@yahoo.com
Phone: 919-455-3506

Ms. Margarita Dostall
Cumberland County Board of Education
2465 Gillespie St.
Fayetteville, NC 28306
margaritadostall@ccs.k12.nc.us
Phone: 910-484-1176

Thank you very much for all the assistance you have given me. It is very much appreciated.

Sincerely,

Maggie Dees
JCPC Coordinator

CUMBERLAND COUNTY
JUVENILE CRIME PREVENTION COUNCIL
(Two year terms)

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|---------------------------|-------------|----------------|---------------------------------------|
| <u>Local School Superintendent or designee</u> | | | | |
| Carol Hudson | 1/99 | | | |
| Cumberland County Schools | | | | |
| P.O. Box 2357 | | | | |
| Fayetteville, North Carolina 28302 | | | | |
| Phone: 678-2495 | | | | |
| <u>Chief of Police or designee</u> | | | | |
| Lt. Darry Whitaker | 2/10 | | | |
| Fayetteville Police Department | | | | |
| 467 Hay Street | | | | |
| Phone: 433-1910 | | | | |
| <u>Local Sheriff or designee</u> | | | | |
| Lt. Bobby Reyes | 1/07 | | | |
| Cumberland County Sheriff's Office | | | | |
| 131 Dick Street | | | | |
| Fayetteville, North Carolina 28301 | | | | |
| Phone: 677-5474 | | | | |
| <u>District Attorney or designee</u> | | | | |
| Cheri Siler-Mack | 1/99 | | | |
| Assistant District Attorney | | | | |
| District Attorney's Office | | | | |
| 117 Dick Street, Suite 427 | | | | |
| Fayetteville, North Carolina 28301 | | | | |
| Phone: 678-2915 | | | | |
| <u>Chief Court Counselor or designee</u> | | | | |
| Michael Strickland | 08/07 | | | |
| Department of Juvenile Justice | | | | |
| P.O. Box 363 | | | | |
| Fayetteville, North Carolina 28302 | | | | |
| Phone: 678-2947 | | | | |
| <u>Director of Mental Health or designee</u> | | | | |
| Debbie Jenkins | 10/03 | | | |
| Cumberland County Mental Health Center | | | | |
| P.O. Box 3069 | | | | |
| Fayetteville, North Carolina 28302 | | | | |
| Phone: 323-0510 | | | | |

Cumberland County Juvenile Crime Prevention Council Page 2

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|-------------|----------------|---------------------------------------|
| <u>Director of Social Services or designee</u> | | | | |
| Claudia Phillips | 2/10 | | | |
| Children Services Special Teams Program Manager | | | | |
| Cumberland County Department of Social Services | | | | |
| P.O. Box 2429 | | | | |
| Fayetteville, North Carolina 28302-2429 | | | | |
| Phone: 677-2442 | | | | |
| <u>County Manager or designee</u> | | | | |
| Juanita Pilgrim, Deputy Co. Mgr. | 1/99 | | | |
| Cumberland County Courthouse | | | | |
| P.O. Box 1829 | | | | |
| Fayetteville, North Carolina 28302-1829 | | | | |
| Phone: 678-7726 | | | | |
| <u>Chief District Judge or designee</u> | | | | |
| Judge Ed Pone | 1/99 | | | |
| P.O. Box 363 | | | | |
| Fayetteville, North Carolina 28302 | | | | |
| Phone: 678-2901 | | | | |
| <u>Health Director or designee</u> | | | | |
| Archie Malloy | 3/06 | | | |
| Jail Health Administrator | | | | |
| 205 Gillespie Street | | | | |
| Fayetteville, North Carolina 28301 | | | | |
| Phone: 672-5723 | | | | |
| <u>Parks and Recreation Representative</u> | | | | |
| Melvin Lindsay | 2/05 | | | |
| City of Fayetteville | | | | |
| Parks and Recreation Dept. | | | | |
| 433 Hay Street | | | | |
| Fayetteville, North Carolina 28301 | | | | |
| Phone: 433-1547 | | | | |
| <u>County Commissioner</u> | | | | |
| Billy R. King | 1/99 | | | |
| P.O. Box 1829 | | | | |
| Fayetteville, NC 28302-1829 | | | | |
| Phone: 678-7771 | | | | |

| Name/Address | Date Appointed | Term | Expires | Eligible For Reappointment |
|--|-------------------|-----------------|--------------------|-------------------------------|
| <u>Substance Abuse Professional</u> | | | | |
| Robin Black TASC 412 West Russell Street Fayetteville, NC 28302-3069 321-6792 | 4/10 | 1 st | Apr/12 4/30/12 | Yes |
| <u>Member of Faith Community</u> | | | | |
| Rev. Fred Hendley 333 Westwater Way Fayetteville, NC 28301 822-1014(W)/977-9588(C) | 9/09 | 1 st | Sept/11 9/30/11 | Yes |
| <u>Person Under Age 21</u> | | | | |
| Jamarrius Hassell 3510 Birchfield Ct., Apt. 202 Fayetteville, NC 28306 252-521-1421 | 4/10 | 1 st | Feb/11 2/28/11 | Yes |
| (serving unexpired term-may be eligible to serve two additional terms) | | | | |
| <u>Juvenile Defense Attorney</u> | | | | |
| Beth A. Hall 4508 Weaverhall Drive Fayetteville, NC 28314 257-0847(Cell) | 8/08 | 2 nd | Aug/10 8/31/10 | No |
| <u>Member of Business Community</u> | | | | |
| La-Lisa Hewett-Robinson S. Regional Area Health Education Ctr. 1601 Owen Drive Fayetteville, NC 28304 678-7293 | 4/10 | 1 st | Apr/12 4/30/12 | Yes |
| <u>United Way or Non-Profit</u> | | | | |
| VACANT (vacated by Patrick Hurley) | 8/08 | 1 st | Aug/10 8/31/10 | Yes |
| <u>At Large Representatives</u> | | | | |
| Lee Roberts 3027 Stedman Cedar Creek Road Fayetteville, NC 28301 | 9/09 | 1 st | Sept/11 9/30/11 | Yes |
| (serving unexpired term-eligible to serve one additional term) | | | | |
| Kimberly Reeves 412 West Russell Street Fayetteville, North Carolina 28301 423-4824 | 6/10 | 2 nd | Aug/12 8/31/12 | No |

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|---------------------------|-----------------|-------------------|---------------------------------------|
| VACANT (vacated by Dr. P. Davis) | 8/07 | 2nd | Aug/09 8/31/09 | No |
| Douglas R. Parrish 5789 Cotton Valley Drive Fayetteville, NC 28314 484-8256/609-3770 (W) | 8/09 | 1 st | Aug/09 8/31/11 | Yes |
| VACANT (vacated by S. Thomas) | 8/07 | 2nd | Aug/09 8/31/09 | No |
| Geneva Mixon PO Box 1829 Fayetteville, North Carolina 28302 Phone: 323-3421(W) | 8/09 | 2nd | Aug/11 8/31/11 | No |
| Joan Blanchard 7230 Sandcastle Lane Linden, North Carolina 28356 Phone: 487-0510/322-9097 (C) | 6/10 | 2nd | Aug/12 8/31/12 | No |

Non-Voting Member

Ronald Tillman
DJJDP Regional Consultant
100 Dillion Drive
Butner, North Carolina 27509
Phone: 919-575-3166 (W)

Meetings: Second Wednesday of each month at 8:00 AM. CC CommuniCare Conference Room – 711B
Executive Place

Contact: Margaret Dees, Cumberland County Communicare – Phone: 829-9017 Fax: 485-4752

APPLICANTS FOR
JUVENILE CRIME PREVENTION COUNCIL

| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|---|---|--|
| BARNARD, STEVEN (W/M) 211 AZALEA BLUFF DRIVE FAYETTEVILLE, NC 28301 264-8320 (H) / 454-5177 (W) | MILITARY CIVIL AFFAIRS | BS, M.ED. |
| BEST, KELI L. (B/F) 1920-F UNITED DRIVE FAYETTEVILLE, NC 28301 286-5115/672-1775 & 221-0493 (W) | PUBLIC SAFETY TELECOMMUNICATOR ASSOC PROF FSU | BS-CRIMINAL JUSTICE |
| BRIGGS, BENITA Y. (B/F) 1639 RUDOLPH STREET FAYETTEVILLE, NC 28301 822-1154/672-1294 | OFFICE ASSISTANT IV FSU | BA – HISTORY/SOCIOLOGY |
| BROWN, KRAIG (B/M) 2909 WYCLIFFE COURT FAYETTEVILLE, NC 28306 964-0503/424-7678 (W) **SERVES ON THE CRIMINAL JUSTICE PARTNERSHIP ADVISORY BOARD** | TEACHER CC SCHOOLS | BS.MA – CRIMINAL JUSTICE MA – HUMAN RESOURCES |
| COCKMAN, MATTHEW J. (W/M) PO BOX 1901 FAYETTEVILLE, NC 28302-1901 483-8802/429-2900 (W) | ATTORNEY AT LAW | BBA – TRUST MGT. JD |
| COHEN, TYRA C. 6509 BROOKSTONE LANE FAYETTEVILLE, NC 28314 257-9979 (H) | PUBLIC HEALTH EDUCATOR | BA; MASTERS |
| DILLARD, TOBIAS M, SR. (B/M) 6500 WINDY GROVE COURT FAYETTEVILLE, NC 28314 919-455-3506 | WAGE AND HOUR INVESTIGATOR | MA-HR MANAGEMENT |
| DILLON, MARY E. (/F) 3209 MCCHOEN DRIVE FAYETTEVILLE, NC 28301 822-2045/678-8348(W) | BASIC SKILLS INSTRUCTOR | BS – ELEM. EDUCATION |
| DOSTALL, MARGARITA (H/F) 2465 GILLESPIE STREET FAYETTEVILLE, NC 28306 484-1176 (W) | LANGUAGE COORDINATOR ENGLISH AS SECOND LANGUAGE | MA-EDUCATION SUPERVISION |
| FARRI, MBONISI (AA/M) 1735 MARTINDALE DRIVE FAYETTEVILLE, NC 28304 229-0972 | RETIRED SCHOOL PRINICIPAL | BA-EDUCATION |
| FRAZEE, JASON (W/M) 512 STANDINGSTONE DRIVE FAYETTEVILLE, NC 28311 868-9191/423-2312 (W) | SOCIAL WORKER CUMBERLAND COUNTY SCHOOLS | UNC-P GRADUATE SOCIAL WORK |

| NAME/ADDRESS/TELEPHONE | OCCUPATION | EDUCATIONAL BACKGROUND |
|--|--|---|
| GARRISON, CHRISTOPHER G. (B/M) 6459 FREEPORT ROAD FAYETTEVILLE, NC 28303 868-9655 (H) / 818-0361 (W) | HOME REMODELING CONTRACTOR | BA – BUSINESS ADMIN MA – PUBLIC ADMIN |
| GRINDLE, SHEILA (W/F) 804 TULSA COURT FAYETTEVILLE, NC 28311 286-7991 | CHILD ADVOCATE TRAINER FAMILY ADVOCACY PROGRAM | BSW (SOCIAL WORK) |
| GURNEE, GRAHAM (W/M) 2601 FORDHAM DRIVE FAYETTEVILLE, NC 28304 483-6791/435-0898 (W) | ATTORNEY | JD BS- BUSINESS MGT. |
| HAIR, ANTHONY D. (B/M) 6344 MURPHY ROAD STEDMAN, NC 28391 486-9794/592-1575 (W) | CUSTOMER SOLUTIONS REPRESENTATIVE EMBARQ | BS – EDUCATION |
| HICKS, MARYBETH (W/F) 936 McKIMMON ROAD FAYETTEVILLE, NC 28303 229-3145/(614)595-3857 (C) | HOMEMAKER | SOME COLLEGE |
| HURLEY, MATT (W/M) 4216 BARTLET GLEN LANE FAYETTEVILLE, NC 28306 425-2793/677-5460 (W) | LIEUTENANT SHERIFF'S OFFICE | MA-CRIMINAL JUSTICE |
| KNIGHT, KIM L. (B/M) 747 ASHFIELD DRIVE FAYETTEVILLE, NC 28311 630-0561 (H) | STUDENT | ASSOC. DEGREE CRIMINAL JUSTICE |
| LESICA, CATHERINE (W/F) 2910 SWIFTCREEK DRIVE FAYETTEVILLE, NC 28303 867-7784/323-1425 (W) **SERVES ON COMMUNITY CHILD PROTECTION/FATALITY PREVENTION TEAM** | ATTORNEY MCLEOD LAW FIRM | BS; JD |
| LODHI, MUHAMMAD A. (A/M) 2008 ASHRIDGE DRIVE FAYETTEVILLE, NC 28304 401-2137/672-1658 (W) | ASSOCIATES PROF. FSU | DOCTORATE – PLANT BREEDING & MOLECULAR GENETICS |
| MALLARD, SARITA (B/F) PO BOX 182 FAYETTEVILLE, NC 28302 484-2201 (W) | ATTORNEY | BS-CRIMINAL JUSTICE LAW SCHOOL |

| NAME/ADDRESS/PHONE | OCCUPATION | EDUCATIONAL BACKGROUND |
|--|---|--|
| MARSHALL, BARBARA SUMMEY (B/F) 7640 WILKINS DRIVE FAYETTEVILLE, NC 28311 488-2615/977-2303(W) | NAVY RESERVE CHAPLAIN **SERVES ON THE BOARD OF HEALTH** | BA – PSYCHOLOGY MA – RELIGIOUS ED. DR. OF MINISTRY |
| McLEAN, ALICIA RENEE (B/F) 5058 SUMMER RIDGE DRIVE FAYETTEVILLE, NC 28303 487-0390/323-5288 (W) | DIALYSIS TECHNICIAN FAY. KIDNEY CENTER **SERVES ON WORKFORCE DEVELOPMENT BOARD** | BS – PSYCHOLOGY |
| McMILLAN, ROSIE G. (B/F) 1972 CULPEPPER LANE FAYETTEVILLE, NC 28304 864-0158/672-1105 (W) | PROJECT COORDINATOR FSU **SERVES ON THE WORKFORCE DEVELOPMENT BOARD** | BS – CRIMINAL JUSTICE M.A. – SOCIOLOGY |
| MITCHELL, CLIFFORD 641 JOHNSON STREET FAYETTEVILLE NC 28303-3618 920-3153 | UNEMPLOYED | TECHNICAL-VARIED |
| MITCHELL, SANDRA 414 BARBOUR COURT PO BOX 9912 (MAILING) FAYETTEVILLE, NC 28301 257-5492 (H) | PASTOR, SMALL BUSINESS OWNER | SOME COLLEGE |
| OGLESBY, MICHAEL A. (B/M) 915 ROCHESTER DRIVE FAYETTEVILLE, NC 28305 476-8276 (H) | SECURITY | BS-CRIMINAL JUSTICE |
| PICKETT-WADDELL, AUDREY (B/F) 1202-A SLEEPY HOLLOW DRIVE FAYETTEVILLE, NC 28311 224-8785/488-7461 (W) | DAY CARE LEAD TEACHER HOJACK CHILD DEV. CTR. | BA – SOCIOLOGY |
| RAY, KARSTEN J. (-/M) 5249 SUNDOWN DRIVE FAYETTEVILLE, NC 28303 487-6347/366-6935 (W) | GOV'T CONTRACTOR PROPERTY MGT | BS – CRIMINAL JUSTICE AA – PARALEGAL STUDIES |
| SALLEY, LUKE (B/M) 104 UNIVERSITY AVENUE FAYETTEVILLE, NC 28301 488-9365/364-8505 (C) | ASST TO ADMINISTRATOR 1 ST PRESBYTERIAN CHURCH | BA – ECONOMICS & ACCOUNTING |
| SKINNER-COLEMAN, ANNETTE (O/F) 916 BRAMBLEWOOD COURT FAYETTEVILLE, NC 28314 869-7949/907-0209 (W) | GUIDANCE COUNSELOR FT BRAGG SCHOOLS | MA – SPECIAL EDUC. BA – SOCIOLOGY |

| NAME/ADDRESS/PHONE | OCCUPATION | EDUCATIONAL BACKGROUND |
|---|------------------------------------|---|
| TALLEY, ROBIN M. (B/F) 740 KENSINGTON PARK ROAD FAYETTEVILLE, NC 28311 822-5986 (H) / 495-9401 (W) | MANAGER-TRICARE SVC CTR | BA-BUSINESS MGT. EXEC CERTIFICATE IN LEADERSHIP |
| TURNER, CASSANDRA (B/F) 5383 CLIPPER DRIVE HOPE MILLS, NC 28348 977-3099/425-4181 (W) | MANUFACTURING PUROLATOR FILTERS | HS; SOME COLLEGE |
| VASILOPOULOS, NATALIE 1833 CAMELOT DRIVE FAYETTEVILLE, NC 28304 425-5116/(828) 467-9300 (C) | HOMEMAKER | BA – CRIMINAL JUSTICE |
| WILLIAMS, SANDRA G. (AA/F) 2775 BAYWOOD ROAD EASTOVER, NC 28312 433-2673/672-2042 (W) | DIR OF ACADEMIC BUDGETING FSU | BA-BUSINESS ADMIN |
| WILSON, DORIS 5518 ABERDEEN PLACE FAYETTEVILLE, NC 28303 487-3443 | RETIRED | 1 YEAR COLLEGE |
| **SERVES ON NURSING HOME ADVISORY BOARD** | | |

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Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

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July 23, 2010

August 2, 2010 Agenda Item

ITEM NO. 5D

TO: Board of Commissioners

FROM: Candice H. White, Deputy Clerk to the Board CW

SUBJECT: Cumberland County Local Emergency Planning Committee

BACKGROUND: At their June 21, 2010 meeting, the Board of Commissioners reappointed Doug Hewett to serve a second term on the Cumberland County Local Emergency Planning Committee in the Print and Media Broadcast Representative position. Mr. Hewett is unable to accept his reappointment.

Recommendation of the Cumberland County Local Emergency Planning Committee is for **Jackie Tuckey**, City of Fayetteville Public Information Officer, to fill this vacancy. (See attached.)

Suzanne Rhors – completing first term. Moving and needs to transfer appointment. Recommendation of the Cumberland County Local Emergency Planning Committee is for **Andrew Moore** to serve as the Utilities Representative for Fort Bragg. (See attached.)

I have attached the current membership list and applicant list for this board.

PROPOSED ACTION: Nominate individuals to fill the two (2) vacancies above.

pc: Kenny Currie, Emergency Services Director

Attachments

Celebrating Our Past...Embracing Our Future

Candice White

From: Greg Phillips
Sent: Friday, July 09, 2010 8:40 AM
To: Candice White
Subject: LEPC Appointment

Good Morning

The Cumberland County LEPC recommends that Jackie Tucker replace Doug Hewett on the LEPC in the position of Print and Broadcast Media Representative.

Thank You
Greg



Greg Phillips
Cumberland County
Emergency Management Officer
910-321-6737 Cell 910-364-3362
<mailto:gphillips@co.cumberland.nc.us>



CUMBERLAND
COUNTY



COUNTY OF CUMBERLAND

EMERGENCY SERVICES DEPARTMENT

P.O. DRAWER 1829 FAYETTEVILLE, NORTH CAROLINA

Phone (910) 678-7688 Fax (910) 677-5552

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07-23-2010

TO: Candice H. White, Deputy Clerk to the Board

FM: Greg Phillips EM Officer Cumberland County

RE: Reappointment for LEPC

The LEPC recommends that Mr. Andrew Moore be appointed to replace Ms. Suzanne Rohrs in an environmental position that has been vacated.

Thank You
Greg Phillips
EM Officer
910-321-6737



CUMBERLAND COUNTY
LOCAL EMERGENCY PLANNING COMMITTEE
3 Year Term
(Staggered Terms Initially)

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|----------------------|--------------------|---------------------------------------|
| <u>Print and Broadcast Media Representative</u> | | | | |
| VACANT (vacated by D. Hewett) City of Fayetteville Management Services 433 Hay Street Fayetteville, NC 28301 Phone: 433-1978 | 8/07 | 1 st full | Aug/10 8/31/10 | Yes |
| Sally Shutt (W/F) CC Communications Manager P.O. Box 1829 Fayetteville, NC 28302 Phone: 437-1921 | 6/10 | 1 st full | Aug/13 8/31/13 | Yes |
| (eligible to serve an additional 3-year term) | | | | |
| <u>Operators of Facilities Representative</u> | | | | |
| Rayford Hunt Hexion Specialty Chemicals 1411 Industrial Drive Fayetteville, NC 28301 485-9269 | 4/10 | 1 st | Nov/11 11/30/11 | Yes |
| (serving unexpired term) | | | | |
| VACANT (vacated by Gene Smith) Goodyear Tire and Rubber 6650 Ramsey Street Fayetteville, NC 28311 893-8213/630-5678 (W) | 8/09 | 1 st | Aug/12 8/31/12 | Yes |
| VACANT (vacated by Joel Blake) | 4/07 | 2 nd | Dec/09 12/31/09 | No |
| Antionette Barnes (/F) Purolator Filters 3200 Natal Road Fayetteville, NC 28306 426-4283 (W) | 2/10 | 1 st | Dec/12 12/31/12 | Yes |
| (serving 1 st full term-eligible for another 3-year term) | | | | |

Cumberland County Local Emergency Planning Committee, page 2

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|-----------------------------------|----------------------|--------------------|---------------------------------------|
| <u>Law Enforcement Representative</u> | | | | |
| Sgt. Erwin Montgomery NC Highway Patrol 2435 Gillespie Street Fayetteville, NC 28306-3053 486-1334 | 9/09 | 1 st | Sept/12 9/30/12 | Yes |
| Lt. Charles Parker Cumberland Co. Sheriff's Office 131 Dick Street Fayetteville, NC 28301-5750 677-5412 | 6/10 | 1 st full | Aug/13 8/31/13 | No |
| Lieutenant Wade Owen Fayetteville Police Department 467 Hay Street Fayetteville, NC 28301-5565 433-1819 | 12/09 | 1 st | Dec/12 12/31/12 | Yes |
| <u>Emergency Management Representative</u> | | | | |
| Greg Phillips Cumberland County Emergency Services 131 Dick Street Fayetteville, NC 28301 321-6736 | 5 /08 (serving unexpired term) | 1 st | Sept/10 9/30/10 | Yes |
| <u>Community Group Representative</u> | | | | |
| Jeffrey Womble Fayetteville State University Office of Public Relations 1200 Murchison Road Fayetteville, NC 28301 | 8/07 | 2 nd | Aug/10 8/31/10 | No |
| <u>Transportation Representative</u> | | | | |
| VACANT (vacated by Eddie Smith) | 12/09 | 1 st | Dec/12 12/31/12 | Yes |
| <u>Health Representative</u> | | | | |
| Jane Stevens Cumberland County Health Dept. 227 Fountainhead Lane Fayetteville, NC 28301-5417 433-3673(W)/987-2892(Cell) | 1/09 | 2 nd | Jan/12 1/31/12 | No |

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|-----------------|----------------------|---------------------------------------|
| <u>Hospital Representative</u> | | | | |
| Scott Tanner Cape Fear Valley Health System 1638 Owen Drive Fayetteville, NC 28304 615-7914 (W) / 315-4672 (H) | 9/09 | 1st | Sept/12 9/30/12 | Yes |
| <u>Fire Fighting Representative</u> | | | | |
| Assistant Chief Thomas M. Allen Fire/Emergency Management City of Fayetteville 433 Hay Street Fayetteville, NC 28301 433-1009 | 10/08 | 1 st | Dec/11 12/31/11 | Yes |
| <u>First Aid Representative</u> | | | | |
| Kevin Brunson Cape Fear Valley Emergency Medical Services 610 Gillespie Street Fayetteville, NC 28306 615-5651 (W) / 309-7228 (C) | 6/10 | 1st | Nov/10 11/30/10 | Yes |
| (serving unexpired term-eligible for 2 additional terms) | | | | |
| <u>At-Large Representative</u> | | | | |
| Phillip McCorquodale 2413 Cleveland Avenue Fayetteville, NC 28312 323-4112/323-9600 (W) | 4/10 | 1 st | April/13 04/30/13 | Yes |
| Richard A. King 658 Glenola Street Fayetteville, NC 28311 488-2492/977-3118 (W) | 6/10 | 1st | Aug/13 08/31/13 | Yes |
| <u>Local Environmental Representative</u> | | | | |
| Paul Rawls 225 Green Street, Suite 714 Fayetteville, NC 28301 424-5556 (H) / 433-3324 (W) | 2/10 | 1st | Feb/13 2/28/13 | Yes |
| <u>Utilities Representative</u> | | | | |
| Ray Jackson (/M) Public Works Commission 955 Old Wilmington Road Fayetteville, NC 28301 223-4118 | 8/09 | 1 st | Aug/12 8/31/12 | Yes |

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|---------------------------|-----------------|-------------------|---------------------------------------|
| VACANT (vacated by S. Rohrs) Attn: Environmental Branch HQ XVIII Airborne Corps Public Works Business Center Fort Bragg, NC 28307 432-8470 | 6/08 | 1 st | Aug/10 8/31/10 | Yes |

Ex-Officio Members:

Elected Official Representative (Liaison)

Ed Melvin, County Commissioner

Emergency Management

Kenny Currie, Cumberland County Emergency Services

Fayetteville Fire/Emergency Management

Bennie Nichols, Chief, Fayetteville Fire Department

Dale Iman, City Manager

James Martin, County Manager

Contact: Kenny Currie, Director – Emergency Services – x7688 or Gloria Simms

Meets quarterly, 4th Thursday in January, April, July & October at 10:00 am – PWC Office

APPLICANTS FOR
CUMBERLAND COUNTY LOCAL EMERGENCY PLANNING COMMITTEE

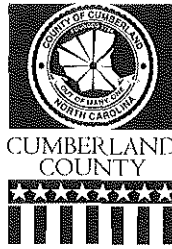
| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|--|---|---|
| BERRY-CABAN, CRISTOBAL S. (H/M) 412 CITY VIEW LANE FAYETTEVILLE, NC 28301 (813) 451-3004/907-8844 (W) | CHIEF -CLINICAL INVESTIG. WOMACK **SERVES ON ANIMAL SERVICES BOARD** | PhD; MA |
| BEYER, FRED L. 1709 HATHERLEIGH PLACE FAYETTEVILLE, NC 28304-2510 860-0610 (H) / 818-6855 (C) | RETIRED CC SCHOOL SYSTEM | BS/MEd |
| BRUNSON, KEVIN 5531 FINISHLINE DRIVE HOPE MILLS, NC 28348 425-9854/615-5600 | PARAMEDIC CFV ER MEDICAL SVCS | AS |
| DAVIS, JOSEPH B. 721 CARNEGIE DRIVE FAYETTEVILLE, NC 28311 488-4629 (H) / 797-1809 (W) | CONTRACTOR | HS; 2 YRS COLLEGE |
| FOGLE, MARSHA (W/F) PO BOX 278 STEDMAN, NC 28391 483-9579 (H) | RETIRED COUNTY CLERK **SERVES ON PARKS AND RECREATION ADVISORY BOARD** | NONE LISTED |
| GAINEY, CHERYL (W/F) 4685 VIRSALLI LOOPE HOPE MILLS, NC 28348 486-4351/672-1062 (W) | ACCTS PAYABLE, SUPERVISOR – FSU | MASTER OF DIVINITY |
| HERRINGDINE JR., LARRY (W/M) 3539 HARRISBURG DRIVE FAYETTEVILLE, NC 28306 425-1517/672-2066 | OPS & LOGISTICS DIRECTOR FSU | BS – BUSINESS ADMIN WORKING ON MASTERS – PUBLIC ADMIN |
| HICKS, MARYBETH (W/F) 936 MCKIMMON ROAD FAYETTEVILLE, NC 28303 229-3145/(614)595-3857 (C) | HOMEMAKER | SOME COLLEGE |
| KING, RICHARD A. (W/M) 658 GLENOLA STREET FAYETTEVILLE NC 28311 488-2492/977-3118 (W) | INSURANCE AGENT SELF EMPLOYED | AS – ENVIRONMENTAL SVS BS – MANAGEMENT |

| NAME/ADDRESS/TELEPHONE | OCCUPATION | EDUCATIONAL BACKGROUND |
|--|--|--|
| KOWAL, ANDREW (W/M) 3512 EDGESIDE COURT FAYETTEVILLE, NC 28303 487-7989 (H) / 867-8673 (W) | EMERGENCY MGMT DIRECTOR RDR INC | BS BIOLOGY MS INTL RELATIONS |
| MITCHELL, CLIFFORD 641 JOHNSON STREET FAYETTEVILLE NC 28303-3618 920-3153 | UNEMPLOYED | TECHNICAL-VARIED |
| NEWMAN, RONALD H. (W/M) 1544 ROSSMORE DRIVE FAYETTEVILLE, NC 28314 494-0201 | COMPUTER SERVICE TECH SELF-EMPLOYED | BS – BUSINESS MGT. AS – DIGITAL ELECTRONICS |
| OATMAN, LEWIS SCOTT 5575 HALLWOOD DRIVE HOPE MILLS, NC 28348 425-8450/822-7119 (W) | HEALTH CARE ADMINISTRATOR | BS IN BUSINESS ADMIN MSA IN BUSINESS |
| ROGERS, TERRESA 313 HAMILTON STREET FAYETTEVILLE, NC 28301 822-4289 / 488-2120 ext. 7494 (W) **SERVES ON CRIMINAL JUSTICE PARTNERSHIP ADVISORY BOARD** | RN-VA MEDICAL CENTER | COLLEGE GRADUATE |
| SANDERS, BEVERLY DAVIS (AA/F) 605 LEVENHALL DRIVE FAYETTEVILLE, NC 28314-2629 868-9788 | RETIRED | MD DEGREE |
| SHECKELS, JAMES A. (W/M) 6916 GLYNN MILL FARM DRIVE FAYETTEVILLE, NC 28306-9516 426-2766 (H) / 243-1950 (W) | CIVIC SERVICE RETIRED US ARMY | BA – BUSINESS MGT MA – SECURITY MGT |
| TALLEY, WAYNE (B/M) 740 KENSINGTON PARK ROAD FAYETTEVILLE, NC 28311 822-5986 (H) / 689-4833 (W) | ANALYST TRAINER | BA-HOSPITAL ADMIN BS-LIBERAL STUDIES |
| TURNER, CASSANDRA (B/F) 5383 CLIPPER DRIVE HOPE MILLS, NC 28348 977-3099/425-4181 (W) | MANUFACTURING PUROLATOR FILTERS | HS; SOME COLLEGE |
| WILLIAMS, ARNOLD (W/M) 1610 HICKORY RIDGE COURT FAYETTEVILLE, NC 28304 864-5152 | CONSULTANT RETIRED ARMY | AA – BUSINESS |
| WINFIELD, LEA 427 TRADEWINDS DRIVE FAYETTEVILLE, NC 28314 964-1640 | MGT TRAINEE ENTERPRISE RENT A CAR | BS – PUBLIC RELATIONS WORKING ON MASTERS |

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KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
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PHILLIP GILFUS
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MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

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July 23, 2010

ITEM NO. 5E

August 2, 2010 Agenda Item

TO: Board of Commissioners

FROM: Candice H. White, Deputy Clerk to the Board *(u)*

SUBJECT: Joint Appearance Commission

BACKGROUND: At their June 21, 2010 meeting, the Board of Commissioners reappointed Ken Arnold to the Joint Appearance Commissions. Mr. Arnold is unable to accept the reappointment. The Joint Appearance Commission currently has the following three (3) vacancies:

Ken Arnold – unable to accept reappointment.

Steve Hogan – resigned.

Louis Gloston – completing second term. Not eligible for reappointment.

The Joint Appearance Commission has no recommendations for the Board's consideration. I have attached the membership list and applicant list for this commission.

PROPOSED ACTION: Nominate individuals to fill the three (3) vacancies above.

Attachments

pc: David Nash, Planner II
City of Fayetteville

Celebrating Our Past...Embracing Our Future

JOINT APPEARANCE COMMISSION
2-Year Terms

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible for Reappointment</u> |
|---|---------------------------|-----------------|-------------------|---------------------------------------|
| VACANT (vacated by Ken Arnold) | 8/09 | 1 st | Aug/10 8/31/10 | Yes |
| Gloston, Louis (B/M) 2000 Greendale Drive Fayetteville, NC 28304 867-5724/484-7869(W) | 8/08 | 2 nd | Aug/10 8/31/10 | No |
| Smith, Nancy W. (W/F) 5731 Christmasberry Court Fayetteville, NC 28312 487-1578/850-9398 (W) | 8/09 | 2 nd | Aug/11 8/31/11 | No |
| VACANT (vacated by Steve Hogan) | 8/09 | 1 st | Aug/11 8/31/11 | Yes |

Meetings: First Monday of Month – 5:15 PM – City Hall, 1st Floor, Cape Fear Room

Contact: David Nash, Planner II – Phone: 433-1995 – Fax: 433-1776
City of Fayetteville

APPLICANTS FOR
JOINT APPEARANCE COMMISSION

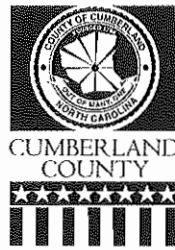
| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|---|--------------------------------------|-----------------------------------|
| COLEMAN, STEVEN (B/M) 271 KINGS CREEK DRIVE FAYETTEVILLE, NC 28311 229-8043 (W) / 583-4488 (W) | MANAGEMENT | COLLEGE |
| MITCHELL, CHRISTOPHER 7357 BEAVER RUN DRIVE FAYETTEVILLE, NC 28314 229-7871 / 860-333(W) | GLOBAL RESEARCH CONSULTANT | BS |
| NEWSOME, RANDY A. (W/M) 232 CROYDON AVENUE FAYETTEVILLE, NC 28311 717-5754/436-0414 (W) | GENERAL MANAGER BEACON AUTOMOTIVE | BBA |

****SERVES AS AN ALTERNATE ON THE BOARD OF ADJUSTMENT****

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
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Deputy Clerk

BOARD OF COMMISSIONERS

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July 23, 2010

ITEM NO. 5F

August 2, 2010 Agenda Item

TO: Board of Commissioners

FROM: Candice H. White, Deputy Clerk to the Board *cw*

SUBJECT: Mid-Carolina Aging Advisory Committee

BACKGROUND: At their June 21, 2010 meeting, the Board of Commissioners reappointed Carolyn Owens, David V. McMillan, and Daniel DeCriscio to the Mid-Carolina Aging Advisory Committee. The three appointees are unable to accept their reappointments. The Mid-Carolina Aging Advisory Committee currently has the following four (4) vacancies:

Volunteers

Carolyn Owens – unable to accept reappointment.
David V. McMillan – unable to accept reappointment.

Consumers

Daniel DeCriscio – unable to accept reappointment.
Eleanor Ayers – completing second term. Not eligible for reappointment.

The Mid-Carolina Aging Advisory Committee has no recommendations for the Board's consideration. I have attached the current membership and applicant list.

PROPOSED ACTION: Nominate individuals to fill the four (4) vacancies above.

pc: Glenda Dye
Mid-Carolina Area Agency on Aging

Celebrating Our Past...Embracing Our Future

MID-CAROLINA AGING ADVISORY COMMITTEE
3 Year Term

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|----------------------|-------------------|---------------------------------------|
| <u>Volunteers</u> | | | | |
| VACANT (vacated by C. Owens) | 8/07 | 1 st | Aug/10 8/31/10 | Yes |
| VACANT (vacated by D. McMillan 4/07) | | 1 st full | Aug/10 8/31/10 | Yes |
| Rebecca Campbell 7027 Darnell Street Fayetteville, NC 27314 487-1555 (H) | 7/10 | 1 st full | Aug/13 8/31/13 | Yes |
| <u>Consumers</u> | | | | |
| VACANT (vacated by D. DeCriscio) 8/07 | | 1 st full | Aug/10 8/31/10 | Yes |
| Eleanor Ayers (W/F) 6750 Clinton Road Stedman, NC 28391-8836 483-1875 | 8/07 | 2 nd | Aug/10 8/31/10 | No |
| <u>Elected Official</u> | | | | |
| Frances Collier PO Box 47 Linden, NC 28356 980-0536 (H) | 3/10 | 1 st | Mar/13 3/31/13 | Yes |

Veterans Hospital Rep.

VACANT (vacated by Nina Davis)

Contact: Mid-Carolina Council of Governments (Contact: Glenda Dye; Phone 323-4191 ext. 22;
gdye@mccog.org; Fax 323-9330)

Meetings: 1st Tuesday, 2:00 PM, Various Locations
Meetings are held the last month of each quarter.

APPLICANTS FOR
MID-CAROLINA AGING ADVISORY COMMITTEE

| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|--|---|--|
| BUSSEY, LESTER 673 STONEYKIRK DRIVE FAYETTEVILLE, NC 28314 868-9322 | RETIRED | HS – SOME COLLEGE |
| COGDELL, EDNA A. (B/F) 734 ASHBURTON DR FAYETTEVILLE, NC 28301 488-4582 | RETIRED EDUCATOR | MASTERS – LIBRARY SCIENCE, BS – ENGLISH |
| HICKS, MARYBETH (W/F) 936 McKIMMON ROAD FAYETTEVILLE, NC 28303 229-3145/(614)595-3857 (C) | HOMEMAKER | SOME COLLEGE |
| SANDERS, BEVERLY DAVIS (AA/F) 605 LEVENHALL DRIVE FAYETTEVILLE, NC 28314-2629 868-9788 | RETIRED | MD DEGREE |
| SMITH, CARLA (B/F) 1004 WILLOW STREET FAYETTEVILLE NC 28303 323-8841/6289-0150 (W) | SOCIAL WORKER HAYMOUNT REHAB & NURSING CTR. | MSW |

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

5th Floor, New Courthouse • P.O. Box 1829 • Fayetteville, North Carolina 28302-1829
(910) 678-7771 • Fax: (910) 678-7770

July 23, 2010

ITEM NO. 5G

August 2, 2010 Agenda Item

TO: Board of Commissioners
FROM: Candice H. White, Deputy Clerk to the Board
SUBJECT: Nursing Home Advisory Board

The Nursing Home Advisory Board has the following one (1) vacancy:

Terri Thomas – resigned.

The Nursing Home Advisory Board has no recommendations for the Board's consideration. I have attached the current membership and applicant list for this board.

PROPOSED ACTION: Nominate individual to fill the one (1) vacancy above.

Attachments

pc: Andrea Wright-Valdez, Mid-Carolina Area Agency on Aging

Celebrating Our Past... Embracing Our Future

NURSING HOME ADVISORY BOARD
3 Year Term
(Initial Appointment One Year)

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|-----------------|---------------------|---------------------------------------|
| Doris Wilson (/F) 5518 Aberdeen Place Fayetteville, NC 28303 487-3443 | 4/10 | Initial | April/11 4/30/11 | Yes |
| Tom Lloyd (W/M) 1306 Berkshire Road Fayetteville, NC 28305 574-3177/678-7618(W) | 8/08 | 1 st | Aug/11 8/31/11 | Yes |
| Martha McKoy P.O. Box 42152 Fayetteville, NC 28309 423-0771 | 9/08 | 2 nd | Sept/11 9/30/11 | No |
| Dr. John Briggs (W/M) 2910 Hybart Street Fayetteville, NC 28303 867-1493 | 2/09 | 1 st | Feb/12 2/28/12 | Yes |
| VACANT (vacated by Terri Thomas) | 1/10 | 1st | Jan/13 1/31/13 | Yes |
| Hervenna Pannell (B/F) 1821 Eichelberger Drive Fayetteville, NC 28303 822-8516/907-9355(W) | 2/09 | 2 nd | Feb/12 2/28/12 | No |
| Clyde E. Hammond (W/M) 1802 Flintshire Road Fayetteville, NC 28304 425-2774 | 08/08 | 1 st | Aug/11 8/31/11 | Yes |
| Cenitra McLaughlin (B/F) 6220 Birchbrook Drive Hope Mills, NC 28348 868-4966/229-6441 | 04/10 | 1st | Apr/13 4/30/13 | Yes |
| Toney Edwards (B/M) 3622 Clearwater Drive Fayetteville, NC 28311 822-4261/864-6262 | 1/09 | 1 st | Jan /12 1/31/12 | Yes |

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|--|---------------------------|-------------|--------------------|---------------------------------------|
| Tolulope Adeyemi (-/M) 8118 French Horn Lane Fayetteville, NC 28314 583-9408 / 487-3959 | 11/09 | Initial | Nov/10 11/30/10 | Yes |
| Cassandra White Haire (B/F) 515 Albany Street Fayetteville, NC 28301 728-0175 (C) | 4/10 | 1st | Apr/13 4/30/13 | Yes |

CONTACT: Andrea Wright -Valdez, Mid-Carolina Area Agency on Aging
P. O. Box 1510, Fayetteville, NC 28302, (Phone: 323-4191, ext. 25)

3rd Thursday of the last month of each quarter (March, June, September and December) at 1:00 PM - at various nursing homes in the county.

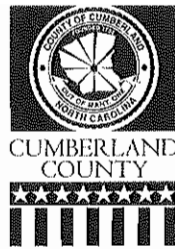
APPLICANTS FOR
NURSING HOME ADVISORY BOARD

| <u>NAME/ADDRESS/TELEPHONE</u> | <u>OCCUPATION</u> | <u>EDUCATIONAL BACKGROUND</u> |
|--|---|---|
| BOOTH, YVONNE (B/F) 4568 TURQUOISE RD FAYETTEVILLE, NC 28311 488-7260 **SERVES ON THE ADULT CARE HOME ADVISORY BOARD** | STUDENT | MEDICAL/ EDUC CNA MED TECH, PHLEBOTOMY TECH |
| COUNCIL, SONJA (-/F) 950 STEWARTS CREEK DR APT. 1 FAYETTEVILLE, NC 28314 864-1651 (H) / 609-6139 (W) | NURSE | FTCC-ATTENDING METHODIST UNIV |
| EBRON, SANDRA (B/F) PO BOX 65306 FAYETTEVILLE, NC 28306 424-3932/(919) 922-9446 (C) **SERVES ON THE ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE** | UTILIZATION MGT SPECIALIST MENTAL HEALTH – LUMBERTON | MASTERS – SOCIAL WORK |
| FERGUSON SR., ALFONSO (B/M) 7796 PINTAIL DRIVE FAYETTEVILLE, NC 28311 401-2313/483-9916 X5551235 **SERVES ON ADULT CARE HOME COMMUNITY ADVISORY BOARD** | PROGRAM CONTROL ANALYST MANTECH INTERN'L, INC. | MASTERS – HEALTH CARE ADMIN |
| TOMLINSON-KNOELL, REV. NANETTE 609 TALLSTONE DRIVE FAYETTEVILLE, NC 28311 339-2201/489-2198 **SERVES ON THE ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE** | PASTOR | BA – ELEMENTARY EDUC. MASTER OF DIVINITY |

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
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July 23, 2010

ITEM NO. 6A

August 2, 2010 Agenda Item

TO: Board of Commissioners
FROM: Candice H. White, Deputy Clerk to the Board *cw*
SUBJECT: ABC Board Appointments

Pursuant to North Carolina General Statutes, the Board of Commissioners shall appoint the Chairman of the ABC Board.

The ABC Board recommends that Edward Maynor remain the Chairman for the 2010-2011 year. (See attached.)

PROPOSED ACTION: Appoint the ABC Board Chairman.

Attachment

pc: Gene Webb, ABC Board General Manager

Celebrating Our Past...Embracing Our Future

**CUMBERLAND COUNTY
ALCOHOLIC BEVERAGE CONTROL BOARD**
1705 OWEN DRIVE • P.O. BOX 64957
**FAYETTEVILLE, N.C.
28306**

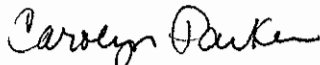
July 21, 2010

Ms. Marie Cogan
Clerk of County Commissioners
Cumberland County – 5th Floor
P.O. Box 1829
Fayetteville, NC 28302-1829

Dear Ms. Cogan:

The Cumberland County ABC Board has recommended that Edward Maynor remains the chairman for the 2010-2011 year. Please add this recommendation to the County Commissioners' August 2010 agenda.

Thank you,



Carolyn S. Parker
Secretary to the Board
Finance Officer

BILLY R. KING
Chairman

KENNETH S. EDGE
Vice Chairman

JEANNETTE M. COUNCIL
MARSHALL FAIRCLOTH
PHILLIP GILFUS
JIMMY KEEFE
EDWARD G. MELVIN



MARIE COLGAN
Clerk to the Board

CANDICE WHITE
Deputy Clerk

BOARD OF COMMISSIONERS

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July 23, 2010

ITEM NO. 6B

August 2, 2010 Agenda Item

TO: Board of Commissioners
FROM: Candice H. White, Deputy Clerk to the Board *CW*
SUBJECT: Social Services Board

BACKGROUND: On May 17, 2010, the Board of Commissioners nominated the following individual to fill one (1) vacancy on the Social Services Board:

Marvin Rouse (reappointment)

I have attached a current membership list for this board.

PROPOSED ACTION: Appoint individual to fill the one (1) vacancy above.

Attachment

pc: Brenda R. Jackson, Social Services Director

Celebrating Our Past...Embracing Our Future

SOCIAL SERVICES BOARD
3 Year Term

| <u>Name/Address</u> | <u>Date Appointed</u> | <u>Term</u> | <u>Expires</u> | <u>Eligible For Reappointment</u> |
|---|---------------------------|---------------------------|--------------------|---------------------------------------|
| Chet Oehme (/M) P.O. Box 36333 Fayetteville, NC 28303 864-3257/391-1231(Cell) | 6/08 | 2 nd | June/11 6/30/11 | No |
| Marvin Rouse (/M) 609 Endsleigh Court Fayetteville, NC 28311 488-8245/494-2578 (C) | 6/07 | 1 st | June/10 6/30/10 | Yes |
| <u>Social Services Board Appointee</u> | | | | |
| Lyn Green (W/F) 3339 Quarry Road Fayetteville, NC 864-0593 | 6/09 | 2 nd | June/12 6/30/12 | No |
| <u>State Social Services Commission Appointee</u> | | | | |
| George Hendricks 5713 Dobson Drive Fayetteville, NC 28311 822-1410 | 6/08 | 2 nd | June/11 6/30/11 | |
| <u>State Social Services Commission Appointee</u> | | | | |
| Mary Deyampert-McCall (B/F) 1220 Wild Pine Drive Fayetteville, NC 28312 630-7698 (W) | 6/10 | 1 st full term | June/13 6/30/13 | Yes |

Commissioner Liaison: Commissioner Kenneth Edge

Contact: Brenda R. Jackson, Director
(Angela F. Thomas - Phone: 677-2035)

Meeting Date: Last Wednesday of each month at 1:00 PM, Board Room, DSS Building